



Winnipeg Regional Health Authority Office régional de la santé de Winnipeg
Caring for Health À l'écoute de notre santé
Long Term Care Program

GENERAL PRINCIPLES OF OUTBREAK MANAGEMENT

Long Term Care Program Resource Guide

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Purpose

- To prevent and/or minimize the mortality (death) and morbidity (illness) associated with outbreaks in the Winnipeg Health Region by providing consistent and practical guidelines.
- To provide a structure for coordinating the activities of the various provincial, regional, facility and laboratory agencies that have responsibility for the investigation, prevention, and control of disease outbreaks in long term care facilities/sites in the Winnipeg Health Region.
- To define the roles and responsibilities of key stakeholders during the course of a facility outbreak.

Note: Guidance on the management of Seasonal Influenza Outbreaks is covered in a separate document available in Section 10 of the WRHA LTC IP&C Manual at <http://www.wrha.mb.ca/extranet/ipc/manuals-ltc-sec10.php>

Introduction

Respiratory and gastroenteritis (GI) outbreaks occur within the Winnipeg Health Region at any time of the year although they are most common in the fall through to early spring. Skin/wound infections such as group A streptococcal infections and infestations such as scabies, can also occur in clusters and outbreaks in long term care, although these outbreaks typically occur with far less frequency than respiratory and GI outbreaks. Early detection and timely implementation of outbreak mitigating/management measures can effectively minimize transmission, preventing outbreaks. The purpose of this guide is to assist LTC sites in the Winnipeg Health region with the prevention, detection and management of outbreaks arising from the transmission of common pathogens other than influenza (influenza is covered in its own document due to the availability of preventative measures unique to this pathogen such as immunization and prophylaxis).

The recommendations in this guide have been developed specifically for implementation in LTC and are based on current evidence and best practice at the time of writing. It is also important to note that the recommendations contained in this document are intended to protect the health of the resident/patient populations in LTC settings. Each site is also required to fully respect and promote the individual resident rights as set out in their Residents' Bill of Rights. Outbreak control measures should be protective to the resident population, appropriate and proportional to the risk profile of the outbreak. Users of this document should ensure that they are complying with any other legislation and regulations relevant to their workplace(s).

Management of outbreaks caused by less common bacterial pathogens (e.g. Legionella and Tuberculosis) and fungal respiratory pathogens (e.g. Aspergillus), are out of scope for this document. Contact your site ICP and or the WRHA LTC Manager of Infection Prevention and Control when these situations arise.

Reporting Requirements

Under legislation of the Reporting of Diseases and Conditions Regulation (37/2009) of The Public Health Act (C.C.S.M. c. P210);

“If a health professional becomes aware that a person has a disease or condition that is potentially serious but is not otherwise reportable under this regulation, the health professional must make a report respecting it if the disease or condition is occurring in a cluster or outbreak.”

As such, outbreaks are to be reported to the Chief Public Health Officer or designate at Manitoba Health Seniors and Active Living (MHSAL). In Winnipeg, notification of a suspected outbreak shall occur using the Canadian Network for Public Health Intelligence (CNPHI) online outbreak reporting system for all respiratory and enteric outbreaks. Outbreaks caused by organisms such as scabies are reported using a paper based system. See the [Management of Scabies Operational Guideline](#) for direction.

Definitions

Active Surveillance: actively seeking out infections on a regular basis by employing a combination any of the following; conducting rounds, reviewing reports, prescriber/staff communication books, medical and/or nursing progress notes in resident charts, pharmacy antibiotic utilization records, and/or laboratory reports, conducting verbal reports/interviews of staff based on clinical observations.

Alcohol based hand rub (ABHR): An alcohol based antiseptic with a minimum of 60% alcohol that is applied to all surfaces of the hands to reduce the number of microorganisms present on the hands.

Cohorting: Two or more individuals colonized or infected with the same organism, placed/roomed together to minimize their contact with other unaffected individuals on the same unit/living in the same resident care area.

Communicable Disease: An illness that is caused by the transmission of an infectious agent or its toxic products directly or indirectly from an infected person, animal or plant, an inanimate object or the environment.

Gastroenteritis: Inflammation of the stomach and intestines that usually causes diarrhea and/or vomiting.

Hand Hygiene: A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antiseptics.

Outbreak: The occurrence in a facility/unit of cases of an illness with a frequency clearly in excess of normal expectancy. The number of cases indicating presence of an outbreak will vary according to the infectious agent, size and type of population exposed, previous experience or lack of exposure to the disease, and time and place of occurrence. Therefore, the status of the outbreak is relative to the usual frequency of the disease in the same facility/unit, among the same population, at the same season of the year.

Passive surveillance: the identification of infections by staff whose primary responsibility is resident care, while providing routine daily care or activities. (e.g., participation in the WRHA LTC Targeted Surveillance program)

Resident: An individual living in a Long Term Care Facility (LTCF) or Personal Care Home (PCH). For the purposes of this document the word Resident will be used to reflect Patients, Residents, and Clients.

Respiratory Hygiene: A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms.

<http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/RespiratoryHygieneEducation.pdf>

Routine Practices: A minimum standard of infection prevention and control precautions and practices used for all direct resident care regardless of the Resident's presumed infection status or diagnosis.

<http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/InfoSheet-Education.pdf>

WRHA LTC Targeted Surveillance Program: A system of data collection, analysis, interpretation and communication that assesses the frequency and type of infections acquired within Long Term Care Facilities (LTCFs) in order to institute quality improvement initiatives that; minimize the number of healthcare-associated infections (HAI), assist in the detection of clusters of infection, outbreaks, and emerging trends in infection transmission to intervene as appropriate and improve the safety of care provided within the Winnipeg Health Region.

ROLES & RESPONSIBILITIES

[Routine Practices](#) are a **minimum requirement** for all health care professionals.

Health Care Aides are responsible to:

PRE OUTBREAK

- Understand their role in assessment and reporting of communicable disease symptoms, and implementation of outbreak measures.
- Report [Resident](#) signs and symptoms of a [communicable disease](#) to nursing staff immediately upon recognition.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK DECLARATION

- Assist with the implementation of outbreak measures, for example: helping to hang signage (Appendix A), redirecting ill residents back to their rooms, cohorting symptomatic residents, notifying the individual responsible for supply orders when stocks of personal protective equipment (PPE) need replenishment.
- Assist with outbreak mitigating measures specific to meal times.

- Assist symptomatic residents with eating in their rooms and/or assist with cohorting for meals in the resident care area where resources do not permit 1:1 assistance with meals in individual Resident rooms.
- In sites lacking the infrastructure and resources to feed residents on affected units, every effort should be made to cohort residents from the outbreak affected areas while in the communal dining room.
- Provide direction and/or assistance to visitors choosing to visit during the outbreak (see Appendix B, Guidelines for Visitation During Outbreaks and Appendix C; Resident and Family Outbreak Information Handout)

Resident Care Area Nurses are responsible to:

PRE OUTBREAK

- Maintain competency in the prompt recognition and reporting of communicable disease cases and implementation of outbreak measures.
- Continuously monitor Residents for signs and symptoms of a [communicable disease](#) and **document** assessment findings in the Integrated Progress Notes (IPNs).
- Report communicable diseases that are included in the [WRHA LTC Targeted Surveillance Program](#) using the Infection Surveillance Report Form to the site Infection Control Professional/designate. See <http://www.wrha.mb.ca/extranet/ipc/files/manuals/ltc/TSOpg2014.pdf>.
- Report communicable diseases that are not included in the Targeted Surveillance Program when they are occurring with unusual frequency (e.g., one case of chicken pox in a facility where the expected incidence of chicken pox is none, or a cluster of eye infections caused by the same organism in the same location and time frame).
- Initiate appropriate precautions without delay when a communicable disease is suspected. See Appendix D for a listing of common outbreak pathogens to determine the required type of precautions and duration for same. Any time a resident has been placed on Additional Precautions or staff are considering implementing precautions, the site ICP **must be promptly notified by telephone**.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

- Keep ill Residents in their rooms and/or re-direct them to their rooms in the acute stage of illness as much as possible.
- Offer ABHR frequently to ill residents who cannot be successfully redirected to their rooms to reduce the amount of contact transmission.
- Complete the Outbreak Investigation Form (Appendix E) in the event of an outbreak or suspected outbreak. This form is used by the facility ICP, prescribers, and the WRHA LTC Program Manager of IP&C for the purposes of outbreak investigation and to facilitate decision making around outbreak mitigation.
- Institute visitor restrictions by discouraging visitation while the outbreak is occurring, and /or limiting the number of visitors permitted. Post a sign (sample Appendix A) at entrance of facility and/or entrance into affected resident care area(s) for public awareness of the outbreak and accompanying restrictions. Appendix

B contains Guidelines for Visitors and Appendix C is a handout for families/visitors that can assist with conversations around visitation during outbreaks.

- Continuing to report all new [outbreak](#) related cases to the ICP / designate promptly by telephone or in person for the duration of the outbreak.
- Report any Residents who meet the outbreak definition to the attending prescriber and advocate for appropriate treatment (e.g., cough syrup and antipyretics with common cold infections).

Remember not all bugs need drugs – using antibiotics to treat viral illnesses is ineffective and can lead to increased risks of drug-drug interactions, antimicrobial resistance etc. Ensure you are advocating for appropriate treatment when contacting the prescriber.

- Collect specimens as appropriate. See Appendix F for a sample requisition. Visit <https://www.gov.mb.ca/health/publichealth/cpl/docs/requisition.pdf> for additional details on completing Cadham Lab Requisitions.
 - Respiratory Specimens;
 - Specimens for respiratory infections are not routinely required unless influenza is suspected (see the Seasonal Influenza Resource Guideline for direction). If a prescriber orders a respiratory specimen for diagnostic purposes for non-influenza illness, there is no outbreak code required and Cadham lab will not rapid test for pathogens other than influenza.
 - When non-influenza respiratory outbreaks are occurring, the ICP will develop a hypothesis about the causative organism with the assistance of data collected by the bedside nurse in the IPNs and on the Outbreak Investigation Form (Appendix E). Lab confirmation is not required to effectively manage an outbreak.
 - Specimens for Gastroenteritis;
 - The lab will not accept emesis as a specimen to determine the causative organism for GI (?GE) outbreaks.
 - Stool specimens submitted in a generic specimen container are accepted and should be associated with an outbreak code. Due to the liquid nature of stools in an outbreak it can be difficult to obtain specimens. Every attempt should be made to collect a specimen which will assist the ICP in determining when to call the outbreak over.

If you do not have an outbreak code, contact the ICP or designate who can obtain one. If the ICP or designate is unavailable (e.g., after hours and on weekends) do not delay implementing outbreak measures or sending specimens. The ICP can contact the Communicable Disease Coordinator (CDC) to have the outbreak code linked to the specimens sent during regular working hours.

- [Cohort](#) symptomatic Residents where possible and as directed by the facility ICP/designate. Often it is not possible to make room changes to cohort ill residents but consideration for cohorting at meal times can be an effective and achievable outbreak mitigating measure. Assist HCAs to determine who should be fed in

their rooms and how they could be cohorted in the dining room. The unit clerk should assist by making copies of seating plans.

- Provide assistance with eating for symptomatic residents in their rooms and/or cohort for meals on the unit/specific resident care area where resources do not permit 1:1 meal assistance in rooms. In sites lacking the infrastructure and resources to assist residents on affected units, every effort should be made to cohort residents from the outbreak affected areas while in the communal dining room.
- Inform the Resident's prescriber, per the facility communication process, in the event of an outbreak, if outbreak measures are initiated.
- Communicate the facility plan and interventions to other resident care area staff, Residents and family members/visitors in the event of an outbreak. For example, post outbreak signs, discuss outbreak measures in shift report, and speak to the Residents in the affected resident care area about the restrictions in place.

[Return to Roles and Responsibilities List](#)

Resident Care Area Clerks/designates are responsible to:

PRE OUTBREAK

- Understand their role in assessment and reporting of communicable disease symptoms, and implementation of outbreak measures.
- Report [Resident](#) signs and symptoms of a [communicable disease](#) to nursing staff immediately upon recognition.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

- Assist with cohorting of ill residents in dining rooms by printing and/or copying dining room assignments so that nurses and HCAs can re-organize the seating plan.
 - Assist with communication of the facility plan and interventions to resident care area staff, Residents and family members/visitors in the event of an outbreak. For example, post outbreak signs and speak to the families/visitors that approach the desk about the restrictions in place. Some sites choose to have the resident care area clerk call all families in the affected area to inform them. Appendix B contains Guidelines for Visitors and Appendix C is a handout for families/visitors that can assist with conversations around visitation during outbreaks.

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Care Managers/Coordinators or designates of affected area(s) are responsible to:

PRE OUTBREAK

- Maintain competency in the prompt recognition and reporting of communicable disease cases and implementation of outbreak measures.
- Ensure unit staff are aware of their role in the prompt detection and notification of residents exhibiting signs and symptoms of a communicable disease.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

- Ensure that the responsibilities under the [health care aide](#), [clerk](#), and [nurse](#) have been completed.
- Collaborate with site's Senior Management and ICP to determine and obtain resources required for outbreak management.
- Ensure unit staff are complying with Additional Precautions and outbreak measures.
- Ensure staff have access to required PPE (Personal Protective Equipment) and signage to facilitate the initiation of Additional Precautions immediately upon suspicion of a communicable disease case and/or outbreak.
- Restrict staff movement from outbreak affected areas to non-affected areas as resources permit.
- Consult Appendix I: *Guidelines for Admissions, Transfers, and Respite during Outbreaks* to determine if/when facility closure is warranted in collaboration with members of the facility Senior Management/Administration team, facility ICP, and the WRHA LTC Program Manager of Infection Prevention and Control.
- Disseminate information such as outbreak updates and WRHA media releases as required to staff, residents and families.
- Facilitate meetings to update administration and staff as required.
- Address performance issues when staff do not comply with outbreak mitigating measures as required.
- Develop crisis staffing contingency plans in collaboration with Senior Management as required.
- Communicate the outbreak measures required to staff, explain their role in preventing transmission and the importance of following precautions.

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LTC Infection Control Professional/designates are responsible to:

PRE OUTBREAK

- Use and promote Routine Practices to prevent outbreaks from occurring.
- Collaborate with Educator(s) and Management team to ensure staff are aware of their roles and responsibilities for outbreak management.
- Prepare outbreak kits with the materials required for staff to operationalize the outbreak management guidelines.
- Maintain passive surveillance for outbreaks by monitoring the submitted Infection Surveillance Report Forms and increasing the intensity of surveillance to active when individual cases of a communicable disease are identified.
- Do not attend work when symptomatic with a communicable disease.
- In collaboration with the site DOC/ADOC or designate, identify the ICP designate for your site to cover the IP&C role in your absence and provide training to cover the IP&C role in outbreaks. A trained individual must be identified for all absences including weekdays after regular business hours, vacation, absences due to illness, weekends and stats.

OUTBREAK MANAGEMENT

- Investigate reports of communicable diseases to determine and/or confirm that an outbreak is occurring. For information on how to investigate an outbreak see: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf> .
- Declare an outbreak when the investigation reveals one is occurring. The determination of an outbreak can also be done in collaboration with the site Medical Director and/or the WRHA LTC Manager of Infection Prevention and Control if/when the outbreak data collected is unclear.
- Obtain an Outbreak code from the appropriate Communicable Disease Coordinator (CDC) upon confirmation of an [outbreak](#) if the outbreak is caused by Influenza or a gastroenteric pathogen. **Outbreak codes are not required for non-Influenza respiratory pathogens (e.g., common cold).** See Table 1 for contact information.

Table 1 CDC Contact Information

<p>Tanya Horton thorton2@wrha.mb.ca</p>	<p>Actionmarguerite St. Boniface, Actionmarguerite St. Vital, Bethania, Concordia Place, Donwood Manor, Golden Links Lodge, Holy Family, Kildonan, Meadowood Manor, Park Manor, River East, River Park Gardens, St. Amant, Vista Park Lodge, Luther, Maples, Middlechurch, St. Joseph’s</p>	<p>Tel: 204-940-2326 Fax: 204-940-2690</p>
<p>Lynn Klassen Semeniuk lklassensemeniuk@wrha.mb.ca</p>	<p>Charleswood CC, Tuxedo Villa, West Park Manor, Deer Lodge Centre, Golden West, Heritage Lodge, Oakview Place, Central Park Lodge, Poseidon, Convalescent Home,</p>	<p>Tel: 204-940-3641 Fax: 204- 940-2690</p>

	Pembina Place, Riverview Health, Golden Door, Southeast, St. Norbert, Simkin Centre, Holy Family Home	
Jennifer Omega jomaga@wrha.mb.ca	Beacon Hill, Misericordia Health Centre, Parkview Place, Calvary Place, Lions Manor, Fred Douglas Lodge	Tel: 204-940-8280 Fax: 204-940-2690

- Ensure appropriate infection control measures are instituted in a timely fashion, which may include but are not limited to;
 - Educate/reinforce good [Hand Hygiene](#) and Routine Practices in general.
 - Notify the facility Medical Director/Senior Administration and other stakeholders deemed relevant by the facility of the outbreak.
 - Communicate with facility Senior Management/Administration and Care Manager to determine and obtain required resources
 - Collaborate with the facility senior management/administration to determine if/when an outbreak response team is required. Response teams may not be required for every outbreak, but they are a highly effective and efficient way to organize and coordinate outbreak response measures to prevent further transmission, morbidity, and mortality.
 - An outbreak response team serves as the central coordinating body to reach evidence and consensus based decisions. This may be necessary during large scale outbreaks or when facility leadership direction is required. Members of the team (as appropriate) can be:
 - Facility ICP
 - Facility executive(s), supervisors
 - Unit staff and managers
 - OESH
 - Educator(s)
 - Manager of Housekeeping
 - Allied Health Managers
 - Delegate the [Cohorting](#) of symptomatic Residents (where possible) to the resident care area nurses and HCAs. The clerk should also assist by printing dining room seating plans that can be amended to reflect the temporary cohorts.
 - Respond to concerns from staff, Residents, visitors and families regarding outbreak mitigating measures.
 - Collaborate with Occupational Health/designate and facility Senior Management/ Administration to restrict ill staff from attending work while symptomatic and respond to staff questions/concerns.
 - Collaborate with Housekeeping/Environmental Services to increase cleaning. High touch surfaces (e.g., light switches and doorknobs etc.) shall be cleaned with an effective chemistry, at least daily, preferably twice per day, as resources permit, for the duration of the outbreak.
 - Consult Appendix I: *Guidelines for Admissions, Transfers, and Respite during Outbreaks* to determining if/when facility closure is warranted in collaboration with members of the facility Senior Management/Administration team, facility ICP, and WRHA LTC Program Manager of Infection Prevention and Control.
 - Assist with the education of staff, Residents, families/visitors (see *Outbreak Information for Residents, Families, Staff and Visitors* ([Appendix L](#) in the Influenza outbreak resource guide)

- Post signage alerting staff and the public of the outbreak occurring.
- Collaborate with support services (e.g. dietary, laundry, laboratory, recreation etc.) to determine changes in routines/cancellation of activities, additional responsibilities and preparation for possible increased demand for services/supplies due to the outbreak
- Report performance issues to the appropriate Care Manager and/or facility Senior Management/Administration when staff do not comply with outbreak mitigating measures as required.
- Notify Manitoba Health Seniors and Active Living (MHSAL) of the outbreak by completing an outbreak summary using the Canadian Network for Public Health Intelligence (CNPHI). A username, password and training are required to complete CNPHI outbreak reports. Contact the WRHA LTC Program Manager of IP&C for assistance with training.
 - [Click here](#) to apply for a new CNPHI account if you do not already have one.
 - Under “name of the application you want access to” please indicate: Outbreak Summaries- Enteric **and** Respiratory/VPD Modules.
 - Specify that you were referred by: Manitoba Health Outbreak Surveillance.
 - Please also ensure to sign and return the User Agreement to CNPHI to complete your registration
- Ensure all new cases are recorded in a fashion that facilitates case counting and collection of other information for reporting to be easily retrieved. The WRHA LTC IP&C Outbreak Investigation Form (Appendix E) is the LTC program standardized case counting data collection tool. Site ICPs are responsible to collaborate with Occupational Health or designate and Human Resources/Staffing to complete this form to track staff cases, and to collaborate with nursing staff to track resident cases. It is the responsibility of the site ICP to confirm that each reported resident case meets the criteria to be included as a case and then transcribe the verified cases into the electronic version of the form.

Note: The Outbreak Investigation Form contains confidential Resident and staff information shall **not** be disseminated outside of the facility firewall unless the document is password encrypted.

- Report deaths per the Public Health Act, Reporting of Diseases and Conditions Regulation, under the following circumstances:
 - At death, if the health professional reasonably believes that the resident may have had the reportable disease at the time of death or the reportable disease contributed to the death.
 - Upon becoming aware that a person has a disease or condition that is not otherwise reportable, if the disease or condition is occurring in a cluster or outbreak, or has presented itself with an unusual clinical manifestation.
 - The ICP shall report diseases and conditions occurring in the context of an outbreak on CNPHI. Deaths occurring in the context of an outbreak are required to be reported using the revised Clinical Notification of Reportable Diseases and Conditions reporting form available at: <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form13.pdf>
 - Any deaths reported under the aforementioned Public Health Act must also be reported via CNPHI’s outbreak summary report.
- Submit completed electronic Outbreak Investigation Forms (Appendix E) to the WRHA LTC Program Manager of Infection Prevention and Control once the outbreak is resolved. This data will assist the LTC Program to measure the efficacy of outbreak response, assist with quantifying the morbidity and mortality

associated with outbreaks, and facilitates understanding the impact outbreaks have on patient/resident flow throughout the health region.

- Ensure confidentiality is preserved when submitting investigation forms outside of your site firewall by encrypting the spreadsheet with a password. (In Excel, select file from the task ribbon then click on the “protect workbook” button and choose “encrypt with password” from the drop down menu. Decide on a word to use for the password recognizing that if you don’t remember the password, the data cannot be unlocked. Leave a voicemail for the LTC Program Manager of IP&C with the password including details of letter case.
- For encryption of older versions of Excell please consult the help function for direction on encryption. Do not send documents electronically that cannot be encrypted. Contact the WRHA LTC Program Manager of IP&C to make alternate arrangements.

Medical Director/ designate is responsible to:

PRE OUTBREAK

- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.
- Act as a resource to the facility ICP /designate, nursing staff, facility Senior Management / Administration and families as required.

OUTBREAK MANAGEMENT

- Collaborate with the facility ICP to determine the presence of an outbreak if/when the facility ICP requests assistance.
- Liaise with the Residents’ prescriber(s) regarding symptom treatment and outbreak management measures as required.
- Determine if/when facility closure is indicated in collaboration with other members of the facility Senior Management/Administration team, facility ICP, and WRHA LTC Program Manager of Infection Prevention and Control (IP&C) (see Appendix G for guidance).

Resident’s Attending Prescribers are responsible for:

PRE OUTBREAK

- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.
- Encourage nursing staff are reporting residents with diagnosed communicable diseases to the site ICP.

OUTBREAK MANAGEMENT

- Assess, diagnose and treat the Resident with a communicable disease.
- The facility ICP is responsible for leading outbreak management and may rely on the Attending Prescriber to act as a resource to the facility ICP/designate, nursing staff, administration and families.

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Facility Senior Management/ Administration is responsible to:

PRE OUTBREAK

- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.
- Enable the site Educator and ICP to deliver the required education for staff to maintain competency in case recognition, outbreak response and management.

OUTBREAK MANAGEMENT

- Remove obstacles to outbreak mitigation measures by collaborating with the facility ICP to determine and obtain resources required for outbreak management.
- Determine if/when facility closure is indicated in collaboration with other members of the facility Senior Management/Administration team, facility ICP, and WRHA LTC Program Manager of IP&C (see Appendix G).
- Disseminate information including internal and external updates and media releases as required.
- Collaborate with the facility ICP to determine if/when an outbreak response team is required and help coordinate and attend meetings. Response teams may not be required for every outbreak, but they are a highly effective and efficient way to organize and coordinate outbreak response measures to prevent further transmission, morbidity, and mortality. The establishment of an outbreak response team and frequency of meetings should be determined in collaboration with the facility ICP/designate.
- An outbreak response team serves as the central coordinating body to reach evidence and consensus based decisions. This may be necessary during large scale outbreaks or when facility leadership direction is required. Members of the team (as appropriate) can be:
 - Facility ICP
 - Facility executive(s), supervisors
 - Resident care staff and managers
 - OESH
 - Educator(s)
 - Manager of Housekeeping
 - Allied Health Managers
- Develop crisis staffing contingency plans as required.

- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions
- Address performance issues if staff do not comply with outbreak mitigating measures as required.

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Facility Occupational Health/designate is responsible to:

PRE OUTBREAK

- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

- Manage ill or exposed employees.
- Compile statistics of staff cases and report cases to the ICP/designate (use the WRHA LTC IP&C Outbreak Investigation form (Appendix E) as a tool to gather the data).
- Respond to questions and concerns from staff.

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Facility Environmental Support Services/Housekeeping is responsible to:

PRE OUTBREAK

- Report [Resident](#) signs and symptoms of a [communicable disease](#) to nursing staff immediately upon recognition.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

All ES/Housekeeping Staff:

- Upon notification that an outbreak has been declared Environmental Services/Housekeeping should plan and arrange for increased cleaning of the affected resident care area(s) immediately.
- All high touch surfaces in the outbreak affected area(s) should be cleaned and disinfected at least twice daily as resources permit.

ES/Housekeeping Director/Supervisor:

- The environmental services director/ supervisor should consult with the facility ICP and/or the WRHA LTC Program Manager of IP&C as required to ensure the disinfecting chemistry provides adequate cleansing and disinfection and with a contact time that is attainable.
- Inform and update environmental support staff and other relevant stakeholders regarding the outbreak.
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions.

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Facility Nutrition/Dietary/Food Services is responsible to:

PRE OUTBREAK

- Report Resident signs and symptoms of a communicable disease to nursing staff immediately upon recognition.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

All Nutrition/Dietary/Food Services Staff:

- Ensure the infection control measures recommended by facility ICP/designate are instituted.
- Provide [hand hygiene](#) to all Residents before meals to prevent the risk of exposure.
 - Resident [hand hygiene](#) can be accomplished by providing individually wrapped [hand hygiene](#) wipes or by dispensing a pump of [alcohol based hand rub](#) into the hands of each Resident and assisting them to rub it in until dry, if necessary.
 - Although the delivery of resident hand hygiene is traditionally a HCA function; during outbreaks the HCA's efforts are redirected into 1:1 feeding in Additional Precautions rooms and/or cohorting for feeding, as such extra support from nutrition/dietary/food services is required for the duration of an outbreak.

Nutrition/Dietary/Food Services Manager/Supervisor:

- Inform and update nutrition/dietary/food services staff and other relevant stakeholders regarding the outbreak.
- If dietary/food services staff are responsible for cleaning and disinfection of the affected area's dining room, ensure staff are cleaning and disinfecting those surfaces appropriately to avoid transmission through contamination. Collaborate with the facility ICP/designate for assistance with education if required. If dietary/nutrition/food services staff are not traditionally responsible for cleaning and disinfecting tables, this task should be temporarily re-assigned for the duration of the outbreak (see rationale in 5.10.4.2).
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions

[Return to Roles and Responsibility List](#)

Facility Recreation Manager/ Recreation Staff are responsible to:

PRE OUTBREAK

- Report Resident signs and symptoms of a communicable disease to nursing staff immediately upon recognition.
- Use and promote Routine Practices to prevent outbreaks from occurring.
- Do not attend work when symptomatic with a communicable disease.

OUTBREAK MANAGEMENT

- Cancel group activities for the outbreak affected resident care area(s) immediately and for the duration of the outbreak.
- Under special circumstances and with the collaboration of the facility ICP/designate, it may be acceptable to conduct group activities on affected units with the non-symptomatic Residents of the affected area only.
 - This decision carries the risk of exposing individuals to fellow residents who have not begun to show signs and symptoms, but who are capable of transmitting disease to others during the incubation period. In areas where there is a high degree of cognitive impairment and lack of recreation/stimulation exacerbates responsive and/or wandering behaviors, the risk of exposing other Residents is less in a group setting restricted to participants from affected areas than from wandering and or responsive Residents exposing others.
 - Meticulous attention to [hand hygiene](#) and equipment cleaning must be paid before and after the group activities if they occur.
- Communicate the outbreak measures required to staff and explain their role in preventing transmission and the importance of following precautions.

[Return to Roles and Responsibility List](#)

Manager WRHA LTC Program IP&C is responsible to:

PRE OUTBREAK

- Provide support and/or assistance to site ICP(s)/designate(s) when needed to determine if an outbreak is occurring.
- Review and update the LTC General Principles of Outbreak Management Resource Guide and supporting documents as required in collaboration with the LTC ICP committee (or sub-committees), the MOH, CDCs and WRHA LTC Program team as required.

OUTBREAK MANAGEMENT

- Monitor outbreak reports submitted via CNPHI and correlate CNPHI reports with the Outbreak Investigation Form (Appendix E) as submitted by the facility ICP/designates.
- Notify the following persons/groups of outbreaks as they occur:
 - WRHA LTC Program Team
 - WRHA LTC Medical Director
 - WRHA Chief Nursing Officer and Vice President (responsible for LTC)
 - WRHA Regional Director, Bed Utilization
 - WRHA Regional Director, Infection Prevention and Control Program
 - LTC ICP committee members, facility Executive Directors and Directors of Care
 - MB Health Standards Lead
 - Others as required
- Collaborate with facility ICPs and Administration to determine when the closure of a facility is warranted.
- Update the WRHA IP&C website regarding current outbreaks in the Winnipeg Health Region.
- Act as a resource to facility ICPs, facility Senior Management/Administration and staff.
- Liaise with CDCs, facility ICPs and other relevant stakeholders as required.
- Compile and report statistics as required.
- Amend guidelines with lessons learned and recommendations arising from site outbreak investigations and reports as needed.

Communicable Disease Coordinators are responsible to:

OUTBREAK MANAGEMENT

- Act as a resource to facility ICPs.
- Communicate information to and from the MOH and others as applicable.
- Obtain and communicate the outbreak code to the LTC ICP/designate.
- Provide the facility ICP/ designate with information regarding type of testing recommended as needed.
- Receive test results from Cadham Lab and relay results to the ICP/designate.

Medical Officer(s) of Health (MOH) are responsible to:

- Act as a resource to facility Medical Directors and the WRHA LTC Manager of IP&C as required.

[Return to Roles and Responsibility List](#)

Evaluation

The General Principles of Outbreak Management Resource Guide will be re-evaluated every three years or more frequently as updated evidence based practice arises. Data collected from site Infection Control Professionals and site outbreak debriefing reports will also be reviewed and analyzed each season with lessons learned from these reports incorporated into the following update.

References

1. Manitoba Health (2001). *Epidemiological Investigation of Outbreaks*. Communicable Disease Management Protocol Manual.
<http://www.gov.mb.ca/health/publichealth/cdc/protocol/investigation.pdf>
2. Manitoba Health (2009). *The Public Health Act*, C.C.S.M. c. P210
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https://web2.gov.mb.ca/laws/regs/current/_pdf-regs.php?reg=37/2009
4. Niagara Region Public Health (October 1, 2015). Outbreak Management Guide.
https://www.niagararegion.ca/living/health_wellness/professionals/pdf/OutbreakManagementBinder.pdf
5. WRHA LTC Infection Prevention and Control Program (DRAFT March 8, 2017). Reporting of a Communicable Disease to Manitoba Health by Infection Prevention & Control in Personal Care Homes /Long Term Care Facilities

Appendices

- Appendix A - [General Outbreak Signage](#)
- Appendix B - [Guidelines for Visitation during Outbreaks](#)
- Appendix C - [Resident and Family Outbreak Information Handout](#)
- Appendix D - [Common Outbreak Pathogens](#)
- Appendix E - [Outbreak Investigation Form](#)
- Appendix F - [Cadham Provincial Laboratory Sample Requisition](#)
- Appendix G- [Guidelines for Admissions, Transfers, and Respite during Non-Influenza Outbreaks](#)