Subject: Outbreak Preparedness and Prevention (Emergency Preparedness)	Date Issued: May 10, 2024 Date Reviewed: Date Revised: March 3, 2025
Issued by: Infection Control Working Group	Approved by:

DEFINITIONS:

Outbreak: An outbreak is a sudden rise in the number of cases of a disease and it carries the same definition of epidemic, but is often used for a more limited geographic area.

Endemic: the usual incidence of a given disease within a geographical area during a specified time period.

Epidemic: an excess over the expected incidence of disease within a given geographical area during a specified time period. If the expected number of cases of a disease in a province is 8 per year, and 16 occur in 1 year, this indicates an epidemic. It should be noted that an epidemic is not defined on the absolute number of cases but on the number of cases in comparison to what is expected.

Pandemic: an epidemic spread over a wide geographical area, across countries or continents, usually affecting a large number of people. It differs from an outbreak or epidemic because it:

• affects a wider geographical area, often worldwide.

• is often caused by a new virus or a strain of virus that has not circulated among people for a long time. Humans usually have little to no immunity against it. The virus spreads quickly from person-to-person worldwide.

• causes much higher numbers of deaths than epidemics.

• often creates social disruption, economic loss, and general hardship.

Preparedness and Prevention of an Outbreak

1. Contact Information, Key Services and Supports

- NHNH Leadership Team
  - Todd Stepanuik – President & CEO

    519-426-0130 Ext. 6976
  - Susan Pajor – Director of Care

    519-426-0130 Ext.1287
  - – Assistant Director of Care

    519-426-0130 Ext.
  - Megan Leighfield – Nurse Manager

    519-426-0130 Ext.1286
  - Nadine Cole – Infection Prevention and Control Lead

    519-426-0130 Ext.1282
  - Linda Schaeffer – Activation Coordinator

    519-426-0130 Ext.1455
- Medical Director – Dr. B. Bobby Primary Physician - See resident chart.
- Local Public Health Unit – Business Hours Monday to Friday 8:30-4:30 p.m.

  Primary Contact: Rupali Krishna: 519-426-6170 Ext. 8204

  Back up Contact: Agnes Zabinski: 519-426-6170 Ext. 3442

  After Hours: 1-877-298-5888

  Outbreak -Lab Pick Up scheduled for approximately 10am weekdays (no weekends or holidays)

- Ministry of Long-Term Care Critical Incident Reporting- Business Hours Monday to Friday 8:30-4:30 p.m.
  After Hours and Weekends: 1-888-999-6973
- Resident Contact – See resident chart/profile (Substitute decision maker, family, legal guardian etc.)
- Other
  a. Roulston's Pharmacy – Medication and Delivery, Scriberly, CAPSA (Emergency med-box)
     1-844-305-3516 EXT. 289
     Fax # 519-512-0335
  b. RT Respiratory Therapy – oxygen and respiratory equipment supply
     519-426-4040 or Toll-Free 1-800-267-5535
     Fax#519-426-7313 or 1-844-407-0202
  c. LifeLabs – Blood Work, ECGs, Laboratory specimen testing and other
     General: 1-877-849-3637
     Tracey: 1-289-260-3781 Fax: 519-428-9903
  d. NHNH RAI Coordinator- PointClickCare
     Sheila Williams
     519-426-0130 Ext. 1268
  e. Vida Dietetics – Registered Dietitian
     Consulting Dietitian/Owner: Sarah Faulds 519-550-3369
     NHNH Dietitian: Aliesha Malcho amalcho@ngh.on.ca
  f. NHNH Hair Dresser/Salon
     Shelley Blackmore
     226-802-4622
  g. Life Mark Seniors Wellness- Physiotherapy/Footcare Service
     Manager: Sarah.Elevazo@lifemark.ca
     Foot Care: Kelly Flower chillycanuck@gmail.com
     PT: Asad asad.saeed@lifemarkseniorwellness.ca PTA: Ryle Clarke rclarke@ngh.on.ca
  h. Norfolk General Hospital Stores- Medical Supplies
     Senior Stores Clerk: Anna Wilson
     519-426-0130 Ext. 1236
  i. Environmental Services (Housekeeping and Laundry) at Norfolk General Hospital
     Director: Violet Gudoshava
     519-426-0130 Ext. 1263
     Supervisor: Ginger Morris
     519-426-0130 Ext. 1372
     Laundry 519-426-0130 Ext. 1292
  j. Dietary/Kitchen at Norfolk General Hospital
     Director: Violet Gudoshava
     Supervisor: Bonnie Major
     519-426-0130 Ext. 1274
     *Diet Technician/Food Supervisor: Joana Martins
     519-426-0130 Ext. 1356

k. Behavioural Supports Ontario (Brant Haldimand Norfolk -LTCH Mobile Team
   Monday to Friday 8:30-430 p.m.
   Manager (Brant-Haldimand-Norfolk): Lenora Noel
   226-920-8952 lenoel@sjv.on.ca
   Fax#519-426-3257
l. Psychogeriatric Resource Consultant Services for LTCH and/or Caregiver Support Groups
   Alzheimer Society of Haldimand Norfolk
   Hazel Place- Monday to Friday 8:30-4:30 p.m.
   519-428-7771
   Fax# 519-428-2968
m. Social Worker at NGH
   Olivia Meyer
   519-426-0130 Ext. 4474 Email: omeyer@ngh.on.ca
n. Employee Assistance Program (confidential counseling, coaching and support)
   Compassionate Counselor – available 24/7, 365 days a year.
   1-800-663-1142

2. Identifying a Suspected or confirmed Outbreak
   Attached spreadsheet: Identifying a suspected or confirmed outbreak definitions

3. Contact Norfolk Hospital Nursing Home Infection Control lead for outbreak planning and response to determine suspected or confirmed outbreak.
   If it is after hours contact NHNH leader on call.

4. Once determined Infection Control lead or on-call designate will notify all departments (Outbreak Management Team):
   a. Activation
   b. Dietary/Kitchen at Norfolk General Hospital
   c. Environmental Services (Housekeeping)
   d. Occupational Health
   e. Local Public Health Unit
   f. Ministry of Long-Term Care
   g. Administration/Management Team
   h. Pharmacy – Notified by charge nurse.
   i. Respiratory Therapy – Notified by charge nurse.
   j. Physio/Occ. Therapy – Notified by charge nurse.

The Outbreak Management Team will have IPAC lead/designate for supports and processes in place to execute the following required functions of the Outbreak Management Team role:

a. Advise on IPAC practices to manage the outbreak and minimize risk(s) to residents and staff;
b. Assist with securing IPAC-related resources needed to support the outbreak management response (e.g., secure needed PPE and other supplies as required);
c. Track and document accurate and required disease-related information for monitoring and reporting;
d. Engage with the local public health unit on the outbreak response (when relevant) including when an outbreak has been declared;
e. Implement changes to IPAC practices as needed to support the outbreak response; and
f. Provide IPAC-related education and training to staff and others to support the outbreak response.

5. Entrance and Screening
   a. Everyone has a responsibility to self-screen prior to entering and self-monitor while in the home reporting any sign or symptom of an infectious illness.
   b. Everyone has responsibility to comply with appropriate Infection prevention protocols within the home. (i.e. Hand hygiene, masking, donning/doffing PPE etc.)
   c. Sufficient stock of Hand sanitizer and PPE will be available at the entry and throughout the home.
   d. Screening questions, visitor guideline and education signage will be at the entry.
   e. Record is kept of visitors at time of entry for the purpose to contact if required.
   f. The home will identify and communicate Universal Masking requirements, suspected or outbreak measures from a risk assessment approach and/or as per Ministry Directive (I.e. poster, signs, etc.)
   Masking continues to be recommended in the home but not required.
   g. Resident admission/re-admission, transfers, return from an absence will be screened for infectious illness at the time of return. If no respiratory found at time of screening, additional precaution for contact will be in place until results return such as MRSA, VRE etc.
6. Education and Training – Staff, students, volunteers, and visitors
   a. Hand Hygiene – the proper method to clean hands and when to perform hand hygiene helps reduce the risk of transmitting infectious disease or illness.
   1) Alcohol-based hand rub is recommended when hands are not visibly soiled. (70-90% alcohol)
   2) Soap and water (dedicated hand washing sink) is recommended when hands are visibly soiled or providing care for individual with diarrhea. If water is not available use a moist towelette followed by alcohol-based hand rub.

   Moments to complete hand hygiene:
   i. When entering or leaving a resident room or common areas.
   ii. Before and after touching surfaces or using common areas or equipment
   iii. Before and after eating or drinking
   iv. Before and after preparing food/fluid
   v. Appropriate for Donning/Doffing PPE
   vi. After coughing/sneezing into a tissue and disposing of the tissue into waste bin
   vii. Before touching face
   viii. After using the bathroom

b. Respiratory Etiquette
   i. Turn head away from others when coughing or sneezing
   ii. Cough or sneeze into a tissue or into the elbow or sleeve if tissue not available
   iii. Soiled tissue to be disposed into waste bin as soon as able, followed by hand hygiene

c. Point of Care Risk Assessment (PCRA) – Routine Practice and Additional Precaution
   Assess the elements: Person, Environment, the Task and Yourself
   i. Resident or person you will be interactive with-what mood or physical condition are they in?
   ii. Environment: are there any safety concerns or potential risks of immediate danger? Escape route?
   iii. Task- Review in your mind, can this be accomplished safely? Do I have everything to complete the task? Equipment, mask/PPE, supplies etc.
   iv. Self – Am I focused? Am I ready to help? Am I capable of completing the task at hand?
   v. Questions to ask yourself before applying Personal protective equipment.
   Gown: will my clothes be exposed to blood, bodily fluid or contaminants?
   Masking/Eyes protection: will my face or eyes be exposed to blood, bodily fluid or contaminants?
   Gloves: will my hands be exposed to blood, bodily fluid or contaminants?
   Additional Precaution: does the individual have a known or suspected infectious illness?
   vi. **PPE** donning/doffing proper \ PPE; how to properly wear mask, seal check N95 mask, how often to get mask fit N95 (every 2 years)?
   *Masking for Aerosol Generating Medical Procedures require N95

d. Environmental Cleaning
   i. hand hygiene
   ii. correct product and dilution
   iii. contact time
   iv. clean to contaminated and from top to bottom and do not double dip

7. Plan to Manage Ill/Symptomatic Resident (See algorithm)
   a. Begin additional precautions and isolate resident to their room or private if available *If no available private room on the same unit.
      1) Add additional precaution signage to the door below Bed #
      2) Draw the curtains between resident and roommate
      3) Dedicate equipment
      4) Ensure adequate ventilation
      5) Personal Protective Equipment stocked and available, place linen and waste carts outside door if space available that does not obstruct or create safety concerns.
   b. Identify high risk contacts – visitors, roommates, etc.
      Roommates of unknown respiratory should be isolating as per COVID-19 directives/public health.
      As per Ministry of Health directive no wardroom should occupy more than two resident beds.

c. Collaborate with
    i. physician to assess for specimen testing and/or treatment.
    All symptomatic residents experiencing signs and symptoms should be tested for COVID-19/Other Respiratory even during non-outbreaks within 48 hours of symptom onset. *Recommended lab based molecular (PCR) or rapid molecular test preferred Nasopharyngeal swab (RATs have a significantly lower sensitivity for COVID-19 than molecular tests and should **not** be used routinely for residents of LTCHs)
    ii. public health direction and measures (during suspected or confirmed outbreaks)
    iii. health care team for ongoing monitoring and care
    iv. Notify resident or family/substitute decision maker
d. Ongoing monitoring of symptoms
    i. Each shift the resident will heave head-to-toe assessment by registered staff
    ii. Twice a day PSW will obtain temperature and screen of all residents for new or worsening signs and symptoms of infectious illness.
e. Results screening, assessments, diagnostics and/or treatment
    i. Will be overseen by charge registered staff and reported to Infection prevention and control lead.
    ii. Registered staff will communicate results to physician and determine eligibility for further treatment such as antivirals.
    iii. Line list will be kept and maintained by registered staff every new onset and/or shift. Sent to public health unit as directed (usually status change to individual and/or new case).
f. Severe illness
    i. If a residents health status does not align with their consented Advanced Directive where care can no longer be managed in the home, they will be sent to hospital.
g. Designated off-site location (i.e. medical or evacuation)
    i. Norfolk General Hospital (negative pressure room)
    ii. Alternative shelter: Norview Lodge; Ansen Place; Emergency: Talbot Arena

8. Staff, students or volunteers Reporting Infectious Illness and Return to Work Plan – Self monitor
    a. Staff with infectious illness/symptoms should not come to work and need to be cleared by occupational health before returning.
    b. If staff develop symptoms or feeling unwell while at work, they are to report to registered staff in charge.
        i. Staff with infectious illness/symptoms (such as respiratory, vomit, diarrhea, rash) are required to report or call the nursing home and speak with Registered staff in charge to replace shift and additionally call occupational health nurse or designate (leave a message for evenings, nights and weekends) reporting onset date, symptoms/illness and contact number to be reached. *Staff ill from other departments such as environmental services (Housekeeping), dietary, activation etc. are to report or call their supervisor to replace there shift and additionally call occupational health nurse or designate as directed above.
        ii. Registered staff in charge will inform scheduling to cover shift, if it is evening, nights or weekends charge staff are responsible to try and get coverage and report to management.

iii. Occupational health will follow up with the individual if there is testing or treatment required and clearance as a case-by-case situation providing appropriate return to work timeline and conditions.

c. Alternative source for staffing will be determined and managed by director of care/assistant director of care in collaboration with human resources, recruitment team and scheduling.

9. Testing – Location, collection, transportation, and storage
    a. Blood work – Life Labs weekly only, urgent Norfolk General Hospital (completed at bedside)
    b. Specimens such as MRSA, VRE, wound culture, urine specimen, stool – sent through Life Labs
        i. Specimen obtained in resident's space by registered staff for all specimens; PSW will collect urine or stool samples.
        ii. Requisition will be printed and filled out by registered staff with a physician order and place with sealed biohazard bag containing specimen.
        iii. Urine and stool samples to be placed in specimen fridge; other specimens into a closed bin on top of the specimen fridge maintained between 2-8 degrees Celcius.
        iv. Pickup between 4 to 430pm Monday to Friday
    c. Nasopharyngeal specimens for PCR testing – Registered staff obtain with a physician order
        i. Non-Outbreak: Registered staff register resident at NGH as an outpatient and take specimen with completed requisition form in biohazard bag to NGH lab.
        ii. During outbreak – Registered staff report to IPAC lead to request pick up from public health (Pick ups are Monday to Friday around 10 am). Nasopharyngeal swab and completed requisition form with Outbreak # paper is place within biohazard bag and put in the specimen fridge labelled for Public Health.

10. Supply and Ordering
    a. ADOC reviews stock and reorders consumable supplies: gloves, gown (single use only), masks, eye protection, N95 respirator, Tissues, and thermometer tips, specimen test kits
        i. Staff report if low supply
    b. Housekeeping porter orders and restocks Alcohol based hand rub pumps, hand soap, cleaning supplies and products through Environmental Service supervision at Norfolk General Hospital. These supplies are replenished amongst the housekeeping team within the Nursing Home

11. Vaccination
    a. New residents and residents within the home will be offered to receive annual influenza vaccine during respiratory season and up-to-date COVID-19 vaccine and other vaccine doses they may be eligible for such as pneumococcal, tetnus diptheria, RSV or shingles as recommended as per Ontario's adult immunization schedule.
    b. Staff members will be offered vaccines at the workplace such as influenza and COVID-19 upon respiratory season.
    c. Vaccination status record will be documented and maintained for residents and staff.

12. Gatherings and outings Activities and Meals – modify or change programs and activities in common areas as needed, at direction of Outbreak Management team
    a. Tray services will be provided to individuals isolating in room
    b. If too many residents are ill isolating discussion with the dietary supervision may decide to have tray service for all residents on the unit. (well residents may remain in dining space unless directed otherwise for best management of care)
    c. Activation Coordinator or designate will be responsible for arranging alternative programs.
        i. Contacting entertainment or services for example to be postponed
        ii. Activities such as 1:1 resident or small group activities
    d. Social outings will be postponed, all appointments within reason should be rescheduled.

13. Environmental Cleaning
    a. Hospital grade cleaners with DIN number, proper label and used as specified including contact time and appropriate PPE is followed.
        i. Aerosol or trigger spray bottles should not be used
    b. Bathrooms, rooms, high touch surfaces to be cleaned daily and when soiled
        i. during Outbreak twice daily and when soiled.
    c. Environmental staff follow cleaning schedule for additional duties
    d. Cleaning checklist (terminal clean) will be completed at time isolation is stopped, discharge, transferred to another area or as per monthly terminal cleaning schedule.
    e. Shared Equipment is cleaned and disinfected after use.
    f. Kitchen space is cleaned after each meal and/or use in between all surfaces and high touch area, with appropriate maintenance for other (i.e. ice maker) as per manufacturers instructions.
    g. Items that can not be cleaned by the home should be removed or discussed with families

14. Air Quality and Ventilation
    a. Air cleaners, fans used are placed in a manner that avoids air currents from one person to another
        i. Are to be Turn off during Aerosol Generating Medical Procedures
        ii. Locations selected for optimal function and purpose
    b. HVAC or portable cleaners are maintained as per manufacturers or skilled professional's recommendation
    c. Outdoor or natural ventilation utilized, such as opening windows when feasible

15. Transportation/Transfers of Residents
    a. If resident ill, notify receiving area (postpone if not necessary)
        i. Assess for use of PPE
    b. Provide appropriate documentation

16. Preventing Mixing or spreading of illness – Consultation with Outbreak Team and Public Health Unit
    a. Eliminate cause if possible
    b. Appropriate Ventilation
    c. Reduce Exposure/Isolation measures
    d. Assess admissions and/or transfers
    e. Ward rooms must be limited to only 2 residents
        i. If no private rooms available – barriers to be used (i.e. curtains)
        ii. Room changes must be discussed
    f. Cohorting/Grouping
        i. Staff should remain to each unit or area
        ii. Residents to remain on the unit if indicated
        iii. Reduce communal activities
    g. Limit or Restrict visitors, except Essential visitors or as Directed by Public Health
    h. Additional Environmental Cleaning
    i. Distance of 2m from others
    j. Use Personal Protective Equipment