



Riverview Gardens: Roles during an Outbreak (Revised – July 5, 2022)

Signs and Symptoms of Infection

Types of Infection:

- Respiratory
- Eye
- Ear
- Urinary Tract Infection
- Skin
- Nose
- Mouth
- Other
- Gastrointestinal

Symptoms of Infection

- Nausea
- Bloody Diarrhea
- Headache
- Congestion
- Runny Nose
- Pus
- Itching, Drainage
- Mental Status Change
- Vomiting
- Fever
- Loss of Appetite
- Chest Congestion
- Dry Cough
- Swelling/Redness
- New/Increased Incontinence
- Malaise/Lethargic
- Diarrhea
- Chills
- Nasal
- Sore Throat
- Productive Cough
- Pain
- Change in Urine
- Other

Personal Care Giver (PCG)

- Do the Point of care risk assessment?
- Use personal protective equipment as appropriate when providing resident care
- Identify residents with signs/symptoms of infection
- Report to your RPN
- Provide residents with comfort measures:
 - e.g., Blanket, kleenex, quiet rest, fluids, TLC
- Document relevant information on resident flow sheets – e.g., eating, BM's,

Registered Practical Nurse (RPN)

- Do the Point of care risk assessment?
- Use personal protective equipment as appropriate when providing resident care
- Identify and assess residents with signs/symptoms of infection
- Assess residents with signs/symptoms of infection if reported to you by someone else and inform the IPAC lead and DOC.
- Implement appropriate infection control measures to prevent the spread of infection
 - E.g., isolate resident, signage on room door / neighbourhood entrance, meal service in room, notify other departments
- Complete Dietary requisition form for any residents needing meal service in their room and again when no longer required



Registered Practical Nurse (RPN) cont'd.

- Document on Monthly Surveillance Line Listing for All Infections form
- Place on Dr's. list for medical assessment
- Notify family (POA) of residents change in health status. Document contact name, date, and time in nursing notes
- Report to Registered Charge Nurse (RN) if you have more than one resident presenting with similar signs and symptoms of the same infection and/or if resident(s) presents with severe symptoms

RN and RPN Completing Resident Line Listing for Infections

- When Resident presents with signs and symptoms of infection. Document physician name, date, and time, notified in nursing notes
- When Dr. diagnosis Resident with an infection
- When lab work is sent, and when results come in
- When antibiotics come in for Resident
- When infection is resolved
- During Outbreak
- *Do not forget to notify family/POA of change in residents' condition & document date, time, & contact in nurses notes and on surveillance form

Registered Nurse (RN)

If an outbreak is suspected or identified the charge nurse on duty will initiate the RN Outbreak Plan. Complete the following:

- Contact Director of Nursing and the IPAC lead
- Contact Medical Director
- Call Chatham-Kent Public Health Division
- Initiate Outbreak Tracking Forms including line listing separate for staff/ residents.

- Communicate with employees-handwashing, contact and/or droplet precautions
- Collect specimens from newly ill residents. Both nasopharyngeal swabs and stool specimens can be collected on the weekend and stored in the specimen fridge.
- Both nasopharyngeal swabs and stool specimen collection kits can be found in the Outbreak Kit on second floor West Wing Care Centre. You can obtain more specimen containers from the C-K Public Health Division.
- For respiratory outbreak, nasopharyngeal swabs are located in the Outbreak kit
- Place specimens in the fridge appropriately labelled for the C-K Public Health Division to pick up by 11:00 a.m.
- Notify residents' own physician
- Confirm families of those residents with symptoms notified.
- In consultation with IPAC lead, initiate as discussed below:
- Post appropriate signage e.g., Isolation - visitors please check in at nursing station before visiting on resident's door. Respiratory Outbreak or Gastroenteritis, Outbreak on front door and doors of affected neighbourhoods
- Isolate ill residents to their rooms and/or pull privacy curtain. If Respiratory: to remain in room for 5 days or until symptoms subside. If Enteric: to remain in room for 48 hours after last symptom. (Follow the local Public health outbreaks checklist).



- Complete CIS for Ministry of health and Long-term care.
- Notify Outbreak Management Team (listed in Infection Control Policy & Procedure Manual Policy No: INF SUR Page 13 of 27)
- Notify “Supervisor, Environmental Services to arrange for increased housekeeping in affected neighbourhood.
- If nasopharyngeal swab indicates Influenza A, the IPAC lead, the Director of Nursing is to be notified as well as staffing clerk so only staff with flu vaccination or have Tamiflu can work
- Director, Seniors’ Services makes media releases
- If it is felt that the facility should be closed to visitors during the outbreak, this needs to be discussed with OMT, Manager, Resident Care and Director, Seniors’ Services
- Collect information for C-K Public Health Division (Policy No: INF SUR page 10/11 of 27 in Infection Control Policy & Procedure Manual)
- Fax resident line listing and dining room seating plan to C-K Public Health Division. The other information can go in courier bag and be sent the next day per interoffice route or given when specimens are picked up
- After you take N.P. swabs, notify pharmacist on cell phone that swabs sent and quick test results will be known around 1600 that day
- If flu A, and nasopharyngeal swab is positive for flu:
 - Call Dr. for TAMIFLU orders. Treatment dose for ill residents and write on physician’s order sheet
 - Orders for Tamiflu prophylactics for other residents.
 - The C-K Public Health Division may provide direction on who needs to be prophylized, a neighbourhood, floor, multiple floors, building
- Fax all treatment orders to pharmacy as well as summary sheet for Tamiflu prophylactics after you talk to pharmacist
- Get height, weight, age, and serum creatinine levels for all new residents to pharmacist for proper Tamiflu prophylactics. Write on summary sheet and fax
- Complete Dr’s. order sheet/MARS for Tamiflu on each resident and write names of new residents on Dr’s. order and MARS sheet and leave blank till orders received
- Start Review Form for influenza outbreak
- RN in charge of Outbreak should attend Monday Morning Meeting
- Review daily the list of ill residents who need to remain in their room and email all departments each morning
- Initiate handwashing for all well residents as they go into the dining room for meals
- Notify Dr’s. office and/or hospital of outbreak and re-book appointments if in an influenza outbreak. If in a respiratory and/or gastroenteric outbreak, let them determine if appointment is to be re-booked
- Contact Community Living and/or Brain Injury Association to inform them of outbreak affecting residents
- Cancel bus if residents unable to go to Community Living or Brain Injury Association
- Inform Dialysis transportation regarding outbreak. Resident to wear a mask, if affected, for transportation
- Determine with activation what activities to be cancelled or restricted
- Notify Social Worker/CCAC if admissions will be affected due to the outbreak

Outbreak Kit



- 2nd Floor Centre – First Aid Room C207
- Blue Tupperware Tub Contains
- Red Outbreak Kit Information Binder
- 5 N.P. swabs from C-K Public Health Division
- 10 enteric kits (2 specimen bottles/kit) from C-K Public Health Division
- 5 urine specimen containers
- 5 yellow isolation gowns
- 2 boxes of disposable gloves
- 5 each of clear garbage bags and red garbage bags (C-diff. only)
- 2 alcohol hand sanitizers
- 1 box alcohol wipes
- 1 box of Surgical masks
- Eye protection – 2blue trim for no glasses, 1 clear to wear over glasses
- Signage – Resident doors, units, building entrances

Enteric Stool Collection Kit

For enteric outbreak the stool specimen kit contains 2 bottles:

- Green Cap is for C&S testing (collect 1st)
- White Cap is for Viral testing (collect 2nd)
- Obtain the specimen from one movement filling both bottles to the line indicated
- When there is not enough sample to fill the bottles, fill them in order as listed above unless otherwise indicated by the Health Division
- Complete the lab requisition slip

RN OUTBREAK OVER PLAN

- Discuss outbreak with C-K P.H.D. respiratory or gastro-enteritis and determine if outbreak can be called off.
- Notify Medical Directors
- Notify Administration, all staff and residents in the affected home, by e-mail and short announcement or Charge Nurse could do this on her units for you to staff and residents
- Complete CIS
- Take copy of CIS, copy of C-K P.H.D. declaration over, Line Listing and review when completed and put in file and give to Director of Nursing
- Remove signage from front door, neighbourhood doors and resident's room doors regarding outbreak
- Notify Dialysis unit, outbreak over
- Complete review of outbreak
- Feel good the outbreak is over!

Infection Control Index Box

- Will be located in each neighbourhood
- at the Care Centre and contains:
- Neighbourhood Maps
- Surveillance Line Listings
- Infection Definitions
- Specimen Collection Procedures
- Contents of Outbreak Kit
- Droplet and Contact Precautions



IPAC program: Role of an IPAC lead during an Outbreak.

The home must ensure that the IPAC program complies with the requirements under the Act and O. Reg. 79/10, including section 86 of the Act and section 229 of O. Reg. 79/10.

The following list of components of an IPAC program in a home are required by law or encouraged as best practices:

- surveillance, including daily analysis and at least once a month review of data recorded and actions taken
- outbreak investigation and management
- hand hygiene program
- critical incident reporting of outbreaks
- staff training, retraining and education
- mandatory reporting of reportable disease to public health authorities
- facility maintenance standards for housekeeping and food preparation
- facility maintenance standards for heating ventilation and air conditioning
- continuous quality improvement activities related to infection rates and IPAC activities.
- an audit plan to assess the currency and compliance of each component of the IPAC program
- descriptions of Routine Practices and Additional Precautions as defined by Public Health Ontario
- Occupational Health and Safety for health care providers related to infection transmission
- timely access to microbiology laboratory reports and expertise to interpret any findings

References: [IPAC Program Guidance_em.pdf \(ltchomes.net\)](#)