

Outbreak Management Practices in Long Term Care, Retirement Homes and Congregate Living Facilities

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Long Term Care and Retirement Homes	<ul style="list-style-type: none"> Monitoring for symptoms of illness among residents and staff of a residential facility is done to identify any unusual increases of illness over a short period of time Under the <i>Health Protection and Promotion Act</i>, Long Term Care and Retirement Homes are required to report unusual increases of illness to public health Following an assessment, public health assigns an outbreak number which ensures specimens collected and submitted to the lab are processed quickly In most outbreaks, nursing staff within the Long Term Care or retirement homes collect the specimens. Public Health ensures the specimens reach the lab in a timely manner and follows up with the lab to ensure timely receipt of results Public health provides specimen collection kits to ensure a diagnosis for the illness can be established as quickly as possible Public health arranges outbreak management team meetings with key representatives of the facility to ensure all control measures are in place to help reduce further spread of illness within the facility Control measures include: <ul style="list-style-type: none"> Ill residents are isolated to their rooms Ill staff are excluded from employment while ill and/or until test results and further direction is provided Instructions for the use of enhanced personal protective equipment in the form of gloves, gowns, masks and goggles/face shields are provided, (and training of correct use offered to staff as required) Staff co-horting is implemented to ensure staff who are providing care for the ill residents do not provide care to well residents Enhanced environmental cleaning is immediately implemented to reduce transmission through fomites and high touch surfaces Communal events/meetings and, where possible, communal dining is discontinued to reduced exposure of residents to one another Non urgent appointments are cancelled New admissions to the facility are restricted and readmissions of hospitalized patients are assessed to ensure sufficient care is available Confirmation through onsite assessment of infection control practices is

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	<p>carried out by public health</p> <ul style="list-style-type: none"> • The identification of a causative agent determines the need for further testing of close contacts both residents and staff • Active monitoring of residents is expected during an outbreak to ensure prompt identification of new cases of illness is identified quickly and control measures are also set in place to reduce further spread • The facility provides daily updates to report new cases of illness (among both residents and staff) • Public health initiates further testing as appropriate for the specific outbreak • Details of daily monitoring helps public health to assess the effectiveness of the control measures implemented by the facility and determine the need for further education regarding infection control measures and/or further assessment to ensure compliance with the infection control standards
Congregate Living Facilities	<ul style="list-style-type: none"> • A Ministry Guidance document and a document outlining use of PPE for care of individuals with suspect or confirmed COVID-19 have been distributed to York Region Congregate Living Facilities • Communication has been sent regarding use of enhanced personal protective equipment measures for staff including: <ul style="list-style-type: none"> ○ Essential visitor use of surgical/procedural masks at all times to be used while visiting ○ Links to personal protective equipment posters and video of proper doffing of personal protective equipment • A live YouTube webinar COVID-19 Guidance for Group Homes was provided to highlight key points in the Ministry Guidance document, communicate a contact from Ontario Health to advise of personal protective equipment shortage included messaging to reinforce staff working in multiple locations, process and form to complete for personal protective equipment shortage and strongly recommended: <ul style="list-style-type: none"> ○ Surgical/procedural masking at all times ○ Allowing only essential visitors (definition of essential visitor same as Long Term Care Homes) ○ Have staff limit their work locations and messaging to reinforce the guidelines for staff working in multiple locations ○ Proper donning and doffing procedures for personal protective equipment

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	<ul style="list-style-type: none"> ○ Review of infection prevention and control (IPAC) measures ○ Process and form to complete for personal protective equipment shortage • On site Infection Protection and Control support visits have been conducted at eight sites • For congregate living facilities unable to access personal protection equipment, a plan is in place to distribute an initial supply of personal protective equipment (ear loop surgical masks) with information/training videos on donning and doffing