Respiratory Illness Outbreak Management Kit for Acute Care

This document addresses all respiratory illness outbreaks except TB, SARS (Severe Acute Respiratory Syndrome), and other emerging respiratory infections

A Respiratory Outbreak does not need to be a specific organism (but the outbreak cases need to all have the same symptoms).

Seasonal Influenza Highlights Sheet

https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/seasonal-influenza-highlights-acute.pdf

Different Possible Causes of Viral Respiratory Tract Infection

There are several types of viral infectious agents that can infect/impact persons receiving care and cause a respiratory illness. The germ causing the illness usually cannot be identified from the symptoms as they are often similar. Most cases of respiratory infection result in cough and fever. Epidemics of influenza usually occur during the winter months (thus sometimes it is called a seasonal illness). Once introduced into a population, viral respiratory illness can spread rapidly because they are highly contagious and have a fairly short incubation period. The most common causes of outbreaks in persons receiving care are listed below:

- Influenza
- Respiratory syncytial virus (RSV)
- Rhinovirus
- Parainfluenza virus
- Corona virus
- Human Metapneumovirus
- Adenovirus
- Bocavirus
- Enterovirus

Isolation and surveillance occurs in facilities across the WRHA for the above microoganisms.

For characteristics of each of these and their respective incubation periods, see the microorganism infection disease table.

Prevent Spread of Respiratory Illness

- The most important key to prevention is cough etiquette and hand hygiene.

COUGH ETIQUIETTE

- Respiratory hygiene includes a combination of measures used to minimize the spread of respiratory germs. It is important to educate and encourage all individuals (patients/residents/clients, staff and visitors) to practice proper respiratory hygiene.
- Key Points:
  - Cover mouth and nose against a sleeve/shoulder during coughing or sneezing
  - Use tissue to cover the mouth and nose during coughing or sneezing
  - Discard used tissues into the wastebasket promptly
  - Turn the head away from others when coughing or sneezing
  - Keep those with a new cough, shortness of breath and fever, 2 metres away from others
  - Wear a procedure or surgical mask to protect others when coughing or sneezing
  - Perform hand hygiene after coughing or sneezing (use alcohol-based handrub or soap and water)

HAND HYGIENE

- Hand hygiene must be performed in all situations below regardless of whether gloves are used or not.
  Note: *Staff must wash their hands before applying gloves and after removing gloves as the removal process can cause more contamination resulting in further infections*
- These 4 moments of hand hygiene are the same in a hospital, in PCH, in a clinic or, wherever you are providing your care
- Teach all of your persons receiving care, their family and visitors to practice good hygiene using hand rub or soap and water (posters in French also available)

The 4 best times or "moments" for healthcare workers to clean their hands are:

Moment	What is this?	When should healthcare staff perform hand hygiene?
1	BEFORE patient/resident/client contact or contact with their environment.	Healthcare workers should clean their hands just before touching the patient and before they touch something in their immediate environment.
2	BEFORE doing a clean or asceptic procedure	Clean your hands immediately before a clean/aseptic procedure. Even though healthcare workers use a pair of gloves to do these things, they still need to clean their hands before putting them on.
3	AFTER contact with blood or body fluids	Healthcare workers should wear gloves if they think they might touch body fluids and should clean their hands after taking off gloves.
4	AFTER patient/resident/client contact or contact with their environment	Clean your hands after touching a patient and his or her immediate surroundings.

Outbreak Preparedness

Prevent spread by being prepared with essential supplies and resources at hand. Ensure outbreak kit (if used) contains the following tools and/or direction for easy and quick access:

Supplies of Personal Protective Equipment including:

- Clean single non-sterile disposable gloves
- Isolation gowns (disposable and/or re-usable). Each facility should have gowns on site at all times for use in the event of an outbreak
- Multiple boxes of procedure masks on site
- Disposable eye protection
- Alcohol handrub

Other:

- Linen bags
- Facility disinfectant cleaner
- Specimen collection containers (swabs for nasopharyngeal specimen collection)
- If viral transport medium (VTM) stored on unit, ensure it is in medication room freezer. Check expiry date prior to use
- Cadham Provincial Lab requisitions

Stock should be readily available and (re)ordered as needed.

Information sharing/Notification requirements:

- Outbreak signage (page 13)
- Letters/information sheets/memos prepared in advance (prior to outbreak)

Documentation templates for recording information including:

- Empty line list(s) or Outbreak Investigation forms

If above are not contained within an "Outbreak Kit", the location of these items and mechanism to quickly retrieve must be noted and well known by all unit staff.

Criteria of a Respiratory Outbreak

DEFINITION - An outbreak is defined as two or more cases of RESPIRATORY illness with similar symptoms (including at least one laboratory-confirmed case) occurring within a seven-day period in an institution/unit/area (MB Health 2016). Symptoms must be acquired while admitted to the institution/unit/area and were not present in the community.

CASE DEFINITION: The following case definitions will assist in determining the type of outbreak:

Influenza-like illness (ILI):

Acute onset of respiratory illness with **cough and fever** (equal to or greater than 38˚ C) **and one or more** of the following symptoms:

- sore throat
- arthralgia (joint pain)
- myalgia (muscular pain)
- prostration (extreme exhaustion) that could be due to influenza virus

Note:

- In children less than 5 years of age, gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea) may be present.
- In persons receiving care under 5 years old and 65 years old and over, fever may not be prominent (lower than 38˚ C).
- Illness associated with novel influenza viruses may present with other symptoms.
- Elderly patients may also have symptoms that can mimic respiratory infections which are due to chronic respiratory disease but are not the result of an infection. These non-infectious illnesses do not usually occur in several patients at the same time.

Influenza:

Laboratory confirmation includes at least one of:

- Isolation of influenza virus by cell culture from an appropriate clinical specimen OR
- Detection of influenza virus nucleic acid by nucleic acid amplification test (NAAT)

Other viral illnesses

Respiratory outbreaks can be caused by viral organisms beyond influenza.

Laboratory confirmation includes at least one of:

- Detection of influenza virus nucleic acid by nucleic acid amplification test (NAAT)

See WRHA acute care Infection Prevention and Control Microorganism Infection Disease Table for information regarding:

- Adenovirus
- Bocavirus
- Corona virus
- Enterovirus
- Human Metapneumovirus
- Parainfluenza
- Respiratory syncytial virus (RSV)
- Rhinovirus
- Severe Acute Respiratory Infection (SARI – requires a travel history)

Note: It is rare to have a bacterial respiratory outbreak during the respiratory season. These cases are often progression of an individual's clinical disease.

Outbreak Management Plan

Identify an outbreak:

- Be alert to possible respiratory outbreak – monitor all cases of fever, cough and new respiratory symptoms
- Alert IP&C about possible outbreak cases/clusters of healthcare acquired cases
- An influenza-like outbreak is identified when 2 or more people have acute respiratory symptoms (e.g. fever, cough, sore throat, myalgia, arthralgia) within 7 days of each other, with at least one case being lab confirmed (MB Health, August 2016)
- Outbreaks can be caused by many other respiratory viruses (e.g., RSV, rhinovirus, parainfluenza, adenovirus, etc.) thus initially if multiple persons receiving care in the same area at the same time have similar respiratory symptoms, it is better to treat the cases as a potential outbreak, institute appropriate Droplet Contact Precautions for affected patients (see Influenza Outbreak Protocol), take specimens and alert IP&C

Responding to an outbreak:

- Implement Droplet/Contact Precautions to prevent further spread – isolate infected persons receiving care
- Review Respiratory Outbreak Toolkit and complete activities as outlined in checklist
- Confirm the cause of the Outbreak: Review clinical features, collect specimens, IP&C will provide the facility with an outbreak code that is required for specimens
- IP&C in collaboration with staff will establish a working outbreak case definition
- Monitor for continuing transmission in collaboration with IP&C
- When line list is used, update daily and forward to IP&C. When line list is not used, chart daily on cases ensuring that symptoms are well documented

Reporting an outbreak:

- IP&C will complete Outbreak reports to Canadian Network for Public Health Intelligence (CNPHI)
- IP&C will provide verbal and/or written reports to stakeholders within the unit/facility
- Managers of the specific areas of care to provide verbal and/or written information to their staff regarding outbreak and any practice changes this may require
- CMO to notify physician(s) of outbreak and any practice changes this may require. Individual physicians may be contacted by frontline staff to receive orders for oseltamivir in the case of an influenza outbreak
- The ICP/designate, after contact with medical officer of health/infection control program team member(s), will arrange with provincial vaccine warehouse for olestamivir delivery if pharmacy does not have stock
- Frontline staff to educate and notify persons receiving care and friends/family members

During an outbreak:

- Report all patients who die as part of a respiratory outbreak to your ICP/designate. Your ICP/designate will report these to Manitoba Health, Seniors and Active Living

When an outbreak is declared over:

- Outbreaks are declared over by IP&C. The normal duration of an outbreak will be two times the incubation period of the viral respiratory illness of concern
- Unit/area manager should coordinate team debrief within two weeks. Evaluate your facility's response to and management of the outbreak – What could have been done better? What was done well?
- Communicate any recommendations to IP&C
- IP&C will complete Final Outbreak online report to CNPHI
- IP&C will provide written summary of outbreak to all stakeholders within the facility

Respiratory Outbreak Checklist for Unit Staff

☐	**Implement Droplet/Contact Precautions and other outbreak management measures** • Place symptomatic case on Droplet/Contact Precautions • Cohort cases away from those not ill (minimum of 2 meter separation between ill and those without symptoms). • Ensure supplies of alcohol handrub, PPE – gowns, gloves, procedure masks and eye protection are available • Where possible, increase cleaning of frequently touched areas to twice daily (e.g., hallways, bathrooms) • Promote hand hygiene measures and cough etiquette with staff, those cared for, family and visitors
☐	**Do we have an Outbreak?** Transmission resulting in 2 or more cases of the same symptoms of Respiratory Illness in 7 days • Inform Staff on duty and those relieving those on duty • Call Infection Prevention & Control (IP&C)/designate; on weekends/after hours leave message for IP&C/designate • Review WRHA Outbreak Management OD; following the steps
☐	**Collect Specimens (as per pg. 9-12)** • Collect nasopharyngeal specimens as directed as per attached diagram • IP&C will obtain outbreak code from Cadham Lab to unit. This is to be included on ALL specimen lab requisitions • Label specimens URGENT and ask staff to transport as a priority • Inform lab of potential increase in specimen volume and ensure required media is on hand
☐	**Document the outbreak symptoms in chart & create a line list if requested by IP&C** • Details of symptoms must be either well charted &/or line listed with demographic information • Ensure charting and/or line lists are updated daily with any new cases with respiratory symptoms • Update charting and/or line lists with any positive specimen results • If possible, report number of staff with respiratory illness to OESH. Information for sick calls is voluntary
☐	**Notifications** • Share line listing with IP&C on a daily basis; include any deaths • Notify stores regarding possible increase in supplies needed • In all sites, IP&C will communicate initial and final update to applicable stakeholders and report as required to Manitoba Health
☐	**Interactions between staff and people receiving care** • Strive to have individual staff members working with either ill or well persons receiving care. When they must work with both, as much as possible they should move from non-infected to infected persons ensuring adherence to Droplet/Contact Precautions and Routine Practices as appropriate • Transfers to other units/facilities should be minimized and if required consult with IP&C • When possible, request that staff with symptoms of respiratory illness visit OESH prior to working. If unable to do this, make mask use compulsory.
☐	**Sharing of information and education** (Information Sheets; Areas/Unit Signage; Teaching) • Inform appropriate facility staff that an outbreak is occurring • As an outbreak investigation is started, check with IP&C regarding placing signage at unit/area entrances • Educate patients and visitors regarding outbreak measures
☐	**Prepare for possible antiviral treatment if outbreak is influenza (Oseltamivir)** • Ensure current weight and recent serum creatinine are available for all potential cases (dialysis units to contact nephrologist for dose) • Ensure that Oseltamivir is ordered and administered (for treatment and/or prophylaxis) • Inform pharmacy for potential increase of antivirals and immunizations

☐	**On-going review of clinical management plan**
	• Review plans regularly, modify as necessary
	• In case of influenza outbreak:
	  ○ Unimmunized patients should be offered immunization
	  ○ Unimmunized staff should consider contacting OESH for immunization

☐	**Declaring an outbreak over:** • Ensure all line lists are sent to site IP&C staff. They will also report any deaths of patients to Manitoba Health • IP&C will declare outbreak over and notify all stakeholders, including regional IP&C staff • IP&C will complete Final Outbreak report and distribute to appropriate stakeholders
☐	**Following outbreak – unit/area debrief (with IP&C as needed)** • Unit/area management to debrief with staff within two weeks - what worked well and areas for improvement. • Record on template of report and forward to IP&C staff

Respiratory Specimen Collection

Immediate collection of specimens is essential for early identification of the causative organism – either viral or bacterial.

- Infection Control Professional, Charge Nurse and attending physician will collaborate on screening targets for respiratory viral testing (or use standing orders, if available). Specimens are to be sent to Shared Health/Diagnostic Services to be forwarded to Cadham Provincial Laboratory.
- Use Outbreak Code on all requisitions. The IP&C will be able to track the results based on the outbreak code.
- Respiratory specimens on all ill patients should continue to be sent.
- Nasopharyngeal (NP) aspirates or nasopharyngeal swabs using the flocked swab and placed in viral transport medium (VTM) are the preferred specimens for respiratory virus detection.

Collection of Nasopharyngeal Specimens:

- Follow instructions on page 10 of this document

After collection

- Transportation of the specimen should be completed **as soon as possible** after collection.
- During transportation specimens must be sealed and the container placed in an impervious container or waterproof bag.
- Mark each specimen as URGENT and clearly label the requisition form (as per page 11) with the following details: Person receiving care identifiers, address, date and time of collection, what tests are required, and Outbreak Code number as provided by IP&C.

Specimen tracking

- Update your Line Listing Form as the results of tests become known.

Specimen Collection Methods

http://www.gov.mb.ca/health/publichealth/cpl/docs/nasopharyngeal_collection.pdf

Note: Stock numbers on this page are **not accurate for acute care facilities**. Use SAP to order swabs.

CADHAM PROVINCIAL LABORATORY
Public Health

Manitoba Health

UPDATES PRINTED IN RED

Nasopharyngeal aspirates or nasopharyngeal swabs using the flocked swab are the preferred specimens for respiratory virus detection.

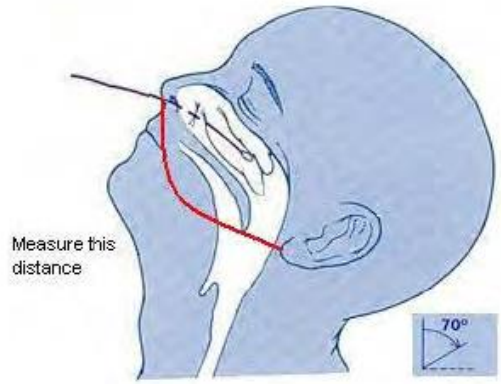
Aspirates (NPA):Place a flexible plastic catheter gently through a single nostril into the posterior nasopharynx. Apply gentle suction with a syringe or wall suction, collect sample into a trap device, flush with 2.0 ml of viral transport medium (VTM), then transfer to a sterile bijou bottle. Do not submit the trap or tubing to the lab.

Flocked Swab

Swab Description: Each swab is individually packaged and labelled "microRheologics sterile swab applicator" The nasopharyngeal swab has a white plastic shaft, ending in a "furry" or flocked tip. There are two sizes of flocked swabs available. For children <8 years of age, use the swab with the smaller flocked tip, **stock #516CS01.** For adults and children >8 years of age, use the larger flocked tip, **stock #503CS01.**

Collection of Nasopharyngeal Specimens

1. Assemble all supplies such as gloves, mask, pen, appropriate Cadham requisition, trap or microRheologics flocked swab and transport medium.
2. Check expiry date of transport medium.
3. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.
4. Put on gloves and mask (and eye protection if required, or if splashing is anticipated).
5. Have the patient sit in a chair or lie on a bed – elevate the head of the bed so that their head can be tilted back (see diagram).
6. Remove any mucous from the patient's nose, with a tissue or cotton tipped swab
7. prior to collecting the NP swab.
8. How deep is the NP swab inserted into the nasopharynx ?
   Measure the distance from the corner of the nose to the front of the ear and insert the shaft ONLY **half this length.**
9. In adults, this distance is usually about 4 cm, (finest thickness of this swab shaft). In children this distance is less.
10. Tilt the patient's head back slightly (about 70°) to straighten the passage from the front of the nose to the nasopharynx to make insertion of the swab easier.
11. **Gently** insert the swab along the medial part of the septum, along the base of the nose, until it reaches the posterior nares – gentle rotation of the swab may be helpful. (If resistance is encountered on one side, try the other nostril, as the patient may have a deviated septum).
12. Rotate the swab several times to dislodge the columnar epithelial cells, and then remove the swab.
    Note – *insertion of the swab usually induces a cough.*



13. Cut the swab short enough to fit into the bottle. When placing the lid on the bottle, make sure the entire shaft of the swab is inside the bottle. Failure to do so will result in the transport media leaking and the sample being discarded.
14. Ensure that the lid of the bottle is screwed on tight.
15. Remove and discard gloves. Perform hand hygiene by washing hands with soap and water or using alcohol hand rub.

Cadham Provincial Laboratory

General Requisition

Manitoba Health

ONLY ONE SPECIMEN TYPE PER REQUISITION

All areas of the requisition must be completed (please print clearly)
See back for requisition/specimen instructions

Cadham Provincial Laboratory
P.O. Box 8450
750 William Avenue
Winnipeg, MB R3C 3Y1

Tel: (204) 945-6123
Fax: (204) 786-4770
E-mail: cadham@gov.mb.ca
Website: www.gov.mb.ca/health/publichealth/cpl

Stamp person receiving care addressograph or affix label

RELEVANT CLINICAL INFORMATION

Outbreak Code: ☐ In-Patient ☐ Out-Patient

Travel/Treatment History:

☐ Autopsy ☐ Diabetes ☐ Food Borne Illness
☐ Cancer/Chemotherapy ☐ Dialysis

Signs and Symptoms:

☐ Bronchiolitis ☐ Fever ☐ Lymphadenopathy
☐ Conjunctivitis ☐ Gastrointestinal ☐ Pneumonia
☐ Chest Pain ☐ Headache ☐ Rash
☐ Diarrhea ☐ Influenza-Like Illness ☐ Sore Throat
☐ Encephalitis ☐ Jaundice

Other: _____

Reason for Test:

☐ Immigration ☐ Occupational ☐ Other: _____
☐ Needlestick ☐ Sexual Assault ☐ Pregnant ☐ Immune Status

SPECIMEN INFORMATION

Specimen Type: Nasopharyngeal

Specimen Source:

Collected At: (Facility) Date/Time: YYYY/MM/DD HH:MM

COPY REPORT TO:

Other Practitioner Last Name First Name

Facility: Facility Name or Number Secure Fax #

PATIENT INFORMATION

PHIN: MB Health Reg. #

Alternate ID: ☐ RCMP # ☐ Other Provinces/Territories ☐ Military # ☐ Other _____

Uninsured: ☐ Cheque/Money Order enclosed ☐ Payment to follow

Date of Birth: YYYY/MM/DD Sex: M F U A Chart/Clinic/Lab #

Patient Legal Last Name

First Name

Street or Other (e.g., General Delivery) Phone #

City/Municipality/First Nations Reserve Postal Code

RETURN REPORT TO:

Ordering Practitioner Last First Initial(s)

Facility

Facility Address City/Town

Postal Code Phone # Secure Fax #

SEROLOGY

Serology Test Panels (see #1 over)

☐ STI Panel ☐ Prenatal Panel
☐ Post Exposure: Source Panel [1, 2] ☐ Prenatal HIV OPT OUT [2]
☐ Post Exposure: Exposed Panel [1] ☐ Blood-borne Pathogen

HIV [3] ☐ HIV1/2Ab ☐ Syphilis Screen

Hepatitis

☐ HAV IgG (Immunity) ☐ HBsAb (Immunity)
☐ HAV IgM (acute HAV) ☐ HBsAg
☐ HBcAb (Total) ☐ HCV Ab

Nucleic Acid (Plasma Only) [3]

☐ HBV PCR/Quant ☐ HCV PCR/Quant ☐ WNV PCR
☐ HCV PCR/Qual ☐ HCV Genotyping

Miscellaneous Serology

	Acute	Immune Status		Acute	Immune Status
CMV	☐ IgM	☐ IgG	Parvo B19	☐ IgM	☐ IgG
EBV	☐ IgM	☐ IgG	Rubella	☐ IgM	☐ IgG
HSV	☐ IgM	☐ IgG	Toxoplasma	☐ IgM	☐ IgG
Measles	☐ IgM	☐ IgG	Varicella	☐ IgM	☐ IgG
Mumps	☐ IgM	☐ IgG	WNV	☐ IgM	

☐ Lyme Ab ☐ H. pylori Ab ☐ Mycoplasma pneumoniae IgM

PARASITOLOGY

☐ Ova & Parasites ☐ Pinworm Examination
☐ Blood Smears ☐ Skin Scrapings
☐ Identification

MICROBIOLOGY/BACTERIOLOGY

☐ C&S ☐ Chlamydia and Gonorrhea (NAAT)
☐ MRSA Screen ☐ Chlamydia DFA (Microtrak)
☐ VRE Screen ☐ GC Culture
☐ Clostridium difficile Toxin ☐ GBS Prenatal Screen
☐ Verotoxin Testing ☐ Spore/Sterilizer Testing

Referral Isolate:

☐ Identification ☐ Susceptibility Testing ☐ Subtyping

Isolate Information:

VIRUS DETECTION

☐ CMV PCR (NAAT) ☐ Viral Detection ☐ HSV PCR (NAAT)

OTHER TESTS OR REQUESTS

MG-695 (Rev. 09/18)

Affix one label to container housing specimen and one to the specimen bag

Name 2 identifiers required CPL
PHIN

Name 2 identifiers required CPL
PHIN

Specimen label stickers. Where necessary, please fill one in and affix to the accompanying specimen container.

Tips for Specimen Collection

Some tips related to Specimen Collection:

- The best way of collecting the specimen is with the person receiving care sitting up in the bed.
- Hold their chin gently to stabilize them incase of an inadvertent movement.
- Ask if they want to close their eyes as it may prevent them from being nervous as they see the swab approaching
- Talk through the whole procedure to keep them calm
- Have them breathe in slowly and as they are breathing in tease the swab gently quick rotating back and forth twirls as you are inserting it into the nose, till nasopharyn is reached. The patient may cough after or their eyes may water; this is normal
- Once the specimen has been collected withdraw quickly. The collection should not take long

Oseltamivir (Tamiflu®) for Influenza

Oseltamivir (Tamiflu®) is an antiviral medication recommended for prophylaxis against seasonal influenza during a seasonal influenza outbreak. Consultation with the attending physician is required.

The following recommendations and information are suggested for the use of oseltamivir prophylaxis during an influenza outbreak:

1. Oseltamivir is used as **treatment** of seasonal influenza cases even without an outbreak present. Consultation with the attending physician and pharmacist is required.
2. All adult persons receiving care who are at risk during an outbreak (i.e. are not diagnosed as a case of influenza-like illness) should receive oseltamivir **prophylaxis**. Your ICP/designate will arrange to procur oseltamivir from the Provincial Vaccine Warehouse. Consultation with the attending physician and pharmacist is required.
    a. The usual oseltamivir dose is 75 mg once daily for 10 days for adults
        i. Any decisions of early discontinuation of oseltamivir should be made in consultation with the attending physician
        ii. Dosage is reduced in patients with renal impairment.
        iii. Oseltamivir prophylaxis should be given regardless of influenza vaccine status and should be continued for 10 days or until the outbreak is declared over.
3. The effectiveness of oseltamivir use should be monitored. While prophylactic oseltamivir is being administered on a unit, please record all new influenza cases (regardless of prophylaxis status) and any observed side effects on the daily line list and/or chart. If someone develops influenza-like illness while on oseltamivir prophylaxis, the dosage should be increased to those used for treatment in consultation with the attending physician.
4. The only absolute contraindication to oseltamivir is known hypersensitivity (allergy). Significant side effects, especially those which result in oseltamivir discontinuation, should be documented and reported to Public Health (CD coordinator) and should also be reported as an Adverse Drug Reaction in RL. For those who have contraindications to oseltamivir, there are no good alternative choices.
5. In general, the outbreak can be considered over two incubation periods after the onset of the last outbreak related case.

See also:

- Seasonal Influenza - Communicable Disease Management Protocol, MB Health August 2016 (page 8-9 has information specific to physicians on Tamiflu) http://www.gov.mb.ca/health/publichealth/cdc/protocol/influenza1.pdf
- Use of Antiviral Drugs for Seasonal Influenza: Foundation document for practitioners. Update 2019. https://jammi.utpjournals.press/doi/pdf/10.3138/jammi.2019.02.08

Line List

A line list helps torganize information during an outbreak investigation. The data points will help determine if the individual meets the case definition. Update and submit the line list daily. This table is not a legal document and does not become a part of the chart.

Here are some general tips on how to fill out a line listing:

1. Print the line list from the toolkit.
2. Notify ICP/designate.

Below is an example of a line list.

Suspected/Confirmed Outbreak Daily Line Listing Report		**Case Definition**
Facility Contact and Phone:		IP&C Coordinator Contact
		Phone
		and Fax

Pt Name	Room # When Symptoms started	Date of symptom onset	Signs&Symptoms						Date of isolation	Date of swab	Swab result	Date isolation discontinued	Date of resolution
			Fever	Cough	Sore throat	Headache	Malaise	Muscle Aches					

NOTE: If a case has one of the symptoms check the corresponding box. There is no need to rewrite the case's name if they develop another symptom; continue in the same row.

3. A line listing always includes:
    - Case's name
    - Identifying numbers – PHIN, Date of Birth and Room Number
    - Record symptoms being monitored
    - Date of symptom onset
    - Outbreak code – That is given to you from IP&C or the MOH.
    - Date of specimen collection
    - Specimen type (i.e. Nasopharyngeal swab, stool sample)
    - Results
    - Any outcomes.

4. Continue to add updates and populate the existing line listing daily with new information and send to ICP/designate**. You only need to populate one line listing.**
5. Link to copy of above spreadsheet is here.

Visitor Fact Sheet about Respiratory Illness

Respiratory Infections

Respiratory infections can be very easy to spread from person to person by respiratory droplets (e.g., droplets released through coughs) and by contact with unclean surfaces. Respiratory infections can be spread in settings where people are in close contact, such as hospitals and personal care homes.

Symptoms

- A person can spread an infection for a number of days before they show symptoms. People can carry and spread germs many days after illness.
- Children, young people and the elderly are most at risk of harm from a respiratory illness.

Visiting

Do not visit this healthcare facility's unit if you have any of the following symptoms. Rapid onset of:

- Fever and cough AND one or more of the following:
    - Sore throat
    - Difficulty breathing
    - Muscle pain
    - Joint pain
    - Weakness

When visiting a facility, reduce the risk of infection to yourself and others by:

- Clean your hands with liquid soap and water or alcohol-based handrub (ABHR)
    - before you enter
    - after you exit your family member's/friend's room
    - when you are ready to exit the facility
- Wear a face mask as instructed by nursing staff.
- Limit touching staff, people receiving care
- Keep visits short.
- Visit only one person each visit

Protect Yourself

Get the flu shot yearly! It is the best way to protect against seasonal influenza. Immunization also protects you and helps protect others, as a person ca carry influenza without having symptoms. Call your local public health office or healthcare provider for an appointment. Health Links could also provide information on the seasonal influenza vaccine.

Telephone Script

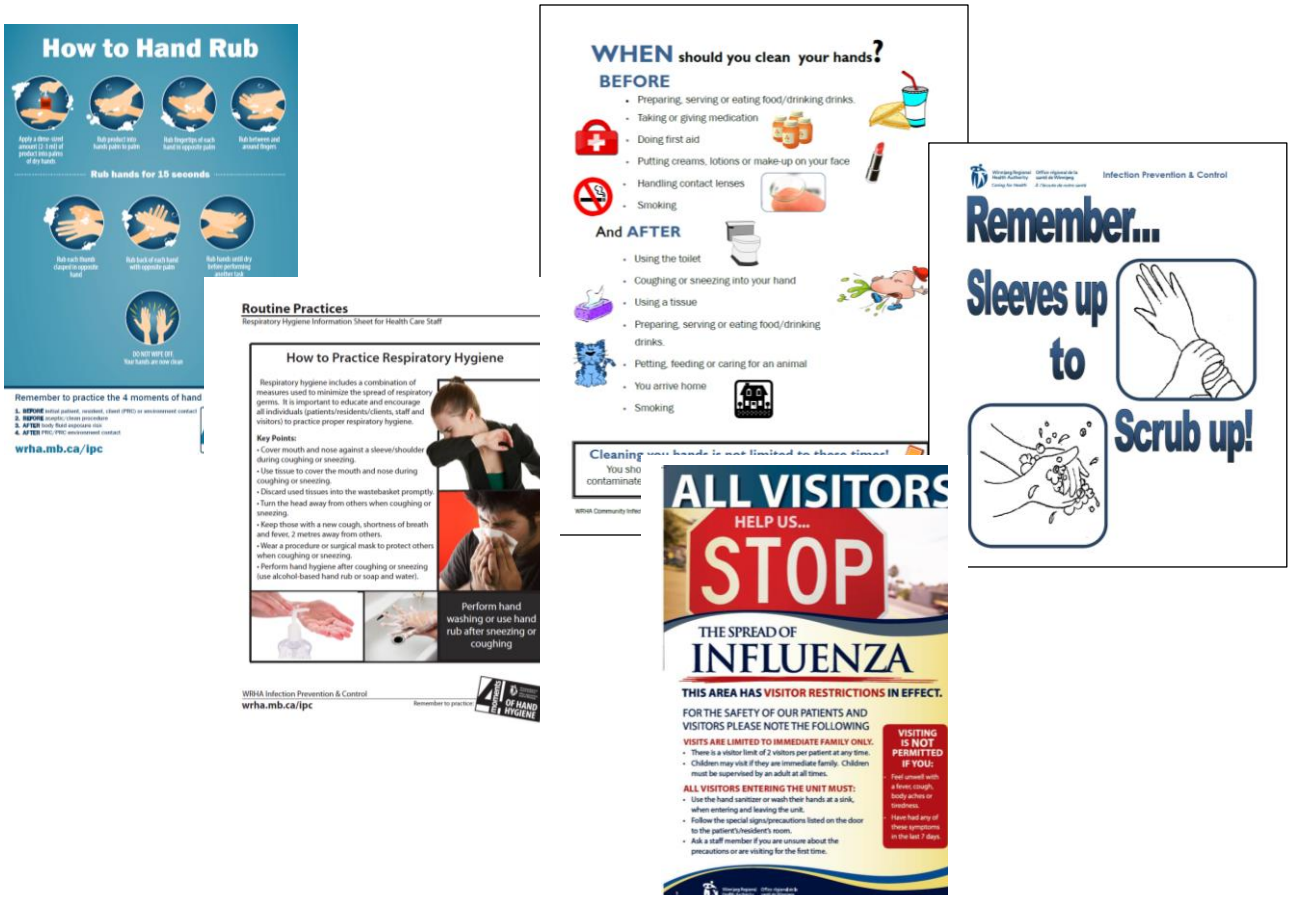
If senior managment makes a decision to phone contacts of the persons receiving care who are part of an outbreak (cases or exposed contacts), follow these instructions:

- In the event of an outbreak being declared in the facility, contact Powers Of Attorney (POAs)/guardians (e.g., CSF guardians) and/or family contacts of persons receiving care by phone.
- If you are unable to speak directly with the contact person, leave a message or call again. Use the check boxes to indicate what information was provided.
- Ensure that at the end of the call, that this notification is appropriately documented in the person receiving care's chart.

PHONE CALL SCRIPT for Family Contacts or Alternative Decision Makers/Powers Of Attorney:

- ❑ An outbreak of XXXX, a Respiratory Illness is taking place in our XXXX (unit/ward/facility).
- ❑ To help stop the spread of germs, things are being done to stop other persons receiving care from becoming ill and helping those that are already sick:
  - ❑ Visits at this time are not recommended
  - ❑ Group activities may be reduced or even stopped
  - ❑ Sick persons receiving care are getting treatment
  - ❑ We may be providing others with medicine to prevent spread of infection
  - ❑ In some instances, if you wish to contact your friend/family member, phone calls may be arranged
- ❑ These outbreak actions should only be needed for a week or so. Please check back before coming to visit
- ❑ If you have any questions please contact:_____

Resources



Posters are available for download off of the WRHA IP&C website or can be ordered:

Cover Your Cough: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W00167.pdf
Respiratory Hygiene Education tool: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W00508.pdf
Respiratory Hygiene (for staff): https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/RepiratoryHygieneEducation.pdf

Hand Hygiene – Rub: https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/HH-Procedures-HandRub.pdf
Hand Hygiene – Wash: https://professionals.wrha.mb.ca/old/extranet/ipc/files/routine-practices/HH-Procedures-HandWash.pdf
Hand Hygiene for general public: https://professionals.wrha.mb.ca/old/extranet/ipc/files/HH_General_Public.pdf
Sleeves Up: https://professionals.wrha.mb.ca/old/extranet/ipc/files/Sleeves_up_poster.pdf

Adult Influenza Vaccine: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W-00791_Flu_Poster_Adult_Pts_8.5x11.pdf
Pediatric Influenza Vaccine: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W-00793_Flu_Poster_Pediatric_Pts_8.5x11.pdf

Influneza Outbreak Visitor Restrictions: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W00303.pdf
Influenza Outbreak Do Not Visit: https://professionals.wrha.mb.ca/old/extranet/ipc/files/W00305.pdf

Some of these posters are available in French as well – see ordering website

Debrief

Goal: Determine successes that occurred during outbreak. Determine areas that could improve for next outbreak.

Manager conducts debrief with team within two weeks of event.

Purpose: to assess the impact of the experience and make recommendations for improvement.

Record on the template and forward to IP&C/designate.

<table>
<tr><td>Facility:</td><td>Outbreak type:</td><td>Date of debrief:</td><td colspan="2">Impact (# of cases, outcomes):</td></tr>
<tr><td colspan="5">Staff in attendance:</td></tr>
<tr><td>Overall experience:</td><td colspan="4"></td></tr>
<tr><td rowspan="2">What went well?</td><td colspan="2">Nursing:</td><td colspan="2">Support Services:</td></tr>
<tr><td colspan="4">Other (physio, OT, recreation, spiritual care, etc.):</td></tr>
<tr><td rowspan="2">What could be improved?</td><td colspan="2">Nursing:</td><td colspan="2">Support Services:</td></tr>
<tr><td colspan="4">Other (physio, OT, recreation, spiritual care, etc.):</td></tr>
<tr><td>What was learned?</td><td colspan="4"></td></tr>
<tr><td>Recommendations:</td><td colspan="4"></td></tr>
</table>