

RESPIRATORY OUTBREAK MANAGEMENT TEAM (OMT) MEETING AGENDA

Date and Time:	
Outbreak #:	2270-
Facility Name:	
Investigator's Name and Designation:	
Investigator's Signature and Initials:	

Introduction:

Round table intro
Circulate attendance sheet

Current issues that need to be discussed:

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1. Line List	<p>Case definition</p> <ul style="list-style-type: none"> <input type="checkbox"/> A case definition is developed for each outbreak and modified as necessary to ensure that the majority of cases are captured <p>Current case definition:</p> <hr/> <p>Epicurve</p> <ul style="list-style-type: none"> <input type="checkbox"/> # Ill staff: _____ # Ill resident: _____ <input type="checkbox"/> Total # staff: _____ Total # residents: _____ <p>Submit daily</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fax the line list daily (except on weekends) before noon to York Region Public Health (YRPH) at 905-660-4889 until the outbreak is declared over
2. Outbreak Affected Area(s)	<p>Currently affected area(s): _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> All residents and staff from the affected area(s) should avoid contact with residents and staff in the remainder of the facility <input type="checkbox"/> The outbreak will be declared facility-wide if access to and from the affected area(s) cannot be restricted
3. Laboratory	<p>Specimen collection</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maximum of four nasopharyngeal swabs (NP) available per outbreak <input type="checkbox"/> Discuss collection of specimens with primary investigator prior to collection <input type="checkbox"/> Collect specimen within 48 hours of symptom onset of the resident <input type="checkbox"/> Instructions for specimen collection are on pg. 68 of MOHLTC Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 <input type="checkbox"/> A laboratory requisition will be provided with the current outbreak number. Do not use for any other purposes <input type="checkbox"/> Ensure that NP swabs and lab requisitions are filled out with at least two matching resident identifiers (i.e. name, DOB) <input type="checkbox"/> Ensure that NP swabs are not expired <input type="checkbox"/> Have specimen(s) been collected? <p>Specimen pickup</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact your primary investigator at 1-877-464-9675 ext. _____ Monday - Friday from 8:30am to 4:30pm, or at 905-953-6478 after hours once specimens are collected <p>Specimen results</p> <ul style="list-style-type: none"> <input type="checkbox"/> Organism identified: _____
4. General Outbreak Control Measures	<ul style="list-style-type: none"> <input type="checkbox"/> Ensure submission of immunization rates to YRPH at the start of the outbreak <input type="checkbox"/> Monitor residents and staff for symptoms daily <input type="checkbox"/> Reinforce effective hand hygiene and use of proper personal protective equipment (PPE) <input type="checkbox"/> Post outbreak signage appropriately

5. Residents	<p>Ill residents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Should stay in their rooms, and be on droplet/contact precautions until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter) <input type="checkbox"/> Should have their on-site programs such as physiotherapy and foot care in their rooms
	<p>Well residents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Should be cared for using routine practices <input type="checkbox"/> Should be carefully monitored for symptoms
	<p>Activities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discontinue group outings from the affected unit/floor <input type="checkbox"/> Reschedule communal meetings on the affected unit/floor <input type="checkbox"/> Meetings/activities may proceed in non-outbreak affected areas <input type="checkbox"/> Restrict meetings or activities in the entire home if the outbreak is declared in the entire facility <input type="checkbox"/> Restrict visits by outside groups, such as entertainers, volunteer organizations and community groups, as deemed necessary <input type="checkbox"/> Ensure there is no interaction between the affected floor/unit and participants in on-site child-care or other day programs
	<p>Medical appointments</p> <ul style="list-style-type: none"> <input type="checkbox"/> At the discretion of and after consultation with the treating physician, non-urgent appointments may be rescheduled, with the consent of the resident/substitute decision maker
6. Transfers	<p>Transfer to hospital</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before sending an ill resident to the hospital, the facility should notify the receiving healthcare facility that the home is experiencing an outbreak
	<p>Transfer to another LTCH</p> <ul style="list-style-type: none"> <input type="checkbox"/> Symptomatic resident transfers (from anywhere in the facility) to another LTCH are not recommended during an outbreak. Exceptions of this recommendation are to be discussed on a case by case basis
7. Repatriation	<p>New admission and return of non-cases</p> <ul style="list-style-type: none"> <input type="checkbox"/> The admission of new residents and return of residents who have not been line-listed is generally not advised during an outbreak <i>(Admission of an unexposed resident into an institution that is experiencing an outbreak may put them at risk and may lengthen the duration of the outbreak, with an impact to the larger resident population)</i> <input type="checkbox"/> Refer to <i>Appendix 10 – Transfer and Return Algorithm for Use During Outbreaks</i> (pg. 77 of <i>MOHLTC Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018</i>)
	<p>Return of cases</p> <ul style="list-style-type: none"> <input type="checkbox"/> The return of residents, including those from hospital, who were line-listed is permitted as long as appropriate accommodation and care is provided <i>(Working assumption is that the resident has been exposed to the causative organism and is immune)</i>

<p>8. Staff, Students, and Volunteers</p>	<p>Reporting</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff, students, volunteers, or contracted service workers with an acute respiratory infection should not enter the home and should report immediately any respiratory illness to their supervisor who shall report to the employee health nurse or the infection control practitioner <p>Exclusion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff, students, or volunteers with any respiratory symptoms should not return to work/provide services in any health care setting for 5 days from the onset of symptoms or until symptoms have resolved whichever is shorter <p>Working at other facilities</p> <ul style="list-style-type: none"> <input type="checkbox"/> During non-influenza outbreaks, well staff, students, and volunteers may be able to work/provide services at other facilities based on OMT and local decision making. <i>(pg. 44 of MOHLTC Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018)</i> <p>Cohort staffing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attempts should be made to minimize movement of staff between affected and non-affected areas
<p>9. Visitors and Private Pay Caregivers</p>	<p>Notification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Encourage immunization during outbreaks <input type="checkbox"/> Advise visitors/private pay caregivers of the potential risk of acquiring illness within the facility, and re-introduction of illness into the facility <p>Ill visitors/private pay caregivers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not permitted to enter the facility, unless under extenuating circumstances (i.e. resident palliative care) <input type="checkbox"/> Under these circumstances, they should perform hand hygiene and wear appropriate PPE as required <p>Well visitors/private pay caregivers Check in at the nursing station before entering the room</p> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Who are not going to be providing direct care to an ill resident:</u> <ul style="list-style-type: none"> ○ Consider wearing PPE to avoid getting sick ○ Perform hand hygiene as required ○ Avoid communal areas and interacting with other residents ○ Visit ill residents only in their rooms ○ Visit only one resident and leave the home immediately after the visit ○ If multiple residents are in the home but in different locations, visit the well residents (non-outbreak cases) first <input type="checkbox"/> <u>Who are going to be providing direct care to an ill resident:</u> <ul style="list-style-type: none"> ○ In addition to the above recommendations, wear appropriate PPE
<p>10. Confirmed Influenza Outbreaks</p>	<p>Begin antivirals quickly</p> <ul style="list-style-type: none"> <input type="checkbox"/> Obtain antiviral orders quickly, if not already done <input type="checkbox"/> Prophylaxis should begin as soon as possible to stop the progression of the outbreak <input type="checkbox"/> Treatment is most effective when started within 48 hours of symptom onset

	<p>Residents</p> <ul style="list-style-type: none"> <input type="checkbox"/> Offer influenza vaccine to unimmunized residents <input type="checkbox"/> Laboratory confirmed cases should complete antiviral treatment <input type="checkbox"/> Non laboratory confirmed cases should complete antiviral treatment, followed by prophylaxis until the outbreak is declared over <input type="checkbox"/> Well residents should be on antiviral prophylaxis until the outbreak is declared over, regardless of immunization status <input type="checkbox"/> If a resident taking antiviral prophylaxis develops symptoms of influenza-like illness, the dose should be increased to the recommended treatment dose <input type="checkbox"/> Treatment decisions for the residents are the responsibility of the attending physicians <input type="checkbox"/> Ill residents should be encouraged to remain in their rooms for the duration of antiviral treatment <p>Unimmunized staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facility should keep a current list of employed unimmunized staff <input type="checkbox"/> They should not be providing resident care or conduct activities where they have a potential to acquire or transmit influenza <input type="checkbox"/> Staff from the affected facility/unit should be on antiviral prophylaxis until the outbreak is declared over <input type="checkbox"/> The facility may send employees home if they are not taking antiviral medication <input type="checkbox"/> Staff from the affected facility/unit not receiving antiviral prophylaxis, should wait at least three days (one incubation period) prior to working in a non-outbreak facility, to ensure they are not incubating influenza <input type="checkbox"/> There are no restrictions for staff on antiviral medication, given they are asymptomatic and compliant with the receiving facility's policies and public health recommendations <p>Newly immunized staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Newly immunized staff should be on antiviral prophylaxis for 14 days after vaccine was received <input type="checkbox"/> Those not taking antiviral prophylaxis may return to work 14 days following vaccination <p>Immunized staff</p> <ul style="list-style-type: none"> <input type="checkbox"/> Immunized staff can work without interruption
<p>11. Declaring Outbreak Over</p>	<p>Criteria to declare the outbreak over</p> <p>The time before which an outbreak can be declared over is depends on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Causative organism (incubation period + period of communicability) <input type="checkbox"/> Whether the last case was a resident or a staff member <input type="checkbox"/> If no organism is identified, the Influenza "8-day rule" is used
<p>12. Communication</p>	<p>Monday-Friday 8:30am-4:30pm</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary investigator 1-877-464-9675 ext _____ <p>After hours, weekends and statutory holidays</p> <ul style="list-style-type: none"> <input type="checkbox"/> On-call staff 905-953-6478

Retirement Homes Only

Issues Related To Anti-viral Medication/Influenza Vaccine Distribution

<p>1. Physician</p>	<p>Do you have a medical director (MD)? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of medical director: _____ <i>If answer YES, skip to section 2</i> <i>If no, do you have a list of residents' MDs?</i> <i>If no, when do you plan to obtain the list (yyyy-mm-dd) _____</i></p>
<p>2. List of Residents</p>	<p>Do you have a list of residents under the care of facility MD? <input type="checkbox"/> YES <input type="checkbox"/> NO Number of residents under the care of facility MD: _____</p>
<p>3. How to Order Influenza Vaccines from YRPH</p>	<p>Is your facility aware of the process of how to order Influenza vaccines through YRPH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please visit www.york.ca/vaccineinventory or call ext. 74033 for more information on how to apply for this process.</i></p>
<p>4. Ordering Influenza Vaccines</p>	<p>Will your facility order Influenza vaccine through YRPH? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, when do you plan to order (yyyy-mm-dd) _____</i></p>
<p>5. Retirement Home Pharmacy</p>	<p>Will your pharmacy provide antiviral medication during an outbreak if prescribed by the community MDs? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, do you have alternate arrangements made?</i></p>
<p>6. Consent for Antiviral Medication</p>	<p>Is consent for antiviral medication obtained for all residents for the facility MD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Residents with a community MD should complete and return an antiviral consent form to the facility.</i> <i>Discuss when this can be achieved (date - on or before October 30 - yyyy-mm-dd)</i> _____ <i>If consent is not received, the facility should follow up with the resident/or substitute decision maker.</i></p>
<p>7. Creatinine Clearance</p>	<p>Does your pharmacy require creatinine clearance on residents with known renal impairment before providing antiviral? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, do you have creatinine clearance on these residents? <input type="checkbox"/> YES <input type="checkbox"/> NO</i> <i>If no, record the proposed date for completion. (yyyy-mm-dd) _____</i> Note: Creatinine clearance is not required for those who are not known to have renal impairment.</p>

Notes:

Name of Investigator:

Signature of Investigator:

Name of Facility Representative:

Signature of Facility Representative: