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INTRODUCTION

- This emergency Code Silver plan outlines measures for dealing with, responding to and preparing for an outbreak of a **communicable disease of public health (PH) significance** (reportable) at **Bob Rumball Home for the Deaf (BRHD)**.^{i ii iii}
 - An outbreak is reported to Simcoe Muskoka District Health Unit (SMDHU) and Ministry of Long-Term Care (MLTC):^{iv}
 - To prevent and control an infection that is making residents and/or staff sick;
 - To implement *infection* control measures quickly to prevent more illness in resident and staff populations;
 - To obtain an outbreak number for laboratory (lab) testing from SMDHU;
 - To utilize the expertise and support of SMDHU; and
 - Because it is required by legislation, including the Ontario Regulation (ss. 115(1)1.)^v under the *Fixing Long-Term Care Act, 2021* (FLTCA); and as required under the *Health Protection and Promotion Act, 1990* (HPPA).
 - For a list of **Diseases of PH Significance**,^{vi} refer to “**Appendix A**” of this plan. Fact sheets are available on each disease by clicking on the specific disease within the **resource link**.
 - Any disease of PH significance must be **reported** to SMDHU, who provides a “**Disease of Public Health Significance Reporting Form**”.^{vii}

Outbreak Case Definition

- “A case definition lists the criteria of who should be classified as a case **and** added to the line list.”^{viii}
- For SMDHU’s “**Enteric and Respiratory Outbreak Quick Reference**” refer to **Appendix B**.
- For case definitions, please refer to the **PIDAC document** titled “*Recommended Case Definitions for Surveillance of Health Care-Associated Infections in Long-Term Care Homes*”.^{ix}

The Code Silver plan includes, but is not limited to: ^x

- The Lead for co-ordinating the “Outbreak Management” activities
- Consultation
- Record Retention
- Hazards and Risks of an Outbreak (communicable disease and disease of PH significance)
- Outbreak Supplies and Equipment
- **Activation of the Outbreak Plan ~ Specific Roles and Responsibilities / lines of authority**, including:
 - that SMDHU is the only authority to declare the outbreak, and declares that the outbreak is over at BRHD;
 - the necessity for clear and timely communication throughout the outbreak emergency, including with persons living, working and volunteering at BRHD, and with the entities that may be involved in or provide emergency services in responding to the emergency ^{xi}
- Activities after the Outbreak is declared over
- Training / Retraining

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- Related Policies and Plans
- Appendices

LEAD FOR CO-ORDINATING THE “OUTBREAK MANAGEMENT” ACTIVITIES

The **Infection Prevention and Control Practitioner (IPACP)**,^{xii} who is the **certified IPAC Lead and Nurse Manager** at BRHD, or their **designate** is the lead person responsible to ensure:^{xiii}

1. The Code Silver - **Outbreak Management Plan** is **tested annually**, including arrangements with the entities that may be involved in or provide emergency services to BRHD.^{xiv}

Note:

*If conducting a **Mock Emergency Test**, you must notify the appropriate emergency entities at least 24 hours PRIOR to conducting the Mock Test, as per the non-emergency contact numbers. The entities/entity will likely inquire as to the mock emergency details, e.g., date, time, type of test, and other external entities involved, as appropriate.*

2. The Code Silver - **Outbreak Management Plan** is **evaluated and updated**, including the **updating** of all emergency contact information of the entities:
 - (a) at least **annually**, and
 - (b) **within 30 days** of the **Outbreak Management Plan** being activated and declared over.^{xv}

Any **changes to the Code Silver - Outbreak Management Plan** will be identified and the following notified of the changes:

- The staff, volunteers and students, by notification and training as appropriate;
- The RC and FC if any, by providing an update at their respective meetings; and
- The entities, by providing a copy of the updated emergency plan for their review and feedback.^{xvi}

In evaluating and updating the plan as required BRHD will ensure that the entities involved in an emergency response, are offered an opportunity to provide feedback.^{xvii}

3. To chair the **Outbreak Management Team** meetings.

Notes: *The purpose of the OMT is to provide direction and assist in managing the Outbreak.*^{xviii}
SMDHU provides an “Agenda/Minutes - OMT Meeting” template.^{xix}

BRHD’s Outbreak Management Team (OMT) includes, but is not limited to the following members:

- IPACP/ **IPAC back up**
- **Resident Care Supervisor (certified IPACP backup)**
- The Director of Nursing and Personal Care (DONPC)
- Administrator
- Manager of Nutrition and Environmental Services
- SMDHU (Medical Officer of Health) Representative
- **RVH IPAC HUB liaison**
- Medical Director
- Social Services Manager / Volunteer Co-ordinator

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- Pharmacist (Silver Fox Pharmacy)
- Laboratory Services (e.g., Life Labs)
- Administrative Assistant
- **PSW Supervisor**

CONSULTATION ^{xx}

The following will be consulted when developing and/or updating the Code Silver – **Outbreak Management Plan**:

- BRHD staff, including the registered nursing staff, and managers
- The Residents' Council (RC) and the Family Council (FC), if any; ^{xxi} and
- The relevant external **entities**, as appropriate: ^{xxii} ^{xxiii}
*(Refer to current Emergency and Non-emergency **contact info** at front of Emergency Manual, which is reviewed and updated as necessary annually by IPACP.^{xxiv})*
 - **SMDHU** ~ Outbreak reporting; declares outbreak; declares outbreak over; daily contact during outbreak. SMDHU is invited to participated in developing, updating, testing, evaluating and reviewing this emergency plan.^{xxv}
 - **RVH IPAC HUB liaison Ashley Scopel scopela@rvh.on.ca**
 - **Medical Director**, Dr. Kelley Wright ~ Medical orders for resident care, e.g., antivirals, change in medication times to BID, where appropriate, etc.
 - **Life Labs** ~ testing supplies, test reports etc.,
 - **Public Health Ontario** – Outbreak Labs ~ reporting
 - **Silver Fox Pharmacy (SFP)** - Ensure residents have timely access to all drugs that have been prescribed for them, including antivirals, etc.
Note: Follow EMERG-I-02 ~ Code Green Appendix 8 – Drug Provision Plan, including SFP policy #13.8, as required.^{xxvi}
 - **IPAC Hub** - Royal Victoria Hospital (RVH) ~ IPAC resource
 - **Paramedic services** ^{xxvii} (Transport of residents – Staff to ensure notification of outbreak & resident health status prior to resident transfer.)
 - **Pro Resp** (oxygen supplies and equipment)
 - **Barrie & Area Ontario Health Team (OHT)** [formerly the LHIN] ^{xxviii} ~ IPAC resource
 - **Ministry of Long-Term Care** – monitors outbreak activities, including request of reports
 - **North Simcoe Muskoka (NSM) Hospice Palliative Care Network (NSMHPCN)** ~ Palliative Care and End-of-Life service for residents, if required during outbreak
 - **Coroner** ~ notification and potential investigation in resident death during outbreak ^{xxix}
 - **SEIU (Union)**
 - **Joint Health and Safety Committee (JHSC)**
 - **Ministry of Labour and Immigration Training and Skills Development (MLITSD)**

RECORD RETENTION: BRHD will keep a record of the **testing** of the Code Silver Plan that is activated in response to an outbreak (mock or actual); of **changes made to improve the plans**; ^{xxxi} **consultations**, and the current **contact information** for relevant entities that may be involved in the emergency plans.^{xxxii}

Emergency Manual Location: A copy of the Code Silver Plan is available in the BRHD's Emergency Manual located in the front vestibule, and in each Care Centre (CC). In addition, BRHD's emergency

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plans are located in the Home's computer system on the "S" drive, and on the BRHD website. Physical copies of the plan are made available upon request.^{xxxiii}

HAZARDS and RISKS of an OUTBREAK^{xxxiv}

- "Infectious diseases are caused by different types of germs. These include bacteria, viruses, parasites, or fungus that can be **spread to humans** in a variety of ways. Infectious diseases can pose a serious health risk, particularly for children, the elderly, and those with weak immune systems. It's important to identify infectious diseases and stop their spread as soon as possible."^{xxxv}

An outbreak of a communicable disease of PH significance^{xxxvi} at BRHD may:

- expose a greater number of persons to the disease, e.g., those who live, work or visit at BRHD, including their families and other persons to which they contact;
- negatively affect the health of the individual who contracts the disease, e.g., physically up to and including death, socially through isolation for a period of time, and financially through loss of income;
- increase absenteeism of caregivers/staff, resulting in less care and services for residents; and
- lead to an epidemic, and pandemic.

Note: *The World Health Organization (WHO) defines:*

- an **epidemic** as "the occurrence in a community or region of cases of an illness . . . clearly in excess of normal expectancy" (Porta 2014).
- A **pandemic** is "an epidemic occurring over a very wide area, crossing international boundaries, and usually affecting a large number of people" (Porta 2014). *Pandemics are, therefore, identified by their geographic scale rather than the severity of illness. For example, in contrast to annual seasonal influenza epidemics, pandemic influenza is defined as "when a new influenza virus emerges and spreads around the world, and most people do not have immunity" (WHO 2010).*^{xxxvii}

- **To minimize the hazards and risks associated with an infectious outbreak**, BRHD implements appropriate measures including but not limited to:
 - Promote residents, staff and caregivers to stay up to date with immunizations
 - **Conduct all PAC audits weekly during an infectious outbreak**,^{xxxviii} including the **Enhanced cleaning and disinfecting audit** (INF-V-02a).
 - Conduct **BRHD's hand hygiene and PPE audit** (INF-II-27a) **monthly** when **not** in an outbreak;^{xxxix}
 - Conduct the following audits **quarterly** when **not** in an outbreak
 - PHO "**Auditing of Personal Protective Equipment (PPE) Use**"^{.xl} ;
 - Public Health Ontario's (PHO) "**Self-Assessment Audit**"^{xli} ,
 - **IPAC Supplies - Inventory Audit** (INF-VI-03), and
 - Any other required IPAC audit, to ensure compliance with IPAC routines and practices.

Notes: *Results of the IPAC audits conducted, will be kept for at least 30 days and upon request, will be shared with inspectors from the public health unit (PHU), Ministry of Labour, Immigration, Training and Skills Development (MLITSD), and Ministry of Long-Term Care (MLTC).*

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- IPAC training/retraining of staff and others, as required
- Take steps for early identification of outbreaks ^{xlii} including:
 - conduct infection surveillance in residents, and staff, and identify symptoms on the “Daily Infection Signs and Symptoms Tracking Form”.^{xliii}
 - suspect an outbreak based on outbreak case definitions,^{xliiv} and
 - initiate action for outbreak management
 - Implement BRHD IPAC policies and procedures Routine Practices and Additional Precautions (INF-II-118)
 - Notify and follow the advice of SMDHU

Note: *In the event of an outbreak follow the “Activation of the Outbreak Management Plan” as outlined in the chart below.*

- **Staff with facial hair that impedes a proper fit of an N95 mask will need to shave during outbreak. If unable to shave proof of reason may be requested. If staff refuse to shave you may be put on an unpaid leave during the outbreak.**

OUTBREAK SUPPLIES and EQUIPMENT ^{xliv}

- Minimum 4-wk supply, including:
 - PPE e.g., medical masks, respirators N-95 or equivalent, eye protection (face shields/goggles), gowns, gloves
 - alcohol-based hand rub (ABHR) / hand sanitizer. **Note:** *hand-sanitizer containers are on the wall outside resident bedrooms and throughout the Home, for ease of use.*
 - Environmental Inventory – disinfectant wipes, chemicals, trash bins and bags
- Mask fit-testing supplies
- **Resource materials ~**
 - SMDHU Outbreak Resources,^{xlvi} e.g., line lists, reporting, checklists, signage, Outbreak Forms (Respiratory / Enteric / General). Template for Agenda / Minutes Outbreak Management Team (OMT) meetings; Professional Development training slides, Family / Visitor Outbreak pamphlets and guide; and Clinical Resources.
 - BRHD IPAC policies and procedures (INF-II-xx); IPAC Evaluations (Quarterly and Annual) Templates (INF-IV-01 / INF-VI-02); Audit Tools / Checklist (e.g., hand hygiene and PPE; environmental checklists;
 - Emergency Manual with:
 - Emergency / non-emergency contact numbers; and this Code Silver Plan (EMERG-II-10a);
 - BRHD’s Food and Fluid Emergency Plan ^{xlvii} found in EMERG-I-02 ~ Code Green, Appendix 9.
 - Silver Fox Pharmacy’s (SFP) policy #13.8, which is the Drug Provision Plan followed in an outbreak.^{xlviii} The Drug Provision Plan can be found in EMERG-I-02 ~ Code Green Appendix 8.
 - Public Health Ontario (PHO) and PIDAC Best Practice Guidelines^{xlix}, and MLTC IPAC resource material (e.g., gastroenteritis outbreaks ^l)

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ACTIVATION OF THE PLAN ^{li} *

ROLES AND RESPONSIBILITIES ^{lii}

- “IPACP” in the following chart refers to the “Infection Prevention and Control Practitioner”. The IPACP is the primary Lead during an Outbreak and initiates action in a suspected or confirmed outbreak. Action includes directing other staff as applicable to complete tasks as assigned. ^{liii}
- **Note: The staff member identified to perform the task may be substituted with their designate.**
- The info contained in the following chart is based on the SMDHU “Outbreak Management for LTC & Retirement Homes” ^{liv}

Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
Staff to: Notify IPACP of any suspected or confirmed infection in one or more residents and/or staff. . Isolate resident, i.e., single room if available. If sharing a washroom, ensure washroom is only used by one resident, the other resident to have commode, as applicable. If two residents in one bedroom, ensure residents maintain a 6’ separation. The Spa at end of affected resident’s unit may be used to isolate if no other alternative is suitable. ^{lv} Use PCRA to determine PPE to be worn during assessment.	

Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
IPACP to: <ul style="list-style-type: none"> • Determine appropriate additional precautions required. • Conduct an outbreak risk assessment. Gather clinical information about signs & symptoms, number of residents & staff affected, date(s) of onset; level of risk of transmission to other residents, staff & visitors [<i>refer to visitor logs</i>]; and any confirmed lab case, to develop a working case definition. • Start appropriate line list case(s). <ul style="list-style-type: none"> ○ Note: Separate surveillance line-lists are to be used for resident and staff cases. Respiratory Line List: https://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/20200513-respiratory_outbreak_linelist.pdf?sfvrsn=0 Enteric Line List: https://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/161013-enteric_outbreak_linelist-july-2016.pdf?sfvrsn=6 <ul style="list-style-type: none"> ○ Note: For instructions to complete line lists: https://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/161013-filling-out-a-line-list-sept-2016.pdf?sfvrsn=4 	

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<p>IPACP:</p> <ul style="list-style-type: none"> Initiate appropriate line-listing (“<i>Outbreak</i>” line-list to be used on each Care Centre). Initiate contact tracing to determine close contacts to suspect/confirmed resident, staff, caregiver etc. Note: SMDHU will follow up on external contact tracing as necessary. Notify SMDHU - by phone (705-721-7520 / after hrs 1-888-225-7851); Determine if other residents need to be isolated to their respective room in collaboration with SMDHU, depending on risk assessment. Public Health will email link to update daily line list summary. BRHD provide copies of the daily line list summary on each care centre. To be completed by Registered Staff. Complete Line List and upload to SMDHU <ul style="list-style-type: none"> Identify signs & symptoms of illness, number of resident & staff cases; Total number of residents & staff in affected area; and From Oct. to Apr. identify the influenza and COVID immunization rates for residents and staff and report rates to SMDHU. (COVID -19 Vaccination and Management for Workers policy, INF-II-119) 	
<p>IPACP</p> <ul style="list-style-type: none"> Notify Outbreak Management Team (OMT) members, which includes the Medical Director. (<i>Refer to OMT membership above</i>); and Arrange an OMT meeting. SMDHU Agenda/Minutes OMT Meeting available: (<i>Provides a guide for OMT meeting</i>) https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/omt-agenda-minutes-institutional_fillable.pdf?sfvrsn=8 Maintain records of all meetings, communication, assignments, etc. (set up daily meetings, or as directed by SMDHU recommendations). Ensure notification to WSIB and MOL / MLITSD, if any staff injury/illness, as applicable. Occupational Health & Safety Inspector Healthcare Programs, Central West Region 1-800-268-2966, OHS Contact Centre 1-877-202-0008, www.labour.gov.on.ca Report of a workplace fatality, injury, illness or incident (OHSA s. 51, 52 ,53) - Forms - Central Forms Repository (CFR) (gov.on.ca) For more information please see: Reporting workplace incidents and illnesses ontario.ca <p>Notes</p> <ul style="list-style-type: none"> Only SMDHU can declare an outbreak status; and declare the end of an outbreak at BRHD. Clarify the outbreak area with SMDHU, e.g., resident rooms, unit, Care Centre or whole Home. SMDHU will notify IPAC Hub and Hub rep will contact IPACP. 	

Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
<p>DONPC/IPACP – Re: Affected Resident(s)</p> <p>Direct RN/RPN to:</p> <ul style="list-style-type: none"> Post appropriate signage outside affected resident’s bedroom /unit, as appropriate, (e.g., additional precautions [contact/droplet] & hand hygiene; donning/doffing); 	

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<ul style="list-style-type: none"> • Provide staff with eye protection (face shield/goggles). Remind staff to disinfect after doffing, prior to reuse • Obtain isolation cart & ensure adequate & appropriate PPE supplies and equipment Notes: <ul style="list-style-type: none"> . Do not overstock as supplies cannot be used on alternate persons post isolation. . Refer to BRHD's Masking and PPE policies INF-II-30, 33, 36, 39 re Gloves, masks/respirators, eye protection & gowns); . and . Encourage resident(s) to wear a mask if able (INF-II-117). • Double cart holder – garbage & red laundry bag; Place inside resident's isolation room close to door. • Provide dedicated resident equipment as much as possible. If sharing equipment, ensure equipment is cleaned and disinfected after each use. • Remind staff to conduct Point of Care Risk Assessment (PCRA) to determine PPE required when entering affected resident's room. • Retrain staff on PCRA and donning/doffing PPE as needed; and disinfecting eye protection after doffing, prior to reusing. • Buddy check for appropriate use of PPE, as needed. • Notify the affected resident's POA/SDM for personal care, family representative, & ensure ongoing communication, as applicable.^{lvi} 	
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<p>IPACP - Direct staff to:</p> <ul style="list-style-type: none"> • Manage symptomatic resident(s), e.g., isolate affected residents, quarantine those in direct contact with affected individuals, cohort care; staff should go home and follow PH direction re return to work.^{lvii} • Notify & communicate outbreak^{lviii} to staff, affected residents, caregivers/families, visitors (Visitor Policy INF-II-115), volunteers, and community partners (RVH, Life Labs, contractors, STL imaging, hairdresser, etc.), as appropriate <ul style="list-style-type: none"> ○ Identify implications e.g., symptoms, testing, exclusions or restriction to Home, movement within Home, etc. ○ Ensure all non-essential contracted services are cancelled. • Notify MLTC via Critical Incident System (CIS) or the After-hours action-line 1-888-999-6973^{lix} and Ontario Health – Home and Community Support Services of suspect or confirmed outbreak ASAP. Notes: MLTC may conduct inspection, either with SMDHU or on their own; SMDHU or MLTC may issue orders depending on risk including setting up a management takeover, e.g., by hospital. Both MLTC & SMDHU will conduct outbreak monitoring daily for statistics. • Notify the Board Director (Derek Rumball) • Post signage at BRHD entrance (front & back) regarding outbreak status (Refer to Appendix C; and SMDHU signage^{lx}) <ul style="list-style-type: none"> ○ Establish entrance and exit doors, i.e., flow of traffic in and out of Home • Post signage (IPAC control measures, Outbreak notices, restricted areas, to remind visitors to not visit if feeling sick,^{lxi} and/or surveillance of infectious symptoms, etc.) throughout the home, as appropriate. 	
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<ul style="list-style-type: none"> • Have outbreak resources available and distribute, as appropriate, e.g., <ol style="list-style-type: none"> 1. “Outbreak Management: A Guide for residents, families and visitors”: https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/161013-ltc-resident-and-family-outbreak-management-booklet-2016.pdf?sfvrsn=4 ; 2. “Outbreaks: What you need to know to protect yourself and your loved one”: (Refer to Appendix D – copy and print as required) 	
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Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
DONPC – Additional Action re Affected Resident Direct RN/RPN to: <ul style="list-style-type: none"> • Notify affected resident’s attending physician (if different from the Medical Director) if not done already); inform of resident status (symptoms/asymptomatic). Request a medical assessment of affected resident. • Obtain any orders as applicable, e.g., testing, medical care, use Order Set, if available as applicable, e.g., COVID-19, or EOL Order Set • Follow physician/ PA’s orders (includes drugs, frequency of assessments including vital signs (T P R / O2 saturation) monitoring for resident with mild or moderate symptoms). • Check advanced healthcare directives status to determine if resident/SDM wishes resident to be sent to hospital for acute treatment, or are DNR/Comfort Measures only. (Update list of residents that are Code Blue as applicable) • Notify the RAI Coordinator and registered nursing staff on PCC Home Page • Revise the Resident’s plan of care to reflect the significant changes and include specific case focus (e.g., respiratory/ enteric) and interventions: and update if significant change to resident’s condition. • Arrange for non-urgent appointments and activities to be cancelled, rescheduled, or provided in a non-direct manner, e.g., zoom, etc. 	

Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
IPACP - Direct staff to: <ul style="list-style-type: none"> • Collect specimens as ordered and consented on applicable persons (residents, staff, others) • Complete appropriate lab requisition: Respiratory lab requisition: https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/181115-respiratory-outbreak-requisition.pdf?sfvrsn=0 Enteric lab requisition: https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/181115-enteric-outbreak-requisition.pdf?sfvrsn=0 • Notify lab when specimens are ready for pick up. 	
IPACP – Implement control measures <ul style="list-style-type: none"> • Isolate symptomatic residents (single rm preferred, if resident has a roommate, and affected resident cannot be isolated, ensure 2 metres/6’ distance is maintained from affected resident); & 	

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put on additional precautions, e.g., Droplet, Contact and/or Airborne , as appropriate based on the mode of transmission of disease. (Refer to: <i>SMDHU Outbreak Resources Signage^{lxii}</i> ; and <i>Policy INF-II-118 – Routine Practices & Additional Precautions for explanation and signage</i>).	
IPACP <ul style="list-style-type: none"> Ensure all supplies are accessible and readily available, e.g., ABHR and PPE (medical masks, gloves, gowns, eye protection (goggles/face shields), and N-95 respirators or equivalent) for use by staff, residents & visitors as appropriate. 	

IPACP Direct nursing staff to: <ul style="list-style-type: none"> Conduct ongoing surveillance of asymptomatic residents and staff 	
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IPACP: <ul style="list-style-type: none"> Review and complete the current SMDHU Outbreak Management Checklist, as appropriate (Outbreak Resources (simcoemuskokahealth.org))^{lxiii} along with this document. <p><i>SMDHU Outbreak Management Checklist forms are available for:</i></p> <p>. Respiratory/COVID-19: https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/covid-ob-mgmt-checklist_oct22_final.pdf?sfvrsn=2 ; and</p> <p>, Enteric: https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/161212-enteric-outbreak-management-checklistdec2016ma.pdf?sfvrsn=6</p> <p><i>Additional SMDHU resources include, e.g.: requisition forms with instruction, line lists, resident initial reporting form, “Additional Precaution” signage; & “Disease of PH Significance Reporting Form”^{lxiv}</i></p> <ul style="list-style-type: none"> Conduct audits as appropriate (Refer to p.14 “Auditing”) Direct staff to required activities when a resident is no longer on isolation, e.g., remove Additional precautions signage, PPE equipment from door, update RCP, inform SDM, etc. 	
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<p>IPACP: Direct managers / supervisors / registered nursing staff, as appropriate to:</p> <ul style="list-style-type: none"> Review hand hygiene with staff, volunteers, residents and visitors (Hand Hygiene Policy INF-II-27; Visitor policy: INF-II-115 has hand hygiene instruction for visitors) Limit resident movement in Home. Cancel/reschedule social activities, functions, and communal meetings Cohort staff and residents: ^{lxv} (Refer to <i>Cohorting for COVID-19</i> INF-II-120, & endnote Ref ^{lxvi}) <ul style="list-style-type: none"> Limit movement of staff, student and volunteers between affected and unaffected units/Care Centres Assign certain staff members to look after ill residents and other staff members to look after unaffected residents. Depending on the specific disease suspected/confirmed, review the Home's plans/policies for antivirals, vaccination, exclusion requirements; and/or preferred work location if working in more than one LTCH, as applicable, management of staff exposed to the disease. <ul style="list-style-type: none"> Immunization / Antivirals: (<i>Employee Medical Form MRC-104; COVID-19 Vaccination and Management Policy for Workers: INF-II-19; Influenza Protocol: INF-II-16; Management of Staff, Students, Volunteers exposed to COVID-19</i> INF-II-122 ^{lxvii}) 	
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Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
<p>MNES (<i>Manager of Nutrition and Environmental Services</i>) to:</p> <ul style="list-style-type: none"> Initiate enhanced environmental cleaning and disinfecting (<i>INF-V-02</i>); (<i>PHO/PIDAC</i> see endnote reference ^{lxviii}) "Key considerations: <ul style="list-style-type: none"> Proper dilution of chemicals as per manufacturers' directions Mechanical action and friction Adequate disinfecting through proper contact time Increase frequency of cleaning and disinfecting high touch surfaces 	

Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
<p>DONPC: Direct staff to:</p> <ul style="list-style-type: none"> Clean and disinfect shared equipment after each use. 	

Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
<p>Administrator to</p> <ul style="list-style-type: none"> Direct staffing managers to implement staffing contingency plan, as required. 	

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Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
IPACP: <ul style="list-style-type: none"> Consider staff sign-in logs for surveillance purposes. Review staff exclusion criteria Direct staff member(s) to: <ul style="list-style-type: none"> Follow appropriate disease surveillance and testing Inform IPACP of any symptoms developed, e.g., at home +/-or on-site Report testing results to IPAC Practitioner, as applicable. Ill/ symptomatic staff to be excluded from BRHD for appropriate time frames ^{lxix} <ul style="list-style-type: none"> Enteric – 48 hrs after symptoms have resolved Respiratory – 5 days from onset of symptoms or when symptoms resolve, whichever is shorter (<i>If COVID check current staff exclusion criteria.</i>) <p>Note: Refer to BRHD staff exclusion +/-or return to work policies, as applicable.</p>	
IPACP and Manager of Social Servies & Volunteer Co-ordinator: Caregivers / Visitors <ul style="list-style-type: none"> Implement surveillance for visitors as appropriate. Revise visitor logs as needed. 	
IPACP (and appropriate manager): Re: Transfers, discharges, appointments and admissions <ul style="list-style-type: none"> Should all be done in consultation with the SMDHU Generally, transfers or re-admission of non-cases, and new admissions are not recommended while in Outbreak. The sample decision making repatriation document ^{lxx} (Appendix E.1.) may be used as a guide. Please use a more current disease specific transfer/ admission guide, if available. If a COVID-19 outbreak refer to Appendix E.2. "Algorithm for Admissions and Transfers". <p>Notes:</p> <ul style="list-style-type: none"> <i>Residents are not restricted from entry.</i> <i>Residents may choose not to return to Home if their room is in an outbreak area.</i> If resident requires transport by ambulance, ensure paramedics are pre-notified of the Home's outbreak and the affected resident's disease status. <ul style="list-style-type: none"> Affected resident should wear a <u>surgical</u> mask, if tolerated. Ensure POA and advanced directives are followed re desired treatment, e.g., hospitalization (Code Blue)/palliative care. Give heads up to (emergency) agency, as appropriate 	
IPACP – Ongoing Outbreak Management - Ensure: <ul style="list-style-type: none"> OMT meeting as per direction from SMDHU to review outbreak status, control measures, and identify concerns/issues Surveillance (identify frequency e.g., OD/BID) to identify new cases. <ul style="list-style-type: none"> If symptomatic, implement control measures, e.g., additional precautions, isolation, exclusion from work or visiting, etc., as appropriate. Designate to update and submit line lists to SMDHU via upload by end of day (<i>separate one for residents and staff</i>). Determine isolation period for persons affected; and when staff can return to work, as applicable. 	

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Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
Administrator / Managers – Ongoing Outbreak Management ^{lxxi} <ul style="list-style-type: none"> Implement ongoing communication with: <ul style="list-style-type: none"> Owner/Licensee: Board Chair - Derek Rumball; Ongoing communication with residents/SDM, RC, and FC if any staff, visitors/family, external entities Respond to touchpoint calls as required e.g., to MLTC, SMDHU, IPAC Hub, OH Regions (re resident admissions/transfers # INF-II-115. a.) <ul style="list-style-type: none"> Permit other organizations as appropriate to conduct assessments and share report/finding produced by the organization. Notes: <ul style="list-style-type: none"> As applicable – Communicate relevant info, e.g., outbreak/IPAC protocol/policies, visiting policy, key updates, # of affected residents & staff (reminder about personal information confidentiality), deaths, cohorting changes & potential support needs. Always contact SMDHU prior to media re messaging. 	

Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
DONPC and MNES – Ongoing Outbreak Management - Ensure: <ul style="list-style-type: none"> Monitoring of ill residents and staff Assess for any risk of transmission, or worsening condition and take appropriate action as required, including care, treatment, notification of key individuals, etc. Ensure residents' basic care needs are met. <ul style="list-style-type: none"> Consider transfer of residents to hospital / COVID-19 treatment centre, if unable to meet resident's needs. Monitor precautions and control measures Physical Distancing: Residents not in isolation encouraged to keep distance (2m./6'); as well as staff in break rooms. Cohort staff and residents: (<i>Cohorting Policy INF-II-120</i>); Note: <i>Map of Home in front of Emergency Manual; Staff Contingency Plan in Pandemic Plan, e.g., call-in for additional shifts, work longer shifts, agency staff use, as needed.</i> ^{lxxii} Dietary Services Residents on isolation will require meals in room, and use disposable dishes if possible. (Refer to "Communal Dining Precautions During Pandemic" DTY-IV-20.) 	

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<p>Notes:</p> <ul style="list-style-type: none"> ○ Dietary and nursing supervisors should review with nursing and dietary staff the process for putting meals on trays (cover); transport to resident's rooms; set-up; supervision/assistance in room; disposal; and pick up of trays. ○ Ensure review of PCRA and appropriate additional precautions as required. ○ As needed, refer to Food and Fluid Emergency Plan EMERG-I-02 (Code Green Appendix 9) – e.g., for Emergency Menu during Outbreak. ^{lxixiii} <ul style="list-style-type: none"> • Monitor IPAC PPE, testing supplies (RAT, PCR), cleaning & disinfectants supplies and equipment inventory; Replenish supplies as required; [Supplies for both nursing [NUR-X-01] and environmental services [ENV-X-01] including PPE and replace as needed, ABHR, disinfectant wipes and spray, etc.] Note: Rotate inventory; check expiry dates. • Report any significant changes in the outbreak to the IPACP (deaths, hospitalizations, spread to new unit) <ul style="list-style-type: none"> ○ Contact SMDHU immediately following the death of any person from confirmed or suspected COVID-19 that occurred on the premises of the home. ○ Inform the funeral home if affected resident dies during the outbreak. • Ensure environmental staff conducts “terminal” cleaning and disinfecting of the bedroom and bathroom used for isolation prior to another resident moving in and when isolation period over. (Resident Room Terminal Clean Policy (ENV-V-05)) 	
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Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
Manager Social Services & Vol Coordinator – Ongoing Outbreak Management – Activities / salon services <ul style="list-style-type: none"> • Refer to BRHD’s policies “Activity Precautions During Pandemic” AS-V-12 	

Action items if Outbreak Suspected or Confirmed	Assigned “A” +/-or Completed “C” by
Administrator / Managers – Ongoing Outbreak Management <p>Staffing:</p> <ul style="list-style-type: none"> • Review staffing for gaps. • Implement staff contingency plan as required, to ensure sufficient staff to support outbreak IPAC measures. <p>Visitation:</p> <ul style="list-style-type: none"> • Consider virtual RC and FC (if any) meetings to update outbreak information to residents and families. • Revise Visitor Policy INF-II-115, as required. 	

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<p>Auditing: <i>(During Outbreak weekly audits required)</i></p> <ul style="list-style-type: none"> BRHD's Hand Hygiene and PPE Audit, INF-II-27a.; PHO "Auditing of Personal Protective Equipment (PPE) Use".^{lxxiv} Enhanced cleaning and disinfecting during outbreak (INF-V-02); and "Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes".^{lxxv}, IPAC Supplies - Inventory Audit (INF-VI-03) <p>Notes: <i>Results of the IPAC audits conducted, will be kept for at least 30 days and upon request, will be shared with inspectors from PHU, MLITSD, and MLTC.</i></p> <p>Train / re-train staff and essential visitors as needed</p> <ul style="list-style-type: none"> donning/doffing PPE; and other IPAC practices and precautions, as needed. <p>Testing:</p> <ul style="list-style-type: none"> In Outbreak - Use GREEN paper and include Outbreak number on PCR requisitions Identify specimen with "Institution" written in 'Patient Setting' to expedite testing. (Use Life Labs) Registered nursing staff to ensure any resident testing is documented in PCC. Ensure the specimen collections are picked up ASAP. Follow through on results of resident testing. Follow through on reporting Resident /Staff Testing Results as required. If COVID-19 Outbreak: <ul style="list-style-type: none"> Refer to: BRHD's "Surveillance Testing & Access to Homes Policy INF-II-116 (and summary INF-II-116. a.) Ensure that any person with a positive Antigen test be treated as a suspected COVID-19 case. <p>Reporting:</p> <ul style="list-style-type: none"> Report statistical info, in the manner and frequency required, as directed. 	
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Action items if Outbreak Suspected or Confirmed	Assigned "A" +/-or Completed "C" by
<p>IPACP – Declaring the Outbreak Over (under the authority of the SMDHU)</p> <ul style="list-style-type: none"> SMDHU after consultation with the IPACP, determines when to declare the outbreak over based on the type of outbreak, the period of communicability, and incubation period. IPACP to submit the completed Outbreak Summary Report ^{lxxvi} for respiratory outbreaks. 	

Activities after the Outbreak is Declared Over

Activities after the Outbreak is Declared Over	Assigned "A" +/-or Completed "C" by
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<p>IPACP - ASAP after the outbreak is declared over:</p> <ul style="list-style-type: none"> Notify the OMT, staff, residents, caregivers/families, and others as applicable that the outbreak was declared over, e.g., direct communication, prepare memo to notify persons, for distribution by Administrator, etc. ^{lxxvii} Invite the following persons, who were involved in the emergency, to participate and provide feedback in an evaluation of the outbreak meeting: ^{lxxviii} <ul style="list-style-type: none"> Administrator, managers, representatives from the staff, students, volunteers, residents, caregivers, and any external entities involved in the emergency., e.g., Medical Director, SMDHU, Silver Fox Pharmacy, Life Labs, etc., as applicable and available. ^{lxxix} Note: IPACP – to chair the meeting. Complete the <i>Code Silver Test Report and Evaluation ~ Outbreak Management Plan, (Appendix F)</i> to obtain recommendations for improvement to the plan, as appropriate. Note: Ensure that if SMDHU and any other applicable entities that were unable to attend the evaluation meeting, are given an opportunity to provide feedback. ^{lxxx} Amend CIS to MLTC, indicating Outbreak has been declared over. ^{lxxxi} Forward the completed “Code Silver Test Report and Evaluation” (<i>Appendix F</i>) to the Administrator. Note: If the IPACP is not present for the meeting, ensure the IPACP receives a copy of the completed evaluation. 	
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Activities after the Outbreak is Declared Over	Assigned “A” +/-or Completed “C” by
<p>Administrator and Management Team</p> <ul style="list-style-type: none"> Review the Code Silver Test Report and Evaluation (Appendix F), including the recommendations for improvement to the plan. <ul style="list-style-type: none"> Ensure documentation is complete Decide which recommendations for improvement are approved or rejected. <ul style="list-style-type: none"> Record decisions about each recommendation on the Code Silver Test Report and Evaluation form. Determine if anyone experienced distress during the emergency, and if so, ensure that the person is provided with an opportunity to discuss their concerns and/or given appropriate emotional support. ^{lxxxii} <ul style="list-style-type: none"> BRHD has an EAP, for eligible staff. Each department head to take measures to return BRHD to normal operations. ^{lxxxiii} <ul style="list-style-type: none"> Determine what equipment and supplies were used, and assign staff to replace /disinfect, and/or return, as appropriate, to their normal location, including the <i>Command Centre Bag</i>. ^{lxxxiv} 	

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<ul style="list-style-type: none"> Ensure staff, students, volunteers, residents / RC, caregivers, family /FC if any, are debriefed^{lxxxv} after the emergency, as appropriate, e.g., by memo, in person, at a meeting, etc., explain that the Emergency Plan was tested (planned or unplanned), and identify any approved recommendations for improvement that will be implemented. <ul style="list-style-type: none"> Maintain a written record of the debrief. Ensure implementation of all approved recommendations.^{lxxxvi} Administrator to maintain all records related to emergency. 	
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Activities after the Outbreak is Declared Over	Assigned "A" +/-or Completed "C" by
IPACP <ul style="list-style-type: none"> Review the Code Silver Plan, and update as applicable, with any approved recommendations for improvement, within 30 days after the event was declared over.^{lxxxvii} Note: <i>If any changes were made to improve the plan, maintain a written record of the changes made.</i>^{lxxxviii} Ensure follow through of Code Silver Plan if revised, including: <ul style="list-style-type: none"> communicating changes made to the Plan; updating on S Drive (archive former version) updating plan on website, and arrange for updating training/retraining of staff as required (as outlined below). 	

Activities after the Outbreak is Declared Over	Assigned "A" +/-or Completed "C" by
Administrator - Prior to the end of the year: <ul style="list-style-type: none"> Ensure that Code Silver – Outbreak Management Plan was tested (planned or unplanned) during that calendar year. Complete the <i>Checklist for Code Silver ~ Outbreak Management Plan</i> (Appendix G) 	

TRAINING – Outbreak Plan^{lxxxix}

- BRHD **staff, volunteers, and students** will receive training on emergency plans during their orientation, and at least **annually** thereafter.^{xc}
 - The training will be based on that staff member's responsibilities, prior to that person performing his/her responsibilities.^{xc}
- Note:** *In the event of an emergency or exceptional unforeseen circumstances, e.g., the new employee is being orientated on-site with another employee, the emergency training must be provided within one week of when the person begins performing their responsibilities.*^{xcii}

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STAFF RETRAINING ^{xciii}

- All staff will receive annual retraining / reassessment on the Emergency Plan through Surge Learning and related Qs and As. ^{xciv xcvi} If staff at that time, or at any time are assessed as requiring further retraining, this will be done by the employee's supervisor in a manner considered appropriate, e.g., repeating the training, 1:1 etc..^{xcvi}
- During the annual testing of the emergency procedure, any staff assessed as requiring further training will be retrained, based on his/her responsibilities during the emergency procedure.^{xcvii}

RELATED POLICIES / PLANS

- BRHD's IPAC Policies and Procedures on the S Drive (INF-II-xx)
- BRHD's Code Silver: Epidemic / Pandemic Plan (EMERG-II-10b)
- BRHD's Code Green: Evacuation, including:
Appendix 8 – Drug Provision Plan with Silver Fox Pharmacy policy #13.8. ^{xcviii}
Appendix 9 - Food and Fluid Emergency Plan ^{xcix}

RESOURCES

- **SMDHU Portal** ^c
 - Outbreak Resources, factsheets and health faxes
 - PHO: **Influenza Antiviral Treatment** ^{ci} (2021)
 - NACI: **An Advisory Committee Statement (ACS) National Advisory Committee on Immunization (NACI) Canadian Immunization Guide Chapter on Influenza and Statement on Seasonal Influenza Vaccine for 2021–2022** ^{cii}
 - SMDHU: **PHO and PIDAC Best Practice Guidelines** ^{ciii}
 - E.g., Best Practices in all Health Care Settings: Hand Hygiene, Routine and Additional Precautions, and Environmental Cleaning
 - **OPH Standards: Resource Documents** ^{civ}
 - Recommendations for the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018
 - Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, 2018

APPENDICES

Appendix A - Diseases of Public Health Significance – Tool Kit ^{cv cvi}

Note: To obtain additional pertinent information on each disease, bring up the original document using the endnote link ^{cvii} and click on the specific disease's embedded link.

Appendix B - Enteric and Respiratory Outbreak Quick Reference ^{cviii}

Appendix C - Outbreak Signage - Stop: Visitors Please Read; Outbreak Declared ^{cix}

Note: Additional signage available using same endnote reference.

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Appendix D - Outbreaks: What you need to know to protect yourself and your loved one ^{cx} (pamphlet)

Note: Another good resource is: **“Outbreak Management: A Guide for residents, families and visitors”**: <https://www.simcoemuskokahealth.org/docs/default-source/ify-health-care-professionals/161013-ltc-resident-and-family-outbreak-management-booklet-2016.pdf?sfvrsn=4>

Appendix E.1. - Repatriation Algorithm for Residents to a LTCH in Outbreak ^{cx} (**SMDHU Sample**)

Appendix E.2. - **If a COVID-19 outbreak** ~ Resident Admissions and Transfers ^{cxii}

Note: Also found in BRHD’s “Visitor Policy” (INF-II-115).

Appendix F- Code Silver **Test Report and Evaluation** ~ Outbreak Management Plan

Appendix G - **Checklist** for Code Silver ~ Outbreak Management Plan

Note * Please make a copy of the “Activation of the Plan” section of this plan (pages 5-15 inclusive) for the Command Centre Bag.

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Appendix A: SMDHU Communicable Diseases of PH Significance – Tool Kit ^{cxiii}

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Timely reporting of Diseases of Public Health Significance is mandated and essential for their control. If you suspect or have confirmation of the following specified Diseases or their etiologic agents, (as per Ontario Regulation 135/18 and amendments under the Health Protection and Promotion Act, R.S.O. c.H.7) please report them to the local Medical Officer of Health.

Note: Diseases bolded (and influenza in institutions) should be reported immediately to the Medical Officer of Health. Other diseases can be reported by the next working day by fax, phone, or mail.

- ▶ Acquired Immunodeficiency Syndrome (AIDS)
- ▶ Acute flaccid paralysis (AFP)
- ▶ Amebiasis
- ▶ Anthrax
- ▶ Blastomycosis
- ▶ Botulism
- ▶ Brucellosis
- ▶ Campylobacter enteritis
- ▶ Carbapenemase-producing Enterobacteriaceae (CPE)
- ▶ Chancroid
- ▶ Chickenpox (Varicella)
- ▶ Chlamydia trachomatis infections
- ▶ Cholera
- ▶ Clostridium difficile associated disease (CDAD) outbreaks in Public Hospitals
- ▶ COVID-19 (Novel Coronavirus)
- ▶ **Creutzfeldt-Jakob Disease, all types**
- ▶ Cryptosporidiosis
- ▶ Cyclosporiasis
- ▶ **Diphtheria**
- ▶ Echinococcus multilocularis
- ▶ Encephalitis, including:
 - ▶ 1. Primary Viral
 - ▶ 2. Post-infectious
 - ▶ 3. Vaccine-related
 - ▶ 4. Subacute sclerosing panencephalitis
 - ▶ 5. Unspecified
- ▶ Food poisoning, all causes
- ▶ **Gastroenteritis, institutional & public hospital outbreaks** Giardiasis
- ▶ Gonorrhea
- ▶ **Group A Streptococcal disease, invasive**
- ▶ Group B Streptococcal disease, neonatal
- ▶ **Haemophilus influenzae disease, invasive, all types**
- ▶ **Hantavirus pulmonary syndrome**
- ▶ **Hemorrhagic fevers, including:**
 - ▶ 1. Ebola virus disease
 - ▶ 2. Marburg virus disease
 - ▶ 3. Lassa Fever
 - ▶ 4. Other viral causes
- ▶ **Hepatitis, viral:**
 - ▶ 1. **Hepatitis A**
 - ▶ 2. Hepatitis B
 - ▶ 3. Hepatitis C
- ▶ Influenza
- ▶ Legionellosis
- ▶ Leprosy
- ▶ Listeriosis
- ▶ Lyme disease
- ▶ **Measles**
- ▶ Meningitis, acute
 - ▶ 1. bacterial
 - ▶ 2. viral
 - ▶ 3. other
- ▶ **Meningococcal disease, invasive**
- ▶ **Monkeypox**
- ▶ Mumps
- ▶ Ophthalmia neonatorum
- ▶ Paralytic shellfish poisoning (PSP)
- ▶ Paratyphoid Fever
- ▶ Pertussis (Whooping Cough)
- ▶ **Plague**
- ▶ Pneumococcal disease, invasive
- ▶ **Poliomyelitis, acute**
- ▶ Psittacosis/Ornithosis
- ▶ Q Fever
- ▶ **Rabies**
- ▶ **Respiratory infection outbreaks in institutions & public hospitals**
- ▶ Rubella
- ▶ Rubella, congenital syndrome
- ▶ Salmonellosis
- ▶ **Severe Acute Respiratory Syndrome (SARS)**
- ▶ Shigellosis
- ▶ **Smallpox**
- ▶ Syphilis
- ▶ Tetanus
- ▶ Trichinosis
- ▶ Tuberculosis
- ▶ Tularemia
- ▶ Typhoid Fever
- ▶ Verotoxin-producing E. coli infection indicator conditions including, Haemolytic Uraemic Syndrome (HUS)
- ▶ West Nile Virus Illness
- ▶ Yersiniosis



Enteric and Respiratory Outbreak Quick Reference

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Appendix B: Enteric and Respiratory Outbreak Quick Reference (SMDHU) ^{cxiv}

Suspect Enteric Outbreak Definition	Suspect Respiratory Outbreak Definition
<ul style="list-style-type: none"> Two suspected cases of infectious gastroenteritis in a specific area, such as a home, unit, or floor within 48 hours ~or~ When more than one unit has a case of gastrointestinal illness within 24 hours. 	<ul style="list-style-type: none"> Two cases of Acute Respiratory Illness (ARI) occurring within 48 hours in a geographic area (e.g. unit, floor) ~or~ More than one unit having a case of ARI within 48 hours ~or~ One laboratory-confirmed case of influenza
Suspect an Outbreak?	
<ol style="list-style-type: none"> Start line lists: one for residents and one for staff. Contact your SMDHU liaison, as early in the day as possible, or ext. 5925 at 705-721-7520 to consult. Fax the line list to 705-725-8007 for discussion with your liaison Create a case definition with your liaison. Implement Outbreak Control Measures. Collect specimens: Enteric: Use outbreak stool kit, fill all containers Respiratory: Use Nasopharyngeal (NP) Swabs. Fill out lab requisition and obtain an outbreak number from the liaison. Arrange with liaison for specimen pick up to go to the Public Health Laboratory. Ensure adequate Personal Protective Equipment (PPE) is available for staff and visitors. Notify partners: CCAC, nursing agencies, local hospital ER and the ICP. 	
Outbreak Control Measures	
<ol style="list-style-type: none"> Isolate ill residents in their rooms and exclude ill staff and volunteers from work Enteric: 48 hours symptom free or in consultation with ICP or SMDHU liaison Respiratory: 5 days from onset of symptoms or when symptoms have resolved whichever is shorter Increase hand hygiene practice for residents and staff Enhance cleaning and disinfecting of all commonly touched surfaces Post outbreak signage at all entrances to the facility and outside each isolated room Limit visitors from entering the facility or affected unit Use Personal Protective Equipment (PPE) gloves, gowns, and/ or masks when entering an ill resident's rooms Cohort staff providing care to ill residents Reschedule non-urgent appointments and notify receiving facility that you are in an outbreak Cancel communal activities and meetings Dedicate non-critical care equipment to ill residents (i.e. commode) Provide health teaching to staff and residents regarding outbreak control measures Hold Outbreak Management Team meetings daily 	

SMDHU Contact Numbers
Days (between 0830 hrs—1630 hrs): 705-721-7520 ext. 5925
After hours On-Call (between 1630 hrs—0830 hrs.)
Weekends and Holidays: 1-888-225-7851.

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Appendix C: Outbreak Signage – Stop: Visitors Please Read; Outbreak Declared ^{cxv}

Note: Additional signage available using same endnote reference.

Stop: Visitors Please Read

Outbreak Declared:

- Clean your hands with alcohol-based hand rub:
 - When you arrive and before leaving
 - After coughing and sneezing
- Check with a nurse before visiting
- Follow all posted guidelines to protect yourself and others



Adapted with permission from the Halton Region Health Department

October 2016

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Reviewed: Dec/23, April/25			

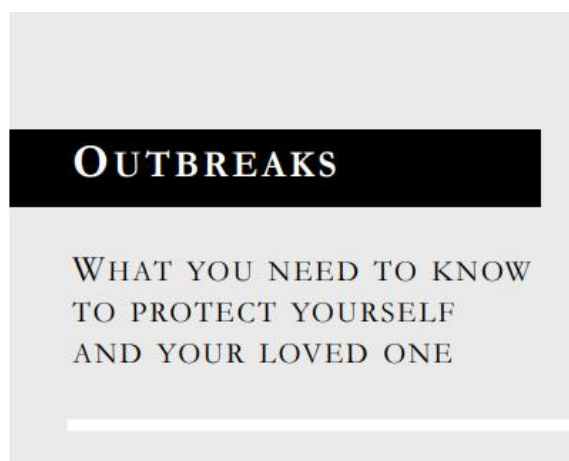
Appendix D: Outbreaks: What you need to know to protect yourself and your loved one ^{cxvi}

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Communicable Disease Program
15 Sperling Drive Barrie, ON L4M 6K9

705-721-7520
or 1-877-721-7520
www.smdhu.org



Information for Families and Visitors to
the Health Care Facility



Adapted with permission from the Grey Bruce Health Unit

July 2017

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Appendix D: Outbreaks: What you need to know to protect yourself and your loved one ^{cxvii}

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WHAT YOU NEED TO KNOW AND WHY?

Outbreaks in long term care homes (LTCH) or retirement homes can disrupt the lives of the residents as well as visitors and staff. Measures are put into place to prevent the spread of illness, especially among residents who are frail may be more likely to get sick. If the spread of illness is decreased, the outbreak will be over sooner.

WHAT IS AN OUTBREAK?

An outbreak is a sudden increase of illness among residents and staff.

There are two common types of outbreaks in health care facilities.

1. Respiratory Infections (colds or influenza)
2. Gastrointestinal or enteric infections (vomiting and/or diarrhea)



WHAT HAPPENS DURING AN OUTBREAK?

Facilities consult with public health to put appropriate infection prevention and control measures in place to decrease the spread of illness to other residents and staff. Staff also collect specimens for laboratory testing.

CONTROL MEASURES INCLUDE:



- Isolating ill residents in their rooms
- Keeping well residents on their unit
- No group activities/outings
- Increased housekeeping /cleaning
- Hand hygiene
- Limiting visitors
- Non urgent medical appointment may be postponed
- Transfers /New admissions are not recommended.

YOU WILL BE ASKED TO:

1. Wash your hands with soap and water or use hand sanitizer for 15 seconds:
 - a) Before Entering and Exiting the building
 - b) Before and After you visit a resident.
2. Visit a resident in their room.
3. Visit **ONLY** one resident and leave immediately afterwards. If both parents are in the home, visit the healthy resident first. Please do not mingle with other residents within the home.
4. Wear Personal Protective Equipment (PPE)
 - PPE is a barrier used to protect you and your loved one from illness.
 - You may be asked to wear some or all of the listed PPE, depending on the type and status of the outbreak, including gloves, gowns, mask and goggles .
 - The home will provide both signage and PPE. PPE is single use and should be removed and placed in a trash bin before you exit the resident's room.



HOW TO PREVENT ILLNESS?

- Stay home if you are feeling ill.
- Wash your hands with soap and water or use hand sanitizer for 15 seconds.
- Help protect your loved one by getting a **flu shot** every year.
- Limit the foods your bring to the facility. Spoiled food at the bed side can cause illness.

NOTIFICATION OF AN OUTBREAK

- Signage posted at the entrance to the home and/or the unit involved.
- The home may contact all resident families.

Note:

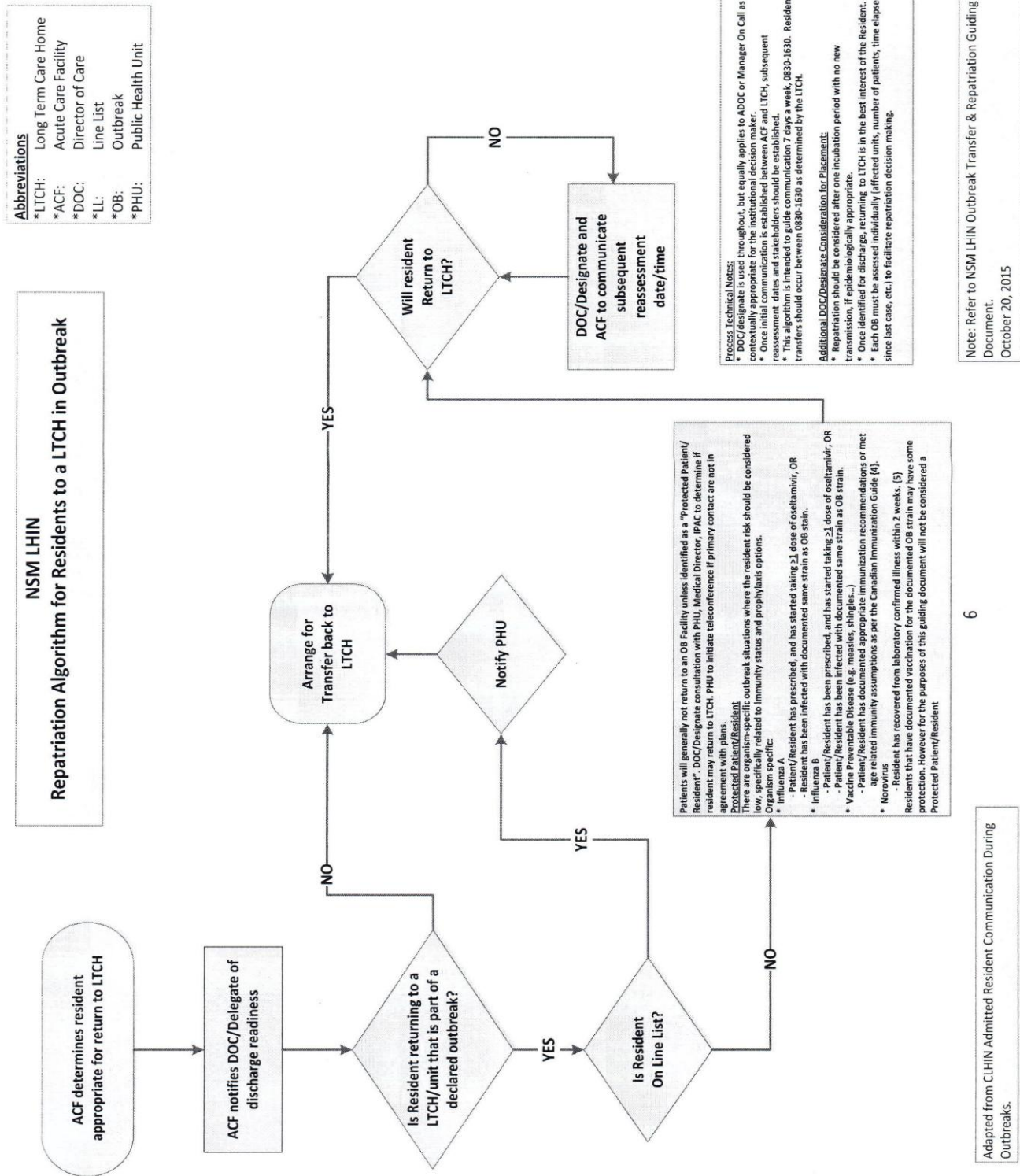
Another good resource is: **“Outbreak Management: A Guide for residents, families and visitors”**: <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/161013-ltc-resident-and-family-outbreak-management-booklet-2016.pdf?sfvrsn=4> ;

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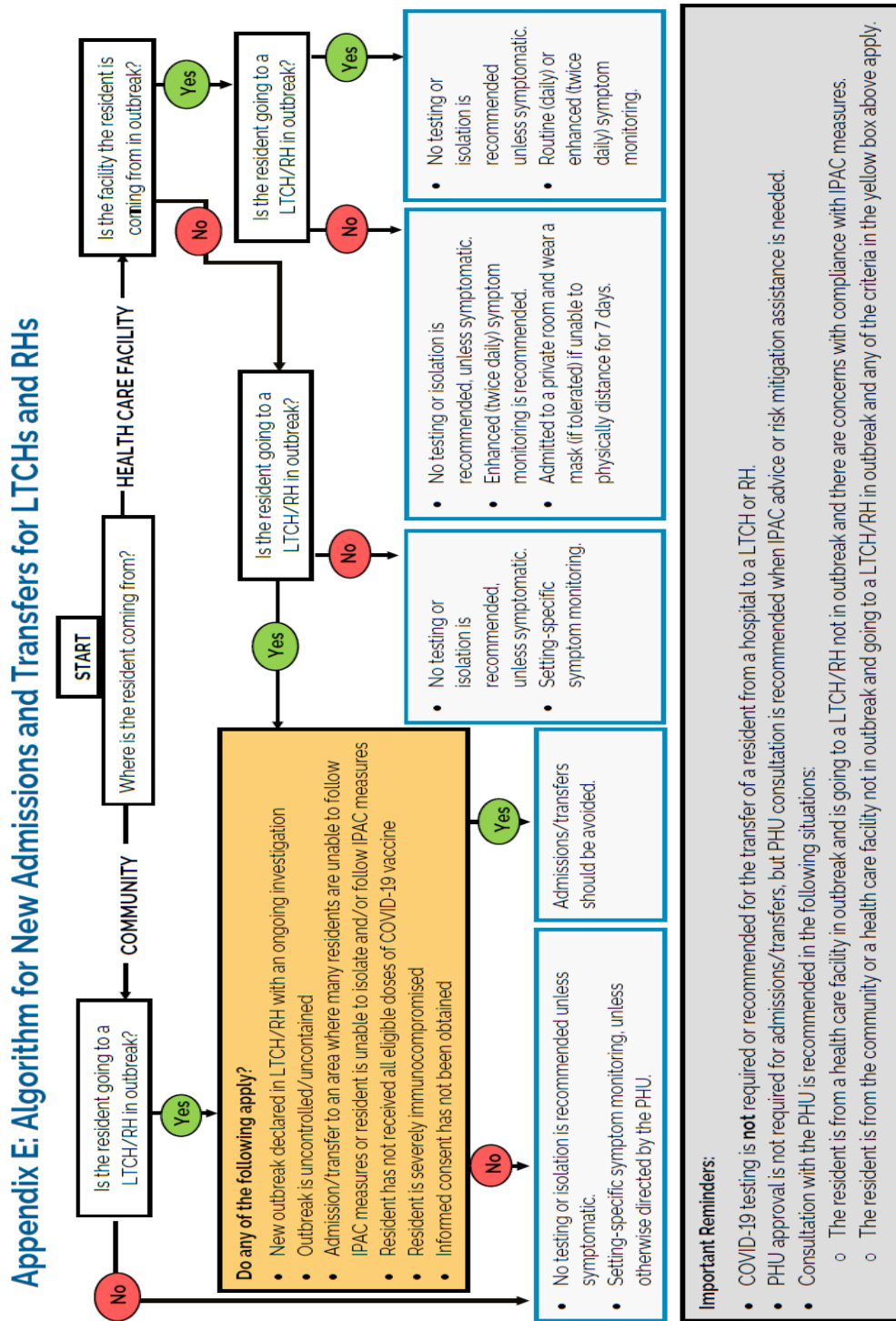
Appendix E.1: Repatriation Algorithm for Residents to a LTCH in Outbreak ^{cxviii}

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Appendix E.2: If a COVID-19 outbreak ~ Resident Admissions and Transfers ^{cxix}



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Appendix F: Code Silver Test Report and Evaluation ~ Outbreak Management Plan

Instructions:

This report template is available for completion electronically. To be completed to the extent possible, by the IPACP, as soon as possible after the emergency is declared over. The following additional persons ***if involved*** in the emergency, are encouraged to participate and provide feedback: on-site manager(s), Medical Director, SMDHU rep, and other relevant external entities (e.g., Silver Fox Pharmacy, Life Labs, RVH- IPAC Hub rep);^{cxix} and representatives from involved staff e.g., senior RN, resident, and caregiver/family, as appropriate.

Type of Outbreak: e.g., Respiratory _____ / COVID _____, Enteric _____, other _____

Actual Outbreak(Y/N) _____; - OR - Mock Outbreak (Y/N) _____

If mock, identify type (roll-play, table-top, etc.) _____

Code Silver – Outbreak Management Plan is to be tested **annually**.^{cxxi}

Date Outbreak declared: _____ (MMM/DD/YYYY)

Date Outbreak declared over: _____ (MMM/DD/YYYY)

Attendees:

NAME	Position		NAME	Position

List **external entities, involved including emergency services as applicable, if NOT in attendance**, so they can be given the opportunity for feedback ^{cxix} (Note: IPACP to contact. Refer to list of potential entities in the “Consultation” section of this plan).

IPACP to review a brief summary of the statistical data with participants in the evaluation.

- IPACP to attach the summary report submitted to SMDHU, e.g., Respiratory Outbreak Summary Report ^{cxixiii} or complete the information below.

Residents:

. % of residents immunized against the disease, if a vaccine was available _____ %

. # of residents affected by Outbreak (i.e., contracted the disease) _____

. # of residents on antivirals (if antiviral available) _____;

. # of residents admitted to hospital due to outbreak _____;

. # of residents admitted to hospital who were neither current with their immunization (if vaccine available) nor on an antiviral (if an antiviral was available) _____

. # of resident deaths due to outbreaks _____

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Staff:

- . % of staff immunized against the disease, if a vaccine was available _____%
- . # of staff affected by Outbreak (i.e., contracted the disease) _____
- . # of staff on antivirals (if antiviral available) _____;
immunized against the disease (if a vaccine for the disease was available)
- . # of staff admitted to hospital due to outbreak _____
- . # of staff admitted to hospital who were neither current with their immunization (if vaccine available) nor on
an antiviral (if an antiviral was available) _____
- . # of staff deaths due to outbreaks _____

Note: A copy of the line lists (resident and staff) used during the outbreak should be submitted to and retained by the Administrator.

With consideration for the following: communication (residents/ POA, caregivers, attending physician, staff, visitors, etc.), staffing, supplies, cleaning/disinfecting, cohorting, testing, restrictions (e.g., visitations) and audits, etc.,

What went well?

What didn't go well?	Recommendation for improvement?

Did any staff sustain a workplace injury/illness during the outbreak? Y/N _____.

If yes, who will ensure WSIB / MLITSD is notified, as applicable. _____(name).

Was a CIS report submitted at the beginning of the outbreak? Y/N _____

If yes, has the IPACP amended the CIS report to indicate the **outbreak is declared over**? Y/N _____

If no, assign to IPACP/designate: _____ (name)

Do any **resident's** health records, including RCPs need to be updated? Y/N _____; If yes, assigned to:
_____ (e.g., RN/ RPNs)

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In the chart below, list the equipment and supplies that were used during the emergency and need to be replaced, cleaned and/or returned. Identify who will complete that task.

Supplies/Equipment Used	Replace or Disinfect & Return	Assigned to:
Command Centre Bag supplies?		
Isolation carts, cleaned and restocked		
Inventory – order supplies: PPE, ABHR, cleaning supplies		

Did any person(s) experience distress as a result of the emergency? Y/N ____

If yes, list names of person(s) who experienced distress, and indicate whether emotional support was provided.

Person's name who experienced distress	Emotional Support Provided	Follow-through required

Signature of FIW / IPACP: _____

Ensure this report and supporting documentation are forwarded to the Administrator.

Note: The IPACP should retain a copy of this test report and evaluation.

The remainder of the evaluation is to be completed by the IPACP with the Management Team

Date of meeting: _____

Persons in Attendance: _____

Ensure completion of the following:

- CIS report submitted as required _____
- WSIB, MOL/ MLITSD, or any other government body or entity that needs to be notified, was notified _____
- IPACP contacted the entities who were involved in the Outbreak but unable to participate in the evaluation, and provided them with an opportunity for feedback.^{cxxiv}

The **IPACP** will ensure the review of the existing Code Silver Plan (EMERG-I-10a) **annually** and discuss any recommendations for improvement **with the Management Team**. (Refer to recommendations as listed above, and any additional recommendations that were received.)

The following are the Authorized Recommendations for Change

#	Authorized Recommendations for Change, including any changes to Code Silver Plan ~ Outbreak Management Plan, if any:	Assigned to	Date of Implementation
1.			

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2.			
3.			
4.			

Note: Authorized changes for improvement are to be promptly implemented and documented.^{cxxv}

The following are the Rejected Recommendations

#	Rejected Recommendations, if any:	Reason for Rejecting the Recommendation for Change
1.		
2.		
3.		

Code Silver Plan (EMERG—I–10a)

Within 30 days after the test/outbreak is declared over, the emergency plan must be **reviewed and updated**, if necessary, based on the authorized recommendations.^{cxxvi}

Retain all supporting documentation, e.g., completed templates, testing, changes made to improve the Plan, training records, etc.^{cxxvii}

If the Code Silver Plan (EMERG—I–10a) requires updating, assign to IPACP: _____.

If changes were made to the Code Silver Plan ~ Outbreak Management Plan, indicate how staff, volunteers, students, RC, FC if any, and entities were involved / informed of **changes**, and will be given any **training/retraining**, as required.

- _____ New staff / volunteers & students will review updated emergency Plan as part of their **orientation**
- _____ Existing staff **Surge Learning updated, or retraining** by alternate method e.g., memo _____
- _____ Volunteers, Students, RC, FC if any, and relevant entities given an opportunity for feedback and **advised of changes to the emergency plan**, which is available on BRHD's website, & internally in Emergency Manual, as appropriate.
- _____ If changes were made to emergency Plan, the revised Plan was updated in the Home's Emergency Manuals, and the electronic emergency Plan was sent to Fred /Director of IT, for **posting on the BRHD website** and the former version of the Plan removed.

After a review of this form, is there any additional follow-through required? Y/N_____

- If yes, identify what other tasks need to be completed, and the assigned person to complete the task.

Tasks Need to be Completed:	Assigned to:

Retain this record as part of the Home's quality management activities.

Name of person(s) completing report:

IPACP: _____ (Print); _____ (Signature)

Ensure the Administrator has a copy of the completed evaluation and all relevant documentation.

Date of completion: _____ (within 30 days after the emergency was declared over).^{cxxviii}

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Appendix G ~ Checklist for Code Silver ~ Outbreak Management Plan

(End of year check and summary – To be completed by the IPACP)

The IPACP ensured that:

- The **Code Silver Plan ~ Outbreak Management Plan (EMERG-I-10a)** was **TESTED** at least annually Y/N ____; and
- The **Code Silver “PLAN” EMERG-I-10a** was **reviewed**, and **updated** as necessary:
 - (a) at least **annually**, including the updating of all **emergency contact information of the entities**, (Y/N) ____; and
 - (b) **within 30 days** of the activated emergency being **declared over**.^{cxix} (Y/N) ____;

If the Code Silver Plan was changed, the Emergency Manuals and the website have the most current version of the Plan. (Y/N) ____
- The **related documentation** for **all activation(s) & review(s)** of the **Code Silver Plan (EMERG-I-10a)** **occurred in the calendar year** (planned and/or unplanned) are completed, compiled, and retained as per the retention requirements, including but not limited to:
 - The **Code Silver Test Report and Evaluation** (Appendix F)
 - The **debriefing** of staff, and volunteers and students, if any; ^{cxix}
 - Any **changes made to the Code Silver Plan**, (when reviewed at least annually and 30 days after the activated emergency is declared over), and
 - **When the emergency plan is changed, consultation with the entities**, and the RC and FC, if any, as appropriate; and
 - Any related training/retraining records.
- Total number of times **Code Silver – Outbreak Management Plan** was **activated** or **tested** in the year? ____ (at minimum every year).

Identify any recommendations for improvement that will be **carried over to the next year** for prompt implementation:

#	Recommendation(s) carried over to next year	Reason for implementation delay	Assigned to	Date to be Implemented
1.				
2.				

Signature of the IPACP _____ Date: _____

Forward copy of completion form to the Administrator.

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Endnotes

- ⁱ Fixing Long-Term Care Act (FLTCA), 2021. s.90.
- ⁱⁱ O Reg. 246/22 ss. 268. (4).1. i. under the FLTCA.
- ⁱⁱⁱ O Reg. 246/22 ss. 268. (2).
- ^{iv} <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/190822-outbreak-management-orientation.pdf?sfvrsn=0>
- ^v O. Reg. 246/22: GENERAL (ontario.ca)
- ^{vi} <https://www.simcoemuskokahealth.org/docs/default-source/topic-infectiousdisease/diseases-of-ph-significance-final.pdf?sfvrsn=2>
- ^{vii} <https://www.simcoemuskokahealth.org/docs/default-source/topic-infectiousdisease/disease-of-public-health-significant-reporting-form.pdf?sfvrsn=0>
- ^{viii} <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/190822-outbreak-management-orientation.pdf?sfvrsn=0>
- ^{ix} PIDAC. <https://www.publichealthontario.ca/-/media/Documents/H/2017/hai-ltc-surveillance-case-definitions.ashx?rev=-1&la=fr>
- ^x O Reg. 246/22 ss.268. (5).3.
- ^{xi} O. Reg. 246/22 ss. 268. (3).
- ^{xii} O. Reg. 246/22 ss. 269. (3).
- ^{xiii} O. Reg. 246/22 ss. 268. (3).
- ^{xiv} O. Reg. 246. ss.268. (10)(a).
- ^{xv} O. Reg.246/22 ss.268. (8).
- ^{xvi} O. Reg.246/22. ss.268. (5) 3.
- ^{xvii} O Reg. 246/22 ss.268. (9).
- ^{xviii} O Reg. 246/22 ss.269. (1). (f).
- ^{xix} https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/omt-agenda-minutes-institutional_fillable.pdf?sfvrsn=8
- ^{xx} O. Reg. 246/22 ss.268. (3).
- ^{xxi} O. Reg. 246/22 ss.268. (3)(c).
- ^{xxii} O. Reg. 246/22 ss.268. (3)(a).
- ^{xxiii} O. Reg. 246/22 ss.269. (4) 4-5.
- ^{xxiv} O. Reg.246/22. ss.268. (12).
- ^{xxv} O. Reg. 246/22 ss.269. (2).
- ^{xxvi} O. Reg. 246/22 ss.268. (4) 7.
- ^{xxvii} <https://www.simcoe.ca/paramedicservices/Pages/Station-Locations.aspx>
- ^{xxviii} <https://www.doctorkelleywright.com/>
- ^{xxix} <https://www.ontario.ca/page/office-chief-coroner-and-ontario-forensic-pathology-service>
- ^{xxx} O. Reg.246/22. ss.268. (10)(d).
- ^{xxxi} O. Reg. 246/22 ss. 268. (3).
- ^{xxxii} O. Reg.246/22 ss.268. (3)(4)4 and 5.
- ^{xxxiii} O. Reg.246/22 ss.268. (7).
- ^{xxxiv} O. Reg. 246/22. ss.268. (3)(b)
- ^{xxxv} <https://www.simcoemuskokahealth.org/Topics/InfectiousDiseases>
- ^{xxxvi} <https://www.simcoemuskokahealth.org/JFY/HPPortal/PCPCategories/InfectiousDiseases/Disease-of-Public-Health-Significance>
- ^{xxxvii} <https://www.who.int/teams/environment-climate-change-and-health/emergencies/disease-outbreaks#:~:text=Environmental%20factors%20influencing%20the%20spread,diseases%20prone%20to%20cause%20epidemics>
- ^{xxxviii} Ministry of Long-Term Care. (MLTC). COVID-19 Guidance Document for Long-term Care Homes in Ontario. Requirements for Long-term Care Homes with respect to COVID-19. November 2023. [COVID-19 guidance document for long-term care homes in Ontario | ontario.ca.](https://www.ontario.ca/document/covid-19-guidance-document-for-long-term-care-homes-in-ontario)
- ^{xxxix} MLTC. IPAC Standard. Rev. Sept. 2023. Section 10.4 d) i.
- ^{xl} https://www.publichealthontario.ca/-/media/Documents/A/2021/auditing-ppe-use-health-care-form.pdf?rev=ae9f3a2317954ca9a53f3d9901d9c8f0&sc_lang=en
- ^{xli} PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes. <https://www.publichealthontario.ca/-/media/Documents/I/2023/ipac-self-assessment-audit-tool-ltcrh.pdf>
- ^{xlii} [161013-steps-to-early-identification-of-outbreaks-2016.pdf \(simcoemuskokahealth.org\)](https://www.simcoemuskokahealth.org/161013-steps-to-early-identification-of-outbreaks-2016.pdf)
- ^{xliii} https://ipac-canada.org/photos/custom/pdf/LTCSurveillanceToolkit_.pdf p.15

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- xliv PIDAC. <https://www.publichealthontario.ca/-/media/Documents/H/2017/hai-ltc-surveillance-case-definitions.ashx?rev=-1&la=fr>
- xlvi O. Reg. 246/22. ss.268. (4)3.
- xlvi <https://www.simcoemuskokahealth.org/JFY/HPPortal/ResourcesTools/OutbreakResources.aspx#3791d414-226f-409c-8048-a6f643cb9f6c#47bb1a56-f9b-4709-a5cb-abc5b1e7a761#e5df669c-4450-4147-a7c7-89cec70ee6d5>
- xlvi O. Reg. ss.268 (4)6.
- xlvi O. Reg. 246/22 ss.268. (4) 7.
- xlvi Public Health Ontario and PIDAC Best Practice Guidelines ([simcoemuskokahealth.org](https://www.simcoemuskokahealth.org))
- l https://health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf
- li O. Reg. 246/22. ss.268. (5)1.
- lii O. Reg. 246/22. ss.268. (5).1. and 4.
- lii O. Reg. 246/22 ss.268. (5)2.
- lii <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/190822-outbreak-management-orientation.pdf?sfvrsn=0>
- lii O. Reg. 246/22 ss. 269. (1) (a).
- lii O. Reg. 246/22. ss. 268. (6).
- lii O. Reg. 246/22. ss. 269. (1).(e).
- lii O. Reg. 246/22. ss. 268. (6).
- lii O. Reg. 246/2. ss.115. (1)5.
- lii <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/161206-surveillance-posters-2016.pdf?sfvrsn=4>
- lii <https://www.alberta.ca/assets/documents/edc-school-reentry-poster-do-not%20enter.pdf>
- lii <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/ipachub-additional-precautions-signs.pdf?sfvrsn=0>
- lii SMDHU. Outbreak Resources ([simcoemuskokahealth.org](https://www.simcoemuskokahealth.org)). October 2022.
- lii <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/reportable-diseases/disease-of-public-health-significant-reporting-form.pdf?sfvrsn=0>
- lii O. Reg. 246/22. ss. 269. (1), (b).
- lii https://www.publichealthontario.ca/-/media/documents/ncov/ltrh/2020/11/covid-19-outbreak-cohorting-ltrh.pdf?sc_lang=en#:~:text=Overview%20of%20Cohorting%20During%20a%20COVID%20D19%20Outbreak&text=Residents%20are%20to%20remain%20physically,those%20within%20the%20same%20cohort.&text=Staff%20should%20remain%20in%20a%20single%20cohort%20per%20shift
- lii O. Reg. 246/22. ss. 269. (1).(d).
- lii <https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf>
- lii O. Reg. 246/22. ss. 269. (1).(e).
- lii <https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/nsm-lhin-resp-gastro-outbreak161215-transfer-repatriation-guiding-document-no.pdf?sfvrsn=0>
- lii O. Reg. 246/22. ss. 268. (6).
- lii O. Reg. 246/22. ss. 269. (1). (c).
- lii O. Reg. ss.268. (4) 6.
- lii https://www.publichealthontario.ca/-/media/Documents/A/2021/auditing-ppe-use-health-care-form.pdf?rev=ae9f3a2317954ca9a53f3d9901d9c8f0&sc_lang=en
- lii PHO's COVID-19: Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes. <https://www.publichealthontario.ca/-/media/Documents/I/2023/ipac-self-assessment-audit-tool-ltrh.pdf>
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- lii O. Reg. 246/22. ss. 268. (6).
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- lii O. Reg.246/22. ss.268. (9).
- lii O. Reg.246/22. ss.268. (9)
- lii O. Reg. 246. s.115. (1)1.
- lii O. Reg.246/22. ss.268. (13) (c).
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- lii O. Reg.246/22. ss.268. (13)(a).
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Manual: Emergency	Approved by: Infection Prevention and Control Practitioner	Emergency Plan: Code Silver	PLAN #: EMERG - I - 10a
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Reviewed: Dec/23, April/25			

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lxxxix O. Reg. 246/22. ss.268. (14) (a)(b).

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xei FLTCA ss.82. (6).

xcii FLTCA. ss, 82. (3).

xciii O. Reg. 246/22. s.260.

xciv O. Reg. 246/22. ss.260. (1).

xcv O. Reg. 246/22. ss.268. (14) (a)(b).

xcvi O. Reg. 246/22. ss.260.(3).

xcvii O. Reg. 246/22. ss.260. (3)(b).

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cxii MOH. https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/LTCH_RH_guidance_PHU.pdf Appendix E-Algorithm for Admissions and transfers for Long-Term Care Homes and Retirement Homes.

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