

Outbreak Management Role and Responsibilities – By Service Influenza-like Illness (ILI) Outbreak

1. Initial Response – Suspected Outbreak

Outbreak Lead (PCC/RCC/Manager or Delegate)

- ❑ **Place all patients/residents with influenza-like symptoms on Droplet & Contact Precautions:**
 - New or worsening cough, and
 - Fever > 38°C, or a temperature that is abnormal for that individual
 - Additional symptoms including aching of muscles and joints, collapse/weakness/extreme fatigue or tiredness, sore throat, headache.
- ❑ **VCH owned and operated facilities, notify:**
 - **Mon-Fri, during regular office hours, [your Infection Control Practitioner \(ICP\)](#)**
 - **After regular office hours and statutory holidays:**
 - VA & Coastal Acute Sites: Medical Microbiologist on call 604-875-5000
 - Richmond Acute: Pathologist on call 604-278-9711
 - Long Term Care: Medical Health Officer on call 604-527-4893
- ❑ **[Collect viral nasopharyngeal swabs](#)** on up to 6 patients/residents with symptom onset within the past 72 hours (or as directed by IPAC/Med Micro/MHO or delegate)
- ❑ **Alert Stores** that additional hand hygiene products, gloves, gowns, eye protection and masks will be required.
- ❑ If after hours, alert housekeeping (regular hours ICP will contact housekeeping)
- ❑ **Start line listing** of only those [patients/residents](#) & [staff](#) who fit clinical/microbiological definition.¹
- ❑ **Implement strategies to prevent or manage dehydration** (Vancouver Community Residential Care sites, Richmond and Coastal sites)
 - Remind staff about risks of dehydration during outbreak episodes.
 - Identify at risk residents: inform dietitian, pharmacist and MRP.
 - Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit
 - Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate.
 - Follow [Early Detection and Prevention of Dehydration in older adults](#) guide

Infection Prevention and Control (IPAC)

- ❑ **Review patients/residents on line list** to ensure they meet clinical case definition.
- ❑ **Report suspect outbreak to the Infection Control Officer (ICO) & Medical Health Officer (MHO)**
- ❑ **Advise [specimen collection](#)** on up to 6 suspect clinical cases or as per ICO direction.
- ❑ **Ensure proper set up of precautions** instituted: Signage, PPE, hand hygiene stations, AHP wipes, soiled linen hampers, garbage, and special separation.
- ❑ **Ensure all patients/residents with Influenza-like symptoms are on Droplet & Contact Precautions**
- ❑ **If a patient in a multi-bed room tests positive, move to private room if possible and place roommates on Droplet & Contact Precautions for 3 days.**
- ❑ **Complete and send [Enhanced Cleaning Request Form](#)** to Environmental Services
- ❑ **Collaborate with MHO/ICO** as necessary.

¹ Clinical case definition: (i) New or worsening cough, AND (ii) Fever >38C, or temperature that is abnormal for that individual, (iii) Additional symptoms including aching of muscles and joints, collapse/weakness/extreme fatigue or tiredness, runny nose, sore throat, headache.

2. Outbreak Declared

Outbreak Lead (PCC/RCC/Manager or Delegate)

- ❑ **Close indicated unit(s) to admissions and transfers** as per instructions from IPAC/Medical Health Officer (MHO)/Med Micro/Delegate.
- ❑ **Notify all department leads** that they are to follow their outbreak guidelines for all areas
- ❑ **Notify Priority Access** to restrict admissions/transfers as directed
- ❑ **Arrange for notification of non-facility staff, professionals, and allied service providers of the outbreak.** Provide only essential therapeutic services, use appropriate personal protective equipment (PPE) and follow infection prevention and control measures.
 - Notify housekeeping, food services and laundry that the facility has an influenza outbreak so that department-specific outbreak management protocols are initiated (e.g. Close kitchen; arrange bedside meal tray service).
 - Notify other service providers such as volunteers, clergy, Handy DART, oxygen service, BC Ambulance, paid companions, students, and others of any outbreak control measures that may cancel or affect their provision of service.
 - Notify any facility that would have admitted a resident from you within the past 72 hrs that you have an ILI outbreak.
 - Notify family of patient/resident of outbreak and potential risk. Limit visitors as much as possible.
- ❑ Arrange for [outbreak signage](#) to be posted on the doors of Facility/Unit entry ways.
- ❑ Assemble **hand hygiene & mask stations at entrances.**
- ❑ **Restrict or limit visitors** as appropriate. Ill visitors should not visit. Visitors should visit only one patient/resident.
- ❑ **Liaise with pharmacy and patient/resident MD or delegate MD to arrange for administration of antivirals to patients/residents on affected unit.**
 - Refer to [pre-printed orders for influenza outbreak](#) Search “influenza” within your community of care PPO repository. **Weights and recent creatine level required, refer to PPO**
 - Long term care pre-season planning to include preparation for timely administration of antivirals
- ❑ **Implement strategies to prevent or manage dehydration** (Vancouver Community Residential Care sites, Richmond and Coastal sites)
 - Remind staff about risks of dehydration during outbreak episodes.
 - Identify at risk residents: inform dietitian, pharmacist and MRP.
 - Contact Central food Services (Sodexo) to supply extra water/juice jugs to residents on the unit
 - Consider reviewing diet order request: e.g. add extra fluids to meal trays or switch to full fluid diet as appropriate.
 - Follow [Early Detection and Prevention of Dehydration in older adults](#) guide
- ❑ **Cancel all group activities** ([Checklist for Management of ILI Outbreak, see p. 4](#)).
- ❑ **Maintain line list for all symptomatic staff** and fax daily to Infection Prevention and Control
- ❑ **Ensure all staff report workplace absence to Workforce Scheduling Services** ([Absence Call Line](#)). Staff with ILI symptoms should also report to their manager or delegate. Manager may contact Workforce Scheduling Services to redirect absence reports (email or phone call) for the duration of the outbreak to facilitate compilation of the staff line list.
- ❑ **Staff working between outbreak and non-outbreak facilities will be at the discretion of the MHO.**
- ❑ Review immunizations and offer vaccine to those staff not yet immunized. Unimmunized staff must wear a procedure mask in patient care areas for the duration of the outbreak.

- ❑ **Cohort staff to work only in affected area, where resources permit.** When not possible, start in non-outbreak area and finish work day in outbreak area. Avoid going back and forth between.
- ❑ **Cohort staff** to have breaks separate from staff in unaffected areas (where possible)
- ❑ **Limit traffic flow** between affected and non-affected areas within a facility.
- ❑ **Ensure communication of Droplet & Contact Precautions** when patient must go off the ward for medical purposes. Alert the receiving area in advance
- ❑ **Arrange daily teleconference** with key stakeholders, IPAC may assist as needed. Continue daily meetings until considered no longer required by stakeholder group.
- ❑ **Post daily Outbreak Report sent by Infection Prevention and Control in area accessible to all unit staff**
- ❑ **Maintain [patient/resident line list](#) and fax daily to Infection Prevention and Control.**
- ❑ Schedule regular staff huddles to reinforce key messages: hand hygiene, PPE use, cleaning & disinfection, cough etiquette, monitoring for new cases
 - **Brief staff on assisting with cleaning patient/resident hands** before eating meals and after using toilet if unable to manage independently.
 - **Remind staff regarding vigilance with hand hygiene processes.**
 - **Remind staff to clean own work surfaces** (with AHP wipes) and keyboards (with alcohol wipes) every shift.

Infection Prevention and Control

- ❑ **Complete and send [Enhanced Cleaning Request Form](#)** to Environmental Services if not already done at suspect stage. Include EVS on daily Outbreak Report.
- ❑ **Daily rounds** to ensure all Infection Control measures are in place.
- ❑ **Attend staff huddles, provide outbreak education as needed**
 - ❑ Review and demonstrate cleaning & disinfection technique
 - ❑ 4 moments for hand hygiene, ABHR as preferred method unless hands are visibly soiled or dealing with *C. diff*, patient/resident hand hygiene
 - ❑ Review and demonstrate PPE donning & doffing technique
- ❑ **Daily review of line listing** to confirm all patients/residents line listed meet clinical or confirmed case definition.
- ❑ **Attend daily outbreak meeting/ teleconference, assist with coordinating/scheduling as needed.**
- ❑ **Initiate, maintain and distribute [Daily Outbreak Report](#).** Distribute widely, ask outbreak leader for facility/unit distribution list as required, include: facility department leads, administrators, PCC/RCC, unit educator, Pharmacy, EVS, Food Services, Laundry, Stores, Facilities and Maintenance Operations, Workforce Scheduling Services, VCH Workplace Health & Safety, Medical Health Officer, Infection Control Officer, Allied Health, Security, Communications.
- ❑ **Maintain Outbreak Database.**
- ❑ **Follow all laboratory specimens** sent for results, communicate with Medical Microbiologist to expedite testing as required.
- ❑ **Communicate specimen results to Unit/Facility Outbreak Lead** as soon as results available
- ❑ **Log specimen results** in Outbreak Database.
- ❑ **Liaise at least daily with Unit/Facility Outbreak Lead** or manager.
- ❑ **Determine when outbreak is over in consultation with ICO/MHO (two incubation periods, 6 days, following last symptom onset).**
- ❑ **Arrange follow-up education sessions** as required with Patient/Resident Care Coordinator/Manager.
- ❑ **Coordinate debrief on outbreak conclusion.**

Pharmacy

- ❑ **Request resident weight** list from affected unit.
- ❑ **Insure preprinted orders completed** for all affected residents/patients (treatment OR prophylactic dose).
- ❑ **Review resident creatinine levels received** from unit
- ❑ **Prepare and distribute patient/resident Tamiflu** to unit.
- ❑ **Attend daily outbreak meeting /teleconference.**
- ❑ **Follow all infection control signage** posted on unit. **Exercise vigilance with hand hygiene.** Unimmunized staff must wear mask in patient care areas for duration of outbreak

Environmental Services

- ❑ **Follow regional enhanced cleaning protocol.**
- ❑ **Representative to attend outbreak teleconference or liaise daily with Infection Control** and management team.
- ❑ **Maintain log of any symptomatic workers.**
- ❑ **Ensure that staff do not come to work ill**, and do not return until 5 days post onset or symptom-free (whichever is longer), if they have been affected.
- ❑ **Ensure staff wear required PPE:** masks and eye protection within 2 meters of the patient/resident, gown and gloves. Unimmunized staff must wear mask in patient care areas for duration of outbreak.
- ❑ **Ensure staff are vigilant with hand hygiene.**

Food Services

- ❑ **Representative to attend Outbreak teleconference or liaise daily with Infection Control** and management team.
- ❑ **Food services delivers tray to unit (but does not enter patient/resident room). Unit staff deliver tray to patient/resident.**
- ❑ **Maintain Log of any symptomatic workers.**
- ❑ **Ensure that staff do not come to work ill**, and do not return until 5 days post onset or symptom-free (whichever is longer) if they have been affected.
- ❑ **Ensure staff are vigilant with hand hygiene** processes. Unimmunized staff must wear mask in patient care areas for duration of outbreak

Physiotherapy and Occupational Therapy

- ❑ **Ensure all multi-patient use physiotherapy equipment, and surfaces have been thoroughly cleaned and disinfected using hospital approved products.**
- ❑ **Close gym** for duration of outbreak.
- ❑ **Self-monitor for signs and symptoms of infection, and call Workforce Scheduling Services [Absence Call Line](#) to report any related illness**
- ❑ **Ensure that staff knows not to come to work ill** and not to return until 5 days post symptom onset or symptom free (whichever is longer) if they have been affected
- ❑ Use [Infection Control Point of Care Risk Assessment](#) principles in arranging patient/resident workflow:
 - Whenever possible limiting work to **either** a non-affected unit, **OR** an affected unit, but not both,
 - If required to work multiple units, begin day by working on unaffected areas first, and finish day on the affected unit.
- ❑ **Wear PPE as per Infection Control signage** posted for each patient/resident. Unimmunized staff must wear mask in patient care areas for duration of outbreak.
- ❑ **Ensure vigilant hand hygiene** and assist patient/resident with hand hygiene.