

# Apotex 3EI Influenza A Outbreak

## Preliminary Control Measures

### CASE DEFINITION

Any client or staff with at least two symptoms compatible with Influenza A, with or without lab-confirmation;

### SURVEILLANCE

1. Test new clients presenting with any one symptom compatible with Influenza;
2. Initiate daily active surveillance for clients (IPAC) and staff (OHS);

### SIGNAGE AND ADDITIONAL PRECAUTIONS

3. Place active cases on Droplet/Contact Precautions with signage on the doors;
4. Post a printed copy of the Control Measures at the nursing station;
5. Maintain universal use on *procedure masks* for staff/physicians/caregivers/etc. on the affected floors;

### OSELTAMIVIR PROPHYLAXIS

6. Administer Oseltamivir prophylaxis to all consented clients, including new admissions, regardless of their influenza immunization status, within 6-12 hours of declaring the outbreak;
7. Provide Oseltamivir prophylaxis to unvaccinated staff/physicians, as per TPH algorithm;
8. Do not send staff/physicians home, if there are delays with administration of Oseltamivir prophylaxis;
9. Exclude unvaccinated staff/physicians who refuse Oseltamivir prophylaxis from working during the outbreak. OHS to review these on a case-by-case basis, if needed;
10. Do not include essential caregivers/visitors in antiviral prophylaxis initiatives;

### ACCOMMODATION, COHORTING & ROOM RESTRICTIONS

11. Restrict active cases to their rooms for the duration of precautions;
12. Use dedicated mobile equipment in the rooms of active cases, when possible;
13. Disinfect mobile equipment that cannot be dedicated, using disinfectant wipes;

## **APPOINTMENTS, LEAVES OF ABSENCE & GROUP ACTIVITIES**

14. Determine whether clients' medical appointments should be kept, at the discretion of the care team;
15. Schedule appointments end of day, if possible. Notify transport personnel and the receiving facility;
16. Reschedule non-urgent medical appointments and absences. Urgent appointments may continue with precautions;
17. Provide all clients who leave the home with a mask and inform them of the risk of transmission;
18. Organize recreational group activities for 4-5 well clients at a time only in the TV lounge and/or dining room;
19. Schedule recreational group activities at end of day and after activities for non-outbreak units;
20. Restrict clients from the outbreak unit from participating in any communal recreational group activities taking place outside the unit;
21. Communal dining can continue for well residents (1 client per table if feasible);

## **ADMISSIONS, RE-ADMISSIONS, TRANSFERS, DISCHARGES**

22. Discontinue new admissions to the affected unit;
23. Coordinate inter-facility transfers with Toronto Public Health. Notify the receiving facility;

## **STAFF AND PHYSICIANS**

24. Restrict active staff/physician cases from the unit until cleared by OHS;
25. Permit healthy staff to work between affected and unaffected units;

## **PRIVATE & ESSENTIAL CAREGIVERS, STUDENTS, VOLUNTEERS, AND VISITORS**

26. Restrict confirmed/suspected caregiver/visitor cases until symptom improvement or 5 days from the onset, whichever is longer;
27. Communicate outbreak control measures to essential caregivers and general visitors (huddle, copy of control measures posted at the nursing station, etc.);
28. Permit healthy essential caregivers and general visitors, including for active client cases, and leave immediately after visit;
29. Permit healthy essential caregivers and general visitors to visit multiple clients provided that suspected/confirmed cases are visited last and proper PPE is used;
30. Permit students to work on the affected unit and with confirmed/suspected cases;
31. Permit students to only work on either affected or unaffected units;
32. Permit immunized volunteers to work in the affected unit for the duration of the outbreak;

## **ENVIRONMENTAL SERVICES**

33. Perform daily enhanced cleaning/disinfection in the rooms of active cases;
34. Perform a terminal cleaning upon discontinuation of precautions.