

**CHECKLIST for MHSU Residences when there is a
Outbreak* due to RESPIRATORY ILLNESS**
**SUSPECT OUTBREAK DEFINITION: 2 or more clients and/or staff with a
new or worse cough in the MHSU residence in a 7-day period**

A. How to start and assess response

- Activate your Response Team (in keeping with your [preparedness plan](#) call together your team to respond to the Outbreak-see [contact list template](#) as summarized in the following CHECKLIST
- Develop a plan of action and determine roles and responsibilities of each party

B. Who should be notified and When? – [See Algorithm for Respiratory Outbreak](#)

- MHSU Case Manager **when** cases first start to appear
- Any health care facility institution that may have admitted a client from you within the past 72 hours to advise them of illness in your residence
- Support Services –(i.e. housekeeping, volunteers, visitors, other interdisciplinary team members-)
- For CRESST and LICENSED SITES ONLY: Notify MHSU Infection Prevention and Control (IPC) Specialist during business hours (Monday to Friday from 0800-1600) and for additional support as needed. As there is no after-hours IPC support please use Outbreak Toolkit for guidance and inform IPC Specialist on next business day.
- For UNLICENSED SHARP SITES: There is no IPC Support during business hours, after-hours, during weekends and holidays, please use this Outbreak Toolkit for guidance.

C. What should be done for clients who are ill (symptomatic)?

- Maintain ill clients in their rooms on **droplet/contact precautions**. Ensure that **precautions** are used by workers/volunteers during contact with **ill** residents/clients (hand hygiene and the use of personal protective equipment such as procedure masks, gloves or gowns as deemed appropriate for the situation)—[See droplet /contact precautions poster.](#)
- Remove personal protective equipment on leaving room of ill client and perform hand hygiene. [See how to remove PPE](#)
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients
- Arrange for meals to be brought to ill clients' rooms and for extra laundry and housekeeping services
- Consult with client's clinician to address medical concerns
- Check on clients more frequently
- Advise that ill clients not take part in social and recreational group activities

D. What resources/changes in practice are needed?

- Begin daily recording of incidents of [client illness](#) and [staff illness](#) on Illness Tracking Logs.
- Review and ensure that droplet/contact precautions are in place as indicated and signage appropriately posted
- Check stock of any needed supplies, plan for regular inventory check, refresh and re-order as needed
- Ensure routine cleaning, disinfection, laundry and waste management occur. Initiate enhanced cleaning – see [enhanced cleaning checklist](#).
- Post, review and implement recommendations contained in Work Duty specific with Staff and Contractors. [See Guides for Client Care, Housekeeping, Laundry](#)

E. What should be done for clients who remain well?

- Provide education about:
 - [Hand hygiene](#) and respiratory etiquette. [See related tools.](#)
 - [Visitors and Family](#) should be made aware of the outbreak and visit only one client, perform hand hygiene and follow precaution signage
 - Self-reporting of symptoms to staff if clients become ill
- Ensure educational posters/signage in common areas (may include provision to individual rooms)
- Identify means for hand hygiene. Placement of [alcohol based hand rub](#) (ABHR) based on risk assessment.
- Ensure there are gowns, gloves ,mask and eye protection available-[see supply list](#)
- Advise new clients of prevention and control measures
- Offer and make available influenza vaccine for unimmunized clients – see [client influenza vaccination record](#)
- Clients sharing rooms with ill roommates should be educated and assisted to practice hand hygiene prior to leaving the room.
- [Soap and water](#) or [alcohol-based hand rub](#) are acceptable methods of hand hygiene to prevent spread of respiratory viruses.

F. What should be done for well workers/volunteers?

Remind about availability of influenza immunization. See Influenza Control Policy
<http://www.fraserhealth.ca/professionals/resources/influenza/influenza-policy>

- Provide educational posters in appropriate areas
- Provide ABHR in staff areas or personal size ABHR.
- Provide education about [hand hygiene](#) and [respiratory etiquette](#)
- Remind workers/volunteers to self- monitor for symptom development and stay at home and notify management **if** symptoms of respiratory illness develop

G. What should be done for workers/volunteers who are ill?

- Advise ill workers/volunteers (including contractors) to exclude themselves from work until symptoms are resolved **or** five days after onset of illness, whichever is sooner

H. What should be considered for workers who go into clients' rooms/work with well clients?

- Consider restriction on movement of workers from rooms or areas with respiratory illness to rooms or areas without respiratory illness
- As per [routine practice](#), provide gowns and gloves, masks and/or eye protection for workers when hands or clothing come in contact with blood or other body fluids
- Ensure hand hygiene is done after removing gloves
- Ensure hand hygiene is done between contact with different clients

I. What should be considered about group activities/functions/services (for example, movies, parties, trips, hairdresser visits, exercise room use, etc.)?

- Advise that ill clients not take part in social and recreational group activities until symptoms are resolved **or** five days after onset of illness, whichever is sooner
- If more than a few clients are ill, and especially if spread of illness within the residence is the likely explanation, assess the appropriateness of social and recreational group activities. *(Cancellation of all group activities would be a very unusual measure and would not be appropriate in most situations. Consideration of alternative arrangements or postponement may be prudent if many clients are ill and spread of illness within the residence is the likely explanation)*

J. What advice/information should be given to visitors?

- If more than a few clients are ill and especially if spread of illness within the residence is the likely explanation, provide signs at entrances and common areas notifying family members and other visitors of respiratory illness
- If more than a few clients are ill, advise visitors that they should limit the number of clients they visit to one room or area
- Advise visitors that they should not visit other clients after visiting an ill client
- Enhance education about hand hygiene and respiratory etiquette. Provide educational posters in common areas
- Provide means for hand hygiene. Placement of ABHR should be made based on a risk assessment
- Advise visitors that they should not visit if they are ill with acute respiratory illness. Ask them to postpone their visit until they are well (until symptoms are resolved **or** five days after onset of illness, whichever is sooner for viral respiratory illness)

K. What to consider about moves to and from other residences, facilities or hospitals

- Inform the hospital if a client who is ill with respiratory illness signs and symptoms is being taken to hospital
- Inform the hospital of the facility outbreak status when transferring any client.
- If transfer to a residential care facility or another MHSU setting is essential, notify the receiving setting about the Outbreak in your residence before the client moves
- Notify BC Ambulance of the Outbreak or other transport personnel when called to transport an ill client
- Readmission of clients from acute care facilities can proceed.
- Admit new clients based on a risk assessment in consultation with the Infection Prevention and Control Specialist.

L. When there are continued cases

- Review the appropriate ["Evaluation for problem solving when control measures are failing"](#)
- Review toolkit to ensure all measures are in place.
- Consult with MHSU Infection Prevention and Control Specialist during business hours ONLY (Monday to Friday from 0800-1600)

M. What needs to be done when declaring Outbreak Over (in Consultation with Infection Prevention and Control Specialist)

- Lift control measures and return to normal activities the 8th day following onset of illness for Clients, or 3 days for staff.
- Refresh any kits/supplies as needed –see [supply list](#)
- Evaluate response measures and amend response plan for future incidents as needed, based on evaluation