

# Outbreak Management

## A Toolkit for the Management and Control of Communicable Diseases in Residential Care Facilities



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**Note:** *At the time of posting this document it is current as of April 1, 2021. This Outbreak tool kit maybe updated from time to time, so please frequent this site for the most current version*

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## Section 1: About this Toolkit

### Purpose

Across the province, residential care facilities are home to thousands of Saskatchewanians belonging to high-risk populations. Many of these residents are more susceptible to acquiring communicable diseases, such as influenza, and have a higher risk of exposure due to more frequent interactions with others. Residents may also be more susceptible to complications due to increased frailty and high prevalence of underlying chronic health conditions.

*The Toolkit for the Management and Control of Communicable Diseases in Residential Care Facilities in Saskatchewan* has been developed to support residential care service providers to prepare for, and manage, outbreaks. This resource is intended to provide information on how best to prevent outbreaks, identify illness early, and outline steps to prepare for and manage outbreaks in an effective manner.

Sample templates are included to develop policies and procedures and ensure your facility is prepared in the event an outbreak should occur.

This toolkit is designed to provide general guidance only. You should always follow any advice, guidelines, recommendations, directives or other direction of the local public health unit, the Saskatchewan Health Authority, and the Ministry of Health.

**In some cases, your facility may be subject to additional reporting or contractual requirements. If you are unsure of these requirements, or you have questions or require additional clarification, please reach out to your contact.**

## Roles and Responsibilities

In Saskatchewan, *The Public Health Act, 1994* and its regulations are the statutory basis for the reporting, investigating and controlling of communicable diseases in the province. The Act and Regulations outline the roles and responsibilities of individuals and agencies as they relate to communicable disease control. Additional legislation and/or regulations may apply to your facility.

Here is an overview of some of the roles and responsibilities of stakeholders in regard to communicable diseases:

**Individuals** – have a responsibility to seek timely medical attention when ill, follow through on treatment recommendations, and take reasonable measures to reduce the risk of infecting others.

**Physicians and nurses** – see clients when they have a health concern and are required to report to the local Medical Health Officer regarding known or suspected cases.

**Medical Health Officers** – are responsible for the control of communicable diseases in their jurisdiction and are physician specialists who work within the Saskatchewan Health Authority. A Medical Health Officer is a designated public health officer who has specific responsibilities under The Public Health Act. A Medical Health Officer declares an outbreak and declares when an outbreak is over. They also oversee surveillance activities of the Saskatchewan Health Authority, analyze trends, and plan with others to ensure that health hazards are minimized, and population health and well-being maintained or improved. They are the physician for the community and the population is their “patient”.

**Saskatchewan Health Authority** – responsible for the provision of publicly-funded health services in the province. Receives, reviews, and manages reports of communicable diseases.

**First Nations Health Agencies** – work with First Nations organizations and communities within their jurisdiction to carry out health promotion activities. Responsible for the coordination and public health follow up of individual cases and contacts that reside in First Nations communities.

**Ministry of Health** – coordinates the development of provincial standards, policies and procedures for the prevention and control of communicable diseases and conducts ongoing surveillance. Provides vaccines and some medications for the prevention and control of specific communicable diseases. Provides linkages to other provinces and jurisdictions and reports nationally notifiable communicable diseases for national surveillance purposes.

**Roy Romanow Provincial Laboratory** – provides testing to assist in the diagnosis, treatment, and confirmation of communicable diseases.

**Public Health Agency of Canada** – promotes and protects the health of Canadians through leadership, partnership, innovation, and action in public health. Includes departments such as the National Microbiology Laboratory, Center for Emergency Preparedness and Response, Center for Infectious Disease Prevention and Control, and the Pandemic Preparedness Secretariat.

**Residential Care Facilities** – administrators of congregate living environments provide a living environment that actively supports the prevention and control of communicable diseases, and are prepared to effectively respond in the event of an outbreak.

## Section 2: Being Prepared

This section provides information on how best to prepare for an outbreak/pandemic. This information will help you organize your residential care facility and ensure staff and residents are informed and prepared. Your preparedness plan should include the following components (a Preparedness Checklist is available in Appendix A):

### 1. Structure for Planning and Decision Making

Set up a facility-level incident management team. Work through a number of scenarios to inform your planning and response to an outbreak. This team ensures coordination and communication to assist in containing an existing outbreak, and to reduce the risk of further transmission of the infection to clients, residents, staff and the community.

The role of the team is to:

- Ensure the appropriate authorities are contacted (Saskatchewan Health Authority, Ministry of Health, and/or other authority).
- Ensure communication to physicians, family, staff and the community is timely and accurate.
- Ensure that Routine Practices are in place and are understood and adhered to.
- Develop strategies to handle specific facility situational issues or concerns that may arise during an outbreak.
- Evaluate the effectiveness of actions taken.
- Teams may look different depending on the size of the facility and number of staff you have. You may consider including:
  - » The Facility Manager/Director of Care.
  - » Care staff, environmental services staff, and dietary staff.
  - » Human Resources/Scheduler.
  - » Someone to handle communications.

Your team members should be assigned specific tasks during an outbreak. Everyone should understand their role and responsibilities to ensure an outbreak is identified and managed in a timely manner.

Sample tasks might include:

- Facility Manager/Director of Care
  - » Understand under what circumstances an infectious illness must be reported to the Saskatchewan Health Authority (Public Health), the Ministry of Health, or other authority.
  - » Inform the Saskatchewan Health Authority (Public Health) of the cluster of symptoms.
  - » Reinforce Routine Practices and implement additional precautions as dictated by the situation.
  - » Once an outbreak is declared, post appropriate signage throughout the building as dictated by the type of outbreak.
  - » Decide if an Outbreak Management Committee should be struck and plan for daily huddles.
  - » Ensure the outbreak is being monitored, and provide updated information to the

- Saskatchewan Health Authority (Public Health) or the Ministry of Health, if required.
- » Ensure a communications process is in place for nursing staff, physicians, families, and visitors.
- » Ensure staff are aware of any Public Health Orders that may impact staffing, services or supports.
- » Ensure adequate Personal Protective Equipment (PPE) and other supplies (hand sanitizer, cleaning supplies, etc) are on hand and are replenished as required.
- » Manage applicable visitor restrictions over the duration of the outbreak.
- Care staff, environmental services staff, and dietary staff
  - » Designate participants in daily huddles and ensures other staff are informed.
  - » Liaise with the Facility Manager/Director of Care to ensure important information is shared.
- Human Resources/Scheduler
  - » Be aware of minimum staffing requirements to safely meet resident care needs.
  - » Be aware of any Public Health Orders that impact staffing (ie staff cohorting).
  - » Review current staffing needs and determine increased staffing needs should an outbreak occur.
  - » Have a rapid hiring plan prepared.
  - » Communicate with the Facility Manager/Director if there are concerns regarding the facility's ability to meet staffing needs.
- Someone to handle communications
  - » Develop a communications strategy for an outbreak situation.
  - » Draft sample letters to families and visitors.
  - » Ensure posters and other informational materials are on hand.
  - » Ensure effective communication with staff, residents, families, and visitors.

## 2. Written Outbreak/Pandemic Plan

Every residential care facility should have a plan in place for protecting residents, staff, and visitors from outbreaks. The plan should:

- Identify the organizational structure (i.e., line of authority, function, and assignment of responsibility) that will be used to operationalize the plan.
- Assign responsibility for monitoring provincial and national public health advisories through [www.saskatchewan.ca](http://www.saskatchewan.ca), and updating members of the Outbreak Management Committee when cases of outbreaks are reported in Canada and the province.
- Include a system for monitoring and reporting **infectious** illness in residents and staff. Tracking illness trends during seasonal influenza **and for pandemic** organisms any time of year, will ensure that organizations can detect pressures that may affect operating capacity, including staffing and supply needs. Reporting illness early, and in a consistent manner, ensures that health care facilities and public health authorities have the information they need to prevent and control the spread of infectious illnesses.

- A process for inter-facility transfers that includes notifying personnel and receiving homes about a resident's suspected or confirmed infection status.
- Protocols for admissions and transfers during an outbreak.
- Identify which services will be maintained, and which are likely to be reduced, during an outbreak.

The following sections will help you to consider components of your outbreak/pandemic plan. Use the Preparedness Checklist (Appendix A) to help you with this process.

### **3. Communications Strategy**

#### **Staff and Resident information**

Ensure staff and resident contact information is up to date. This is important to ensure service providers are prepared to quickly communicate with staff and families. In the event of an outbreak, updated information also facilitates communication with health care providers and Public Health, if required. Ensure management and designated staff know where to find this information.

Current staff lists, including:

- Date of birth, Health Services Number, email, cell phone number.
- All facilities where the staff members are currently working (i.e., hospitals, home care agencies, personal care homes, group/residential homes, and long-term care facilities).

Updated resident information:

- Resident's medication.
- Family physician contact.
- Family and substitute decision-makers' contact information (ie. phone, cell and email).
- Advance care plans developed with resident/substitute decision makers.

#### **Communicating with Staff**

Establish a process to communicate as a team, should an outbreak occur. Provide frequent updates and include all staff. Prepare memos ahead of time, using the communication tools provided in Appendix B.

Encourage all staff to monitor the outbreak situation and develop a process for communicating information to management. Clarify the process (who and how) to escalate urgent clinical issues, during regular business hours and after hours.

Ensure all staff are aware of contact numbers in case further information or direction is required.

#### **Communicating with Residents and Families**

Establish a process to communicate symptoms and outbreaks to residents and families, and appoint a contact person to liaise with families during this time. Prepare the message you will give using the communications tools provided in Appendix B.

#### **4. Education and Training Plan for staff and management**

Implement facility-wide outbreak management response training. This training should involve more than memos or written procedures, and may include scenario-based training that covers the following:

- Review the signs and symptoms of respiratory, including pandemic organisms and enteric illness.
- Review what to do if a resident is sick with respiratory or enteric illness.
- Discuss how staff can keep themselves, residents, and their families safe.
  - » Stay home/stay in their room if sick.
  - » Get vaccinated against Influenza every year (and COVID-19 as recommended).
  - » Practice good hand hygiene.
- Ensure staff can ask questions and express concerns.
- Establish and communicate care protocols. This should enable all staff to know exactly what steps should be taken once symptoms are present. Consider making a visual handout for staff. This should also include clear, detailed steps for staff to follow if the outbreak occurs after-hours, and how to safely transport residents within the facility, if required.
- Discuss scenarios specific to your facility. For example, if you have semi-detached rooms and isolation procedures are required, how would you isolate residents?
- Sample facility-based scenarios can be found in Appendix C.

In addition, you should ensure all staff are trained on how to properly don and doff PPE. Do this using the buddy system, and practice different scenarios. More information can be found in Appendix D.

#### **5. Informational materials for staff, residents and visitors**

Have posters and other informational materials available to distribute and display, such as:

- 811 information.
- Visitor policy/restrictions.
- PPE requirements.
- Contact precaution and isolation signs for appropriate residents.
- Handwashing posters.
- Information for donning/doffing PPE for droplet and contact precaution.

See Appendix B & C for samples.

## 6. Management Plan for Residents and Services during an Outbreak/Pandemic

Consider how an outbreak may impact day-to-day operations and the delivery of services within your facility. The extent of impact on regular programs and services will depend on the specific characteristics of the facility, as well as the type and extent of the outbreak.

Consider the following:

- Group/social activities may need to be suspended to limit the spread of the disease. Consider alternate plans for safely providing activities to residents.
- Visitor restrictions may need to be implemented, including non-essential services and volunteers.
- If isolation procedures are required, meals must be delivered to a resident's room. You may want to consider utilizing single use cutlery, cups and plates. If residents require dining support, have a plan in place to provide these additional supports if needed.
- Wear PPE as appropriate (ie. if handling the dirty laundry of a sick person).
- Enhanced cleaning and disinfection protocols may need to be implemented.
- Admissions/transfers may be impacted, depending on the type of outbreak.
- All homes/facilities should follow Public Health's recommendations in an outbreak.

## 7. Infection Control Plan

All congregate living facilities should develop a formal orientation and ongoing education program for all staff, which includes education on infection prevention and control practices. Refreshers should be scheduled once or twice per year. See Appendix C for informational materials to display throughout your facility.

Facilities should also ensure that residents, staff, and visitors (including support workers and volunteers) are educated about their personal responsibility for disease prevention (such as staying away from others if sick, and following proper hand hygiene protocols).

Periodic evaluation and monitoring of staff in adhering to infection control policies and procedures is important.

The following supplies should be readily accessible for residents, staff and visitors at all times:

- Alcohol-based hand sanitizer for hand hygiene in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
- Soap and paper towel for hand washing at all sinks.
- Tissues for residents in common areas with no-touch receptacles for disposal.
- Facemasks for visitors near entrances.
- Signage at entrances reminding visitors who are coughing or feeling ill not to enter.

## 8. Environmental Cleaning

Policies and procedures for environmental cleaning should be established that are:

- Designed to minimize the spread of infection within the setting.
- Attainable and understandable to staff.
- Reviewed regularly and updated as needed.

All staff should be given a suitable amount of time to review policies and procedures for cleaning, as well as Workplace Hazardous Materials Information System (WHMIS) training.

Training for new staff should involve hands-on training that includes shadowing staff members and then performing the cleaning duties under strict supervision. Supervisors must play an active role in staff training and compliance, as well as in the periodic review of policies.

## 9. PPE Supply and Plan to Acquire more, if Needed

Your facility should have a supply of outbreak/pandemic supplies (including PPE) available, and a relationship with a reliable supplier for these products. It is recommended that you have enough supplies for at least 72 hours, as well as access to a supply chain for additional supplies when needed. A PPE calculator to determine the number of supplies needed, can be found on the Saskatchewan Association of Safe Work Places in Health (SASWH) web site at [SASWH.ca](http://SASWH.ca).

Supplies may include:

- Hand sanitizer and liquid hand soaps.
- Disinfectants (including those that would be effective against *C.difficile*, *Norovirus*).
- Gloves.
- Long-sleeved gowns.
- Procedure/surgical masks.
- Eye/face protection.

Your facility should have a process for monitoring supply levels and include a contingency plan for when you experience (or anticipate experiencing) supply shortages. Use a **burn calculator** to help estimate the amount of supplies you should have on hand, based on the number of staff and residents in your home.

N95 respirators are needed if aerosol generating medical procedures are performed on a person **infected** with Covid-19. In order for an N95 respirator to protect properly, staff must be fit tested to determine the correct make, model and size for them.

NOTE: a N95 Respirator must be worn for all airborne infections such as chicken pox, measles, respiratory TB and more (see SHA Public Health Communicable Diseases manual <https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>)

Management and staff should be familiar with situations when an N95 respirators should be used. Contact the Saskatchewan Association for Safe Workplaces in Health (SASWH) for assistance in training and fit testing. More information is available in Appendix F.

In addition, staff must receive education and training on proper hand washing and PPE use. See Appendix C for additional resources.

## 10. Human Resource Planning

Human resource planning is key to maintaining services during an outbreak. You may experience staff shortages and may have to take extraordinary measures to continue providing care for residents.

- Designate one primary lead contact for the staffing needs of the organization and, if available, one back up contact person.
- Review current staffing needs and determine if increased staffing is required in the event of an outbreak.
- Identify minimum staffing requirements to safely meet resident care needs.
- Identify management with clinical skills who may be able to work in a clinical capacity, if required.
- Know who to contact if you are unable to meet staffing needs and have these conversations prior to needing them in an emergency. This may include other private homes within your company, other private providers in your area, and/or the Saskatchewan Health Authority.
- Know the profile of your clients, including family physicians, and keep this information current. Ensure each of the clients in your care have an advanced care directive.
- Know how to contact the next of kin and maintain up to date contact information.
- Be prepared for staff cohorting measures in the event of an outbreak. Cohorting requirements may limit staff to working only within one facility in order to reduce contact and spread of disease amongst facilities.
- Remember that non-essential services and supports, including volunteers, may be restricted during an outbreak.

## 11. Surge Capacity Planning

Unexpected events such as outbreaks of illness or pandemics can create a sudden or unexpected increased need for staff, supplies, or equipment in order to continue providing care to residents. Surge capacity planning allows you to prepare for these events so that you have the ability to respond and meet the needs of those in your care.

Surge capacity includes the 4Ss: staff, stuff, structures and systems. Ensure a plan is in place to meet anticipated demands:

- Staff demands may increase due to staff shortages related to illness or absenteeism in response to other societal disruptions.
- Stuff refers to PPE, equipment and other supplies.
  - » An increase in usage is anticipated during outbreaks, and it is important to ensure employees have the necessary equipment to provide safe care to residents. See Appendix B for more information on proper use of PPE.
  - » Ensure sufficient supply (or access to) specialized equipment such as N95 masks and oxygen concentrators, if required.
  - » Ensure staff are properly trained in how to safely support resident care during aerosol generating medical procedures (AGMPs) if these occur in your setting (see Appendix D).

- » Plans include stockpiling at least one-month of supplies, including prescription and over-the-counter medication; preserved food and bottled water; batteries, radio, flashlights; PPE; cleaning/disinfectant products; alcohol-based hand rub, soaps, etc.; and any additional supplies for unique resident needs.
- » Structures refers to facilities. Is there an ability to separate or isolate residents? Are there structural considerations that can be anticipated and planned for? Scenarios-based planning can help to identify how the work may change in the event of an outbreak.
- » Systems refers to how the facility fits in with other systems. For example, how do your policies and procedures link with the policies and procedures regarding admissions or transfers to other facilities, access to physician or pharmacy services, mental health and addition services, etc.? Anticipate the increased demands that may be experienced in relation to a shift in other services that may be impacted.

## Section 3: Infection Prevention and Control

All congregate living facilities should develop a formal orientation and ongoing education program for all staff, which includes education on infection prevention and control practices. Facilities should also ensure that residents, staff, and visitors (including support workers and volunteers) are educated about their personal responsibility for disease prevention (such as staying away from others if sick, and following proper hand washing protocols and respiratory etiquette).

Remind staff, residents and visitors to:

- Clean hands often with alcohol-based hand rub (ABHR) or soap and water for 15 or more seconds. **Note:** if the outbreak is enteric, handwashing is the preferred method of hand hygiene as ABHRs may not destroy enteric organisms such as *Norovirus* or *C. Difficile*.
- Avoid touching your eyes, nose and mouth.
- Cough or sneeze into the bend of your arm.
- Avoid touching surfaces people touch often.
- Follow social distancing protocols, if required.
- Use any necessary PPE, as directed.
- If staff or visitors are sick – stay home. If residents are sick – stay in their room.

### Routine Practices

Routine practices are the infection prevention and control measures that should be used for routine/daily care of all residents at all times. Routine practices include:

#### Hand Hygiene

Hand hygiene is the most important step in preventing the spread of illness. There are 2 ways to clean your hands:

	Soap and Water	Alcohol based hand rubs (ABHR)
<b>When</b>	Use if hands are visibly soiled and after providing care to a person with vomiting or diarrhea.	Use if hands are not visibly soiled, and soap and water are not available.
<b>What</b>	Warm water and liquid soap from a dispenser (antibacterial soap is not recommended).	60-90% alcohol content. Ensure the product has a DIN or NPN and are within the expiry date (this ensures it is approved by Health Canada).
<b>How</b>	Wet hands with warm water, apply liquid soap. Rub all surfaces of the hands for 15-20 seconds or more, then rinse off. Dry hands with disposable paper towel.	Apply enough ABHR to thoroughly wet hands. Rub all surfaces of the hands for at least 15-20 seconds until dry.

## When to Clean Your Hands

Staff	Residents
<ul style="list-style-type: none"> <li>» Before and after assisting each person.</li> <li>» Before preparing/serving or handling food.</li> <li>» Before feeding someone.</li> <li>» Before preparing medications.</li> <li>» Before and after using gloves.</li> <li>» After cleaning.</li> <li>» After touching animals.</li> <li>» After coughing, sneezing or wiping the nose.</li> <li>» After toileting.</li> <li>» Before touching clean supplies.</li> </ul>	<ul style="list-style-type: none"> <li>» Before eating.</li> <li>» After toileting.</li> <li>» Before and after smoking.</li> <li>» After touching animals.</li> <li>» When visibly dirty.</li> <li>» After coughing, sneezing or wiping the nose.</li> </ul> <p><b>Some residents may require staff assistance</b></p>

### Point of Care Risk Assessment (PCRA)

A point of care risk assessment is a risk assessment you complete as part of your job. It is asking a series of questions before every interaction with residents to determine what PPE you may need to minimize the risk yourself. See Appendix D for more information on PCRA.

Before every interaction with a resident, staff should stop and ask themselves:

- Will my hands be exposed to blood or body fluids, mucous membranes, non-intact skin (e.g., open cuts, sores or rashes) or dirty items?
  - » If yes, wear gloves.
- Will my clothing or skin become soiled from splashes, sprays or contact with dirty items?
  - » If yes, wear a gown.
- Will my eyes, face or mucous membranes be splashed or sprayed with blood or body fluids or will I be within 2 meters (6 feet) of a person who is coughing or who has vomiting/diarrhea?
  - » If yes, wear a mask and eye protection.

### Use of Personal Protective Equipment (PPE)

Staff must have access to the PPE needed to protect them from exposure to blood, body fluids, as well as to prevent them from spreading germs from one person to another. See Appendix D for a burn calculator to estimate the amount of PPE that you should have on hand, based on the number of residents and staff in your home.

Staff must be trained in the correct use of PPE such as when to use PPE, how to wear it correctly (donning), and how to safely remove it (doffing). See Appendix D for more information on proper donning and doffing of PPE.

## Gloves

Gloves are single-use. Use only once, then dispose of them immediately after use. Wear new non-sterile gloves to:

- help protect your hands from contact with blood, body fluids, mucous membranes or non-intact skin (e.g., open cuts, sores or rashes) of residents.
- handle dirty or potentially contaminated items.
- protect your hands if you have non-intact skin (e.g., open cuts, sores or rashes).

Perform hand hygiene before putting gloves on AND immediately after taking gloves off. In addition, you should:

- change gloves between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site).
- not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or when cleaning spills of blood or body fluids.
- never wash disposable gloves or use ABHR on any gloves.

Gloves are not necessary when feeding a resident, touching somebody in a social manner, pushing a wheelchair, delivering meals, handling clean supplies, or providing care to residents with intact skin. In these instances, hand hygiene is more important than gloves.

## Masks/eye protection, face shields

If you need a mask, you also need eye protection (e.g., goggles, face shields). Wear facial protection (mask and eye protection) to protect your mouth, nose and eyes during activities likely to spray or splash you with blood and/or body fluids, or when in close contact (2 meters or 6 feet) with a person who is coughing or has vomiting/diarrhea.

**NOTE:** Exception is when continuous masking is in effect due to a public health order; in such, you do not need eye protection unless **indicated** by a point of care risk assessment.

- Perform hand hygiene before putting on, and immediately after taking off facial protection.
- Proper wearing of a mask includes:
  - » ensuring a snug fit over the nose and under the chin.
  - » molding the metal bar over the nose.
  - » wearing the mask with the moisture-absorbing side closest to the face.
  - » changing the mask when it is wet, dirty or damaged.
- Proper removal after use includes touching only the elastic or ties and performing hand hygiene.
- Prescription glasses do not meet Workplace Health and Safety Regulations for eye protection.
- Avoid touching your mask or eye protection while you are wearing them. If you touch your mask/eye protection, clean your hands.
- Clean and disinfect re-useable eye protection after each use.
- Discard single-use masks and eye protection in waste container.

## **Gowns**

Wear a gown to protect exposed skin and clothing during activities likely to cause:

- splashes of fluids or contact with soiled items or surfaces.
- contact with blood or body fluids (e.g., wound drainage) or when in close contact (2 meters or 6 feet) with a person who is coughing or has vomiting/diarrhea.

Remember to perform hand hygiene before putting on and immediately after taking off a gown.

- Fasten the tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists.
- Never use gowns as housecoats or warm-up jackets.
- Do not wear gowns outside resident rooms or bed spaces unless carrying contaminated items, or when cleaning contaminated items.
- Remove damaged or heavily soiled gowns as soon as possible.
- Do not wear the same gown to care for multiple residents.
- After removing gown:
  - » place in waste container if disposable; or
  - » place in linen bag to be laundered if reusable; and,
  - » perform hand hygiene.

## **Respiratory hygiene (cough etiquette)**

- Cover your nose and mouth with a tissue when coughing or sneezing.
- Tissues are single-use. Use only once, then dispose of them immediately and perform hand hygiene.
- If tissues are not readily available, cough or sneeze into your upper arm or elbow.

## Environmental Controls

### Resident care items, and equipment

- Bring minimal supplies into resident rooms, tub rooms, and treatment rooms. Use disposable equipment when possible.
- Discard items labeled as single-use after use on one resident.
- Dedicate re-useable equipment for a single resident use only, until discharge (e.g., thermometers, blood pressure equipment).
- If reusable equipment cannot be dedicated for a single resident use, clean and disinfect it between patients.
  - » Refer to manufacturer's instructions for equipment-specific cleaning information.
- Do not share personal items (e.g., shampoo, soaps, lotions, razors, nail clippers) between residents.
- Use non-sterile gloves when handling soiled items, equipment, linens (additional PPE, based on PCRA, may also include a gown and facial protection if risk of splash/spray or contact with skin or uniform is likely).
- After residents are discharged, transferred or have recovered from an infectious illness, clean/disinfect reusable equipment, discard single-use supplies that remain in resident's room, and launder unused linens. Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. You may wish to use disposable dishes and utensils.
- Encourage the use of recreational equipment (e.g., toys, shared electronic games) that are nonporous, easily cleanable and able to withstand rigorous cleaning. Ensure these items are scheduled for regular cleaning, with assigned responsibility for the task.

### Laundry

- Linen and laundry should be considered contaminated after use.
- PPE should be worn if staff will be exposed to blood or body fluids or if their skin or uniform/clothing could come in contact with contaminated items. Choice of PPE depends on the level of soiling.
- Handle soiled or used linens with minimal agitation or shaking and place directly in linen bag at point of care, without sorting.
- Remove feces with a gloved hand and dispose into toilet.
- Contain wet laundry by wrapping in a dry sheet or towel to prevent dripping or leaking.
- Wash with regular laundry soap and hot water (60-90°C). Dry well using the highest heat the fabric will allow.
- If using linen bags to transport soiled laundry, launder bag after use. If using baskets or totes, clean and disinfect before placing clean laundry into the basket/tote.
- Remove PPE and clean hands after handling soiled laundry.

## Waste and Sharps Handling

- Wear gloves to remove waste from resident rooms, common care rooms (e.g., resident tub rooms).
- Garbage should be contained in a plastic bag and secured when ready for removal.
- Hold the garbage bag away from the body to prevent contamination of clothing. Take the garbage directly out to the garbage collection area.
- Remember: **New Needle, New Syringe, Every Time!**
- Dispose of sharps immediately after use in puncture-proof biohazard container.
- Do not overfill waste or sharps container.

## Environmental cleaning

- Cleaning and disinfecting are done on a regular and consistent basis.
- Cleaning is the physical removal of soil and debris through the action of wiping with a wet cloth/mop and detergent. Surfaces must be cleaned of visible soil before they can be disinfected as dust, dirt, blood and body fluids interferes with the effectiveness of the disinfectant.
- Disinfection is the inactivation of disease producing germs through the wetting of a surface with a disinfectant solution. Always follow the manufacturer's instructions for use.
- Factors that impact how often to clean and disinfect surfaces are:
  - » Frequency of touch (e.g., items touched often or by many people should be cleaned/disinfected more often).
  - » Likelihood of contamination (e.g., bathrooms are more contaminated than the living room).
  - » If illness or an outbreak is occurring (e.g., germs that spread illness can survive in our environment but cleaning/disinfecting surfaces can remove them).
- Choose cleaning and disinfecting products that have a Drug Identification Number (DIN) from Health Canada.
  - » Outbreaks of gastrointestinal (GI) illness: the viruses that cause GI illness are 'tough' and are resistant to many disinfectants. Effective disinfecting products will state on their label that it is effective against norovirus, Norwalk-like virus, feline calicivirus or murine norovirus. Household bleach is effective if the surface is first cleaned and then a fresh bleach solution of 1000 parts-per-million (5 tablespoons of 5.25% bleach in 4 litres of water) is applied.
- During the cleaning and disinfection process:
  - » follow manufacturer's instructions for disinfection contact time.
  - » only use a clean cloth to enter the cleaning or disinfectant solution. **Do not dip a used cloth into the cleaning or disinfectant solution (double dipping).**
  - » proceed from:
    - o clean areas to dirty areas. Toilet rooms should be cleaned last.
    - o low frequency touch to high frequency touch surfaces.
    - o higher surfaces to lower surfaces.

- Change cloths/mop heads when:
  - » visibly soiled.
  - » no longer wet enough to moisten surfaces.
  - » moving from a dirty area to a clean area.

### **Preventing the spread of illness**

All congregate living facilities should watch for any signs or symptoms of illness. Symptoms of illness among even one staff, visitor or resident can quickly lead to illness in many others if quick action is not taken to stop the spread.

- Staff and visitors should stay home while they are sick.
- Sick residents should rest and remain in their room away from other people until they are well.

<b>Signs and Symptoms of illness</b>	
<b>Influenza-like Illness</b>	Sudden onset of fever and cough with one or more of the following: <ul style="list-style-type: none"> <li>» sore throat</li> <li>» joint pain</li> <li>» muscle aches</li> <li>» severe exhaustion</li> </ul>
<b>Gastrointestinal illness (“stomach bug”)</b>	2 or more episodes of diarrhea and/or vomiting in 24hrs
<b>COVID-19</b>	Fever or any new or worsening respiratory symptoms: <ul style="list-style-type: none"> <li>» cough</li> <li>» shortness of breath</li> <li>» runny nose or sneezing</li> <li>» nasal congestion</li> <li>» hoarse voice</li> <li>» sore throat</li> <li>» difficulty swallowing</li> </ul> Or any new onset of atypical symptoms, including but not limited to: <ul style="list-style-type: none"> <li>» conjunctivitis</li> <li>» chills</li> <li>» muscle aches</li> <li>» nausea</li> <li>» vomiting</li> <li>» loss of appetite</li> <li>» diarrhea</li> <li>» malaise</li> <li>» fatigue</li> <li>» dizziness</li> <li>» loss of taste or smell</li> <li>» headache</li> <li>» shortness of breath</li> <li>» difficulty breathing</li> </ul>

Any resident who has symptoms of illness should be asked to rest and remain in their room, away from other people until they are well. Staff who go in to care for the resident, or clean the room, will need to protect themselves by wearing PPE:

- long sleeve gown.
- mask.
- eye/face protection.
- gloves.

Contact the resident’s health care provider and family to let them know about the illness. If necessary, testing may be arranged to help identify the cause of the illness.

If any of your residents has fallen ill due to a communicable disease, monitor the situation closely and watch for any other people becoming ill.

## Section 4: Managing an Outbreak

An outbreak can occur when more than the expected number of people become sick with the same symptoms. This can happen if an illness begins spreading among the people living in a common space.

Common types of outbreaks:

- Respiratory and Influenza outbreaks (colds, COVID-19 and 'flu')
- Gastrointestinal illness ('stomach bug', Norovirus)

It is important to recognize when illness is spreading and take steps to stop it. Outbreaks can be common in congregate living environments, given the close proximity of residents, some of whom experience increased frailty and/or have underlying chronic conditions. An emphasis on health promotion and outbreak prevention is key, and staff education and communication are essential to the success of infection control measures and outbreak management. See Appendix E for informational materials to display throughout your facility.

As soon as you suspect an outbreak may be occurring, you should:

- Notify your local Medical Health Officer of the situation by calling the Saskatchewan Health Authority (check SHA website for contact information throughout the province).
- Activate your Outbreak Management Team and implement your outbreak plan.
- Contact Public Health to discuss the situation. They will advise if testing is required, or if any further guidance or direction is given.
- Document the types of symptoms that the residents are exhibiting and consider limiting visitors to the facility in order to prevent further spread (see Appendix G for a sample outbreak tracker and visitor log).
- Communicate with all staff and share updates frequently.
- Start enhanced cleaning and disinfecting protocols to prevent further spread.
- Put signage in place to inform residents, staff, families and visitors.
- Review outbreak protocols with staff, including contact numbers for public health.
- Check to ensure PPE and other materials are in place and available.
- Stay informed on any outbreak/pandemic information by consulting [www.saskatchewan.ca](http://www.saskatchewan.ca)

Always follow any advice, guidance, recommendations, directives or other direction of the local public health unit, Saskatchewan Health Authority, and the Ministry of Health.

Refer to Appendix H for additional social isolation and environmental cleaning measures.

## Declaring an Outbreak is over

A Medical Health Officer declares an outbreak and declares when an outbreak is over. Ensure you communicate with residents, staff, families, and visitors that an outbreak is over and restrictions at the facility have been relaxed. You should continue to monitor for a secondary wave.

## After an Outbreak

Make note of any issues you encountered during the outbreak, such as:

- What worked well? What could have been improved? Were there any PPE issues?
- Did you run out of supplies? Were there any signage issues?
- Was communication adequate to staff? Visitors? Residents? Management?
- Any concerns with reporting to the authorities (Saskatchewan Health Authority or the Ministry of Health)? Were there any issues regarding visitors?

## Section 5: Mental Health

During times of stress, it is critical to observe our own and other's mental health. Please refer to Mental Health resources available from [www.saskatchewan.ca](http://www.saskatchewan.ca), or call 811 for 24/7 mental health support.

Pay attention to a resident's needs and feelings, as well as your own. Engage in healthy activities that the residents enjoy and find relaxing. Ensure residents maintain regular sleep routines and eat healthy food. Help them keep things in perspective.

Share simple facts about what is going on and give clear information about how to reduce risk of infection in words your residents can understand. Be thoughtful about how you talk about an outbreak or pandemic, and try not to worsen any existing stress. Consider what you are watching on television or listening to, which others in the home may hear. Consider how they may react and make any necessary adjustments.

Help your residents to stay connected with their support networks using technology, phone calls and other means. Consider doing more of the activities someone really enjoys or find new ones that can help your residents take their mind off things. Get creative - healthy distractions can be very effective in reducing stress and promoting wellness. Try strategies such as practicing "an attitude of gratitude" and talk about things you are all grateful for on a daily basis. Try some simple mindfulness practices such as breathing techniques or engage in activities such as yoga stretches, which residents may find relaxing.

It is helpful to practice calming strategies (such as deep breathing activities) on a regular basis when individuals are calm and engaged so that they are familiar and are easy to do during times of increased stress or upset.