Outbreak Communication & Control Measures

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| # of active resident cases:  **8** | **Date of Report:**  3/24/2025 | **Outbreak Type:**  Respiratory Enteric | **Causative Agent:**  **Human Coronavirus OC43** | **End Date:**  **TBA** |
| **Case Definition:** Any resident of Fairhaven – Riverside 3 who develops two or more of the following symptoms: cough, fever, nasal congestion, hoarse voice on or after March 14th, 2025 without another known cause. | | | |

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|  | **RSSC** | **RS2** | **RS3** | **RS4** | **WV2** | **WV3** | **WV4** | **WV5** |
| **Sick with Respiratory Symptoms** |  |  | **8** |  |  |  |  |  |
| **Sick with Enteric Symptoms** |  |  |  |  |  |  |  |  |
| **Outbreak Control Measures in Place** |  |  | **✓** |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |

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| **FOR EVERYONE ENTERING/WORKING THE BUILDING:**   * All **staff** and **visitors** to R3will enter with clean hands and a clean surgical mask. * Visitors should postpone all non-essential visits to residents within the outbreak area where possible. * Ill residents will be isolated using **Droplet & Contact precautions**. This requires a commode at the bedside if sharing a bathroom. * Full Droplet & Contact PPE is *required* to enter an ill resident’s room (for any length of time) – for both confirmed and suspected cases. This is for visitors and staff. * Staff who work in the affected area are not permitted to work in another healthcare setting for the duration of the outbreak. * PPE must be donned **before entering** the resident’s room and be removed **before exiting**. Adhere to the 4 Moments for Hand Hygiene. * Staff MUST perform a symptom self-assessment prior to reporting to work as per policy. * Visitors/staff must not enter the home if they have symptoms (cough, fever, sore throat, runny nose, vomiting, loose bowels, or any other symptoms which may be contagious to others). * Equipment must be cleaned/disinfected between each resident use with a hospital-grade disinfectant (Oxivir TB). * Routine practices must be applied to every episode of care. Perform a Point of Care Risk Assessment (PCRA) prior to EVERY interaction with EVERY resident. If Additional Precautions are in place, ensure the additional precautions are followed. * No food or drink may be stored or consumed in clinical spaces on the RHA. Use the cupboard labelled for staff use in each RHA dining room. Food/drink found at the desk will be discarded. |

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| RESIDENT CARE | |
| * Eye protection is required when within 6 feet of an isolated resident (if res is non-compliant with iso face shields may be required at all times on the RHA. * May use surgical mask IF: confirmed OC43 positive AND is covid-19 negative. | * Residents should remain on the RHA. If leaving the RHA (to smoke, for ex.) encourage to wear a mask and proceed directly outside. Help residents put on a mask/clean their hands before leaving and upon return. |
| * Commode at bedside for the ill residents who share a bathroom | * All non-emergent resident should be rebooked to prevent carrying illness into the community |
| * Full droplet/Contact PPE is *required* to enter an ill resident’s room (for any length of time) for both confirmed and suspected cases | * STAFF COHORT: Full-time/regular staff will care for ill residents as much as is reasonably possible |
| * Residents must be assessed for symptoms of illness daily (POC Task for RPNs) | * Inform ES when iso is D/C so the room can be cleaned. |
| * Residents with symptoms must be isolated and tested immediately. |  |

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| ENVIRONMENTAL SERVICES | |
| * High-touch surfaces to be cleaned, disinfected, and documented twice per day **(to start 3/19/2025)** | * Resident laundry will be delivered by the housekeeper |
| * Cleaning/disinfection must occur cleanest to dirtiest | * Chlorox 360 resident room once isolation is D/C |
| * No change in laundry wash/handle procedure | * Clean/disinfect red/grey bins when iso D/C |
| * R3 must complete 2 passes of high-tough surface cleaning, regardless of the number of cases. Even if there are zero cases, this must be completed during a home wide outbreak. | * Full droplet/Contact PPE is *required* to enter an ill resident’s room (for any length of time) for both confirmed and suspected cases |

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| RESIDENT PROGRAMS/ADMISSIONS/PHYSIO | |
| * RHA-based programs with no cross-portering | * Home wide activities will proceed in non-O/B area |
| * Tours may continue to non-affected RHAs | * Admit to non-outbreak areas first; admissions to O/B floors will be considered case-by-case |
| * PTA to visit affected area last | * No salon services for R3 residents |

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| NUTRITION SERVICES | |
| * Isolated to take meals in their rooms with disposable trays/dishes/cutlery, etc. | * Offer residents hand hygiene before meals and snacks |
| * Kitchen Aide will not enter any isolation rooms |  |

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| RECEPTION | |
| * No guest meals in R3 until outbreak is declared over | * All visitors to sign in/out and are strongly encouraged to wear a mask |

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| SCHEDULING | |
| * **RESP:** ask all staff who call in sick, “Yes or no, do you have any a cough, fever, sore throat, or nasal congestion?” **Forward details to IPAC** | * Await manager approval to schedule additional staff on the outbreak floor. |