## O/B #: 2255-2025-00048 2255-2025-00054

## Outbreak Communication & Control Measures

# of active resident cases:	<b>Date of Report:</b> 04/09/2025	<b>Outbreak Type:</b> ⊠Respiratory □Enteric	Causative Agent: <mark>Human Coronavirus OC43</mark> Influenza A	End Date: TBA	
39 UPDATED 4/2/2025: Any staff or resident of Fairhaven who tests positive for Coronavirus OC43 and/or develops two or more of the				evelops two or more of the	
	following symptoms: cough, fever, nasal congestion, hoarse voice on or after March 14th, 2025, without another known cause.				
	Home Wide Outbreak: onset 4/2/2025				

	RSSC	RS2	RS3	RS4	WV2	WV3	WV4	WV5
Sick with Respiratory Symptoms	15		0				2	22
Sick with Enteric Symptoms								
Outbreak Control Measures in Place	✓	✓	✓	✓	✓	√	✓	✓
TOTAL	15		10				2	22

## FOR EVERYONE ENTERING/WORKING THE BUILDING:

- ALL STAFF WORKING MUST BE VACCINATED OR TAKING AN ORAL ANTIVIRAL MEDICATION for the duration of the outbreak. Please provide proof of purchase to IPAC
- All **staff** and **visitors** to will 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.

RESIDEI	NT CARE
<ul> <li>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.</li> <li>May use surgical mask IF: confirmed OC43 positive/Influenza A positive AND is covid-19 negative.</li> </ul>	• 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	<ul> <li>All non-emergent resident should be rebooked to prevent carrying illness into the community</li> </ul>
• Full droplet/Contact PPE is <i>required</i> 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.	

ENVIRONMENTAL SERVICES			
High-touch surfaces to be cleaned, disinfected, and	• Resident laundry will be delivered by the housekeeper		
documented twice per day			
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		
Complete 2 passes of high-tough surface	• Full droplet/Contact PPE is <i>required</i> to enter an ill		
cleaning/disinfection, regardless of the number of	resident's room (for any length of time) for both		
cases. Even if there are zero cases, this must be	confirmed and suspected cases		
completed during a home wide outbreak.			

RESIDENT PROGRAMS/ADMISSIONS/PHYSIO			
RHA-based programs with no cross-portering	Unaffected floor has morning program, affected floor		
	in the afternoon		
Tours may continue to non-affected RHAs if required	• Admit to non-outbreak areas first; admissions to O/B		
	floors will be considered case-by-case with PPH		
PTA to visit affected area last	No salon services for residents on affected areas; one		
	RHA only at a time may be in the salon		

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

RECEPTION			
No guest meals until outbreak is declared over	Visitors are to sign in/out and are strongly		
	encouraged to wear a mask		
• No ticket sales of any kind (Nevada, 50/50, etc)	Café to remain closed/travelling cart to non-affected		
	areas.		

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

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