

Provincial Population & Public Health


Guide for Outbreak Prevention & Control in Supportive Living Accommodations

Includes Respiratory & Gastrointestinal Illness



If you have feedback about this guide email:
CDCResourceFeedback@albertahealthservices.ca

If you have questions about a specific outbreak, or site-specific processes, always direct your questions to your designated site lead or the AHS Public Health Outbreak team.

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Table of contents

Introduction	6
1. Outbreak prevention	8
1.1 Prevent the spread of illness.....	9
1.2 Use routine IPC practices	10
1.3 Isolate symptomatic or confirmed residents.....	11
1.4 Prevent spread of illness from staff/HCW.....	13
2. Identify and report respiratory illness outbreaks	15
2.1 Monitor and report respiratory symptoms.....	16
2.2 After reporting to PPHST.....	17
3. Respiratory illness outbreak control	18
3.1 Isolate symptomatic or confirmed residents.....	19
3.2 Communicate and coordinate	19
3.3 Complete outbreak environmental cleaning and disinfection.....	21
3.4 Plan safe activities for residents who are not isolating	22
3.5 Plan safe visits during an outbreak	23
3.6 Admission, transfer and discharge restrictions	23
3.7 Transfer and discharge from an acute care facility	25
3.8 Use food service modifications in the outbreak site/unit.....	26
3.9 Specimen collection	26
3.10 Control measures for complex outbreaks.....	27
3.11 End the outbreak	27
4. Identify and report gastrointestinal illness outbreaks	29
4.1 Monitor and report gastrointestinal illness symptoms	30
4.2 After reporting to PPHST.....	31
5. Gastrointestinal illness outbreak control	32
5.1 Isolate symptomatic or confirmed residents.....	33
5.2 Communicate and coordinate	33
5.3 Complete outbreak environmental cleaning and disinfection.....	34
5.4 Plan safe activities for residents who are not isolating	36
5.5 Plan safe visits during an outbreak.....	37
5.6 Admission, transfer and discharge restrictions	38
5.7 Transfer and discharge from an acute care facility	38
5.8 Use food service modifications in the outbreak site/unit.....	39
5.9 Specimen collection	39
5.10 Control measures for complex outbreaks.....	40
5.11 How to manage relapse gastrointestinal illness cases.....	40
5.12 End the outbreak	41
Data Collection for Gastrointestinal Illness Outbreak Management.....	42

Glossary	43
Appendix A: Roles and responsibilities	47
Appendix B: Resident isolation for respiratory illness	51
Appendix C: Case and outbreak definitions	52
Appendix D: ProvLab specimen collection guidance	58
Appendix E: Influenza outbreak work restrictions for asymptomatic staff/HCW	60



Land acknowledgement

Our work takes place on historical and contemporary Indigenous lands, including the territories of Treaty 6, Treaty 7 & Treaty 8 and the homeland of the Métis Nation within Alberta and 8 Metis Settlements. We also acknowledge the many Indigenous communities that have been forged in urban centres across Alberta.

Introduction

Supportive living accommodations are high-risk settings for the spread of communicable disease. Early detection of viral respiratory and gastrointestinal (GI) illness is important to reduce the spread of disease and prevent outbreaks¹. Although infectious disease outbreaks occur year-round, they are more common during fall and winter. Collaboration between site operator, staff and residents is essential for preventing and controlling outbreaks in supportive living accommodations.

Supportive living accommodations are settings that provide permanent accommodation for four or more adults where an operator provides or coordinates services related to safety, security or personal welfare; provides meals, or other accommodation services; and are not contracted to provide publicly funded site-based care.

These sites are licensed under the [Accommodations Standards – Supportive Living Accommodations \(AS-SLA\)](#). This guide is for supportive living accommodations that include communal dining as an expected part of service for residents.

The notification of outbreaks and other infectious disease threats in Alberta is mandated under Section 22 and 26 of the provincial [Public Health Act](#). Early recognition and rapid response are essential for effective outbreak prevention and management.

Outbreak management uses a multidisciplinary approach

[Appendix A](#) outlines the roles and responsibilities of:

- **The Alberta Health Services (AHS) Public Health Outbreak team**
 - This includes Medical Officers of Health (MOHs), Communicable Disease Control (CDC) Nurses and Safe Healthy Environments Public Health Inspectors
- AHS Provincial Partner Oversight (PPO) team
- **Infection Prevention & Control (IPC) / designate**
- **Site operator / site management**
- **Workplace Health and Safety (WHS) / Occupational Health and Safety (OHS)**
- Onsite **Health Care Workers / staff (staff/HCW)**
- Provincial Laboratory for Public Health (ProvLab)

¹ Outbreak - “The occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season” ([World Health Organization, 2018](#)). A common source of infection or the identification of transmission between cases are not required. The epidemiologic features of an outbreak and subsequent public health actions are assessed through the outbreak investigation process.

This guide was developed by CDC and Safe Healthy Environments in collaboration with the following Alberta Health Services partners:

- Infection Prevention & Control
- Medical Officers of Health
- Provincial Seniors Health and Continuing Care
- Workplace Health and Safety
- Zone Public Health

Some sites may have difficulty implementing the recommendations when there is limited access to on-site regulated health professionals such as Registered Nurses and Licensed Practical Nurses. The AHS Public Health Outbreak team is available to provide advice and support if sites have challenges.

Best practice recommendations

This guide provides evidence-based best practice recommendations and follows the Alberta Health [Public Health Disease Management Guidelines](#). It supports sites to fulfill their obligation to prevent and control outbreaks. Use this guide in conjunction with requirements outlined in other provincial acts and standards and with site policies.

Sites are responsible to prepare for outbreaks

The AHS Public Health Outbreak team works with stakeholders to ensure that sites and community partners have access to up-to-date resources. Prior to outbreak season, the AHS Public Health Outbreak team:

- Develops outbreak guides and supporting resources and posts on the Outbreak Management webpage at ahs.ca/outbreak.
- Provides outbreak information to supportive living accommodation representatives at zone fall education sessions.
- Sends preparation letters to sites and community partners outlining general responsibilities for outbreak preparation such as [Advanced Prescriptions for Oseltamivir \(Tamiflu\)](#).

1. Outbreak prevention

This section includes best practice recommendations to prevent outbreaks. These are routine actions for every site and every resident.



Key Actions

- Promote immunization of residents, staff/HCW and visitors.
- Complete routine environmental cleaning.
- Handle food safely.
- Facilitate safe visiting practices.
- Post signs to remind visitors to defer visit if ill.
- Complete routine environmental cleaning and disinfection.
- Use hand hygiene and respiratory etiquette.
- Conduct an Infection Prevention Control Risk Assessment (IPCRA) prior to providing resident care.
- Isolate symptomatic or confirmed residents.
- Offer antiviral treatment if the pathogen is COVID-19 or influenza.
- Prevent illness spread by monitoring for symptoms of illness and not attending work when ill.
- Restrict symptomatic staff/HCW from attending work while ill.

Supporting resources

- [Outbreak Prevention Checklist for Supportive Living Accommodations](#)

1.1 Prevent the spread of illness

These routine everyday practices are essential to stop the spread of respiratory and GI illnesses that cause outbreaks. Outbreak prevention practices support a healthy environment for residents and staff/HCW.

Promote immunization of residents, staff/HCW and visitors

- Immunization is the best way to protect residents, staff/HCW and visitors from vaccine-preventable diseases. Refer to [Recommended Vaccines](#).
- The AHS Provincial Partner Oversight (PPO) team supports sites in providing annual influenza and COVID-19 immunization for residents and staff/HCW, as well as pneumococcal and RSV immunization to eligible residents.

Handle food safely

- Follow routine safe food handling practices to reduce spread of illness by contamination.
 - Keep raw meat, poultry, eggs, fish and shellfish away from other foods/surfaces that will come into contact with ready-to eat food.
 - To further separate raw and ready-to-eat foods, use separate cutting boards, prep areas if possible, and frequent kitchen cleaning/disinfection.
 - Wash hands when they become contaminated.
 - Keep perishable food in the safe temperature zones and use within appropriate timeframes.
 - Store and use pantry items to prevent contamination.
- Refer to information from Environmental Public Health for Food Facilities on [Information for Your Business](#).

Facilitate safe visiting practices

Help plan a safe visit

- Refer to [Family/Visitors of Patients and Residents](#).
- Request **visitors** follow site directions.
- Post signage to remind visitors that have symptoms or are feeling unwell to defer their visit.
- Request visitors reschedule visits if they are ill.
 - Determine if exemption will be made due to extenuating circumstances.
 - Offer compassionate exemptions for visits to residents who are at end of life.
- Advise visitors to use [respiratory etiquette](#) and hand hygiene.
 - [How to use alcohol-based hand rub](#)
 - [How to hand wash](#)

How to safely visit isolating residents

Provide the following messages to visitors:

- There is a risk of exposure to illness.

- Use personal protective equipment (PPE) as per additional precautions signage.
 - Demonstrate how to use PPE.
- Use physical distancing if not wearing PPE while visiting residents with respiratory illness.
- Only visit the isolating resident and then leave the site promptly.

1.2 Use routine IPC practices

Implementing [routine IPC practices](#) is essential to prevent the spread of illness from person to person. Use routine IPC practices when caring for every resident, every time.

- Click on the Continuing Care tab on the [IPC Resource Manuals](#) web page for more information.
- Support on PPE selection and use is available. Refer to the AHS [Provincial PPE Safety Coach Program](#).

Complete routine environmental cleaning and disinfection

- Perform routine cleaning and disinfection. A clean environment protects residents and staff/HCW from infection by removing germs from environmental surfaces. It is one of the most effective ways to stop the spread of illness.
- Follow cleaning requirements outlined in standard 15 of the [Accommodations Standards – Supportive Living Accommodations Information Guide](#).
- Always use a wipe twice procedure (a two-step process) to clean and then disinfect surfaces.
 - **Cleaning** refers to using soap or detergent to remove visible dirt, grime, and impurities. Cleaning does not kill germs but helps remove them from the surface.
 - **Disinfection** refers to using chemicals to kill germs on surfaces.

Steps for cleaning and disinfection

- First: Clean surfaces using a cleaning product such as soap or detergent, paying special attention to removing any visible dirt.
 - Second: Wipe again with a clean cloth saturated with product that is an approved disinfectant.
 - If the product is a cleaner and also a disinfectant use the same product for each step (first to clean and then to disinfect). Follow the manufacturer instructions for use.
- Follow [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#) for direction on:
 - How to clean and disinfect
 - Frequency of cleaning and disinfection
 - What cleaning products to use
 - Cleaning during respiratory and GI illness outbreaks.
 - Follow [Principles for Environmental Cleaning and Disinfection](#) for direction on cleaning the environment and non-critical medical devices / equipment where care is provided.

- Follow [Linen in Community-based Services](#) for laundry instructions.
- Refer to [Laundering Personal Patient Items in Washing Machine](#).

Use hand hygiene

- Hand hygiene (washing or sanitizing your hands) is the most effective way to prevent the spread of illness.
- Use [alcohol-based hand rub](#) when performing hand hygiene except when plain soap and water is recommended.
- [Wash hands](#) with plain soap and water:
 - Hands are visibly soiled with food, dirt, or blood and body fluids
 - Before, during, and after handling food
 - When removing gloves after caring for a resident with vomiting and/or diarrhea
 - Immediately after using the washroom.
- Use hand hygiene after glove removal. Glove use is not a substitute for hand hygiene.
- Follow the AHS [Hand Hygiene Policy and Procedure](#) for product selection, location, and use.

Use respiratory etiquette

- [Cover coughs and sneezes](#) with a sleeve or tissue.
- Dispose used tissues in the garbage.
- Clean hands after coughing or sneezing.

HCW to conduct an IPCRA prior to resident interactions

- Refer to the [IPCRA](#) to assess the task, the resident, and the environment prior to each interaction.
- Use [PPE](#) including an **appropriate mask**, eye protection, gown and gloves as indicated by the IPCRA.

1.3 Isolate symptomatic or confirmed residents

Immediately isolate any resident who is **symptomatic** (the resident has symptoms) or is **confirmed** (the resident has tested positive for a respiratory or GI pathogen).

- Do not wait for a pathogen to be identified through specimen collection if the resident is symptomatic.
- Ask residents to self-report illness or positive test result for a respiratory or GI pathogen.
- Consult IPC for additional support.

Stay in their private room with a dedicated washroom if available

- Place isolation carts outside of the resident's room.
- Post additional precaution [signage](#) outside the door of the resident's room to alert staff/HCW and visitors to use PPE. Request resident's permission prior to posting.

Use additional precautions based on symptoms

For respiratory symptoms

- Isolate on Droplet and Contact precautions. For duration of isolation refer to Appendix B: Resident isolation for respiratory illness.

For GI symptoms

- Isolate residents until 48 hours after the last episode of vomiting and/or diarrhea.
 - Diarrhea only: Use Contact precautions.
 - Vomiting with or without diarrhea: Use Droplet and Contact precautions.

How to care for an isolating resident

Maintain distance from other residents

- Provide meal service to the resident in their room and encourage the resident to complete hand hygiene before their meal.
- Provide a mask to a resident with respiratory symptoms if they need to leave their room.
- Delay participation in group activities until the isolation period has ended.
- Provide treatment such as physiotherapy in the resident's room.
- Request the resident bath or shower after completing isolation for GI illness.

Facilitate medically necessary appointments using additional precautions

- Arrange virtual visits when possible.
- Notify the receiving provider so that precautions can be taken.
- For transfers to an **acute care** facility, notify the EMS dispatcher, the transport staff (EMS crew) and the acute care facility.

Support social engagement for isolating residents

- Provide activities that engage/support the isolating resident such as social, spiritual care and mental health.
- Support safe visits with visitors.
- Residents with dementia or cognitive impairment may require additional engagement and support while isolating.

Share spaces and equipment safely

- Dedicate care equipment to a single resident.
- If equipment must be shared between residents, clean and disinfect after each use.

Antiviral treatment for eligible residents

Early initiation of antiviral treatment for eligible residents is critical for effective treatment.

COVID-19



If the pathogen is COVID-19

- The **most responsible health practitioner** is accountable for providing treatment.
- Refer to [COVID-19 Outpatient Treatment](#).

Influenza



If the pathogen is influenza

- The most responsible health care practitioner is accountable for providing treatment.
- Refer to the Health Canada Guidance for identification of suspect influenza cases and indications for early antiviral treatment.
 - [Flu \(influenza\): For health professionals - Canada.ca](#)
- Influenza antiviral treatment resource:
 - Association of Medical Microbiology and Infectious Disease (AMMI) Canada resources on Influenza: <https://ammi.ca/en/resources/>

1.4 Prevent spread of illness from staff/HCW

Follow employer work restrictions and requirements

- Staff/HCW are required to follow organization policies and procedures regarding work attendance, masking, and eye protection.
- Staff/HCW employed or contracted by AHS
 - Follow AHS policies on work attendance, work restriction, masking and eye protection including the Attendance at Work and Respiratory Virus Symptoms Directive.

Staff/HCW monitor for symptoms of illness

- Do not attend work when ill.

Symptoms of respiratory illness

- Any one of the following symptoms that are new or worsening and not related to a pre-existing illness or health condition:
 - Fever or chills
 - Runny or stuffy nose
 - Sore throat
 - Cough
 - Difficulty breathing or shortness of breath
 - Loss or altered sense of taste/smell.

Symptoms of GI illness

- New onset of diarrhea and/or vomiting.

If symptoms develop at work

Type of symptoms	Action
Respiratory illness	<ul style="list-style-type: none">• Perform hand hygiene and respiratory etiquette such as washing hands, coughing into sleeve, using tissues, and wearing an appropriate mask.• Notify manager and leave the workplace as soon as possible.
GI illness	<ul style="list-style-type: none">• Perform hand hygiene.• Notify manager and leave the workplace as soon as possible.<ul style="list-style-type: none">○ Manager to direct environmental cleaning (with PPE) of any washroom facilities used by the staff/HCW while ill.

Implement work restrictions for symptomatic staff/HCW

Do not report to work with respiratory symptoms

- Stay away from work until symptoms improve and fever-free for 24 hours without the use of fever-reducing medication.
- Use added precautions when returning to work after respiratory illness.
 - Staff/HCW working in any setting where they have contact with others should continuously mask and perform thorough hand hygiene for five calendar days starting from the first day they are eligible to return to work.
- Report illness to the manager/designate.
- Report to WHS/OHS if symptoms are related to workplace exposure.
 - Follow direction provided by WHS/OHS regarding additional work restrictions and requirements.

Do not report to work with GI illness symptoms

- Stay away from work until at least 48 hours after last episode of vomiting and/or diarrhea.
- Report illness to the manager/designate.
- Report to WHS/OHS if symptoms are related to workplace exposure.
 - Follow direction provided by WHS/OHS regarding additional work restrictions and requirements.

2. Identify and report respiratory illness outbreaks

This section includes information on identifying and reporting respiratory illness outbreaks, including COVID-19, influenza and influenza-like illness (ILI).

Refer to [Section 4. Identify and report gastrointestinal illness outbreaks](#) for information on GI illness outbreaks.



Key Actions

- ➔ Monitor residents for symptoms of illness.
- ➔ Determine if residents meet criteria for a respiratory illness case.
- ➔ Keep track of respiratory illness cases.
- ➔ Report to the Population and Public Health Support Team (PPHST) if there are two or more respiratory illness cases within a seven-day period.
- ➔ Inform administrative staff that a report was made to PPHST.

Supporting resources

- [Outbreak Prevention Checklist for Supportive Living Accommodations](#)
- [Surveillance Case Tracking Sheet](#)

2.1 Monitor and report respiratory symptoms

Monitor for symptoms

Monitor for and keep track of residents who are symptomatic (cases). This is called surveillance.

- A [Surveillance Case Tracking Sheet](#) is available for sites to record:
 - Resident name(s)
 - Symptoms
 - Date symptoms started.

Identify respiratory illness cases

Count residents as a respiratory illness case if they have either:

- A positive test² for pathogens in [Appendix B: Resident isolation for respiratory illness](#) OR
- Any of the following new or worsening symptoms:
 - Fever³
 - Cough
 - Shortness of breath (SOB)
 - Sore throat
 - Runny nose / nasal congestion
 - Loss of taste and/or loss of smell
 - Decrease in oxygen (O₂) saturation level or increased O₂ requirement
 - Nausea/diarrhea³.

When to report

Report as soon as there are two or more resident respiratory illness cases within a seven-day period.

How to report



Call **1-844-343-0971** to report to the AHS Provincial Public Health Support Team (PPHST).

PPHST is a provincial, centralized outbreak reporting and response team. They provide initial outbreak support and direction to sites.

² Specimen collection is not required prior to reporting to PPHST. Site may determine that specimen testing is warranted for the diagnosis and medical management of symptomatic residents including treatment with oseltamivir (Tamiflu) for influenza or [Paxlovid](#) for COVID-19. This testing is directed by the resident's most responsible health practitioner.

³ A resident may develop fever, nausea and/or diarrhea following immunization with COVID-19 or influenza vaccine. The resident will not count as a surveillance case if:

- Onset is within 24 hours of being immunized AND
- They have no other respiratory illness symptoms AND
- Fever, nausea and/or diarrhea resolve within 48 hours of onset.

PPHST will ask for site details and operational information

- Site name, address, phone number
- Caller name and contact information
- Manager/site contact email & phone number
- Site type
- Number of units / unit names
- Number of residents/staff/HCW on affected units
- Total number of staff/HCW /residents
- Can residents be kept to affected units
- Can staff/HCW be kept to the affected units
- Do staff/HCW work in multiple sites or units
- Has the site manager been notified
- Information outlined on the [Surveillance Case Tracking Sheet](#)
- Date of any hospitalizations or deaths

Inform that a report was made to PPHST

- Make internal notifications to the following site staff after reporting to PPHST:
 - Management
 - IPC
 - WHS/OHS.

2.2 After reporting to PPHST

PPHST notifies the AHS Public Health Outbreak team

- After the site report is made, PPHST will:
 - Send a summary of the report to the AHS Public Health Outbreak team.
 - Advise site when to expect a call from the AHS Public Health Outbreak team.
- If the AHS Public Health Outbreak team has not contacted the site within 24 hours of the expected response time, the site may call back to PPHST.

The AHS Public Health Outbreak team contacts the site

The AHS Public Health Outbreak team will determine if the site meets the criteria for an outbreak. Refer to [Appendix C: Case and outbreak definitions](#). They will review the initial report and:

- Ask if there are additional respiratory illness cases since the initial report.
- Determine if cases are epidemiologically linked.

If an outbreak is opened, an email is sent to the site providing ongoing contact information and instructions for how to complete daily outbreak reporting via the Facility CDC Outbreak Daily Report Portal (REDCap).

3. Respiratory illness outbreak control

This section includes information for the management of respiratory illness outbreaks including COVID-19, influenza and influenza-like illness (ILI).

For GI illness outbreak control, refer to [Section 5. Gastrointestinal illness outbreak control](#).



Key Actions

- ➔ Isolate symptomatic or confirmed residents.
- ➔ Implement continuous masking and eye protection on the outbreak unit for staff/HCW.
- ➔ Inform staff/HCW, residents and partners of the outbreak.
- ➔ Identify and report new respiratory illness cases daily.
- ➔ Coordinate staff/HCW assignments.
- ➔ Complete outbreak environmental cleaning and disinfection.
- ➔ Plan safe activities for residents who are not isolating.
- ➔ Plan for safe visits.
- ➔ Follow admission, transfer and discharge restrictions.
- ➔ Facilitate admissions and transfers from an acute care facility.
- ➔ Initiate outbreak modifications for food service.
- ➔ Collect specimens as directed.

Influenza outbreaks

- ➔ Recommend influenza antiviral prophylaxis to residents.
- ➔ Offer influenza antiviral prophylaxis to staff/HCW.

Non-viral respiratory pathogens such as bacterial and fungal pathogens may be responsible for illness **clusters** or outbreaks. Although some measures outlined in this section may be applicable in preventing or controlling them, it is beyond the scope of this guide due to their unique epidemiological properties.

Supporting resources

- [Respiratory Illness Outbreak Checklist for Supportive Living Accommodations](#)
- [Visiting During Respiratory Illness Outbreaks](#)

3.1 Isolate symptomatic or confirmed residents

How to isolate

- Use [Droplet and Contact precautions](#).
- Refer to [1.3 Isolate symptomatic or confirmed residents](#).

How long to isolate

- Refer to [Appendix B: Resident isolation for respiratory illness](#) for isolation duration.

3.2 Communicate and coordinate

Implement continuous masking and eye protection for staff/HCW

- Wear an appropriate mask and eye protection:
 - In any resident space or common areas in the outbreak unit.
 - During indirect resident care activities such as preparing meals or doing laundry.
- Staff/HCW returning to work after respiratory illness during an outbreak:
 - Refer to [1.4 Implement work restrictions for symptomatic staff/HCW for added precautions](#) for the first five calendar days after the staff/HCW is eligible to return to work.

Inform staff/HCW, residents, visitors and partners of the outbreak

- Use established communication channels to notify:
 - Residents and visitors
 - Departments/stakeholders inside and outside of the site.
- Notify staff/HCW such as nursing, allied health, food services, environmental services and spiritual care to use **outbreak control measures**.
- Notify laundry services of the increased need for supplies.
- Post [outbreak signs](#) at the site/unit entrance.

Identify and report new respiratory illness cases daily

- Maintain heightened surveillance to identify new respiratory illness cases.
- Request staff/HCW complete twice daily self-assessment for respiratory illness symptoms.
 - Direct staff/HCW to not attend work when ill and report symptoms of respiratory illness to the site/unit manager/designate.
 - Notify WHS/OHS if symptoms are related to a workplace exposure.
- Report respiratory illness cases including those that are hospitalized or deceased.
 - Review the email sent by the AHS Public Health Outbreak team for how to report new cases using the Facility CDC Outbreak Daily Report Portal (RedCap).

Coordinate staff/HCW assignments

- Consult with the AHS Public Health Outbreak team when making decisions about staff/HCW assignments.
 - Direct staff/HCW to care for asymptomatic residents before symptomatic or

- confirmed residents.
- Cohort staff/HCW to work only in affected areas or only in unaffected areas.
- Minimize movement of staff/HCW between units, especially if some areas are not affected.
- Assign staff/HCW that are immunized against the outbreak pathogen to care for symptomatic or confirmed residents when possible.
- Refer to [Congregate Living Settings - Recommendations for Staff Cohorting](#).
- Assign staff/HCW to only housekeeping duties, or food preparation/service. If this is not possible, request staff complete any food preparation/service tasks before beginning housekeeping duties.

Influenza



If the outbreak pathogen is influenza

- If staff/HCW is work restricted at the site and works in more than one location, staff/HCW informs other work locations of the outbreak to determine if they may work in other settings.
- Refer to [Appendix E: Influenza outbreak work restrictions for asymptomatic staff/HCW](#) for management of staff/HCW who are not immunized.

Encourage influenza antiviral prophylaxis for residents

Influenza



If the outbreak pathogen is influenza

Accessing antiviral prophylaxis

- Every fall the AHS Public Health Outbreak team provides information to site operators on how residents can protect themselves, including requesting an advanced prescription for oseltamivir (Tamiflu). Prescriptions may be provided by a prescribing pharmacist, physician or nurse practitioner.
- The AHS Public Health Outbreak team will notify the site operator of the influenza outbreak and advise residents to start influenza antiviral prophylaxis. Site operators are responsible to plan for residents to access prophylaxis.

Antiviral prophylaxis prescribing

- The resident's most responsible health practitioner is accountable for prophylaxis.
 - Offer oseltamivir (Tamiflu) prophylaxis to asymptomatic residents, regardless of immunization status.
 - Antiviral prophylaxis is continued for seven days after onset of symptoms of the last resident case, for a minimum of 10 days.
 - Monitor resident for symptoms of influenza and side effects of oseltamivir (Tamiflu).
- Refer to [Association of Medical Microbiology and Infectious Disease \(AMMI\) Canada](#) resource on influenza for prophylaxis dosing recommendations.
- The AHS Public Health Outbreak team will advise on the duration of prophylaxis for mixed outbreaks that include influenza.

Offer influenza antiviral prophylaxis to unimmunized staff/HCW

Influenza



If the outbreak pathogen is influenza

- Refer to [Appendix E: Influenza outbreak work restrictions for asymptomatic staff/HCW](#) for management of staff/HCW who are not immunized.
- The AHS Public Health Outbreak team may supply work restriction letters to the site/unit that outline options for unimmunized staff/HCW.

3.3 Complete outbreak environmental cleaning and disinfection

Increase cleaning and disinfection frequency in all areas⁴

Clean and disinfect visibly dirty surfaces immediately. Prioritize high-traffic areas.

- Follow [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#) during respiratory outbreaks.

Areas to clean and disinfect	Frequency
<ul style="list-style-type: none"> • Low touch surfaces such as shelves, windowsills, and white boards 	At least once daily and when visibly dirty
<ul style="list-style-type: none"> • High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons • Dining areas and lounges 	At least twice daily and when visibly dirty
<ul style="list-style-type: none"> • High touch table and chair surfaces, including the underneath edge of the chair seat and table 	After each use
<ul style="list-style-type: none"> • Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens 	At least twice daily and when visibly dirty
<ul style="list-style-type: none"> • All affected areas 	At the end of the outbreak

Use a disinfectant that kills respiratory viruses

- Use a disinfectant with a drug identification number. Ensure it has a broad spectrum virucidal claim, or a specific virucidal claim against non-enveloped viruses and coronaviruses.
 - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants and contact time.
 - Use the product Safety Data Sheet for safety information.
- Alternatively, create a 1000 parts per million bleach solution by mixing 20 mL (four

⁴ Increased cleaning and disinfection are not required in settings such as private offices and administrative areas. Use routine cleaning and disinfection practices.

teaspoons) of unscented household bleach with 1000 mL (four cups) of water.

- Store bleach solution in an opaque container and make a fresh solution at least every 24 hours. Bleach rapidly degrades in the presence of light and when mixed with water. Label container with date and time.
- To effectively kill viruses, keep surfaces wet with the bleach water solution for at least one minute. Rinse food contact surfaces with clean water after cleaning with bleach.

Clean and disinfect rooms of residents who are isolating

- Wear PPE and use Droplet and Contact precautions.
- Clean and disinfect:
 - Resident room, moving from clean to dirty. Clean bathroom last.
 - Resident equipment such as wheelchairs and walkers according to manufacturer instructions.
 - Change linens (bed linens and towels).
- Change mop head (dry/wet), cloths, and cleaning solution after cleaning each room for any isolating resident.
- When additional precautions are discontinued:
 - Clean and disinfect the resident’s room and equipment.
 - Discard disposable resident-care items.

3.4 Plan safe activities for residents who are not isolating

Type of activity	Action
Low risk resident activities	<ul style="list-style-type: none"> ● Use physical distancing and hand hygiene for low-risk group activities such as art class, bingo and movies. ● For personal services such as hairstyling limit to one resident at a time. ● Encourage residents to wear a mask.
High risk resident activities	<ul style="list-style-type: none"> ● Consult with the AHS Public Health Outbreak team to determine if it is necessary to postpone/cancel high-risk group activities such as: <ul style="list-style-type: none"> ○ Singing and bus outings ○ Groups of residents who would not normally have contact with each other (mixing of residents from multiple units/floors). ● Postpone/cancel previously scheduled resident events, such as holiday meals, parties, entertainers, school groups and presentations.
Non-resident activities	<ul style="list-style-type: none"> ● Postpone/cancel any non-resident events booked for areas in the outbreak site/unit such as in-person meetings.
Transfers to acute care	<ul style="list-style-type: none"> ● If any resident from the outbreak site/unit requires acute medical attention or treatment at an acute care facility, notify the following so that precautions may be taken: <ul style="list-style-type: none"> ○ EMS dispatcher and/or transport staff such as the EMS crew ○ Receiving provider.

Type of activity	Action
Adult day programs	<p>Before determining if a program may continue the outbreak management team (OMT) and the AHS Public Health Outbreak team confirm if:</p> <ul style="list-style-type: none"> • It is physically separate from areas of the site in which there have been symptomatic or confirmed residents. • Residents attending the adult day program do not socialize with residents from the outbreak site/unit. • Adult day program staff/HCW do not provide care in the areas of the site which there have been outbreak cases.

3.5 Plan safe visits during an outbreak

Visiting isolating residents

- Refer to [1.1 How to safely visit isolating residents](#).

Visiting guidance for all residents

- [Visiting During Respiratory Illness Outbreaks](#) resource is available for sites to give to visitors.

Provide visitors with safe visiting recommendations during an outbreak

Continue to follow safe visiting practices (refer to [1.1 Help plan a safe visit](#)).

Before the visit:

- Reschedule the visit if ill.
- Contact site before arriving to determine if there are access limits.

During the visit:

- Check with reception prior to visiting any resident.
- Wear a mask in common areas on outbreak units.
- Minimize movement throughout the site.
- Limit the number of individuals visiting a resident at the same time.
- Limit visit to one resident only.

After the visit:

- Exit the site immediately.

Additional restrictions may be implemented by the site.

- A site/unit may choose to limit visitation further than above in accordance with applicable organizational policy and in consultation with the AHS Public Health Outbreak team.
- Consider the impact of the decision on resident and family well-being.

3.6 Admission, transfer and discharge restrictions

Determine if the outbreak site/unit is open or restricted




- The ability of the outbreak site/unit to accept admissions, transfers and discharges (whether it is open or restricted) is determined by the AHS Public Health Outbreak team at the time the outbreak is opened.
- The scope of restrictions depends on:

- The extent of the outbreak activity within the site (for example, one unit/floor/wing or the entire site)
- The ability to cohort staff/HCW to affected areas
- The severity of the outbreak (for example, new cases continue to develop despite implemented control measures).
- Consult the AHS Public Health Outbreak team if issues related to admission, discharge and transfers arise during an outbreak.

Status	Action
Open	<ul style="list-style-type: none"> ● Admissions, transfers, and discharges may proceed following usual non-outbreak processes.
Restricted	<ul style="list-style-type: none"> ● Pause or delay admissions and transfers. This includes admissions to the outbreak affected site/unit and transfers from the affected site/unit to a different facility while restrictions are in place. <ul style="list-style-type: none"> ○ Implementation of restrictions may not be possible due to resident circumstances or operational need (including bed pressures). ○ If a site with restrictions believes that an admission, transfer, or discharge is recommended to proceed despite restrictions, the site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet.

Pathogen-specific restrictions to admission, transfer and discharge on the outbreak site/unit

Restrictions depend on the outbreak pathogen.

<p>COVID-19</p> 	<p>If the outbreak pathogen is COVID-19</p> <ul style="list-style-type: none"> ● Admissions, transfers, and discharges are restricted. ● Admission restrictions remain in place for a minimum of seven days following symptom onset of the most recent resident case or as directed by the AHS Public Health Outbreak team.
<p>Influenza</p> 	<p>If the outbreak pathogen is influenza</p> <ul style="list-style-type: none"> ● Admissions, transfers, and discharges are restricted. ● Admission restrictions remain in place for a minimum of seven days following symptom onset of the most recent resident case or as directed by the AHS Public Health Outbreak team.
<p>ILI</p> 	<p>If the outbreak pathogen is influenza-like illness (ILI)</p> <ul style="list-style-type: none"> ● Admissions, transfers, and discharges generally remain open unless given directions by the AHS Public Health Outbreak team. ● Admissions, transfers, and discharges may proceed following usual non-outbreak processes.

Mixed respiratory



If there is a mixed respiratory illness outbreak with more than one pathogen

- Admissions, transfers, and discharge restrictions depend on the pathogens identified. The AHS Public Health Outbreak team will provide direction.

3.7 Transfer and discharge from an acute care facility

Determine if residents from acute care may return to the outbreak site/unit

- Residents who were hospitalized due to illness from the outbreak pathogen may return to the site immediately upon discharge.
 - The need for isolation is assessed based on the resident status at the time of return to the site.
- Residents hospitalized prior to or during an outbreak for an unrelated condition such as a fracture, may return to the site, based on open or restricted status.

Receiving site/unit status	Action
Open	<ul style="list-style-type: none">• The resident may return.
Restricted	<ul style="list-style-type: none">• The site follows the Risk Assessment Matrix and completes a Risk Assessment Worksheet.

Additional recommendations if the outbreak pathogen is influenza

Influenza



If the outbreak pathogen is influenza

- If a resident was hospitalized due to influenza, they may return to their site immediately upon discharge.
- If a resident was hospitalized prior to the influenza outbreak or due to an unrelated condition such as a fracture, the acute care facility and the outbreak site collaborate on the [Risk Assessment Worksheet](#) to determine if the resident may return.
 - Oseltamivir (Tamiflu) prophylaxis may be offered to the resident.

The resident may not be transferred until the following conditions are all met

- The resident/guardian is informed about risks associated with the outbreak and consents to the transfer.
- The resident is immunized.
- The resident/guardian consents to take the antiviral.
- The most responsible health practitioner has been informed.
- Consult with the AHS Public Health Outbreak team if the conditions are not met.

3.8 Use food service modifications in the outbreak site/unit

- Wash hands before, during and after handling food.
- Provide meal service to isolating residents in their room.
- Close communal kitchen and nourishment areas accessed by residents and visitors.
- Discontinue social sharing of food such as baking, birthday cakes and platters.
- Individually portion and/or plate food to avoid communal sources. This includes removing bulk foods such as candy jars and boxes of chocolate. Desserts may be served by staff members on individual plates.

Implement setting-specific food service modifications as directed by the AHS Public Health Outbreak team

Serve and prepare food safely

- Close buffet lines or have staff dispense food onto plates.
- Cease family-style meal service.
- Dispense snacks directly to residents and use prepackaged snacks.
- Cease resident participation in food preparation.
- Use physical distancing during group dining.

Limit the use of shared items

- Preset tables in common dining areas to minimize handling of cutlery.
- Remove shared food containers from dining areas such as shared pitchers of water, coffee cream dispensers, and salt and pepper shakers.
- Provide single-use condiment packets directly to each resident if used.

3.9 Specimen collection

The ability to collect specimens is limited in supportive living accommodations as collection is done by regulated HCWs. The AHS Public Health Outbreak team will work with sites if specimen collection is requested.

Collect specimens as directed by the AHS Public Health Outbreak team

- Nasopharyngeal or throat swabs are collected to identify the outbreak pathogen.
- Specimen collection is not required for all symptomatic residents.
- Notify the AHS Public Health Outbreak team:
 - If there is a new symptom presentation among residents OR
 - If the outbreak extends beyond the original unit.

If specimen collection is requested, the AHS Public Health Outbreak team will provide direction

- The number of specimens to collect
- The method of collection
- Which pathogens to test for.

- The outbreak specific **exposure investigation number (EI number)** to include on the lab requisition.

Collect specimens and complete the lab requisition form

- Refer to [Appendix D: ProvLab specimen collection guidance](#) for information on:
 - How to collect nasopharyngeal (NP) and throat swabs.
 - How to complete the lab specimen requisition for Respiratory Specimens.
- Arrange for transport of specimens to the lab.

COVID-19



If the outbreak pathogen is COVID-19

- If a resident tested positive for COVID-19 within the last 90 days, do not retest with a molecular COVID-19 test.
 - Consult with the AHS Public Health Outbreak team on a case-by-case basis.

3.10 Control measures for complex outbreaks

The AHS Public Health Outbreak team collaborates with the site and other stakeholders to monitor and assess each outbreak. To improve control during complex outbreaks, the AHS Public Health Outbreak team may request the site implement the following examples of additional outbreak control measures, which are not routine for all outbreaks.

Screening and close contact identification

- Active screening of staff/HCW for symptoms prior to each shift
- Active screening of visitors for symptoms prior to entering the site or visiting residents
- Active screening of residents for symptoms upon return from an absence
- Active screening and/or quarantine for resident admissions for symptoms upon return from other health settings if the other site/unit is on outbreak
- **Close contact** identification and management for COVID-19.

Additional masking for residents

- Request residents returning from an absence wear a mask in common areas of the unit/site.

Masking outside of the outbreak unit

- Site-wide staff/HCW continuous masking and eye protection
- Site-wide masking for visitors.

3.11 End the outbreak

The AHS Public Health Outbreak team determines when the outbreak is over and advises the site to discontinue restrictions. After the outbreak is over, sites will:

- Clean and disinfect all affected areas.
- Review and evaluate the outbreak response with program leads and site

management. Revise internal protocols for improvement.

- A debrief may be requested by any member of the outbreak management team.
- Follow the steps to monitor and report respiratory symptoms if residents become newly symptomatic within seven days of the outbreak ending. Refer to [2.1 Monitor and report respiratory symptoms.](#)

4. Identify and report gastrointestinal illness outbreaks

This section includes information on identifying and reporting GI illness outbreaks.

Refer to [Section 2. Identify and report respiratory illness outbreaks](#) for reporting respiratory illness outbreaks.



Key Actions

- ➔ Monitor for symptoms of GI illness in residents and staff/HCW.
- ➔ Determine if residents and staff/HCW meet criteria for a GI illness case.
- ➔ Keep track of GI illness cases.
- ➔ Report to Population and Public Health Support Team (PPHST) if there are two or more GI illness cases within 48 hours.
- ➔ Inform administrative staff that a report was made to PPHST.

Supporting resources

- [Outbreak Prevention Checklist for Supportive Living Accommodations](#)
- [Gastrointestinal Outbreak Tracking Form - Client](#)
- [Gastrointestinal Outbreak Tracking Form - Staff](#)

4.1 Monitor and report gastrointestinal illness symptoms

Monitor for symptoms

Sites keep track of residents and staff/HCW who are symptomatic (cases). This is called surveillance.

- Use the [Gastrointestinal Outbreak Tracking Form - Client](#) and the [Gastrointestinal Outbreak Tracking Form - Staff](#) to record residents and staff/HCW with symptoms.

Report GI illness cases

Count residents and staff/HCW as a GI illness case if they develop at least one of the following that are not caused by something else, such as *Clostridioides difficile* diarrhea, medication, laxatives, diet, or prior medical condition:

- Two or more episodes of diarrhea (loose, or watery stools) in a 24-hour period, above what is normally expected for that individual OR
- Two or more episodes of vomiting in a 24-hour period OR
- One or more episodes of vomiting AND diarrhea in a 24-hour period OR
- One episode of bloody diarrhea OR
- Laboratory confirmation of a known enteric pathogen.

Note: Laboratory confirmation is not required.

When to report

- Report as soon as there are two or more residents and/or staff/HCW cases who have GI illness symptoms only with onset within 48 hours of each other.
- Report even if the cases are staff/HCW who were not present at work with symptoms.

How to report



Call **1-844-343-0971** to report to the AHS Provincial Public Health Support Team (PPHST).

PPHST is a provincial, centralized outbreak reporting and response team. They provide initial support and direction to sites.

PPHST will ask for site details and operational information

- Facility/site name, address, phone number
- Caller name and contact information
- Manager/ contact email & phone number
- Facility/site type, AHS or non-AHS facility
- Number of units / unit names
- Number of staff /residents on affected units
- Total number of staff/HCW/residents
- Can residents be kept to the affected units
- Can staff be kept to the affected units
- Do staff work in multiple sites or units
- Has the site manager been notified
- Details from [Gastrointestinal Outbreak Tracking Form - Client and Gastrointestinal Outbreak Tracking Form - Staff](#).
- Date of any hospitalizations or deaths

Inform that a report was made to PPHST

- Make internal notifications to the following site staff after reporting to PPHST:
 - Management
 - IPC
 - WHS/OHS

4.2 After reporting to PPHST

PPHST notifies the AHS Public Health Outbreak team

- After the site report is made, PPHST will:
 - Send a summary of the report to the AHS Public Health Outbreak team.
 - Advise site when to expect a call from the AHS Public Health Outbreak team.
- If the AHS Public Health Outbreak team has not contacted the site within 24 hours of the expected response time the site may call back to PPHST.

The AHS Public Health Outbreak team contacts the site

The AHS Public Health Outbreak team determines if the site meets outbreak criteria (refer to [Appendix C: Case and outbreak definitions](#)). They will review the initial report and:

- Ask if there are additional GI illness cases since the initial report.
- Determine if cases are epidemiologically linked.

If an outbreak is opened, an email is sent to the site providing ongoing contact information and instructions for how to complete daily reporting.

5. Gastrointestinal illness outbreak control

This section includes information on GI illness⁵ outbreaks.

For respiratory illness outbreak control, refer to [Section 3. Respiratory illness outbreak control](#).



Key Actions

- Isolate symptomatic or confirmed residents.
- Perform hand hygiene.
- Inform staff/HCW, residents and partners of the outbreak.
- Identify and report new GI illness cases daily.
- Coordinate staff/HCW assignments.
- Complete outbreak environmental cleaning and disinfection.
- Plan safe activities for residents who are not isolating.
- Plan for safe visits.
- Follow admission, transfer and discharge restrictions.
- Facilitate admissions and transfers from an acute care facility.
- Initiate outbreak modifications for food service.
- Collect specimens as directed.
- Manage relapse GI cases.

Supporting resources

- [Gastrointestinal Outbreak Checklist for Supportive Living Accommodations](#)

Early detection is essential to reduce the spread of GI illness. It is vital that IPC measures are implemented immediately. Illness rates can be quite high (greater than 50%) in both residents and staff/HCW. GI illness is often mild, however residents with underlying health conditions are at risk of complications such as dehydration and aspiration pneumonia. Most outbreaks are due to norovirus which is extremely communicable.

⁵ Clostridioides difficile and multi-drug resistant organisms such as MRSA and VRE can be responsible for clusters or outbreaks. Although some measures outlined in this section may be applicable in preventing or controlling them, it is beyond the scope of this guide to include these organisms, due to their unique epidemiological properties.

5.1 Isolate symptomatic or confirmed residents

How to isolate

- **Diarrhea only:** Use [Contact precautions](#).
- **Vomiting with or without diarrhea:** Use [Droplet and Contact precautions](#).
- Refer to [1.3 Isolate symptomatic or confirmed residents](#).

Handwashing with soap and water is preferred during GI illness outbreaks.

If a hand hygiene sink is not available within the resident's room:

- Use alcohol-based hand rub (minimum 60-90% alcohol) prior to leaving room.
- Then locate a sink and wash hands with soap and water.

How long to isolate

- Isolate residents until 48 hours after the last episode of vomiting and/or diarrhea.

5.2 Communicate and coordinate

Inform staff/HCW, residents, visitors and partners of the outbreak

- Use established communication channels to notify of the outbreak:
 - Residents, families/guardians and visitors
 - Departments/stakeholders inside and outside of the site.
- Notify staff/HCW such as nursing, allied health, food services, environmental services and spiritual care to start implementing outbreak control measures.
- Notify laundry services of the increased need for supplies.
- Post [outbreak signs](#) at the site/unit entrance.

Identify and report new GI illness cases daily

- Maintain heightened surveillance to identify new GI illness cases.
- Request staff/HCW complete a daily self-assessment for GI illness symptoms.
 - Direct staff/HCW to report symptoms of GI illness to the site/unit manager.
 - Notify WHS/OHS if symptoms are related to a workplace exposure.
 - Restrict from work in all sites until 48 hours following the last episode of vomiting and/or diarrhea.
- Report GI illness cases including those that are hospitalized or deceased.
 - Review email from the AHS Public Health Outbreak team for how report.
 - The [Data Collection for Gastrointestinal Illness Outbreak Management](#) at the end of this section outlines the information requested.

Coordinate staff/HCW assignments

- Consult with the AHS Public Health Outbreak team when making decisions about staff/HCW assignments.
 - Direct staff/HCW to care for asymptomatic residents before symptomatic or confirmed residents.

- Cohort staff/HCW to work only in affected areas or only in unaffected areas.
- Minimize movement of staff/HCW between floors/areas, especially if some areas are not affected.
- Assign staff/HCW to only housekeeping duties, or food preparation/service. If this is not possible, request staff complete any food preparation/service tasks before beginning housekeeping duties.
- Staff/HCW to inform other sites of the outbreak.
 - Asymptomatic staff/HCW may work in the outbreak unit as well as other work locations.
- Cohort volunteers to work only in affected areas or only in unaffected areas.

5.3 Complete outbreak environmental cleaning and disinfection

Increase cleaning and disinfection frequency in outbreak areas⁶

Clean and disinfect visibly dirty surfaces immediately, including all surfaces soiled with vomit or stool. Prioritize high-traffic areas.

- Follow [Public Health Recommendations for Environmental Cleaning and Disinfection of Public Facilities](#) during respiratory outbreaks.

Areas to clean and disinfect	Frequency
<ul style="list-style-type: none"> ● Low touch surfaces such as shelves, windowsills, and white boards 	At least once daily and when visibly dirty
<ul style="list-style-type: none"> ● High touch surfaces such as doorknobs, light switches, handrails, phones, and elevator buttons ● Dining areas and lounges 	At least twice daily and when visibly dirty
<ul style="list-style-type: none"> ● High touch table and chair surfaces, including the underneath edge of the chair seat and table 	After each use
<ul style="list-style-type: none"> ● Equipment such as computer keyboards, mouse, screens, desks, telephones, and touch screens 	At least twice daily and when visibly dirty
<ul style="list-style-type: none"> ● Upholstered furniture and rugs or carpets 	When visibly dirty or contaminated with vomit or stool ⁷
<ul style="list-style-type: none"> ● All affected areas 	At the end of the outbreak

⁶ Increased cleaning and disinfection is not required in settings such as private offices and administrative areas. Use routine cleaning and disinfection practices.

⁷ Upholstered furniture, and rugs or carpets may be difficult to clean and disinfect completely. Follow the manufacturer instructions for cleaning and disinfection of these surfaces. If the manufacturer instructions are not available, consult the AHS Public Health Outbreak team. Consider discarding items that cannot be cleaned and disinfected.

Use a disinfectant that kills GI illness viruses

Choose either

- A disinfectant with a drug identification number that has a broad spectrum virucidal claim, or a specific virucidal claim against norovirus, feline calicivirus, or murine norovirus.
 - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants.
 - Use the product Safety Data Sheet for safety information.

OR

- Use hypochlorite at a concentration of 1000 parts per million (ppm). Use commercially available hypochlorite-containing solutions (preferred).
 - Refer to manufacturer instructions for product-specific cleaning and disinfection procedures, including compatible cleaners and disinfectants and contact time.
 - Use the product Safety Data Sheet for safety information.
- Alternatively, create a 1000 parts per million bleach solution by mixing 20 mL (four teaspoons) of unscented household bleach with 1000 mL (four cups) of water.
 - Store bleach solution in an opaque container and make a fresh solution at least every 24 hours. Bleach rapidly degrades in the presence of light and when mixed with water. Label container with date and time.
 - To effectively kill viruses, keep surfaces wet with the bleach water solution for at least one minute. Rinse food contact surfaces with clean water after cleaning with bleach.

Clean and disinfect rooms of isolating residents

- Wear PPE and use the same additional precautions in place for the isolating resident.
 - **Diarrhea only:** Use Contact precautions.
 - **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
- Clean and disinfect:
 - Resident room, moving from clean to dirty. Clean bathroom last.
 - Change linens (bed linens and towels).
 - Resident equipment such as wheelchairs and walkers according to manufacturer instructions.
- Change mop head (dry/wet), cloths, and cleaning solution after cleaning each room for any isolating resident and after cleaning vomit or stool.
- When additional precautions are discontinued:
 - Clean and disinfect the resident's room and equipment.
 - Discard disposable resident-care items.
 - Launder unused linens such as towels and sheets from resident rooms.

Handle linen and laundry safely

Incorporate laundry rooms into the cleaning schedule. Monitor their use, minimize storage and clutter, focus on high touch cleaning and disinfection.

Wear PPE

There is a risk of contamination of staff/HCW clothing from body fluids or secretions.

- Handle all linen that is soiled with body fluids using the same additional precautions in place for the isolating resident.
 - **Diarrhea only:** Use Contact precautions.
 - **Vomiting with or without diarrhea:** Use Droplet and Contact precautions.
- Follow correct doffing of PPE once soiled laundry is placed in the laundry bag.

Handling soiled linen and laundry safely

- Remove soiling (for example stool) with a gloved hand and dispose into a toilet. Do not remove stool by spraying with water.
- Handle soiled laundry with minimum agitation to avoid contamination.
- Contain wet laundry before placing it in a laundry bag (for example wrap in a dry sheet or towel).
- Bag or contain soiled laundry at the point of care. It is not necessary to double bag.
- Tie laundry bags securely and do not overfill.

Keep linen and laundry used by isolating residents separate from other laundry

- Designate a specific laundry room to launder isolating resident's clothing and linens.
- Dedicate one washing machine for soiled laundry from isolating residents if laundry is done in a resident laundry room instead of a central laundry.
- Do not sort or pre-rinse soiled laundry in resident care areas.
- Disinfect washer with a bleach cycle (without a load of laundry) prior to use by others if used to launder soiled items from an isolating resident.

If linen and laundry is done by resident

- Provide information above outlining safe handling of linen and laundry.

5.4 Plan safe activities for residents who are not isolating

Type of activity	Recommendation
Resident activities	<ul style="list-style-type: none">• Postpone/cancel all group activities. Consult with the AHS Public Health Outbreak team if:<ul style="list-style-type: none">○ There are extenuating circumstances○ Group activities are an essential part of treatment.• Postpone/cancel previously scheduled resident events, such as holiday meals, parties, entertainers, school groups and presentations.
Non-resident activities	<ul style="list-style-type: none">• Postpone/cancel any non-resident events booked for areas in the outbreak site/unit such as in-person meetings.

Type of activity	Recommendation
Transfers to acute care	<ul style="list-style-type: none"> • If any resident from the outbreak site/unit requires acute medical attention or treatment at an acute care facility, notify the following so that precautions can be taken: <ul style="list-style-type: none"> ○ EMS dispatcher and/or transport staff (for example the EMS crew) ○ Receiving provider.
Adult day programs	<p>Before determining that a program may continue, the outbreak management team (OMT) and the AHS Public Health Outbreak team confirm the following:</p> <ul style="list-style-type: none"> • It is physically separate from areas of the site in which there have been symptomatic or confirmed residents. • Residents attending the adult day program do not socialize with residents from the outbreak site/unit. • Adult day program staff/HCW do not provide care in the areas of the site which there have been outbreak cases.

5.5 Plan safe visits during an outbreak

Visiting isolating residents

- Refer to [1.1 How to safely visit isolating residents](#).

Visiting guidance for all residents

Provide visitors with safe visiting recommendations during an outbreak

Continue to follow safe visiting practices (refer to [1.1 Help plan a safe visit](#)).

Before the visit:

- Reschedule the visit if ill.
- Contact site before arriving to determine if there are access limits.

During the visit:

- Use hand hygiene.
- Check with reception prior to visiting any resident.
- Minimize movement throughout the site.
- Limit the number of individuals visiting a resident at the same time.
- Limit visit to one resident only.

After the visit:

- Exit the site immediately.

Additional restrictions may be implemented by the site.

- A site/unit may choose to limit visitation further than above in accordance with applicable organizational policy and in consultation with the AHS Public Health Outbreak team.
- Consider the impact of the decision on resident and family well-being.

5.6 Admission, transfer and discharge restrictions

Determine if the outbreak site/unit is open or restricted

- The ability of the outbreak site/unit to accept admissions, transfers and discharges (whether the unit is open or restricted) is determined by the AHS Public Health Outbreak team in consultation with the outbreak management team at the time the outbreak is opened.
- Modifications or discontinuing of restrictions is only done by the AHS Public Health Outbreak team.
 - If restrictions are discontinued, continue to isolate symptomatic or confirmed residents using additional precautions. Refer to [1.3 Isolate symptomatic or confirmed residents](#).
- The scope of restrictions depends on:
 - The extent of the outbreak activity within the site (for example, one unit/floor/wing or the entire site)
 - The ability to cohort staff/HCW to affected areas
 - The severity of the outbreak (for example, new cases continue to develop despite implemented control measures).
- Consult the AHS Public Health Outbreak team when issues related to admission, discharge and transfers arise during an outbreak.

Status	Action
Open	<ul style="list-style-type: none">• Admissions, transfers, and discharges may proceed following usual non-outbreak processes.
Restricted	<ul style="list-style-type: none">• Pause or delay admissions, transfers, and discharges while restrictions are in place.<ul style="list-style-type: none">○ If restriction of admissions/transfers is impacting the availability of acute care beds or because of the expressed informed resident or family choice, the AHS Public Health Outbreak team will assess the circumstances surrounding the restriction including the degree of risk to the individuals requiring care.

5.7 Transfer and discharge from an acute care facility

Determine if residents from acute care may return to the site/unit

- Residents hospitalized prior to the outbreak are not recommended to return to the site/unit until the outbreak is over.
- Consult the AHS Public Health Outbreak team in extenuating circumstances.
 - If a transfer must occur during an outbreak, staff/HCW will collaborate with the acute care facility prior to discharge.
 - Staff/HCW must advise the resident/family about the potential risks and obtain consent prior to transfer.

- Use of [Risk Assessment Matrix](#) and/or [Risk Assessment Worksheet](#) is based on Zone process. Use if directed by the AHS Public Health Outbreak team.

5.8 Use food service modifications in the outbreak site/unit

- Use stringent [hand washing](#) before, during and after handling food.
- Provide meal service to isolating residents in their room.
- Close communal kitchen and nourishment areas accessed by residents and visitors.
- Discontinue social sharing of food such as baking, birthday cakes and cheese platters in outbreak areas.
- Individually portion and/or plate food to avoid communal sources. This includes removing bulk self-serve foods such as candy jars and boxes of chocolate. Desserts may be served by staff members on individual plates.
- Use extra diligence during routine dishwashing and during sanitizing practices for food preparation surfaces.

Implement setting specific food service modifications as directed by the AHS Public Health Outbreak team

Prepare and serve food safely

- Cease resident participation in food preparation.
- Close buffet lines or have staff dispense food onto plates.
- Cease family-style meal service.
- Dispense snacks directly to residents and use prepackaged snacks.
- Use dining table coverings that can be easily cleaned and disinfected.
 - Discontinue use of cloth/linen table coverings.

Limit the use of shared items

- Preset tables in common dining areas to minimize handling of cutlery.
- Remove shared food containers from dining areas such as shared pitchers of water, coffee cream dispensers, and salt and pepper shakers.
- Provide single-use condiment packets directly to each resident if used.

5.9 Specimen collection

Collect specimens as directed by the AHS Public Health Outbreak team

- Stool specimens are collected to identify the pathogen causing the outbreak.
- Specimen collection is not required for all symptomatic residents.
- Notify the AHS Public Health Outbreak team:
 - If there is a new symptom presentation among residents, OR
 - If the outbreak extends beyond original the unit.

If specimens are requested the AHS Public Health Outbreak team will provide direction

- The number of specimens to collect
- Which pathogen to test for

- The outbreak specific exposure investigation number (EI number) to include on the lab requisition.

Collect specimens and complete the lab requisition form

- Refer to [Appendix D: ProvLab specimen collection guidance](#) for information on:
 - How to complete the lab specimen requisition for stool specimens.
 - How to collect stool specimens
- Arrange for transport of specimens to the lab.

After initial specimen collection

- Do not collect additional specimens unless directed.
- ProvLab will only test additional specimens after consultation with the AHS Public Health Outbreak team.
- The AHS Public Health Outbreak team will contact the ProvLab if the clinical situation for the outbreak has changed and additional testing needs to be done.

5.10 Control measures for complex outbreaks

The AHS Public Health Outbreak team collaborates with the site and other stakeholders to monitor and assess each outbreak. To improve control during complex outbreaks, the AHS Public Health Outbreak team may request the site implement the following additional outbreak control measures, which are not routine for all outbreaks.

- Active screening of visitors for symptoms prior to entering the site.
- Active screening of residents for symptoms upon return from an absence.
- Active screening for symptoms and/or quarantine for resident admissions upon return from other health settings if that other sites on outbreak.

5.11 How to manage relapse gastrointestinal illness cases

GI illness cases frequently relapse. That is, they experience onset of vomiting or diarrhea after being asymptomatic for up to 48 hours.

- The relapse is likely due to malabsorption during an existing norovirus infection rather than being a new infection.

If a relapse GI illness case is identified

- Isolate resident in their room until free of vomiting and/or diarrhea for 48 hours. Refer to [1.3 Isolate symptomatic or confirmed residents](#).
- Do not count as a new outbreak case if the relapse is within seven days of original symptom resolution.
 - Relapse cases are not included on new daily case listings.
 - Relapse case(s) alone will not extend admission restrictions.
- If a previously identified GI illness case has onset of GI illness symptoms after being symptom free for at least seven days, manage as a new case.

5.12 End the outbreak

The AHS Public Health Outbreak team determines when the outbreak is over and advises the site to discontinue restrictions. After the outbreak is over, sites will:

- Conduct a thorough cleaning and disinfection in all affected areas.
- Review and evaluate the outbreak response with program leads and site management. Revise internal protocols for improvement.
 - A debrief may be requested by any member of the outbreak management team.
- Follow the steps to monitor and report GI illness symptoms if residents become newly symptomatic within seven days of the outbreak ending. Refer [to 4.1 Monitor and report gastrointestinal illness symptoms.](#)

Data Collection for Gastrointestinal Illness Outbreak Management

The AHS Public Health Outbreak team will direct sites on how to report when the GI outbreak is opened. The individual responsible for completing and submitting the list of cases is site specific. Reporting may be done by site ICP/ICD, site/unit manager or another responsible staff/HCW in the site/unit.

Report the following data daily to the AHS Public Health Outbreak team:

- **Outbreak Facility/Site** (name, unit/floor, contact person, phone, and fax)
- **Date of Report**
- **Population affected at the time outbreak is reported** (total resident and staff/HCW population at risk on the outbreak unit/site, number of residents and staff/HCW who meet the case definition)
- **Outbreak/ Exposure investigation number (EI number)** (as provided by the AHS Public Health Outbreak team)
- **Demographics of Cases**
 - Residents: name, personal health number, date of birth, gender, unit/room number
 - staff/HCW: number of new cases
- **Signs and Symptoms**
 - Onset date
 - Signs and symptoms meeting case definition (vomiting, diarrhea, bloody diarrhea)
- **Lab tests/Results**
 - Stool specimen (date sent)
 - Results
- **Hospitalization or Death of Cases**
 - Cases hospitalized (name, personal health number, date of admission, name of hospital)
 - Cases who died (name, personal health number, date, and cause of death)

Glossary

Acute care: Includes all urban and rural hospitals, psychiatric facilities, and urgent care facilities where inpatient care is provided.

Adult day program: Day program designed for adults with physical and/or memory challenges or chronic illness.

AHS Home and Community Care operations: The AHS Zone Seniors Health and Continuing Care staff that have responsibility to participate in outbreak management leadership at Supportive Living Accommodation sites where home and community care services are provided such as AHS Case Managers, AHS Allied Health, and Transition Services/Coordinated Access. Home and community care staff involvement in outbreak management may vary from zone to zone.

AHS Public Health Outbreak team: This team is made up of Medical Officers of Health (MOH), the Communicable Disease Control Nurses and Safe Healthy Environments Public Health Inspectors (PHI). It provides consultation and leadership in outbreak investigations in sites and reports outbreaks to Alberta Health.

Appropriate mask: The type of mask such as medical, KN95, N95 recommended per the AHS IPC Infection Prevention and Control Risk Assessment (IPCRA).

Close contact: Any person suspected to have been exposed to an infected person or a contaminated environment to a sufficient degree to have had the opportunity to become infected or colonized with a pathogen.

Cluster: A grouping of similar, relatively uncommon events or diseases in space and/or time in amounts that are believed or perceived to be greater than could be expected by chance.

Cohorting: Controlling the movement of staff/HCW and residents for the purpose of limiting an outbreak to a specific unit/floor/area within a larger site. The physical separation of people who have been or might have been exposed to infection from those who have not been exposed.

Continuing care home: Continuing care home means a facility or part of a facility where facility-based care is provided to residents, some of whom must be eligible residents. Continuing care homes are publicly funded facility-based accommodations that provide care (health and support services) appropriate to meet the resident's assessed needs. The type of care needed is determined through a standardized assessment and single point of entry process and consists of Type A, Type B and Type C. Individuals admitted into

Continuing Care Homes Type A and B are required to pay accommodation fees (room and board and other costs associated) as set by Alberta Health.

Continuing Care Home Type A (formerly long term care): This environment provides onsite registered nurse (RN) and/or registered psychiatric nurse (RPN) care, assessment and/or treatment 24-hours a day. Licensed practical nurses (LPNs) may also be onsite. In addition, onsite personal care and support provided by health care aides (HCAs). CCH Type A may also have a secure space. Some facilities may have specialized programs and services available for residents with complex clinical or complex functional care requirements (e.g., rehabilitation).

Continuing Care Home Type B (formerly designated supportive living): This environment provides a purposeful home-like design with 24-hour a day onsite scheduled and unscheduled professional and personal care provided by LPNs and HCAs. Case management and specialty services (e.g., Allied Health, palliative resource nurse, etc.) are available on a scheduled onsite, on-call or virtual basis based on resident's care needs. The buildings are specifically designed with common areas and features, including private space and a safe, secure and barrier-free environment. Type B facilities promote independence and provides services such as meals, housekeeping, recreational activities and 24-hour monitoring.

Continuing Care Home Type B – secure space (formerly designated supportive living dementia): This environment provides a purposeful home-like design with small groupings of private bedrooms and associated spaces with security features (i.e., secured spaces).

Continuing Care Home Type C (hospice): Hospice care is a specialized service that provides 24/7 care to individuals who are approaching end-of-life and their families. Services are available for both adult and pediatric populations and may include respite. The care teams focus on your comfort and quality of life and can support you and your family throughout the last months, weeks, or days of life. Services are provided by a specialized interprofessional palliative care team that includes (but is not limited to): doctors, registered nurses, licensed practical nurses, social workers, and healthcare aides. Availability of other professionals such as spiritual counsellors and other services such as volunteers may be different for each hospice.

Exposure investigation number (EI number): A number assigned by the ProvLab to track laboratory specimens associated with an outbreak at a specific location and time.

Site operator / site management: A formal leader within the site who is responsible for the day-to-day operations.

Family-style meal service: Involves filling a common vessel, such as a tray or bowl, with a large portion of food and setting it on the table allowing residents to serve themselves.

Health care workers (HCW): As defined by Alberta Health (AH) includes all health practitioners and all individuals (including nutrition and food services, housekeeping and recreation) at increased risk for exposure to, and/or transmission of, a communicable disease because they work, study, or volunteer in one or more of the following health care settings: hospitals, continuing care homes, supportive living accommodations or home and community care settings, mental health facilities, community settings, offices or clinics of a health practitioner, clinical laboratories.

Health care workers / staff (staff/HCW): This guide uses the term staff/HCW consistently. The site is responsible to determine if an individual is considered to be a HCW or a staff member.

Home and Community Care: Home and community care means the prescribed health goods and services and prescribed other goods and services that are provided by a home and community care provider to an eligible individual in the individual's home or community (e.g., seniors lodge, supportive living accommodation) but does not include facility-based care or supportive living services.

Infection control designate (ICD): Person accountable for IPC issues in a site, usually site-based.

Infection control professional (ICP): A health professional with specialized knowledge responsible for infection prevention and control within the site or area of practice. ICPs come from several disciplines, including nursing, medicine, microbiology, medical technology and/or epidemiology and may be certified or working toward certification in infection control (CIC®).

Infection Prevention and Control (IPC): Department responsible for preventing infections in the setting. IPC includes roles such as consultation, education, surveillance, research and outbreak management.

Most responsible health practitioner: The health care provider who has responsibility and accountability for the specific treatment/procedure(s) provided to a resident and who is authorized by AHS and/or the site to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Outbreak management team (OMT): A group of key individuals working cooperatively to ensure a timely and coordinated response to an outbreak. Membership on the OMT

depends on the type of outbreak and site. Membership may include representatives from the AHS Public Health Outbreak team, **Infection Prevention and Control** (IPC or ICD), Workplace Health and Safety / Occupational Health and Safety, site administration / site management or their designate. Any member may request an OMT is formed.

Outbreak control measures: Actions to control the spread of disease during an outbreak.

Outbreak control measures may fall into the following categories:

- Routine measures: measures for all respiratory or GI illness outbreaks.
- Pathogen-specific measures: measures specific to the outbreak pathogen.
- Control measures for complex outbreaks: measures that are not routinely used. They are implemented only at the discretion of the AHS Public Health Outbreak team if the outbreak warrants additional control measures.

Supportive living accommodation: Supportive living accommodation means buildings or units in buildings that are intended for permanent or long-term residential living; where supportive living services are provided to assist residents to live as independently as possible. Does not include a continuing care home or a private dwelling where an individual provides care or services only to the individual's family members or friends.

Visitor: An individual who temporarily supports or socializes with the patient. They are not an essential partner in care planning and/or decision-making. For more information refer to the AHS [Family Presence: Designated Family / Support Person and Visitor Access policy](#).

Workplace Health and Safety / Occupational Health and Safety (WHS/OHS): Designated personnel responsible for staff/HCW health and safety in sites. This role may be filled by staff/HCW or the site management.

Work restriction: A measure that prevents symptomatic/infected/susceptible staff/HCW from working until the risk for residents or staff/HCW is low or minimal.

Appendix A: Roles and responsibilities

This Appendix outlines the roles and responsibilities to prevent and manage outbreaks⁸.

- Supportive Living Accommodations operators collaborate with the AHS Public Health Outbreak team to complete these roles to the best of their ability.
- Participation of **AHS Home and Community Care Operations** in outbreak management varies between zones. In some zones, **AHS Home and Community Care** has an active role in outbreak management.
- AHS staff/HCW and Covenant Health staff/HCW are required to:
 - Follow their organizational WHS or OHS policies and procedures.
 - Follow their organizational IPC policies and procedures.
- AHS IPC is available for consultation and support.
 - In the absence of formal Infection Control Practitioner (ICP) or site Infection Control Designate (ICD) coverage, the **site operator / site manager** or designate assigns responsibility for these roles.
- An outbreak management team (OMT) may be formed during an outbreak to facilitate a timely and coordinated response to the outbreak. Any of the groups identified below may request that an OMT is formed.

AHS Public Health Outbreak team

Prior to the outbreak

- Develop, maintain, and distribute provincial outbreak resources.
- Coordinate fall education sessions.
- Consult on suspected clusters of illness, symptoms or potential outbreaks.
- Determine if an outbreak will be opened.

During the outbreak

- Recommend best practice outbreak control measures.
- Obtain a ProvLab exposure investigation (EI) number and provide to the site.
- Direct specimen collection.
- Track and assess outbreak specimen results.
- Review daily outbreak data and monitor outbreak progress.
- Provide consultation on outbreak control measures such as:
 - Resident isolation
 - Masking and eye protection for staff/HCW for respiratory illness outbreaks.
 - Staff/HCW management
 - Oseltamivir (Tamiflu) for residents and unimmunized staff/HCW during

⁸ The roles and responsibilities of Alberta Health, AHS Zone Operations (Executive Director for Provincial Seniors Health, Area Managers / Directors), and **AHS Provincial Seniors Health and Continuing Care** are not discussed in this guide. For information about the roles and responsibilities of these partners, contact these groups directly.

	<ul style="list-style-type: none"> influenza outbreaks. <ul style="list-style-type: none"> ○ Outbreak environmental cleaning ○ Group activities ○ Safe visiting of residents ○ Restrictions to admissions, transfers and discharges ○ Food service modifications ● Discuss site-specific adaptations to outbreak control measures. ● Direct control measures for complex outbreaks. ● Report outbreak to Alberta Health, and AHS Senior Public Health Executive. ● Participate in OMT meetings. ● Declares the end of the outbreak.
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AHS Provincial Partner Oversight team

Prior to the outbreak	<ul style="list-style-type: none"> ● Supports supportive living accommodations operators to provide access to outreach immunization services for residents and staff. ● Report data such as immunization provider, number of residents and staff to facilitate vaccine allocations to Alberta Health. ● Shares regular communication such as monthly newsletters and the PPO webpage.
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Provincial Laboratory for Public Health (ProvLab)

Prior to the outbreak	<ul style="list-style-type: none"> ● Provide specimen collection supplies for use by regulated health care providers.
During the outbreak	<ul style="list-style-type: none"> ● Designate laboratory microbiologist or virologist for each outbreak. ● Track samples submitted under the EI number. ● Report outbreak specimen results. ● Complete additional testing on outbreak specimens.

Site Roles and Responsibilities

Responsibilities assigned to staff/HCW may vary due to limited access to on-site regulated health care professionals.

Responsibilities may be designated to managers, site operators, site staff/HCW, contracted staff/HCW, IPC, or WHS/OHS, and AHS staff/HCW including Home and Community Living.

Administrative responsibilities

Prior to the outbreak	<ul style="list-style-type: none"> ● Implement an outbreak management plan that details surveillance, isolation, process for specimen collection and immunization for residents and staff/HCW. ● Provide an annual update on outbreak prevention and control for site staff/HCW. Include review of:
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	<ul style="list-style-type: none"> ○ The site outbreak management plan ○ This guide (AHS Guide for Outbreak Prevention & Control in Supportive Living Accommodations). ○ When and how to report to PPHST. ● Support and encourage COVID-19, influenza and other recommended immunizations. ● Facilitate immunizations in collaboration with the AHS Provincial Partner Oversight (PPO) team for residents and staff/HCW, including COVID-19 and influenza. ● Develop an influenza antiviral prophylaxis plan for residents and staff/HCW. <ul style="list-style-type: none"> ○ Provide Advance Prescription for Oseltamivir (Tamiflu) fillable form to residents for completion by their most responsible health practitioner. ○ Track residents with advanced prescriptions using the Outbreak Antiviral Prophylaxis in Supportive Living Accommodations and Continuing Care Homes Type B Site Worksheet. ○ Develop policy outlining who is responsible for the cost of staff/HCW antiviral prophylaxis. ● Stock non-expired outbreak management supplies including PPE and specimen collection kits. ● Maintain ongoing surveillance and monitoring for symptoms of illness. ● Direct the implementation of routine practices and additional IPC measures. ● Log in to Continuing Care Connection for ongoing practice guidance relevant to supportive living accommodations. Registration is required the first time the website is accessed.
<p>During the outbreak</p>	<ul style="list-style-type: none"> ● Collaborate with the AHS Public Health Outbreak team and AHS Community IPC on outbreak control measures. ● Communicate about the outbreak. ● Communicate the status of the site (open or restricted) to partners and stakeholders. ● Consult with the AHS Public Health Outbreak team on issues pertaining to admission, discharge, and transfers. ● Coordinate specimen collection as directed by the AHS Public Health Outbreak team. ● Coordinate daily submission of outbreak data. ● Collaborate with WHS/OHS designate to identify and report symptomatic staff/HCW who may have been exposed at work. ● Distribute to staff/HCW letters provided by the AHS Public Health Outbreak team. ● Communicate during an influenza outbreak that antiviral prophylaxis for staff/HCW is not publicly funded. ● Anticipate and manage the impact of staff/HCW absence on site operations. ● Participate in OMT meetings.

Infection Prevention Control responsibilities

Prior to the outbreak

- Ensure staff/HCW have access to and are familiar with this guide (Guide for Outbreak Prevention and Control in Supportive Living Accommodations).
- Update internal outbreak management resources and review with staff/HCW, including routine IPC practices and additional precautions.
- Support staff/HCW to facilitate early recognition and reporting of symptomatic residents (and staff/HCW for GI symptoms).
- Direct IPC practices for symptomatic residents to prevent further transmission.
- Encourage adoption of the PPE Safety Coach program.
- Encourage use of PPE as per the Infection Prevention and Control Risk Assessment (IPCRA) prior to resident interactions.

During the outbreak

- Implementation outbreak control measures including prophylaxis for influenza.
- Complete site reviews and outbreak visits (done by AHS ICP).
- Identify high risk activities that need to be postponed or cancelled.
- Participate in OMT meetings.

Workplace Health and Safety / Occupational Health and Safety responsibilities

Prior to the outbreak

- Facilitate immunizations for staff/HCW, including COVID-19 and influenza in collaboration with the AHS PPO team.
- Reviews internal processes for staff/HCW outbreak management.
- Coordinate N95 respirator fit testing.
- Develop a plan detailing how influenza antiviral prophylaxis will be implemented for unimmunized staff/HCW.

During the outbreak

- Document staff/HCW health and immunization status.
- Assess for staff/HCW exposures and advise regarding work restrictions.
- Identify staff/HCW who may be at risk of exposure and infection.
- Provide work restrictions to staff/HCW during influenza outbreaks.
- Support illness assessment and surveillance of staff/HCW.
- Coordinate reporting of staff/HCW GI illness to the AHS Public Health Outbreak team.
- Communicate with the AHS Public Health Outbreak team if staff/HCW are linked to the outbreak.
- Implement site plan for unimmunized staff/HCW to access and pay for oseltamivir (Tamiflu) prophylaxis.
- Participates in OMT meetings.

Regulated health care provider responsibilities

During the outbreak

- Collect specimens as directed by the AHS Public Health Outbreak team.

Appendix B: Resident isolation for respiratory illness

Use Droplet and Contact precautions for a symptomatic or confirmed resident

Isolation period

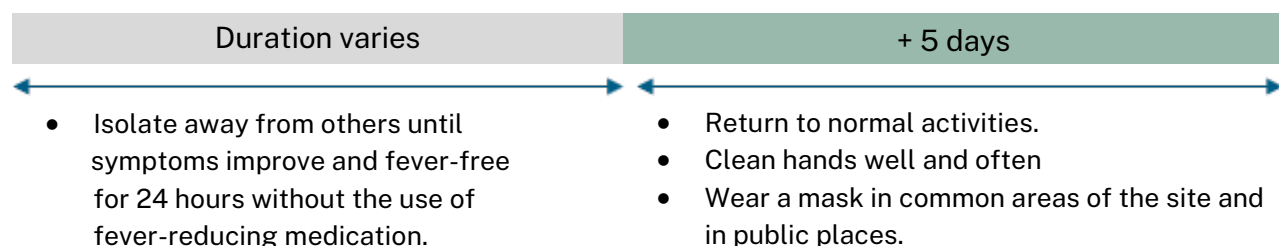
- Duration of resident isolation will vary based on clinical presentation.
- Isolate resident with respiratory illness⁹ on Droplet and Contact precautions until:
 - Symptoms have improved **AND**
 - Resident is feeling well enough to resume normal activities **AND**
 - Resident has been fever-free for 24 hours without the use of fever-reducing medication.
- Encourage resident to clean hands well and often.

Added precautions after isolation ends

For five days after isolation ends, resident is strongly encouraged to:

- Clean hands well and often.
- Wear a mask in common areas in the site and in public spaces.
 - Practice physical distancing or return to room if needing to remove mask, such as during meals.

Figure 1: Isolation period and added precautions after isolation ends



⁹ This includes the following:

- Adenovirus
- COVID-19
- Enterovirus/ Rhinovirus
- Human Metapneumovirus (hMPV)
- Influenza A and Influenza B
- Non-COVID-19 Coronaviruses
- Parainfluenza Type 1, 2, 3, 4
- Respiratory Syncytial Virus (RSV)
- No pathogen has been identified.

Appendix C: Case and outbreak definitions

Case and outbreak definitions are set by Alberta Health and are used to open and report outbreaks.

COVID-19

Case Definition

A person with the virus (SARS-CoV-2) that causes COVID-19 by:

- A positive result on a molecular test [that is a Nucleic acid amplification test (NAATs) such as polymerase chain reaction (PCR)], loop-mediated isothermal amplification (LAMP) or rapid molecular test] that is Health Canada approved or approved by the lab accreditation body of the jurisdiction in which the test was performed

OR

- A positive result on a Health Canada approved rapid/point-of-care (POC) antigen test in a person with clinical illness¹⁰

OR

- Two positive results on a Health Canada approved rapid/POC antigen test completed not less than 24 hours of each other in an asymptomatic person.

Outbreak Definition

Two or more confirmed COVID-19 cases in residents within a seven-day period, with a common epidemiological link¹¹.

Outbreak Duration¹²

14 days (two incubation periods). The outbreak ends on the 15th day following symptom onset of the last resident case.

¹⁰ Clinical illness - any one or more of the following: new or worsening cough, shortness of breath (SOB), sore throat, loss or altered sense of taste/smell, runny nose/nasal congestion, fever/chills, fatigue (significant and unusual), muscle ache/joint pain, headache, nausea/diarrhea).

¹¹ Epidemiological link means the cases need to have been in the setting (same site/same unit) during their incubation period or communicable period.

¹² Day zero is the first day of symptoms Day one is the first full day after symptoms develop. If the person tested is asymptomatic, use date of specimen collection as day zero.

Influenza illness

Case Definition	A person with clinically compatible signs and symptoms of syndromic ILI ¹³ and laboratory confirmation of infection with seasonal influenza virus by: <ul style="list-style-type: none">• detection of influenza virus RNA such as via real-time reverse transcriptase polymerase chain reaction (RT-PCR) OR <ul style="list-style-type: none">• demonstration of influenza virus antigen in an appropriate clinical specimen such as nasopharyngeal/throat swabs OR <ul style="list-style-type: none">• significant rise (that is fourfold, or greater) in influenza IgG titre between acute and convalescent sera OR <ul style="list-style-type: none">• isolation of influenza virus from an appropriate clinical specimen
Outbreak Definition	Two or more confirmed influenza cases in residents within a seven-day period, with a common epidemiological link. ¹¹
Outbreak Duration ¹²¹²	Seven days (a single incubation period). The outbreak ends on the eighth day following symptom onset of the last resident case.

¹³ **Syndromic ILI** is acute onset of respiratory illness which includes cough (new or worsening) and one or more of the following symptoms: fever, shortness of breath, sore throat, myalgia, or arthralgia.

Influenza-like illness (ILI)

<p>Case Definition</p>	<p>Syndromic ILI:</p> <ul style="list-style-type: none"> • Acute onset of respiratory illness which includes cough (new or worsening) and one or more of the following symptoms: <ul style="list-style-type: none"> ○ fever¹⁴ ○ shortness of breath ○ sore throat ○ myalgia ○ arthralgia <p>Pathogen-specific ILI:</p> <ul style="list-style-type: none"> • Positive for non-influenza, non-COVID-19 pathogen from the Respiratory Pathogen Panel (RPP)
<p>Outbreak Definition</p>	<p>Two or more cases of ILI in residents within a seven-day period, with a common epidemiological link¹¹.</p> <p>AND</p> <p>No respiratory pathogen identified OR only one case of any respiratory pathogen identified such as Influenza, COVID-19 and RSV OR at least two cases of a non-influenza, non-COVID-19 respiratory pathogen.</p> <p>Note: ILI outbreaks can be either syndromic or pathogen specific.</p> <ul style="list-style-type: none"> • Examples of syndromic ILI outbreaks include: <ul style="list-style-type: none"> ○ Two or more residents who meet the syndromic case definition OR ○ One resident who meets the syndromic case definition PLUS at least one other resident who meets a pathogen-specific case definition. • Examples of Pathogen specific ILI outbreaks include: <ul style="list-style-type: none"> ○ Two or more residents with the same non-influenza, non-COVID pathogen from the RPP.
<p>Outbreak Duration¹²¹²</p>	<ul style="list-style-type: none"> • If no pathogen is identified: ILI outbreak remains open for seven days. The outbreak ends on the eighth day following symptom onset of the last resident case. • If a non-influenza, non-COVID-19 respiratory pathogen is identified: the outbreak remains open for a single incubation period for that pathogen.

¹⁴ In people 65 years and older, fever may not be prominent.

Pathogen	Outbreak Duration
Adenovirus	14 days (a single incubation period). The outbreak ends on the 15 th day following symptom onset of the last resident case.
Enterovirus Rhinovirus	Three days (a single incubation period). The outbreak ends on the fourth day following symptom onset of the last resident case.
Human Metapneumovirus	Five days (a single incubation period). The outbreak ends on the sixth day following symptom onset of the last resident case.
Non-COVID-19 Coronavirus	Four days (a single incubation period). The outbreak ends on the fifth day following symptom onset of the last resident case.
Parainfluenza Type 1, 2, 3, 4	Six days (a single incubation period). The outbreak ends on the seventh day following symptom onset of the last resident case.
Respiratory Syncytial virus	Eight days (a single incubation period). The outbreak ends on the ninth day following symptom onset of the last resident case.

Gastrointestinal illness

Case Definition	<p>At least ONE of the following criteria must be met and not be attributed to another cause (such as <i>Clostridioides difficile</i> diarrhea, medication, laxatives, diet, or prior medical condition):</p> <ul style="list-style-type: none">• Two or more episodes of diarrhea (loose, or watery stools) in a 24-hour period, above what is normally expected for that individual <p>OR</p> <ul style="list-style-type: none">• Two or more episodes of vomiting in a 24-hour period <p>OR</p> <ul style="list-style-type: none">• One or more episodes of vomiting AND diarrhea in a 24-hour period <p>OR</p> <ul style="list-style-type: none">• One episode of bloody diarrhea <p>OR</p> <ul style="list-style-type: none">• Laboratory confirmation of a known enteric pathogen <p>Note: Lab confirmation is not required.</p>
Outbreak Definition	<p>Two or more cases (with initial onset within one 48-hour period) of GI illness with a common epidemiological link¹¹.</p>
Outbreak Duration	<p>Outbreak duration may vary. The AHS Public Health Outbreak team determines outbreak duration.</p> <ul style="list-style-type: none">• Generally outbreaks are ended according to either timeframe below (whichever comes first):<ul style="list-style-type: none">○ 48 hours from symptom resolution in the most recent case OR○ 96 hours from onset of symptoms in the most recent case.

Mixed respiratory pathogen and mixed pathogen outbreaks

A **mixed respiratory pathogen outbreak** may result when a combination of lab positive respiratory pathogens/viruses are identified. Similarly, a **mixed pathogen outbreak** could result when virus(es) causing respiratory and GI symptoms are co-circulating in a site.

Outbreak Duration	The AHS Public Health Outbreak team determines if the site has a mixed pathogen outbreak. The general principle of applying the more protective outbreak control measures will be followed.
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Note: During mixed respiratory and GI illness outbreaks, the AHS Public Health Outbreak teams from Communicable Disease Control and Safe Healthy Environments Public Health Inspectors collaborate with the site and each other to control the outbreaks. Processes may vary by zone.

Appendix D: ProvLab specimen collection guidance

Resources for specimen collection

- Check the [ProvLab Bulletins](#) for the most current information on specimen collection, testing, and interpretation of lab results.
- Use the [Specimen Collection Kit/Requisition Order Form](#) to order specimen collection supplies.
- Use [Education Resources](#) from the Public Health Laboratory (ProvLab) for instructions and demonstrations on specimen collection.

Respiratory specimens

Collect respiratory specimens for respiratory illness outbreak management when directed by the AHS Public Health Outbreak team.

How to complete the lab specimen requisition for Respiratory Specimens

- Complete [COVID-19 and Other Respiratory Viruses Requisition \(Provincial\)](#)

Follow directions in the [General Test Ordering and Specimen Collection Information – Clinical Specimens](#) to complete the requisition.

- Include the exposure investigation number (EI number) provided by the AHS Public Health Outbreak team for the current outbreak.
- Use the Most Responsible Health Practitioner as the **Authorizing Provider Name**. Do not use the Zone MOH.

How to collect nasopharyngeal (NP) and throat swabs

- The amount of virus is greatest in acute phase of illness, usually within the first 48-72 hours of symptom onset. This is the optimal window for specimen collection.
- NP swabs are the preferred specimens for respiratory virus testing.
 - Refer to [Collection of a Nasopharyngeal and Throat Swab for Detection of Respiratory Infection](#).
 - If nasopharyngeal swabs are difficult to collect, throat swabs collected in viral transport media are acceptable alternatives for COVID-19 testing. An RPP cannot be completed on a throat swab.

GI specimens

Collect stool specimens for GI outbreak management when directed by the AHS Public Health Outbreak team.

- Norovirus can be detected in stool by ordering a Gastroenteritis Viral Panel (LAB

1901) but cannot be isolated from vomit. Do not collect vomit specimens.

- An EI number is required on the requisition or norovirus testing may not be completed in the analysis. Obtain an EI number from the AHS Public Health Outbreak team prior to collecting outbreak stool specimens.
- Results are usually available on Netcare within 48 hours. The AHS Public Health Outbreak team will report the result to the ICP/ICD/designate within one business day of receipt of results from the lab.

How to complete the lab specimen requisition for stool specimens

- Complete the [Serology and Molecular Testing Requisition form](#).

Follow directions in the [General Test Ordering and Specimen Collection Information – Clinical Specimens](#) to complete the requisition.

- Include the EI number provided by the AHS Public Health Outbreak team for the current outbreak.

How to collect stool specimens

- Follow instructions in [How to Collect a Stool Specimen](#).
- Collect stool specimens from residents with acute diarrhea illness. Preferably, collect within 24-48 hours of onset of symptoms.
- When directed, collect one stool specimen from up to five symptomatic residents per outbreak investigation (EI number). This number of specimens is usually sufficient to determine the etiology of the outbreak.

Transport specimens to ProvLab

- Sites are responsible for arranging transport of specimens.
- Follow ProvLab standards for transporting specimens at [Laboratory Test Directory & Collection Information](#).
- **Urban sites:** Batch together and transport specimens to the ProvLab within 24 hours of collection.
- **Rural sites:** Transport lab specimens to ProvLab as directed by the AHS Public Health Outbreak team or by the fastest means possible.
- AHS managers and staff can access the My Learning Link Transportation of Dangerous Goods (TDG) Class 6.2 Infectious Substances modules on safe specimen transport. If staff member does not have access to My Learning Link, connect with manager to determine where this learning can be accessed.

Appendix E: Influenza outbreak work restrictions for asymptomatic staff/HCW

The AHS Public Health Outbreak team will provide recommendations for immunization, antiviral prophylaxis and/or work restrictions for staff/HCW during influenza outbreaks. Oseltamivir (Tamiflu) antiviral prophylaxis is recommended according to the Alberta Health Influenza Antiviral Drug Policy. Sites are to identify staff/HCW who are recommended to take antiviral prophylaxis and advise them how to access it.

For staff/HCW with symptoms, manage as per [symptomatic staff/HCW](#).

Assessment to determine if asymptomatic staff/HCW may work on the outbreak unit

A staff/HCW is considered to be **adequately protected** against influenza if:

- They have had the annual influenza vaccine **AND**
- It has been at least 14 days since influenza immunization.

Asymptomatic staff/HCW who were immunized at least 14 days prior

- Staff/HCW immunized 14 days prior are considered to have adequate protection against influenza
 - There is no work restriction. Staff/HCW may continue to work on the outbreak unit/site.
 - Antiviral prophylaxis is not recommended.

Asymptomatic staff/HCW without adequate protection against influenza

Refer to the table below for work restriction and antiviral prophylaxis recommendations for staff/HCW who are:

- Immunized with annual influenza vaccine less than 14 days ago **OR**
- Not immunized with annual influenza vaccine
 - Offer influenza vaccine immediately to unimmunized staff/HCW.

Antiviral prophylaxis and work restriction recommendations

Asymptomatic staff/HCW	Accepts antiviral prophylaxis	Does not accept antiviral prophylaxis
<p>Immunized with annual influenza vaccine less than 14 days ago</p>	<ul style="list-style-type: none"> • May continue to work on the outbreak site/unit AND • Take antiviral prophylaxis until at least 14 days since immunization or until the outbreak is over (whichever is shorter). • There is no waiting period between starting antiviral prophylaxis and working. 	<p>First 3 days (72 hours)</p> <ul style="list-style-type: none"> • Restricted from working at any site and will monitor for symptoms for 3 days (72 hours) from last day worked on outbreak site/unit. <p>Day 4 to end of outbreak if remains asymptomatic</p> <ul style="list-style-type: none"> • May be reassigned to a non-outbreak site/unit for at least 14 days since immunization or until the outbreak is over (whichever is shorter). <ul style="list-style-type: none"> ○ May then return to home site/unit. • If reassignment is not possible restrict from work for at least 14 days since immunization or until outbreak is over (whichever is shorter). <ul style="list-style-type: none"> ○ May then return to work.
<p>Not immunized with annual influenza vaccine</p>	<ul style="list-style-type: none"> • May continue to work on the outbreak site/unit if they take antiviral prophylaxis until the outbreak is over. • There is no waiting period between starting antiviral prophylaxis and working. 	<p>First 3 days (72 hours)</p> <ul style="list-style-type: none"> • Restricted from working at any site and will monitor for symptoms for 3 days (72 hours) from last day worked on outbreak site/unit. <p>Day 4 to end of outbreak if remains asymptomatic</p> <ul style="list-style-type: none"> • May be reassigned to a non-outbreak site/unit for the duration of the outbreak. <ul style="list-style-type: none"> ○ May then return to home site/unit. • If reassignment is not possible restrict from work until outbreak is over. <ul style="list-style-type: none"> ○ May then return to work.