

High-Level Summary of Outbreak Control Measures for LTCHs, RHs, CLSs

ak ons		Suspect	Confirmed
	COVID-19	 One RAT or PCR positive resident who has reasonably acquired the infection in the home. 	 Two RAT or PCR positive residents within 7 days with a common link (e.g., unit, floor) where both cases have reasonably acquired the infection in the home.
		Suspect	Confirmed
	Influenza	 One laboratory-confirmed case of influenza. 	 Two cases within 48 hours with any common link (e.g., unit, floor) AND at least one case is lab- confirmed with influenza.
orea itio		Suspect	Confirmed
Outbreak Definitions	Respiratory (other)	 Two cases of respiratory illness within 48 hours with any common link (e.g., unit, floor). 	 ✓ Three cases of respiratory illness within 48 hours with any common link (e.g., unit, floor)
		Suspect	Confirmed
	Enteric	 If an outbreak is suspected, notify your local health unit to support you with the investigation and management. 	 Two or more cases of gastroenteritis within 48 hours with any common link (e.g., unit, floor) with initial onset within a 48-hour period.
	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
		Case Isolation	
	COVID-19	 10 days from symptom-onset or test date, if asymptomatic. After 5 days, the case may come out of their room IF fever-free and symptoms have been improving for 24 hrs AND they can appropriately mask. They must not take part in activities that involve mask removal, for 10 days from symptom-onset date. 	 5 days from symptom-onset date or test date, if asymptomatic. After 5 days, isolation may be discontinued IF the case is fever-free and symptoms have been improving for 24 hrs. For 10 days from symptom onset, case should maintain distance from others & wear a mask, except when eating & sleeping.
		Additional Precautions	
		✓ Droplet Contact: Medical mask or N95, eye protect	tion, gown & gloves.
		✓ Universal Masking: Recommended for all suspect	and confirmed COVID-19 outbreaks.
		Assessment & Monitoring	
		 Assess cases twice daily to identify new & worseni 	ng symptoms.
Case Management		Antivirals	
		 Consult with the resident physician or pharmacist Case Isolation 	about treatment of COVID-19 cases.
	Respiratory (non-COVID-19)	 Generally, 5 days from symptom-onset date or un duration of isolation may be extended for pathoge hMPV. 	
		Additional Precautions	
		 Droplet Contact: Medical mask, eye protection, go Universal Masking: Recommended for all suspect 	
		 Universal Masking: Recommended for all suspect Assessment & Monitoring 	
		 ✓ Assess cases at least once daily to identify new & v 	worsening symptoms.
		Antivirals	
		 Consult with the resident physician or pharmacist about treatment of influenza cases. 	
	Enteric	Case Isolation	
		 Until 48 hours after symptom resolution. Note: The duration of isolation should be extended to 72 hours after symptom resolution for Norovirus outbreaks. 	
		Additional Precautions ✓ Contact: Gown & gloves. Note: Medical mask & eye protection should be used if there is a risk of	
		aerosolization (i.e. projectile vomiting or explosive	
	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
Contact Management		Roommate Close Contacts	Asymptomatic Close Contacts (all)
	COVID-19	 Isolate on additional precautions for 5 days from the date the case became symptomatic or tested positive, if asymptomatic. Instruct to wear a mask, if tolerated, when receiving care & outside their room, and distance from others, for 7 days from last exposure to the case. Monitor for symptoms twice daily. 	 Do not need to isolate or be placed on additional precautions. Instruct to wear a mask, if tolerated, and distance from others, for 7 days from last exposure to the case. Cohort separately from non-exposed residents and isolate and test promptly if symptoms start

		Non-Roommate Close Contacts	
		✓ Do not need to isolate or be placed on additional propertients	
		additional precautions. ✓ Instruct to wear a mask , if tolerated, and	
		distance from others, for 7 days from last	
		exposure to the case.	
		 Cohort separately from non-exposed residents and isolate and test promptly if symptoms start 	
		Roommate Close Contacts	
	Respiratory (non-COVID-19)	✓ Isolation is not required. Close contacts should wear a mask, if tolerated, and maintain distance from	
(1		others for 10 days from symptom-onset in the case and they should be monitored for symptoms at least once daily.	
		Non-Roommate Close Contacts	
		✓ Isolation is not required. Should be encouraged to wear a mask, if tolerated, and physically distance from	
		others for 7 days following their last exposure to the case and they should be monitored for symptoms at least once daily.	
		Antivirals	
		✓ Initiate antiviral prophylaxis for well residents during confirmed influenza outbreaks, per PHU	
		direction/facility policy.	
		 Important: Only some settings are eligible for antiviral prophylaxis during influenza outbreaks. Antiviral prophylaxis should be addressed in facility policies to ensure there are no delays in providing medication 	
		during an outbreak.	to ensure there are no delays in providing medication
		✓ For more information, refer to Appendix B in the F	
		Control in Institutions and Congregate Living Setting	
ic	Type of Illness	Long-Term Care & Retirement Ho	mes & Congregate Living Settings
Symptomatic Staff	Respiratory	 Staff with new & unexplained respiratory symptom have been improving for 24 hours and no fever pre- 	ns should be directed to self-isolate until symptoms esent
	Gastroenteritis	✓ Staff with new & unexplained enteric symptoms should be directed to self-isolate until 48 hours after symptoms resolve. This may be modified once the pathogen is known i.e. 72 hours for norovirus cases.	
	Outbreak Type	Long-Term Care & Retirement Homes	Congregate Living Settings
		✓ Refer to PHOL test information index for more	✓ Consult with your local PHU for outbreak testing
<u> </u>			consult with your local into for outbreak testing
tbreak sting	Respiratory	information on specimen collection, storage, and transportation: <u>Respiratory Outbreaks</u>	recommendations.
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Reference: <u>Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings Ministry of Health</u> <u>Effective: April 2024</u>