



# **Infection Prevention & Control Outbreak Management of Coronavirus Disease (COVID-19)**

July 2<sup>nd</sup>, 2020  
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Version 2.1

## **GENERAL**

### **1.1 Assessment and Reporting Healthcare Workers and Admitted Patients**

All Healthcare Workers (HCWs) must self screen for the following signs and symptoms of COVID-19 as per the Horizon self screening assessment tool. The Assessment Tool is posted at all HCW entrances. If the HCW answers yes to any of the screening questions they must not enter the facility. HCWs are advised to self-isolate, immediately notify Employee Health Services and follow the appropriate absence notification process

All admitted patients are monitored for signs and symptoms of COVID-19 twice daily (every 12 hours) to assess changes in health status.

#### Clinical Signs and Symptoms of COVID-19

- Fever (signs of fever)
- A new cough, or worsening chronic cough
- Sore throat
- Runny nose
- Headache
- A new onset of fatigue
- A new onset of muscle pain
- Diarrhea
- Loss of sense of taste
- Loss of sense of smell
- In children, purple markings on the fingers and toes

Nursing immediately advises Infection Prevention and Control (IPC) and Nurse Manager if any inpatient exhibits 2 or more of the clinical symptoms of COVID-19. On evenings and weekends the Nursing Supervisor and/or Administrative Officer is notified.

### **1.2 IPC Precautions**

- Nursing initiates **Droplet/Contact Precautions** and posts a [Droplet/Contact sign](#) in a visible location outside the entrance to the patient's room.
- Nursing places patient in private room.
- If a private room is not available, IPC in consultation with Infectious Diseases/Medical Microbiologist will determine patient accommodation options.
- Nursing assess patient if he/she severe/critically ill and there is a risk that an AGMP will be required patient is transferred to an Airborne Infection Isolation Room (AIIR) following consultation with IPC.
- Roommates remain cohorted and are isolated individually on Droplet/Contact Isolation Precautions.
- Nursing ensures privacy curtains are pulled closed around each bedspace.
- Nursing collects a swab for COVID-19 as per [COVID-19 Testing Clinical Order Set](#)
- Nursing notifies local Area Public Health, as per local Area process.
- Nursing documents a focused assessment.
- Nursing provides the patient with information on [Additional Isolation Precautions](#) (HHN-0605).
- Nursing ensures the availability of supplies on nursing unit including:
  - PPE and isolation carts
  - Hand hygiene products
  - Environmental cleaning
  - Linen/laundry
  - Outbreak signage
- HCWs refer to the [Infection Prevention and Control Guidance for The Management of Suspect / Confirmed COVID-19 Patients](#).

- HCWs complete a [Point of Care Risk Assessment \(PCRA\)](#) prior to providing care as per [Infection Prevention and Control Routine Practices](#) (HHN-IC-015).
- HCWs perform hand hygiene as per [Hand Hygiene](#) (HHN-IC-005).
- HCWs follow respiratory hygiene/etiquette as per [Infection Prevention and Control Routine Practices](#) (HHN-IC-015).
- Regional Medical Officer of Health in consultation with Infectious Diseases/Medical Microbiologist will make the decision when the outbreak is declared over.

**IMPORTANT:** HCWs adhere to the [Continuous Masking Directive](#).

**IMPORTANT:** HCWs do not eat or drink at the Nurses station or charting areas as per [Infection Prevention and Control Routine Practices](#) (HHN-IC-015). HCWs may eat and drink in designated staff lounges respecting the physical distancing requirement of 2 metres (6 feet).

**IMPORTANT:** Restrictions regarding patient admissions/re-admissions/transfers and activities are modified or lifted following consultation with IPC, RMOH, Infectious Diseases/Medical Microbiologist. When restriction of admissions/transfers is unduly impacting the availability of acute care beds for patients requiring urgent care, IPC and local Area Emergency Operations Centre (EOC) assess the circumstances surrounding the restriction.

### 1.3 Outbreak Definitions/Notifications

#### **COVID -19 Confirmed Case Definition**

A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital or reference laboratory (NML or a provincial public health laboratory) running a validated assay.

#### **Definition of a COVID-19 outbreak involving inpatients only**

One positive specimen for COVID-19 identified as a nosocomial (hospital acquired) case is considered a confirmed outbreak.

#### **Definition of a COVID-19 outbreak involving staff only**

If two or more HCWs working in the same department within a facility are identified as COVID-19 positive within 14 days and it is determined that the acquisition of the infection occurred within the hospital setting and is not associated with travel or community this is considered a confirmed outbreak.

#### **Notifications/Contact Tracing**

- IPC verbally notifies local Area Public Health of the positive test results within 1 hour and completes and submits a [Notifiable Diseases and Events Notification Form](#).
- IPC notifies Employee Health Services (EHS) of inpatient positive test result.
- EHS notifies IPC of HCW positive test results.
- IPC and EHS in consultation with the Regional Medical Officer of Health, and Infectious Diseases/Medical Microbiologist, review the data to confirm patients/HCWs meet the COVID-19 case definition before declaring an outbreak.
- IPC notifies the Co-leads of the local Area Emergency Operations Centre (EOC) that the unit/facility is in an outbreak by phone. A local Area EOC meeting is scheduled by the local Area EOC co-leads.

Contact Tracing is initiated

- IPC will:
  - manage inpatient contact tracing and notify local Area Public Health of contacts who have been discharged from hospital.
  - identify all patients who have recently been transferred off the unit to other units or facilities.

- notify the other units or facilities of the suspected exposure.
- ensure all transferred patients are managed on Droplet/ Contact Precautions and monitored every 4 hours while awake for signs and symptoms of COVID-19 until 14 days after their last exposure.
- EHS manage HCW/Volunteer contact tracing.
- local Area Public Health manage community contact tracing.

#### **Local Area Emergency Operations Centre**

- Establishes a facility [Outbreak Management Team \(OMT\)](#).
- Co-leads act as conduit to the Horizon Emergency Operations Centre (HEOC).
- Local Area IPC Manager acts as conduit to ID/IPC COVID -19 Committee.
- Ensures outbreak restrictions are communicated to local Area stakeholders i.e., HCWs, volunteers, students, patients, families and the public. Consults with IPC and OMT to determine: room/unit closures, admissions and transfer restrictions, cohorting patients with the same illness, and/or cohorting exposed asymptomatic patients.
- Determines when to activate COVID -19 Units.
- Ensures visitation restrictions remain in place.

#### **Outbreak Management Team**

- Executive Director/Facility Manager or designate collaborates with IPC to plan and implement a response to the outbreak.
- Schedules daily meetings
- Ensures all outbreak activities and measures are documented in the [Outbreak Management Meeting Record](#) and are shared with local Area EOC.
- Works with IPC and ServiceNB to ensure adequate availability of all supplies (i.e., hand hygiene products, Personal Protective Equipment (PPE), linen, laboratory testing supplies, etc.) through notification of appropriate departments.
- Collaborates with IPC and EHS regarding:
  - Cohorting HCWs assignments.
  - Cohorting HCWs to affected areas if practical or assigning HCWs to care for asymptomatic patients before symptomatic patients and batching patient care.
  - Minimizing/restricting movement of HCWs, students or volunteers between floors/areas, especially if some areas are not affected.
- Collaborate with Communications to Implement a communications plan considering the need to communicate with:
  - staff in the affected area.
  - staff across the organization.
  - patient and families.
  - the broader public (e.g., on the hospitals website).
  - the media.

#### **1.4 Administrative Measures**

- Local Area EOC notifies appropriate HCWs/departments within the facility as indicated by local Area practices (i.e. Administration, EHS and Environmental Services (EVS) and ServiceNB).
- The Most Responsible Physician (or Designate) notifies inpatients/substitute decision maker of the exposure situation and of testing requirements
  - The disclosure process is completed in accordance with the Patient Safety Incident Management: Harmful Incidents, No Harm Incidents, Near Misses and Multi-Patient Events (HHN-SA-002) policy.
- IPC posts outbreak signage at the entrance to the unit and/or facility advising HCWs and visitors of necessary precautions.

- The Nurse Manager/Charge Nurse review inpatient vaccination status. COVID-19 vaccination is offered to those inpatients who are unvaccinated or partially vaccinated as per vaccine schedule.
- IPC and Nursing maintain surveillance to identify and report new cases.
- IPC and Nursing maintain and update a daily [Line List - COVID-19 Respiratory Outbreaks in an Acute Care Facility](#).
- IPC provides the COVID-19 Respiratory Outbreaks in an Acute Care Facility line list to local Area Public Health on a daily basis.
- Nursing monitors the index case and all other inpatient contacts for signs and symptoms of COVID - 19 every four hours while awake to assess for a change in health status.
- All exposed patients are rapid tested for COVID-19 following notification of exposure. Patient testing is repeated on days 5 and 10 and 14 post exposure if patient remains hospitalized. If an inpatient develops symptoms post exposure a rapid test is completed. Post exposure testing regimens may be adjusted following consultation with Infectious Diseases/Medical Microbiologist. This may include PCR testing performed by the Provincial Laboratory.
- Nursing in consultation with IPC ensure proper collection of appropriate specimens.
- Managers advise symptomatic HCWs to isolate immediately and contact EHS for assessment and decision regarding work exclusion.
- The Nurse Manager/Charge Nurse in consultation with EHS review HCW vaccination rates and promote HCW vaccination.
- The Nurse Manager/Charge Nurse monitor HCW absences in association with the outbreak.
- The Nurse Manager/Charge Nurse completes, maintains and communicates to EHS, Administrative Director, Executive Director and Outbreak Management Team a [HCW Outbreak Line List](#). EHS ensures that HCWs are advised of recommendations and work restrictions.
- EHS provides daily updates on HCW exclusions to the Nurse Manager/Charge Nurse and IPC.
- EHS consults with Regional Medical Officer of Health, Infectious Diseases/Medical Microbiologist re: management of exposed and symptomatic HCWs.
- IPC advises EVS regarding need for enhanced environmental cleaning.
- IPC notifies the Regional Medical Officer of Health of outbreak as per the New Brunswick Public Health Act ([form](#)).
- IPC and Nurse Manager/Charge Nurse facilitate a debrief session when the outbreak is declared over.
- IPC maintains a presence on the outbreak unit to provide education on COVID -19 symptom surveillance and reporting, the key elements in an outbreak response and PPE donning and doffing ensuring the "Buddy" system has been implemented.
- IPC audits hand hygiene compliance, PPE accessibility and compliance.

### 1.5 Enhanced Environmental Cleaning Measures

- EVS refers to the [Infection Prevention and Control Guidance for The Management of Suspect / Confirmed COVID-19 Patients](#) for additional guidance.
- EVS implements enhanced environmental cleaning using an approved hospital grade cleaner/disinfectant. Current EVS cleaners/disinfectants are effective against Coronavirus
- EVS use fresh mop head, cloths, cleaning supplies and cleaning solutions to clean affected rooms and provides a dedicated toilet brush for each toilet/commode.
- EVS cleans and disinfects all patient rooms, nurses' station, common areas and [frequently touch surfaces](#) such as computer carts, medication carts, computer screens, telephones, touch screens etc. twice a day and when soiled, or as recommended by IPC.
- EVS cleans staff lounge/lunchroom after breaks and meal times.
- Nurse Manager/Charge Nurse ensure work areas, i.e., nursing station, medication carts/room and patient care environment are accessible and free of clutter for EVS to clean and disinfect all surfaces.
- Nursing ensures that reusable non-critical equipment is dedicated to the use of one patient. If equipment cannot be dedicated it is cleaned and disinfected with an approved hospital grade

cleaner/disinfectant. Refer to [Cleaning/Disinfection of Non-Critical Patient Care Equipment and Electronic Devices](#) (HHN-IC-006).

- EVS terminally cleans the patient's room when the patient is taken off isolation.
- EVS and Nursing discard items that cannot be appropriately cleaned and disinfected upon patient discharge or transfer.
- Nursing ensures patient owned items are taken home by patient and unwanted items discarded at patient discharge.
- EVS and Nursing discard single-use disposable equipment into a trash can after use.
- EVS and Nursing ensure that patients personal care items (e.g., tissues, lotions, soaps, razors) and disposable equipment, such as containers used for blood collection or tourniquets left in the room following transfer/discharge are discarded.

## **1.6 Patient Restrictions**

- Infected patients should be transferred to the facility COVID Unit if available.
- If the COVID-19 unit is at over capacity, consideration may be given to make the outbreak unit an extension of the COVID-19 unit.
- Place all patients on the outbreak unit on droplet/contact precautions where operationally possible.
- If Droplet and Contact Precautions for all patients is not operationally possible, isolate all high-risk contacts. At minimum, patients should be confined to their rooms except for essential medical tests and procedures.
- Patients who are within 3 months of onset of prior COVID-19 infection may not require isolation or testing if they remain asymptomatic. This decision is made in consultation with IPC and Infectious Diseases/Medical Microbiologist.
- Nursing ensures all patients wear a medical grade face mask when out of their room for essential medical procedures
- IPC and Nursing ensure patient restrictions remain in place until the outbreak has been declared over.
- IPC in consultation with Infectious Diseases/Medical Microbiologist determine when the outbreak is declared over.
- Nursing consults with IPC for assistance with adapting patient activities.
- Nursing restrict symptomatic patients to their room on droplet/contact precautions with meals delivered to them.
- Treatments such as physiotherapy or occupational therapy are restricted to the symptomatic patient's room. This can be adapted on a case by case basis following consultation with Regional Medical Officer of Health and Infectious Diseases/Medical Microbiologist.
- IPC and Nursing restrict asymptomatic patients to the outbreak unit, unless a transfer is clinically indicated.
- If it is determined that asymptomatic patients will remain on the outbreak unit every effort is made to ensure they remain in their room/bedspace on droplet/contact precautions.
- If transfer is clinically indicated the receiving unit/facility is notified that the patient should be placed on droplet/contact precautions until 14 days from last date of exposure.
- Nursing ensures that medically necessary activities and appointments are kept and notifies the receiving facility/department so that appropriate precautions can be taken for the patient.
- Nursing cancels previously scheduled patient social activities and events on the affected unit(s) for the duration of the outbreak.
- Nursing cancels or postpones previously booked non-patient events (i.e. meetings, HCWs in-service) on an outbreak unit/facility.
- IPC ensures that symptomatic patients remain on isolation precautions.

## **1.7 Transfers from an Outbreak Unit/ Facility to another Unit/Facility**

- If the nosocomial case(s) occur in a community hospital, infected patients will be transferred to a regional hospital.

- Patients will not be transferred to a long-term care facility until IPC and public health have determined that the infection is resolved.
- The outbreak unit is closed to admissions and non-urgent transfers.
- If an admission/ transfer to another facility occurs during a confirmed COVID-19 outbreak, Nursing collaborates with the receiving facility prior to patient discharge. The patient is not transferred until the receiving facility is aware of:
  - the outbreak,
  - IPC precautions required,
  - consent to the transfer.

The outbreak facility notifies the transporting HCWs and the receiving facility that the patient is being transferred from a facility experiencing an outbreak. If tolerated, symptomatic patients should wear a medical grade surgical/procedure mask during transfer.

### **1.8 Healthcare Worker Restrictions**

- Refer to [Occupational Exposure Policy and Employee Health Response](#).
- Refer to the following Standard Operating Procedures: [COVID-19 Surveillance, Consult of Symptomatic Health Care Worker with Negative Swab](#) and [Consult of Symptomatic Health Care Worker with Positive Swab](#).
- The number of HCWs caring for COVID-19 patients should be minimized whenever possible
- HCWs should be co-horted to work only with COVID-19 patients whenever possible.
- HCWs working on an outbreak unit (or a facility with an outbreak) who work at other facilities must notify EHS at those facilities about their exposure to the outbreak unit.
- Students are not permitted to work on an outbreak unit.

### **1.9 Visitor Restrictions**

- All visits (Visitor/DSP) are restricted.
- HEOC/Communications advise the Public through various methods such as social media, PSA, and signage, regarding visitor restrictions.

### **1.10 Volunteer Restrictions**

- Volunteers are not permitted to work during an outbreak.

### **1.11 Meals/Nourishment Areas/Sharing Food**

- IPC ensures that the dining room (if applicable) on the affected Nursing unit is closed and patients dine in their room and all communal activities are postponed until outbreak has been declared over.
- IPC and Nursing restrict access to kitchen/nourishment areas and there is no communal sharing of food in outbreak areas.
- Nursing ensures shared food containers are removed and medication water pitchers are sent daily to Nutrition and Food Service for cleaning.

**NOTE:** Use of disposable plates and cutlery by symptomatic patients is not required.

### **1.12 Pets**

Pets will not visit on affected units.

### **1.13 Recreational Reading Material and Games**

- IPC and EVS ensure magazines, books and puzzles in waiting rooms and patient lounges are removed and discarded.
- IPC and EVS will assess and remove furniture that is damaged or cannot be cleaned.
- Nursing provides children or adults on droplet/contact precautions with dedicated toys, books, magazines, and puzzles, which are discarded, and personal items taken home on discharge.

**IMPORTANT:** Volunteer carts that take books and magazines to patients are not taken into patient bed spaces or rooms where Droplet/Contact Precautions are in place, or onto units with outbreaks.

#### **1.14 Surveillance Post-Outbreak**

- IPC surveillance is maintained after the outbreak has been declared over and after restrictions have been lifted.
- IPC in consultation with Regional Medical Officer of Health, Infectious Diseases/Medical Microbiologist assess to determine if restrictions should be implemented if new cases of HCA (nosocomial) COVID-19 are identified following the outbreak.

#### **DEFINITIONS**

**High Touch Surfaces:** Include but are not limited to: bed rails, call bell cords, bathroom surfaces (taps, toilet handles), door knobs, light switches, elevator buttons, tables, counter tops, nourishment areas (fridges, ice machines, cupboard handles).

#### **RELATED DOCUMENTS**

[Droplet Contact Precautions Sign \(HHN-0378\)](#)

[COVID-19 Clinical Order Set](#)

[Line List - COVID-19 Respiratory Outbreaks in an Acute Care Facility](#)

[Additional Isolation Precautions \(HHN-0605\)](#)

[Infection Prevention and Control Guidance for The Management of Suspect/Confirmed COVID-19 Patients](#)

[Infection Prevention and Control Routine Practices \(HHN-IC-015\)](#)

[Point of Care Risk Assessment \(PCRA\) Algorithm](#)

[Hand Hygiene \(HHN-IC-005\)](#)

[Directive on the Continuous Use of Masks for Full Shifts in Health-care Settings](#)

[Outbreak Management Team Membership](#)

[Outbreak Management Structure Meeting Record of Actions](#)

[Healthcare Worker Outbreak Line List](#)

[Notifiable Diseases and Events Notification Form](#)

[Cleaning/Disinfection of Non-Critical Patient Care Equipment and Electronic Devices \(HHN-IC-006\)](#)

[Occupational Exposure Policy and Employee Health Response \(HHN-HR-031\)](#)

[EHS SOP: COVID-19 Surveillance](#)

[EHS SOP: Consult of Symptomatic Health Care Worker with Negative Swab](#)

[EHS SOP: Consult of Symptomatic Health Care Worker with Positive Swab](#)



## REFERENCE(S)

- Alberta Health Services: Guidelines for Outbreak Prevention, Control and Management in Acute Care and Facility Living Sites: Includes Influenza and Gastrointestinal Illness. August 2016
- Provincial Infection Control Network of British Columbia. Respiratory Infection Outbreak Guidelines for Healthcare Facilities Reference Document for use by Health Care Organizations for Internal Policy/Protocol Development. February 2011
- Centers for Disease Control and Prevention - *Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (COVID-19) or Patients Under Investigation for COVID-19 in Healthcare Settings* – Updated April 7, 2020 <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
- Public Health Agency of Canada - *Infection prevention and control for coronavirus disease (COVID-19): April 30, 2020 Interim guidance for acute healthcare settings* – Modified April 30, 2020 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/infection-prevention-control-covid-19-second-interim-guidance.html#a12.1>
- The Public Health Agency of Canada: *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings* November 2016 <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html>
- Government of Canada - Interim national case definition: Coronavirus Disease (COVID-19) – Modified April 2, 2020 <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html>
- Public Health Ontario - *Technical Brief Updated IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19* - Modified April 6, 2020 <https://www.publichealthontario.ca/-/media/documents/ncov/updated-ipac-measures-covid-19.pdf?la=en>
- University Health Network - *COVID-19 Outbreak Information at UHN* [https://www.uhn.ca/Covid19/Pages/Outbreak\\_Information.aspx](https://www.uhn.ca/Covid19/Pages/Outbreak_Information.aspx)



## Outbreak Management Team Membership

### Outbreak Management Team Membership:

#### Team Core members

- Executive Director/Facility Manager
- Infection Prevention & Control Manager
- IP&C Medical Director
- Infectious Diseases Specialist (if available) Public Health/ Medical Officer of Health
- Medical staff as required
- Environmental Services
- Employee Health Services
- Administrative Director
- Nurse Manager of affected unit (s)
- Resource Nurse of affected unit (s)

#### Ad hoc

- Laboratory Services
- Diagnostic Imaging
- Porter Services
- ServiceNB Linen Services
- ServiceNB Supplies
- Nutrition and Food Services
- Public/Media Relations/Communications
- Facilities Engineering Properties Management as required
- Others as required.

## OUTBREAK MANAGEMENT STRUCTURE MEETING RECORD OF ACTIONS

Facility:

Outbreak:

Unit / Floor:

Date:

**LIST OF ATTENDEES:**

Topic (who provides information)	Status / Information	Action	Action Level	Timeline
<b>Outbreak Status</b> <i>(IP&amp;C Manager or Infection Control Practitioner)</i>				
<b>IP&amp;C Issues</b> <i>(IP&amp;C Director / Medical Director or IP&amp;C Manager / Associate Medical Director)</i>				
<b>Public Health Issues - extension into community</b> <i>(Medical Health Officer or delegate)</i>				
<b>Employee Health Services</b> <i>(Director or delegate)</i>				
<b>Care Leads (Issues):</b> <ul style="list-style-type: none"> <li>• Outbreak unit(s)</li> <li>• Other Care Units</li> <li>• ER Impact (if applicable)</li> <li>• Surgical slate impact (if applicable)</li> <li>• Patient access/flow impact (if applicable)</li> </ul> <i>(Manager of designated areas)</i>				
<b>Support Service Leads:</b> <ul style="list-style-type: none"> <li>• Patient Care Leaders</li> <li>• Access Manager / Patient Flow</li> <li>• Environmental Services</li> <li>• Nutrition &amp; Food Services</li> <li>• General Support Services</li> <li>• Stores/Logistics</li> </ul>				

