

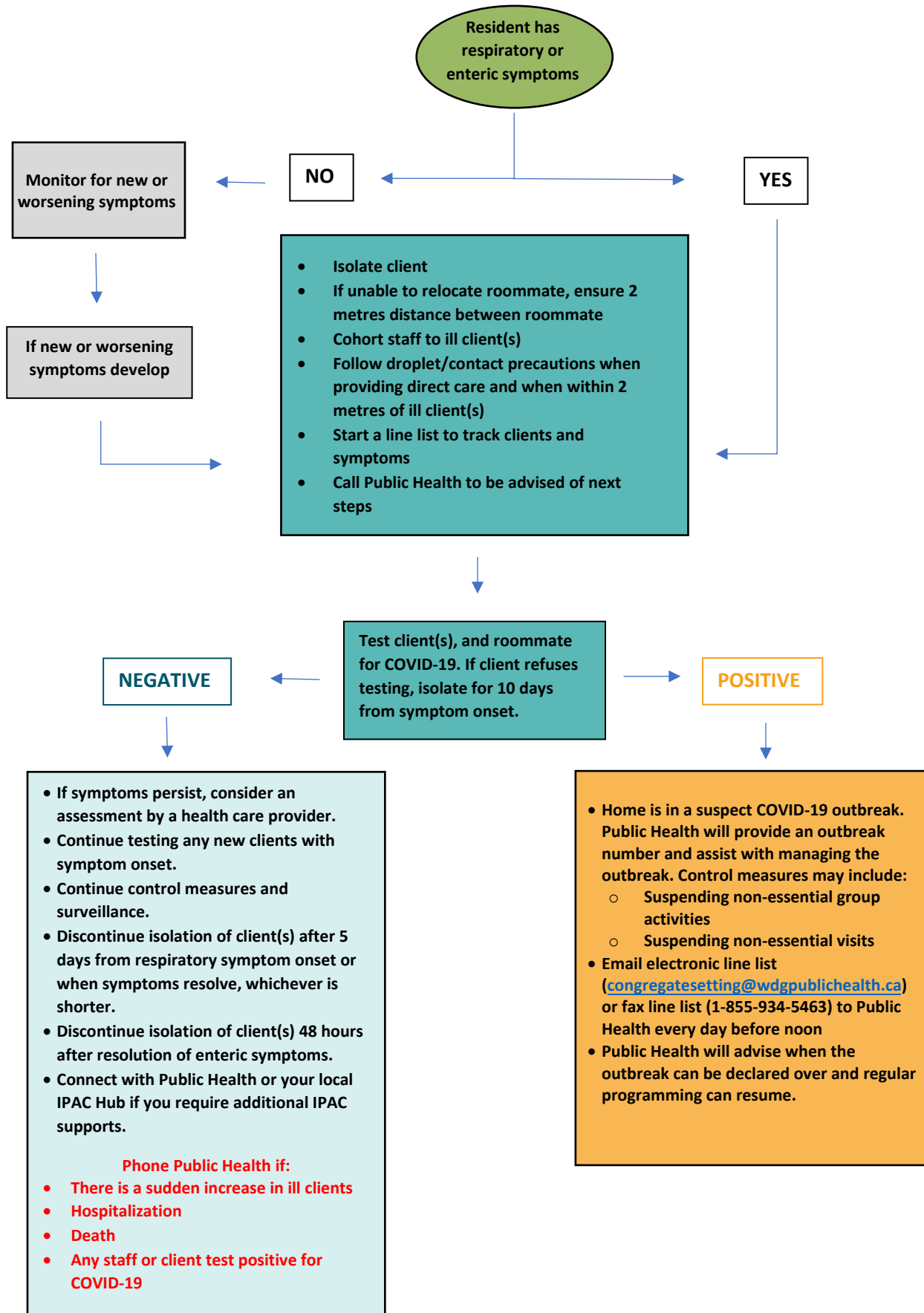
# Information Package for Congregate Settings Experiencing Increased Illness

(for non-Long-Term Care and Retirement Home Settings)



February 2022

# Increased Illness Decision Chart for Congregate Settings



# Illness Checklist: For Congregate Settings

## STEP 1 – Call Wellington-Dufferin-Guelph Public Health to report increased illness rates when:

- There are any clients with respiratory or enteric symptoms

During regular business hours, call Public Health at 1-800-265-7293 ext. 4752. After hours, weekends, and holidays call 1-877-884-8653

When you call, have the following information ready:

- Number of ill clients
- Symptoms
- Date of symptom onset
- Affected area/floor
- Hospitalized cases
- Deaths
- Number of ill staff
- Vaccination rates for clients and staff

## STEP 2 – Start a Line Listing

- Complete a line listing of symptomatic clients and staff. Public Health will provide an electronic template for you to complete that is password protected.
- Submit the line listing to [congregatesetting@wdgpublichealth.ca](mailto:congregatesetting@wdgpublichealth.ca)

## STEP 3 – Isolate and Test Ill Staff and Clients

- Perform a COVID-19 rapid and PCR test. If PCR testing is not immediately available, complete a COVID-19 rapid test. If applicable, transport ill client(s) and their roommate to an assessment centre.
- Have staff visit an assessment centre for testing.
- If there is a positive result, Public Health will assign an outbreak number and help you manage your outbreak.
- If COVID-19 tests are negative, discontinue submission of the line list, continue active surveillance and implement control measures.

If swabs are collected on site, remember to check your swab kits:

- Check expiry dates on NP swab and transport medium (this should be done routinely so you do not have expired kits)
- Include 2 unique identifiers (client's name, date of birth, OHCN) on the sample and complete all sections of the [Public Health Ontario Laboratory Requisition](#)
- Tightly secure cap on transport medium to prevent leakage during transport
- Put specimens in paper bag and refrigerate
- Arrange for pick up

## Isolation Requirements:

- Isolate symptomatic clients and their roommates, if applicable, in their rooms until negative COVID-19 result. Isolation can be discontinued after 5 days from respiratory symptom onset or until symptoms resolve, whichever is shorter. <sup>1</sup> Isolation can be discontinued 48 hours after resolution of enteric symptoms.
- Asymptomatic roommates of symptomatic clients may discontinue isolation when negative COVID-19 result is known.
- If a symptomatic client refuses COVID-19 testing, they should be isolated for 10 days from symptom onset.
- If a symptomatic client shares a room, ensure 2 m / 6 ft distance is maintained or move client to a private room, if possible
- Symptomatic clients and their roommate, if applicable, should receive meals in their rooms while isolating
- Dedicate a washroom for symptomatic clients. If unable, the washroom should be cleaned and disinfected by staff after being used by symptomatic clients
- Healthy clients should be discouraged from visiting affected rooms/areas to limit spread/transmission

## STEP 4 – Implement Control Measures

Refer to the following resources for managing increased illness within your facility:

- [Ministry of Health COVID-19 Guidance: Congregate Living for Vulnerable Populations](#)
- [COVID-19 Guidance for MCCSS-funded and Licensed Congregate Living Settings](#)

## Immunization:

- Remind clients and staff of the benefits of the COVID-19 and yearly influenza immunization.
- Arrange for unimmunized clients to receive an influenza and COVID-19 vaccine.

## Hand Hygiene and Personal Protective Equipment (PPE):

- Reinforce hand hygiene with staff, clients, and visitors
- Provide 60-90% alcohol-based hand rub (ABHR) in common areas and at point-of-care
- Post droplet/contact precaution signage at client room doors.
- Provide PPE, approved cleaner/disinfectant wipes, and a no-touch garbage can with a lid at point-of-care for staff use when entering the room of a symptomatic client while in isolation.

- Use PPE (gloves, gown, mask, and eye protection) when providing direct care to symptomatic clients. Refer to proper techniques for putting on, removal, and disposal of PPE. Staff should care for the asymptomatic roommate prior to caring for the symptomatic client and not universally wear PPE.
- If COVID-19 result is negative and symptoms persist, consider an assessment by a health care provider.
- **Call Public Health if:**
  - 1. There is a sudden increase of clients with respiratory or enteric symptoms**
  - 2. Any symptomatic clients are hospitalized**
  - 3. There are any deaths**
  - 4. Any staff or clients test positive for COVID-19**

### Environmental Cleaning:

- Reinforce environmental cleaning throughout home. Recommendation to increase cleaning and disinfection of high touch surfaces and objects (e.g., light switches, tables, door knobs, washrooms) to at least twice daily until increase in illness returns to base level.
- Use an appropriate disinfectant. Follow manufacturer's instructions for dilution and contact time. It is recommended to use a product that has a short contact time (5 minutes or less)

### Staffing:

- Communicate control measures for isolated clients to staff at the beginning of each shift. Review PPE donning and doffing steps.
- Direct care by the same staff should not be provided to both symptomatic and asymptomatic clients. If this is not possible, staff should care for those who are well prior to those who are symptomatic.
- Staff with respiratory or enteric symptoms should not work at any facility, should isolate and be tested for COVID-19. If results are negative, staff may return to work after 5 days from respiratory symptom onset or until symptoms resolve, whichever is shorter. Staff may return to work 48 hours after resolution of enteric symptoms.
- If a symptomatic staff refuses COVID-19 testing, they should be isolated for 10 days from symptom onset.

### Visitors:

- Visitors may enter the home when there is increased illness but visiting multiple clients should be discouraged
- Visitors must perform hand hygiene when entering and exiting the home, and when leaving client's room
- Visitors must wear PPE when visiting a client under droplet/contact precautions.

### STEP 5 –Active Surveillance

- Conduct daily surveillance of clients for respiratory or enteric symptoms
- If additional ill clients and/or staff are identified, add them to the line list and test for COVID-19.

### IPAC Support

- Additional IPAC Support is available to your facility (on-site or virtually) through Public Health and your local IPAC Hub. If you require advice, education, training, or direct support on IPAC practices, reach out to your local IPAC Hub:
  - Guelph-Wellington Satellite IPAC Hub (WDG Public Health): [congregatesetting@wdgpublichealth.ca](mailto:congregatesetting@wdgpublichealth.ca)
  - Central West Region IPAC Hub (William Osler Health System): [LTC-Support-Intake@williamoslerhs.ca](mailto:LTC-Support-Intake@williamoslerhs.ca)

### References and Resources:

- [Ministry of Health Recommendations for Control of Respiratory Outbreaks in Long-term Care Homes, 2018.](#)
- [Public Health Ontario: Additional Precautions Signage](#)
- [Public Health Ontario: Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19](#)
- [Public Health Ontario: How to put on PPE](#)
- [Public Health Ontario: How to remove PPE](#)
- WDGPH: Criteria for Selecting a disinfectant
- WDGPH: Environmental Cleaning and Disinfection Principles

# Infection Control:

## Protecting Your Health in Congregate Living Settings

### Handwashing fights infections

- Handwashing is the most important thing you can do to prevent illness and infection.
- Your skin is your first line of defense against infection; when it is damaged (e.g., dry or irritated) it is a pathway for infection.
- Hands should be washed when visibly dirty, before preparing or eating food, after coughing, sneezing, smoking, using the washroom, or handling pets.
- Use liquid soap and rub hands together while washing your hands – the friction helps remove bacteria.
- Use paper towel to dry your hands.
- Hand sanitizer can be used when hands aren't visibly dirty, but should not replace handwashing.

### Cover your coughs and sneezes

- Cough and sneeze into your sleeve or a tissue to prevent the spread of germs.
- If you cough or sneeze into your hands, wash them immediately.

### Common germs that make you sick

**Norovirus** occurs year round. The virus causes vomiting and diarrhea and is spread by ingesting virus particles. Even a small amount of the virus can make you sick. It can survive on hands and surfaces for up to 12 days.

**Influenza** is a virus that causes fever, coughing, headaches, and a sore throat. It is spread by coughing and sneezing. The virus can live on surfaces for hours. Get the annual flu shot, and cover your coughs and sneezes.

**Other common respiratory illnesses** include Rhinovirus and Enterovirus. They have similar symptoms as those of influenza and are also spread by coughing and sneezing.

### Environmental Cleaning

- Increase the frequency of environmental cleaning of high touch surfaces.
- Ensure the cleaning product used is effective against norovirus and common respiratory illnesses.

### Reporting illness and outbreaks

- Report any enteric or respiratory symptoms to staff so they can monitor the amount of illness among clients.
- Outbreaks or instances of increased illness are common when people live close together.
- Outbreaks occur when the amount of enteric or respiratory illness exceeds what is “normal” for your congregate living setting.
- Staff must report all illness to Public Health so they can guide next steps:
  - During business hours, 1-800-265-7293, ext. 4752.
  - After hours, 1-877-884-8653
- Protect yourself from becoming ill by washing your hands, getting your annual flu shot, and asking family and friends not to visit when they are feeling unwell.

## Infection do's and don'ts

- Don't share towels, toothbrushes, or bar soap with others.
- Don't share personal care items like nail files, combs and hair brushes **or** make sure they are cleaned and disinfected before and after being used on someone else.
- Do wash your hands after handling animals. Pets can carry and spread illness. Only well pets should visit the home. Cats and dogs must be vaccinated for rabies – all bites and scratches must be reported to Public Health.
- Do ask friends and family members not to visit if they are feeling unwell.
- Do avoid public places and social gatherings if you are sick.

## Resources

- WDGPH Illness Checklist
- WDGPH Criteria for Selecting a Disinfectant
- WDGPH Environmental Cleaning and Disinfection Principles

# Preparing for Influenza Season in Congregate Living Settings

Influenza is an acute viral illness that affects many Canadians every year. Older adults and those with underlying medical conditions are more likely to experience severe symptoms and complications.

Influenza is spread directly from one person to another when infected people cough or sneeze. It can also be spread indirectly through contact with surfaces that are contaminated with the virus (e.g., high touch surfaces like doorknobs, light switches, remote controls, phones).

The most common symptoms are fever and cough. Other symptoms include headache, chills, sore throat, muscle pain, joint pain, weakness and loss of appetite.

## How to keep yourself healthy during influenza season

- The best way to prevent influenza is to **get vaccinated each year**.
- Arrange for residents to receive a flu shot in October.
- Encourage staff and visitors to receive a free flu shot at a pharmacy or from their physician.
- Cover your mouth and nose with a tissue or the bend of your elbow when you cough or sneeze.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub (ABHR) with at least 60% alcohol content. Be sure to rub your hands together for 15 seconds. Pay attention to your thumbs, between fingers, fingernails, and wrists.
- Avoid close contact (less than 2 metres) with other residents.
- Avoid touching your eyes, nose, or mouth; germs are spread this way. Wash your hands or use ABHR before and after touching your eyes, nose, or mouth.

## Environmental Cleaning

- Clean and disinfect frequently touched surfaces at least twice daily including shared washrooms.
- Use an approved cleaner/disinfectant product. Follow product label for directions for use and contact time.

# Understand the Differences Between COVID-19, Influenza, Cold, and Gastroenteritis

Symptoms/Description	COVID-19	Influenza (flu)	Cold	Gastroenteritis (gastro)
Fever	Frequent	Almost always *	Rare	Sometimes
Chills, aches, pains	Sometimes	Frequent	Sometimes	Frequent
Headache	Sometimes	Frequent	Rare	
Loss of appetite	Yes	Sometimes	Sometimes	Frequent
Loss of taste or smell	Sometimes	No	No	No
Cough	Frequent	Almost always	Frequent	Rare
Sore throat	Sometimes	Sometimes	Sometimes	Rare
Shortness of breath or difficulty breathing	Sometimes	No	No	No
Sniffles or sneezes	No	Sometimes	Frequent	Rare
Nausea	Sometimes	Sometimes **	Rare	Almost always
Vomiting	Sometimes **	Sometimes **	Rare	Almost always
Diarrhea	Sometimes **	Rare **	Rare	Almost always
Symptoms appear quickly	Sometimes	Yes	No	Sometimes
Extreme tiredness	Sometimes	Frequent	Rare	Sometimes
Complications	Pneumonia, multi system inflammatory syndrome (can be life threatening)	Pneumonia (can be life threatening)	Sinus infection Ear infection	Dehydration
Immunization available	Yes (COVID-19 shot – <b>free</b> )	Yes (flu shot – <b>free</b> )	No	For some causes of gastro (not free)

\* For children under age five and the elderly, flu is a severe illness. Fever may not be particularly noticeable in children under five years of age or adults aged 65 and older.

\*\* More likely to occur in children under five years of age.

## The best way to protect you and your family is to:

- Clean your hands often. Use an alcohol-based hand rub (60-90% alcohol content) or wash your hands with soap and warm water.
- Cover your mouth and nose when you sneeze or cough. Use a tissue or the bend of your elbow.
- Stay home if you feel sick and limit contact with others.
- Regularly clean and disinfect frequently touched surfaces such as doorknobs, countertops, telephones, and toys.

## Visit these websites to learn more about COVID-19 and flu:

- [wdgpublichealth.ca/flu](http://wdgpublichealth.ca/flu)
- [wdgpublichealth.ca/vaccine](http://wdgpublichealth.ca/vaccine)
- [ontario.ca/flu](http://ontario.ca/flu)
- [covid-19.ontario.ca](http://covid-19.ontario.ca)



# Criteria for Selecting a Disinfectant

If reviewing current or new environmental cleaning and disinfection products, follow this checklist to make sure the product you choose meets all the required criteria:

## Disinfectants must have either a Drug Identification Number (DIN) or Natural Product Number (NPN):

- Locate this number on the product label/container
- Environmental Protection Agency (EPA) numbers are not acceptable
- Bleach is an exception as it is acceptable but does not have a DIN or NPN
- Products marked only as a cleaning product cannot be substituted for a disinfectant

## Review the Health Canada Drug Product Database to determine if the disinfectant is registered and approved for use in Canada.

- This site will also tell you key information like active ingredients and how it can be used (e.g., on surfaces or non-critical medical equipment)
- <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>

## Search Health Canada's list of disinfectants with evidence for use against COVID-19.

- <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>
- While most disinfectants are effective against COVID-19, those on this list are supported by evidence
- If your disinfectant is not on this list, it may still be acceptable for use. Low level disinfectants are acceptable for use and effective against COVID-19.
  - For a product to be considered a low level disinfectant it must be effective against *Salmonella*, *Staphylococcus* and *Pseudomonas*. Review the label or product information to confirm.

## Determine if the product you are considering has effectiveness against other pathogens.

- It is recommended that a product with effectiveness against norovirus be used

- Consider also sourcing a separate sporicidal product in the event of *Clostridium difficile* in your facility.

**Review the contact time (time the product must stay wet on a surface to be effective).**

- The contact time must be 5 minutes or less to be practical in your setting

**Review and understand how to use the product to make sure it is a good fit for your facility.**

- PPE required when using the product (e.g., gloves)
- One step cleaner and disinfectant vs. two step (i.e., separate cleaning step). A two step product can be used but will require additional staff time to apply the products correctly.
- If the disinfectant is mixed from concentrate, also consider the requirement for monitoring such as test strips and how to mix consistently (e.g., measuring cup/automated dispenser). Your chemical supplier can source test strips.

**Look at how the product is applied on surfaces. Spray bottles are not acceptable.**

- Applications of disinfectants by aerosol or trigger sprays may cause eye injuries or induce or compound respiratory problems or illness
- Review whether the bottle applicator can be switched to a squirt top or adjusted to a pour format instead of a spray

**Review and request documentation from your supplier for the disinfectant product you use onsite that details:**

- When pre-cleaning is required (i.e., steps to follow before the product is used)
- Product shelf life: how long the product can be used once mixed before a new solution must be made.
- Expiry dates: this may be found on the bottle but may need to be requested
- Safety data sheet (SDS)

WDGPH does not recommend or endorse the use of any specific product. Please consult Health Canada's Drug Product Database online query regarding products licensed for use in Canada.

NOTE: This fact sheet is meant to review surface cleaning and disinfection products and does not include high level disinfectants.

# Environmental Cleaning and Disinfection Principles

## Before Cleaning and Disinfection

- Use an approved cleaning and disinfection product with a contact time of 5 minutes or less
- Check to make sure products are not expired
- Always perform hand hygiene before putting on and after removing gloves
- Test the cleaning and disinfectant product with test strips if mixed from concentrate

## During Cleaning and Disinfection

- Remove visible soil prior to cleaning and disinfection
- Move from **LOW** to **HIGH** touch surfaces
- Move from **CLEAN** to **DIRTY** and **TOP** to **BOTTOM** to avoid cross contamination
- Store clean and dirty items (e.g., cloths) separately on the housekeeping cart
- Do not double-dip cloths
- Product bottles must not be topped up and not in a spray format
- Replace used cloths with a clean one after cleaning very dirty areas and after each use. Use a separate cloth between the bedroom and the bathroom.
- If a bed space is shared, clean all surfaces in each space separately
- Dry mop prior to wet/damp mop.
- For wet mopping, change:
  - Loop mop heads when heavily soiled and at the end of the day
  - Cleaning solution for loop mop frequently enough to maintain appropriate concentration of solution
  - Microfiber mop pads when heavily soiled and after each room or bed space

## After Cleaning and Disinfection

- Do not leave the room wearing gloves
- If additional precautions (e.g., droplet contact) are required in a room, then PPE must be removed when leaving that room and eye protection must be cleaned and disinfected or discarded
- Tools used for cleaning and disinfecting must be cleaned and dried or laundered between uses. Do not store wet. Clean housekeeping cart/caddy daily.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for environmental cleaning for prevention and control of infections in all health care settings. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2018.