

# Outbreak Management: Challenges & Strategies

Marnie Moody

Cecilia Alterman

Control of Infectious Diseases/Infection Control Program

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To discuss outbreak management challenges and strategies.

*Disclaimer in small print:*

We do not have all the answers!

- Long-Term Care Work Group.
- Seven challenges identified in managing long-term care and acute care outbreaks (OB).
- Need to develop strategies to assist facilities in making OB management more manageable for them.

# Challenge #1 – Timely reporting of a suspect and confirmed OB.

- Facilities are not reporting suspect OB to discuss and review OB measures.
- Facilities are calling after having too many cases.
- Facilities are calling when the OB is out of control.

At our long-term care (LTC) education day:

- Conducted an activity asking attendees when they would call for a suspect OB using a case scenario.
- Reviewed suspect OB criteria. Discussed importance of calling early.
- Repeated activity again using confirmed OB definition.

## Challenge #2 – Line list is not completed correctly

- Not maintaining one line list throughout the OB.
- Removing residents from line list once recovered.
- Line listing residents more than once.
- Not including full resident information.
- Illegible.

At our LTC education day:

- Provided case study of ill residents.
- Attendees were asked to complete line list.
- Reviewed line list requirements.

# Challenge #3 – Personal Protective Equipment

- Not using appropriate personal protective equipment (PPE).
- Not properly donning and doffing PPE.
- Not knowing when to don and doff PPE.



At our LTC education day:

- Activity with scenario provided.
- Attendees were given PPE to use and hand sanitizer.
- Group asked to pick appropriate PPE to don and observed if donned properly.
- Reviewed proper donning procedure and provided copy of RICN reference card for doffing.

At the LTC education day:

- Conducted activity to visualize what 2 metres looks like.
- Used activity to reinforce when PPE should be donned and doffed.
- Proper PPE is reviewed during OB management team (OMT) meetings.

Additional strategies we are exploring:

- Develop an interactive e-learning module for health care workers (HCW).
- Train TPH staff on how to provide in-services for HCW on PPE donning and doffing.

Additional strategies we are exploring:

- Provide in-service with practical component to HCW.
- On-site audit to ensure adequate supply of PPE is available.

# Challenge #4 - Proper completion of requisition form

- Staff may not correctly complete lab requisition form (e.g. for nasopharyngeal swabs).
- Resulting in a rejection of the specimen by the lab.

- Provide a copy of a completed requisition form as an example.
- Ask the IPAC representative to post on the unit as a reference tool.
- Some investigators complete form on-line and provide copy to their facility.

<http://www.oahpp.ca/resources/documents/requisitions/Ontario%202097-44%2020Sept%202009-FillableForm.pdf>

## Challenge #5 – Additional precautions signage not being used properly

- Appropriate precaution sign not being posted for the associated infection.
- Confidentiality issue as diagnosis appears on signage.

- During suspect consultation or an OMT meeting, the signage used is reviewed.
- Discussed during our LTC education day.

Additional strategies we are exploring:

- Conducting on-site audits to ensure:
  - ✓ Proper signage is used.
  - ✓ Proper PPE is available.

## Challenge #6 – Appropriate disinfection process

- Ensuring re-usable eye protection are cleaned and disinfected appropriately after each use.

# Challenge #6 – Disinfection process (con't)

*As per the Routine Practices and Additional Precautions in All Health Care Settings, PIDAC, July 2011 best practices document, page 25.*

- “ Eye protection may be disposable, or if reusable, should be cleaned prior to re-use. Due to the risk of contamination, it is recommended that reusable eye protection be sent to a central area for reprocessing after use”.
- Most LTC facilities do not have a central area for reprocessing. Who is responsible for the cleaning and disinfection? How is it being done?

## Strategies we are exploring:

- Asking facility to identify disinfectant used for eye protection.
- Asking facility to describe cleaning and disinfection process for eye protection.
- Conducting on-site audits to ensure a cleaning and disinfection process is in place.

# Challenge #7 – Building strong working relationships

Difficult to build strong working relationships:

- DOC and ICP designate is responsible for more than infection prevention and control in the facility.
- High turn over of DOC and ICP designates.

# Strategy – Building strong working relationships

- During first few OB with new ICP staff, TPH staff spends extra time reviewing OB management process.
- Recommend facilities designate a back-up person to manage OB when official ICP designate is not available.

# Strategy – Building strong working relationships (con't)

- During OB debrief, identify and discuss issues that occurred during the OB.
- Document strategies in the OB summary letter as recommendations.
- Get input from facilities on how we can improve, what can we do differently/better.
  - ✓ Developed OB management kit & checklist to assist in facilitating the OMT meetings.

| TORONTO Public Health  |             | Page 1 – Respiratory Outbreak Management Team Meeting Checklist |  |             |
|--|-------------|---|--|-------------|
| OB Number:<br>3895-  |             | Date Checklist Initiated:                                       | Investigator Name:   | Phone ( ) - |
| Facility Name:   |             | Facility Contact:   | Email (Optional):  | Fax:        |
| Street No.   | Street Name | Postal Code   | Ministry Master Number:  |             |
| Refer to the TPH "Respiratory OB Handbook" Section 3.0 for details on checklist items  |             |   | Reviewed = <input checked="" type="checkbox"/> Not Reviewed = X Not Applicable = N/A |             |
| <b>3.1 Review recent line list and epidemic curve</b>  |             |   |  |             |
| Review line list and epidemic curve to date.   |             |   |  |             |
| <b>3.2 Review symptoms to date</b>   |             |   |  |             |
| Confirm if indicative of upper respiratory tract infection, pneumonia, lower respiratory tract infection or SARS.  |             |   |  |             |
| Symptoms indicative of:  |             |   |  |             |
| <b>3.3 Review / revise the case definition</b>   |             |   |  |             |
| Case definition agreed upon by the OMT is:   |             |   |  |             |
| <b>3.4 Identify the population at risk</b>   |             |   |  |             |
| Identify area(s) of the facility where OB cases are occurring:   |             |   |  |             |
| 1. Can affected areas be closed to prevent access by other residents/patients (res./pt.) of the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO       |             |   |  |             |
| 2. Can residents/patients from the affected areas be restricted from accessing non-affected areas? <input type="checkbox"/> YES <input type="checkbox"/> NO              |             |   |  |             |
| 3. Can staff in affected areas be restricted/have minimal contact with staff, res./pt. from non-affected areas? <input type="checkbox"/> YES <input type="checkbox"/> NO |             |   |  |             |
| <i>If the answer to the above questions is "YES", only those in the affected areas are considered to be the population at risk.</i>                                      |             |   |  |             |
| Current total population at risk includes:   |             |   |  |             |
| Residents/Patients:  |             | Staff:  | (area / floor / ward)  |             |
| <b>3.5 Review laboratory results and collection of laboratory specimens</b>  |             |   |  |             |
| Causative agent(s) identified:   |             | If YES, provide details of lab results:                         |  |             |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |             |   |  |             |
| <b>Specimens to be collected</b>   |             | <b>Test types requested</b>                                     |  |             |
| Initial Number: _____ NP x 6 (in total)  |             | _____ Influenza A   |  |             |
|  |             | _____ Influenza B   |  |             |
|  |             | _____ RSV   |  |             |
|  |             | _____ Other, specify: _____                                     |  |             |

# Strategy – Building strong working relationships (con't)

- Recently established LTCWG at TPH to discuss challenges & strategies.
- TPH to help facilitate the partnership of two facilities, so they can learn from each other.
- Looking at developing a pre-OB season checklist:
  - During the June infection control committee meeting, review what the facility and TPH needs to do in order to prepare for the OB season.

- Reporting suspect and confirmed OB
- Line list
- PPE
- Lab requisition form
- Signage
- Disinfection
- Building strong working relationships

Thank you and happy IPAC week!

[mmoody@toronto.ca](mailto:mmoody@toronto.ca)

[calterma@toronto.ca](mailto:calterma@toronto.ca)