



## What to Include in Outbreak Management Plans

The primary purpose of outbreak management is to stop the further transmission of an illness within a care home, and protect residents from the serious harms of the disease. The two most common and serious communicable diseases that affect residential care homes are influenza and norovirus, thus most outbreak measures and plans have been designed around the characteristics of these diseases. However, outbreaks may be caused by other diseases, and sometimes modifications to the response plans are needed based on the specific disease or the resident population or building characteristics. It is important to develop an outbreak management plan for your care home in advance of a disease outbreak occurring. Be prepared! The following information should assist you in creating a comprehensive outbreak plan for the persons in your care.

### Elements of an Outbreak Management Plan

When creating a plan consider the following key areas that should be addressed:

- **Monitoring and Surveillance**
  - o Are staff educated about communicable diseases (especially influenza and norovirus) and can they recognize it in residents?
  - o Do they know when and who to report new cases to?
  - o Who will collect specimens?
  - o During an outbreak, who will keep track of new cases on a daily basis?
- **Coordination**
  - o During an outbreak, coordination of the many outbreak activities is an important function. Is there a clear structure or mechanism for outbreak management in the care home, with roles and responsibilities defined for your staff?
- **Managing Ill Residents**
  - o How will you isolate a symptomatic resident, ensure that staff have access to personal protective equipment, such as gloves, gowns, and masks, and provide necessary care to the resident?
  - o How will medical assessment and treatment be provided in a timely way (e.g. early antiviral treatment)?
- **Protecting Other Residents – Individual Measures**
  - o Immunization is a key protective measure for residents and should be offered to unimmunized residents and staff in advance and during an outbreak. Is there a plan to maximize immunization access for residents and staff?



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- o Antiviral prophylaxis is usually recommended in the event of a confirmed influenza outbreak for all residents. Is there a plan to ensure prompt distribution of antivirals to all residents in the care home?
- **Physical Environment – Housekeeping**
  - o What is the plan for enhanced cleaning prior to and during an outbreak in common areas, high-touch areas, resident rooms?
- **Social Environment – Staffing**
  - o What is the plan for ensuring that the outbreak staffing algorithm is followed? An important issue is ensuring that non-immunized staff take antiviral medication during an influenza outbreak.
  - o What is the plan for ensuring that staffing numbers will be adequate during an outbreak? Often, cohorting of staff to outbreak areas, tray service for residents in their rooms and other restrictions result in a need for higher levels of staffing than usual.
- **Social Environment – Activities and Dining**
  - o During an outbreak, social activities and communal dining are often cancelled to prevent further spread among residents and staff. Tray service for dining is a usual measure. Social gatherings are usually cancelled although family members can in most cases visit individual residents in their rooms.
  - o What is the plan for implementing restrictions to social activities and dining, including staffing and communication with families and staff?
- **Social Environment – Communication**
  - o During an outbreak, communication about the outbreak status and control measures is very important to ensure that all staff, visitors and residents are aware of the changes and actions they are being asked to do. Is there a communication plan to ensure that the key messages are communicated to everyone who needs to know? This should include signage in the care home, as well as other means depending on the unique characteristics of the persons in care.



*Written in consultation with Dr. D. Hoyano, Medical Health Officer*

## You Were Asking...

**Question:** *If we have isolated a resident to their room during an outbreak because they are symptomatic with an illness, is this considered a “restraint” as defined in the Residential Care Regulation (RCR)?*

**Answer:** While your care home is in the midst of an outbreak, there may be times when it is necessary to isolate a person in care to their room to prevent further spread of the disease to other residents and staff (see above). However, “isolation” precautions are not considered a restraint because the person in care can in fact freely get out of their room, should they choose to do so, i.e. you have not locked them in their room or otherwise secured them so they cannot get out of their room. The requirements related to restraints in the RCR therefore do not apply to outbreak isolation precautions.

**Question:** *Our large long-term care (LTC) home is Licensed under the Community Care and Assisted Living Act. We have private pay and subsidized beds. A resident was “admitted” to a private pay bed two years ago, but now needs to be transferred to a subsidized bed. Would he need to have his chest x-ray (CXR) to rule out tuberculosis (TB) repeated? Or could we request an exemption for the TB testing requirement in this case, i.e. “6 month or sooner CXR required prior to admission”? Basically he is changing financial accountability not care status or his actual care home. I am thinking that his LTC admission records are already on file and that a new CXR would not be required or indicated clinically? Please advise if not interpreting this correctly.*

**Answer:** The resident would not be considered to be a new admission to the care home, even though the client was paying privately and now will receive subsidized funding through the health authority. Therefore, it is not necessary that the resident have a new CXR under the requirements of the Residential Care Regulation, because this resident has continuously been a person in care at the site.



**Question:** *A person in care's physician has indicated that a chest x-ray (CXR) was completed in the past year on the person's TB screening sheet. Is a copy of the CXR necessary on admission to demonstrate that the facility is in compliance with Residential Care Regulation Section 49(1)? Does the facility need the date of the CXR in their records?*

**Answer:** Section 49(1) of the RCR states:

49(1) A licensee must require all persons admitted to a community care facility to comply with the Province's immunization and tuberculosis control programs.

If the person in care's physician has completed a TB screening sheet and indicated in writing to the care home that a CXR has been done, this would constitute sufficient tangible evidence that the CXR was done and that the home has collected and retained the appropriate records re: TB testing. A copy of the CXR results would not be necessary in this instance, nor would the date of the CXR be necessary.

**Question:** *My hopefully soon-to-be employer has given me a form where I am being asked to provide my immunization status to them. I am not comfortable sharing this personal information with them or any other employer, and have instead written on the form that I refuse to share this information with them. Will I be able to work at the care home? At any care home?*

**Answer:** Immunizations to prevent communicable diseases are not mandatory in BC at this time.

Sections 39(1) and 78(1)(a) of the Residential Care Regulation set out the requirements related to employee immunization status for licensed care homes. If the care home keeps a written record indicating that an individual staff person has refused to provide immunization information to them, this would satisfy the provincial legislated requirements for the care home regarding keeping a record of employee immunization status.

## Celebrate Diverse Abilities



CLBC has a new newsletter, "Celebrate Diverse ABILITIES." It features a refreshed format which, was created under the guidance of the CLBC Editorial Board. Made up of self-advocates from across the province, as well as family members, the Editorial Board strengthens the voices and perspectives of the people CLBC serves in their communications. In addition to the Editorial Board's valuable work in developing this newsletter, they have also helped on a range of other key initiatives including providing input into the CLBC Quality Service Commitment, creating content for the SelfAdvocateNet.com website and

expanding the use of plain language in written materials. Read the latest edition at <http://www.communitylivingbc.ca/news-2/newsletter/celebrate-diverse-abilities-summer-2015-edition-2/>

## Coming Soon – Electronic Incident Report Forms

As of June 1, 2015, our electronic incident report form became "live" and available for use by Licensed Funded Long-Term Care (LTC) care homes (some of whom played a pivotal role in the testing of the electronic form during its development) across the island to use to submit their reportable incidents to Licensing. To date, about 50% of licensed LTC care homes are now using the E-incident report forms. Those who use it have reported that they are pleased with how quick and easy it is to use, and how legible the reports generated are.

When you submit an electronic incident report to Licensing, the report goes directly to our database which is accessible only to Licensing staff, ensuring confidentiality. There is one user ID, one password, and no copies of the report are sent to anyone besides Licensing. Errors made when completing the form are quickly detected by Licensing staff, who will delete the incorrect form and request that you make the necessary correction and re-submit it. It should be noted that few errors in completing the form have occurred to date. There has been no discernable change in the amount of time spent on Licensing follow-up related to electronic incident reporting. Use of the E-incident Report form is optional and hard copies of Incident Report forms continue to be available from Licensing, if you choose not to report electronically.

In spring 2016, we will expand its availability to other types of licensed residential care homes and provide orientation to the process for these Licensees. Sessions will be held on the following dates across the island:

- **North Island:**

2:00-3:00 pm April 18, 2016 Thulin Room, Maritime Heritage Centre, 621 Island Highway, Campbell River.  
To register please call –250-739-5800

- **Central Island:**

11:00-12:00 April 11, 2016 Teaching Room 2050, Nanaimo Regional General Hospital,  
1200 Dufferin Crescent, Nanaimo. To register please call – 250-739-5800

- **South Island:**

2:30-3:30 pm April 4, 2016 Auditorium, Queen Alexandra Centre, 2400 Arbutus Road, Victoria.  
To register please call – 250-519-3401

**Important to remember:** Before you submit your reportable incidents to Licensing electronically, please print out a copy for your own records and another copy to send to your funding body (if applicable). If you have submitted an electronic incident report form, you do not have to send a hard copy of the form to Licensing. Information regarding the process and instructions for accessing and using the electronic incident report form will be mailed out to all licensed residential care providers, so don't be concerned if you are unable to attend one of the sessions above. And finally, if you have any questions, please contact your Licensing Officer.

## Physical Literacy – Stay Active for Life

Physical literacy, the ability to move with competence and confidence in a wide variety of physical activities, is key to enjoying lifelong participation in physical activity and in preventing falls and functional physical declines in the oldest years (age 80-plus). It can be learned at any age through a variety of activities, including: sport, active recreation, exercise, play and dance. The benefits of physical activity are cumulative when sustained over time and incorporated into activities of daily living. For more information refer to Health Canada: <http://www.phac-aspc.gc.ca/hp-ps/hl-mvs/pa-ap/index-eng.php>

### For VIHA Region-wide Updates:

#### South Island

#201-771 Vernon Avenue, Victoria, BC V8X 5A7, PH: 250-519-3401, FAX: 250-519-3402

#### South Island Training:

**Orientation to Licensing for New & Pending Managers of Residential Care Facilities**

Dates: Call for Information on dates in 2015-16. Space in each session is limited to 15 participants.

#### Central Island

#29-1925 Bowen Road, Nanaimo BC V9S 1H1, PH 250.739.5800, FAX: 250.740.2675

#### North Island

#200-1100 Island Highway, Campbell River BC V9W 8C6, PH: 250.850.2110, FAX: 250.850.2455

#### Central/North Island Training:

**Orientation to Licensing for New & Pending Managers of Residential Care Facilities**

Call 250.739.5800 for information on dates for 2015-16.