



Outbreak Preparedness Toolkit

Respiratory Outbreak Table Top Activity Participant's Guide

Time Required: 45 to 60 min

Target Audience: Individuals involved with OB management at the facility, such as: IPAC Leads/Back-ups, Nurse Managers (including evening and weekend), Directors or Care Administrators, IPAC Champions, New hires (RNs, RPNs, PSWs)

Introduction

A tabletop exercise is a discussion based event that uses a progressive simulated scenario, together with a series of scripted injects to make participants consider the impact of a potential health emergency on existing plans, procedures and capacities. This exercise will walk through a respiratory outbreak scenario. Let's get prepared!

Respiratory Outbreak Definitions (Ministry of Health, May 2022):

- Confirmed Respiratory Infection Outbreak Definition:
 - Two cases of acute respiratory infections (ARI) within 48 hours with any common epidemiological link (e.g., unit, floor), at least one of which must be laboratory-confirmed; OR
 - Three cases of ARI (laboratory confirmation not necessary) occurring within 48 hours with any common epidemiological link (e.g., unit, floor).
- Suspect Respiratory Infection Outbreak Definition:
 - Two cases of ARI occurring within 48 hours with any common epidemiological link (e.g., unit, floor); OR
 - One laboratory-confirmed case of influenza.

** Note: Suspect Outbreak notifications reported to Toronto Public Health on weekends and holidays are followed up on next business day; Confirmed Outbreak notifications are addressed via lrct@toronto.ca 7 days/week*

Objectives

- Identify existing response protocols/plans at participants' local facilities.
- Promote inter-professional collaboration, coordination and communication.
- Emphasize importance of communication among staff at a long-term care facility or retirement home, with Toronto Public Health and hospital IPAC hub, and to patients/families.
- Orient participants to the roles and responsibilities of stakeholders involved in a respiratory outbreak at the facility.

Instructions

Read through the following respiratory outbreak scenario and questions below to engage in discussions and next step planning as the scenario evolves. Questions are presented at various stages of the scenario and the decisions made will help guide the outcomes of the scenario. This exercise is intended to be an informal, inclusive and non-judgemental environment. The participant worksheet that accompanies this facilitator guide can be used to record discussions and answers to the questions.

Activity

Respiratory Outbreak Scenario

Background

Strawberry Care Home is a 120 bed facility divided into 4 units (Unit A, B, C and D), each with 30 beds. Each unit is comprised of the following:

- 6 private (1 bed) rooms
- 3 semi-private (2 bed) rooms
- 3 previous ward-style (4 bed) rooms, currently with two residents maximum per room

The facility has 2 shared dining spaces (each used by 2 units: A and B share, and C and D share) and there is 1 shared activity space that is utilized by all 4 units.

March 1

During morning rounds on Unit B, resident Green Pear is more sleepy than usual, and later in the day is found to be febrile (38.5°C). He is non-verbal at baseline due to advanced Alzheimer dementia. He was in his usual state of health until this morning. He lives in a private (1 bed) room. He eats all meals in the dining facility on his floor and sits with 1 other resident. He occasionally visits the shared activity space (2 to 3 times per week). Green Pear is fully vaccinated for COVID-19, last dose in February. Green Pear received influenza vaccine this year.

1. What additional information would be important to gather from the facility?

2. What are the next steps that should be taken by the ICP and/or other staff at the facility?

3. If Green Pear was in a semi-private room or ward-style room, would Green Pear have curtains drawn when in DCP? Yes or No?

March 3

Green Pear's nasopharyngeal swab returns positive for RSV. You are informed that 2 other individuals on Green Pear's unit (Unit B) have developed similar symptoms of fever, myalgia, malaise, and cough.

4. Does this meet an outbreak definition?

5. What are your immediate control measures?

March 3

You contact your liaison with Toronto Public Health, who confirms that the case meets outbreak definition. They ask you to establish an Outbreak Management Team and schedule a meeting. Toronto Public Health will attend the meeting along with a representative from your affiliated hospital Infection Prevention and Control hub.

March 4

The next morning, the **Outbreak Management Team** meets and you strategize the next steps.

6. What are some of the priorities you discuss and identify at the OMT meeting?

March 5

Since the last outbreak meeting, four residents on Unit B, three residents on Unit C, one resident on Unit D and two residents on Unit A have developed symptoms. In addition, the healthcare worker who was assigned to Green Pear on March 3 has developed symptoms, as have two other employees on that unit. All of these symptomatic residents and staff have tested negative for COVID-19.

9. Should this outbreak be expanded to Facility-Wide (after consultation with TPH)? Yes or No, and why?

10. Green Pear has two visitors who would like to visit him on March 7th. His daughter, who is his Essential Caregiver (ECG), and his daughter's husband. What visitation policies would be discussed and established during the OMT?

Ten days later on March 15

Over the last 10 days, there have been many changes at Strawberry Care Home:

- All unvaccinated staff and residents have been vaccinated
- Residents have their meals in their rooms (shared dining room closed)
- All shared activities cancelled

The last positive case was detected on March 7. There have been no further residents meeting the case definition since that time.

11. Can you declare the outbreak over?

12. With the outbreak terminated, the outbreak management team has one final meeting. What steps can be taken to prevent or prepare for a similar outbreak next year?

Debrief Discussion Questions

- 1. If COVID-19 results come back first and they are negative, but the resident remains symptomatic, should they remain on DCP?**

- 2. When residents are on DCP, does it mean they need to be confined to their room at all times? If not, what are they able to do?**

- 3. How might this scenario played out differently if the residents of the facility were highly independent and moved socially from floor to floor?
How might this scenario have been different if one of the involved units involved wandering residents/residents who have difficulty maintaining DCP?
What suggestions could be made to mitigate spread in these circumstances?**

4. What went well during this exercise?

5. What did not go well?

6. What are some areas for improvement and/or ideas to incorporate into the workplace?

Feedback

Thank you for completing the activity. We want to hear your feedback. Please complete this short survey (1-2 min) so we can continue to improve the tools.

https://s.tphsurvey.chkmkt.com/TPH_OBPrep_Toolkit



Additional Resources/References

- World Health Organization. (2017). WHO simulation exercise manual: a practical guide and tool for planning, conducting and evaluating simulation exercises for outbreaks and public health emergency preparedness and response. World Health Organization. <https://apps.who.int/iris/handle/10665/254741>. License: CC BY-NC-SA 3.0 IGO
- [Ministry of Health Appendix 1: Case Definitions and Disease Specific Information. Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals; May 2022](#)
- [Toronto Public Health: Infection Prevention & Control Information for Long Term Care Homes & Retirement Homes](#)
 - Click the above link to access the TPH tools, such as TPH Outbreak Alert Sign, COVID/Respiratory Line List, Initial Outbreak Notification Form and more!
- [PHO COVID-19 and Respiratory Virus Test Requisition](#)
- [PHO Kit and Test Ordering Instructions](#)
- [TPH Outbreak Transfer Notification Form](#)
- [Dementia Isolation Toolkit](#)

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