

# Challenges of Outbreak Management in Retirement Homes

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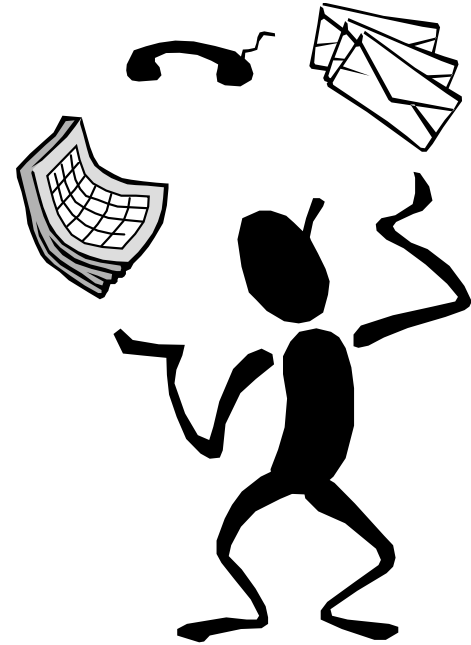
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# Objectives

1. To describe the specific challenges in managing outbreaks in Retirement Homes
2. To identify solutions for this setting

# The Challenges of:

- Surveillance
- Communication
- Outbreak Control Measures
- Environmental Issues
- Education



# Surveillance

Syndromic surveillance for early identification of residents, with daily reporting to Infection Prevention and Control (IP&C)

In reality:

- Residents often independent and do not report when symptomatic
- Staff not well versed in monitoring
- Resources are inadequate (including staff)
- Although there is a responsible individual – no back up designate

# Communication

## Effective Communication lines include

- Internal: senior leadership; staff, affected areas
- Residents and families
- Receiving facilities, external services
- Public Health Unit



## In reality

- Outbreaks not reported
- Outbreak meetings not held
- Outbreaks affect business and are perceived as negative
- Lack of continuity in day to day staffing

# Control Measures

Outbreak Control measures include:

- Isolation
- Signage
- Adequate and accessible personal protective equipment (PPE)
- Restriction of group activities
- Cohorting of staff
- Immunization

- In reality
- Residents do not stay in room
  - Signage seen as “institutional”
  - PPE limited (carts in hallways discouraged)
  - Residents’ monthly fee includes social activation and is resident right
  - Insufficient staff to cohort, often services are contracted out e.g. dietary, environmental
  - multiple physicians involved
  - no admissions = loss of revenue

# Environmental Issues

Adequate numbers of staff with appropriate training to provide a clean and safe environment, including extra environmental cleaning capacity during outbreaks. Cleaning practices must be monitored and results reported.



In reality

- Surfaces that are aesthetically beautiful but difficult to clean
- Few Hand Hygiene Stations
- Lack of adequate staff to increase cleaning
- Insufficient knowledge of high touch surfaces and disinfectants
- Inappropriate cleaning products



# Education

Educated, empowered front-line staff who initiate Additional Precautions at onset of symptoms and management that is supportive and informed

In reality

- Inconsistent levels of education between various retirement homes
- Contracted services – environmental, dietary
- ‘Generic’ staff do multiple tasks e.g. direct care and serve meals
- Staff ‘shared’ between retirement/nursing home
- Lack of specific knowledge e.g. specimen collection

So what is the answer?





# “Knowledge is power”

- Rapport with Public Health
- Participation in educational opportunities
- Networking
- Access to resources
- Connection with support systems e.g. RICN
- Communication
- Involve corporation and management e.g. administrator

# “It’s a Team Effort”



# Resources

- Ontario Retirement Communities Association (ORCA), Accreditation Standards  
<http://www.orca-homes.com/documents/AccreditationDocumentPublicwithCopyrightJan2010.pdf>
- Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings, September 2008  
[http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic\\_ipcp.html](http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_ipcp.html)
- Bill 21 Ontario Retirement Homes Act June 2010  
[http://www.ontla.on.ca/web/bills/bills\\_detail.do?locale=en&Intranet=&BillID=2298](http://www.ontla.on.ca/web/bills/bills_detail.do?locale=en&Intranet=&BillID=2298)