

Managing an Atypical Outbreak

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Baycrest Demographics

Baycrest

Hospital = 272 Beds

Apotex = 472

Terraces = 192

Approx = approx. 1800 staff for whole campus



Baycrest Health Sciences
is fully affiliated with the
University of Toronto.

Got an Itch

- Multiple patients – atypical presentation
 - Multiple staff – typical and atypical
 - Mis-diagnosis for an extended period of time
 - Isolation precautions for patients
 - Staff visit Occ. Health for assessment
 - Spread rapidly – high attack - rate 30% in patients and 45% in staff on one unit
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Control Measures

Steering committee formed

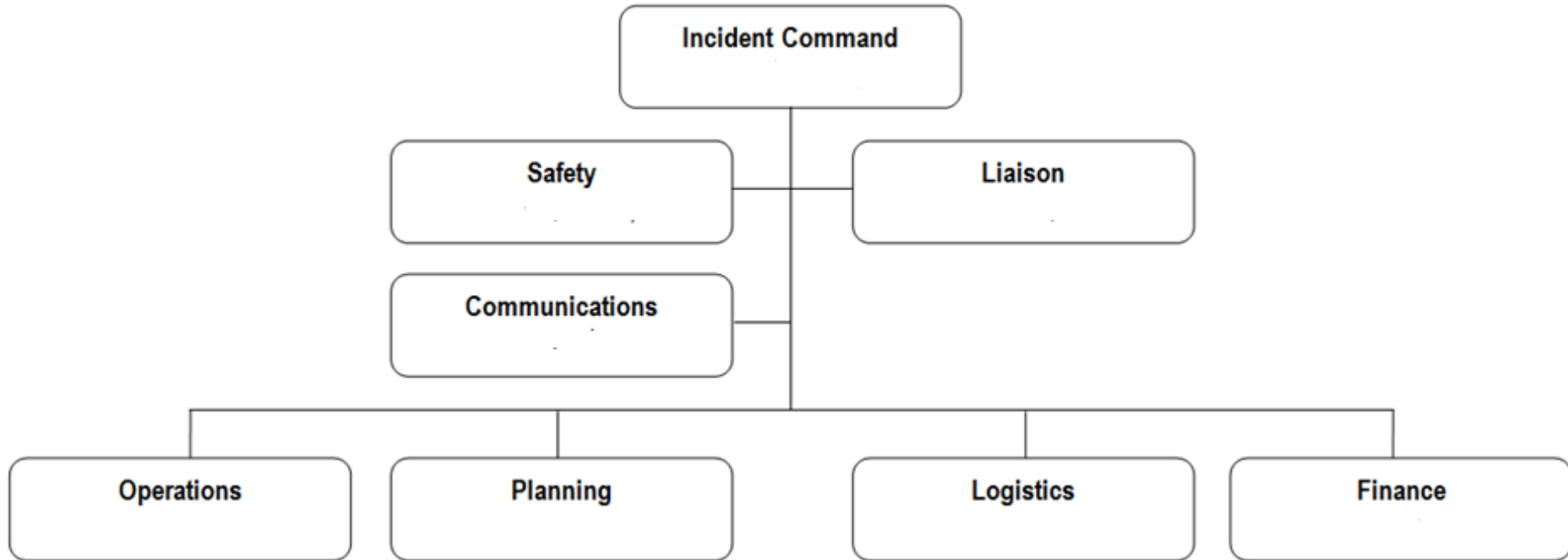
- comprised of medical and clinical representation from the Hospital and Apotex, Infection Prevention and Control, Pharmacy, Human Resources, Occupational Health and Communications

Baycrest



Steering Committee

- IMS Structure
- Representation
- Operational subgroups



Planning and Communication

- Consultation with Dr. McGeer
- Steering committee decides campus wide prophylaxis of those with “high risk of exposure”
 - Defined as prolonged skin to skin contact with residents/patients or those handling items such as clothing, furniture and bedding)
 - Times set for Permethrin 5% distribution to staff and coordination with hospital and Apotex patients / clients



Logistics

For Patients

- Hospital was broken down into 2 days – Using NIX
 - 5 units day one, 4 units day two
- Apotex and Terraces broken down into 3 days – Using Kwellada

For Staff

- Permethrin 5% treatment as directed (which includes applying the cream, leaving it on for at least 12 hours prior to showering) prior to your next scheduled shift on a *treated unit*
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Instructions

- After Permethrin cream application, refrain from going into the untreated areas of the campus, as movement between treated and untreated areas should be kept to a minimum
 - If you are required to go onto an untreated unit, please use Contact Precautions
 - Do not apply scabicide until ***after*** your last shift on an untreated unit.
 - You need to have completed your treatment ***before*** your next shift on a treated unit
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Communication is Key

- Transparent process (lab results and new cases)
 - Team Huddles daily
 - IPAC presences on units
 - Information on intranet and handouts on units
 - All staff emails regarding updates
 - **Private companions and families**
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Calling SDMs

- Notification of situation
 - Consent obtained
 - Client's personal clothing to be secured
 - 3 point message on treatment: treat selves, family members and private companions
- *see script for full details

Physicians order scabicide
*medical directive

Units order additional linens

5 clothing changes cleaned and set aside (2 night and 3 day)

Head to toe assessment by designated nursing team

*notify IPAC and MD if rash is found

Slings used during cream application to be covered with a sheet between clients

Cream applied

Clothing changed. Old clothes secured in closet. Closet taped closed

Bedding changed and old bedding sent to laundry

At minimum 12 hours later

Bathing

Bedding changed and old bedding sent to laundry

Clothing changed

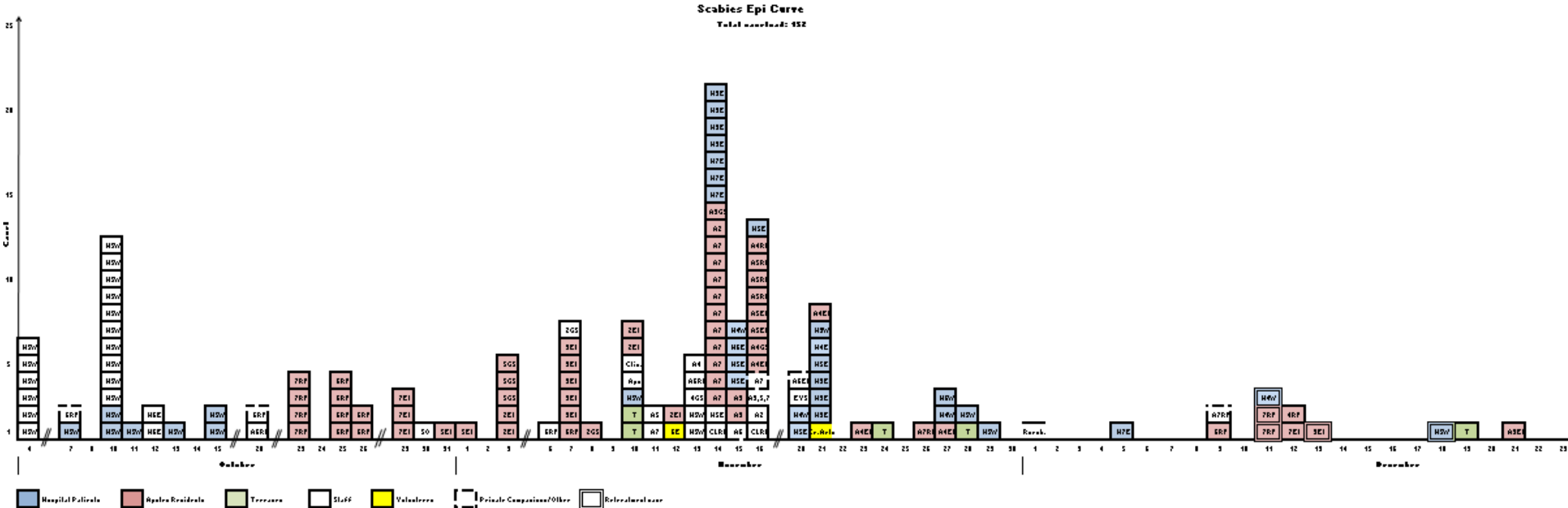
EVS cleaning

Before

During

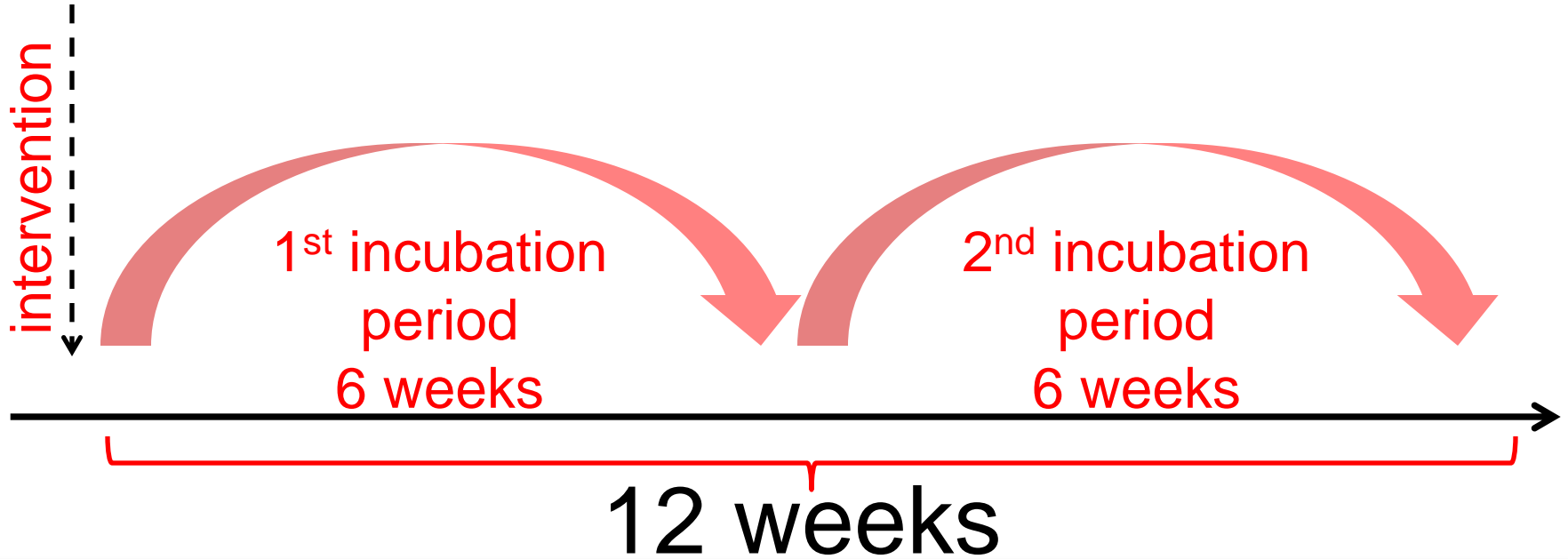
After

Epi Curve (152 Cases) *



*Very loose case definition – anyone presenting with a rash – excluding shingles diagnosis

12 weeks of active surveillance



Before Treatment



After Treatment



Questions?



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