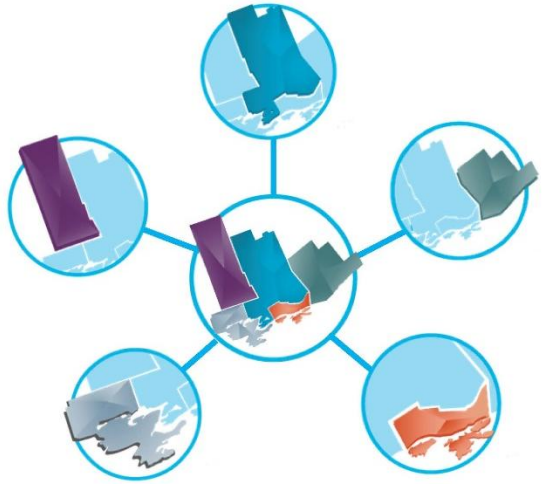
South East
IPAC
HUB & SPOKE



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After the Outbreak.....
Effective Debriefing for IPAC Leads

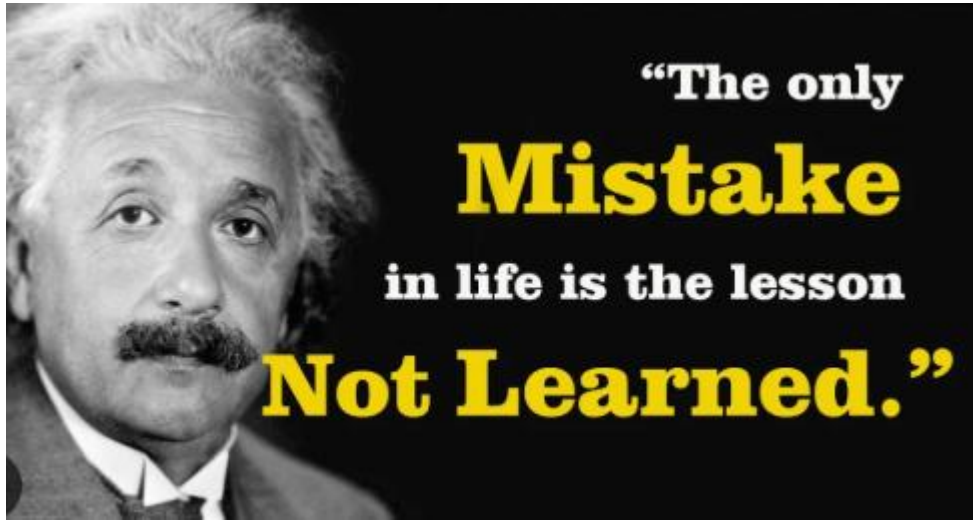
SOUTH EAST IPAC HUB

EMILY MOSLINGER CANCIAN

DANA FINNEGAN-YEE

Outbreaks happen!

- Outbreak Management reviewed
- Lets move on
- Its important to learn from your experience!



Don’t repeat mistakes

- **Debriefing** is crucial!
- **Debriefing** enhances learning
- **Debriefing** improves team performance
- **Debriefing** fosters a culture for open communication

How do we do this?

Debriefs are Required (Important)

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For <u>accreditation</u> purposes (any facility that wants to be accredited):

Evaluating the Impact of the Infection Prevention and Control Program:

Section 3, page 43

3.1.2.2 Outbreaks are analyzed and recommendations are made to prevent reoccurrences.

ACCREDITATION CANADA

QMENTUM PROGRAM STANDARDS

Infection Prevention and Control

Released: May 2024

Debriefs are Required (Important)

For Long-Term Care Homes:

As per IPAC Standard for Long-Term Care Homes:

4.3 The licensee shall ensure that following the resolution of an outbreak, the OMT and the interdisciplinary IPAC team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings shall be created that makes recommendations to the licensee for improvements to outbreak management practices.

Debriefs are Required (Important)

For <u>Retirement Homes</u>:

As part of Retirement Home Act Emergency Planning Requirements:

(8) The licensee shall ensure that the emergency plans for the home are evaluated and updated,

(a) at least annually, including the updating of all emergency contact information of the entities referred to in paragraph 3 of subsection 268 (4); and

(b) within 30 days of the emergency being declared over, after each instance that an emergency plan is activated.

Debriefs are Required (Important)

For Long-Term Care and Retirement Homes:

As per PHO IPAC Checklist for Long-Term Care and Retirement Homes:

17 - Declaring the Outbreak Over

☐ Yes	☐ No	The Medical Officer of Health or designate (from the local PHU) in collaboration with the home's Outbreak Management Team will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of the infectious agent, as well as the epidemiology of the outbreak.[7]
☐ Yes	☐ No	Upon discontinuation of the outbreak, the following is completed: • Resident environment is terminally cleaned. • Family/friends are informed that outbreak is over.
☐ Yes	☐ No	The outbreak management team reconvenes to debrief and determine gaps and lessons learned.

Resources

- Appendix 1: Case Definitions and Disease-Specific Information. Respiratory Infection Outbreaks in Institutions and Public Hospitals[2] (access under "R" of the Infectious Diseases Protocol section)
- Best Practices for Infection Prevention and Control Programs in All Health Care Settings[4]

Debriefs Can Be Simple

- **Templates** are available from your SE IPAC Team!
- Easy to use
- Great evidence

Outbreak Debrief Report

Tuesday Sept 23, 2025

Date of debrief meeting: Tues Sept 23, 2025	**Location/unit affected:** Pine Lane Unit	**Outbreak No:** 2243- 2025- 001952
Date outbreak Declared: Friday Sept 5, 2025	**Date outbreak terminated:** Tues Sept 16, 2025	**Number of days of outbreak:** 11 days
Type of outbreak: Enteric (Norovirus)	**Specimen(s) collected:** Yes ■ No ☐	**Organism identified:** Norovirus
Number of residents affected: 11 residents affected	**Number of staff affected:** 5 staff affected	**Number of attributable deaths:** 0
Number of hospitalizations: 1 resident sent to hospital	**Total number of cases:** 16 cases total	**Total number of residents impacted by the outbreak:** 60 (because entire facility on tray service/suspend dining room services and visitor restrictions

Debriefs Can Be Simple

Summary of Outbreak

Summary of Outbreak:

IPAC was notified on Tuesday Sept 2 that Mr Green (a resident on the Pine Lane Unit) started with vomiting and diarrhea at 7 am. IPAC learned that Mr Green had a family outing on Sept 1 and became unwell that evening. Mr Green was placed on contact/droplet precautions on Sept 2. Mr Smith (the roommate of Mr Green) began having enteric symptoms on Wed Sept 3. A stool specimen was sent on Sept 3 for Mr Green. The IPAC lead contact the Public Health unit to advise of the two symptomatic residents on Sept 3. By Friday Sept 5 there were an additional 6 residents with symptoms. One resident was hospitalized for dehydration. An enteric outbreak was declared on Friday Sept 5. Preventive measures including suspension of dining room services, visitor restrictions and increased cleaning and disinfection in the facility. Over the weekend two additional residents became symptomatic. On Monday Sept 8 the stool specimen was identified to have Norovirus detected. IPAC learned that staff caring for ill residents were wearing gown & gloved but no masks or eye protection. On Tuesday Sept 9 there were 5 staff members ill with enteric symptoms. Public Health inquired about the disinfectant in use and it was discovered that the disinfectant was a Quat with no kill claim for Norovirus. EVS staff use microfiber rags for cleaning and disinfection. On Wednesday Sept 10 one additional resident became symptomatic. The IPAC lead performed daily huddles but only one communication was sent to family. No new cases were reported after Sept 10, and the outbreak was declared over on Tuesday Sept 16.

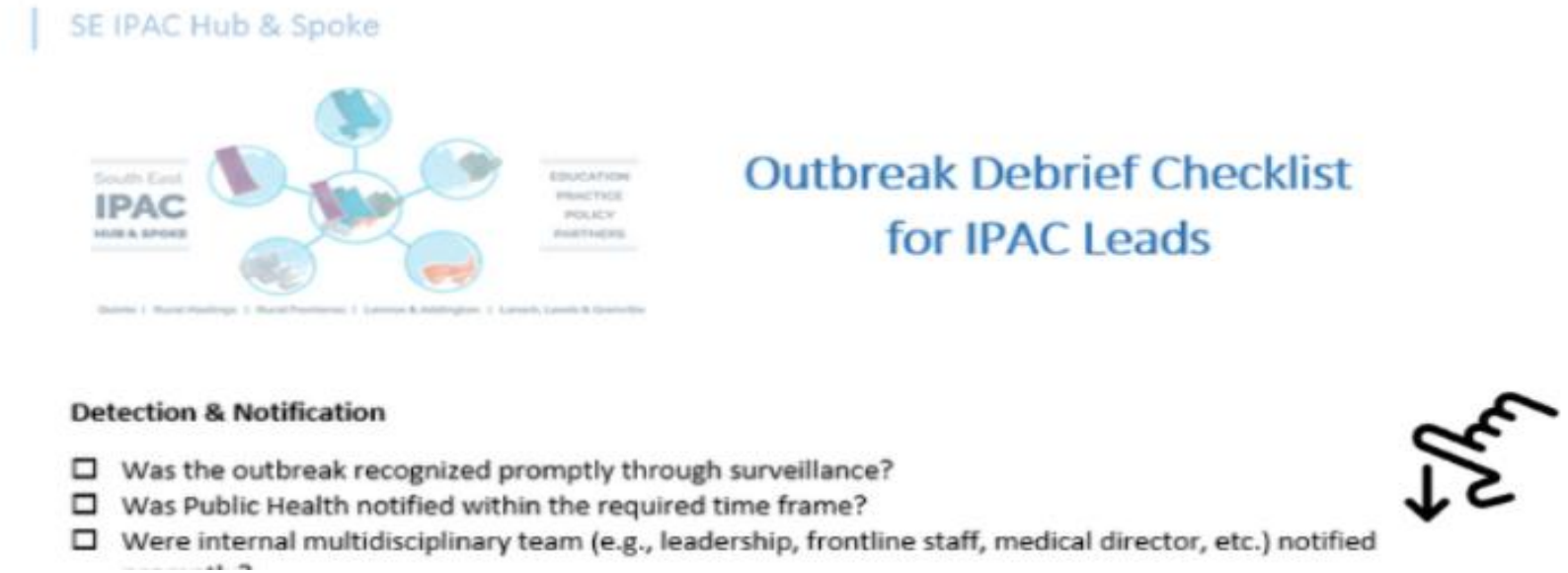
Lessons Learned

Lessons Learned:

Item	Details	Lesson Learned/Action
Additional Precautions	The proper precautions were put into place (Contact/droplet) with the residents to prevent staff exposures – however there were issues with staff compliance which was determined to be a result of lack of understanding about enteric transmission (they thought only contact precautions was needed)	Additional staff education on pathogen transmission
Specimen Collection	Stool specimens were difficult to obtain but at least one specimen was sent and a pathogen was identified to be Norovirus	Improve stool collection techniques and timely send out
Visitors	Limiting visitors to only those essential was recommended at the start of the outbreak	Continue with this practice
Cleaning and Disinfection	Disinfection protocols were increased when the outbreak was declared and going into the weekend however it was uncovered that the disinfectant in use did not have a kill claim for Norovirus and microfiber cloths were causing Quat binding and deactivating the Quat disinfectant	Complete a review of disinfectants in use and make appropriate changes When new practice/product is determined ensure thoughtful roll out and proper training for staff take place

Checklist to Support Debriefing

- This checklist will walk you through all the steps needed to makes sure you have everything covered before moving into your outbreak debrief meeting!



Outbreak Debrief Meeting (ODM)

What is an Outbreak Debrief Meeting?

- To make improvements in the facility, the right team members need to be present!
- An outbreak debrief meeting is important to review what happened during the outbreak, identify gaps and what can be improved for next time

Who joins an Outbreak Debrief Meeting?

- IPAC Lead
- EVS Manager and EVS Staff
- Leaders
- Leadership/administration
- Pharmacy
- Public Health Unit
- IPAC Hub
- Front-line/clinical staff

ODM Agenda

Steps/Topics	Comments		Action items / Responsible person (*)
	What worked well?	Areas of improvement	
Initial stages of the outbreak:			
• Timely outbreak detection and surveillance			
• Decision-making around declaring the outbreak			
• Outbreak Management Team (OMT) meeting			
• Specimen collection and courier process (adequate samples taken, results turn around time)			
• Implementation of control measures (such as availability of appropriate PPE, disinfectants, hand hygiene, outbreak signage, donning and doffing signage, active screening and IPAC auditing and education etc.)			
• Timely coordination with public health (PHU), IPAC Hub, and other external partners (line list, sharing OB information)			
Communication:			
• Communication to all staff			

Activity – Turn Findings into Action!

- **Video scenario** of Forest Manor Outbreak
- **Handout 1** - Outbreak Debrief Template (and Epicurve)
- **Handout 2** – Outbreak Debrief Checklist

Watch, take notes and fill in the template!

Turning Findings in Action!

Forest Manor Outbreak Notes

Outbreak Debrief – Answers!

Outbreak Debrief Report Chart

Outbreak Debrief Report
DATE XXXX

Date of debrief meeting:	Location/unit affected:	Outbreak No:
Date outbreak Declared:	Date outbreak terminated:	Number of days of outbreak:
Type of outbreak:	Specimen(s) collected: Yes ☐ No ☐	Organism identified:
Number of residents affected:	Number of staff affected:	Number of attributable deaths:
Number of hospitalizations:	Total number of cases:	Total number of residents impacted by the outbreak:

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Visitors		
Cleaning and Disinfection		

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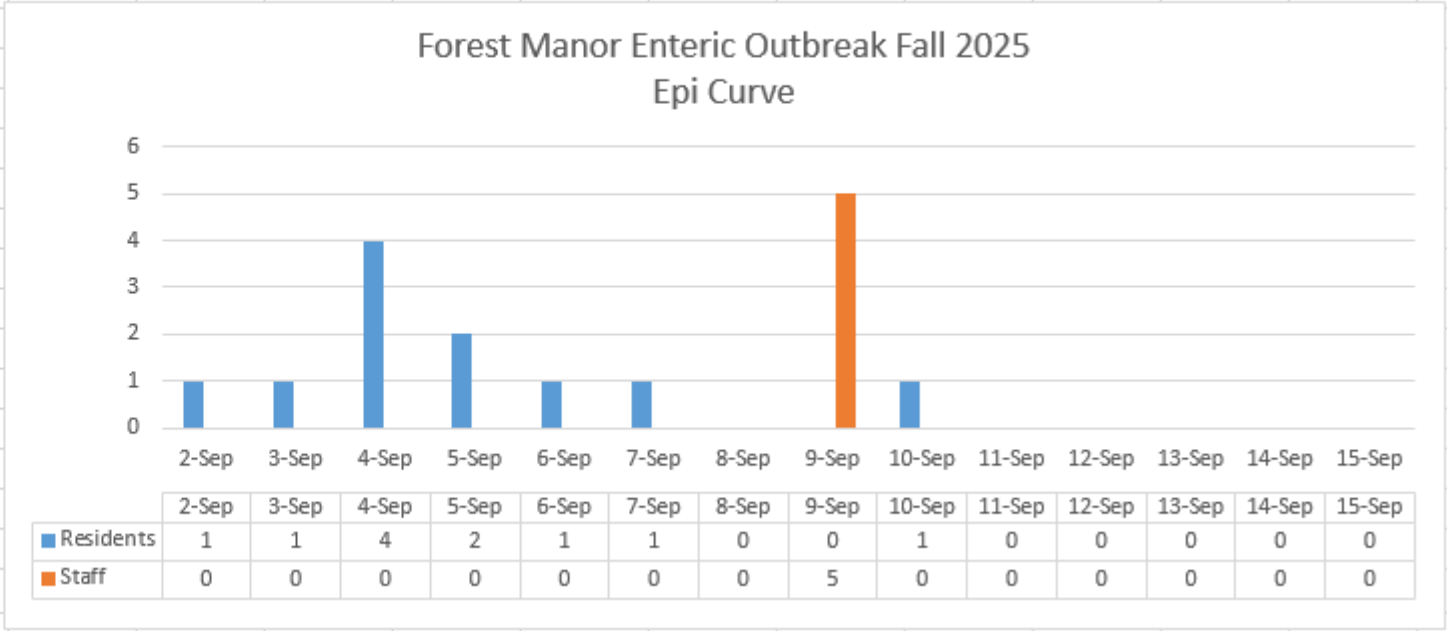
Epi Curve

Total Daily Cases	Residents	Staff
2-Sep	1	0
3-Sep	1	0
4-Sep	4	0
5-Sep	2	0
6-Sep	1	0
7-Sep	1	0
8-Sep	0	0
9-Sep	0	5
10-Sep	1	0
11-Sep	0	0
12-Sep	0	0
13-Sep	0	0
14-Sep	0	0
15-Sep	0	0
Total 2025	11	5



Doing a debrief is only as good as when you meet with people

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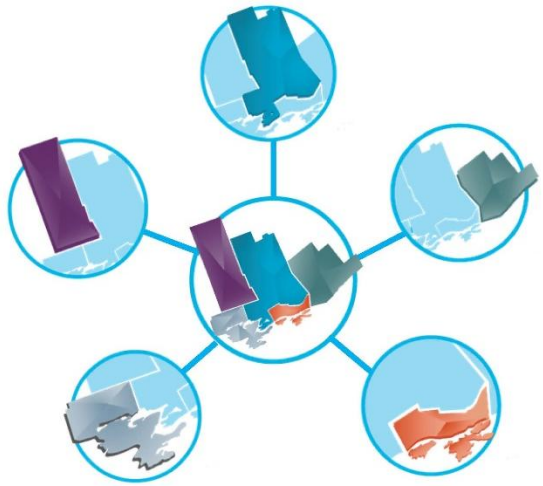

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Thank you!

Questions? SEhubintake@kingstonhsc.ca