Institutional Outbreak Prevention and Control

By
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1. What (if any) are the gaps or inaccuracies in this protocol? Are there any missing elements? What (if any) areas do not align with accepted guidelines or evidence-based practices?

Although the title of this protocol is "Institutional Outbreak Prevention and Control," the content area seem to focused on detection, investigation, surveillance, management. This protocol would therefore be strengthened by addressing primary prevention for outbreaks.

Our recommendations for the protocol on Tuberculosis Prevention and Control" are also pertinent to respiratory outbreaks caused by different pathogens in other settings such as institutions:

Vulnerable populations that reside in homeless shelters and in correctional facilities are at particular risk for tuberculosis; their risk of contracting TB can be decreased by effective environmental controls. Specific recommendations on fresh air ventilation standards and disinfection through ultra violet germicidal irradiation for systemic environmental approaches in homeless shelters and correctional facilities are discussed in the Canadian Tuberculosis Standards. An audit of drop-in centres and shelters in Toronto in the fall of 2006 found a "general lack of knowledge about ventilation systems, required maintenance and factors to consider when upgrading systems." In keeping with this documented deficit and the coroner's recommendation to the MOHLTC that ventilation filters and ultra violet lighting in shelters be assessed province-wide, it would be helpful if the protocol could assist in the monitoring of at-risk institutions, just as at-risk individuals are surveilled.

These lessons from the Toronto Public Health's Expert Panel and Stakeholder Advisory Group on environmental best practice guidelines to reduce TB risk are applicable to other risks and other settings with vulnerable populations across the province. Primary prevention of SARS, influenza, and multidrug-resistant TB means that there must be proactive assessment, remediation, and monitoring of risk especially in settings where marginalized populations often face overcrowded conditions.

References:

Office of the Chief Coroner (2004). Verdict and Recommendations into the death of Joseph Teigesser

http://www.mcscs.jus.gov.on.ca/english/pub_safety/office_coroner/verdicts_and_recs/2004%20Inquests/TEIGESSER%20recommendations.pdf

Public Health Agency of Canada (2007). Canadian Tuberculosis Standards. Ottawa: Author. Accessed April 23, 2008 from http://www.phac-aspc.gc.ca/tbpc-latb/pubs/pdf/tbstand07_e.pdf

Toronto Public Health (2007). Toronto Public Health Initiatives to Control Tuberculosis in the Homeless Population. Toronto: Author. Accessed April 23,2008 from http://www.toronto.ca/legdocs/mmis/2007/hl/bgrd/backgroundfile-8047.pdf

Tuberculosis Action Group (2003). TB or Not TB?: There is no Question. Accessed April 23, 2008 from http://tdrc.net/resources/public/TB%20Report.pdf

2. What are the top three changes (i.e., with regards to content, structure, language and terminology) that are required for this protocol to be finalized?

none

3. Any other comments

As an expert interest group of the Registered Nurses' Association of Ontario, the Community Health Nurses' Initiatives Group appreciates the opportunity to participate in this consultation process. We believe that the proposed revisions to the draft Ontario Public Health Standards and protocols will increase clarity , consistency, and quality of public health services to better serve Ontarians.