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| **Health Care COVID-19 Outbreak Management Checklist** | **Date Initiated****yyyy/mm/dd** |
| 1. | Development of working case definition: *Enter Definition Here* Identify resident/patient and staff cases.* Start COVID [Respiratory Line List](https://www.simcoemuskokahealth.org/docs/default-source/COVID-/20201009-fact-sheet-contact-of-a-person-who-tested-positive-for-covid-19_aoda-web.pdf?sfvrsn=10https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/200419-covid_investigation_linelist.pdf?sfvrsn=4) (separate lists for resident/patient and staff cases).
* Resident/patient COVID cases must be cleared by SMDHU before precautions are removed
* Staff COVID cases must be cleared by SMDHU before returning to work
* Staff COVID high-risk contacts should not be scheduled to work unless patient/resident care is at a critical level and only in consultation with SMDHU
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| 2. | Notify members of the facility’s Outbreak Management Team (OMT) including medical advisor.* Set up initial OMT meeting
* Partners include Ontario Health, Ministry of LTC or RHRA (as applicable), IPAC Hub members (as applicable)
* OMT meets daily to review OB status.
* SMDHU chairs OMT meetings
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| 3. | Notifications and communication to families, visitors and community partners. Includes posting signage. |  |
| 4. | Line list is faxed to health unit confidential fax number **at the time of initial contact** with the health unit. * Communications and faxing line lists is done on an ongoing basis as established with facility and liaison for the duration of outbreak.
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| 5. | Report immunization rates for residents and staff at the time of initial notification (during influenza season even if COVID suspected)* Implement exclusion policy and staffing contingency plans as required (during influenza season November - April).
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| 6. | If influenza is identified, administration and implementation of antivirals as recommended by the MOH and is found within the facility’s OB preparedness plan (pg. 56-57) |  |
| 7. | Screening* Passive and active screening are occurring for all staff, outpatients and essential visitors
* Residents are screened twice daily in LTCH/RHomes (information recorded)
* Residents/patients with any symptoms immediately placed on droplet/contact precautions
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| 8. | Masking* Resident/patients are wearing face coverings (as able) when within 2 metres of others
* Staff are wearing medical masks & eye protection in patient/resident care areas
* Essential visitors are wearing medical masks
* Staff are wearing face coverings in non-patient/resident care areas e.g. lunch rooms
* Staff/essential visitors are wearing appropriate PPE when caring for any individual on precautions
* Staff wear fit-tested N95 for aerosol-generating medical procedures
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| 9. | Physical Distancing* Patients/residents not in isolation are physical distancing as best able
* Staff breaks/schedules are staggered and staff advised to physical distance in break rooms/non-patient areas
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| 10. | Cohort care per unit* Movement of staff, resident/patients and essential visitors between affected/unaffected floors/units is limited.
* Staff cohorted to same unit for outbreak as best able.
* External agency staffing cohorted to same unit for outbreak as best able.
* Within affected units, staff should be further subdivided to look after ill residents/patients while another set of staff look after well residents/patients.
* If cohorting is not feasible – consideration to treat entire facility as one unit with all residents/patients managed on droplet/contact precautions
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| 11. | Cancel or reschedule social activities and communal meetings. No non-essential absences.* Group activities, outings, communal meetings and functions in the affected areas are cancelled or rescheduled.
* Residents are not permitted to leave the home for non-essential absences such as short-stay absences to visit family/friends.
* During an outbreak, essential and compassionate absences are required to be reviewed with SMDHU prior to absence.
* If residents are taken out of LTCH/Rhome by family, they cannot be readmitted until outbreak is declared over
* No interaction between the affected areas and participants in on-site child care (if applicable).
* Dining should occur in resident/patient rooms. If communal dining must occur, physical distancing must be maintained.
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| 12. | Visitation* Only essential visitors (essential support service, caregivers, very ill/palliative visits) are allowed during an outbreak.
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| 13. | Enhanced and appropriate environmental cleaning and disinfection during outbreak.* Cleaning is followed by adequate disinfection.
* Appropriate disinfectant utilized and as per manufacturers’ directions including contact times.
* Increased frequency of cleaning and disinfecting is required for high touch surfaces, objects, and clients' environments.
* Cleaning and disinfection of multi-use equipment should be completed after each use.
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| 14. | Transfers, discharges, appointments and admissions should be done in consultation with SMDHU.* Re-admission of non-cases and new admissions to LTCH/RHomes are not allowed during a COVID outbreak and not recommended during any other respiratory outbreak.
* Re-admission of COVID residents to LTCH/RHomes must be approved by SMDHU.
* Utilize NSM LHIN respiratory and gastroenteritis outbreak transfer repatriation documents as guidance for all other scenarios including other healthcare institutions in outbreak.
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| 15. | Limiting work locations* Particularly during an outbreak, employees of LTCHs & RHomes must only work at one location and cannot work at any other healthcare setting.
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| 16. | Auditing* IPAC practices such as PPE donning/doffing; hand hygiene; environmental cleaning; and appropriate use of face coverings should be audited on affected units/floors routinely during an outbreak.
* Compliance with cohorting, particularly for temporary staff, is also recommended.
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| 17. | TestingUpon outbreak declaration – ALL staff and ALL residents in the LTCH and Rhome must be offered testing. In other healthcare settings, the impacted unit and staff who are assigned/work on the unit should be tested.* Inquire if facility will require help with mass testing. If so, notify lead or manager.
* Review proper labeling/storage of samples and requisition completion.
* Any symptomatic resident samples will be picked up and sent for testing by SMDHU.
* Arrange pick-up of specimens.
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| Signature: |  | Signature: |  |  |
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| Date: |  | Date: |  |  |
| Faxed to SMDHU: [ ]  Yes [ ]  No | Reviewed: [ ]  Yes [ ]  No |  |