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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 |  |
| 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 |  |
| 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. |  |
| 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). |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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 |  |
| 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. |  |
| 12. | Visitation   * Only essential visitors (essential support service, caregivers, very ill/palliative visits) are allowed during an outbreak. |  |
| 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. |  |
| 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. |  |
| 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. |  |
| 17. | Testing  Upon 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 | |  |