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| **Respiratory/COVID-19 Management Checklist** | **Date Initiated****yyyy/mm/dd** |
| 1. | Development of working case definition: *Any staff or (resident/patient) of (unit/room or delete) at (facility name) with a laboratory confirmation of (a respiratory virus or SARS-CoV-2) OR presenting with (acute respiratory symptoms or symptoms compatible with COVID-19) on or after (date), but not tested.*Start [Respiratory Line List](https://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). |  |
| 2. | Notify members of the facility’s Outbreak Management Team (OMT) including medical advisor.* Identify outbreak lead and backup for facility
* Set up initial OMT meeting (facility and SMDHU to confirm frequency of outbreak meetings)
* SMDHU chairs OMT meetings
* [OMT Agenda](https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/161013-omt-meeting-agenda-minutes-sept-2016.pdf?sfvrsn=2)
* OMT partners include: Ontario Health, MLTC or RHRA (as applicable), IPAC Hub members (as applicable)
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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 (705-725-8007) **at the time of initial contact** with the health unit. * Facility and liaison to establish expectations re: communications and submission of updated line lists for the duration of the outbreak.
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| 5. | Report COVID-19 and Influenza immunization rates for residents and staff at the time of initial notification (Influenza rates only required November - April)* Implement exclusion policy and staffing contingency plans as required
* Discuss plans for antivirals, vaccination, exclusion policy and staffing contingency plans (as appropriate). (MOHLTC, Section 4.6 & Appendix 9)
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| 6. | If influenza outbreak, administration and implementation of antivirals as recommended by the MOH and is found within the facility’s OB preparedness plan (MOHLTC, pg. 56-57) |  |
| 7. | Screening* Residents are screened more often during enhanced surveillance or outbreak in LTCH/RHomes
* Residents/patients with any symptoms are immediately placed on droplet/contact precautions and encouraged to remain in their room (MOHLTC, Section 4.2.2; p. 49)
* Passive and active screening are occurring for all staff, outpatients and visitors and are immediately excluded if they do not pass screening.
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| 8. | Masking & PPE * Ensure all supplies are readily available (ABHR, appropriate PPE, signage, etc.) See (MOHLTC, p. 41-46)
* Resident/patients are wearing face coverings (as able) when within 2 metres of others
* During outbreak - staff and essential visitors wear medical masks **& eye protection** in patient/resident care areas
* 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 physically-distanced as best able
* Staff breaks are staggered and staff advised to use physical distancing in break rooms/non-patient areas
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| 10. | Cohort care per unit* Limit movement of staff/residents/patients/visitors between affected and unaffected areas.
* Cohort staff to same unit for outbreak (as best able).
* Cohort external agency staff 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. | Activities, Salon services, dining and absences:* Group activities, social outings, communal meetings and functions in the affected areas are cancelled or rescheduled
* Salon, hair and nail services must be discontinued for residents in outbreak areas of the home
* No interaction between the affected areas and participants in on-site child care (if applicable)
* High-risk contacts remain isolated on droplet-contact precautions, including tray service in room
* All absences are permitted except where a resident/patient is in isolation as a case or high-risk contact
* Contact SMDHU to review if resident/patient in isolation requires essential or compassionate absence during the outbreak
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| 12. | VisitationNon-COVID-19 Guidance* Visitors to be advised of outbreak status in the facility and required to don appropriate PPE prior to visiting a resident/patient

COVID-19 Guidance* Only essential visitors are allowed for the duration of the outbreak and required to don appropriate PPE prior to visiting resident/patient

Additional restrictions to visiting may be required during any outbreak. To be discussed by OMT and SMDHU. |  |
| 13. | Enhanced and appropriate environmental cleaning and disinfection during outbreak.* Cleaning to be 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* Utilize [NSM LHIN respiratory and gastroenteritis outbreak transfer repatriation documents](https://www.simcoemuskokahealth.org/docs/default-source/jfy-health-care-professionals/nsm-lhin-resp-gastro-outbreak161215-transfer-repatriation-guiding-document-no.pdf?sfvrsn=0) as guidance for all other scenarios including other healthcare institutions in outbreak
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| 15. | Limiting Work Locations* Staff are recommended not to work in other facilities or high-risk settings for the duration of the outbreak in order to limit transmission to other facilities.
* Staff should advise their employer that they have been working in a facility at which there is an outbreak.

INFLUENZA Guidance* Staff protected by either immunization (at least two weeks prior to outbreak declaration) or antivirals have no restrictions on their ability to work at other facilities.
* Unimmunized staff not receiving prophylactic therapy should wait one incubation period (3days) from the last day that they worked at the outbreak facility prior to working in a non-outbreak facility however, unimmunized staff on antiviral prophylactic therapy that wish to work at another facility may do so provided they are asymptomatic and this doesn’t conflict with the receiving facility policies or direction provided by the PHU.

COVID-19 Guidance* If staff must work in multiple facilities, staff should be assigned to work in an outbreak area at the second location, be actively screened every day and be rapid antigen tested every day.
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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. | TestingThe first four samples in all respiratory outbreaks will be tested for Influenza A, Influenza B and other respiratory viruses through Public Health Ontario Lab (PHOL)IF COVID-19 - staff and patients/residents in the affected unit(s) of the LTCH and RHome must be offered testing. If the facility cannot support cohort staffing, full facility testing may be required. Consult SMDHU for direction.* Review: if help is required for swabbing, adequate supplies to test, understanding of labelling/storage/requisition requirements, and lab courier arrangements
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| Facility | Name: |  | SMDHU | Name: |  |  |
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| Signature: |  | Signature: |  |  |
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| Date: |  | Date: |  |  |
| Faxed to SMDHU: [ ]  Yes [ ]  No | Reviewed: [ ]  Yes [ ]  No |  |