

Outbreak #: _____

Facility Name: _____

Health Care COVID-19 Outbreak Management Checklist	Date Initiated yyyy/mm/dd
<p>1. Development of working case definition: <i>Any staff or (select resident, or patient) of (enter unit/room name or delete) at (enter facility name) with a laboratory confirmation of SARS-CoV-2 infection OR presenting with symptoms compatible with COVID-19 on or after (this date), but unable to be tested.</i></p> <p>Identify resident/patient and staff cases.</p> <ul style="list-style-type: none"> Start COVID Respiratory Line List (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 who are not fully vaccinated should not be scheduled to work unless patient/resident care is at a critical level and only in consultation with SMDHU 	
<p>2. Notify members of the facility's Outbreak Management Team (OMT) including medical advisor.</p> <ul style="list-style-type: none"> Outbreak lead and backup are identified for facility 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 	
<p>3. Notifications and communication to families, visitors and community partners. Includes posting signage.</p>	
<p>4. Line list is faxed to health unit confidential fax number (705-733-7738) at the time of initial contact with the health unit.</p> <ul style="list-style-type: none"> Communications and faxing line lists is done on an ongoing basis as established with facility and liaison for the duration of outbreak. 	
<p>5. Report COVID and Influenza immunization rates for residents and staff at the time of initial notification (Influenza rates only required November - April)</p> <ul style="list-style-type: none"> Implement exclusion policy and staffing contingency plans as required 	
<p>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)</p>	
<p>7. Screening</p> <ul style="list-style-type: none"> Passive and active screening are occurring for all staff, outpatients and visitors Residents are screened more often during enhanced surveillance or outbreak in LTCH/RHomes Residents/patients with any symptoms immediately placed on droplet/contact precautions 	
<p>8. Masking</p> <ul style="list-style-type: none"> Resident/patients are wearing face coverings (as able) when within 2 metres of others During OB - Staff and essential visitors must 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 	
<p>9. Physical Distancing</p> <ul style="list-style-type: none"> 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 	
<p>10. Cohort care per unit</p> <ul style="list-style-type: none"> 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. 	

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<ul style="list-style-type: none"> 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 	
<p>11. Cancel or reschedule social activities and communal meetings. No non-essential absences.</p> <ul style="list-style-type: none"> Group activities, social outings, communal meetings and functions in the affected areas are cancelled or rescheduled. Personal care services must be discontinued for residents in outbreak areas of the home. During an outbreak, essential and compassionate absences are required to be reviewed with SMDHU prior to absence. 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. 	
<p>12. Visitation</p> <ul style="list-style-type: none"> Only essential visitors (essential support service, caregivers, very ill/palliative visits) are allowed during an outbreak. 	
<p>13. Enhanced and appropriate environmental cleaning and disinfection during outbreak.</p> <ul style="list-style-type: none"> 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. 	
<p>14. Transfers, discharges, appointments and admissions should be done in consultation with SMDHU.</p> <ul style="list-style-type: none"> Re-admission of non-cases and new admissions to LTCH/RHomes are not allowed during a COVID outbreak unless reviewed with SMDHU. Re-admission of COVID residents during their period of communicability 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. 	
<p>15. Limiting work locations</p> <ul style="list-style-type: none"> During an outbreak, employees of LTCHs & RHomes who are not fully vaccinated must only work at one location and cannot work at any other healthcare setting. Fully vaccinated staff are recommended to only work at one healthcare setting during an outbreak. 	
<p>16. Auditing</p> <ul style="list-style-type: none"> 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. 	
<p>17. Testing</p> <p>Upon outbreak declaration – 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.</p> <ul style="list-style-type: none"> Inquire if facility will require help with mass testing. If so, notify ID manager. Review proper labeling/storage of samples and requisition completion. Any symptomatic resident samples will be picked up and sent for testing by SMDHU or OH. Arrange pick-up of specimens. 	

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Facility	Name: _____	SMDHU	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No