

Fac	lity Name:	Outbreak #:			
	LTCH/Rhome Respiratory Outbreak Management Checklist				Date Initiated
		ory Outbreak Management Chec	CKIISL		yyyy/mm/dd
1.	Development of working case definition			_	
	Any staff or resident working/residing at:      The staff of resident working and the staff of the staff	and Unit(s)		facility wide	
2	with symptoms of an acute respiratory inf	·	iny lab con	firmed case.	
2.	Line list is provided to the Simcoe Musk				
	<ul> <li><u>Line list</u> to be <u>uploaded</u> or faxed to health unit (705-733-7738).</li> <li>Symptomatic residents placed on additional precautions and tested.</li> </ul>				
	<ul> <li>Residents and staff are to be documented on separate line lists.</li> </ul>				
3.	Notifications, communication, and signage				
	Communication to families, visitors, and community partners. Includes posting signage.				
	Notify the Outbreak Management Team (OMT) and set up an initial OMT meeting. See Best Practices for				
	the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings, page 62.				
4.	Report Influenza immunization rates for residents and staff at the time of initial notification				
	(Required November 1 to March 31)	T-4-1-# ! F !!! 4 -	Staff	Residents	
		Total # in Facility			
		Total # in Facility Immunized			
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		# on Outbreak Unit(s)			
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		# on Outbreak Unit(s) Immunized			
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5.	Influenza outbreak				
	• Administration and implementation of ant	ivirals as recommended by the Medical	Officer of I	Health (MOH)	
	if applicable.				
6.	<b>3</b> ,				
	Daily surveillance measures to monitor for symptomatic residents and staff.      Dacidents (notice to with any symptom (a) are improdictely included and placed an additional productions.				
	<ul> <li>Residents/patients with any symptom(s) are immediately isolated and placed on additional precautions.</li> <li>Screening of all staff and visitors is recommended.</li> </ul>				
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7.	<ul> <li>Ensure all supplies are readily available (ABHR, appropriate PPE, signage, etc.)</li> </ul>				
	<ul> <li>Complete a Point of Care Risk Assessment (PCRA) for all direct resident/patient care.</li> </ul>				
	Implement Additional Precautions for symptomatic residents/patients.				
	Masking is recommended for staff, residents, and visitors during respiratory outbreaks.				
8.					
	<ul> <li>Review recommendations from the Recommendation for Outbreak Prevention and Control in Institutions</li> </ul>				
	and Congregate Living Settings* for room	mate and other close contacts.			
9.	Cohort care per unit	hetween affected and unaffooted areas			
	<ul> <li>Limit movement of staff/residents/visitors between affected and unaffected areas.</li> <li>Cohort staff to same unit for the duration of the outbreak (as best able).</li> </ul>				
	<ul> <li>Conort start to same unit for the duration of the outbreak (as best able).</li> <li>Cohort external agency staff to same unit for the duration of the outbreak (as best able).</li> </ul>				
	<ul> <li>Within affected units, staff should be further subdivided to look after ill residents/patients while another set</li> </ul>				
	of staff look after well residents/patients.	·			
	Residents should be cohorted based on s			ng) for all	
	non-essential activities including communal dining, organized events and social gatherings.				
	See PHO <u>Cohorting in Respiratory Virus Outbreaks.</u> for further recommendations.				
10.					
	<ul> <li>Wherever possible, continuing small group activities for exposed cohorts (for those not on additional precautions) is recommended to support resident mental health and wellbeing.</li> </ul>				
11	Full and and an analysista and in a major and all and an and disinfection during authorals				
' ' '	<ul> <li>Increased frequency of cleaning and disinfecting of high touch surfaces. Minimum of twice daily.</li> </ul>				
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12.	Transfers, discharges, appointments, and admissions should be done in consultation with SMDHU  • Notify SMDHU when resident movement is anticipated/planned.	
13.	<ul> <li>Testing</li> <li>The first four resident samples will be tested using Multiplex Respiratory Virus Testing (MRVP). Subsequent samples will be tested with FLUVID panel.</li> <li>During influenza season the first four samples will receive rapid influenza testing if SMDHU courier takes samples directly to PHOL Lab (speak with Facility Liaison regarding courier).</li> <li>Respiratory kits can be ordered from Public Health Ontario, <u>Kit and Test Ordering Instructions Webpage</u>.</li> <li>Number of respiratory OB kits on site Expired? Yes No</li> </ul>	
14.	<ul> <li>Auditing</li> <li>IPAC practices such as PPE donning/doffing; hand hygiene; environmental cleaning; and appropriate use of face coverings should be audited frequently on affected units/floors during an outbreak to identify gaps/potential transmission risk.</li> <li>IPAC Self-Assessment audits are to increase from quarterly to weekly during an outbreak and be documented for review.</li> <li>IPAC Self-Assessment Audit for Long-Term Care and Retirement</li> </ul>	
For	m Completion by Facility	
Nan	me:	
Pos	sition:	

Date Submitted:

Revised: September 2025