simcoe muskoka DISTRICT HEALTH UNIT
Your Health Connection

Outbreak #: _____

Facility Name: _____

Respiratory/COVID-19 Management Checklist	**Date Initiated yyyy/mm/dd**
1. Development of working case definition: Any staff or resident/patient working/residing at (Facility and Unit if not facility wide) with symptoms of an Acute Respiratory Infection on or after _____ or any lab confirmed case. Start Respiratory Line List (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 • OMT partners include Ontario Health, MLTC or RHRA (as applicable), IPAC Hub members (as applicable)	
3. Notifications and communication to families, visitors, and community partners. Includes posting signage.	
4. **Line list is faxed to health unit (705-733-7738) at the time of initial contact with the health unit.** • Facility and SMDHU liaison to establish expectations re: communications and submission of updated line lists for the duration of the outbreak and set up of secure link for confidential health information. • Outbreak Resources	
5. **Report Influenza immunization rates for residents and staff at the time of initial notification (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 Respiratory Outbreak Guidance Document, Section 5 & Appendix 8)	
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 Respiratory Outbreak Guidance Document, pg. 54-55)	
7. **Screening** • Daily surveillance measures to monitor for resident illness and staff reported illness is imperative. • Residents/patients with any symptoms are immediately isolated and placed on droplet/contact precautions and encouraged to be tested using Multiplex Respiratory Virus Testing (MRVP) (4) or FLUVID.. • Screening of all staff, caregivers, and visitors is recommended and immediate exclusion if they do not pass screening. Exception to be made for palliative/end-of-life resident visitors.	
8. **Masking & PPE** • Ensure all supplies are readily available (ABHR, appropriate PPE, signage, etc.) See (MOHLTC Respiratory Outbreak Guidance Document , p. 33-38) • Staff and essential visitors/caregivers providing direct care to or interacting within 2 metres of a resident with suspect or confirmed COVID-19, should wear eye protection (goggles, face shield, or safety glasses with side protection), gown, gloves, and a fit-tested, seal-checked N95 respirator (or approved equivalent) as appropriate PPE. • While in an outbreak area (non-COVID-19), staff and essential visitors must wear a well-fitted medical mask. Protection may be worn at the discretion of wearer based on personal risk assessment or according to facility policy.	

	Staff	**Residents**
Total # in Facility		
# on Unit Immunized		
Total # in Facility Immunized		

• If tolerated and can be done safely, residents should be offered a well-fitted medical mask (preferred) or non-medical mask to use when they are or may be in shared spaces and when receiving direct care. • Any person present for aerosol-generating medical procedures should wear a fit-tested N95 mask, gown, gloves, and eye-protection.	
9. **Physical Distancing** • Patients/residents not in isolation are encouraged to physically-distance as best as able. • Staff breaks are staggered, and staff advised to use physical distancing in break rooms/non-patient areas	
10. **Cohort care per unit** • Limit movement of staff/residents/patients/visitors between affected and unaffected areas. • Cohort staff to same unit for the duration of the outbreak (as best able). • Cohort external agency staff to same unit for the duration of the 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. • Residents should be cohorted based on status (infected or exposed and potentially incubating) for all non-essential activities including communal dining, organized events and social gatherings. • PHO: Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes	
11. **Activities, salon services, dining and absences**: • Wherever possible, continuing group activities for exposed cohorts, for those not on additional precautions, is recommended to support resident mental health and wellbeing. However, residents within the outbreak area of the home should be cohorted separately from residents who are not in the outbreak area of the home. • Facilities cannot restrict or deny absences for medical, palliative, or compassionate reasons at any time. This includes when a resident is in isolation or when a home is in an outbreak. • Contact SMDHU for support if resident/patient in isolation requires essential or compassionate absence during the outbreak. • No interaction between the affected areas and participants in on-site child care (if applicable)	
12. **Visitation** • General visitors are encouraged to postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak. • Essential caregivers/visitors shall be advised of the potential risk of acquiring illness within the home, and the re-introduction of illness into the home. • Essential caregivers/visitors are strongly recommended to comply with any masking/PPE requirements as appropriate during outbreaks or if the resident or client is on Additional Precautions. • Limit movement of essential caregivers/visitors between affected and unaffected areas. • All visitors are encouraged to be vaccinated for influenza and COVID-19.	
13. **Enhanced and appropriate environmental cleaning and disinfection during outbreak**. • Cleaning to be followed by adequate disinfection. • Appropriate disinfectant utilized and as per manufacturer's instructions for use (MIFU) directions including contact times. • Increased frequency of cleaning and disinfecting is required for high touch surfaces, objects, and clients' environments. Minimum of twice daily. • Cleaning and disinfection of multi-use equipment should be completed after each use.	
14. **Transfers, discharges, appointments, and admissions should be done in consultation with SMDHU** • To guide risk assessment, Appendix E: Algorithm for Admissions and Transfers, from the Ministry of Health: COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other • Transfers, re-admission of non-cases and new admissions are not recommended during an outbreak but can be considered in collaboration with SMDHU ID facility liaison.	

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15. **Limiting Work Locations** • Staff should advise their employer that they have been working in a facility that is in an active outbreak. If possible, staff are encouraged to limit work to one facility when one is in outbreak. Staff should immediately stop work if they develop symptoms. • Staff protected by either immunization (at least two weeks prior to outbreak declaration) or influenza antivirals have no restrictions on their ability to work at other facilities. • Unimmunized staff NOT receiving influenza prophylactic therapy should wait one incubation period (3 days) from the last day that they worked at the outbreak facility prior to working in a non-outbreak facility • Unimmunized staff RECEIVING influenza 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.	
16. **Auditing** • 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. • IPAC Self-Assessment audits are to increase from quarterly to weekly during an outbreak and be documented for review. • IPAC Self-Assessment Audit for Long-Term Care and Retirement Homes	
17. **Testing** Residents who are exhibiting signs or symptoms consistent with acute respiratory illness, should self-isolate and be placed on Additional Precautions, medically assessed, and tested for COVID-19 and other respiratory pathogens as soon as possible. The first four samples in all respiratory outbreaks will be tested using Multiplex Respiratory Virus Testing (MRVP, which includes SARS-CoV-2 (COVID-19), Influenza A, Influenza B and other respiratory viruses through Public Health Ontario Lab (PHOL). If required, lab courier arrangements can be made in conjunction with SMDHU ID facility liaison. Subsequent samples will be tested with FLUVID panel (detecting influenza A, influenza B, respiratory syncytial virus (RSV) A/B) and SARS-CoV-2 (COVID-19). Number of kits on site _____ Expired? ☐ Yes ☐ No	

Facility		SMDHU	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	
Faxed to SMDHU: ☐ Yes ☐ No		Reviewed: ☐ Yes ☐ No	