

Renfrew County and District Health Unit

COVID-19 Outbreak Control Measures Checklist for Congregate Living Settings/Group Homes

Organization Name:	
Date Outbreak Declared:	Outbreak #: 2257
Outbreak Area: Unit/House	Facility Wide
Health Unit Contact:	
COVID-19 Outbreaks in Congregate Living	Settings intake line: 613-602-5749

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IMMEDIATE CONTROL MEASURES FOR SUSPECT OR CONFIRMED COVID-19 OUTBREAK

Isolation of residents with any one or more typical or atypical symptom of COVID-19 to single room, if possible.

Contact & Droplet Precautions for direct care and close contact (within 2 meters). Notify staff of potential outbreak. Screen staff for symptoms or Hx of COVID-19 Start COVID-19 Line Listing of ill/positive residents and staff and send to secure fax line 613-735-3067 or call 613-602-5749.

COVID-19 Testing:

Create a testing strategy, who will get tested and who will do the tests **Decision point:** can staff seek their own test, can staff bring clients to test sites, should paramedics be requested to do on site testing, can RAT tested be used?

Collect swabs from ALL residents with any one or more typical or atypical symptom of COVID-19, as well as their asymptomatic roommates.

Consult with Public Health for advice on testing of asymptomatic staff and residents.

Consider collecting other specimens if causative agent is unknown or coinfection is suspected.

- » Respiratory ViralTesting for up to 4 ill residents per outbreak
- » Stool samples for those with enteric illness (vomiting/diarrhea)

Control Measures for Residents:

ALL residents in the Outbreak Area must be considered infected or potentially incubating.

» Isolated to their room, Contact/Droplet precautions for direct care & close contact.

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» Consider use of preventative wandering barriers for residents with cognitive disabilities.

Ensure 'Droplet/Contact' precautions & signage are in place, which includes:

- » Use of gloves, gowns, procedure mask and eye protection within two meters of any resident in the Outbreak Area.
- » The use of a fitted N95 respirator is recommended instead of a procedure mask for Aerosol Generating Medical Procedures.

Conduct screening with each resident at least once daily, including all typical and atypical symptoms of COVID-19.

Cohort Residents. This is CRITICAL to limit the spread of infection.

- » Positive/ill residents moved to **single room** if possible. Where this is not possible, individuals may be placed in a room with no more than 1 other resident who must also be placed on droplet/contact precautions.
- » If shared rooms must be used, cohort according to COVID-19 status (ill with ill, exposed with exposed, well with well). Continue to make adjustments as new cases arise.

Ensure **Personal Protective Equipment (PPE)** is available near the entrance of each resident room. Decision Point: Consider if staff will wear a surgical mask, N95 or KN95.

- » PPE must be donned prior to entering theroom.
- » PPE must be doffed and discarded prior to exiting the room.
- » PPE is not required outside of resident care areas source protection mask only.

Avoid sharing equipment between residents if possible OR thoroughly clean and disinfect between use.

Encourage Hand Hygiene.

Control Measures for Staff and Volunteers:

Emphasize the importance of hand hygiene, source protection masking and eye protection.

Provide education to staff on routine practices, additional precautions (e.g., appropriate use of PPE), environmental cleaning and disinfection.

Cohort staffing to the greatest extent possible

- » Assign staff to a home/floor/unit that either contains or does not contain active cases.
- » Designate staff to only provide care for positive, high risk, sick or well residents. Instruct staff that develop symptoms to report to charge person; list symptoms and onset date.

Exclude ill staff, students and volunteers

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» Return to work:

NEGATIVE COVID-19 RESULT for LOW RISK exposed staff:

- enteric illness 48 hours symptom free
- respiratory illness 5 days from the onset of symptoms or until symptoms have resolved for 24 hours

POSITIVE COVID-19 RESULT:

When cleared by Public Health (10 days from onset or test date)

NOT TESTED FOR COVID-19:

• 10 days after onset of symptoms, and 24 hours symptoms improving Ensure physical distancing is maintained between staff in break areas, locker rooms where source protection masks may be removed.

Control Measures for Visitors:

Restrict visitors if possible. If allowing visitors, allow only Essential Visitors

» A maximum of 1 caregiver per resident may visit at a time during an outbreak in a congregate living home

Notify visitors of outbreak through signage at entrances.

Notify visitors of contact/droplet precautions with signage on resident doors.

Notify all outside agencies contracted to work in the facility.

Ensure that visitors are screened. Those that fail screening are not permitted in the facility (visitors for imminently palliative residents who fail screening must be permitted entry, but homes must ensure they wear a mask and physically distance from other residents and staff).

Provide education and instruction to visitors to:

- » Wear a procedure mask at all times within the facility.
- » Clean hands before and after visit.
- » Use appropriate PPE for direct care/close contact with residents in the Outbreak Area.

Visit only one resident, clean hands and exit facility.

Environmental Cleaning:

Increase frequency of cleaning and disinfection of high touch surfaces, especially equipment that moves around the facility such as trolleys and carts

Promptly clean and disinfect surfaces contaminated by infectious material.

Ensure cleaning and disinfection of equipment prior to use and between residents.

Admissions, Re-admission, Absences and Transfers:

Admissions, Re-admissions, and transfers may take place during an

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outbreak only if:

- » Approved by the local public health unit, and
- » There is concurrence between the home and public health

If residents are taken by family out of the home, they may not be readmitted until the outbreak is over.

Consult with Health Unit for all admissions, re-admissions/transfers to another facility

Notify Hospital Infection Control Practitioner if transferring resident to hospital.

Medical Appointments:

Re-schedule non-urgent appointments.

Urgent or essential out-patient appointments are possible with precautions;

- » Provide a mask for the resident to be worn, if tolerated, while out of the home.
- » Resident screened upon their return.

Communal Dining, Social Activities:

Modify or suspend communal dining and indoor social activities as required. Consider individualized activities and stimulation for residents in isolation.