



Renfrew County and District Health Unit
"Optimal health for all in Renfrew County and District"

Initial Checklist for Outbreak Management - Congregate Living Settings

Facility Name:			
Street #:		Street Name:	
City:		Postal Code:	
RCDHU Investigator:			
Phone #:			
Facility Investigator:			
Phone #:			
Date Outbreak Declared: (YYYY/MM/DD)		Area where outbreak is occurring:	
Date Checklist Reviewed: (YYYY/MM/DD)		Attendees:	
1.0	Line List	Reviewed	N/A
1.1	Most recent line list has been reviewed with the facility		
1.2	All confirmed COVID-19 staff and residents are added to the line listing daily Hospitalizations and deaths are included in the line list Line lists are sent to RCDHU daily by 11 a.m.		
Notes:			
2.0	Outbreak Case Definition	Reviewed	N/A
2.1	The case definition agreed upon at the OMT meeting is:		



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3.0	Population at risk	Reviewed	N/A
3.1	<p>Can affected areas be closed to prevent access by other residents of the facility?</p> <p>YES NO</p> <p>Can staff in affected area(s) be restricted/have minimal contact with staff, resident from non-affected area(s)?</p> <p>YES NO</p> <p>Can residents from the affected areas be restricted from accessing non-affected areas?</p> <p>YES NO</p>		
3.2	<p>If all the answers in 3.1 are "YES", only those in the affected areas are the population at risk</p> <p>Population at risk (floor/unit/facility):</p> <p>Current population at risk:</p> <p>Residents: Staff:</p> <p>Total population at the facility:</p> <p>Residents: Staff:</p>		
Notes:			
4.0	Facility Vaccine Status	Reviewed	N/A
4.1	<p>Total # of fully vaccinated for COVID-19</p> <p>Total facility: Residents: Staff:</p> <p>Affected area: Residents: Staff:</p> <p>% Fully Vaccinated for COVID-19</p> <p>Total facility: Residents: Staff:</p> <p>Affected area: Residents: Staff:</p> <p>% 3rd Dose of COVID-19</p> <p>Total facility: Residents: Staff:</p> <p>Affected area: Residents: Staff:</p>		
5.0	Screening	Reviewed	N/A
5.1	Enhanced symptom screening of staff (e.g., beginning and end of shift) and residents twice daily		



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Notes:			
9.0	Physical Distancing	Reviewed	N/A
9.1	Facility reviews physical distancing practices and strategies in order to strengthen and improve measures and correct any areas of non-compliance, particularly in the lunch rooms and staff break/change rooms.		
Notes:			
10.0	Additional Precautions	Reviewed	N/A
10.1	Staff and visitors use appropriate PPE for residents who are on Droplet/Contact Precautions.		
10.2	At a minimum suspected COVID-19 cases, confirmed COVID-19 cases, contacts who are not fully vaccinated and roommates (regardless of vaccination status) will be placed on Droplet/Contact Precautions. Consult with RCDHU for direction on the remaining individuals (e.g. vaccinated contacts, entire area, etc.)		
Notes:			
11.0	Surveillance	Reviewed	N/A
11.1	A central record of resident surveillance monitoring is kept and is readily accessible.		
11.2	The facility has a process to assist with obtaining contact tracing information (within the context of the facility). This information (e.g. work schedules, staff assignments, resident unit assignment) is readily available (if requested).		



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11.3	The facility has a system in place to monitor staff absences in all departments daily.		
11.4	The facility conducts, at a minimum, weekly Outbreak Management Team (OMT) meetings. Attendees should include, but not limited to: medical director, RCDHU, IPAC Representative, Facility Management, and other essential team members from the facility. Decision point: who will set-up, schedule, send invites and take minutes for the OMT?		
11.5	The facility must contact RCDHU the next day at 8:00 a.m. if there is a significant change in severity of illness or number of deaths. <ul style="list-style-type: none"> • Regular Business Hours: 613-732-3629 • Afterhours/Evenings: 613-735-9926 		
Notes:			
12.0	Testing	Reviewed	N/A
12.1	An outbreak number has been issued and provided to the facility.		
12.2	The facility has a master list of all residents and staff for cross referencing and lab result look-up if needed.		
12.3	All specimens sent for testing that are linked to the outbreak have the following information on the lab requisition: <ul style="list-style-type: none"> • Outbreak # • RCDHU MOH information • Facility physician (e.g. medical director) • Correct PHO Auto Fax COVID-19 and Respiratory Virus Test Requisition Form		
12.4	Staff who are directed to an assessment centre or pharmacy for testing are provided with the outbreak # which is to be included on the COVID-19 lab requisition form.		
12.5	The initial outbreak management plan includes testing: <ul style="list-style-type: none"> • All residents and Staff who develop new symptoms (low threshold to test) • Staff who are close contacts of a confirmed case (community acquired or resident/staff exposure). 		



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	<p>When it is not possible to have a smoking area designated to the affected unit, cohorting of residents should be preserved (e.g. residents from different units should not mix).</p> <p>The facility should have a plan to preserve cohorting when residents smoke.</p>		
Notes:			
14.0	Environmental Cleaning	Reviewed	N/A
14.1	<p>The health care disinfectant should be broad-spectrum virucidal (effective against non-enveloped viruses).</p> <p>Disinfectant used:</p> <p>Contact time:</p>		
14.2	Environmental services staff are cohorted to work on the affected unit, whenever possible.		
14.3	Room terminal cleaning must be completed after a COVID-19 positive resident has been D/C from Droplet/Contact Precautions.		
14.4	<p>Larger equipment (e.g. food carts, laundry cart) should be dedicated to a single area, if possible.</p> <p>If equipment cannot be dedicated to a single area, it must be cleaned and disinfected prior to moving the equipment to another area.</p>		
14.5	Trolleys used for in-room meal service are cleaned and disinfected after each use.		
14.6	Clean and disinfect communal shower/tub rooms after each resident use.		
14.7	<p>Laundry and Waste Management: No special precautions are recommended</p> <p>Resource: PIDAC – Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (p. 69 – 78)</p>		
Notes:			



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15.0	Admissions and Transfers	Reviewed	N/A
15.1	Admissions and transfers must follow the Ministry guidance .		
15.2	Admissions and transfers are not recommended. Example times when admissions or transfers could take place: <ul style="list-style-type: none"> • Resident is fully vaccinated for COVID-19. • Residents that are previously positive and are resolved • Resident is infectious and returning to an affected unit/area • Resident is returning to facility at end of life (compassionate reasons) 		
15.3	If a resident is transferred during an outbreak: <ul style="list-style-type: none"> • The need for Droplet/Contact Precautions is communicated to the transferring service and receiving facility ahead of transfer. • Droplet/Contact Precautions are maintained by staff during transfer 		
15.4	Receiving facility to notify the transferring facility and RCDHU if a resident develops symptoms of COVID-19 and/or is diagnosed with COVID-19 within 14 days of transfer.		
Notes:			
16.0	Absences and Leaves	Reviewed	N/A
16.1	Admissions and transfers must follow the Ministry guidance .		
Notes:			
17.0	Group Activities and Communal Dining	Reviewed	N/A
17.1	Decision Point - All group and non-essential activities: <ul style="list-style-type: none"> • Are cancelled/suspended on the affected area. 		



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	<ul style="list-style-type: none"> Permitted on the unit for those who are not on Droplet/Contact Precautions. 		
17.2	<p>If group activities are continued, they must:</p> <ul style="list-style-type: none"> Be restricted to a single unit/area (do not mix residents from different areas). Ensure physical distancing (at least 2 metres apart from one another). Be limited to the smallest feasible group size (maximum 5). Where possible, the groups should remain the same across all activities. 		
17.3	<p>Decision Point - Communal dining is stopped and all meals must be eaten in the residents room:</p> <ul style="list-style-type: none"> For the affected residents (e.g., COVID-19 positive, symptomatic, close contacts) For residents who are not fully vaccinated For all residents on the affected area 		
17.4	<p>If communal dining is continued on the affected area, it is only permitted within the affected area (i.e., residents must not leave the unit if the only available communal dining is not on their unit).</p>		
17.5	<p>Multi-use meal items, such as trays, cutlery, and plates, must be cleaned and disinfected after each use. Disposable meal items are not required.</p>		
Notes:			
18.0	Staff (includes students and volunteers)	Reviewed	N/A
18.1	<p>Staffing levels/resources in all departments (e.g., nursing, client care providers, and housekeeping) are regularly reviewed and deemed adequate to support the facility's operational needs during an outbreak, as staffing demands may increase.</p>		
18.2	<p>Staff with medical exceptions to COVID-19 vaccination should not work on the affected area.</p>		



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18.3	Staff are advised to self-monitor for COVID-19 symptoms.		
Notes:			
19.0	Staff Spaces / Break Areas	Reviewed	N/A
19.1	Staff on the affected area should maintain cohorting during breaks (i.e., they should not mix with staff from other areas). Ideally, break areas and change rooms are available on the affected area		
19.2	Masks should be worn in break areas unless eating or drinking.		
19.3	If relevant, disposable eye protection should be discarded prior to entering break spaces; reusable eye protection should be appropriately cleaned, disinfected and safely stored prior to eating and drinking and not placed on surfaces where food and drink are also located.		
19.4	Eating and drinking should only take place in designated break areas.		
Notes:			
20.0	Occupational Health	Reviewed	N/A
20.1	If a staff develops symptoms of COVID-19 at work they must immediately perform hand hygiene, do not remove their mask, maintain physical distancing, inform their immediate manager/supervisor, avoid further resident contact, collect PCR test prior to leaving the facility (if possible) and then leave the facility.		
20.2	Staff who have developed symptoms (even mild or transient) should have a COVID-19 PCR test as soon as possible and should not return to work prior to the result being available.		
20.3	An occupational health plan is in place to clear COVID-19 positive staff to return to work once they have completed the required isolation period and are well.		



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20.4	<p>Suspected and confirmed staff COVID-19 cases are prohibited/excluded from working until they have completed the required self-isolation period.</p> <p>Do not consult with RCDHU if work-self-isolation is being considered. Resource: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings</p>		
Notes:			
21.0	Visitor Control Measures	Reviewed	N/A
21.1	Signage communicating visitor restrictions are posted at the entrance the entrance to the building and the affected area.		
21.2	General visitors are generally NOT permitted to the affected area during a confirmed outbreak.		
21.3	Essential Visitors are the only type of visitor allowed to enter the affected area when the facility is in outbreak.		
21.4	<p>Essential visitors must:</p> <ul style="list-style-type: none"> • Follow all IPAC measures as well as any other specific home policies during their visit. • Be instructed on proper hand hygiene and donning and doffing of required PPE when visiting or caring for residents who are on Droplet/Contact Precautions. • Consider restricting visitors to visiting ONE resident only and they must exit the facility immediately after their visit. 		



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Notes:			
22.0	Communications	Reviewed	N/A
22.1	There are processes in place for communication with staff, essential and non-essential visitors, residents, families and the media regarding the outbreak.		
22.2	Communication with families and staff to inform them of the outbreak should happen as soon as possible.		
22.3	Prompt, ongoing and timely COVID-19 outbreak updates are provided to staff, essential visitors, general visitors, residents and family members.		
Notes:			
23.0	Post-Mortem Care	Reviewed	N/A
23.1	Staff are aware to notify the funeral home if a resident is a confirmed or suspected case of COVID-19 prior to pick-up of the body.		
Notes:			
24.0	Declaring the Outbreak Over	Reviewed	N/A
24.1	The outbreak will be declared over by RCDHU. RCDHU will provide the facility with an "Outbreak Termination" letter for their records.		
Notes:			