Renfrew County and District Health Unit

"Optimal health for all in Renfrew County and District"

Initial Checklist for Outbreak Management

RCDHU fax number: 613-735-3067
Outbreak phone line for urgent matters: 613-602-5966 (during business hours)
Outbreak email for non-urgent matters: outbreak@rcdhu.com

Facility Name:		
Street #:	Street Name:	
City:		Postal Code:
Public Health Unit Investigator:		
Phone #:		
Facility Investigator:		
Phone #:		
Date Outbreak Declared: (YYYY/MM/DD)		Area where outbreak is occurring:
Date Checklist Reviewed: (YYYY/MM/DD)		Attendees:

IMMEDIATE CONTROL MEASURES FOR SUSPECT/CONFIRMED COVID-19 OUTBREAK

- Isolate patients/residents with any symptom(s) of COVID-19.
- Complete testing (Rapid or PCR) immediately and continue to isolate client.
- Move COVID-19 patient(s)to single room, if possible.
- Monitor high-risk contacts, including roommates and table mates for symptoms and isolate if symptoms of covid-19 develop, as appropriate.
- Droplet/Contact Precautions for direct care and close contact.
- Notify staff of outbreak. Educate staff to self screen for symptoms of COVID-19.
- Start COVID-19 Respiratory Line Listing of patients and staff cases, send to secure fax line 613-735-3067 or email to outbreak@rcdhu.com (emailed documents must be password-protected).
- See Ministry of Health COVID-19 Guidance for Public Health Units: Long-Term Care Homes, Retirement Homes, and Other Congregate Living Settings Version 11 – June 26, 2023

1.0	Line List	Reviewed	N/A
1.1	Most recent line list has been reviewed with the facility.	☐	☐
1.2	All staff and patient/resident cases 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 Outbreak Management Team (OMT) meeting is:	☐	☐

3.0	Population at risk	Reviewed	N/A
3.1	Can affected areas be closed to prevent access by other patients/residents of the facility? ☐ YES ☐ NO Can staff in affected area(s) be restricted/have minimal contact with staff, resident from non-affected area(s)? ☐ YES ☐ NO Can patients/residents from the affected areas be restricted from accessing non-affected areas? ☐ YES ☐ NO	☐	☐
3.2	If all the answers in 3.1 are "YES", only those in the affected areas are the population at risk Population at risk (floor/unit/facility): **Current population at risk:** Patients/residents: Staff: **Total population at the facility:** Patients/residents: Staff:	☐	☐
Notes:			

5.0	Screening	Reviewed	N/A
5.1	Enhanced symptom screening of staff (e.g., beginning and end of shift) and patients/residents twice daily.	☐	☐
5.2	Reminder to staff to self monitor before coming to work and not come to work ill. Education for staff to notify supervisor if symptoms develop and leave the facility.	☐	☐
Notes:			

6.0	Signage	Reviewed	N/A
6.1	Post outbreak notification at all entrances to the facility and in affected area(s).	☐	☐
6.2	Post notices on the door of patients/residents who are on Droplet/Contact precautions advising staff and visitors to check in at the nursing station before entering. Post donning/doffing PPE instructions at the outside of all patients/residents' rooms who are currently isolating.	☐	☐
Notes:			

7.0	IPAC and Occupational Health and Safety		
7.1	Review IPAC and OHS policies and practices on the unit through discussion with unit leadership, unit educators, and front-line staff from all professional groups (e.g., nursing, allied health, environmental services, etc.).	☐	☐
7.2	Audit unit practices including IPAC and OHS practices. Provide education on symptom surveillance and reporting.	☐	☐
7.3	Provide education on key elements of the COVID-19 IPAC and OHS response, including symptom surveillance and reporting.	☐	☐
7.4	Consider the use of "safety coaches" on the unit to monitor and provide feedback on hand hygiene and PPE practices.	☐	☐

Notes:			
8.0	**Hand Hygiene**	**Reviewed**	**N/A**
8.1	Reinforce the "4 moments of hand hygiene". Clean hands with 70-90% alcohol-based hand rub, if hands are not visibly dirty. Wash hands with soap and water when hands are visibly dirty.	☐	☐
Notes:			
9.0	**Universal Masking and PPE**	**Reviewed**	**N/A**
9.1	Consider implementing a universal masking policy during the outbreak. Decision Point: Universal masking can be on one unit or facility wide. If there is a facility wide outbreak or uncontrolled transmission, universal masking is highly recommended. See Public Health Ontario's Universal Mask Use in Health Care Document.	☐	☐
9.2	Face shields must be used as part of Droplet/Contact Precautions. **Decision point:** Is it recommended to wear face shields at all times while in the affected areas? ☐ YES ☐ NO	☐	☐
9.3	PPE supplies sufficient and accessible by staff near entrance of each patient room. Staff trained in appropriate and effective PPE use. **Decision Point:** Consider if staff will be wearing a surgical mask, N95 or a KN95 mask either on affected unit/in rooms of affected patients/resident or throughout the facility.	☐	☐
Notes:			
10.0	**Physical Distancing**	**Reviewed**	**N/A**

10.1	Facility reviews physical distancing practices and strategies to strengthen and improve measures during an outbreak. (ie. in dining areas and staff break/change rooms, number of chairs in room is no more than the max capacity of the room while physically distanced)	☐	☐
Notes:			

11.0	**Additional Precautions**	**Reviewed**	**N/A**
11.1	Staff and visitors use appropriate PPE for patients/residents who are on Droplet/Contact Precautions.	☐	☐
11.2	Education for staff to continue risk assessment with every interaction with residents, co worker and visitors and to apply PPE and initiate additional precaution when required.	☐	☐
Notes:			

12.0	**Surveillance**	**Reviewed**	**N/A**
12.1	A central record of resident surveillance monitoring is kept and is readily accessible.	☐	☐
12.2	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).	☐	☐
12.3	Forward and backward contact tracing initiated related to all patient/resident and staff cases	☐	☐
12.4	The facility has a system in place to monitor staff absences in all departments daily.	☐	☐
12.5	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?	☐	☐

12.6	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.	☐	☐
Notes:			

13.0	**Antiviral Treatments**	**Reviewed**	**N/A**
13.1	Review if any of your facility cases qualify for antiviral treatment. Reminder: This reduces their risk of hospitalization and death and must be administered within 5 days of sx onset. Ensure the clients have access to a health care provider to prescribe anti-viral medications for confirmed cases within the eligibility time frame. If not, contact RC VTAC Ensure the facility has the necessary medical directives and client bloodwork (ie. recent eGFR) completed if required to facilitate antiviral treatments. Refer to: https://www.ontariohealth.ca/sites/ontariohealth/files/2022-04/Guidance%20for%20health%20care%20providers%20-%20Access%20to%20Paxlovid%20-%20EN.pdf	☐	☐
Notes:			

14.0	**Testing**	**Reviewed**	**N/A**
14.1	An outbreak number has been issued and provided to the facility.	☐	☐
14.2	The facility has a master list of all patients/residents and staff for cross referencing and lab result look-up if needed.	☐	☐

14.3	All specimens sent for testing that are linked to the outbreak have the following information on the lab requisition: • Outbreak # • RCDHU MOH information (Dr.Jason Morgenstern) • CC'd the Facility physician (e.g. medical director) • Enlisted in PHO Auto Fax Form-→ COVID-19 and Respiratory Virus Test Requisition Form	☐	☐
14.4	Staff who are directed to an assessment centre for testing are provided with the outbreak # which is to be included on the COVID-19 lab requisition form.	☐	☐
14.5	The initial outbreak management plan includes testing: All patients/residents and staff who develop new symptoms (low threshold to test) **Decision point**: Do other patients/residents and staff on the unit need to be tested? ☐ YES ☐ NO	☐	☐
14.6	Review testing capacity/plan" • Who will be testing patients/residents: • Who will be testing staff:	☐	☐
14.7	The facility will transport the specimens during an outbreak to: • Public Health Ontario Labs • Other Specify:	☐	☐
14.8	Consider collecting other specimens if causative agent is unknown or co- infection is suspected. • Respiratory Viral Testing for up to 4 ill residents per outbreak • Stool samples for those with enteric illness (vomiting/diarrhea) *Check expiry date of all testing kits prior to use	☐	☐

14.9	Conduct additional point prevalence studies if ongoing transmission is occurring at a frequency determined by the extent of ongoing transmission. If significant ongoing transmission is occurring, expand point prevalence testing to include fully vaccinated patients and staff for at least one round of point prevalence testing if fully vaccinated patients and staff were excluded from the initial point prevalence.	☐	☐
Notes:			

15.0	**Cohorting**	**Reviewed**	**N/A**
15.1	Facility has criteria and a plan for cohorting (grouping) patients/residents and staff Resource: PHO – Cohorting in Outbreaks in Congregate Living Settings Resource: PHO – Cohorting during an Outbreak in LTCH Resource: PHO - Cohorting Strategies to facilitate Bed Flow in Acute Care Settings	☐	☐
15.3	Discuss staff cohorting plan with RCDHU (e.g. nursing, physiotherapy, recreational). Staff on affected the affected unit(s) should not be assigned to any other units for the duration of the outbreak. This is critical for staff who are providing direct care. If this is not possible, discuss with RCDHU.	☐	☐
15.4	When possible, patients/residents on an affected area who smoke should not leave the unit (e.g. there is a designated smoking area for their unit).	☐	☐
	When it is not possible to have a smoking area designated to the affected unit, cohorting of patients/residents should be preserved (e.g. patients/residents from different units should not mix). The facility should have a plan to preserve cohorting when patients/residents smoke.	☐	☐
Notes:			

16.0	**Environmental Cleaning**	**Reviewed**	**N/A**

16.1	The health care disinfectant should be broad-spectrum virucidal (effective against non-enveloped viruses). Disinfectant used: Contact time:	☐	☐
16.2	Frequency of cleaning and disinfection of high touch surfaces increased, especially equipment that moves around the facility such as trolleys and carts Promptly clean and disinfect surfaces contaminated by infectious material. Cleaning and disinfection of equipment prior to use and between residents.	☐	☐
16.3	Environmental services staff are cohorted to work on the affected unit, whenever possible.	☐	☐
16.4	Room terminal cleaning must be completed after a COVID- 19 positive resident has been D/C from Droplet/Contact Precautions.	☐	☐
16.5	Larger equipment (e.g. food carts, laundry cart) should be dedicated to a single area, if possible. If equipment cannot be dedicated to a single area, it must be cleaned and disinfected prior to moving the equipment to another area.	☐	☐
16.6	Trolleys used for in-room meal service are cleaned and disinfected after each use.	☐	☐
16.7	Clean and disinfect communal shower/tub rooms after each resident use.	☐	☐
16.8	Laundry and Waste Management: No special precautions are recommended Resource: PIDAC – Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (p. 69 – 78)	☐	☐
Notes:			

17.0	**Admissions and Transfers**	**Reviewed**	**N/A**
17.1	Admissions and transfers are generally not recommended during outbreak but may be considered.	☐	☐

17.2	Admissions and transfers must follow applicable Ministry guidance. Refer to page 49 in Ministry Guidance document	☐	☐
17.3	If a resident is transferred during an outbreak: • 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	☐	☐
17.4	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 10 days of transfer.	☐	☐
Notes:			

18.0	**Absences and Leaves**	**Reviewed**	**N/A**
18.1	Follow the Ministry guidance for residents returning from absences or leaves.	☐	☐
18.2	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.	☐	☐
Notes:			

19.0	**Group Activities and Communal Dining**	**Reviewed**	**N/A**
19.1	**Decision Point** - All group and non-essential activities: ☐ Are cancelled/suspended on the affected area. ☐ Permitted on the unit for those who are not on Droplet/Contact Precautions.	☐	☐
19.2	If group activities are continued, they must: ☐ Be restricted to a single unit/area (do not mix patients/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.	☐	☐
19.3	**Decision Point** - Communal dining is stopped and all meals must be eaten in the patients/residents room: • For the affected patients/residents (e.g., COVID-19 positive, symptomatic, close contacts) • For patients/residents who are not fully vaccinated • For all patients/residents on the affected area	☐	☐
19.4	If communal dining is continued on the affected area, it is only permitted within the affected area (i.e., patients/residents must not leave the unit if the only available communal dining is not on their unit).	☐	☐
19.5	Multi-use meal items, such as trays, cutlery, and plates, must be cleaned and disinfected after each use. Disposable meal items are not required.	☐	☐
19.6	Consider individualized activities and stimulation for patients in isolation.	☐	☐
Notes:			

20.0	**Staff (includes students and volunteers)**	**Reviewed**	**N/A**
20.1	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.	☐	☐
20.2	Staff with medical exceptions to COVID-19 vaccination should not work on the affected area.	☐	☐
20.3	Staff are advised to self-monitor for COVID-19 symptoms.	☐	☐
20.4	Limit the number of staff in shared office spaces, eating spaces and break rooms. Limit or pause staff social activities at the facility. Limit or pause contact outside the hospital (e.g., shared transportation to and from work, after work social activities, staff that live together).	☐	☐
Notes:			

21.0	**Staff Spaces / Break Areas**	**Reviewed**	**N/A**

21.1	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	☐	☐
21.2	Masks should be worn in break areas unless eating or drinking.	☐	☐
21.3	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.	☐	☐
21.4	Eating and drinking should only take place in designated break areas.	☐	☐
Notes:			

22.0	**Occupational Health**	**Reviewed**	**N/A**
22.1	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.	☐	☐
22.2	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.	☐	☐
22.3	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.	☐	☐
22.4	Suspected and confirmed staff COVID-19 cases are prohibited/excluded from working until they have completed the required self-isolation period. Refer to Management of Cases and Contacts of COVID-19 in Ontario for return to work advice	☐	☐
Notes:			

23.0	Visitor Control Measures	Reviewed	N/A
23.1	Signage communicating visitor restrictions are posted at the entrance the entrance to the building and the affected area.	☐	☐
23.2	General visitors are generally NOT permitted to the affected area during a confirmed outbreak.	☐	☐
23.3	Essential Visitors are the only type of visitor allowed to enter the affected area when the facility is in outbreak and must be screened. Those that fail screening are not permitted in the facility (visitors for imminently palliative patients who fail screening may be considered for entry, as per facility policy, but must wear a medical (surgical/procedure) mask and physically distance from other residents/patients and staff).	☐	☐
23.4	Essential visitors must: • 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 patients/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. • Consider universal masking for visitors	☐	☐
Notes:			

24.0	Communications	Reviewed	N/A
24.1	Notify key stakeholders including hospital and unit leadership, IPAC, Occupational Health and Safety (OHS), Joint Health and Safety Committee (JHSC), and microbiology.	☐	☐
24.2	Notify all outside agencies contracted to work in the facility of the outbreak.	☐	☐
24.3	There are processes in place for communication with staff, essential and non-essential visitors, patients/residents, families, and the media regarding the outbreak.	☐	☐
24.4	Communication with families and staff to inform them of the outbreak should happen as soon as possible.	☐	☐

24.5	Prompt, ongoing and timely COVID-19 outbreak updates are provided to staff, essential visitors, general visitors, patients/residents, and family members.	☐	☐
24.6	Be aware RCDHU has an Outbreak Status Report on the Health Unit website that is available to the public. All confirmed outbreaks will be listed on the website report.	☐	☐
Notes:			

25.0	**Post-Mortem Care**	**Reviewed**	**N/A**
25.1	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:			

26.0	**Declaring the Outbreak Over**	**Reviewed**	**N/A**
26.1	The outbreak will be declared over by RCDHU. RCDHU will provide the facility with an "Outbreak Termination" letter for their records.	☐	☐
26.2	In consultation with the outbreak management team and the local public health unit, the outbreak may be declared over when no new cases, which were reasonably acquired in the setting, have occurred for 7 days, and there is no evidence of ongoing transmission.	☐	☐
Notes:			