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) of (unit/room or delete) at (facility name) with a laboratory confirmation of (a respiratory virus or SARS-CoV-2) OR presenting with (acute respiratory symptoms or symptoms compatible with COVID-19) on or after (date), but not tested.* 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 (705-725-8007) at the time of initial contact with the health unit. Alternatively, an electronic line list can be found below, and sent to the health unit via a secure link.** • Facility and 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 LINK	
5. **Report COVID-19 and Influenza immunization rates for residents and staff at the time of initial notification (Influenza rates only 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, 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 (Ministry Respiratory Outbreak Guidance Document, pg. 54-55)	
7. **Screening** • Residents are screened a minimum of twice daily during enhanced surveillance or outbreak in LTCH/RHomes. • 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). • Passive and active screening for 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, 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, staff and essential visitors must wear a well-fitted medical mask and eye protection, • 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. • Staff wear fit-tested N95 for aerosol-generating medical procedures	

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 outbreak (as best able). • Cohort external agency staff to same unit for 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 must be cohorted for all non-essential activities including communal dining, organized events and social gatherings. • If cohorting is not feasible – consideration to treat entire facility as one unit with all residents/patients managed on droplet/contact precautions • PHO: Cohorting During an Outbreak of COVID-19 in Long-Term Care Homes	
11. **Activities, salon services, dining and absences**: • Group activities/gatherings within an outbreak area of the home (e.g., floors/units) may continue/resume for all residents who are not in isolation/under Additional Precautions; 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 • No interaction between the affected areas and participants in on-site child care (if applicable) • Residents who are in isolation on Additional Precautions may not participate in essential, social or temporary absences. Homes should seek the advice of local public health unit if self-isolation must be broken for these reasons. • Homes 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 to review if resident/patient in isolation requires essential or compassionate absence during the outbreak.	
12. **Visitation** Limit movement of visitors between affected and unaffected areas. **Non-COVID-19 Guidance** • Visitors to be advised of outbreak status in the facility and required to don appropriate PPE prior to visiting a resident/patient. **COVID-19 Guidance** • Essential visitors are the only type of visitors allowed when there is an outbreak in a home or area of a home or when a resident has failed screening, is symptomatic or in isolation. General Visitors should postpone all non-essential visits to residents within the outbreak area for the duration of the outbreak.	
13. **Enhanced and appropriate environmental cleaning and disinfection during outbreak**. • Cleaning to be followed by adequate disinfection. • Appropriate disinfectant utilized and as per manufacturers' 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** • Utilize NSM LHIN respiratory and gastroenteritis outbreak transfer repatriation documents as guidance for all other scenarios including other healthcare institutions in outbreak. • To guide risk assessment, Appendix E: Algorithm for Admissions and Transfers, from the MOH: COVID-19 Guidance, should be utilized in collaboration with facility liaison.	

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15.	**Limiting Work Locations** • Staff are recommended NOT to work in other facilities or high-risk settings for the duration of the outbreak in order to limit transmission to other facilities. • Staff should advise their employer that they have been working in a facility at which there is an outbreak. **Influenza Guidance** • Staff protected by either immunization (at least two weeks prior to outbreak declaration) or antivirals have no restrictions on their ability to work at other facilities. • Unimmunized staff not receiving 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 however, unimmunized staff on 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. **COVID-19 Guidance** • If staff must work in multiple facilities, staff should be assigned to work in an outbreak area at the second location, be actively screened every day and be rapid antigen tested every day.	
16.	**Auditing** • IPAC practices such as PPE donning/doffing; hand hygiene; environmental cleaning; and appropriate use of face coverings should be audited on affected units/floors a minimum of once weeklyduring an outbreak. • COVID-19 Self-Assessment Audit Tool for Long-Term Care Homes and Retirement Homes.	
17.	**Testing** The first four samples in all respiratory outbreaks will be tested for Influenza A, Influenza B and other respiratory viruses through Public Health Ontario Lab (PHOL). Lab courier arrangements will be made in conjunction with liaison. **COVID-19 Guidance** • Symptomatic staff/residents must be advised to immediately self-isolate and must be encouraged to get tested for COVID-19 using a laboratory-based molecular test (e.g., PCR) or a rapid molecular test (such as GeneXpert or ID NOW). • Rapid antigen tests (RATs) should not be used for residents and staff of highest risk settings who are symptomatic without parallel molecular testing.	

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