July 14, 2020

COVID-19 Outbreak Checklist

For Long-Term Care (LTC) and Retirement Homes (RH)

STEP 1 – COVID-19 Outbreak Assessment and Outbreak Status in a LTC/RH

- ☐ Outbreak assessment required once at least one resident or staff has presented with new symptoms compatible with COVID-19.

Institute Outbreak Control measures:

- ☐ Place the symptomatic resident under contact/droplet precautions.
- ☐ Test the symptomatic resident (if still in the facility) for COVID-19 immediately.
- ☐ Contact Public Health to notify them of the suspected outbreak.
- ☐ Immediately test those residents and staff who were in close contact (i.e. shared room) with the symptomatic resident and anyone else deemed high risk by Public Health.
  - ☐ Staff cannot return to work until results known/symptoms resolved. In exceptional circumstances staff may be deemed critical, by all parties, to continued operations in the home, and continue their duties under work self-isolation.
- ☐ In collaboration with Public Health, review the Ministry of Health COVID-19 Outbreak Guidance for Long-Term Care Homes and prepare for cohorting practices to limit the potential spread of COVID-19.
- ☐ Enforce enhanced screening measures among residents and staff

Please call Public Health at 1-800-265-7293 ext.4752 during regular business hours. After hours, weekends, and holidays call 1-877-884-8653 to notify them of the suspect outbreak.

When you call, have the following information:

- ☐ Number of residents in the LTC/RH
- ☐ Number of ill residents in the LTC/RH
- ☐ Number of units in the LTC/RH
- ☐ Number of units with symptomatic residents
- ☐ Number of floors in the LTC/RH
- ☐ Number of floors with symptomatic residents
- ☐ Is there a floor plan available?
- ☐ Date of symptom onset for each resident
- ☐ Clinical signs and symptoms for each resident
- ☐ Start date of isolation for each resident
- ☐ Number of hospitalized cases
- ☐ Number of resident deaths
- ☐ Number of staff in the LTC/RH, including casual workers
- ☐ Number of ill staff in the LTC/RH
- ☐ Date of symptom onset for each staff member
- ☐ Clinical signs and symptoms for each staff member
- ☐ Start date of isolation/last day worked for each staff member
- ☐ Hospitalized staff
- ☐ Staff deaths
- ☐ Location in the facility where staff worked (unit and floor if applicable)

STEP 2 – Start a Line Listing

- ☐ Complete WDGPH's *COVID-19 Outbreak Line Listing* and *Daily Line Listing Summary* fax cover sheet. Fax to Public Health at **1-855-934-5463.**
- ☐ Each affected area/unit must complete a separate line listing for all residents with symptoms.

- All residents will be monitored until directed otherwise by Public Health.
- Complete a separate line listing for staff with symptoms.
- All staff will be monitored until directed otherwise by Public Health.
- Updated line lists for residents and staff must be faxed daily by noon to Public Health for the duration of the outbreak.

Note: One laboratory confirmed case of COVID-19 in a resident or staff member of a LTC/RH constitutes an outbreak. Outbreaks should be declared in collaboration between the facility and Public Health to ensure an institutional outbreak number is assigned. It may not be necessary to declare an outbreak if only asymptomatic staff and/or residents with positive results are found as part of the enhanced surveillance testing initiative for all residents and staff. **This should only be assessed and decided in consultation with Public Health**

STEP 3 - Specimen Collection

After an outbreak is established, testing should be conducted on:

- All symptomatic residents (including deceased residents) and staff using a low threshold for testing e.g. even one compatible symptom.
- Public Health may also, based on a risk assessment, determine if any additional testing is required.
- Residents and staff who initially test negative may need to be re-tested if they develop symptoms.
- Check expiry dates on NP swab and transport medium (advise Public Health if swabs are expired).
- Include 2 unique identifiers (resident's name, date of birth, OHCN) on transport medium and complete **all sections** of the COVID-19 Public Health Laboratory Requisition.
- Clearly indicate on the test requisition form whether testing is requested for COVID-19 ONLY, or COVID-19 AND the multiplex respiratory virus PCR (MRVP). Only four outbreak specimens can be tested by MRVP, thereafter specimens can be submitted for COVID-19 ONLY.
- For prioritization:
  - Ensure "Institution" is clearly marked in the "Patient Setting" section of PHO Laboratory Requisition.
  - Ensure "Healthcare Worker" and the outbreak number are documented on PHO Laboratory Requisition.
- Tightly secure cap on transport medium to prevent leakage during transport.
- Put specimens in biohazard bag, mark "for Public Health pick-up", and refrigerate.
- Public Health will arrange pick-up and transfer of swabs to laboratory.

STEP 4 –Case Definition

- Consult with Public Health for COVID-19 case definition.
- Review case definition throughout outbreak so all cases are captured.
- Any residents or staff who meet the case definition will be line-listed regardless of laboratory testing.

STEP 5 – Surveillance

- Public Health will be in contact daily.
- Report (daily) symptoms for residents and staff who are tested as part of the outbreak.
- Conduct twice daily (at the beginning and end of the day or shift) screening for exposures for COVID-19, symptoms and temperature checks of staff, essential visitors and anyone entering the facility.

- Anyone showing symptoms of COVID-19 should not be allowed to enter the facility and should immediately self-isolate. Staff should contact their immediate supervisor/manager or occupational health and safety representative. Staff responsible for occupational health at the facility must follow up with all staff who have been advised to self-isolate based on exposure risk or symptoms.
- Conduct twice daily (at the beginning and end of the day) symptom screening and temperature checks of residents to identify if any resident has fever, cough or other symptoms of COVID-19. For typical and atypical symptoms, please refer to the latest Ministry of Health update on guidance for testing.
- Add residents and/or staff that meet the case definition to the appropriate line list
- Call Public Health if:
  1. There is a sudden increase of residents with respiratory symptoms
  2. Any line listed residents are transferred to /returned from hospital.
  3. There are any deaths

STEP 6 – Implement Respiratory Control Measures

Hand Hygiene and Personal Protective Equipment (PPE):

- Strict adherence to hand hygiene with staff and residents must be followed.
- **All staff and essential visitors must always wear surgical/procedure mask for duration of shift or visit at all times (regardless of outbreak status).**
- When staff is not in contact with residents or in resident areas during their breaks, staff may remove their surgical/procedure mask but must remain two metres away from other staff to prevent staff to staff transmission of COVID-19.
- Follow COVID-19 Directive #5 to ensure appropriate Personal Protective Equipment.
- Post droplet/contact precaution signage at all entrances.

Isolation Requirements:

- A resident with suspected or confirmed COVID-19 or who is a high-risk contact of a confirmed COVID-19 case should be cared for in a single room, if possible, under droplet contact precautions with dedicated bathroom and equipment.
- If this is not possible, a separation of 2 meters must be maintained between the bed space of the affected resident and all roommates with privacy curtains drawn.
- If dedicated equipment is not possible, equipment must be thoroughly cleaned and disinfected (or sterilized if indicated) outside of room before it may be used on another resident.
- Isolated residents must receive meals in their rooms.
  - Discontinue all non-essential activities and gatherings.

Staff and Resident Cohorting:

- LTC/RHs must have a plan for staff and resident cohorting (to the best of their ability) as part of their approach to preparedness as well as to prevent the spread of COVID-19 once identified in the facility.

Resident cohorting may include one or more of the following:

- Alternative accommodation in the facility to maintain physical distancing of 2 meters.
- Resident cohorting by COVID-19 status.
- Utilizing respite and palliative care beds and rooms or other rooms as appropriate
- Staff cohorting may include:

- Designating staff to work in specific areas/units in the facility as part of preparedness.
- Designating staff to work only with specific cohorts of residents based on their COVID-19 status in the event of suspected or confirmed outbreaks:
  - With preference for exposed asymptomatic staff to care for COVID -19 positive patients/resident if possible
  - AND designate asymptomatic staff with no exposure to ill residents to caring for asymptomatic residents not exposed to a case.
- In smaller facilities or in facilities where it is not possible to maintain physical distancing of staff or residents from each other, all residents or staff should be managed as if they are potentially infected and staff should use droplet/ contact precautions when in an area known to be affected by COVID-19.

Environmental Cleaning:

- Refer to Provincial Infectious Diseases Advisory Committee (PIDAC) Best practices for environmental cleaning for prevention and control of infections.
- Increase environmental cleaning throughout facility.
- Additional environmental cleaning is recommended for frequently touched surfaces and objects (e.g., telephone, light switches, bed/handrails, tables, doorknobs, call bells, elevator buttons, edge of privacy curtains, washrooms) including trolleys and other equipment that move around the facility.
- Use an appropriate hospital-grade disinfectant and follow manufacturer's instructions to ensure contact time is met.
- Environmental service staff should wear the same PPE as other staff when cleaning and disinfecting the room.
- Policies and procedures regarding staffing in environmental services departments should allow for surge capacity (e.g. additional staff, supervision, supplies, equipment)

Admissions/Transfers:

- No new resident admissions or readmissions until outbreak is over (in the outbreak area or entire facility based on the outbreak declared), except in exceptional circumstances that are approved by Public Health.
- Short-stay absences to visit family and friends are not permitted. In exceptional circumstances, temporary short-stay in hospital could be considered to support outbreak management.
- If residents are taken by family out of facility, no readmission until outbreak is over.
- For residents that leave the facility for an out-patient visit, provide a mask to be worn while out of the facility and rescreen the resident on their return.
- Advise Provincial Transfer Authorization Centre (PTAC), EMS and hospital of the facility outbreak if a resident is transferred to hospital.

Staffing:

- Staff that work at multiple facilities **must immediately stop** this practice.
- Staff to monitor themselves for COVID-19 symptoms at all times.
- Staff who have tested positive should **not** attend work. In exceptional circumstances when a staff member has been deemed critical, the individual who tested positive and whose symptoms have resolved for 72 hours or they remain asymptomatic for 72 hours after positive specimen collection date may return to work under work self-isolation in consultation with Public Health.

- **Asymptomatic Staff contacts with high risk exposure** to COVID-19 must self-isolate for 14 days and monitor for symptoms. In exceptional circumstances, staff may be deemed critical by all parties for continuity of operations in the facility, and continue their duties in work self-isolation.
- If staff are continuing to work, they must undergo regular screening for symptoms, use appropriate PPE, and undertake self-monitoring for 14 days.
  - Work self-isolation includes self-isolation measures outside of the workplace for 14 days from symptom onset OR 14 days from positive specimen collection date if consistently asymptomatic OR from date after beginning isolation following high-risk exposure to avoid transmitting to others.
  - While at work, the HCW should adhere to universal masking recommendations, maintain physical distancing from others (> 2m apart) except when providing direct care, and ensure meticulous hand hygiene. The HCW on work self-isolation **must** not work in multiple locations.
- **Staff contacts with low-risk exposure** to COVID-19 should self-monitor for 14 days.

Visitors:

- During an outbreak, only essential visitors should be permitted to enter and must continue to be actively screened at entry (except first responders). Essential visitors include a person performing essential support services (e.g. food delivery, inspector, phlebotomy, maintenance, family or volunteers providing care services and other healthcare services required to maintain health) or a person visiting a resident who is very ill or requiring end-of-life care. Family visits are not permitted when a home is in outbreak.
- Essential visitors must only visit the one resident they are intending to visit, and no other resident.
- Essential visitors must wear a mask while in the facility, including while visiting the resident that does not have COVID-19 in their room. When in contact with a resident who is suspected or confirmed with COVID-19, appropriate PPE should be worn in accordance with Directive #5 and Directive #1.

Food and product deliveries

- Should be dropped in an identified area and active screening of delivery personnel should be done prior to entering the facility.

Communication:

- Staff, residents, and families must be informed about COVID-19 status including frequent and ongoing communication during outbreaks.
- Post signage at all entrances and affected areas indicating a COVID-19 outbreak is occurring. Signage in the LTC/RH must be clear about COVID-19, including signs and symptoms of COVID-19, and steps that must be taken if COVID-19 is suspected or confirmed in staff or a resident.
- Issuing a media release to the public is the responsibility of the institution but should be done in collaboration with Public Health.
- Communicate to local hospital and other LTC/RH if they had any shared staff.
- Notify external service providers (e.g., chiropody, oxygen supply, CCAC/private duty nurses, physiotherapy, pharmacy, etc.) of the respiratory outbreak.
- Communicate with local hospital regarding outbreak, including number of residents in the facility, and number who may potentially be transferred to hospital if ill based on advanced care directives.

Discontinuing Control Measures:

- Discontinue respiratory outbreak control measures only when Public Health has declared the outbreak over.

1-800-265-7293
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