Outbreak Checklist COVID-19 **OUTBREAK**

This Checklist should be completed with a COVID-19 Outbreak

Sentinel event or suspected COVID-19 outbreak

- One individual with laboratory confirmed COVID-19 who may have acquired or transmitted SARS-CoV-2 in a non-household setting will trigger a public health investigation to determine whether an outbreak exists.

Confirmed COVID-19 outbreak

- Two or more individuals with laboratory confirmed COVID-19 for whom the Medical Health Officer has determined that transmission likely occurred within a common non-household setting will confirm that an outbreak exists.

Checklist should be completed within 24 hours of Declared Outbreak and faxed to CDC at (306-655-4723) –or- emailed to diseasecontrol@saskatoonhealthregion.ca

LTC Home: _____ Date Confirmed Outbreak declared: _____

Don't Wait . . . Isolate!	Initial	Notes
Isolate symptomatic RESIDENTS immediately Isolate resident(s) to room (including meals) on Droplet/Contact Plus Precautions at the onset of illness.		
If one case: • **Only the case and residents that are identified as close contacts need to be isolated in their room.** Implement Droplet/Contact Plus precautions when providing care. o Meals are to be provided in their room for any ill residents and any close contacts. **If two or more cases:** • **Isolate ALL residents in their rooms and implement Droplet/Contact Plus precautions when providing care.** o Provide meals in resident rooms for all residents. Where in-room meal service is not possible due to safety, the dining room can be used as long as no more		

than 10 people are in the space and 2 meter separation is maintained.		
If rooms are shared with COVID-19 positive resident, move the well resident to a private room when possible. Exposed roommate should not be transferred to any other shared room for 14 days from last exposure. If unable, ensure 2m apart to maintain adequate separation between bed spaces, with **privacy curtains drawn.** (Can turn one bed so instead of sleeping head to head, one resident's head of the bed is rotated to the foot of the bed of the other). • **Provide ill resident(s) with use of the toilet in the bathroom, and the well resident can use a commode.** If not possible, the ill person should put the toilet lid down before flushing. Bathroom should be wiped down after use. If both symptomatic and both COVID + then can use shared toilet and clean toilet after every use • **Remove all toothbrushes/denture cups from washroom.** Well resident should not enter washroom for toileting or washing. • **Provide hand sanitizer in room, increase surface cleaning frequency, and clean the commode after each use.**		
Cohort residents on the affected unit i.e. no mixing of residents between affected and unaffected units.		
Identify any close contacts to the confirmed case(s) and provide information to IPAC or Public Health as directed. See the following Infection Prevention and Control Measures for information regarding Contact Documents: • CV-19 G0032 Acute Care and Continuing Care COVID-19 Contact Definitions • CV-19 WS0032 Assisting IPAC with Contact Education and Information Gathering • SHA 0052 Continuing Care COVID-19 Close Contact Instructions • SHA 0053 Continuing Care COVID-19 Non-Close Contact Instructions		

Droplet/Contact Plus precautions for cases and close contacts will remain in place until IPAC/Public Health advises they can be discontinued. • For cases, this will be 14 days after symptom onset or 48hrs after symptom resolution, whichever is longer. • For close contacts, it will be 14 days after last exposure. ✪ Symptom monitoring needs to be done at least twice daily for all cases and close contacts. They should be monitored for fever, new or worsening cough, difficulty breathing/shortness of breath, sore throat, hoarse voice, runny nose, nasal or sinus congestion, headache, or loss of taste or smell. Atypical symptoms may also include: nausea, vomiting, diarrhea, increased fatigue or lethargy, muscle aches, chills, malaise, or an acute functional decline. ✪ **Send** Resident Monitoring form daily for residents who are identified as a case or a close contact to outbreak lead (IPAC or Public Health).		
Enhanced screening of all residents for respiratory symptoms should be conducted twice daily in addition to Point of Care Risk Assessment. All residents should be monitored for fever, new or worsening cough, difficulty breathing/shortness of breath, sore throat, hoarse voice, runny nose, nasal or sinus congestion, headache, or loss of taste or smell. Atypical symptoms may also include: nausea, vomiting, diarrhea, increased fatigue or lethargy, muscle aches, chills, malaise, or an acute functional decline. • **Testing should be considered for any resident with mild or atypical symptom(s)**. • **Report any newly symptomatic residents during daily teleconference**.		
Exclude symptomatic STAFF and close contacts of a confirmed case from work duties: • Self-isolation at home in accordance with Public Health or OH&S directives • **Provide a list** to OH&S or Public Health of staff, visitors, and non LTC Home Staff that have had contact with the case.		
Place Droplet/Contact Plus Precautions poster, required PPE, & garbage can **outside** resident's room • Dirty linen hamper and garbage for used PPE is **placed inside** room. • Place PPE removal poster **inside** the room. • Link to Donning PPE Poster • Link to Doffing PPE Poster		

• Droplet/Contact Plus Precautions Poster • CV-19 G0007 Continuous and Extended PPE Use Guidelines Continuing Care • AGMP Settle Time Poster • AGMP's List • Disinfecting Face Shields • PPE Rapid Updates		
Contact resident's family physician/nurse practitioner for orders related to: medications, treatments, lab testing, and/or further assessment for each symptomatic resident. • See LTC COVID-19 Order set (available on Ministry of Health site.)		

Report Outbreak	Initial	Notes
Report Outbreak 24hrs/day - 7days/week to: SHR Communicable Disease Control (CDC) 306-655-4612 • Confirmed Outbreaks are declared by MHO		

Specimen Collection	Initial	Notes
Collect Specimen from all symptomatic residents in consultation with MRP or Public Health: **Collect 1 swab at time of illness and 48 hours later** For more information regarding testing, specimen collection, and requisitions, please visit: https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/treatment-procedures-and-guidelines/emerging-public-health-issues/2019-novel-coronavirus/information-for-health-care-providers/testing-screening-treatment-and-medical-directives		

• Ensure the resident's family physician or MRP (most responsible health care provider) is listed as ordering physician & copy to Dr. Hasselback and LTC Home. • **Include outbreak #** provided by CDC or MHO on requisition – this will prioritize testing • **Label requisition "STAT LTC"** • Ensure specimen collection & labeling is correct – correct patient, HSN, and date of collection. Information must match one another. • Follow regular lab procedures for your home unless otherwise directed by MHO • Specimen containers and requisitions can be found in Outbreak Kit • For rural LTC homes see site specific standard work for weekend specimen transport ✪ **All deaths that occur during a COVID-19 outbreak regardless of symptoms should be swabbed and tested for COVID-19 under the direction of the MRP.** o Where unexpected deaths in the absence of symptoms consistent with COVID-19 or in cases where death was anticipated and imminent such as in palliative patients, a risk-based approach should be used. The decision to test or not can be made in consultation with the MRP or Public Health. See Saskatchewan Health Authority COVID-19 Response Guidance for Long Term Care Facilities, page 7 for more info. o WS: Death, Care of the Body in Patient Under Investigation (PUI) or Confirmed COVID-19 *Lab Specimen Transport Instructions found in Outbreak Folder and online.*		
Asymptomatic testing of residents and staff as recommended by Medical Health Officer.		

Notification of Confirmed Outbreak

	Initial	Notes
Notify DOC/Manager/Clinical Lead		

Notify LTC Staff

- Communicate with staff, through your usual process (i.e. email, SSO broadcasting system, text, etc.) the following:
  - Be diligent with hand hygiene
  - Remind & assist residents to perform hand hygiene frequently
  - Disinfect commonly-used items before & after use
  - Keep personal items of staff working in outbreak separate from staff working in non-outbreak area
  - Wear clothing that is easily laundered in hot soapy water and can be dried in a hot dryer
  - Staff to change uniforms at work
  - Leave shoes at work
  - Remove all food from nursing stations
  - Remove shared items from staff room (i.e. magazines)
- Post Applicable Disease Fact Sheet in staff area
- Advise staff of outbreak during shift exchange
- Advise staff of outbreak before their shift if possible.

Staff Screening

- Staff should self-monitor for illness and stay home if sick. Duration of exclusion will be determined in consultation with Public Health/Occupational Health. Daily Fitness for Work Screening will continue for all staff.
- All sick calls are to be screened. Staff with symptoms consistent with Covid-19 (new or worsening cough, fever, chills, sore throat, headache, shortness of breath) should be excluded and advised to call the Occupational health hotline at 1-833-233-4403 or 811 so that testing can be arranged. Sick staff must be added to the staff line list and reported as per outbreak process (either to Occupational health or to Public Health).
- Subsequent to the Public Health Order dated April 17, 2020, all SHA staff will be required to complete screening prior to starting a shift or upon arrival at work.
- Screening on entry will include a questionnaire and temperature check.

• SHA Staff will also be required to do a temperature check at end of shift or work day. • All others who enter SHA facilities for any purpose shall undergo screening, including a questionnaire and temperature check, upon entry. • For more information, please visit https://www.saskatchewan.ca/-/media/files/coronavirus/info-for-health-care-providers/general-information-for-health-care-providers/daily-fitness-for-work-screening/1--daily-fitness-for-work-screening/sha-hcw-screening-principles-and-guidelines.pdf **Masking as per Policy** *Notice of Outbreak Poster can be found in the Outbreak Folder. Replacements can be ordered from Public Health.* *For information about COVID-19, please visit www.saskatchewan.ca/coronavirus/*		
Notify all LTC Home Departments (laundry, food & nutrition, therapies, environmental services etc.)		
Notify all Non LTC Home Staff they should not enter units affected by outbreak except to provide essential therapeutic services (with appropriate PPE) and they must be screened prior to entering.		
Notify volunteers and students they should ideally be excluded from working on units affected by a confirmed outbreak. If aware of the outbreak and risk but willing to attend, they are to be cohorted to the outbreak unit and follow the posted infection control measures.		
Notify those living in the home of the outbreak. Let them know: • Symptoms of the illness • Who to call/tell if they become sick • Stay home/in their room while they are sick. • Avoid contact with others. No handshakes or hugs. No gatherings if possible.		

Notify the family of a symptomatic resident or close contact to a confirmed case. **Provide email communication** notifying of outbreak to all resident's families. This will be a signed document provided by Public Health to the LTC facility to distribute.		
Notify visitors of outbreak • Add outbreak entrance poster to front entrance. • Provide appropriate precaution information to visitors: • https://pubsaskdev.blob.core.windows.net/pubsask-prod/120200/COVID-19%252B-%252BOutbreak%252BSign%252BFINAL%252B11X17.pdf		

Outbreak Database

	Initial	Notes
Start Outbreak Database (if not already done) *Outbreak Data Base Quick Reference found in Outbreak Folder and online* *Complete Outbreak Electronic Data Entry Manual found online*		
Send staff and resident line lists, daily on business days, 1 hour before teleconference. If that is not possible then no later than 1400 (Mon-Fri) *Paper copies of line list found in Outbreak Folder and online*	*See table below*	Use Line List

Line List sent to CDC	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16

Continue daily until outbreak declared over by MHO

Outbreak Team Meeting

Initial Notes

Establish Outbreak Team including: DOC/clinical lead, environmental services, laundry, food service, etc.		
Outbreak Team should meet daily to discuss resident cases and infection control measures (ICMs) until outbreak is declared over. **Designate one staff member in charge of outbreak for each shift.** Eg. days, nights, evenings, weekends		

Cohort Staff

	Initial	Notes
Staff working in affected area does not work in other areas until outbreak is over. Including food services, environmental services, etc.		
Staff providing care to ill residents does not assist with or deliver meals to well residents.		
Staff working in affected areas and unaffected areas take breaks separately.		
Cohort dietary staff. **Food preparation staff should not have contact with ill residents**.		
Close unit/wing doors appropriately to separate unaffected units/wings and do not allow traffic through the affected areas.		
Reference DC 491 General Cohorting Principles for Outbreaks		

Hand Hygiene

	Initial	Notes

Ensure Hand Hygiene signage is posted throughout facility *Germ Smart Hand Hygiene posters available at www.germsmart.ca*		
Reinforce the need for frequent hand hygiene and use of hand sanitizer. **Soap and water hand washing if hands are visibly soiled.** • Ensure soap, paper towel, and hand sanitizer dispensers are full daily • Make sure hand sanitizer dispensers are available at all entrances.		
Remind & assist residents to perform hand hygiene frequently, including but not limited to: • Before and after meals/snacks • Before and after any activity • After using washroom		

Enhanced Cleaning

	Initial	Notes
Ensure cleaning staff are following the Long Term Care Enhanced Cleaning Guidelines during a Gastrointestinal or Respiratory Outbreak (DC-438).		
Enhanced surface cleaning should be done a minimum of ***two times daily*** using a 1-Step or 2-Step cleaning process, with focus on high hand contact areas and ill resident rooms. Additional cleaning is required in between scheduled cleans when surface is visibly soiled. o Follow specific product instructions.		
Cleaning/disinfection products registered in Canada with a Drug Identification Number (DIN) and labelled as a broad-spectrum virucide are sufficient as long as manufacturer's instructions are followed (e.g., dilution, application and contact time). **Use test strips to check first bucket each day to ensure the automatic dispensing system is dispensing the correct concentration.**		
When possible, equipment should be **dedicated to a single resident**.		

Touch screens on electronics can be cleaned with 70% alcohol wipes. • See WS: CV-19 WS0001 Electronic Devices Cleaning Recommendations		
When additional precautions are discontinued, a terminal clean of the room must be done. In shared rooms (2, 3 or 4 bed rooms) all beds and bed spaces require a terminal clean.		
If resident is experiencing any GI symptoms, Hygenic/Zorbie bags could be considered. • *Biodegradable Hygienic Commode Bag SKU # 212908;* • *Emesis Bag Value Med Vendor Code is GL2500*		
In symptomatic resident's room(s), place all non-essential and non-food items into a plastic bin to reduce clutter (stuffed animals, extra books, extra pillows, blankets etc. . .) If possible, wipe down items as they are being packed away. If the resident is distressed by the removal of items or if some items are essential for their emotional wellbeing, the items not stored should be cleaned regularly and once resident's precautions are discontinued. • Discuss regular cleaning of specific items on teleconference with Infection Control Practitioner (ICP)		
Post the Enhanced Cleaning Guidelines Daily Checklists in corresponding areas. • *Resident Room Equipment Twice Daily Enhanced Cleaning Checklist (DC-435)* • *Common Areas in LTC Home Twice Daily Enhanced Cleaning Checklist (DC-434)* • *Resident Care Equipment Twice Daily Enhanced Cleaning Checklist(DC-433)* • Found in Outbreak Folder • Must be copied before use **Complete the checklist two times daily**		
Additional cleaning information & videos found online *LTC Routine Cleaning & Enhanced Cleaning Guidelines found in Outbreak Folder and online*		

https://www.saskatoonhealthregion.ca/locations_services/Services/communicable-diseases/Pages/LTC-Outbreak-Management.aspx		

Kitchen/ Food Service

	Initial	Notes
Ensure kitchen is following "*Public Eating Establishment Standards*" found online		
Cohort dietary staff. Food preparation staff should not have contact with ill residents including delivery of trays. Direct Care staff should not enter kitchen when home is in outbreak. If unable to cohort and staff must move between units, they are to wear a gown, avoid contact with the ill residents, and visit the outbreak unit last.		
Staff will wear a gown while on the outbreak unit to ensure a clean uniform when returning to the kitchen.		
Table Set up occurs at the time of meal service. Early table set up is not to occur.		
Ensure staff performs hand hygiene between assisting residents during meals.		
Serve the well first and the ill last.		
Dining room tables, chairs, and chair arms cleaned and disinfected with a food safe product**.**		
Dispose of any food that has been handled by an infected person or exposed to aerosolized virus (eg. vomiting in a 7-8 meter surrounding area).		
Large facilities with multiple units: Any food taken onto the unit and not used during the meal service is left on the unit - do not return to kitchen.		
Dishes from ill residents should be put into dishwasher immediately. Disposable dishes are not required.		
Kitchenettes: Restrict kitchenette usage to staff only.		

Ice machines: *Bulk ice machines with a scoop are to be shut off, emptied, sanitized, and left unused. Automatic ice dispensing machines may be used but require sanitization as a high contact area. No self-serve by residents.*		
Remove all shared food and decorative items from dining tables (flowers, candy dishes, containers for straws, salt/pepper sugar/ cream, table cloths). Clean and store. Place single serving amounts of necessary items at each place setting.		
Ensure water cooler taps/spouts/handles and coffee stations are disinfected twice daily and alcohol based hand rub is available nearby.		
Clean & sanitize holding carts and dish trolleys (including the wheels) and keep away from dirty dish area.		

Laundry & Garbage

	Initial	Notes
Ensure Laundry Department is following SHR Linen Policy 20-60 *SHR Linen Policy found in Infection Control Policy & Procedures online*		
Clean linen carts should stay outside of the outbreak area. If they must be in the outbreak area then they need to be covered. (I.e. plastic covering). To prevent contamination**.**		
Ensure garbage bags are tied and placed in garbage containers immediately. (Do not leave on floors).		
Indoor garbage cans should have foot release or lid removed		

Cancel Group Activities

Initial	Notes

Cancel <u>all</u> group activities during an outbreak: • Food sharing activities, for example, communal cooking, potluck parties, bake sales, BBQ's, etc. • Group activities where there is hand contact with other residents, staff, environment, or general supplies (dancing, playing cards, tossing beach ball, puzzles, etc.) o Put away common items like games, puzzles, shared computers, magazines, etc. that cannot be easily cleaned and disinfected until the outbreak is declared over. • Worship services **Encourage virtual visitation.**		
Recreation therapy services must be canceled at the beginning of the outbreak but this can be revisited starting at day 14 of the outbreak.		
Cancel Non-Essential Services Hair Salon, Pet Therapy, VON Foot Care, Chapel		
Cancel non-essential meetings held in home		

Admissions/Transfers, Medical Appointments & Visits	Initial	Notes

Admissions and transfers are suspended for the duration of the outbreak. Refer to Work Standards on Ministry of Health Continuing Care Webpage • SHA 0002 Inpatient, Outpatient, and Continuing Care Screening Form		
If transferring to hospital or any other medical facility, prior to transfer, advise EMS and/or hospital: • Coming from a COVID-19 outbreak • Reason for transfer • If resident is COVID-19 positive (case), symptomatic and undiagnosed, or a close contact If the resident will tolerate a mask, have them wear a mask. Droplet/Contact Plus precautions during transfer.		
If a resident in hospital is ready for discharge back to the home, ensure MRHP and discharging physician agree to transfer.		
Ensure that routine medical care is maintained throughout the outbreak. Consultation with MRHP and continuing care can help understand available options.		

Facility Closure

LTC Home closure is required as per the MHO Recommendations

Date of Closure: _____ MHO: _____

Date Re-opened: _____

Additional Comments:

Fax completed Confirmed Outbreak Checklist to CDC (306-655-4723) within 24 hours

When the outbreak is declared over by the MHO, complete the Outbreak Declared Over checklist.