

COVID-19 outbreak control measures checklist

Outbreak Number: 2241-20 _____ – _____	Facility Name:	
Date Checklist Completed:	Date Outbreak Declared:	Date Outbreak Declared Over:
Contact Name:	Case Definition:	

Consult with KFL&A Public Health (KFLAPH)	
Obtain outbreak number from KFLAPH – contact covid duty desk 613-549-1232, ext. 4722 or email covid.IPAC@kflaph.ca who will reach out to your PHI/PHN team if available. On the weekend or after hours, consult with KFLAPH manager on-call.	
Fill out the COVID-19 line list for residents and for staff and upload to your Sharepoint account and notify KFLAPH.	
Obtain respiratory specimen from symptomatic residents and send to PHOL. Test for COVID-19 AND respiratory virus panel on test requisition.	
Notification	
Notify applicable facilities/agencies of any transfers and/or visits during the period of communicability for COVID-19 (the same 48-hour period for which tracing is occurring within the facility).	
Communication to family and notify of the outbreak.	
Notify visitors and post signs on entrance doors to facility indicating there is an outbreak.	
Implement additional precautions	
Implement additional precautions (i.e., N95 respirator, eye protection, gown, and gloves) for all symptomatic residents and those with suspected or confirmed COVID-19 status.	
Increase hand hygiene. Alcohol-based hand rub containing at least 70% alcohol preferred when hands not visibly soiled.	
Reinforce hand hygiene with staff and residents. Assist residents with compliance.	
Environmental controls	
Clean and disinfect high touch surfaces twice daily and as needed.	
Dedicate resident care equipment to symptomatic resident; if not dedicated, clean and disinfect between use.	
Follow the manufacturer’s instructions for use of disinfectants, especially contact times.	
Outbreak management team (OMT) meeting	
Form an OMT with representation from each operational area of the facility; include those with decision-making authority and a representative from KFLAPH.	
Staff	
Direct symptomatic staff, students, and volunteers for PCR testing.	
Exclude symptomatic staff/students/volunteers for 10 days after symptom onset or date of positive specimen collection (whichever is earlier) and provided they have no fever and other symptoms have been improving for 24 hours (48 hours if gastrointestinal symptoms).	
Staff who are close contacts must follow protocols as outlined in current guidance.	
Staff who are on early return to work for critical staffing shortages must follow protocols and requirements as outlined per current guidance.	
Cohort staff: minimize movement of staff between affected and unaffected units; if moving between units is necessary, visit the outbreak unit last.	

Resident control measures	
Isolate cases to single room (where feasible) and place on additional precautions for 10 days from symptom onset or date of specimen collection, if asymptomatic (whichever is earlier/applicable) and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present.	
All roommate close contacts should be placed on additional precautions (in separate room where feasible) until test results taken on or after day 5 are received.	
Resident close contacts who remain asymptomatic do not need to be placed on additional precautions.	
Symptomatic residents are tested immediately and isolated in accordance with ministry guidance.	
Postpone medical appointments and elective tests/procedures until after case is finished isolation. If this is not possible, notify transfer service and receiving facility regarding details of the outbreak and provide a medical mask for the resident.	
Residents who are in isolation on Additional Precautions may not participate in essential, social or temporary absences.	
Residents within the outbreak area should be cohorted to unit and not visit unexposed residents and units.	
Restrict communal activities and group outings for cases and provide meal service to room.	
Group activities/gatherings within outbreak area may continue for specific cohorts as directed by KFLAPH.	
Individual activities for residents in isolation may continue/resume (i.e., 1:1 walks in empty hallway).	
Antiviral medication	
Antiviral treatment should be offered to eligible residents within 5 days of symptom onset, see “Outbreak Management – Quick Reference Guide” page 23 for instruction.	
Offer immunization to unimmunized residents.	
Visitors	
Visitors should not enter facility if they do not pass screening; post signage.	
General visitors should postpone all non-essential visits to residents within the outbreak area (unless resident is receiving end of life care).	
Provide all visitors with education on hand hygiene and proper use of PPE.	
Visitors in contact with a resident, must use PPE as required.	
Admissions and transfers	
Avoid new resident admissions, readmissions, or transfers in the outbreak areas until the outbreak is declared over as directed by KFLAPH or as per current guidance.	
Transfer of residents to other LTCH is not advised; discuss exceptions with KFLAPH.	
Transfer to hospital: advise hospital and ambulance/transfer service.	
Ongoing monitoring	
Conduct enhanced symptom assessment (minimum twice daily) of all residents in the outbreak area to facilitate early identification and management of symptomatic residents.	
Monitor the status of symptomatic residents and staff; note hospitalization or death on the line list.	
Update line listing of residents and staff, upload to Sharepoint every weekday.	
Conduct regular self-audits as per current guidance.	
Declare outbreak over	
As a general rule, the outbreak may be declared over by the PHU when seven days have passed after the last potential exposure to a resident case in the home. Decision to declare the outbreak over must be done in consultation with KFLAPH.	