



Renfrew County and District Health Unit  
*"Optimal health for all in Renfrew County and District"*

**Initial Checklist for Outbreak Management - Acute Care**

Facility Name:		Ministry Master # (LTCH):	
		Licensee # (RH):	
Street #:	Street Name:		
City:		Postal Code:	
RCDHU Investigator:			
Phone #:			
Facility Investigator:			
Phone #:			
Date Outbreak Declared: (YYYY/MM/DD)		Area where outbreak is occurring:	
Date Checklist Reviewed: (YYYY/MM/DD)		Attendees:	
<b>1.0</b>	<b>Line List</b>	<b>Reviewed</b>	<b>N/A</b>
1.1	Most recent line list has been reviewed with the facility.		
1.2	All confirmed COVID-19 staff and patients are added to the line listing daily deaths are included in the line list Line lists are sent to RCDHU daily by 11 a.m by FAX.		
Notes:			
<b>2.0</b>	<b>Outbreak Case Definition</b>	<b>Reviewed</b>	<b>N/A</b>
2.1	The case definition agreed upon at the OMT meeting is:		
2.2	The outbreak meets the Ministry definition of: Two or more laboratory-confirmed COVID-19 cases (patients and/or staff) within a specified area (unit/floor/service) within a 14-day period where both cases could have reasonably acquired their infection in the hospital. Examples of reasonably having acquired infection in hospital include: No obvious source of		



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	infection outside of the hospital; OR o Admitted for 5 or more days before symptom onset (based on the median incubation period of the virus).		
<b>3.0</b>	<b>Population at risk</b>	<b>Reviewed</b>	<b>N/A</b>
3.1	Can affected areas be closed to prevent access by other patients of the facility? YES NO Can staff in affected area(s) be restricted/have minimal contact with staff, patients from non-affected area(s)? YES NO Can patients 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): <b>Current population at risk:</b> Patients: Staff: <b>Total population at the facility:</b> Patients: Staff:		
Notes:			
<b>4.0</b>	<b>Facility Vaccine Status</b>	<b>Reviewed</b>	<b>N/A</b>
4.1	<b>Total # of fully vaccinated for COVID-19</b> Total facility: Patients: Staff: Affected area: Patients: Staff: <b>% Fully Vaccinated for COVID-19</b> Total facility: Patients: Staff: Affected area: Patients: Staff: <b>% 3<sup>rd</sup> Dose of COVID-19</b> Total facility: Patients: Staff: Affected area: Patients: Staff:		
<b>5.0</b>	<b>Screening</b>	<b>Reviewed</b>	<b>N/A</b>
5.1	Enhanced symptom screening of staff (e.g., beginning and end of shift) and patients twice daily.		
5.2	Enhanced symptom screening of patients twice daily.		





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Notes:			
<b>9.0</b>	<b>Physical Distancing</b>	<b>Reviewed</b>	<b>N/A</b>
9.1	Facility reviews physical distancing practices and strategies in order to strengthen and improve measures and correct any areas of non-compliance, particular in the nursing stations and staff break/change rooms.		
Notes:			
<b>10.0</b>	<b>Additional Precautions</b>	<b>Reviewed</b>	<b>N/A</b>
10.1	Staff and visitors use appropriate PPE for patients who are on Droplet/Contact Precautions.		
10.2	At a minimum suspected COVID-19 cases, confirmed COVID-19 cases, contacts who are not fully vaccinated and roommates (regardless of vaccination status) will be placed on Droplet/Contact Precautions.  Consult with RCDHU for direction on the remaining individuals (e.g. vaccinated contacts, entire area, etc.).		
10.3	Droplet/Contact Precautions are to remain in place until D/C by RCDHU and Facility Investigator		
Notes:			
<b>11.0</b>	<b>Surveillance</b>	<b>Reviewed</b>	<b>N/A</b>
11.1	A central record of patient surveillance monitoring is kept and is readily accessible.		
11.2	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, patient unit assignment) is readily available (if requested).		
11.3	The facility has a system in place to monitor staff absences in all departments daily.		





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Notes:

13.0	Cohorting	Reviewed	N/A
13.1	<p>Discuss staff cohorting plan with RCDHU (e.g. nursing, physiotherapy, recreational).</p> <p>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.</p> <ul style="list-style-type: none"> <li>Place all positive patients in Droplet and Contact Precautions in single rooms or cohort with other confirmed positive cases.</li> <li>Place all exposed patients (e.g., roommates of positive cases) in Droplet and Contact Precautions in single rooms. Exposed patients must not be cohorted because of the risk that if one develops COVID-19 as a result of the initial exposure, they may transmit to other exposed patients in the room prior to symptom onset.</li> <li>OHS should assess all exposed staff; staff with high-risk exposures should be placed on home-self isolation.</li> </ul>		
13.2	<p>When possible, patients on an affected area who smoke should not leave the unit (e.g. there is a designated smoking area for their unit).</p> <p>When it is not possible to have a smoking area designated to the affected unit, cohorting of patients should be preserved (e.g. patients from different units should not mix).</p> <p>The facility should have a plan to preserve cohorting when patients smoke.</p>		

Notes:

14.0	Environmental Cleaning	Reviewed	N/A
14.1	<p>The health care disinfectant should be broad-spectrum virucidal (effective against non-enveloped viruses).</p> <p>Disinfectant Used:</p>		



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	Contact Time:		
14.2	Environmental services staff are cohorted to work on the affected unit, whenever possible.		
14.3	Room terminal cleaning must be completed after a COVID- 19 positive patient has been D/C from Droplet/Contact Precautions.		
14.4	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.		
14.5	Trolleys used for in-room meal service are cleaned and disinfected after each use.		
14.6	Clean and disinfect communal shower/tub rooms after each patient use.		
14.7	Laundry and Waste Management: No special precautions are recommended.  Resource: PIDAC – <a href="#">Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings</a> (p. 69 – 78)		
Notes:			
<b>15.0</b>	<b>Admissions and Transfers</b>	<b>Reviewed</b>	<b>N/A</b>
15.1	Admissions and transfers are not recommended. Example times when admissions or transfers could take place: <ul style="list-style-type: none"> <li>• Patient is fully vaccinated for COVID-19.</li> <li>• Patients that are previously positive and are resolved.</li> <li>• Patient is infectious and returning to an affected unit/area.</li> <li>• Patient is returning to facility at end of life (compassionate reasons).</li> </ul>		
15.2	Receiving facility to notify the transferring facility and RCDHU if a patient develops symptoms of COVID-19 and/or is diagnosed with COVID-19 within 14 days of transfer.		
15.3	Patients who require urgent transfer to another unit for medical reasons should be transferred in Droplet and Contact Precautions and remain in quarantine for 14 days from their last day on the outbreak unit and be retested at the end of the quarantine period.		



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15.4	If patients were transferred during the period of transmission on the unit but prior to recognition of the outbreak, the receiving unit or facility should be notified and the patient should be placed in Droplet and Contact Precautions and tested. If patients were discharged during the period of transmission, public health should be notified to determine next steps for testing and assess the need for home isolation.		
15.5	Identify patients who have recently been transferred off the unit to other wards or facilities; notify other wards or facilities of the suspected outbreak and ensure all transferred patients are in Droplet and Contact Precautions—testing of these patients may be indicated and the timing of such testing can be determined by the OMT.		
Notes:			
<b>16.0</b>	<b>Absences and Leaves</b>	<b>Reviewed</b>	<b>N/A</b>
16.1	The unit should be closed to admissions and non-urgent transfers.		
Notes:			
<b>17.0</b>	<b>Group Activities and Communal Dining</b>	<b>Reviewed</b>	<b>N/A</b>
17.1	<b>Decision Point</b> All group and non-essential activities: <ul style="list-style-type: none"> <li>• Are cancelled/suspended on the affected area</li> <li>• Permitted on the unit for those who are not on Droplet/Contact Precautions</li> </ul>		
17.2	If group activities are continued, they must: <ul style="list-style-type: none"> <li>• Be restricted to a single unit/area (do not mix patients from different areas).</li> <li>• Ensure physical distancing (at least 2 metres apart from one another).</li> <li>• Be limited to the smallest feasible group size (maximum 5). Where possible, the groups should remain the same across all activities.</li> </ul>		
17.3	Multi-use meal items, such as trays, cutlery, and plates, must be cleaned and disinfected after each use. Disposable meal items are not required.		





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Notes:			
<b>18.0</b>	<b>Staff (includes students and volunteers)</b>	<b>Reviewed</b>	<b>N/A</b>
18.1	Staffing levels/resources in all departments (e.g., nursing, dietary, and housekeeping) are regularly reviewed and deemed adequate to support the facility's operational needs during an outbreak, as staffing demands may increase.		
18.2	Staff with medical exceptions to COVID-19 vaccination should not work on the affected area.		
18.3	Staff are advised to self-monitor for COVID-19 symptoms and are actively screened twice a day.		
18.4	Facility is assessing for critical staff shortages and reviewing the document <a href="#">COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings</a> Published: January 12, 2022 as needed.		
Notes:			
<b>19.0</b>	<b>Staff Spaces / Break Areas</b>	<b>Reviewed</b>	<b>N/A</b>
19.1	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.		
19.2	Masks should be worn in break areas unless eating or drinking.		
19.3	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.		
19.4	Eating and drinking should only take place in designated break areas.		
19.5	Limit or pause social activities at the hospital.		
19.6	Limit or pause contact outside the hospital (e.g., shared transportation to and from work, after work social activities, staff that live together).		



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Notes:

20.0	Occupational Health	Reviewed	N/A
20.1	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 patient contact, collect PCR test prior to leaving the facility (if possible) and then leave the facility.		
20.2	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.		
20.3	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.		
20.4	Suspected and confirmed staff COVID-19 cases are prohibited/excluded from working until they have completed the required self-isolation period.  The hospital may consider work-self-isolation for staff.  RCDHU will not be determining which staff can return to work-on-work self isolation, that is the responsibility of the facility occ health department.		

Notes:

21.0	Visitor Control Measures	Reviewed	N/A
21.1	Signage communicating visitor restrictions are posted at the entrance the entrance to the building and the affected area.		
21.2	General visitors are generally NOT permitted to the affected area during a confirmed outbreak.		
21.3	Review if essential visitors are the only type of visitor allowed to enter the affected area.		



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Notes:			
<b>22.0</b>	<b>Communications</b>	<b>Reviewed</b>	<b>N/A</b>
22.1	There are processes in place for communication with staff, essential and non-essential visitors, patients, families and the media regarding the outbreak.		
22.2	Communication with families and staff to inform them of the outbreak should happen as soon as possible.		
22.3	Prompt, ongoing and timely COVID-19 outbreak updates are provided to staff, essential visitors, general visitors, patients and family members.		
Notes:			
<b>23.0</b>	<b>Post-Mortem Care</b>	<b>Reviewed</b>	<b>N/A</b>
23.1	Staff are aware to notify the funeral home if a patient is a confirmed or suspected case of COVID-19 prior to pick-up of the body.		
Notes:			
<b>24.0</b>	<b>Declaring the Outbreak Over</b>	<b>Reviewed</b>	<b>N/A</b>
24.1	The outbreak will be declared over by RCDHU. RCDHU will provide the facility with an "Outbreak Termination" letter for their records.		
Notes:			