

Outbreak Number: 2255-20 _____ - _____ <input type="checkbox"/> Suspect Outbreak <input type="checkbox"/> Confirmed Outbreak	Facility Name: Click or tap here to enter text.	Date Checklist Initiated: Click or tap to enter a date. Date Updated: Click or tap to enter a date.	
Street #: Click or tap here to enter text.	Street Name: Click or tap here to enter text.	Postal Code:	
PPH Investigator: Click or tap here to enter text. Phone Number: Click or tap here to enter text.	Facility Outbreak Coordinator: Click or tap here to enter text. Phone Number: Click or tap here to enter text.		
Initial Outbreak Classification Choose an item.			
How to contact Peterborough Public Health: <ul style="list-style-type: none"> Monday – Friday 8:30 am to 4:30 pm contact 705-743-1000 ext 511 Afterhours – 705-760-8127 			
1.0	Line List	Reviewed	N/A
1.1	Review line list and epidemic curve.	<input type="checkbox"/>	<input type="checkbox"/>
2.0	Outbreak Case Definition	Reviewed	N/A
2.1	Case definition agreed upon at the OMT meeting is: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
3.0	Identify area(s) of the facility where outbreak cases are occurring:	Reviewed	N/A
3.1	Identify area(s) of the facility where the outbreak cases are occurring: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Can affected areas be closed to prevent access by other residents/patients of the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Can residents/patients from the affected areas be restricted from accessing non-affected areas? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Can staff in affected area(s) be restricted/have minimal contact with staff, residents/patients from non-affected area(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.5	If the answers to the above questions are “YES”, only those in the affected area(s) are the populations at risk: Total Facility Census: Residents/Patients: Staff: Current total population at risk (affected area): Residents/Patients: Staff: Area: # Vaccinated for COVID (up to date with vaccinations): <u>Total Facility:</u> Residents/Patients: Staff: <u>Affected Area:</u> Residents/Patients: Staff: # Vaccinated for Influenza (only required in Influenza Outbreaks): <u>Total Facility:</u> Residents/Patients: Staff: <u>Affected Area:</u> Residents/Patients: Staff:	<input type="checkbox"/>	<input type="checkbox"/>
4.0	Specimen Collection Process and/or Lab Results (when available prior to OMT)	Reviewed	N/A
4.1	Labs are to be submitted to PHOL (not a private lab). Please check to ensure specimen kits are not expired prior to sending for testing. Causative agent(s) Identified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	If YES, provide details of lab result(s): Click or tap here to enter text.	<input type="checkbox"/>

4.2	Initial # of specimens submitted: Click or tap here to enter text.	<p>Test type(s) requested: <input type="checkbox"/> NP <input type="checkbox"/> Urine <input type="checkbox"/> Serology <input type="checkbox"/> Other: Click or tap here to enter text.</p> <p>Note: FLUVID and MRVP tests for up to 4 residents/patients; afterwards all should be tested with FLUVID only **For the first 4 resident select the third option "COVID and respiratory viruses for MRVP" All remaining symptomatic individuals can be testing by writing FLUVID in section 5 "Test(s) requested"</p>	<input type="checkbox"/>	<input type="checkbox"/>
5.0	Communication		Reviewed	N/A
5.1	Facility to provide PPH with daily updates of the line list. If there is a significant change in severity of illness, number of hospitalizations, deaths, lab confirmations of influenza or COVID, contact PPH immediately.		<input type="checkbox"/>	<input type="checkbox"/>
5.2	Facility will advise PPH of all deaths in line listed cases. A coroner will investigate any outbreak deaths when requested by PPH.		<input type="checkbox"/>	<input type="checkbox"/>
6.0	General Outbreak Control Measures		Reviewed	N/A
6.1	Entrance Signage <ul style="list-style-type: none"> Post outbreak notification signs at all entrances to the facility and affected area(s). Post notices on the door of ill resident/patient rooms advising visitors to check in at the nursing station before entering and to don PPE before entering, if indicated. 		<input type="checkbox"/>	<input type="checkbox"/>
6.2	Screening <ul style="list-style-type: none"> Active screening for staff, and visitors working in the outbreak area prior to entering the unit. Passive screening signage is posted at all facility entrances/triage areas and all people entering the facility must passively screen for symptoms. 		<input type="checkbox"/>	<input type="checkbox"/>
6.3	Hand Hygiene <ul style="list-style-type: none"> Reinforce the "4 moments of hand hygiene". Clean hands with 70-90% alcohol-based hand rub (ABHR), if hands are not visibly dirty. Wash hands with soap and water when hands are visibly dirty. Ensure that ABHR and/or handwashing stations are located at point-of-care, entrances, common areas etc. 		<input type="checkbox"/>	<input type="checkbox"/>
6.4	Personal Protective Equipment (PPE) <ul style="list-style-type: none"> For direct care of probable/confirmed COVID-19 cases, cases where COVID-19 hasn't been ruled out, or when within 2 metres of residents/patients in the OB area: Follow Droplet and Contact Precautions (DCP) with fit-tested, seal-checked N95 respirator (or equivalent), eye protection, gown*, gloves*.^{1,2} Alternate appropriate PPE for masking includes a well-fitted medical mask (surgical/procedure), or non-fit tested respirator. PPE is donned prior to entering a resident/patient room. *If not providing care but within OB area, don based on risk assessment. Where COVID-19 has been ruled out by PCR test: DCP with medical mask, eye protection, gown and gloves. 		<input type="checkbox"/>	<input type="checkbox"/>
6.5	Universal Masking <ul style="list-style-type: none"> Ensure universal masking³ is implemented for staff, students, and volunteers in indoor resident/clinical areas, including areas where there is a confirmed outbreak. Masking for residents/patients and visitors is strongly recommended. 		<input type="checkbox"/>	<input type="checkbox"/>
6.6	Physical Distancing <ul style="list-style-type: none"> Physical distancing is recommended when possible and should be optimized particularly when individuals are not masked (e.g. nursing stations, break/change rooms). 		<input type="checkbox"/>	<input type="checkbox"/>
6.7	Surveillance		<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> The facility has a process to assist with obtaining contact tracing information. <p>CONFIRMED COVID-19 OBs ONLY</p> <ul style="list-style-type: none"> Enhanced symptom assessment twice daily for residents/patients in outbreak area, including temperature checks. 		
6.8	<p>Cohorting</p> <ul style="list-style-type: none"> Discuss the facility's cohorting⁴ strategy for residents/patients and staff. Staff and residents/patients from outbreak affected areas and non-outbreak affected areas should not mix. Minimize movement between areas as much as possible. 	<input type="checkbox"/>	<input type="checkbox"/>
6.9	<p>Environmental Cleaning</p> <ul style="list-style-type: none"> Enhance cleaning and disinfection using broad-spectrum viricidal disinfectant with DIN (effective against non-enveloped viruses). Twice daily cleaning and disinfection to high traffic/touch areas is recommended. Ensure staff clean and disinfect resident/patient care equipment, environmental trolleys (e.g. laundry carts) meal services equipment (e.g. food carts) after each use. 	<input type="checkbox"/>	<input type="checkbox"/>
6.10	<p>Ventilation</p> <ul style="list-style-type: none"> The facility has a working HVAC/ventilation system⁵ and it has been checked by a professional in the last year and as per manufacturer's instructions. If portable units (e.g. air cleaners, fans, air conditioners) are being used, they follow guidance outlined by PHO 	<input type="checkbox"/>	<input type="checkbox"/>
7.0	Resident Control Measures	Reviewed	N/A
7.1	<p>Additional Precautions:</p> <ul style="list-style-type: none"> Ill residents/patients should be restricted to their rooms on DCP and tested. IF COVID-19 is ruled out by PCR test: Symptomatic residents/patients should continue to be restricted to their rooms until 5 days after the onset of acute illness or until 24 hours after symptoms have resolved (whichever is shorter). NOTE: for influenza outbreaks divider curtains should be drawn. Resident/patient is positive for COVID-19: continue isolation for at least 10 days after the date of specimen collection or symptom onset (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.⁶ After day 5, if the resident is asymptomatic or their symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever is present, the resident: <ul style="list-style-type: none"> May routinely participate in communal areas/activities but must wear a well-fitted mask at all times when outside of their room; and May not participate in communal activities where they would need to remove their mask within the setting (e.g., group dining) <p>Roommates of confirmed COVID-19 cases: need to be isolated on DCP for a minimum of 5 days. DCP can be discontinued if the roommate remains asymptomatic. NOTE: If COVID-19 is ruled-out for the symptomatic individual, roommates no longer need to isolate as long as they remain asymptomatic.</p>	<input type="checkbox"/>	<input type="checkbox"/>
7.2	<p>Admissions and Transfers</p> <ul style="list-style-type: none"> New admissions to an outbreak area(s) are not recommended. Exceptions to be discussed with PPH. New admissions to a non-affected unit are allowed.⁷ Re-admission of line listed <u>cases</u> to an outbreak area(s) is allowed. Re-admission of <u>non-cases</u> to an outbreak area is generally not advised. If required, re-admission should be done in accordance with the Repatriation Tool PPH.pdf Transferring facility is to advise the receiving facility that they should notify the transferring facility and local public health if a resident/patient develops symptoms of COVID-19 or Influenza and/or subsequently tests positive. 	<input type="checkbox"/>	<input type="checkbox"/>
7.3	<p>Absences and Leaves</p> <ul style="list-style-type: none"> Temporary leaves for residents from an outbreak affected area to a private home are acceptable. 	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> Ensure family is aware of outbreak and outbreak related symptoms. If the resident/patient becomes ill and is transferred to another facility, family should inform the facility that the resident/patient is from an OB facility. Reschedule non-urgent medical appointments. Urgent appointments may continue with precautions (clean hands prior to leaving facility; transportation and receiving facility must be advised). Non-medical absences such as shopping and hair appointments should be rescheduled as much as possible. Well residents in non-affected areas of the home may continue their activities, including absences. Any resident who is symptomatic is permitted entry, but is to be isolated on Additional Precautions and tested for respiratory viruses. 		
7.4	<p>Group Activities and Communal Dining – LTCH/RH only</p> <ul style="list-style-type: none"> Symptomatic residents are not recommended to participate in in-person group or social activities and communal dining. Communal dining and small group activities on individual units/areas may continue for well residents. Discontinue communal activities and dining that mix residents/patient cohorts (e.g. outbreak and non-outbreak affected areas, exposed and unexposed cohorts). <p>CONFIRMED COVID-19 OB ONLY</p> <ul style="list-style-type: none"> Resident cases who can independently and consistently wear a mask can participate in activities where they can wear their mask at all times provided: <ul style="list-style-type: none"> It has been at minimum 5 days from symptom onset or specimen collection and They are asymptomatic or their symptoms have been improving for 24 hours (48 hours if gastrointestinal) Residents who are unable to wear a mask are unable to join in group activities. 	<input type="checkbox"/>	<input type="checkbox"/>
7.5	<p>Antiviral Treatment (FOR CONFIRMED INFLUENZA AND COVID-19 OB ONLY)</p> <p>For Influenza:</p> <ul style="list-style-type: none"> Ill residents/patients treated with an antiviral should remain in their rooms for the duration of treatment Start antiviral prophylaxis for all well residents/patients regardless of vaccination status as soon as possible. Continue until outbreak is declared over. <p>For COVID-19:</p> <ul style="list-style-type: none"> Assess residents/patients for treatment eligibility 	<input type="checkbox"/>	<input type="checkbox"/>
8.0	Staff Measures (includes students/volunteers)	Reviewed	N/A
8.1	<p>Symptomatic staff must be excluded from working in any facility and report to Occupational Health/workplace, and follow working testing and return to work guidance.</p> <p>For COVID-19:</p> <p>Staff may return to work if they are afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea). For a total of 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should:</p> <ul style="list-style-type: none"> Strictly adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible); and Avoid caring for patients/residents at highest risk of severe COVID-19 infection, where possible. <p>For Confirmed Influenza OB only:</p> <ul style="list-style-type: none"> Immunized well staff may continue to work at the outbreak facility or other facilities without restriction⁸. Some restrictions may apply in years where there is a vaccine mismatch. Unimmunized well staff taking antiviral prophylaxis for the duration of the outbreak may continue to work. Unless contraindicated, provide vaccine, and continue with prophylaxis for 2 weeks or until outbreak is declared over (whichever is shorter). 	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> Unimmunized well staff not receiving prophylaxis must wait one incubation period from the last day that they worked at the outbreak facility/unit prior to working in another outbreak or non-outbreak facility/unit. Newly immunized staff must continue to take prophylaxis for two weeks. 		
9.0	Visitor Control Measures	Reviewed	N/A
9.1	Visitors should generally postpone all non-essential visits to residents/patients within the outbreak area for the duration of the outbreak. Follow the facility's visitor policy.	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Symptomatic/ ill visitors should not enter the setting. If visitation must occur for essential visitors, it must be determined by the OMT.	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Well essential visitors are permitted to the home and should follow IPAC measures to reduce transmission.	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Visiting by outside groups (e.g., entertainers, community groups, etc.) is not permitted in the outbreak area.	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Onsite adult/childcare programs may continue if it is possible to ensure there is no interaction between the affected floor/unit staff or residents/patients and the participants in on-site child-care or other day programs.	<input type="checkbox"/>	<input type="checkbox"/>
10.0	Declaring Outbreaks Over	Reviewed	N/A
10.1	The decision to declare the outbreak over must be done in consultation with PPH. Facility to advise appropriate healthcare partners when the outbreak has been declared over.	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Click or tap here to enter text.			

Resources

- ¹ [COVID-19 Guidance Personal Protective Equipment \(PPE\) \(gov.on.ca\)](https://www.gov.on.ca)
- ² [IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19 \(publichealthontario.ca\)](https://www.publichealthontario.ca)
- ³ [Universal Mask Use in Health Care Settings and Retirement Homes \(publichealthontario.ca\)](https://www.publichealthontario.ca)
- ⁴ [Cohorting in Outbreaks in Congregate Living Settings \(publichealthontario.ca\)](https://www.publichealthontario.ca)
- ⁵ [Heating, Ventilation and Air Conditioning \(publichealthontario.ca\)](https://www.publichealthontario.ca)
- ⁶ [LTCH RH Guidance for PHUs 20230626 \(gov.on.ca\)](https://www.gov.on.ca)
- ⁷ [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Sample Transfer & Return Algorithm for Use During Outbreaks.2018 \(toronto.ca\)](https://www.toronto.ca)
- ⁸ [Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2018 guidance document](#)

Adapted with Permission from Toronto Public Health