Infection Prevention and Control
Outbreak Response Checklist for Long Term Care Homes

This checklist is intended to be used by facilities after and in response to a suspect or confirmed COVID-19 outbreak having been declared. It should be completed by the unit manager or designate in collaboration with local Infection Prevention and Control (IPAC) or Public Health (PH).

Fax/e-mail completed checklist within 24 hours of declared outbreak to your local Infection Prevention and Control Department. Any items with a status marked "partial" or "no" should be discussed and progress noted during the outbreak daily huddle.

Home Name: **Area (if applicable):**		
Contacts	**Name**	**Phone Number**
Facility Contact/Manager:		
Infection Control/Public Health:		
Medical Health Officer:		
Employee Health/OHS:		
Environmental Services:		
Lab:		
Materials Management:		

Date Declared - Suspect Outbreak: ________________________ Confirmed Outbreak: ________________________

Outbreak #: ________________________ Total Number of Residents on Outbreak Unit: ____________________

	Don't Wait... ISOLATE!	**Status**				**Comments** *Provide for "Partial" and "No"*
		Yes	**Partial**	**No**	**N/A**	
1.0	Isolation of Index Case(s)					
	Staff Case					
1.1	Lab confirmed staff member excluded from work as per Employee Health (EH)/OHS					
	Resident Case					
1.2	Lab confirmed COVID-19 resident placed on Droplet/Contact Plus[1] precautions					
2.0	Identification of Contacts/Contact Tracing					
2.1	Roommate(s) of case are identified and placed on Droplet/Contact Plus precautions • In shared rooms, move the well, exposed resident to a private room (Note: Exposed roommate should not be transferred to any other shared room for 14 days from last exposure) • If unable to move to a private room, refer to COVID-19 Response Guidance for Long Term Care Facilities					

[1] Duration of precautions:
- For cases: Precautions may be discontinued 14 days after symptom onset. If asymptomatic, discontinue 14 days following specimen collection
- For close contacts: Precautions may be discontinued 14 days after last exposure to case

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		Yes	Partial	No	N/A	*Provide for "Partial" and "No"*
2.2	Initial assessment performed of all residents for symptoms of COVID-19 and all symptomatic residents placed on Droplet/Contact Plus precautions					
2.3	Resident close contacts to the confirmed case(s) identified and a list forwarded to IPAC or PH as directed. Refer to the following 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					
2.4	Resident close contact(s) placed on Droplet/Contact Plus precautions. Completed Resident Close Contact tracking form and sent to IPAC or PH (Refer to COVID-19 Response Guidance for Long Term Care Facilities for tracking form)					
2.5	Contacted other facilities (Acute or LTC) where identified residents had been transferred or discharged to in the last 14 days					
2.6	A list of all visitors and non- LTC staff that had contact with case provided to PH					
2.7	A list of staff who worked with the case has been provided to Employee Health and/or IPAC to determine whether the staff is a close or non-close contact (include on the list those staff who are now working on or scheduled to work on other units)					
2.8	Keep a log of visitors and staff and retain for contact tracing (Refer to SHA 0072 COVID-19 Screen Form Log - Repeat Visits)					
3.0	Line Lists					
3.1	A Resident Line List has been initiated to include symptomatic residents. Send daily to IPAC/PH					
3.2	A Staff Line List has been initiated to include any staff symptomatic and off-sick (COVID-19 related). Send daily to Employee Health/OHS and IPAC/PH • All sick calls from staff should be screened for symptoms of COVID-19 and added to line list, if symptoms compatible					
4.0	Personal Protective Equipment and Additional Precautions					
4.1	Refer to COVID-19 Response Guidance for Long Term Care Facilities for outbreak definitions **Suspect outbreak:** • The resident case and resident(s) deemed close contacts placed on Droplet/Contact Plus precautions **Confirmed outbreak:** • All residents placed on Droplet/Contact Plus precautions					

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4.2	Droplet/Contact Plus precautions signage has been posted on doorway of rooms, where required					
4.3	Garbage and/or linen hamper has been placed inside of the room near the exit					
4.4	PPE removal poster has been placed inside the room, ideally above garbage and/or linen hamper					
4.5	Appropriately stocked PPE carts/tables have been placed (e.g., masks, goggles (non-vented or indirectly vented) or face shields, gowns and gloves) outside room. Ensure there are sufficient quantities to last a minimum of 72 hours • All PPE should be kept off the floor • Refrain from folding gowns (i.e., keep in bag)					
4.6	Staff don/doff PPE following: • Continuous and Extended PPE Use Guidelines Continuing Care • Putting on (Donning) PPE • Taking off (Doffing) PPE • Disinfecting Face Shields • COVID Rapid Safety Update - AGMPs					
4.7	Continuous use of eye protection (goggles or face shields) is implemented in addition to continuous mask use					
4.8	Alcohol based hand rub (ABHR) is ready accessible to staff at point-of-care and at all entrances to the home					
4.9	Staff have reviewed and know when and how to perform hand hygiene according to the SHA Hand Hygiene Policy					
4.10	Disinfectant wipes are readily available at room entry and throughout the facility					
4.11	Soap, paper towel and ABHR dispensers are checked daily and replaced as needed					
5.0	Specimen Collection & Transport					
5.1	Specimens collected from all symptomatic (including mild or atypical symptoms) residents • If negative, repeat swab 48 hours later • For more information on testing, specimen collection and lab requisitions, refer to COVID-19 Testing					
5.2	Expanded testing of all other residents and staff as directed by MHO; at a minimum all individuals identified as close contacts should be tested for COVID-19 • For further details on expanded testing, refer to COVID-19 Response Guidance for Long Term Care Facilities					
5.3	All deaths that occur during the outbreak regardless of symptoms are swabbed and tested for COVID-19					
5.4	Continuously check that there are sufficient quantities of swabs and lab requisitions available					

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6.0	Ongoing Monitoring and Containment					
6.1	Residents monitored once per shift (twice daily) for signs and symptoms (S&S) of COVID-19 (consider documenting on S&S Monitoring Form - LTC)					
6.2	Affected unit/wing doors are closed to discourage traffic through the affected areas and to separate from other unaffected areas					
6.3	COVID-19 Outbreak Unit poster is posted at entry to area in outbreak					
6.4	Risk reduction strategy implemented for ill residents who can't/unable to remain in their room – think **MR.CLEAN**[2] **M**ask (as tolerated) **R**edirect back to their room **C**lean their hands **L**ead others away (keep sick away from the well) **E**nvironmental cleaning of areas they are in **A**ll staff can help **N**o go (visual barriers)					
7.0	Communication and Cancellations					
7.1	COVID-19 Outbreak Response Team (C-ORT) assembled and meets daily to discuss and review the situation until the outbreak is declared over (Refer to COVID-19 Response Guidance for Long Term Care Facilities for sample outbreak daily huddle agenda)					
7.2	Outbreak signs posted at all entrances to the outbreak area Refer to: • Outbreak Poster					
7.3	Communication plan/notification strategy initiated for staff • Notify staff through usual process (i.e., phone calls, e-mail, text) Remind staff: • Be diligent with hand hygiene • Change uniforms at work • Leave shoes at work					
7.4	All residents' families notified of the outbreak • Communicate with families (Refer to COVID-19 Response Guidance for Long Term Care Facilities for example of LTC communication letter)					
7.5	All LTC departments notified of outbreak status (includes laundry, food & nutrition, therapies, environmental services etc.)					
7.6	Non-LTC staff informed not to enter affected areas unless providing essential medical services					
7.7	Family presence have moved to Level 3 (restricted to End of Life only). Those permitted to enter the facility must be screened as per SHA facility screening guidelines					

[2] Reference: Pandemic Plan Checklist for Continuing Care – Annex R

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7.8	Family physician/RN(NP) contacted for orders as applicable, relating to: medications, treatments, lab testing, and/or further assessment for each symptomatic resident (Refer to Continuing Care Management Addendum Orders)					
7.9	Residents' Goals of Care/Advanced Care Directives reviewed and updated (as needed)					
7.10	Encourage alternate means of communication/virtual visitation between residents and family/friends (e.g., iPad, FaceTime)					
7.11	All group activities cancelled for the duration of the outbreak: • Food sharing activities (BBQs, communal cooking, potluck parties, bake sales, etc.) • Group activities where there is hand contact (dancing, playing cards, puzzles, etc.)					
7.12	Recreational therapy cancelled; however, can be revisited starting at day 14 of the outbreak					
7.13	Non-essential services including hair salon, pet therapy, VON foot care and chapel cancelled					
7.14	Non-essential meetings held in the home cancelled					
7.15	Home's Pet Policy for resident pets has been reviewed and is being followed. Recommendation is to move all pets offsite until the outbreak has been declared over					
8.0	Staff Cohorting					
8.1	Staff working in affected area are cohorted to the unit/wing until the outbreak has been declared over (includes food services, environmental services etc.)					
8.2	Staff working in affected outbreak area take breaks separate from staff who work in unaffected areas					
8.3	Direct care staff are cohorted to either infected or non-infected residents within the outbreak area. If not possible: • Staff providing care to ill residents does not assist with or deliver meals to well residents					
8.4	Contingency plan implemented to ensure minimum staffing needs and essential operations in the home (plan should identify processes that may be reduced or modified in response to insufficient staffing needs)					
9.0	Move-ins and Transfers					
9.1	Move-ins and transfers to other LTC homes are suspended for the duration of the outbreak					
9.2	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 one					

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9.3	If a resident in hospital is ready for discharge back to the LTC home, consult with MHO/IPAC/PH for direction					
10.0	Equipment Cleaning					
10.1	Process is in place to clearly identify clean and dirty resident equipment (e.g., tags marked "I am clean"). Ensure clear separation between clean and dirty carts and equipment					
10.2	Review and identify which surfaces/items care staff is responsible for cleaning					
10.3	All equipment that is shared between residents has been cleaned and disinfected (remember to clean the entire piece of the equipment and not just the area that comes into contact with the resident) • When possible, equipment should be dedicated to a single resident					
10.4	Increased cleaning of high touch surfaces - minimum 2 times per day: • Resident wheel chairs/walkers - hand contact areas • Telephone/keyboard/desk and chair arms/backs at Nursing Station • Med carts - hand contact areas					
11.0	Enhanced Cleaning (Environmental Services)					
11.1	Environmental services staff are cohorted, if possible. If unable to cohort and staff must move between areas, they are to avoid contact with the ill residents and visit the outbreak unit last					
11.2	Cleaning is always performed from clean areas to dirty areas. Clean additional precautions rooms last					
11.3	Increased cleaning of high touch surfaces in ill resident rooms and all common areas of the affected unit - ****minimum 2 times per day****. This includes but is not limited to: • Staff and public bathrooms (sinks/taps/toilets) • Hand rails/stair rails • Call lights/bed rails/overbed table • Light switches/elevator buttons • Door knobs, push plates • Common area TV remotes/public phones					
11.4	Terminal clean of the room is completed when additional precautions are discontinued • In shared rooms (2, 3 or 4 bed rooms), all beds and bed spaces require a terminal clean					
11.5	Rooms and surfaces are free of clutter to enable easy cleaning and disinfection of surfaces (e.g., hallways, nursing stations, resident rooms etc.)					

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11.6	Symptomatic resident room(s) – All non-essential and non-food items have been placed into plastic bins/bags to reduce clutter (e.g., stuffed animals, books, pillows/blankets etc.) And if possible, wiped down 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					
11.7	If resident experiences GI symptoms (i.e., diarrhea, vomiting), Hygenic/Zorbie bags could be considered					
11.8	Clean linen covered and kept away from contaminated items (e.g., dirty linen hampers, garbage bins)					
11.9	Indoor garbage cans have foot release or lid removed					
12.0	Food Service Delivery					
12.1	Food preparation staff have no contact with ill residents (this includes the delivery of food trays)					
12.2	Direct care staff should not enter kitchen during the outbreak					
12.3	Dining room guidelines are as follows: **Suspect Outbreak** – Dining room may be used by residents not on Droplet/Contact precautions **Confirmed Outbreak** – In-room meal service only. Dining Room should not to be used • Where in-room meal service is not possible due to safety, the dining room may be used for those that are asymptomatic and not considered a case or a close contact					
12.4	Staff perform hand hygiene between assisting residents during meals as per the 4 Moments for Hand Hygiene					
12.5	Staff ensure and assist (when necessary) all residents with hand hygiene before eating using ABHR					
12.6	Well residents are served first followed by the ill residents, if staff are unable to be appropriately cohorted					
12.7	Dining room tables, chairs and chair arms cleaned and disinfected after each seating					
12.8	Regular dishes and cutlery are used (i.e., disposable not required). No special precautions required for handling of dishes (i.e., bagging of the dishes is not required). This applies to both in-room meals and the dining room					
12.9	Automatic ice dispensing machines are used by staff only (i.e., bulk ice machines with a scoop are not to be used)					
12.10	All shared food and decorative items are removed from dining tables (e.g., salt and pepper shakers, flowers)					
12.11	Water cooler taps/spouts/handles and coffee stations are disinfected twice daily					
12.12	Holding carts and dish trolleys (including the wheels) are clean and sanitized as per local processes					
12.13	Kitchenettes on units are restricted to staff use only					

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13.0	Staff Break Rooms					
13.1	Breaks and lunches are staggered to help ensure two metre physical distancing of staff and to limit the number of potential contacts in the event of an exposure					
13.2	Disinfectant wipes and ABHR are readily available in break rooms					
13.3	The tables and chairs in staff break rooms have been reduced to accommodate physical distancing. A sign has been posted to indicate the number of allowable staff at one time. Tables and chairs have been placed two metres apart					
13.4	Table and arms of chair are disinfected before/after use					
13.5	No sharing of food or drinks					
13.6	No communal food(s)/food left in fridge at shift end					
13.7	Refrigerators and cupboards are free of all but single-serving items					
13.8	Shared items from staff room (i.e., magazines) have been removed					
14.0	Staff common areas (e.g., Med rooms, nursing station etc.)					
14.1	Food and drinks consumed in designated areas only (not at nursing stations or in med rooms)					
14.2	Meeting spaces allow for 2 metre physical distancing between attendees (i.e., during report)					

Adapted from Saskatoon Health Region COVID-19 Outbreak Checklist and Draft LTC COVID-19 Outbreak Checklist