OUTBREAK CHECKLIST (SUSPECT or ACTUAL)

Personal Care/Group/Residential Homes

This document assumes that the site has acquired a supply of PPE in adequate amounts and quantity to minimize staff exposure.

It also assumes that visitors are restricted.

When you have one (1) resident/participant with symptoms:
Isolate resident suspected of an infectious illness (e.g., COVID-19, Influenza, colds, Norovirus). Provide commode for shared bathroom situation. Set up a PPE station outside room and post appropriate 'Additional Precautions' sign.
Call 811 for further assistance if needed.
Observe for additional symptomatic residents and staff and isolate.
When you have two (2) or more residents/participants and/or staff with symptoms:
Isolate and care for additional symptomatic residents. Send sick staff home. Testing is recommended if COVID-19 is suspected or contact 811 for guidance.
Start a list of ill residents and staff (maintain this throughout outbreak).
Notify primary health provider to determine if further treatment required.
 Immediately contact the following: (insert local phone numbers) Site manager/owner (establish a designated agency contact person and share this with Public Health if required). Local Public Health office for reportable illnesses (ask for a single point of sentest)
contact). If not already doing so, consider implementing continuous masking in home (Note: homes are to follow Public Health mandates).
Ensure workers are wearing appropriate PPE (medical grade mask, face shield/goggles, gown, and gloves if it is a respiratory illness) to enter room. Stress the importance of proper hand hygiene and the correct PPE don/doff procedures as per additional precautions. • Order additional PPE as needed
Follow Public Health recommendations.
Retrieve staff and visitor tracking sheet for contact tracing purposes.
Limit other residents to their rooms, including meal service. Postpone all communal activities (e.g., day programs, activities) until the outbreak is over.
Initiate increased cleaning and disinfecting procedures, paying attention to high touch areas and high traffic areas including staff break rooms.
Restrict new admissions until outbreak is over.
Contact residents' families and inform them. Limit visitation to compassionate care.
Perform symptom monitoring twice daily on other non-symptomatic residents.

