Preparedness Checklist for Outbreaks and Pandemics

| | Lead/Accountable Person | Date Assessed: | Date Assessed: | Date Assessed: | Date Assessed: |
|---|----------------------------|---|---|---|---|
| 1. Organizational Structure for Planning and Decision Mak | ing / Outbreak Respon | se Team (ORT) | | | |
| A planning team or an individual has been appointed specifically to address outbreak/pandemic preparedness. | | Not started In progress Complete Not applicable |
| There is a chain of command for implementing the outbreak/pandemic plan. | | Not started In progress Complete Not applicable |
| A staff or a board person has been identified as the point of contact for questions/consultation on infection control issues and outbreak management. | | Not started In progress Complete Not applicable |
| Staff are aware of their roles/responsibilities during an outbreak. | | Not started In progress Complete Not applicable |
| 2. Development of a Written Outbreak Plan | | | | | |
| An outbreak plan is developed and staff are aware of the policies and procedures. | | Not started In progress Complete Not applicable |
| The plan describes the organizational structure (i.e., line of authority, function, and assignment of responsibility) that will be used to operationalize the plan. | | Not started In progress Complete Not applicable |
| An exposure control plan is in place for protecting residents, staff, and visitors from respiratory or other infections. | | Not started In progress Complete Not applicable |



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| Services that will be maintained during an outbreak/pandemic have been identified. Services that could be reduced or curtailed have been identified. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| Responsibility has been assigned for monitoring provincial and national public health advisories. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| A screening process should be made available. Staff are responsible to self-screen prior to coming to work. All contractors, volunteers, visitors, family/support should be screened before entering resident areas. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| A system has been created to regularly monitor the health of residents. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| The home has a process for inter-facility transfers that includes notifying personnel and receiving homes about a resident's suspected or confirmed infection status. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| A system is in place to report unusual cases of influenza like illness (ILI) and outbreak-related deaths to the Ministry of Health (MoH) or Public Health/ SHA. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| The agency/home has developed criteria to determine where and how residents will be cared for in the event of an outbreak. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |

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| 3. A communication plan has been developed | | | | | |
| The agency/home has developed procedures for handling requests for information from the media. These provisions are consistent with <i>The Health Information Protection Act</i> (HIPA). Key public health points of contact for outbreak/ pandemic have been identified (i.e., Medical Health Officer, MoH) | | Not started In progress Complete Not applicable Not started In progress Complete Complete | Not started In progress Complete Not applicable Not started In progress Complete Complete | Not started In progress Complete Not applicable Not started In progress Complete Complete | Not started In progress Complete Not applicable Not started In progress Complete |
| The agency/home has a person for external communication. | | Not applicable Not started | Not applicable Not started | Not applicable Not started | ☐ Not applicable ☐ Not started |
| Use information from the MoH to ensure messages to the public are consistent. (Note: Outbreaks can only be declared by the Medical Health Officer, therefore communication must be planned in consultation with Public Health.) | | In progress Complete Not applicable | ☐ In progress ☐ Complete ☐ Not applicable | ☐ In progress☐ Complete☐ Not applicable | ☐ In progress ☐ Complete ☐ Not applicable |
| The agency/home's communication and coordination of their outbreak plan is carried out in conjunction with the MoH and the Public Health/SHA recommendations. | | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| A list has been created of health care providers and entities (including family physicians, home care, physiotherapy, pharmacies, etc.) and their point of contact with whom the home anticipates will be necessary to maintain communication and coordination of care with during an outbreak. | | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Up-to-date contact lists for staff and residents' families/next of kin or caregivers are being maintained. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| A process for communicating updates and information regarding residents and agency activities is established. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |

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| There is a communication process in place with physicians for | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| urgent and ongoing care. | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| | | Complete | Complete | Complete | Complete |
| | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| Signs are posted at all entrances indicating the situation, | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| advising visitors of the potential risk of introducing illness to | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| the facility, and any visiting restrictions (visitation should be | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| discouraged in an outbreak, with exception to certain | | Not applicable | ☐ Not applicable | Not applicable | Not applicable |
| situations e.g., palliative residents, mental health situations). | | | | | |
| Communication systems are being used as appropriate (e.g., | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| website) to maintain communication with family members and | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| visitors, external partners, and contracted providers. | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| 4. An education and training program has been deployed | | | | | |
| To ensure that all personnel, external partners, and contracted | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| providers understand the implications of, and the control | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| measures for outbreak management. | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| A person has been designated as champion to coordinate | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| education and training sessions in the agency/home including | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| use of PPE and fit testing for N95 respirators, and to do audits | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| as appropriate. | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| All staff are receiving education, including employees that do | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| not routinely care for residents but may need to do so during | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| an outbreak/pandemic. | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
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| Education is being provided for volunteers, residents, resident council, and families. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| The education and training material includes information on infection control measures to prevent the spread of illness, including information on measures that health care personnel should apply during care of residents. | | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Education and training material is consistent with provincial and national content (i.e., SASWH, SHA/MoH, Public Health Agency of Canada) | | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| 5. Informational Materials | | | | | |
| Informational materials on the illness have been identified and are language and reading-level appropriate for residents and families. A plan is in place to obtain and disseminate these materials. | | Not startedIn progressCompleteNot applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not startedIn progressCompleteNot applicable |
| Information has been identified or developed to guide family members on infection control and care of residents during an outbreak. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| 6. A plan has been developed for the management of reside | nt areas in the event o | | | ers the following i | ssues: |
| A full walkthrough of the agency/home should be completed to ensure supplies are not overstocked in resident rooms and all areas are de-cluttered. | | In progress Complete | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Surfaces are clutter free for easy cleaning and disinfecting. | | ☐ In progress☐ Complete | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |

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| Furniture is in good repair (e.g., no rips, not taped) and can be easily cleaned. | | Not started In progress Complete Not applicable | | | |
| Damaged equipment is removed or repaired. | | Not started In progress Complete Not applicable | | | |
| If reusable equipment cannot be dedicated to a single resident, ensure there is a process in place for cleaning and disinfecting between residents. | | Not started In progress Complete Not applicable | | | |
| 7. Plan for Personal Protective Equipment (PPE) and Additional Precautions | | | | | | | | |
| The plan includes education and training for staff & volunteers in proper use of PPE and additional precautions. | | Not started In progress Complete Not applicable | | | |
| When a N95 respirator will be used, training will be provided as appropriate and documented. | | Not started In progress Complete Not applicable | | | |
| The recommendation is to cohort residents with an infectious illness, depending on the capacity/structure of the agency/home. | | Not started In progress Complete Not applicable | | | |
| If cohorting is not possible, separate residents who are particularly vulnerable to complications from infectious illness from residents with the illness. | | Not started In progress Complete Not applicable | | | |

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| Restrict residents with the infectious illness to their rooms if it does not cause the resident undue stress or agitation. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| Screen all new admissions to the agency/ home during a pandemic or outbreak according to Public Health recommendations. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| To prevent the spread of infection, there should be methods considered to ensure recommended social distancing (two meters) in communal areas and dining rooms. | | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable |
| Advise volunteers that there may be restrictions to their involvement in the agency/home during the outbreak/ pandemic. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| Advise visitors that there may be restrictions in their access during the outbreak/pandemic. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| Supplies and resources for hand hygiene: • Alcohol-based hand rub for hand hygiene is available in every resident room (ideally both inside and outside of the room) and other resident care and common areas e.g., dining room, therapy room | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| Sinks are well-stocked with soap and paper towels for hand washing. Hand hygiene training provided to staff, contractors and visitors. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable |
| Home provides tissues, face masks and hand rub near entrances and in common areas with no-touch waste receptacles for disposal. | | Not startedIn progressCompleteNot applicable | Not startedIn progressCompleteNot applicable | Not startedIn progressCompleteNot applicable | Not started In progress Complete Not applicable |

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| Signs are posted immediately outside of resident rooms | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| indicating appropriate Infection Prevention and Control | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| precautions and required personal protective equipment | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| (PPE). | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| Necessary PPE is available immediately outside of the | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| resident room and in other areas where resident care is | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| provided. For residents requiring Additional Precautions, and | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| therefore, additional PPE, it is recommended that a PPE cart be used in the hall outside the room. | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| Home should have supplies of facemasks, respirators (if | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| available and the facility has a respiratory protection program | | In progress | In progress | In progress | In progress |
| with trained, medically cleared, and fit-tested staff), gowns, | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| gloves, and eye protection (i.e., face shield or goggles). | | Not applicable | Not applicable | ☐ Not applicable | Not applicable |
| Trash disposal bins should be positioned near the exit inside | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| of the resident room to make it easy for staff to discard PPE | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| when leaving the room. | | ☐ Complete | ☐ Complete | ☐ Complete | ☐ Complete |
| | | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable | ☐ Not applicable |
| Home ensures staff have access to EPA-registered hospital- | | ☐ Not started | ☐ Not started | ☐ Not started | ☐ Not started |
| grade disinfectants to allow for frequent cleaning of high- | | ☐ In progress | ☐ In progress | ☐ In progress | ☐ In progress |
| touch surfaces and shared resident care equipment (properly | | Complete | Complete | Complete | Complete |
| diluted bleach is an acceptable disinfectant if the surface is | | Not applicable | ☐ Not applicable | Not applicable | Not applicable |
| cleaned properly first). | | | | | |

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| 8. Human resources planning is key to maintaining services during a pandemic. During a pandemic, the agency/organization is likely to experience staff shortages and may have to take extraordinary measures to continue to provide care for residents. | | | | | | | |
| A plan should be in place for managing staff shortages within the home/facility due to illness among staff or their family members. (Keep in mind that cohorting of staff to ill residents may be necessary.) | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | | |
| The minimum number and classification of staff and other personnel necessary to sustain services for a given number of residents on a day -to-day basis have been determined. Cross-training (where applicable) has been implemented. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | | |
| Staff break rooms are in designated areas. (No food and drink at nursing stations.) Break rooms are regularly cleaned. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | | |
| Contingency staffing plans have been developed, keeping in mind that there may be a need to cohort staff e.g., cannot 'borrow' from another facility, family members may be restricted. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | | |
| The agency/home's sick leave policy should address procedures that will be followed for staff who become ill at work, and when personnel may return to work after recovering from the illness. | | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | | |
| The agency/home has a policy to address work refusal. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | | |
| There is a system in place for evaluating symptomatic personnel before they report for duty. | | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | | |

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| Priorities for providing care, environmental services, and dietary services, have been established. | | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Mental health and faith-based resources have been identified who are available to provide counselling to personnel during a pandemic/outbreak if required. Insert Contact Information: | | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| The management of personnel who are at increased risk for infectious illness complications (e.g., older staff, immune compromised staff) has been addressed. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Staff have been encouraged to develop their own family care plans for the care of dependent children and seniors in the event community containment measures are implemented, or for possible illness among adult family members. | | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| 9. Antiviral and Vaccination Administration /Specimen Colle | ection | | | | |
| During a pandemic/outbreak, the agency/home may be responsible for administering antivirals, if available, to residents and staff, for treatment and outbreak control. | | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| The agency/home is monitoring vaccination status of staff. | | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | Not started In progress Complete Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Staff are trained to do Point of Care rapid tests. They know the process to order more supplies and when. | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| Specimen collection and testing processes are known to staff. Supplies for specimens are available if the staff has been trained to collect specimens (e.g., nasal and throat swabs). | | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |

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| 10. Surge Capacity | | | | | |
| Anticipated supplies have been estimated and purchased including PPE (e.g., masks, gloves, gowns, face shields, hygiene products), COVID-19 rapid tests | | Not started In progress Complete | Not started In progress Complete | Not started In progress Complete | Not started In progress Complete |
| A primary plan and contingency plan to address symply | | Not applicable | Not applicable | Not applicable | ☐ Not applicable |
| A primary plan and contingency plan to address supply shortages has been developed, including detailed procedures for acquisition of suppliers through normal channels as well as requesting resources for replenishing supplies when | | ☐ Not started ☐ In progress ☐ Complete ☐ Not applicable | Not startedIn progressCompleteNot applicable | □ Not started □ In progress □ Complete □ Not applicable | □ Not started □ In progress □ Complete □ Not applicable |
| normal channels have been exhausted. Plans include stockpiling at least one-week of supplies | | Not started | □ Not started | Not started | Not started |
| including prescription and OTC medication; preserved food and bottled water; batteries, radio, flashlight, etc.; any additional supplies for unique resident needs. | | ☐ In progress ☐ Complete ☐ Not applicable | ☐ In progress ☐ Complete ☐ Not applicable | ☐ In progress ☐ Complete ☐ Not applicable | ☐ In progress ☐ Complete ☐ Not applicable |