

Outbreak Management

A Toolkit for the Management and Control of Communicable Diseases in Residential Care Facilities, including Personal Care and Group Homes



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Section1: About this Toolkit

Purpose

Across the province, residential care facilities are home to thousands of Saskatchewanians belonging to high-risk populations. Many of these residents are more susceptible to acquiring communicable diseases, such as influenza, and have a higher risk of exposure due to more frequent interactions with others. Residents may also be more susceptible to complications due to increased frailty and high prevalence of underlying chronic health conditions.

The *Toolkit for the Management and Control of Communicable Diseases in Residential Care Facilities in Saskatchewan* has been developed to support residential care service providers to prepare for, and manage, outbreaks. This resource is intended to provide information on how best to prevent outbreaks, identify illness early, and outline steps to prepare for and manage outbreaks in an effective manner. Sample templates are included to develop policies and procedures and ensure your facility is prepared in the event an outbreak should occur.

This toolkit is designed to provide general guidance only. You should always follow any advice, guidelines, recommendations, directives or other direction of the local public health unit, the Saskatchewan Health Authority, and the Ministry of Health.

In some cases, your facility may be subject to additional reporting or contractual requirements. If you are unsure of these requirements, or you have questions or require additional clarification, please reach out to your contact.

Note: where the term ‘resident’ is used in this document, it is intended to include participant and client.

Roles and Responsibilities

In Saskatchewan, *The Public Health Act, 1994* and its regulations are the statutory basis for the reporting, investigating and controlling of communicable diseases in the province. The Act and Regulations outline the roles and responsibilities of individuals and agencies as they relate to communicable disease control. Additional legislation and/or regulations may apply to your facility.

Here is an overview of some of the roles and responsibilities of stakeholders in regards to communicable diseases:

Individuals – have a responsibility to seek timely medical attention when ill, follow through on treatment recommendations, and take reasonable measures to reduce the risk of infecting others.

Physicians and nurses – see clients when they have a health concern, and are required to report to the local Medical Health Officer regarding known or suspected cases.

Medical Health Officers – are responsible for the control of communicable diseases in their jurisdiction, and are physician specialists who work within the Saskatchewan Health Authority. A Medical Health Officer is a designated public health officer who has specific responsibilities under The Public Health Act. A Medical Health Officer declares an outbreak and declares when an outbreak is over. They also oversee surveillance activities of the Saskatchewan Health Authority, analyze trends, and plan with others to ensure that health hazards are minimized and population health and well-being maintained or improved. They are the physician for the community and the population is their “patient”.

Saskatchewan Health Authority – responsible for the provision of publicly-funded health services in the province. Receives, reviews and manages reports of communicable diseases.

First Nations Health Agencies – work with First Nations organizations and communities within their jurisdiction to carry out health promotion activities. Responsible for the coordination and public health follow up of individual cases and contacts that reside in First Nations communities.

Ministry of Health – coordinates the development of provincial standards, policies and procedures for the prevention and control of communicable diseases, and conducts ongoing surveillance. Provides vaccines and some medications for the prevention and control of specific communicable diseases. Provides linkages to other provinces and jurisdictions and reports nationally notifiable communicable diseases for national surveillance purposes.

Roy Romanow Provincial Laboratory – provides testing to assist in the diagnosis, treatment, and confirmation of communicable diseases.

Public Health Agency of Canada – promotes and protects the health of Canadians through leadership, partnership, innovation, and action in public health. Includes departments such as the National Microbiology Laboratory, Center for Emergency Preparedness and Response, Center for Infectious Disease Prevention and Control, and the Pandemic Preparedness Secretariat.

Residential Care Facilities – administrators of congregate living environments provide a living environment that actively supports the prevention and control of communicable diseases, and are prepared to effectively respond in the event of an outbreak.

Section 2: Being Prepared

This section provides information on how best to prepare for an outbreak/pandemic. This information will help you organize your residential care facility and ensure staff and residents are informed and prepared. Your preparedness plan should include the following components (a Preparedness Checklist is available in Appendix A):

1. Structure for Planning and Decision Making

Set up a facility-level incident management team. Work through a number of scenarios to inform your planning and response to an outbreak. This team ensures coordination and communication to assist in containing an existing outbreak, and to reduce the risk of further transmission of the infection to clients, residents, staff and the community.

The role of the team is to:

1. Ensure the appropriate authorities are contacted (Saskatchewan Health Authority, Ministry of Health, and/or other authority).
2. Ensure communication to physicians, family, staff and the community is timely and accurate.
3. Ensure that Routine Practices are in place, understood and adhered to.
4. Develop strategies to handle specific facility situational issues or concerns that may arise during an outbreak.
5. Evaluate the effectiveness of actions taken.
6. Teams may look different depending on the size of the facility and number of staff you have. You may consider including:
 - The Facility Manager/Director of Care.
 - Care staff, environmental services staff, and dietary staff.
 - Human Resources/Scheduler.
 - Someone to handle communications.

Your team members should be assigned specific tasks during an outbreak. Everyone should understand their role and responsibilities to ensure an outbreak is identified and managed in a timely manner.

Sample tasks might include:

- Facility Manager/Director of Care
 - Understand under what circumstances an infectious illness must be reported to the Saskatchewan Health Authority (Public Health), the Ministry of Health, or other authority.
 - Inform the Saskatchewan Health Authority (Public Health) of the cluster of symptoms.
 - Reinforce Routine Practices and implement additional precautions as dictated by the situation.
 - Once an outbreak is declared, post appropriate signage throughout the building as dictated by the type of outbreak.
 - Decide if an Outbreak Management Committee should be struck and plan for daily huddles
 - Ensure the outbreak is being monitored, and provide updated information to the

- Saskatchewan Health Authority (Public Health) or the Ministry of Health, if required.
- Ensure a communications process is in place for nursing staff, physicians, families, and visitors.
- Ensure staff are aware of any Public Health Orders that may impact staffing, services or supports.
- Ensure adequate Personal Protective Equipment (PPE) and other supplies (hand sanitizer, cleaning supplies, etc.) are on hand and are replenished as required.
- Manage applicable visitor restrictions over the duration of the outbreak.
- Care staff, environmental services staff, and dietary staff
 - Participates in daily huddles and ensures other staff are informed.
 - Liaise with the Facility Manager/home leadership to ensure important information is shared.
- Human Resources/Scheduler
 - Be aware of minimum staffing requirements to safely meet resident care needs.
 - Be aware of any Public Health Orders that impact staffing (i.e., staff cohorting).
 - Review current staffing needs and determine increased staffing needs should an outbreak occur.
 - Have a rapid hiring plan prepared.
 - Communicate with the Facility Manager/home leadership if there are concerns regarding the facility's ability to meet staffing needs.
- Someone to handle communications
 - Develop a communications strategy for an outbreak situation.
 - Draft sample letters to families and visitors.
 - Ensure posters and other informational materials are on hand.
 - Ensure effective communication with staff, residents, families, and visitors.

2. Written Outbreak/Pandemic Plan

Every residential care facility/home should have a plan in place for protecting residents, staff, and visitors from outbreaks. The plan should:

1. Identify the organizational structure (i.e., line of authority, function, and assignment of responsibility) that will be used to operationalize the plan.
2. Assign responsibility for monitoring provincial and national public health advisories through www.saskatchewan.ca, and updating members of the Outbreak Management Committee when cases of outbreaks are reported in Canada and the province.
3. Include a system for monitoring and reporting infectious illness in residents and staff. Tracking illness trends during seasonal influenza and for pandemic organisms any time of year, will ensure that organizations can detect pressures that may affect operating capacity, including staffing and supply needs. Reporting illness early, and in a consistent manner, ensures that health care facilities and public health authorities have the information they need to prevent and control the spread of infectious illnesses.

4. Ensure a process for inter-facility transfers that includes notifying personnel and receiving homes about a resident's suspected or confirmed infection status.
5. Establish protocols for admissions and transfers during an outbreak.
6. Identify which services will be maintained, and which are likely to be reduced, during an outbreak.

The following sections will help you to consider components of your outbreak/pandemic plan. Use the Preparedness Checklist (Appendix A) to help you with this process.

3. Communications Strategy

Staff and Resident information

Ensure staff and resident contact information is up to date. This is important to ensure service providers are prepared to quickly communicate with staff and families. In the event of an outbreak, updated information also facilitates communication with health care providers and Public Health, if required. Ensure management and designated staff know where to find this information.

Current staff lists, including:

1. Date of birth, email, cell phone number.
2. All facilities where the staff members are currently working (i.e., hospitals, home care agencies, personal care homes, group/residential homes, and long-term care facilities).

Updated resident information:

3. Resident's medication.
4. Health services number.
5. Family physician contact.
6. Family and substitute decision-makers' contact information (ie. phone, cell and email).
7. Advance care plans developed with resident/substitute decision makers.

Communicating with Staff

Establish a process to communicate as a team, should an outbreak occur. Provide frequent updates and include all staff.

Encourage all staff to monitor the outbreak situation and develop a process for communicating information to management. Clarify the process (who and how) to escalate urgent issues, during regular business hours and after hours.

Ensure all staff are aware of contact numbers in case further information or direction is required.

Communicating with Residents and Families

Establish a process to communicate symptoms and outbreaks to residents and families and appoint a contact person to liaise with families during this time.

4. Education and Training Plan for Staff and Management

Implement facility-wide outbreak management response training. This training should involve more than memos or written procedures, and may include scenario-based training that covers the following:

1. Review the signs and symptoms of respiratory, including pandemic organisms and enteric illness.
2. Review what to do if a resident is sick with respiratory or enteric illness.
3. Discuss how staff can keep themselves, residents, and their families safe.
 - » Stay home/stay in their room if sick.
 - » Get vaccinated against Influenza every year (and COVID-19 as recommended).
 - » Practice good hand hygiene.
4. Ensure staff can ask questions and express concerns.
5. Establish and communicate care protocols. This should enable all staff to know exactly what steps should be taken once symptoms are present. Consider making a visual handout for staff. This should also include clear, detailed steps for staff to follow if the outbreak occurs after-hours, and how to safely transport residents within the facility, if required.
6. Discuss scenarios specific to your facility. For example, if you have semi-detached rooms and isolation procedures are required, how would you isolate residents?
7. Sample facility-based scenarios can be found in Appendix C.

In addition, you should ensure all staff are trained on how to properly don and doff PPE. Do this using the buddy system, and practice different scenarios. More information can be found in Appendix D.

5. Informational Materials for Staff, Residents and Visitors

Have posters and other informational materials available to distribute and display, such as:

1. 811 information.
2. Visitor policy/restrictions.
3. PPE requirements.
4. Isolation signs and information sheets.
5. Handwashing posters.
6. Information for donning/doffing PPE.

See Appendix B and C and other information on the IPAC page

www.saswh.ca

6. Management Plan for Residents and Services During an Outbreak/Pandemic

Consider how an outbreak may impact day-to-day operations and the delivery of services within your facility/home. The extent of impact on regular programs and services will depend on the specific characteristics of the facility/home, as well as the type and extent of the outbreak.

Consider the following:

1. Group/social activities may need to be suspended to limit the spread of the disease. Consider alternate plans for safely providing activities to residents.
2. Visitor restrictions may need to be implemented, including non-essential services and volunteers.
3. If isolation procedures are required, meals must be delivered to a resident's room. You may want to consider utilizing single use cutlery, cups and plates. If residents require dining support, have a plan in place to provide these additional supports if needed.
4. Wear PPE as appropriate.
5. Enhanced cleaning and disinfection protocols need to be implemented.
6. Admissions/transfers may be impacted, depending on the type of outbreak.
7. All homes/facilities should follow Public Health's recommendations in an outbreak.

7. Infection Control Plan

All congregate living facilities should develop a formal orientation and ongoing education program for all staff, which includes education on infection prevention and control practices. Refreshers should be scheduled once or twice per year. See Appendix C and other information found on the IPAC web page at www.saswh.ca.

Facilities should also ensure that residents, staff, and visitors (including support workers and volunteers) are educated about their personal responsibility for disease prevention (such as staying away from others if sick, and following proper hand hygiene protocols).

Periodic evaluation and monitoring of staff in adhering to infection control policies and procedures is important.

The following supplies should be readily accessible for residents, staff and visitors at all times:

1. Alcohol-based hand sanitizer for hand hygiene in every resident room (ideally both inside and outside of the room) and other resident care and common areas (e.g., outside dining hall, in therapy gym).
2. Soap and paper towel for hand washing at all sinks.
3. Tissues for residents in common areas with no-touch receptacles for disposal.
4. Facemasks for visitors near entrances.
5. Signage at entrances reminding visitors who are coughing or feeling ill not to enter.

8. Environmental Cleaning

Policies and procedures for environmental cleaning should be established that are:

1. Designed to minimize the spread of infection within the setting.
2. Attainable and understandable to staff.
3. Reviewed regularly and updated as needed.

All staff should be given a suitable amount of time to review policies and procedures for cleaning, as well as Workplace Hazardous Materials Information System (WHMIS) training.

Training for new staff should involve hands-on training that includes shadowing staff members and them performing the cleaning duties under strict supervision. Supervisors must play an active role in staff training and compliance, as well as in the periodic review of policies.

9. PPE Supply and Plan to Acquire more, if Needed

Your facility should have a supply of outbreak/pandemic supplies (including PPE) available, and a relationship with a reliable supplier for these products. It is recommended that you have enough supplies for at least 5 days, as well as access to a supply chain for additional supplies when needed. A PPE calculator to determine the number of supplies needed can be found in Appendix B.

Supplies may include:

1. Hand sanitizer and liquid hand soaps.
2. Disinfectants (including those that would be effective against *C. Difficile*, *Norovirus*).
3. Gloves.
4. Long-sleeved gowns.
5. Procedure/medical masks.
6. Eye/face protection.

Your facility should have a process for monitoring supply levels and include a contingency plan for when you experience (or anticipate experiencing) supply shortages.

N95 respirators are needed if aerosol generating medical procedures are performed on a person with Covid-19. In order for an N95 mask to properly protect, staff must be fit tested to determine the correct make, model and size for them. (Contact the SASWH at info@saswh.ca to set up training.)

NOTE: a N95 respirator must be worn for all airborne infections such as chicken pox, measles, respiratory TB, and more (see SHA Public Health Communicable Diseases Manual <https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx>)

Management and staff should be familiar with scenarios in which N95 respirators should be used. Contact the Saskatchewan Association for Safe Workplaces in Health (SASWH) for assistance in training and fit testing. In addition, staff must receive education and training on proper hand washing and PPE use. See www.germsmart.ca handwashing /sanitizing posters for proper steps.

10. Human Resource Planning

Human resource planning is key to maintaining services during an outbreak. You may experience staff shortages and may have to take extraordinary measures to continue providing care for residents.

1. Designate one primary lead contact for the staffing needs of the organization and, if available, one back up contact person.
2. Review current staffing needs and determine if increased staffing is required in the event of an outbreak.
3. Identify minimum staffing requirements to safely meet resident care needs.
4. Identify management with clinical skills who may be able to work in a clinical capacity, if required.
5. Know who to contact if you are unable to meet staffing needs and have these conversations prior to needing them in an emergency. This may include other private homes within your company, other private providers in your area, and/or the Saskatchewan Health Authority. Consider outsourcing food preparation to local restaurants or caterers.
6. Know the profile of your clients, including family physicians, and keep this information current. Ensure each of the clients in your care have an advanced care directive.
7. Know how to contact the next of kin and maintain up to date contact information.
8. Be prepared for staff cohorting measures in the event of an outbreak. Cohorting requirements may limit staff to working only within one facility in order to reduce contact and spread of disease amongst facilities.
9. Remember that non-essential services and supports, including volunteers, may be restricted during an outbreak.

11. Surge Capacity Planning

Unexpected events such as outbreaks of illness or pandemics can create a sudden or unexpected increased need for staff, supplies, or equipment in order to continue providing care to residents. Surge capacity planning allows you to prepare for these events so that you have the ability to respond and meet the needs of those in your care.

Surge capacity includes the 4S's: staff, stuff, structures and systems. Ensure a plan is in place to meet anticipated demands:

1. Staff demands may increase due to staff shortages related to illness or absenteeism in response to other societal disruptions.
2. Stuff refers to PPE, equipment and other supplies.
 - An increase in usage is anticipated during outbreaks, and it is important to ensure employees have the necessary equipment to provide safe care to residents. See Appendix B and the IPAC section of www.saswh.ca for more information on proper use of PPE.
 - Ensure sufficient supply (or access to) specialized equipment such as N95 masks and oxygen concentrators, if required.
 - Ensure staff are properly trained in how to safely support resident care during aerosol generating medical procedures (AGMPs).

- Plans include stockpiling at least one-week of supplies, including prescription and over-the-counter medication; preserved food and bottled water; batteries, radio, flashlights; PPE; cleaning/disinfectant products; alcohol-based hand rub, soaps, etc.; and any additional supplies for unique resident needs.
- 3. Structures refers to facilities. Is there an ability to separate or isolate residents? Are there structural considerations that can be anticipated and planned for? Scenarios-based planning can help to identify how the work may change in the event of an outbreak.
- 4. Systems refers to how the facility fits in with other systems. For example, how do your policies and procedures link with the policies and procedures regarding admissions or transfers to other facilities, access to physician or pharmacy services, mental health and addition services, etc.? Anticipate the increased demands that may be experienced in relation to a shift in other services that may be impacted.

Section 3: Infection Prevention and Control

All congregate living facilities should develop a formal orientation and ongoing education program for all staff, which includes education on infection prevention and control practices. Facilities should also ensure that residents, staff, and visitors (including support workers and volunteers) are educated about their personal responsibility for disease prevention (such as staying away from others if sick, and following proper hand washing protocols and respiratory etiquette).

Remind staff, residents and visitors to:

- Clean hands often with alcohol-based hand rub (ABHR) or soap and water and rub for at least 15 seconds. Note: If the outbreak is enteric, handwashing with soap and water is the preferred method of hand hygiene as ABHRs may not destroy enteric organisms such as *Norovirus* or *C. difficile*.
- Avoid touching your eyes, nose and mouth.
- Cough or sneeze into the bend of your arm.
- Avoid touching surfaces people touch often.
- Follow social distancing protocols, if required.
- Use any necessary PPE, as directed.
- If staff or visitors are sick – stay home. If residents are sick – stay in their room.

Routine Practices

Routine practices are the infection prevention and control measures that should be used for routine/daily care of all residents at all times. Routine practices include:

Hand Hygiene

Hand hygiene is the most important step in preventing the spread of illness. There are 2 ways to clean your hands:

	Soap and Water	Alcohol based hand rubs (ABHR)
When	Use if hands are visibly soiled and after providing care to a person with vomiting or diarrhea.	Use if hands are not visibly soiled.
What	Warm water and liquid soap from a dispenser (antibacterial soap is not recommended).	60-90% alcohol content. Ensure the product has a DIN or NPN and are within the expiry date.
How	Wet hands with warm water, apply liquid soap. Rub all surfaces of the hands for at least 15 seconds, then rinse off. Dry hands with disposable paper towel. (The whole process takes approximately one minute.)	Apply enough ABHR to thoroughly wet hands. Rub all surfaces of the hands for at least 15 seconds until dry. (The whole process takes approximately 30 seconds)

When to Clean Your Hands

Staff	Residents
<ul style="list-style-type: none"> » Before and after assisting each person. » Before preparing/serving or handling food. » Before feeding someone. » Before preparing medications. » Before and after using gloves. » After cleaning. » After touching animals. » After coughing, sneezing or wiping their nose. » After using the toilet. » Before touching clean supplies. 	<ul style="list-style-type: none"> » Before eating. » After toileting. » Before and after smoking. » After touching animals. » When visibly dirty. » After coughing, sneezing or wiping their nose. <p>Some residents may require staff assistance</p>

Point of Care Risk Assessment (PCRA)

A point of care risk assessment is a risk assessment you complete as part of your job. It is asking a series of questions before every interaction with residents to determine what PPE you may need to minimize the risk yourself.

Before every interaction with a resident, staff should stop and ask themselves:

- Will my hands be exposed to blood or body fluids, mucous membranes, non-intact skin (e.g., open cuts, sores or rashes) or dirty items?
 - If yes, wear gloves.
- Will my clothing or skin become soiled from splashes, sprays or contact with dirty items?
 - If yes, wear a gown.
- Will my eyes, face or mucous membranes be splashed or sprayed with blood or body fluids or will I be within 2 meters (6 feet) of a person who is coughing or who has vomiting/diarrhea?
 - If yes, wear a mask and eye protection.

Use of Personal Protective Equipment (PPE)

Staff must have access to the PPE needed to protect them from exposure to blood, body fluids, as well as to prevent them from spreading germs from one person to another.

Staff must be trained in the correct use of PPE such as when to use PPE, how to wear it correctly (donning), and how to safely remove it (doffing).

Gloves

Gloves are single use. Use only once, then dispose of them immediately after use. Wear new non-sterile gloves to:

1. Help protect your hands from contact with blood, body fluids, mucous membranes or non-intact skin (e.g., open cuts, sores or rashes) of residents.
2. Handle dirty or potentially contaminated items.
3. Protect your hands if you have non-intact skin (e.g., open cuts, sores or rashes).

Perform hand hygiene before putting gloves on AND immediately after taking gloves off. In addition, you should:

4. Change gloves between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site).
5. Not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or when cleaning spills of blood or body fluids.
6. Never wash disposable gloves or use ABHR on any gloves.

Gloves are not necessary when feeding a resident, touching somebody in a social manner, pushing a wheelchair, delivering meals, handling clean supplies, or providing care to residents with intact skin. In these instances, hand hygiene is more important than gloves.

Masks/eye protection, face shields

If you need a mask, you also need eye protection (e.g., goggles, face shields). Wear facial protection (mask and eye protection) to protect your mouth, nose and eyes during activities likely to spray or splash you with blood and/or body fluids, or when in close contact (2 meters or 6 feet) with a person who is coughing or has vomiting/diarrhea.

NOTE: There may be exceptions; for example, when continuous masking is implemented in the facility/home, in which you do not need eye protection unless indicated by a point of care risk assessment.

- Perform hand hygiene before putting on, and immediately after taking off facial protection.
- Proper wearing of a mask includes:
 - ensuring a snug fit over the nose and under the chin.
 - molding the metal bar over the nose.
 - wearing the mask with the moisture-absorbing side closest to the face.
 - changing the mask when it is wet, dirty or damaged.
- Proper removal after use includes touching only the elastic or ties and performing hand hygiene.
- Prescription glasses do not meet workplace health and safety regulations for eye protection.
- Avoid touching your mask or eye protection while you are wearing them. If you touch your mask/eye protection, clean your hands.
- Clean and disinfect re-useable eye protection after each use.
- Discard single-use masks and eye protection in waste container.

Gowns

Wear a gown to protect exposed skin and clothing during activities likely to cause:

- Splashes of fluids or contact with soiled items or surfaces.
- Contact with blood or body fluids (e.g., wound drainage) or when in close contact (2 meters or 6 feet) with a person who is coughing or has vomiting/diarrhea.

Remember to perform hand hygiene before putting on and immediately after taking off a gown.

- Fasten the tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists.
- Never use gowns as housecoats or warm-up jackets.
- Do not wear gowns outside resident rooms or bed spaces unless carrying contaminated items, or when cleaning contaminated items.
- Remove damaged or heavily soiled gowns as soon as possible.
- Do not wear the same gown to care for multiple residents.
- After removing gown:
 - place in waste container if disposable; or
 - place in linen bag to be laundered if reusable; and,
 - perform hand hygiene.

Respiratory hygiene (cough etiquette)

- Cover your nose and mouth with a tissue when coughing or sneezing.
- Tissues are single use. Use only once, then dispose of them immediately and perform hand hygiene.
- If tissues are not readily available, cough or sneeze into your upper arm or elbow.

Environmental Controls

Resident care items, and equipment

- Bring minimal supplies into resident rooms, tub rooms, and treatment rooms. Use disposable equipment when possible.
- Discard items labeled as single use after use on one resident.
- Dedicate re-useable equipment for a single resident use only.
- If reusable equipment cannot be dedicated for a single resident use, clean and disinfect it between patients.
 - Refer to manufacturer's instructions for equipment-specific cleaning information.
 - Do not share personal items (e.g., shampoo, soaps, lotions, razors, nail clippers) between residents.
- Use non-sterile gloves when handling soiled items, equipment, linens (additional PPE, based on PCRA, may also include a gown and facial protection if risk of splash/spray or contact with skin or uniform is likely).
- After residents are discharged, transferred or have recovered from an infectious illness, clean/disinfect reusable equipment, discard single-use supplies that remain in resident's room, and launder unused linens. Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. You may wish to use disposable dishes and utensils, especially for gastrointestinal outbreaks such as *Norovirus*.
- Encourage the use of recreational equipment (e.g., toys, shared electronic games) that are nonporous, easily cleanable and able to withstand rigorous cleaning. Ensure these items are scheduled for regular cleaning, with assigned responsibility for the task.

Laundry

- Linen and laundry should be considered contaminated after use.
- PPE should be worn if staff will be exposed to blood or body fluids or if their skin or uniform/clothing could come in contact with contaminated items. Choice of PPE depends on the level of soiling.
- Handle soiled or used linens with minimal agitation or shaking and place directly in linen bag at point of care, without sorting.
- Remove feces with a gloved hand and dispose into toilet.
- Contain wet laundry by wrapping in a dry sheet or towel to prevent dripping or leaking.
- Wash with regular laundry soap and hot water (60-90°C). Dry well using the highest heat the fabric will allow.
- If using linen bags to transport soiled laundry, launder bag after use. If using baskets or totes, clean and disinfect before placing clean laundry into the basket/tote.
- Remove PPE and clean hands after handling soiled laundry.

Waste and Sharps Handling

- Wear gloves to remove waste from resident rooms, common care rooms (e.g., resident tub rooms).
- Garbage should be contained in a plastic bag and secured when ready for removal.
- Hold the garbage bag away from the body to prevent contamination of clothing. Take the garbage directly out to the garbage collection area.
- Remember: **New Needle, New Syringe, Every Time!**
- Dispose of sharps immediately after use in puncture-proof biohazard container.
- Do not overfill waste or sharps container.

Environmental cleaning

- Cleaning and disinfecting are done on a regular and consistent basis.
- Cleaning is the physical removal of soil and debris through the action of wiping with a wet cloth/mop and detergent. Surfaces must be cleaned of visible soil before they can be disinfected as dust, dirt, blood and body fluids interferes with the effectiveness of the disinfectant.
- Disinfection is the inactivation of disease producing germs through the wetting of a surface with a disinfectant solution. Always follow the manufacturer's instructions for use.
- Factors that impact how often to clean and disinfect surfaces are:
 - » Frequency of touch (e.g., items touched often or by many people should be cleaned/disinfected more often).
 - » Likelihood of contamination (e.g., bathrooms are more contaminated than the living room).
 - » If illness or an outbreak is occurring (e.g., germs that spread illness can survive in our environment but cleaning/disinfecting surfaces can remove them).
- Choose cleaning and disinfecting products that have a Drug Identification Number (DIN) from Health Canada.
 - » Outbreaks of gastrointestinal (GI) illness: the viruses that cause GI illness are 'tough' and are resistant to many disinfectants. Effective disinfecting products will state on their label that it is effective against norovirus, Norwalk-like virus, feline calicivirus or murine norovirus. Household bleach is effective if the surface is first cleaned and then a fresh bleach solution of 1000 parts-per-million (5 tablespoons of 5.25% bleach in 4 litres of water) is applied.
- During the cleaning and disinfection process:
 - » Follow manufacturer's instructions for disinfection contact time.
 - » Only use a clean cloth to enter the cleaning or disinfectant solution. **Do not dip a used cloth into the cleaning or disinfectant solution (double dipping).**
 - » Proceed from:
 - o clean areas to dirty areas. Toilet rooms should be cleaned last.
 - o low frequency touch to high frequency touch surfaces.
 - o higher surfaces to lower surfaces.

- Change cloths/mop heads when:
 - » visibly soiled
 - » no longer wet enough to moisten surfaces
 - » moving from a dirty area to a clean area

Preventing the spread of illness

All congregate living facilities should watch for any signs or symptoms of illness. Symptoms of illness among even one staff, visitor or resident can quickly lead to illness in many others if quick action is not taken to stop the spread.

- Staff and visitors should stay home while they are sick.
- Sick residents should rest and remain in their room away from other people until they are well.

Signs and Symptoms of illness	
Influenza-like Illness	<p>Sudden onset of fever and cough with one or more of the following:</p> <ul style="list-style-type: none"> » sore throat » joint pain » muscle aches » severe exhaustion
Gastrointestinal illness (“stomach bug”)	<p>2 or more episodes of nausea with diarrhea and/or vomiting in 24hrs</p>
COVID-19	<p>Fever or any new or worsening respiratory symptoms:</p> <ul style="list-style-type: none"> » cough » shortness of breath » runny nose or sneezing » nasal congestion » hoarse voice » sore throat » difficulty swallowing <p>Or any new onset of atypical symptoms, including but not limited to:</p> <ul style="list-style-type: none"> » conjunctivitis » chills » muscle aches » nausea » vomiting » loss of appetite » diarrhea » malaise » fatigue » dizziness » loss of taste or smell » headache » shortness of breath » difficulty breathing

Any resident who has symptoms of illness should be asked to rest and remain in their room, away from other people until they are well. Staff who go in to care for the resident, or clean the room, will need to protect themselves by wearing PPE:

- long sleeve gown.
- mask.
- eye/face protection.
- gloves.

Contact the resident’s health care provider and family to let them know about the illness. If necessary, testing may be arranged to help identify the cause of the illness.

If any of your residents has fallen ill due to a communicable disease, monitor the situation closely and watch for any other people becoming ill.

Section 4: Managing an Outbreak

An outbreak can occur when more than the expected number of people become sick with the same symptoms. This can happen if an illness begins spreading among the people living in a common space.

Common types of outbreaks:

Respiratory and Influenza outbreaks (colds, COVID 19 and 'flu')

Gastrointestinal illness ('stomach bug', Norovirus)

It is important to recognize when illness is spreading and take steps to stop it. Outbreaks can be common in congregate living environments, given the close proximity of residents, some of whom experience increased frailty and/or have underlying chronic conditions. An emphasis on health promotion and outbreak prevention is key, and staff education and communication are essential to the success of infection control measures and outbreak management.

As soon as you suspect an outbreak may be occurring, you should:

- Activate your Outbreak Management Team and implement your outbreak plan.
- Contact Public Health to discuss the situation. They will advise if testing is required, or if any further guidance or direction is given.
- Document the types of symptoms that the residents are exhibiting and consider limiting visitors to the facility in order to prevent further spread (see Appendix G for a sample outbreak tracker and visitor log).
- Communicate with all staff and share updates frequently.
- Start enhanced cleaning and disinfecting protocols to prevent further spread.
- Put signage in place to inform residents, staff, families and visitors.
- Review outbreak protocols with staff, including contact numbers for public health.
- Check to ensure PPE and other materials are in place and available.
- Stay informed on any outbreak/pandemic information by consulting www.saskatchewan.ca

Always follow any advice, guidance, recommendations, directives or other direction of the local public health unit, Saskatchewan Health Authority, and the Ministry of Health.

Refer to Appendix F for additional social isolation and environmental cleaning measures.

Declaring an Outbreak is Over

A Medical Health Officer declares an outbreak and declares when an outbreak is over. Ensure you communicate with residents, staff, families, and visitors that an outbreak is over and restrictions at the facility have been relaxed. You should continue to monitor for a secondary wave.

After an Outbreak

Make note of any issues you encountered during the outbreak, such as:

- What worked well? What could have been improved?

- Were there any PPE issues?

- Did you run out of supplies?

- Were there any signage issues?

- Was communication adequate to staff? Visitors? Residents? Management?

- Any concerns with reporting to the authorities (Saskatchewan Health Authority or the Ministry of Health)?

- Were there any issues regarding visitors?

Section 5: Mental Health

During times of stress, it is critical to observe our own and other's mental health. Please refer to Mental Health resources available from www.saskatchewan.ca, or call 811 for 24/7 mental health support.

Pay attention to a resident's needs and feelings, as well as your own. Engage in healthy activities that the residents enjoy and find relaxing. Ensure residents maintain regular sleep routines and eat healthy food. Help them keep things in perspective.

Share simple facts about what is going on and give clear information about how to reduce risk of infection in words your residents can understand. Be thoughtful about how you talk about an outbreak or pandemic and try not to worsen any existing stress. Consider what you are watching on television or listening to, which others in the home may hear. Consider how they may react and make any necessary adjustments.

Help your residents to stay connected with their support networks using technology, phone calls and other means. Consider doing more of the activities someone really enjoys or find new ones that can help your residents take their mind off things. Get creative - healthy distractions can be very effective in reducing stress and promoting wellness. Try strategies such as practicing "an attitude of gratitude" and talk about things you are all grateful for on a daily basis. Try some simple mindfulness practices such as breathing techniques or engage in activities such as yoga stretches, which residents may find relaxing.

It is helpful to practice calming strategies (such as deep breathing activities) on a regular basis when individuals are calm and engaged so that they are familiar and are easy to do during times of increased stress or upset.

Appendix A



Preparedness Checklist for Outbreaks and Pandemics

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
1. Organizational Structure for Planning and Decision Making / Outbreak Response Team (ORT)					
A planning team or an individual has been appointed specifically to address outbreak/pandemic preparedness.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
There is a chain of command for implementing the outbreak/pandemic plan.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Staff are aware of their roles/responsibilities during an outbreak.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
2. Development of a Written Outbreak Plan					
An outbreak plan is developed and staff are aware of the policies and procedures.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
An exposure control plan is in place for protecting residents, staff, and visitors from respiratory or other infections.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Services that will be maintained during an outbreak/pandemic have been identified. Services that could be reduced or curtailed have been identified.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Responsibility has been assigned for monitoring provincial and national public health advisories.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
A system has been created to regularly monitor the health of residents.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
The agency/home has developed criteria to determine where and how residents will be cared for in the event of an outbreak.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
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).		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Key public health points of contact for outbreak/pandemic have been identified (i.e., Medical Health Officer, MoH)		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
The agency/home has a person for external communication. 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.)		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Up-to-date contact lists for staff and residents' families/next of kin or caregivers are being maintained.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
A process for communicating updates and information regarding residents and agency activities is established.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
There is a communication process in place with physicians for urgent and ongoing care.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Signs are posted at all entrances indicating the situation, advising visitors of the potential risk of introducing illness to the facility, and any visiting restrictions (visitation should be discouraged in an outbreak, with exception to certain situations e.g., palliative residents, mental health situations).		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Communication systems are being used as appropriate (e.g., website) to maintain communication with family members and visitors, external partners, and contracted providers.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
4. An education and training program has been deployed					
To ensure that all personnel, external partners, and contracted providers understand the implications of, and the control measures for outbreak management.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
A person has been designated as champion to coordinate education and training sessions in the agency/home including use of PPE and fit testing for N95 respirators, and to do audits as appropriate.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
All staff are receiving education, including employees that do not routinely care for residents but may need to do so during an outbreak/pandemic.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
Education is being provided for volunteers, residents, resident council, and families.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Education and training material is consistent with provincial and national content (i.e., SASWH, SHA/MoH, Public Health Agency of Canada)		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Information has been identified or developed to guide family members on infection control and care of residents during an outbreak.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
6. A plan has been developed for the management of resident areas in the event of an outbreak/pandemic, which covers the following issues:					
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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Surfaces are clutter free for easy cleaning and disinfecting.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
Furniture is in good repair (e.g., no rips, not taped) and can be easily cleaned.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Damaged equipment is removed or repaired.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
When a N95 respirator will be used, training will be provided as appropriate and documented.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
The recommendation is to cohort residents with an infectious illness, depending on the capacity/structure of the agency/home.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
If cohorting is not possible, separate residents who are particularly vulnerable to complications from infectious illness from residents with the illness.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
Restrict residents with the infectious illness to their rooms if it does not cause the resident undue stress or agitation.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Screen all new admissions to the agency/home during a pandemic or outbreak according to Public Health recommendations.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Advise volunteers that there may be restrictions to their involvement in the agency/home during the outbreak/pandemic.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Advise visitors that there may be restrictions in their access during the outbreak/pandemic.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Supplies and resources for hand hygiene:		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> 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 		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
<ul style="list-style-type: none"> Sinks are well-stocked with soap and paper towels for hand washing. Hand hygiene training provided to staff, contractors and visitors. 		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Home provides tissues, face masks and hand rub near entrances and in common areas with no-touch waste receptacles for disposal.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

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

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
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.)		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Staff break rooms are in designated areas. (No food and drink at nursing stations.) Break rooms are regularly cleaned.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
The agency/home has a policy to address work refusal.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
There is a system in place for evaluating symptomatic personnel before they report for duty.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
Priorities for providing care, environmental services, and dietary services, have been established.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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: _____		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
9. Antiviral and Vaccination Administration /Specimen Collection					
During a pandemic/outbreak, the agency/home may be responsible for administering antivirals, if available, to residents and staff, for treatment and outbreak control.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
The agency/home is monitoring vaccination status of staff.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Staff are trained to do Point of Care rapid tests. They know the process to order more supplies and when.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> 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).		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

	Lead/Accountable Person	Date Assessed:	Date Assessed:	Date Assessed:	Date Assessed:
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		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
A primary plan and contingency plan to address supply shortages has been developed, including detailed procedures for acquisition of supplies through normal channels as well as requesting resources for replenishing supplies when normal channels have been exhausted.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable
Plans include stockpiling at least one-week of supplies including prescription and OTC medication; preserved food and bottled water; batteries, radio, flashlight, etc.; any additional supplies for unique resident needs.		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Complete <input type="checkbox"/> Not applicable

Checklist reviewed and revised by SASWH IPAC consultants

Last revision May 2022

Appendix B

DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE) Coach Checklist

- PPE and supplies have been gathered and inspected prior to starting donning process.
- PPE requirements can increase based on risk assessment.

DONE (X)	STEPS
	1. Worker has completed the following: <ul style="list-style-type: none"> • Hair tied or pulled back if needed • Any jewelry that may interfere with PPE or hand hygiene removed
	2. Perform proper hand hygiene
	3. Don gown <ul style="list-style-type: none"> • Fasten both top and waist tie
	4. Don mask or fit tested N95 Respirator <ul style="list-style-type: none"> • Perform seal check (for respirator)
	5. Don goggles or face shield
	<ul style="list-style-type: none"> • Place over the eyes (or face) • Adjust to fit
	6. Don gloves <ul style="list-style-type: none"> • Place glove cuffs over the cuffs of the gown
	7. Final PPE check <ul style="list-style-type: none"> • Worker performs basic movements for tasks to ensure PPE stays in place

DOFFING PPE Coach Checklist

- PPE Coach supervises proper PPE removal of PPE, ensuring adherence to protocols.
- Coach watches closely and provides coaching for each step, reinforcing always keeping hands away from face and clothing.
- Prior to removal of PPE, coach will remind the worker to avoid reflexive actions that may put them at risk, such as touching their face, and to perform each step slowly and carefully.

DONE (X)	NEAR DOORWAY but away from clean supplies
	1. Remove gloves <ul style="list-style-type: none"> • Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out. • Hold the glove in the opposite gloved hand. • Slide an ungloved finger or thumb under the wrist of the remaining glove. • Peel the glove off and over the first glove, making a bag for both gloves. • Put the gloves in the garbage.
	2. Perform proper hand hygiene

CONTINUED ON OTHER SIDE



DOFFING PPE continued			
DONE (X)	STEPS		
	3. Remove gown gently. <ul style="list-style-type: none"> • Unfasten top tie first, then waist tie. • Slide two fingers under cuff of gown and pull hand into gown. Using the hand that is covered, grab the opposite sleeve of gown and pull away from your body and over your hand. • Turn the gown inside out and inward on to itself. • Carefully place in hamper or place in garbage if disposable. 		
	4. Perform proper hand hygiene.		
	EXIT ROOM		
	5. Perform proper hand hygiene.		
	6. Remove eye protection. <table border="0"> <tr> <td> <u>Disposable Face Shield</u> <ul style="list-style-type: none"> • Handle only by headband cloth earpieces. • Carefully pull away from face. • Put into garbage. </td><td> <u>Reusable Goggles</u> <ul style="list-style-type: none"> • Put on clean gloves. Obtain disinfectant cloth and open cloth fully. • Remove eye protection. • Using one hand, lift away eye protection from face. Keep hand steady in place. • Clean safety goggles from clean to dirty in this order: inside lens, strap/arms, cord (if applicable), one side, front lens and transfer cloth to opposite hand to clean last side. • Place eye protection on clean surface. • Allow eye protection to air dry. </td></tr> </table>	<u>Disposable Face Shield</u> <ul style="list-style-type: none"> • Handle only by headband cloth earpieces. • Carefully pull away from face. • Put into garbage. 	<u>Reusable Goggles</u> <ul style="list-style-type: none"> • Put on clean gloves. Obtain disinfectant cloth and open cloth fully. • Remove eye protection. • Using one hand, lift away eye protection from face. Keep hand steady in place. • Clean safety goggles from clean to dirty in this order: inside lens, strap/arms, cord (if applicable), one side, front lens and transfer cloth to opposite hand to clean last side. • Place eye protection on clean surface. • Allow eye protection to air dry.
<u>Disposable Face Shield</u> <ul style="list-style-type: none"> • Handle only by headband cloth earpieces. • Carefully pull away from face. • Put into garbage. 	<u>Reusable Goggles</u> <ul style="list-style-type: none"> • Put on clean gloves. Obtain disinfectant cloth and open cloth fully. • Remove eye protection. • Using one hand, lift away eye protection from face. Keep hand steady in place. • Clean safety goggles from clean to dirty in this order: inside lens, strap/arms, cord (if applicable), one side, front lens and transfer cloth to opposite hand to clean last side. • Place eye protection on clean surface. • Allow eye protection to air dry. 		
	7. Perform proper hand hygiene.		
	8. Remove mask. <table border="0"> <tr> <td> <u>Surgical Mask</u> <ul style="list-style-type: none"> • With one hand on each strap, top remove mask being careful not to allow outside of mask to touch the face. • Place mask in garbage. </td><td> <u>N95 Respirator</u> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding elastic. • Place mask in garbage. </td></tr> </table>	<u>Surgical Mask</u> <ul style="list-style-type: none"> • With one hand on each strap, top remove mask being careful not to allow outside of mask to touch the face. • Place mask in garbage. 	<u>N95 Respirator</u> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding elastic. • Place mask in garbage.
<u>Surgical Mask</u> <ul style="list-style-type: none"> • With one hand on each strap, top remove mask being careful not to allow outside of mask to touch the face. • Place mask in garbage. 	<u>N95 Respirator</u> <ul style="list-style-type: none"> • Lift the bottom elastic over your head, then the top elastic. • Lift mask away from your face while holding elastic. • Place mask in garbage. 		
	9. Perform proper hand hygiene.		

Continuous Masking

Personal Care/Group/Residential Homes

Guidelines for Continuous Masking

When following continuous masking procedures in your home, ensure that all staff and others who work in resident care areas or travel through those areas, including common spaces (lobbies, hallways, elevators, etc.), wear a medical grade mask. This is an important resident safety measure.

- Supply masks at the beginning of a shift, ideally as part of the staff daily screening process, or before an individual can walk through or work in a resident care area.
- All staff and others will continue to perform hand hygiene when they enter the building, frequently throughout their shift, and where indicated.
- The mask must be discarded and replaced when it becomes wet (e.g., through breathing) damaged, or soiled (e.g., blood or body fluids), when going on a scheduled break, and discarded at the end of a shift.
 - If it starts to get harder to breathe, this is a good indication that your mask is wet; this is when it is time to change your mask.
- Staff and others who do not work in resident care areas or travel through a resident care area should continue to practice physical distancing and proper hand hygiene. Should these staff or others anticipate working in or travelling through a resident care area during their shift, they must obtain a mask prior to entering a resident care area. The use of personal non-medical masks (e.g., cloth) is not recommended.
- Masks can be used for multiple resident interactions when continuous masking is in place.
- In the event a resident has a positive COVID-19 rapid antigen test, contact 811 for direction and monitor other residents for symptoms. If PCR testing has been done for a resident in your home and they have a positive test result for COVID-19, public health officials systematically receive the positive results and will reach out to you with assistance on how to manage the situation.

What to know about wearing masks for extended periods of time:

- Avoid touching the mask while wearing it.
- Remove the mask using the appropriate technique; do not touch the front of the mask.
- After removal or whenever a mask is inadvertently touched, clean hands using an alcohol-based hand rub or soap and water if hands are visibly dirty.
- Do not pull the mask off and put around your neck or forehead, as this will increase the risk for spreading infections.
- Make sure the mask is covering both your mouth and your nose.
- Further information related to PPE can be accessed at www.saswh.ca in the IPAC section.

Infection Prevention and Control

For Personal Care /Group/Residential Homes

Personal Protective Equipment (PPE) Carts for Isolation

Objective: to provide consistent infection prevention and control information for the selection and management of PPE carts used in isolation areas.

- the term, “resident” is inclusive of client and participant. The term “PPE cart” is inclusive of isolation carts, PPE stations, wall and door caddies and shelving units intended for PPE storage.

Selection

1.	Choose carts that have cleaning instructions from the manufacturer and: <ul style="list-style-type: none">can be cleaned and disinfected with an approved disinfectant,have smooth surfaces,have solid, non-porous drawers / shelving,are easy to clean. Note: isolation caddies made of nylon are not recommended as they cannot be easily wiped if soiled and would need to be emptied of supplies and sent for laundering.
2.	Carts should be stocked with the following: <ul style="list-style-type: none">variety of sizes of disposable glovesgownsmedical grade masks (include N95s if resident requires an AGMP e.g., CPAP)eye protection e.g., face shields, gogglesdisinfectant wipesalcohol based hand rub (if not already in place nearby)

Placement of Carts

1.	Carts should be placed just outside the isolation room door (or just inside the door if it can be located more than two m. from the resident).
2.	Determine if the corridor is an egress route – if so, the cart will need to be either stored inside the resident room or an alternate location. (Consult with the Fire Marshall if in doubt.)
3.	If the corridor is a ‘dead-end’ corridor, carts can be placed in the hallway; however, ensure egress from residents’ rooms are not hindered.
4.	One cart for residents in two separate rooms is acceptable.

Management

1.	Perform hand hygiene before accessing supplies on the cart.
2.	Ensure all supplies are protected from contamination e.g., stored in original packaging, or in a drawer, NOT on the floor, bagged in non-porous plastic).
3.	Only items needed for additional precautions should be on the cart e.g., no water bottles, lab specimens etc.
4.	DO NOT refill or top up boxes or dispensers on the cart.
5.	Clean carts according to manufacturers’ instructions, at least weekly while in use, between residents, or if visibly soiled. Designate responsibility for cleaning the cart.
6.	Store carts in an area designated for clean equipment when not in use. If it is stocked and ready for use, it should be covered with a clean sheet.

References:

Alberta Health Services. (2020). Recommendations for selection and management of isolation carts. Available from

<https://albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-selection-management-isolation-carts.pdf>

Saskatchewan Health Authority. (2021). Infection Prevention and Control Recommendations: Selection and Management of Personal Protective Equipment Carts.

Available from <https://www.saskhealthauthority.ca/system/files/2021-06/CV-19-G0128-IPAC-Recommendations-PPE-Carts.pdf>



Definitions

Patient: Refers to patients in acute care, residents in continuing care and individuals or clients receiving care in the community.

Routine Practices: The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all patients during all care to prevent and control transmission of microorganisms in all health care settings.

Introduction

Point of Care Risk Assessment (PCRA) is not a new concept, but one that is already performed regularly by healthcare workers (HCWs) many times a day for their safety and the safety of the patients and others in the healthcare environment. It is a systematic process of reviewing work activities, evaluating the possible hazards/risks and implementing suitable control measures to eliminate, reduce or minimize the possible hazards/risks. A PCRA is a part of Routine Practices (RP) that is used with all patients at all times to reduce the risk of transmission of microorganisms to and from the patient.

A Point of Care Risk Assessment must be completed before each interaction with a patient and their environment in all health care settings, including acute care, continuing care and community care throughout the Saskatchewan Health Authority (SHA). The purpose of a PCRA is to protect patients, visitors and health care workers by preventing and controlling the spread of infectious diseases throughout health care facilities and community care (Refer to [Appendix A: PCRA Algorithm](#)).

Risk Assessment

The risk assessment should include assessment of the potential risk for the following:

- exposure to blood, body fluids, secretions, excretions, tissues;
- exposure to non-intact skin;
- exposure to undiagnosed/diagnosed rashes;
- exposure to mucous membranes; and
- exposure to contaminated equipment or surfaces

Ask Yourself:

- Is my clothing contaminated from a previous patient or activity?
- Did I wash my hands?
- What task am I going to perform?
- Do I or the patient have any non-intact skin, infection or rash?
- What contact am I going to have with the patient?
- Will I have exposure to blood, body fluids, respiratory secretions, excretions, non-intact skin, mucous membranes, rashes or contaminated equipment?
- What PPE will I need?
- Will the patient be cooperative?
- Will the patient be transported to diagnostic areas of the hospital and how does that affect the risk assessment at the receiving end (i.e., is there information that needs to be sent)?
- Will the patient be transported to hospital, long term care facility or to a physician's office? How will this be completed and by whom?
- Will equipment need to be transported, cleaned, disinfected or stored?
- Are there pets in the home and can they be contained in another area while doing care?



Risk Reduction

Transmission of microorganisms can result from direct transmission from person to person (i.e., coughing, sneezing, hand contact) and indirect transmission (i.e., contaminated equipment or environmental surfaces). Choose the appropriate PPE according to the method of transmission and the risks identified.

In order to reduce the likelihood of the risk of infection, illness or injuries from occurring, the following strategies should be implemented:

- a. Patient screening
- b. Patient education about illness/infection
- c. Placement of infected individuals
- d. Perform hand hygiene according to the [SHA Hand Hygiene Policy](#)
- e. Use of appropriate personal protective equipment (PPE)
- f. Patient care equipment
 - Dedicate to one individual
 - Use single use equipment
 - If shared between patients it should be cleaned and disinfected after each patient use
- g. Handle laundry in a safe manner
- h. Use sharps container appropriately
- i. Handle waste according to [Saskatchewan Biomedical Waste Management Guidelines](#)
- j. Clean the environment
- k. Implement healthy workplace practices (i.e., bending, lifting, etc.)
- l. Implement preventative workplace practices such as staff immunization

Education

Annually, health care workers should review:

- Point of Care Risk Assessment
- Hand Hygiene, Routine Practices, Additional Precautions and Chain of Infection

Health care workers should educate patients and families/visitors regarding appropriate infection prevention and control practices including hand hygiene and proper use of personal protective equipment, when required.

**Additional Resources:**

Saskatchewan Health Authority (SHA). Work Standards for Donning and Doffing PPE. 2021 [cited 2021 July 2]. Available from: <https://www.saskhealthauthority.ca/intranet/about-sha/news/covid-19-information-health-care-providers/ppeinfection-prevention-and-1>

Saskatchewan Health Authority (SHA). Putting on (donning) personal protective equipment (PPE). 2021 [cited 2021 July 2]. Available from: https://www.saskhealthauthority.ca/system/files/2021-06/CV-19-P0011-Donning-PPE-Equipment-Poster_0.pdf

References:

Alberta Health Services. Point of care risk assessment (PCRA) [Internet]. 2018 [cited 2020 April 30]. Available from: <https://albertahealthservices.ca/assets/healthinfo/ipc/hi-ipc-acute-care-pcra.pdf>

Public Health Agency of Canada. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings [Internet]. Ottawa, ON: Government of Canada; 2013 [cited 2020 April 20]. Available from: http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf

Saskatchewan Health Authority (SHA), former Regina Qu'Appelle Health Region. Point of Care Risk Assessment. Work Standard. 2018 [cited 2020 April 20].

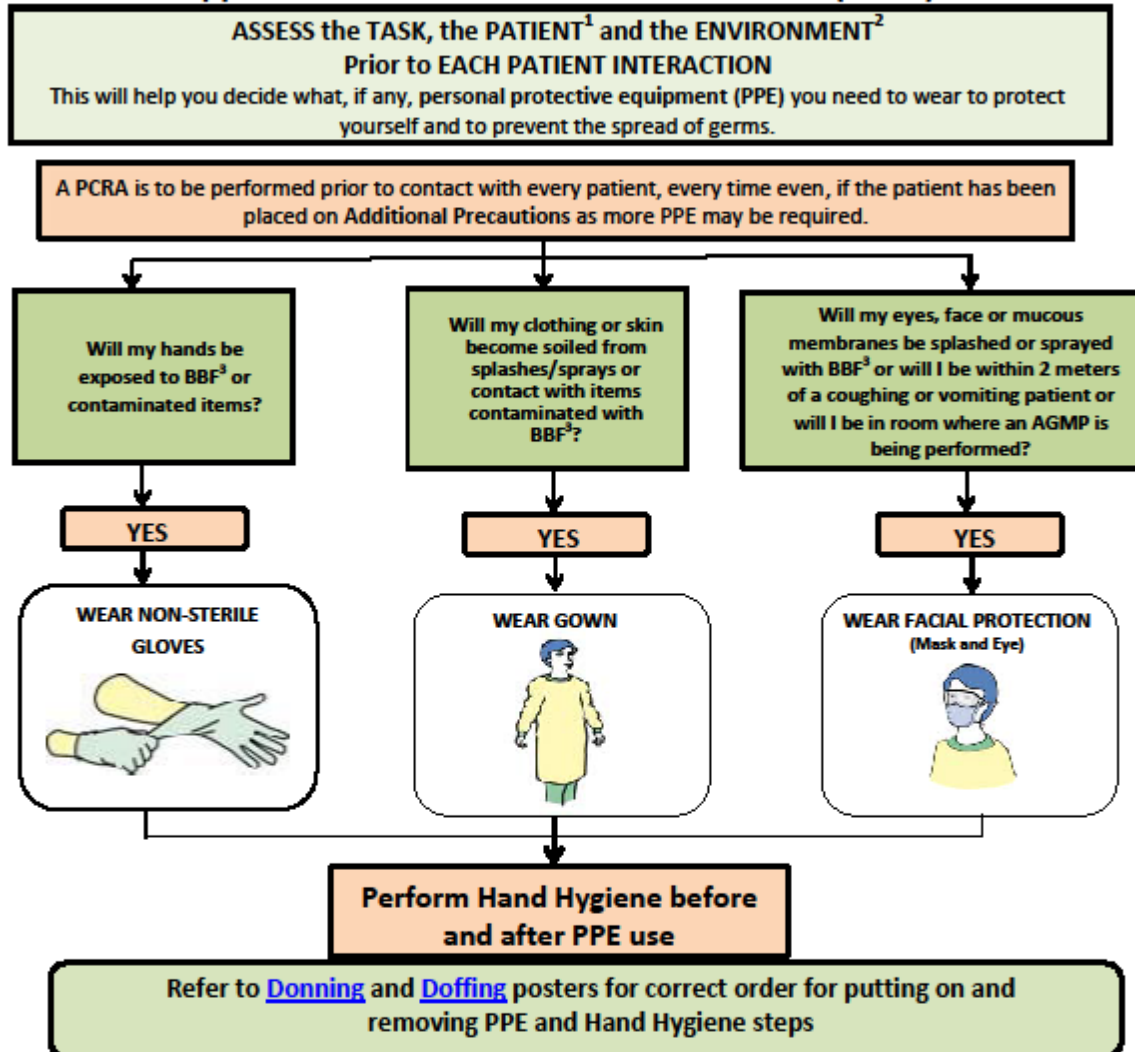
Saskatchewan Health Authority (SHA), former Saskatoon Health Region. Point of Care Risk Assessment. 2010 [2020 April 20]. Available from: <https://www.saskatoonhealthregion.ca/about/IPCPolicies/20-25.pdf>

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. [Internet]. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2020 April 20]. Available from: <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en>



Adapted from Alberta Health Services

Appendix A: Point of Care Risk Assessment (PCRA)



Notes

¹Patient = patient, resident or client

²Environment = any area within 2 meters of the patient as well as their belongings and bathroom or the immediate space around a patient that may be touched by the patient AND may also be touched by the health care provider when providing care or performing tasks

³BBF = Blood and Body Fluids (includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions)



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Developed by SHA Infection Prevention and Control

saskatchewan.ca/COVID19
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Appendix C





Have a health concern and need advice? **Call HealthLine 811.**

Speak with a healthcare professional about symptoms and care options for you and your family.

Receive mental health and addictions support.

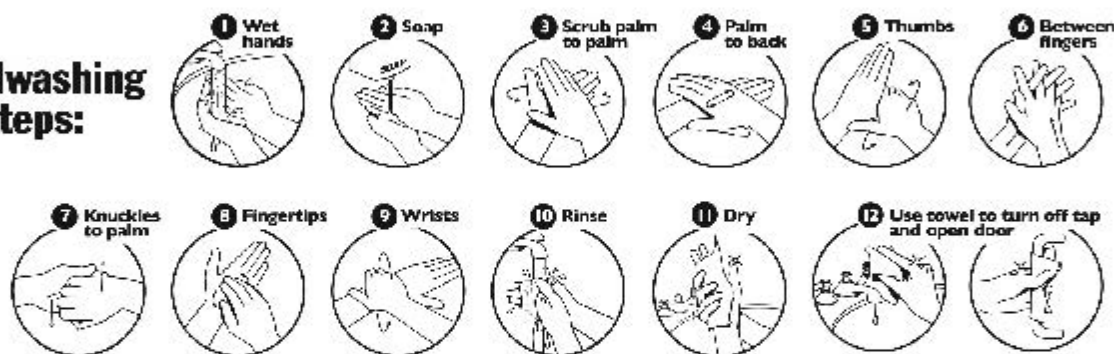
Confidential, free and open 24 hours, every day.
Translation available in over 100 languages.



GERMS MAKE YOU SICK

WASH YOUR HANDS

Handwashing Steps:



Scrub for at least 15 seconds, then rinse.

FIND MORE HANDWASHING RESOURCES AT: www.germsmart.ca

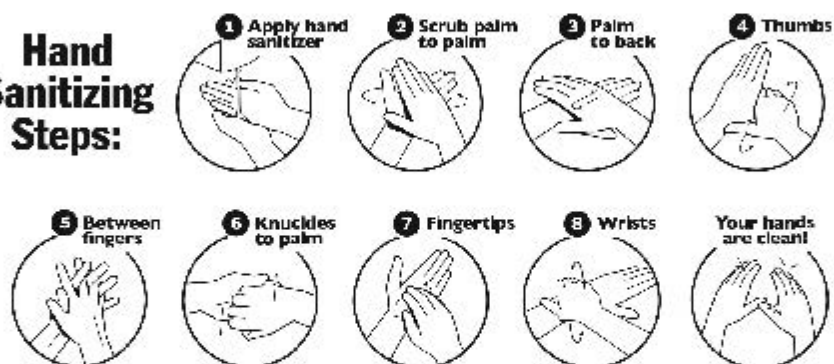


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GERMS MAKE YOU SICK SANITIZE YOUR HANDS

Hand Sanitizing Steps:



Rub hands for at least 15 seconds.

FIND MORE HANDWASHING RESOURCES AT: www.germsmart.ca



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Wandering resident on precautions?

Think of **Mr Clean!**

M – Mask if tolerated

R – Redirect back to room, occupy time

C – Clean hands often

L – Lead others away (keep away from the well)

E – Environmental cleaning

A – Alert all staff - everyone can help

N – No go – use visual barriers to encourage them to 'stay in/stay out'



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saskhealthauthority.ca

8750-10-4444-47

DROPLET/CONTACT PLUS*

PRECAUTIONS



VISITORS: Please report
to nursing staff before
entering



Everyone MUST clean their hands before entering and when leaving room

Staff wear:

- Gowns & gloves
- Face mask with eye or facial protection (face shield or goggles) when within 2 metres of patient
- Single room recommended



For Aerosol Generating Medical Procedures (AGMPs)

- N95 respirator + eye or facial protection (face shield) are required along with gowns and gloves
- Place patient in a room with hard walls and door; ensure the door is closed
- If available, place patient in negative pressure room or Airborne Infection Isolation room (AIIR)






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MAY 7, 2020: For more information contact infectioncontrol@saskhealthauthority.ca



Droplet and Contact Precautions



Personal Care, Group & Residential Homes

In addition to Routine Practices

	<h3>Accommodation</h3> <ul style="list-style-type: none"> • Single room and bathroom recommended whenever possible. • Droplet and Contact Precautions sign visible on entry to room or bed space. • Room door may remain open. • Close door if an aerosol generating medical procedure is in progress. • If room-sharing: <ul style="list-style-type: none"> ○ ensure separation of at least 2 metres between residents ○ dedicate a bathroom or commode for each resident ○ pull privacy curtains between residents
	<h3>Hand Hygiene</h3> <ul style="list-style-type: none"> • Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices. • Use plain soap and water when: <ul style="list-style-type: none"> ○ hands are visibly soiled ○ caring for residents with diarrhea and/or vomiting • Perform hand hygiene: <ul style="list-style-type: none"> ○ before accessing and putting on a gown, gloves, masks, and eye protection ○ after taking off gloves, after taking off gown, and again after removing facial protection • Show residents and visitors how and discuss when to use hand hygiene products.
	<h3>Personal Protective Equipment: Gowns</h3> <ul style="list-style-type: none"> • Wear a new gown to enter resident room or bed space when: <ul style="list-style-type: none"> ○ providing direct care (e.g., <i>providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of wounds or toileting</i>) ○ having any contact with items in resident room ○ cleaning any areas in the resident room • Put on gown before putting on gloves; gloves should cover the gown cuffs. • Do not wear a gown outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area. • Remove damaged or heavily soiled gowns as soon as possible. • Take off gloves and perform hand hygiene before taking off gown. • Do not reuse gowns. • After removing gown: <ul style="list-style-type: none"> ○ place in waste container if disposable ○ place in linen bag if reusable ○ perform hand hygiene

 	<h3>Personal Protective Equipment: Facial (mask and eye) Protection</h3> <ul style="list-style-type: none"> • All staff and visitors must wear facial protection within two metres of the resident. If you need a mask, you also need eye protection (e.g., goggles, face shields). • Perform hand hygiene before accessing and putting on and immediately after taking off facial protection. • Proper wearing of a mask includes: <ul style="list-style-type: none"> ○ ensuring a snug fit over the nose and under the chin ○ molding the metal bar over the nose ○ wearing the mask with the moisture-absorbing side closest to the face ○ removing mask when leaving resident room or bed space unless continuous masking is required (e.g., COVID-19) ○ changing mask when it becomes moist ○ correct removal after use, touching only the elastic or ties • Prescription glasses do not meet workplace health and safety regulations for eye protection. • Clean and disinfect re-useable eye protection after each use. Refer to manufacturer's guidelines and SDS for proper disinfection and dry time. • Discard single-use facial protection in waste container.
	<h3>N95 Respirators and Eye Protection</h3> <ul style="list-style-type: none"> • All staff entering the room of a resident with confirmed or suspected COVID-19, while <u>aerosol generating medical procedures</u> are being performed, must wear an N95 respirator. <ul style="list-style-type: none"> ○ Staff must be properly fit-tested for N95 respirators in compliance with CSA Standard Z94.4-18. ○ A seal-check must be done each time an N95 respirator is worn to ensure there is an adequate seal between the mask and the usersface. • Perform hand hygiene before putting on and immediately after taking off N95 respirator. • Proper wearing of an N95 respirator includes: <ul style="list-style-type: none"> ○ putting it on before entering the resident's room ○ molding the metal bar over the nose ○ ensuring an airtight seal on the face, over top of the nose and under the chin ○ leaving the room and changing the respirator when it becomes moist ○ removing the respirator after leaving the resident's room ○ touching only the elastics when removing
	<h3>Personal Protective Equipment: Gloves</h3> <ul style="list-style-type: none"> • Wear new non-sterile gloves to enter resident room or bed space when: <ul style="list-style-type: none"> ○ providing direct care (e.g., <i>bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of wounds or toileting</i>) ○ having any contact with items in resident room (<i>including gathering and handling specimens</i>) ○ cleaning any areas in the resident room

	<ul style="list-style-type: none"> • Gloves are single use. Use only once, then dispose of them immediately after use. • Put on gown first and then gloves after; gloves should cover gown cuffs. • Change gloves and perform hand hygiene between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site). • Do not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area. • Never wash disposable gloves or use ABHR on any gloves. • Take off gloves and perform hand hygiene before taking off gown and facial protection. • Discard used gloves in a waste container. <p>(Refer to the SASWH Donning and Doffing PPE posters for details on correct removal and disposal of gloves).</p>
	<h3>Handling Resident Care Items and Equipment</h3> <ul style="list-style-type: none"> • Use disposable care equipment when possible. • Dedicate re-useable equipment to a single resident until Droplet and Contact Precautions are discontinued (e.g., thermometers, blood pressure equipment). • If reusable equipment cannot be dedicated to a single resident for use, clean and disinfect it between residents. <ul style="list-style-type: none"> ◦ Refer to manufacturer's instructions for equipment specific cleaning information • Rooms should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking. • Do not share items (e.g., puzzles, books, electronics) that cannot be cleaned and disinfected. • When Droplet and Contact Precautions are discontinued; discard single-use care equipment, reprocess reusable care items, change bed linens and cubicle curtains. Launder soiled resident clothing and any unused linens in the resident room. • Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required.
	<h3>Ambulation Outside Room, Bed Space or Transfer</h3> <ul style="list-style-type: none"> • Residents should not leave their room or bed space. Exceptions require consultation with IPC or designate. • If residents must leave their room, instruct them on or assist them with: <ul style="list-style-type: none"> ◦ performing hand hygiene ◦ putting on clean clothing or clean housecoat ◦ ensuring dressings and incontinence products are able to contain any drainage ◦ putting on a medical procedure mask • Notify the receiving area of the need for Droplet and Contact Precautions before departure. • Transport Staff should assess the risk of spreading infection and choose clean personal protective equipment (PPE) if necessary, to handle the resident during transport and at the transport destination, using Point of Care Risk Assessment (PCRA). If worn, transporting staff must remove PPE and perform hand hygiene at destination. • Charts transported with the resident must be kept clean.

	<h2>Environmental Cleaning</h2> <ul style="list-style-type: none"> • All high touch surfaces in resident rooms, including bathrooms and commodes, must be cleaned at least daily. • Use Health Canada approved products and procedures. (Properly diluted bleach is an acceptable disinfectant <u>as long as</u> the surface is cleaned first.) • When Droplet and Contact Precautions are discontinued: <ul style="list-style-type: none"> ○ clean room as per existing facility cleaning practices ○ clean touch surfaces of resident's ambulation aides ○ change privacy curtains • Refer to your homes cleaning schedules and practices. • Notify cleaning staff when precautions are discontinued to request a terminal/discharge cleaning of room.
	<h2>Visitors</h2> <ul style="list-style-type: none"> • Encourage visitors to perform hand hygiene. • Instruct family or visitors how to put on and take off gown and gloves, if they are assisting with care (e.g., feeding, turning). • Show family or visitors how to put on and take off facial protection.

NOTE: In pandemic times processes may change. Always follow Public Health and Ministry of Health mandates and recommendations for the safety of yourself and others.

For more information on Additional Precautions go to SASWH IPAC Education Course
<https://rise.articulate.com/share/-vFME217gojfGhTUHBD2QnPaKS3LwJaq>

Line List Form Guidelines

Purpose: A line list form is a communication tool that has many benefits for managing an outbreak. (Any illness including COVID-19, influenza, the common cold, etc., can be an outbreak and can be documented on this line list.)	
	ADVANTAGES:
	It can help determine if there actually is an outbreak. For example, if two or more residents are experiencing identical symptoms and had common contacts, it is likely an outbreak.
	It aids with communications to the staff at shift change e.g., which residents are ill/on isolation/need monitoring.
	It facilitates communications with Public Health/physicians/Medical Health Officer if they are involved.
	It assists with determining when someone can come off isolation/when the home can come off outbreak.
	It provides a guide for the Outbreak Control Team to manage the outbreak.
	The SHA Long Term Care Outbreak Guide can be found at CV-19 G0110 Outbreak Guidance - LTC (saskhealthauthority.ca) On Page 23 is a line list for respiratory illness.
	PROCEDURE:
1	<p>When one or more residents are showing signs of respiratory type infection, the staff person in charge will complete the following on the form:</p> <ul style="list-style-type: none"> - Date the list is being populated. - If available, include the outbreak number (this is assigned by Public Health). - Name of the resident, room number (if Public Health is receiving a copy of the line list, ensure the resident's health services number is on the form). - Symptoms that the resident is showing e.g., cough, fever, etc. - Add details such as testing and vaccinations as they become known. - Use one form/page per ill resident.
2	TIP - Number the pages if there are several sick residents (page 1 is the first resident identified as being ill, page 2 is the next ill resident and so on if there are more).
3	<p>Do a daily update:</p> <ul style="list-style-type: none"> - Add line list page and information on any new sick residents. - Update symptoms, test results, etc. for those who are currently ill.
4	Keep all sheets together and remember this is confidential health information.
	If Public Health is involved, email or fax a copy – they may want daily updates.
5	Ensure information is being documented on the resident's chart as well.

Note: at the end of the outbreak, the employer should file the line lists according to HIPA regulations and agency policy.

Facility/Home/Unit:
Staff Contact Name:

Date Declared:
Phone Number:

Outbreak #:

Case ID	Daily Update (past 24 hours)													Complications		Specimens			Vaccination Status			Additional Precautions		
Resident name: HSN #:	Baseline temp.	Date	Day of illness (day 0 is onset of symptoms)	Fever	Cough: dry (D) Wet (W)	Runny nose ☹; nasal congestion (C)	Sore throat (S) Hoarseness	Headache	Muscle pain	Chest	Malaise (M) Chills ☹	Other	Hospitalization (d/m/y)	Death (d/m/y)	NP Swab – date taken	Results/VOC	Other	1 st Dose	2 nd Dose (d/m/y)	Booster (d/m/y)	Start date	Removal date		
			Day 0																					
			Day 1																					
			Day 2																					
			Day 3																					
			Day 4																					
			Day 5																					
			Day 6																					
			Day 7																					
			Day 8																					
			Day 9																					
			Day 10																					
			Day 11																					
			Day 12																					
			Day 13																					
			Day 14																					
		Day 15																						
Comments/Diagnosis/Pertinent Respiratory History:															<input type="checkbox"/> Wanderer/non-compliant with precautions									

Appendix D



COVID-19 Safety Rapid Update

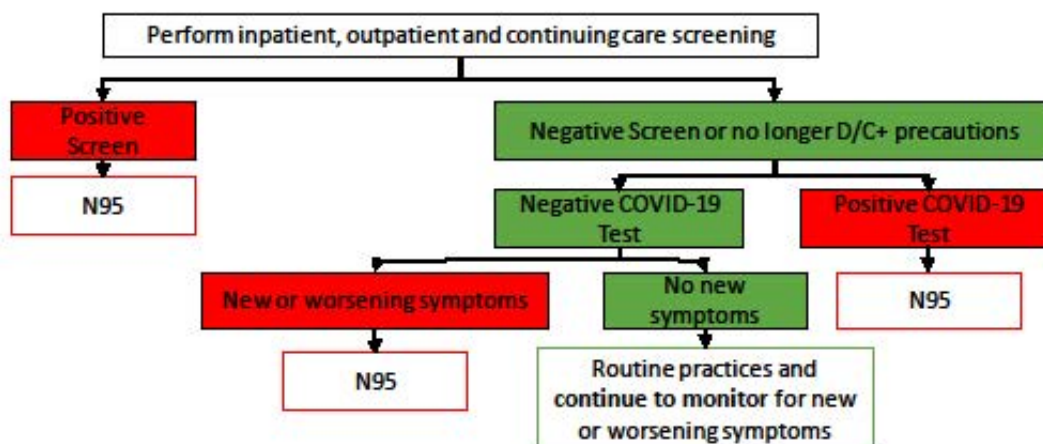


Aerosol Generating Medical Procedures

When to wear an N95 respirator?

An N95 respirator is **NOT** required during an AGMP if you are able to check all three of the boxes below:

- ☐ Patient/Resident has screened **negative** with the [inpatient, outpatient and continuing care screening tool](#) or is no longer on Droplet/Contact Plus (D/C+) precautions based on the [patient placement and precautions guideline](#)
- ☐ Patient/Resident has been tested for COVID-19 and has a **negative test result**
- ☐ Patient/Resident has **no new or worsening symptoms** as determined through daily symptom monitoring



Please Note: An N95 must be worn for ALL AGMPs in Emergency/Pre-Hospital Emergency Medical Services (EMS), OR settings and Code Blue Management.

- **THINK TO TEST = THINK TO ISOLATE:** If you have inpatients/residents who have new or worsening symptoms and you think they should be tested, immediately isolate that patient and wear an N95 respirator during an AGMP.
- If test results have not been received or patient/resident has refused a test, place on Droplet/Contact Plus precautions and wear an N95 respirator during AGMP.



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Last updated February 10, 2020



Aerosol Generating Medical Procedures (AGMP) List

Decision making about appropriate PPE selection requires use of the SHA AGMP Risk Stratification Algorithm (attached). An N95 respirator is required when AGMP procedures are performed on CoVID-19 positive or high risk patients. [Routine Practices](#) should be followed for AGMP procedures performed on low risk or COVID-19 negative patients.

AGMP	Unclear AGMP Potential	Not AGMP
<ul style="list-style-type: none"> ✓ Intubation ✓ Extubation ✓ Code Blue ✓ Non-invasive ventilation (e.g., CPAP, BiPAP) ✓ Manual ventilation ✓ High-flow oxygen (i.e., AIRVO, Optiflow) ✓ Open suctioning (e.g. "deep" insertion for naso-pharyngeal or tracheal suctioning, not inclusive of oral suction) (suggest avoid where possible) ✓ Bronchoscopy ✓ Induced sputum (e.g. inhalation of nebulized saline solution to liquefy and produce airway secretions, <u>not</u> natural coughing to bring up sputum) ✓ Chest tube insertion for trauma (where air leak likely) or tension pneumothorax ✓ Autopsy ✓ Nasopharyngoscopy ✓ Oral, pharyngeal, transphenoidal and airway surgeries (including thoracic surgery and tracheostomy insertion) ✓ Breath stacking ✓ Cough assist device ✓ High Frequency Ventilation 	<p><i>The following situations require risk stratification of the patient (refer to SHA Risk Stratification Algorithm*). In intermediate or high risk of COVID-19, treat as AGMP.</i></p> <ul style="list-style-type: none"> • Ventilator circuit disconnect (assuming filter in place) • Gastroscopy • ERCP • Transesophageal Echocardiogram (TEE) • Nebulization 	<ul style="list-style-type: none"> X Collection of nasopharyngeal or throat swab X Chest tube removal or insertion (unless in setting or emergent insertion for ruptured lung/pneumothorax) X Coughing X Oral suctioning X Oral hygiene X Colonoscopy X Laparoscopy (GI/pelvic) X Cardiac stress tests X Caesarian section or vaginal delivery of baby done with epidural X Any procedure done with regional anesthesia X Nasogastric/nasojenunal tube/gastrostomy/gastrojejunostomy/jejunostomy tube insertion X Bronchial artery embolization X Chest physiotherapy (outside of breath stacking, cough assist or deep suctioning) X Supplemental O2 up to 15L/min – can include nonrebreather and venturi mask delivery X Compression only CPR X AED use

* SHA AGMP Risk Stratification Algorithm can be found on page 2.

Appendix E



Health Care Workforce Screening Questionnaire: GENERAL

The information collected by this questionnaire will be used and disclosed solely for the purposes of screening for fitness for work during the COVID-19 pandemic in accordance with the SHA's obligations to provide a safe work and clinical environment for all.

We require you to answer the questions below to assist the SHA in determining your fitness to work during COVID-19. You can also access a digital version of this tool at saskatchewan.ca/covid-19 (click on the self-assessment tool).

Ensure at all times you are following protocols for hand hygiene and also remember to clean your keys, phone, computers, and other personal items.

We are not screening for seasonal or environmental allergies; related symptoms to these scenarios would not preclude you from work. The following questions are meant to capture new symptoms, or a worsening of long-standing symptoms.

1. In the last 48 hours have you had any of the following symptoms:	YES	NO
Fever (temperature ≥ 38.0 Celsius)?	<input type="checkbox"/>	<input type="checkbox"/>
New or worsening respiratory symptoms NOT RELATED to seasonal or environmental allergies i.e. cough, shortness of breath or difficulty breathing, sore throat, runny nose?	<input type="checkbox"/>	<input type="checkbox"/>
New onset atypical symptoms including: chills, aches and pains, headache, loss of sense of smell or taste, diarrhea, nausea/vomiting, loss of appetite, fatigue or weakness?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you tested positive for COVID-19? *	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 14 days, have you:		
Been outside of Canada, including to the United States? **	<input type="checkbox"/>	<input type="checkbox"/>
Been identified by Public Health as a close-contact or had close-contact with a confirmed or probable case of COVID-19? *	<input type="checkbox"/>	<input type="checkbox"/>
YES to ANY of 1, 2, or 3 You will NOT be permitted to work at this time Contact your manager/supervisor If staff or a physician, contact the OHS Hotline at 1-833-233-4403, otherwise contact HealthLine 811 Self-isolate until you receive further direction		
4. In the last 14 days, have you:	YES	NO
Had NON-close contact with a confirmed or probable case of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
YES to ANY of 4 <u>You may still work</u> , do hand hygiene, don a mask, and proceed to temperature check You must also self-monitor		
NO to ALL questions: please proceed to temperature check		

* If you have received clearance to return to work from OHS/EH/PH following a positive test or exposure, you can answer NO

** If you have an approved travel exemption, you can answer NO, but you will be required to show proof and should self-monitor

* If you were wearing appropriate PPE while in contact with a confirmed/probable case of COVID-19 you have had NON-close contact

Consult the Term Definitions Handout for definitions of: close contact, non-close contact, confirmed case, probable case

NB: the clinical characteristics of COVID-19 are still being understood & these screening questions may change as new evidence emerges.

Visitor Screening Tool

Facility: _____ Facility Number: _____

Date: _____ Time: _____

Visitor Name: _____

Resident being visited: _____

The screener will ask the visitor the questions below and record responses. If the visitor answers YES to any of the questions, the visit is denied.

Screening Questions:

Health Status	Yes	No
1. Sudden onset of NEW cough or change to existing cough?		
2. a) Do you have a fever of 38 degrees Celsius or greater? NOTE: Homes with an infrared (IR) thermometer that does not contact skin or mucous membrane, or a disposable thermometer, should validate this information by taking the individual's temperature.		
b) Are you taking any medications that may affect temperature (e.g., Tylenol)?		
3. Do you have a sore throat?		
4. Shortness of breath or difficulty breathing, or a deterioration in respiratory condition? Any unusual diarrhea or vomiting?		
Contacts		
5. Have you travelled anywhere there is a known outbreak or been in contact with someone with an infectious illness?		
6. Do you live with or have had close or prolonged contact (within 2 meters/ 6 feet) with someone who is confirmed or suspected of probable/ COVID-19 in the past 14 days? Symptoms may include ill with fever/ cough, influenza-like symptoms or gastric symptoms.		

☐ Visit granted _____ ☐ Visit denied _____

Visitor Signature: _____

Screener Initials: _____

Appendix F



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 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.

Guidance for Food Services in Outbreaks

Personal Care/Group/Residential Homes

For Dining Room (always follow Public Health's recommendations)	
Entrance and Screening	<ul style="list-style-type: none"> Encourage proper hand hygiene prior to entering the dining room. <ul style="list-style-type: none"> Alcohol-based hand sanitizer should be available prior to entering the dining room, or if necessary, dispensed by staff to incoming residents (depending on expected compliance of residents). Promote good respiratory hygiene (cover all coughs and sneezes). Screen residents for illness prior to entering the dining room. Any ill residents must stay in their rooms and receive tray service (unless it is known that the illness is not infectious in nature). <p>All known COVID-19 positive residents should receive tray service to their room whether symptomatic or not.</p>
Social Distancing	<ul style="list-style-type: none"> Encourage physical distancing of 2 metres: <ul style="list-style-type: none"> Diners sharing a room may share a table. Do not overcrowd dining room: <ul style="list-style-type: none"> Consider having two sittings. If dividers are used, they should be cleaned and disinfected after each meal sitting. Ensure dividers are not interfering with airflow or posing a hazard to residents and staff. Implement measures to ensure residents: <ul style="list-style-type: none"> Go directly to their table and do not congregate in the entrance area, and Return to their rooms in a timely manner; no loitering. Consider allowing healthy residents to have a “buddy” for mealtimes in dining room where applicable. This pair/group would be set for the duration of the outbreak and should not be changed. It allows people to have a dining partner and some socialization.
Food Service	<ul style="list-style-type: none"> Remove all communal food (fruit bowl, snacks, coffee, etc.) from self-serve. Have staff serve instead. Remove commonly touched items from tables (e.g., salt and pepper, napkins, vases, etc.). <ul style="list-style-type: none"> Single-service packets of condiments can be given directly to each resident rather than self-serve in a bulk container. Staff may also portion or serve condiments to residents. Discard unused packets served to residents. If staff are assisting residents with eating, they should perform hand hygiene prior to assisting and before assisting any other resident. Hand sanitizer may be used if hands are not visibly soiled. Where possible, pre-set tableware to minimize resident contact with multiple sets of cutlery and plates.
Other Precautions	<ul style="list-style-type: none"> Close dining rooms or restrict resident access when not in use. Clean and disinfected surfaces following each meal service, including chairs (including the underneath edge of the chair seat), tables, and railings. Close common washrooms in dining areas. Remind residents to use washroom facilities in their rooms prior to meals. Stagger mealtimes according to cohort (i.e., staggered to let residents on a single wing or floor eat at one time; if someone becomes ill, it is easier to identify cohorts, isolate, and contact trace.)



***Common Areas in LTC Home
Twice Daily Enhanced Cleaning Checklist***

	Date	Date	Date	Date	Date	Date
Common Area Items	Time	Time	Time	Time	Time	Time
Staff and public bathrooms (sink face & taps, and toilet handle & hand rails)						
Hand rails/stair rails						
Light switches/elevator buttons/door handles (inside and out)						
Water fountains						
Telephone and desk at Nursing Station						
Fridge handles						
Garbage can or hamper lids						
Staff washrooms/stall doors and handles						
Computers						
Nurse communication system (vocera/centrak badges, pagers, phones, etc.)						
Fax Machines						
Microwave hand contact						
Water cooler taps						
Hand contact areas of transportation vehicles						
Dining room chairs, chair arms and table tops after each setting						
Other:						
Other:						
Other:						
Other:						
Other:						

Refer to Long Term Care Enhanced Cleaning Guidelines during a Gastrointestinal or Respiration Outbreak sheet for more specific details found in the LTC outbreak folder or online at www.saskatoonhealthregion.ca/outbreak





Resident Care Equipment
Twice Daily Enhanced Cleaning Checklist

NOTE: All shared equipment (i.e., commodes, wheelchairs, electronic thermometers, resident-use computer, blood pressure machines, walkers, etc.) must be cleaned and disinfected after each use.

	Date		Date		Date	
Type of Equipment	Time	Time	Time	Time	Time	Time
Transfer belts						
Slings* Use protective barrier when soiling is anticipated						
PPE carts/stations*						
Laundry/garbage hampers*						
Tube feeding pumps						
Fans						
Resident charts*						
Medication carts*						
Linen carts*						
Keyboards						
Mouse						
Other:						
Other:						
Other:						

*Hand/skin contact areas

Refer to Long Term Care Enhanced Cleaning Guidelines during a Gastrointestinal or Respiration Outbreak sheet for more specific details found in the LTC outbreak folder or online at www.saskatoonhealthregion.ca/outbreak

Don't Wait... **ISOLATE!**



Resident Room Equipment Twice Daily Enhanced Cleaning Checklist

	Date	Date	Date	Date	Date	Date
Resident Equipment	Time	Time	Time	Time	Time	Time
Resident's bathroom (sink face & taps, and toilet handle & hand rails) after each use if shared						
Resident's telephone and TV remote						
Call lights/call cord/bed rails						
Door handles or surfaces where people push open the door						
Bed-side table handles of contact points						
Bed rails						
Light Switches						
Alcohol-based hand rub (ABHR) dispenser						
Chair Arms(wheelchairs, scooters, stationary chairs)						
Bed Controller						
Bathroom soap dispenser						
Sask-A-Pole						
Ceiling Lift Controllers						
Other:						
Other:						
Other:						
Other:						

Refer to Long Term Care Enhanced Cleaning Guidelines during a Gastrointestinal or Respiration Outbreak sheet for more specific details found in the LTC outbreak folder or online at www.saskatoonhealthregion.ca/outbreak

*Don't Wait... **ISOLATE!***

