

Outbreak Number: 2255-202- <input type="checkbox"/> Suspect Outbreak <input type="checkbox"/> Confirmed Outbreak	Facility Name:	Date Checklist Initiated: Click or tap to enter a date. Date Updated: Click or tap to enter a date.	
Street #:	Street Name:	Postal Code:	
PPH Investigator: Phone Number:		Facility Outbreak Coordinator: Phone Number:	
This checklist applies to Enteric Outbreak management where COVID-19 has not been identified. Assessment of COVID-19 will continue for the duration of the outbreak. If a COVID-19 is declared, the COVID-19 checklist is to be implemented.			
1.0	Line List	Reviewed	N/A
1.1	Review line list and epidemic curve.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
2.0	Outbreak Case Definition	Reviewed	N/A
2.1	Case definition agreed upon at the OMT meeting is:	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
3.0	Identify area(s) of the facility where outbreak cases are occurring:	Reviewed	N/A
3.1	Can affected areas be closed to prevent access by other residents/patients of the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Can residents/patients from the affected areas be restricted from accessing non-affected areas? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Can staff in affected area(s) be restricted/have minimal contact with staff, residents/patients from non-affected area(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
3.4	<i>If the answers to the above questions is "YES", only those in the affected area(s) are the population at risk:</i> Population at risk: Area (e.g. floor, unit): _____ Residents/Patients: _____ Staff: _____ Total Residents/Patients: _____ Total Staff: _____	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
4.0	Specimen Collection Process and/or Lab Results (when available prior to OMT)	Reviewed	N/A
4.1	Causative agent(s) Identified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Initial # of specimens submitted: <div style="margin-top: 10px;"> Test type(s) requested: <input type="checkbox"/> Enteric outbreak organisms <input type="checkbox"/> COVID-19* <input type="checkbox"/> Other: Click or tap here to enter text. *Note: Any ill residents/patients should be tested for COVID-19 Food samples available for lab analysis? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ON HOLD FOR SUBMISSION </div>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			

5.0	Communication	Reviewed	N/A
5.1	Facility to provide PPH with daily updates of the line list. If there is a significant change in severity of illness, number of hospitalizations, deaths, contact PPH immediately.	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Facility will advise PPH of all deaths in line listed cases. A coroner will investigate any outbreak deaths when requested by PPH.	<input type="checkbox"/>	<input type="checkbox"/>
5.3	Facility to advise & update health care partners and other agencies that they are experiencing an outbreak.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
6.0	Signage	Reviewed	N/A
6.1	Post outbreak notification signs at all entrances to the facility and affected area(s).	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Post notices on the door of ill resident/patient advising visitors to check in at the nursing station before entering. <i>See section 16.0 for Visitor Control Measures.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
7.0	Hand Hygiene	Reviewed	N/A
7.1	Reinforce the " 4 moments of hand hygiene ". Clean hands with 70-90% alcohol-based hand rub, if hands are not visibly dirty. Wash hands with soap and water when hands are visibly dirty.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
8.0	PPE	Reviewed	N/A
8.1	Use PPE as per PIDAC's Routine Practices and Additional Precautions in all Health Care Settings . Note: Wear a mask and eye protection to protect from splashes if a resident/patient has explosive diarrhea or projectile vomiting. Staff must have completed resident/patient care & be at least a 2-metre distance from resident/patient before any PPE is removed. Hand hygiene is performed as PPE is put-on and removed. Housekeeping staff are included when cleaning rooms of resident/patient on "Additional Precautions" as outlined above.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
9.0	Additional Precautions	Reviewed	N/A
9.1	Type of Precautions: <ul style="list-style-type: none"> <u>Until COVID-19 is ruled out*</u>: Symptomatic residents/patients are to be restricted to their rooms and placed on Droplet/Contact Precautions. <u>After COVID-19 has been ruled out</u>: Symptomatic residents/patients are to be restricted to their rooms and placed on Contact Precautions, if Norovirus or no causative agent is identified. <i>Note: If a causative agent other than Norovirus is identified, refer to Appendix 2: Routine Practices, Additional Precautions, and reporting requirements for selected pathogens or conditions associated with gastroenteritis outbreaks for the type of precautions required.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9.2	When to Discontinue Precautions: Additional Precautions can be discontinued 48 hours after symptoms have resolved, if Norovirus or no causative agent is identified. <i>Note: If a causative agent other than Norovirus is identified, refer to Appendix 2: Routine Practices, Additional Precautions, and reporting requirements for selected pathogens or conditions associated with gastroenteritis outbreaks for when to remove Additional Precautions.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Roommates: <ul style="list-style-type: none"> <u>Until COVID-19 is ruled out*</u>: Roommates of cases should also be placed on Droplet/Contact Precautions. <u>Once COVID is ruled out</u>: Roommates can be released from Droplet/Contact so long as asymptomatic, but should remain on the affected unit. 	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
10.0	Environmental Cleaning	Reviewed	N/A
10.1	Ensure high touch surfaces are cleaned minimum twice daily. Ensure a broad spectrum viricidal	<input type="checkbox"/>	<input type="checkbox"/>

	disinfectant with a DIN (effective against non-enveloped viruses such as Norovirus and Rotavirus) is being used. If Clostridium Difficile is identified, ensure the disinfectant is a sporicidal.		
10.2	If possible, dedicate equipment to ill resident/patient. If equipment cannot be dedicated, disinfect shared resident/patient equipment between each use according to the manufacturer's instructions for use & PIDAC's Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices and discard disposable equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
11.0	Cohorting	Reviewed	N/A
11.1	Staff and residents/patients from outbreak affected areas and non-outbreak affected areas should not mix. Minimize movement between areas as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
12.0	Admissions and Transfers	Reviewed	N/A
12.1	New admission to an outbreak area(s) is not recommended. Exceptions to be discussed with PPH.	<input type="checkbox"/>	<input type="checkbox"/>
12.2	Re-admission of cases from the outbreak to an outbreak area(s) is allowed.	<input type="checkbox"/>	<input type="checkbox"/>
12.3	Re-admission of <u>non-cases</u> to an outbreak area is generally not advised. If required, re-admission should be done in accordance with the Repatriation Tool PPH.pdf	<input type="checkbox"/>	<input type="checkbox"/>
12.4	Resident/patient (case and non-case) transfers to other LTCHs/RHs are not recommended. Exceptions to be discussed with PPH.	<input type="checkbox"/>	<input type="checkbox"/>
12.5	Outbreak facility must notify the receiving facility and other appropriate healthcare partners before transferring any resident/patient (case or non-case) from an outbreak facility/area(s).	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
13.0	Absences and Leaves	Reviewed	N/A
13.1	Temporary leaves for residents from an outbreak affected area to a private home are acceptable. <ul style="list-style-type: none"> • Ensure family is aware of outbreak and outbreak related symptoms. • If the resident/patient becomes ill and is transferred to another facility, family should inform the facility that the resident/patient is from an OB facility. 	<input type="checkbox"/>	<input type="checkbox"/>
13.2	Reschedule non-urgent medical appointments. Urgent appointments may continue with precautions (clean hands prior to leaving facility; transportation and receiving facility must be advised). Non-medical absences such as shopping and hair appointments should be rescheduled as much as possible.	<input type="checkbox"/>	<input type="checkbox"/>
13.3	Well residents in non-affected areas of the home may continue their activities, including absences.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
14.0	Group Activities/Communal Dining	Reviewed	N/A
14.1	Discontinue communal activities that mix residents/patients from different units/areas. Small group activities on individual units/areas may continue for well residents/patients. Appropriate precautions must be in place (e.g., hand hygiene).	<input type="checkbox"/>	<input type="checkbox"/>
14.2	Discontinue communal dining that mixes residents/patients from different units/areas. Communal dining on a single unit can continue for well residents/patients.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
15.0	Staff (includes students/volunteers)	Reviewed	N/A
15.1	Symptomatic staff must be excluded from work. <ul style="list-style-type: none"> • Staff with COVID-19 symptoms should be excluded from working in any facility and tested for COVID-19. • If COVID-19 has been ruled out and staff only have enteric symptoms, exclude ill staff from working in any facility for at least 48 hours after enteric symptoms have resolved. Encourage ill staff to submit stool specimens through their health care providers. • Staff are to report illnesses to infection prevention and control (IPAC) &/or Occupational Health. 	<input type="checkbox"/>	<input type="checkbox"/>

15.2	Staff working in an outbreak facility/area(s) should be discouraged from working at other facilities.	<input type="checkbox"/>	<input type="checkbox"/>
15.3	Staff should, where possible, work in either affected or unaffected areas, but not both. Staff should, where possible, work with either ill or with well residents/patients but not both. If this type of cohorting of staff is not possible, staff should be assigned to work first in unaffected areas or with well residents/patients while adhering to strict IPAC measures.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
16.0	Visitor Control Measures	Reviewed	N/A
16.1	Visitors should generally postpone all non-essential visits to residents/patients within the outbreak area for the duration of the outbreak. Follow the facility's visitor policy.	<input type="checkbox"/>	<input type="checkbox"/>
16.2	Symptomatic/ ill visitors should not enter the setting. If visitation must occur for essential visitors, it must be determined by the OMT.	<input type="checkbox"/>	<input type="checkbox"/>
16.3	Well essential visitors are permitted to the home and should follow IPAC measures to reduce transmission.	<input type="checkbox"/>	<input type="checkbox"/>
16.4	Visiting by outside groups (e.g., entertainers, community groups, etc.) is not permitted in the outbreak area.	<input type="checkbox"/>	<input type="checkbox"/>
16.5	Onsite adult/childcare programs may continue if it is possible to ensure there is no interaction between the affected floor/unit staff or residents/patients and the participants in on-site child-care or other day programs.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
17.0	Food Safety	Reviewed	N/A
17.1	Record details regarding diet types on the line list form (e.g., regular, minced, pureed).	<input type="checkbox"/>	<input type="checkbox"/>
17.2	Food samples should not be discarded (recommend regularly retaining 200g samples of all ready-to-eat and potentially hazardous foods from each meal, kept frozen for a period of 10 days) Are food samples available? If yes, what is the date they were served? Are detailed menus available?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			
18.0	Declaring Outbreaks Over	Reviewed	N/A
18.1	The end of an outbreak is determined on a case by case basis. The specific period will be decided by Public Health in consultation with the facility and is based on the transmission risk. Declaring an outbreak over will ultimately be determined in line with ministry of health protocols and guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
18.2	Facility to advise appropriate healthcare partners when the outbreak has been declared over.	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Click or tap here to enter text.			