

Outbreak Number: 2255-2025- <input type="checkbox"/> Suspect Outbreak <input type="checkbox"/> Confirmed Outbreak		Facility Name: Royal Gardens		Date Checklist Initiated: Click or tap to enter a date. Date Updated: Click or tap to enter a date.	
Street #: 1160		Street Name:		Postal Code: K9J 8P8	
PPH Investigator: Phone Number: (705) 743-1000			Facility Outbreak Coordinator: Click or tap here to enter text. Phone Number: Click or tap here to enter text.		
Initial Outbreak Classification Choose an item.					
How to contact Peterborough Public Health: <ul style="list-style-type: none"> Monday – Friday 8:30 am to 4:30 pm contact 705-743-1000 ext 511 Afterhours – 705-760-8127 					
1.0	Line List	Reviewed	N/A		
1.1	Review line list and epidemic curve.	<input type="checkbox"/>	<input type="checkbox"/>		
2.0	Outbreak Case Definition	Reviewed	N/A		
2.1	Case definition agreed upon at the OMT meeting is: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>		
3.0	Identify area(s) of the facility where outbreak cases are occurring:	Reviewed	N/A		
3.1	Identify area(s) of the facility where the outbreak cases are occurring: Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>		
3.2	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"/>		
3.3	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"/>		
3.4	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"/>		
3.5	If the answers to the above questions are "YES", only those in the affected area(s) are the populations at risk: Total Facility Census: Residents/Patients: Staff: Total population at risk: Residents/Patients: Staff: # Vaccinated for Influenza (only required in Influenza Outbreaks): <u>Total Facility:</u> Residents/Patients: Staff: <u>Affected Area:</u> Residents/Patients: Staff:	<input type="checkbox"/>	<input type="checkbox"/>		
4.0	Specimen Collection Process and/or Lab Results (when available prior to OMT)	Reviewed	N/A		
4.1	Labs are to be submitted to PHOL (not a private lab). Please check to ensure specimen kits are not expired prior to sending for testing. Causative agent(s) Identified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING	If YES, provide details of lab result(s): Click or tap here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	

4.2	<p>FLUVID and MRVP tests for up to 4 residents/patients; afterwards all symptomatic residents/patients should be tested with FLUVID only **For the first 4 residents select the third option "COVID and respiratory viruses for MRVP" All remaining symptomatic individuals can be testing by writing FLUVID in section 5 "Test(s) requested" If additional testing is required, please contact Public Health staff.</p>	<input type="checkbox"/>	<input type="checkbox"/>
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, lab confirmations of influenza or COVID, 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"/>
6.0	General Outbreak Control Measures	Reviewed	N/A
6.1	<p>Entrance Signage</p> <ul style="list-style-type: none"> Post outbreak notification signs at all entrances to the facility and affected area(s). Post notices on the door of ill resident/patient rooms advising visitors to check in at the nursing station before entering and to don PPE before entering, if indicated. 	<input type="checkbox"/>	<input type="checkbox"/>
6.2	<p>Screening</p> <ul style="list-style-type: none"> Active screening for staff, and visitors working in the outbreak area prior to entering the unit is recommended. Passive screening signage is posted at all facility entrances/triage areas and all people entering the facility must passively screen for symptoms. 	<input type="checkbox"/>	<input type="checkbox"/>
6.3	<p>Hand Hygiene</p> <ul style="list-style-type: none"> Reinforce the "4 moments of hand hygiene". Clean hands with 70-90% alcohol-based hand rub (ABHR), if hands are not visibly dirty. Wash hands with soap and water when hands are visibly dirty. Ensure that ABHR and/or handwashing stations are located at point-of-care, entrances, common areas etc. 	<input type="checkbox"/>	<input type="checkbox"/>
6.4	<p>Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> For direct care of probable/confirmed COVID-19 cases, cases where COVID-19 hasn't been ruled out: Follow Droplet and Contact Precautions (DCP) with fit-tested, seal-checked N95 respirator (or equivalent), eye protection, gown, gloves. Alternate appropriate PPE for masking includes a well-fitted medical mask (surgical/procedure), or non-fit tested respirator. PPE is donned prior to entering a resident/patient room. When in outbreak area: Don PPE based on point of care risk assessment. Implement universal masking for respiratory outbreaks. Where COVID-19 has been ruled out by PCR test: DCP with medical mask, eye protection, gown and gloves. 	<input type="checkbox"/>	<input type="checkbox"/>
6.5	<p>Universal Masking</p> <ul style="list-style-type: none"> Recommend universal masking for staff, students, and volunteers in indoor resident/clinical areas. Masking for residents/patients and visitors is strongly recommended. 	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Physical Distancing	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> Physical distancing is recommended when possible and should be optimized particularly when individuals are not masked (e.g. nursing stations, break/change rooms). 		
6.7	Surveillance <ul style="list-style-type: none"> The facility has a process to assist with obtaining contact tracing information. Enhanced symptom assessment at least once daily for residents/patients in outbreak area, including temperature checks. Ideally twice daily for contacts and cases of COVID-19 to identify new symptoms and assess severity. 	<input type="checkbox"/>	<input type="checkbox"/>
6.8	Cohorting <ul style="list-style-type: none"> Discuss the facility's cohorting strategy for residents/patients and staff. 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"/>
6.9	Environmental Cleaning <ul style="list-style-type: none"> Enhance cleaning and disinfection using broad-spectrum viricidal disinfectant with DIN (effective against non-enveloped viruses). Twice daily cleaning and disinfection to high traffic/touch areas is recommended. Ensure staff clean and disinfect resident/patient care equipment, environmental trolleys (e.g. laundry carts) meal services equipment (e.g. food carts) after each use. 	<input type="checkbox"/>	<input type="checkbox"/>
6.10	Ventilation <ul style="list-style-type: none"> The facility has a working HVAC/ventilation system¹ and it has been checked by a professional in the last year and as per manufacturer's instructions. If portable units (e.g. air cleaners, fans, air conditioners) are being used, they follow guidance outlined by PHO 	<input type="checkbox"/>	<input type="checkbox"/>
7.0	Resident Control Measures	Reviewed	N/A
7.1	Additional Precautions: <ul style="list-style-type: none"> Ill residents/patients should be restricted to their rooms on DCP and tested. IF COVID-19 is ruled out by PCR test: Symptomatic residents/patients should continue to be restricted to their rooms until 5 days after the onset of acute illness or until 24 hours after symptoms have resolved (whichever is shorter). Residents/patients are encouraged to wear a well-fitted mask, if tolerated, when receiving care and when outside of their room until day 10 from symptom onset. NOTE: for influenza outbreaks divider curtains should be drawn. Resident/patient is positive for COVID-19: continue isolation for at least 5 days after the date of specimen collection/symptom onset date (whichever is applicable/earlier), and until symptoms have been improving for 24 hours (or 48 hours if gastrointestinal symptoms) and no fever present.² After day 5 the resident: <ul style="list-style-type: none"> May be removed from additional precautions if they can wear a well-fitted mask when receiving care and when outside of their room until day 10 from symptom onset 	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> • May routinely participate in communal areas/activities while wearing a well-fitted mask at all times when outside of their room; and • May not participate in communal activities where they would need to remove their mask within the setting (e.g., group dining) • If symptoms do not improve after 5 days or if resident/patient cannot tolerate a well-fitted mask, they are to remain in isolation until day 10 <p>Roommates of confirmed cases: need to be isolated on DCP for a minimum of 5 days. DCP can be discontinued if the roommate remains asymptomatic. Following this period, the roommate close contact should wear a well-fitting mask, if tolerated, when receiving care and when outside of their room until day 10 from the case's symptom onset.</p>		
7.2	<p>Admissions and Transfers</p> <ul style="list-style-type: none"> • If necessary, clients/patients/residents who do not have an ARI may be admitted or transferred to a floor/unit/facility with an outbreak, provided the following conditions are met: <ul style="list-style-type: none"> - Client/patient/resident (or substitute decision-maker) is made aware of the risks of the admission or transfer and consents to the admission or transfer. It is important to note the client/patient/resident should not face any unintended consequences in terms of placement should the client/patient/resident (or substitute decision-maker) choose not to consent. - Client/patient/resident is admitted or transferred to a private room. - Attending physician should be consulted • Re-admission of line listed <u>cases</u> to an outbreak area(s) is allowed. • If required, re-admission of non-line-listed should be done in accordance with the Repatriation Tool PPH.pdf • Transferring facility is to advise public health and the receiving facility if a resident/patient develops symptoms of COVID-19 or Influenza and/or subsequently tests positive prior to transfer. 	<input type="checkbox"/>	<input type="checkbox"/>
7.3	<p>Absences and Leaves</p> <ul style="list-style-type: none"> • Temporary leaves for residents from an outbreak affected area to a private home are acceptable. • 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. • 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. • Well residents in non-affected areas of the home may continue their activities, including absences. • Any resident who is symptomatic is permitted entry but is to be isolated on DCP and tested for respiratory viruses. 	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Group Activities and Communal Dining – LTCH/RH only	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> • Symptomatic residents are not recommended to participate in in-person group or social activities and communal dining. • Communal dining and small group activities on individual units/areas may continue for well residents. • Discontinue communal activities and dining that mix residents/patient cohorts (e.g. outbreak and non-outbreak affected areas, exposed and unexposed cohorts). • Resident cases who can wear a well-fitted mask can participate in activities provided: <ul style="list-style-type: none"> - They have been removed from isolation (see 7.1) • Residents who are unable to wear a mask are unable to join in group activities. 		
7.5	<p>Antiviral Treatment (FOR CONFIRMED INFLUENZA AND COVID-19 OB ONLY)</p> <p>For Influenza:</p> <ul style="list-style-type: none"> • Ill residents/patients treated with an antiviral should remain in their rooms for the duration of treatment • Start antiviral prophylaxis for all well residents/patients regardless of vaccination status as soon as possible. Continue until outbreak is declared over. <p>For COVID-19:</p> <ul style="list-style-type: none"> • Assess residents/patients for treatment eligibility 	<input type="checkbox"/>	<input type="checkbox"/>
8.0	Staff Measures (includes students/volunteers)	Reviewed	N/A
8.1	<p>Symptomatic staff must be excluded from working in any facility and report to Occupational Health/workplace and follow working testing and return to work guidance.</p> <p>For respiratory illness:</p> <p>Staff may return to work if they are afebrile and their symptoms have been improving for 24 hours (48 hours if vomiting/diarrhea). For a total of 10 days after date of specimen collection or symptom onset (whichever is earlier/applicable), staff should:</p> <ul style="list-style-type: none"> • Adhere to workplace measures for reducing risk of transmission (e.g., masking for source control, not removing their mask unless eating or drinking, distancing from others as much as possible); and • Avoid caring for patients/residents at highest risk of severe COVID-19 infection, where possible. <p>For Confirmed Influenza OB only:</p> <ul style="list-style-type: none"> • Immunized asymptomatic staff may continue to work at the outbreak facility or other facilities without restriction. Some restrictions may apply in years where there is a vaccine mismatch. • Unimmunized well staff taking antiviral prophylaxis for the duration of the outbreak may continue to work. Unless contraindicated, provide vaccine, and continue with prophylaxis for 2 weeks or until outbreak is declared over (whichever is shorter). • Unimmunized well staff not receiving prophylaxis must wait one incubation period (4 days) from the last day that they worked at the outbreak facility/unit prior to working in another outbreak or non-outbreak facility/unit. 	<input type="checkbox"/>	<input type="checkbox"/>

	<ul style="list-style-type: none"> Newly immunized staff must continue to take prophylaxis for two weeks. 		
8.2	If HCWs/Staff work in multiple settings/locations, it is recommended that they advise other settings/locations of the outbreak to determine if they should continue working in multiple facilities.	<input type="checkbox"/>	<input type="checkbox"/>
9.0	Visitor Control Measures	Reviewed	N/A
9.1	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"/>
9.2	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"/>
9.3	Well essential visitors are permitted to the home and should follow IPAC measures to reduce transmission.	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Visiting by outside groups (e.g., entertainers, community groups, etc.) is not permitted in the outbreak area.	<input type="checkbox"/>	<input type="checkbox"/>
9.5	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"/>
10.0	Declaring Outbreaks Over	Reviewed	N/A
10.1	The decision to declare the outbreak over must be done in consultation with PPH. 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.			

Resources

¹ [Heating, Ventilation and Air Conditioning \(publichealthontario.ca\) Recommendations for Outbreak Prevention and Control October 2024](#)