

**Sunnybrook North Toronto Infection Prevention and Control (NT IPAC) COVID- 19  
Outbreak Management Checklist**

Please utilize this [Outbreak Management Checklist](#) to guide you through the initial phases of outbreak management through to resolution. The Sunnybrook North Toronto IPAC (NT IPAC) team uses standard epidemiological principles and policy to investigate all potential outbreaks, with the goal of identifying contributing factors in order to control the outbreak, and to prevent similar outbreaks in the future.

NTIPAC collaborates with the facility and Toronto Public Health (TPH) to support the outbreak management.

**Phase 1: New COVID-19 Case(s) Identified by LTC/RH/Congregate Care Setting**

Action	Completed?
A client/resident/patient (c/r/p) develops COVID-19 symptoms and is placed on droplet and contact precautions in their room, or a staff member is confirmed with COVID-19	
<a href="#">Signage</a> indicating the c/r/p is on additional precautions (droplet and contact) is posted on the door to their room	
A nasopharyngeal swab for COVID-19 is collected for each symptomatic c/r/p	
Nasopharyngeal (NP) swabs are sent to <a href="#">In Common Labs</a> for processing (attached)	
Initiate a line listing using the Toronto Public Health Outbreak line list (attached); share with the NT IPAC team at northtorontoipac@sunnybrook.ca	
Verify the existence of a COVID-19 outbreak by connecting with the NT IPAC team (e.g., zoom, teleconference)	
Home has identified a person(s) who is responsible for leading a timely COVID-19 response/outbreak management team. This person(s) will also liaise with local public health if needed	
Pending a meeting with NT IPAC team/TPH: <ul style="list-style-type: none"> <li>- Cancel all congregate activities</li> <li>- Implement enhanced cleaning (increasing frequency/staffing)</li> <li>- <a href="#">Review cleaning and disinfection tips</a></li> </ul>	

**Phase 2: NT IPAC Team and TPH Declare a Suspect/Confirmed Outbreak**

Action	Completed?
NT IPAC team will establish routine communication which includes with the facility, Toronto Public Health (TPH) and NT IPAC team (e.g., on-site reviews/meetings, zoom, teleconferences)	
Establish a communication liaison/plan (e.g., informing the rest of the facility; informing c/r/p and families); consider routine town halls to keep families informed	
Facility is closed to new admissions; consult with NT IPAC team/TPH regarding readmissions	
No symptomatic/exposed staff permitted; exposed contacts managed under quarantine with the support of TPH	
All staff to wear a medical mask at all times and to use <a href="#">eye protection</a> when in contact with all c/r/p.	
Droplet and contact precautions include the use of a medical mask, eye protection, gown and gloves. Gowns and gloves are to be changed between c/r/p.	
<a href="#">Outbreak signage</a> is posted upon entrance to the facility and at entrances to the outbreak unit (i.e., stairwells, elevators)	
Ensure all c/r/p remain in their rooms; cancel all group activities; no non-essential trips/outings; block or remove shared furniture and sensory activities.	
Implement supportive measures for c/r/p who <a href="#">wander</a>	
High-risk activities are suspended (e.g., Snoezelen rooms, singing/gatherings)	
Dedicate medical/care equipment where possible or as a minimum, for those that are suspect/confirmed COVID-19	
If a c/r/p needs to leave for an essential appointment, consult with NT IPAC team and advise receiving facility of outbreak status	
Postpone all on-site non-essential services (e.g., dental, foot care, etc.)	
Alternative accommodation plans have been considered to support resident physical separation for isolation and or cohorting. Using empty beds/rooms to provide additional accommodations.	

Action	Completed?
Workflow optimized to prevent cross contamination	
Cohorting opportunities reviewed (staff dedicated to confirmed cases)	
Staff do not work elsewhere (no other facilities or units within the building); specialized staff that cannot be dedicated visit the outbreak unit last during their shift	
Plans have been established in preparing for alternative meal delivery (ie. in-room tray service)	
All c/r/p and staff are actively screened twice daily for symptoms and signs of COVID-19 (Assess Vital Signs: Temperature check c/r/p and staff, and O2 saturations for c/r/p)	
C/r/p with new symptoms or signs of COVID-19 or potential exposure to a suspect or confirmed case are immediately placed on droplet and contact precautions. Precaution signage is placed visibly on door. NP swab for COVID-19 collected. Report immediately to NT IPAC team by updating the line-listing.	
Essential/private caregivers are informed of outbreak and procedures	
Staff provided with a fit-tested, seal-tested N95 respirator for aerosol generating medical procedures (e.g., CPAP, BiPAP, see <a href="#">AGMP poster</a> ) or point of care risk assessment as needed.	
<p>Adequate supply of approved personal protective equipment (PPE) is confirmed. Contacts to list of suppliers is readily available.</p> <ul style="list-style-type: none"> <li>• Ensure staff select and use PPE appropriately (see <a href="#">PPE selection guide</a>)</li> <li>• Review correct <a href="#">donning/doffing of PPE</a></li> <li>• Review correct <a href="#">donning/doffing of N95 respirator</a></li> <li>• Review the <a href="#">do's and don'ts of wearing a mask</a></li> <li>• Medical masks (ASTM rated) provided to staff</li> <li>• Medical masks provided to c/r/p who are unable to be restricted to their room or who must share a room with a suspect/confirmed case or while in common areas as tolerated</li> <li>• N95 respirators (fit tested to the user every 2 years)</li> <li>• Approved PPE gowns</li> <li>• Approved medical gloves</li> <li>• Approved hand sanitizer easily accessible</li> <li>• All hand wash sinks (including those in c/r/p room) are equipped with liquid hand soap and paper towel</li> <li>• Proper eye protection</li> </ul> <p>A</p>	

Action	Completed?
No fans/humidifiers used; ventilation reviewed	
Garbage bins/re-usable gown disposal bins are positioned near the exit inside of the resident room to make it easy for staff to discard PPE after removal, and prior to exiting the room.	
PPE stations are easily accessible and protected from contamination. If less than 7 days of PPE supply is available, escalate to NT IPAC team.	
There is signage indicating the correct sequence of donning and doffing PPE. Visual aids/posters of <a href="#">4 Moments of Hand Hygiene</a> . Consider a role for safety officers or extenders to support PPE donning/doffing.	
Review/optimize break areas for staff (e.g., adequate distancing, mask use unless eating, disinfectant wipes, hand sanitizer accessible); open additional areas if needed to support this function. Signage on door indicating maximum occupancy.	
Provide contact information for staff/community exposures to TPH (copying NT IPAC team) for contact tracing and investigation	
Prevalence screening dates established:	
Evaluate the efficacy of control and preventative measures through continued surveillance	
Ensure c/r/p care goals/advanced directives are known and updated	
Continue to communicate with NT IPAC team for questions/concerns, attend Zoom meetings	
Declare the Outbreak over with Toronto Public Health and NT IPAC team. Tentative outbreak end dates are generally 14 days after the last case is identified	

Action	Completed?
Communicate to residents, families and essential caregivers when Outbreak is declared over. Continue to provide information regarding reopening protocols.	
Conduct an outbreak debrief; lessons learned, opportunities	
Physical distancing optimized in all circumstances	
Safely reopen common spaces e.g., dining room, recreational activities	
COVID-19 vaccination (if needed), in collaboration with Sunnybrook Mobile Vaccination Clinic	
Ongoing education and training for staff, essential and private caregivers; resources provided ( <a href="#">McMaster</a> , <a href="#">Public Health Ontario</a> and <a href="#">Centennial College</a> )	