Outbreak Number: **3895 – 20____ - _____**	Facility Name:	Ministry Master #:	Date Checklist Initiated:
Street #:	Street Name:		Postal Code:
TPH Contact Name: Phone # ( )	Facility Contact Name: Phone # ( )		

1.0	**REVIEW MOST RECENT LINE LIST AND EPIDEMIC CURVE**	
Review line list and epidemic curve to date.		
2.0	**REVIEW/REVISE OUTBREAK CASE DEFINITION**	
Case definition agreed upon by the OMT is:		
3.0	**IDENTIFY THE POPULATION AT RISK**	
Identify area(s) of the facility where outbreak cases are occurring:		
Can affected areas be closed to prevent access by other residents/patients of the facility? ☐ YES ☐ NO Can residents/patients from the affected areas be restricted from accessing non-affected areas? ☐ YES ☐ NO Can staff in affected areas be restricted/have minimal contact with staff, residents/patients from non-affected areas? ☐ YES ☐ NO		
If the answers to the above questions is "YES", only those in the affected area(s) are the population at risk	Current total population at risk includes: Residents/Patients: _____ Staff: _____ (area | floor | ward)	
4.0	**REVIEW LABORATORY RESULTS AND COLLECTION OF LABORATORY SPECIMENS**	
Causative agent(s) identified: ☐ YES ☐ NO ☐ PENDING	If YES, provide details of lab result(s):	
Initial # of specimens submitted: _____ (max 4 per outbreak)	Test type(s) requested: ☐ NP ☐ Urine ☐ Serology ☐ Other: _____	
5.0	**REVIEW GENERAL OUTBREAK CONTROL MEASURES**	
5.1	Post outbreak notification signs in the outbreak-affected areas. Record the date the sign was posted on the notification sign.	
5.2	Hand hygiene is enhanced. Includes washing hands with soap and water when visibly soiled or using an alcohol-based hand rub.	
5.3	Follow droplet and contact precautions as per PIDAC's Routine Practices and Additional Precautions (RPAP) document. PPE is put on before entering an ill resident/patient room and the four moments of hand hygiene are observed (refer to Appendix I and J in RPAP).	
5.4	Enhance environmental cleaning and disinfection, especially in high traffic areas, using a broad-spectrum virucidal disinfectant with a DIN (effective against non-enveloped viruses). Disinfectant used: _____	
5.5	Ensure staff clean and disinfect resident/patient care equipment. If equipment is shared with other residents/patients, ensure the equipment is cleaned and disinfected between use.	
5.6	Outbreak facility must notify the receiving facility and other appropriate healthcare partners (i.e., PTAC, CCAC) before transferring any resident/patient. Send resident/patient with the TPH Outbreak Transfer Notification form.	
6.0	**REVIEW RESIDENT/PATIENT CONTROL MEASURES**	
6.1	Cases should be restricted to their rooms and should be on droplet and contact precautions until 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter). No room restrictions required for asymptomatic roommates of cases, but should be confined to affected area(s).	
6.2	New admissions to a non-affected unit are allowed. New admissions to an affected unit are generally not advised.	
6.3	Re-admission of <u>cases</u> from an ACF/CCC to an outbreak area is allowed.	
6.4	Re-admission of <u>non-cases</u> from an ACF/CCC to an outbreak area is generally not advised. If required, re-admission should be done in accordance with the MOHLTC Transfer and Return Algorithm*.	
6.5	Resident/patient from outbreak facility can be discharged to a private home with no restrictions. Ensure family is aware of outbreak and symptoms. Return criteria to an outbreak unit/facility include 3 & 4 above.	
6.6	LTCH resident transfers to other LTCHs is not recommended. Exceptions to be discussed with TPH.	
6.7	Reschedule non-urgent appointments made before the outbreak. Urgent appointments for well residents/patients may continue with precautions (clean hands prior to leaving facility; EMS, Wheel-Trans and receiving facility must be advised).	
6.8	Discontinue communal activities that mix residents/patients from different units/areas. Activities on individual units/areas may continue for well residents/patients.	

**MOHLTC Transfer and Return Algorithm for Use during Outbreaks, from the MOHLTC <u>A Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2014.</u>*

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7.0	**REVIEW STAFF CONTROL MEASURES (INCLUDES STUDENTS AND VOLUNTEERS)**			
7.1	Staff with respiratory infection symptoms should be excluded from working in any facility for 5 days after the onset of acute illness or until symptoms have resolved (whichever is shorter). Report illness to IPAC and/or Occupational Health.			
7.2	For non-influenza outbreaks, well staff are advised not to work in any other facility until an incubation period has passed.			
7.3	Cohort staff by minimizing their movement to unaffected areas.			
8.0	**REVIEW VISITOR CONTROL MEASURES (INCLUDES PRIVATE PAY CAREGIVERS)**			
8.1	Visitors are permitted provided they are not ill and follow the facility's infection prevention and control procedures. Ensure the nursing station has up-to-date information regarding visitor control measures. Visitors should only visit one resident/patient and exit the facility immediately after the visit.			
8.2	Visitors visiting a <u>well</u> resident/patient with an ill roommate are not required to wear PPE provided they can stay at least 2 metres away from the ill resident/patient at all times and clean their hands as they leave the room. Visitors can visit <u>well</u> resident/patient in common areas.			
8.3	Ill resident/patient should be visited in their room only. Post notices on the door of ill resident/patient advising visitors to check in at the nursing station before entering. Visitors will wear the same PPE as staff.			
8.4	Visiting by outside groups (i.e., entertainers, community groups, etc.) is not permitted. Exceptions to be discussed with TPH.			
8.5	Onsite adult/childcare programs may continue if there is no contact between facility residents/patients who are ill and program participants.			
9.0	**COMMUNICATIONS**			
9.1	Facility to provide TPH with daily updates of the line list. If there is a significant change in severity of illness, number of hospitalizations and/or deaths, contact TPH immediately. To reach TPH after hours, call 3-1-1 or 416-392-CITY (2489).			
9.2	Facility Media Spokesperson Name:	Phone #: ( )	Position:	
9.3	Facility will advise TPH of all deaths in line listed cases. A coroner will investigate any outbreak deaths when requested by TPH.			
10.0	**ADDITIONAL MEASURES FOR A CONFIRMED INFLUENZA (A OR B) OUTBREAK**			
10.1	Influenza vaccination should be offered to all unvaccinated residents/patients, staff & visitors for whom the vaccine is not contraindicated no matter how late in the influenza season the outbreak occurs.			
10.2	Start antiviral prophylaxis for all <u>well resident/patient</u> regardless of vaccination status as soon as possible. Continue until outbreak is over.			
10.3	<u>Ill resident/patient</u> treated with an antiviral should remain in their rooms for the duration of treatment. No room restriction of asymptomatic roommates of cases (restrict to affected area/s). Antiviral treatment should be started as soon as possible, ideally within 48 hours of symptoms onset. Refer to TPH Antiviral Recommendation Letter for additional details.			
10.4	<u>Ill staff</u> must not work in any facility, and must be excluded from work for a minimum of 5 days (the period of communicability for influenza) from onset of symptoms and should report their illness to IPAC and/or Occupational Health. This includes staff on antiviral medication.			
10.5	<u>Immunized well staff</u> 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. Refer to section 4.3.3 in the MOHLTC Guide to the Control of Respiratory Infection Outbreaks in Long-Term Care Homes, 2014.			
10.6	<u>Unimmunized well staff taking antiviral prophylaxis</u> 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).			
10.7	<u>Unimmunized well staff not taking an antiviral</u> cannot provide direct resident/patient care or carry on activities where there is potential to acquire and/or transmit influenza and must wait 3 days from the last day worked at the outbreak facility before working in another (non-outbreak) healthcare facility.			
10.8	Newly vaccinated staff working at the outbreak facility must take prophylaxis for 2 weeks post vaccination or until the outbreak is declared over (whichever is shorter).			
11.0	**Declaring the outbreak over**			
11.1	As a general rule, the outbreak can be declared over if no new cases have occurred in 8 days from the onset of symptoms of the last resident/patient case or 3 days from the last day of work of an ill staff (whichever is longer). Decision to declare the outbreak over must be done in consultation with TPH.			
11.2	Facility to advise appropriate healthcare partners when the outbreak has been declared over.			

FACILITY CONTACT NAME | FACILITY CONTACT SIGNATURE | TPH INVESTIGATOR'S SIGNATURE