COVID-19 Outbreak Acute Care Playbook

Site:	Scope:
a. Environment ○ Island-wide ○ All acute care locations	a. Required to be used by all regional and local leadership to prepare and respond to an outbreak of laboratory-confirmed COVID-19 within an acute care facility b. Also for services supporting outbreak response efforts (e.g. Public Health, Infection Prevention & Control, Occupational Health & Safety, etc.)

Need to know:

a. This COVID-19 Outbreak Acute Care Playbook is designed to enable the best-possible decisions in preparation for and responding to a COVID-19 outbreak in all **acute care** environments

b. The Playbook will be updated to reflect newest evidence, processes and instructions based on emerging knowledge and feedback. **Changes between versions are highlighted in light yellow and summarized within the Change Log.**

c. The Playbook is broken into the following sections, with each section colour-coded for ease of reference:

Section		Description / Focus
Foundations		Definitions and an overview of roles and responsibilities of those leading or supporting COVID-19 outbreak preparation and response efforts
Outbreak Management Phases	1. Prevention & Preparedness	Mitigation activities to minimize risk and prevent infection through routine practices, screening, surveillance and risk assessment
	2. Initial Outbreak Investigation	Identification of possible sources of transmission, gaining knowledge, and identifying gaps that may have contributed to the outbreak
	3. Outbreak Response	Response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication and reduce morbidity and mortality
	4. Outbreak Ending & Recovery	De-escalation of the outbreak response structure to shift back to 'normal' as the outbreak ends, and supporting the human impact post-outbreak
	5. Debrief & Learning	Post outbreak debrief and identification of measures and/or actions to prevent future outbreaks and improve outbreak response efforts
Other		Appendices (including high level check-lists)

d. This Playbook and the supporting tools referenced within can be found on the Island Health COVID-19 Intranet site under the heading: **Outbreak Response**

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Change Log

Change Date	Page/Section Changed	Details of Change(s)
29 OCT 21	p9, Roles & Responsibilities	Added Joint Occupational Health & Safety Committee with high level responsibilities
	p12, section 1a. Ongoing Important Tasks	Prevention audit tool (linked to within the document) updated to include an Action Plan section on the last page of the tool
	p12, section 1b. Audit/ Assessment Frequencies AND p42, section 3f. Outbreak Control Measures	Updated frequency for Outbreak Prevention Audit and PPE Audit to every three months (previously every other month) Included important note that audits and assessments should be saved to Safety Task, including link to Safety Task system
09 APR 21	p32, section 3d-vi	Removal of reference to 14 Day Isolation Cohort Following Direct Admission to LTC Homes document

Definitions

Term	Definition
COVID-19 Case	A confirmed case of COVID-19 is an individual with a positive laboratory confirmed result [i.e. nasopharyngeal (NP) swab, throat swab ETT, saline gargle, etc.]
Exposure	Contact, while not wearing appropriate PPE within 2 meters of an individual with a lab-confirmed COVID-19 infection during their infectious period (48 hours prior to symptoms to when deemed non-infectious (usually 10 days after onset))
Outbreak	At least one staff or patient diagnosed with COVID-19. Investigation should indicate healthcare transmission has occurred.
Healthcare-Associated Case	A healthcare-associated COVID-19 case is defined as a person with laboratory-confirmed COVID-19, provided that, with the **best clinical judgement**: • the person developed COVID-19 associated symptoms > 14 days after admission to an acute care facility **AND** the person had no known exposure to COVID-19 outside the acute care facility within 14 days prior to symptom onset. **OR** • the person developed COVID-19 associated symptom ≤ 14 days after admission to an acute care facility AND there is an established epidemiological link between the person and a probable or confirmed COVID-19 case(s) or environmental source in the facility that the person was admitted to. **OR** • the person was identified as a probable or confirmed COVID-19 case with symptom onset ≤ 14 days after discharge from an acute care facility AND there is an established epidemiological link between the person and the acute care facility that the person was previously admitted to. Note: a) The purpose of the proposed definition is to identify when a COVID-19 case is associated with an acute care facility, including persons who were admitted to or discharged from an acute care facility b) The application of this case definition should be conducted on a case-by-case basis following a case investigation Each confirmed COVID-19 case meeting the above criteria will be reviewed and assessed by Infection Prevention and Control (IPAC) for final classification as healthcare-associated.
High-Risk Close Contact (adapted from BC CDC)	A person who: • Provided direct care for the case, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g., intimate partner) **without** consistent and appropriate use of personal protective equipment **OR** • lived with or otherwise had close face to face contact (within 2 metres) with a probable or confirmed case for more than 15 minutes (may be cumulative, i.e., multiple interactions) up to 48 hours prior to symptom onset **OR**

Term	Definition
	• had direct contact with infectious body fluids of a probable or confirmed case (e.g., was coughed or sneezed on) **while not wearing** recommended PPE **OR** • has been admitted to the same room as a confirmed COVID-19 cases that was not on contact and droplet precautions **OR** • has shared the same bathroom as a confirmed COVID-19 case **OR** • has been identified by a Medical Health Officer as a high-risk contact **OR** • Has travelled outside of Canada within last 14 days

Roles and Responsibilities

The following table outlines, at a high level, the main roles and responsibilities of those leading or supporting COVID-19 outbreak preparation and response efforts for the duration of an outbreak. This table is not intended to be a comprehensive list of all responsibilities, but rather provides an overview at a glance.

Role	Description	Summary of Responsibilities
Site Leader or Delegate(s) (Might be Geographic Executive Director if appropriate)	Site Director, Director of Clinical Operations or delegate at the site where the COVID-19 outbreak is occurring	Organizes and leads the Outbreak Management Structure (OMS) meetings at the outbreak site, with a focus on ensuring: • Implementation of control strategies and resolution of local issues • Effective communication and working relationships amongst stakeholders (e.g. OMS members, employees, physicians, volunteers, patients and families, media, etc.) • Implementation of identified learnings during and at the close of the outbreak Reports to the Geographic Executive Director; VP, Pandemic Planning; Chief Medical Health Officer; and/or to the Island Health Emergency Operations Centre
Unit Leader or Delegate(s)	Manager or Lead of unit(s) with a COVID-19 outbreak; might include a clinical nurse leader, unit member or delegate	Maintains prevention and preparedness actions prior to outbreaks, and implements outbreak response actions as outlined in this Playbook and through the Outbreak Management Structure, with a focus on: • Implementing outbreak control measures • Providing relevant information to Public Health, Infection Prevention & Control and Occupational Health & Safety to identify symptomatic and/or confirmed cases, and to facilitate outbreak investigation activities and contact tracing • Enabling communication and providing direction/information to unit staff and patients regarding outbreak response activities • Implementing identified learnings during and at the close of the outbreak • Responding to/meeting WorkSafeBC workplace safety requirements

Medical Outbreak Leads	Medical Microbiologists (from Public Health and Infection Prevention & Control)	Medical outbreak lead in hospital:
		• Reviews the index case and determines whether the definition is met in order to declare an outbreak.
		• Identify and reviews outbreak control and response measures, with a focus on:
		  ○ Point prevalence screening for patients and/or staff
		  ○ Precautions
		  ○ Declaring the outbreak, and declaring it over when appropriate
		  ○ Submitting a request to BCCDC for Whole Genome Sequencing comparison of isolates from the outbreak (when deemed necessary)

Role	Description	Summary of Responsibilities

	Medical Health Officers	Medical outbreak lead in community:
		• Supports Medical Microbiologists in outbreak management
		• Leads community response:
		  • Reviewing staff and community cases and coordinating necessary testing, including point prevalence testing and clearing staff to return to work
		  • Provides public health input into discharge planning of cases and contacts
		  • Determining restrictions on concurrent work in outbreak sites and community sites (e.g. long term care, assisted living)

Infection Prevention & Control (IPAC)	IPAC director, manager or Infection Control Practitioner(s)	Supports unit and Outbreak Management Structure, outbreak prevention, reporting and response measures, with focus on: • Reviewing the case with the Medical Microbiologist and determining whether to declare an outbreak • Identifying possible healthcare-associated cases, tracking positive cases in the outbreak line list, and reporting to OMS • Providing notifications of the outbreak declaration • Following up on acute care contacts including transfers to another unit or site to ensure appropriate additional precautions are in place, and providing a list of patients discharged from the unit • Supporting the unit to implement outbreak control measures • Declaring the outbreak over in consultation with the Medical Microbiologist
Occupational Health & Safety (OH&S)	OH&S director, manager, or employee health advisors	Participates as part of the Outbreak Management Structure to support site and unit leaders to action outbreak response efforts as they impact staff and workplace safety, with focus on: • Collaborates to identify and support exposed staff/staff cases • Provides employee direction to follow up with the Provincial Workplace Health Call Centre (PWHCC) as appropriate • Liaise with the PWHCC and provide support to the PWHCC when needed • Reports on staff cases at OMS meeting • Liaises with union and unit manager/delegate to ensure incident investigations are completed as per WorkSafeBC requirements
Housekeeping		Responsible for auditing of environmental cleaning practices and communicating the audit results to the Infection Control Practitioner and the Outbreak Management Structure, as well as: • Reporting and addressing any deficiencies identified from the environmental cleaning audits and issues identified during Outbreak Management Structure meetings • Maintaining sufficient resources to achieve enhanced cleaning requirements including adequate staffing levels and cleaning supplies • Performing the terminal clean when the outbreak is declared over

Role	Description	Summary of Responsibilities
Surveillance team	Epidemiologists (from Public Health and Infection Prevention & Control)	Provides expertise in surveillance, reviewing staff and community cases for inclusion in reporting and investigating possible cases and contacts in the community for inclusion in outbreak reporting, with focus on: • Providing notifications of possible and confirmed cases • Facilitating an epidemiological investigation to identify the source of any ongoing transmission • Updating and distributing the outbreak data on weekdays • Maintaining the master outbreak line list for all acute care outbreaks • Tracking exposed patients attributed to the outbreak • Analysis of whole genome sequencing with the Medical Microbiologist and Medical Health Officers
Joint Occupational Health & Safety Committee (JOHSC)		The role for Acute Care JOHSC's is to: • Assist with communicating the importance of completing the Prevention & Preparedness tools within the Covid-19 Outbreak Acute Care Playbook (pages 13-15) • Review any actions identified in the "Other Action Recommended/Items referred to JOHSC" section of the Prevention & Preparedness Action Plan

Checklists

Checklists related to the phases of COVID-19 outbreak preparation and response are included throughout the various sections of this playbooks. Within the Appendices a few overarching checklists are provided to show the entire process at a glance.

- Appendix A – Overarching checklist for Unit Leader (or delegate)
- Appendix B – Overarching checklist for Site Leader (or delegate)
- Appendix C – Overarching checklist for OMS Lead (or delegate)

COVID-19 Outbreak Management Playbook – Content Overview and Links

This playbook is structured following five phases of outbreak management, and colour coded as follows (control + click on a link to jump to a section):

Outbreak Phase	Description and Contents
1. Prevention & Preparedness	**Focus:** Mitigation activities to minimize risk and prevent infection through routine practices, screening, surveillance and risk assessment **Includes:** a. Ongoing Important Tasks (screening, tracking, surveillance, auditing, risk mitigation etc.) b. Preparation and Prevention Audit and Assessment Frequencies c. Ongoing Education and Support
2. Initial Outbreak Investigation	**Focus:** Identification of possible sources of transmission, gaining knowledge, and identifying gaps that may have contributed to the outbreak **Includes:** a. Overview b. Confidentiality during Outbreak Investigations c. Initiating a COVID-19 Outbreak Investigation d. Detailed Case Investigation Flow Charts – Staff and Patients
3. Outbreak Response	**Focus:** Response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication and reduce morbidity and mortality **Includes:** a. Immediate Outbreak Response Actions b. Outbreak Management Structure (OMS) c. Case Tracking and Reporting d. Patient Cases and Management e. Staff Cases and Management f. Outbreak Control Measures
4. Outbreak Ending & Recovery	**Focus:** De-escalation of the outbreak response structure to shift back to 'normal' as the outbreak ends, and supporting the human impact post-outbreak **Includes:** a. Declaring an Outbreak Over b. Post-Outbreak Recovery
5. Debrief & Learning	**Focus:** Post outbreak debrief and identification of measures and/or actions to prevent future outbreaks and improve outbreak response effort **Includes:** a. Outbreak Debrief Summary b. Facilitated Conversations with Staff and Leadership

1. Prevention and Preparedness

Prevention and preparedness means ensuring systems, plans and control measures and mitigation activities are in place at a system and local level to minimize risk and prevent infection through routine practices, screening, surveillance and risk assessment. This enables early detention of a COVID-19 outbreak and implementation of an effective response.

Some prevention and preparedness measures may continue during an outbreak investigation and during outbreak response activities/actions.

1a. Ongoing Important Tasks

The following steps and tasks should be conducted on an ongoing basis:

Step	Tasks	Responsibility Of	Tool(s)
Screening and tracking (local-level)	Ensure multiple points of screening and tracking are in place on the unit, including: ☐ Screening patients for symptoms 2x per day and documentation in Cerner (see quick reference guide) ☐ Staff screening pre-shift ☐ Unit sign-in/sign-out tracking tool ☐ Break room sign-in/sign-out tracking tool	Unit Leader or delegate	Unit sign-in/out tracking tool Break room sign-in/out tracking tool *(tools being developed)*
Surveillance and monitoring (system-level)	Receive notifications of possible **patient** or **staff** cases ☐ Initiate investigation as required (see next section)	Public Health, in collaboration with IPAC	
Risk assessment and auditing (local-level)	Ensure the following audits are being completed: ☐ Outbreak prevention audit ☐ PPE audit ☐ Hand hygiene audit ☐ Also: Review unit current staffing levels to identify shortages or potential gaps that should be addressed See next page for frequencies before/during outbreaks	Unit Leader or delegate	Prevention audit tool (pdf) PPE audit tool (pdf)
	☐ Diversion assessment process - each site should have a process/plan in place that is drafted and reviewed quarterly or more frequently if required. Sites decide on approach/process, with support from IPAC	Site Leader or delegate	No tool – IPAC will support development as required
Risk and issue mitigation	As required based on above: ☐ Implement required changes as identified through assessment/audit results ☐ Escalate issues as required to site leadership, OMS, quality councils, or senior leadership as appropriate	Unit Leader or delegate	
	☐ Ensure the audits listed above are being completed site-wide and that risk mitigation measures are occurring	Site Leader or delegate	

1b. Preparation and Prevention Audit and Assessment Frequencies

The following table outlines the frequencies the various audits and assessments, which should be completed before and during a COVID-19 outbreak.

Important: Results from all of these audits should be saved to Safety Task.

Audit	Frequency		Responsibility Of
	BEFORE Outbreak	DURING Outbreak	
☐ Outbreak prevention audit	Every three months	At start of outbreak; review at day ten	Unit Leader or delegate
☐ PPE audit	Every three months	At start of outbreak; conduct every 3-5 days	
☐ Hand hygiene audit	Once per period	At start of outbreak; conduct every 3-5 days	IPAC Hand Hygiene Auditors
☐ Environmental cleaning audit	Weekly	Weekly	Housekeeping
☐ Staffing levels review	Monthly	At start of outbreak; review weekly	Unit Leader or delegate
☐ Diversion assessment process	Yearly (if not already in place)	Review and update as required in discussion with OMS	Site Leaders or delegate

1c. Ongoing Education and Support

There are a number of education modules and supports available to staff to support them in general Infection Prevention and Control procedures and also to be prepared before and during a COVID-19 outbreak situation. These are posted on the Island Health COVID-19 intranet page under the following headings:

- Education Sessions and Recordings (top of page)
- PPE – Donning, Doffing and Reusing
- PPE – Practice Resources

In addition, the Island Health Learning Management System includes the following learning modules:

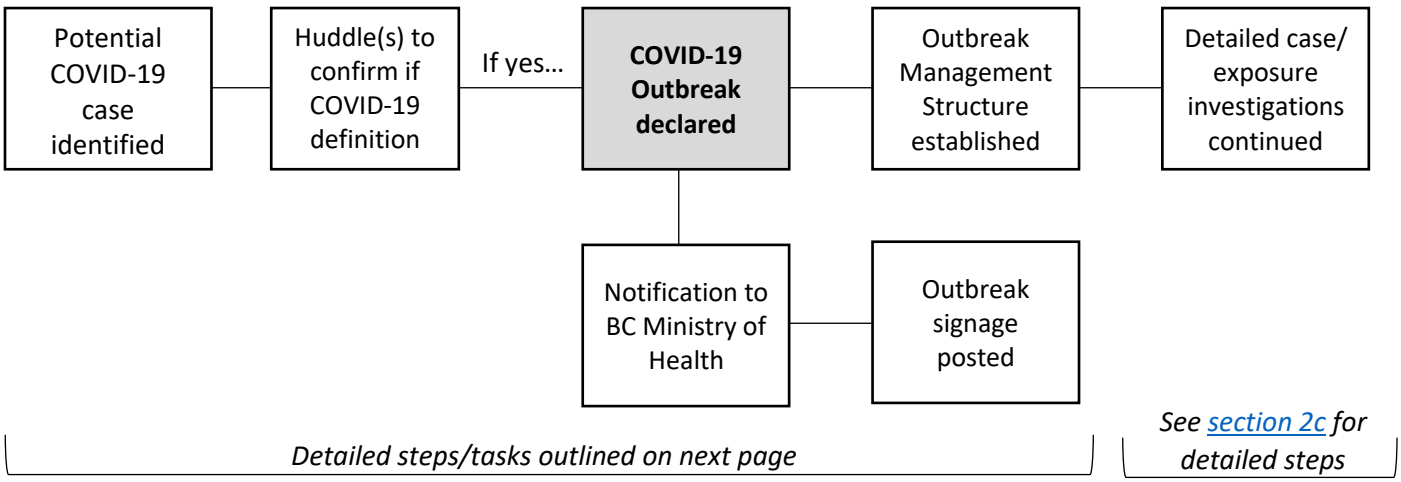
- Infection Control and Hand Hygiene (Island Health course)
- Infection Prevention and Control Practices for Direct/Professional Clinical Care Providers (Province-wide course)

2. Outbreak Investigation

2a. Overview

COVID-19 outbreak investigations are completed to identify possible sources of transmission in order to implement immediate and appropriate control measures. This phase sets the stage for initiating an outbreak response if required. Investigations also help Identify gaps in policies, procedures and processes that may have contributed to the outbreak and enable implementing measures to prevent reoccurrence.

The overarching flow of a COVID-19 Outbreak Investigation is as follows:



2b. Confidentiality during Outbreak Investigations

During an outbreak investigation, the management of confidential medical information of staff (including medical staff, contracted staff and volunteers) requires additional care and attention. Access to all personal information, including name and Personal Health Number (PHN), of possible or confirmed staff, medical staff, contracted staff and volunteer COVID-19 cases is restricted to the following groups:

- Infection Control Practitioner
- Medical Microbiologists (Public Health and Infection Prevention and Control)
- Public Health Epidemiologist
- Medical Health Officer(s)
- Occupational Health and Safety
- Communicable Disease

For the purpose of the outbreak call and the line list, case numbers (i.e. Staff #1, Staff #2) are assigned to protect staff privacy. The Unit/program manager may be provided with identifying information of a staff, medical staff or volunteer case only if contact tracing is required or if the line list requires additional clarification.

2c. Initiating a COVID-19 Outbreak Investigation

The following steps and tasks occur during a COVID-19 Outbreak investigation:

Steps	Tasks	Responsibility Of	Tools
Potential COVID-19 case identified	Initial identification of a possible **patient** case: ☐ Report symptomatic patient(s) to the Infection Control Practitioner - OR -	Unit Leader or delegate	
	Initial identification of confirmed **staff** case: ☐ Inform IPAC and OH&S of possible staff case(s) ☐ Begin staff case investigation	Communicable Disease	
	☐ Begin patient case investigation	Infection Control Practitioner	
Determine if definition met for a COVID-19 Outbreak	Prior to first OMS meeting (may occur multiple times): ☐ Set up huddle (participants are: Infection Control Practitioner; Medical Microbiologist; Medical Health Officer; IPAC Epidemiologist; IPAC Director; Site Leader or delegate)	Infection Control Practitioner	
If yes:			
Public communication approved	Internal/external communications require approval from BC Ministry of Health. This process should not delay any operational decisions/actions	Communications	
COVID-19 Outbreak Officially Declared	Initiate outbreak declaration: ☐ Email official Outbreak Declaration to OMS lead (incl. date outbreak declared, unit(s) affected, etc.) ☐ Enter the outbreak declaration onto the Health Space website for public view	Infection Control Practitioner	COVID-19 Outbreak Declaration email (pdf)
	☐ Notify senior leadership of COVID-19 outbreak	IPAC Director/ OMS Lead	
Outbreak Management Structure established	Concurrently with the above declaration: ☐ Send out initial invite to occur within approximately 2.0 hours, and daily OMS meeting series (teleconference/ Zoom) to occur throughout the COVID-19 outbreak. Attach COVID-19 declaration email from ICP	OMS Lead	
Outbreak signage posted	☐ Post BCCDC COVID-19 Outbreak poster at the unit entrance(s) and facility entrance if appropriate	Site Leader or delegate	BCCDC Outbreak poster (pdf)
Continue detailed case investigation	See flow charts on the following pages	Communicable Disease/IPAC	

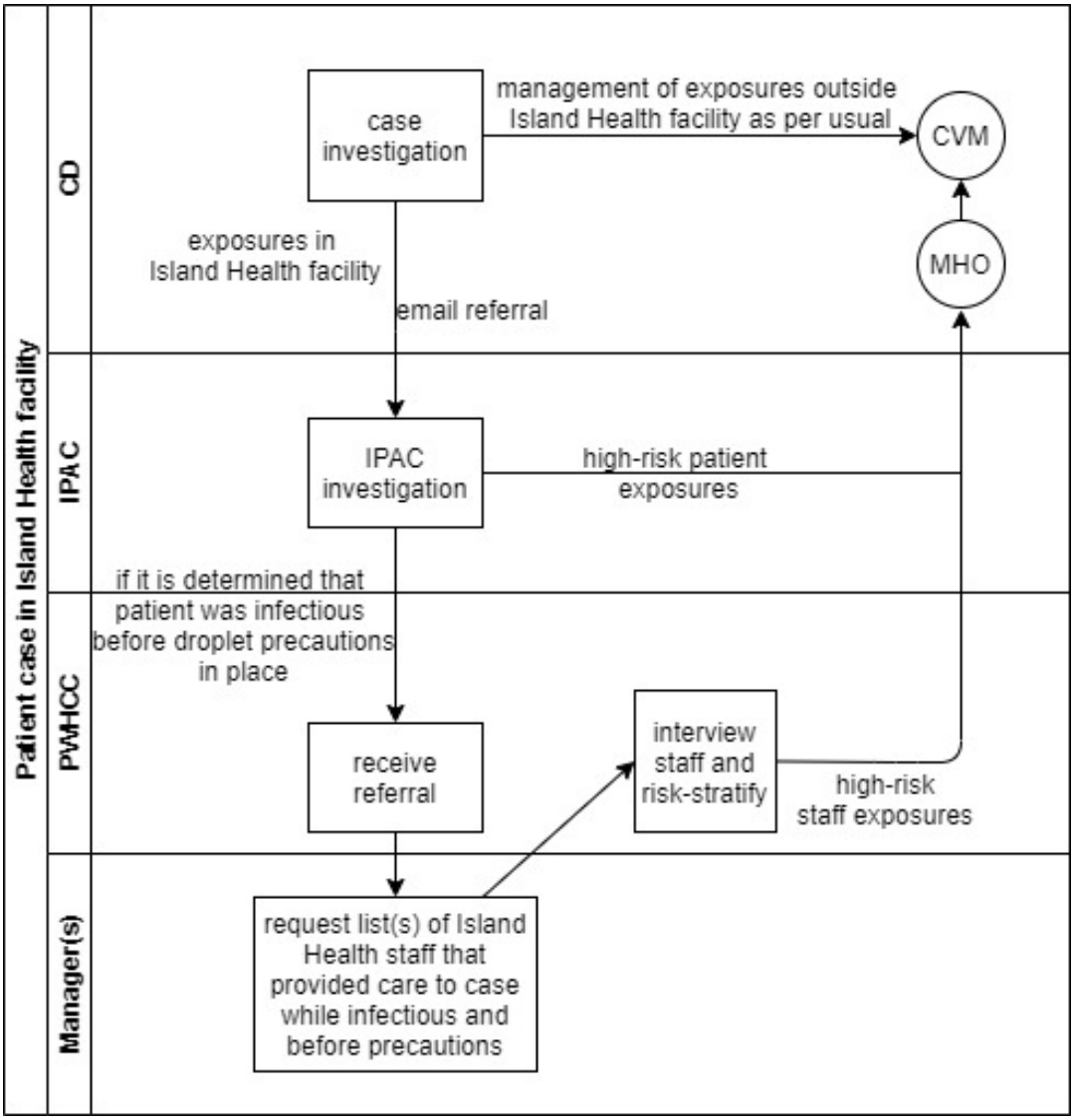
Following the initial steps above, detailed case/exposure investigation continues. The flow charts below outline the process, steps and tasks for patient and staff cases and exposures within an Island Health facility.

2d. Detailed Case Investigation Flow Charts – Patients and Staff

IMPORTANT NOTE: The following processes are new and being tested. Please notify the Medical Health Officer before initiating a COVID-19 detailed case investigation.

2d-i. Case Investigation – PATIENT

The case investigation flow chart and detailed steps that follow apply for a patient who is/was a patient at an Island Health facility (ex. hospital, emergency, outpatient clinic) while infectious.



Terms/Definitions:

CD: Public Health Communicable Disease

CVM: COVID-19 Virtual Monitoring (includes referral to Public Health team for isolation and monitoring of individual from a high-risk exposure)

MHO: Medical Health Officer

IPAC: Infection Prevention and Control

PWHCC: Provincial Workplace Health Call Centre

Manager: Leader of the outbreak unit, or delegate (might include Site Leader)

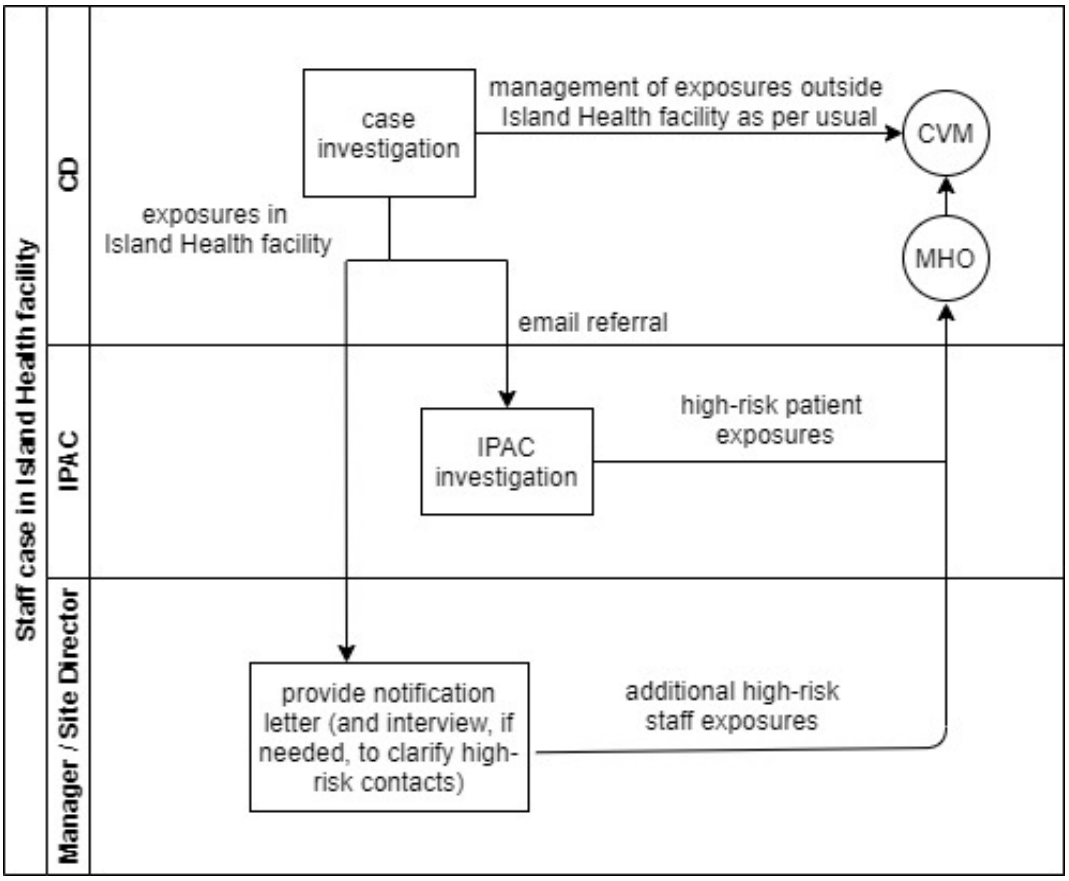
The following table provides further details into the steps for **PATIENT** Case Investigations:

	Tasks: Case Investigation – PATIENT	Responsibility Of
1.	☐ If available, begin by reviewing admission and/or consult notes in PowerChart to acquire: Admission diagnosis; Location and dates in Island Health facility; and Notes regarding precautions ☐ If case is an inpatient and cannot be reached on own phone, call the patient's unit	IPAC and/or Communicable Disease, as appropriate
2.	☐ Complete the interview as per usual, acquiring as much information as possible on: • Suspected acquisition, including known exposures and higher-risk community activities • Healthcare related exposures during **incubation** period • Healthcare related exposures during **infectious** period, and PPE use (ex. mask usage during outpatient appointment)	Communicable Disease
3.	☐ Refer to Infection Prevention and Control, using email template in Appendix D.	
4.	☐ Determine if case was not on droplet precautions while infectious on site, and if so manage patient exposures and refer to Provincial Workplace Health Call Centre to manage Island Health staff contacts	Infection Prevention and Control
5.	☐ For exposed or potentially exposed health care providers (Island Health staff only), compile a staff list using staffing schedules, the unit check-in/check-out list and the break room check-in/check-out lists and provide names to the Provincial Workplace Health Call Centre	Unit Leader or delegate
6.	☐ Manage Island Health staff contacts, including conducting the following tasks: • Contact the appropriate manager to determine who may have had contact with the case • Interview contacts of the case and risk stratify; • Track all contacts and other details in WHITE • Provide a summary of their investigation to Occupational Health and Safety	Provincial Workplace Health Call Centre
7.	☐ Follow up with the PWHCC to ensure investigation is completed and that a summary is provided ☐ Report to OMS on the results	Occupational Health & Safety
8.	☐ Manage contacts in the household and community as per usual process.	Communicable Disease
9.	☐ Document case in CCT and set earliest clearance date, and provide summary to MHO.	
10.	☐ Refer to CVM, unless case is admitted to hospital	
11.	☐ Medical Health Officer (MHO) may request further follow-up with non-Island-Health staff (ex. physicians, housekeeping, students) based on case investigation, and/or a notification letter to be sent to the site. • If this is required, the MHO will provide direction to connect with the respective school, contracted organization, or other as required based on potential high-risk contacts • The process for student follow-up is in Appendix E	

2d-ii. Case Investigation – STAFF

The case investigation flow chart and detailed steps that follow apply for an employee of an Island Health facility (ex. hospital, emergency, outpatient clinic) and is identified as having worked while infectious.

Note: *Health care workers identified as high-risk contacts, regardless of the exposure setting, are to self-isolate according to standard process. Work-home isolation is the exception to the normal process, and allows staff to work but they must return straight home after work.*



Terms/Definitions:

CD: Public Health Communicable Disease

CVM: COVID-19 Virtual Monitoring (includes referral to Public Health team for isolation and monitoring of individual from a high-risk exposure)

MHO: Medical Health Officer

IPAC: Infection Prevention and Control

Manager: Leader of the outbreak unit, or delegate (might include Site Leader)

The table on the following page provides further details into the steps above.

The following table provides further details into the steps for **STAFF** Case Investigations:

	Tasks: Case Investigation – STAFF	Responsibility Of
1.	☐ Complete the interview as usual, acquiring as much information as possible on: • Position (ex. RN, physician, custodian) • Suspected acquisition, incl. known exposures and higher-risk community activities • Dates, times, and area(s) worked in hospital during **incubation** period • Dates, times, and area(s) worked in hospital during **infectious** period • Reported PPE use while working, including frequency of mask changes • Other locations worked during incubation or infectious period (ex. LTC, Assisted Living, group home) -> *Flag any exposure during infectious period in congregate settings (ex. LTC, Assisted Living, group homes) immediately to MHO* • Close work contacts identified, particular attention to when the case may have unmasked (ex. break rooms, changing rooms) • Determine if there are challenges with self-isolation (ex. multi-generational household, roommates), and if so flag for MHO • Vaccination status and date(s) • Name and phone number of manager (if applicable)	Communicable Disease
2.	☐ Provide the following guidance to the staff case: • A notification letter will be sent to their worksite to inform them that an exposure occurred on-site and contact tracing is underway • If there is uncertainly regarding contacts (if they can't remember who was in break room with them), disclosure to unit leader will be necessary for contact tracing purposes • If they are an Island Health employee, phone the Provincial Workplace Health Call Centre at 1-866-922-9464 for tracking and to access WorkSafeBC	Occupational Health & Safety
3.	☐ Manage contacts in the household and community as per usual protocol	Communicable Disease
4a.	If case worked while infectious, manage workplace contacts in the following manner: ☐ **PATIENT exposures**: Refer to IPAC by email who will manage (see Contacts) and cc to MHOs (use email template in Appendix F)	Infection Prevention & Control
4b.	☐ **STAFF contacts**: • If there is a need for more information (e.g. if they were in a break room with others but can't remember who, or don't have phone numbers of contacts), interview the manager to acquire this information. As the manager would require knowing who the case is, the name of the case can be disclosed to the manager.	Communicable Disease
5.	☐ Identify/communicate additional high-risk staff exposures to Communicable Disease	Unit Leader
6.	☐ Provide summary, incl. contact recommendations and draft notification letter, to MHO	Communicable Disease
7.	☐ Document case in CCT. Include copy/paste of 4a. (Appendix F) in progress note	
	☐ Refer case to CVM for monitoring and isolation	

3. Outbreak Response

The focus of this phase is to implement response procedures to reduce impact and duration, prevent spread or reoccurrence, enable communication and reduce morbidity and mortality. This outbreak response section includes (control + click on a link to jump to a section):

Contents (click to go to relevant section)

3a. Immediate Outbreak Response Actions
i. Immediate Steps to be taken by Site/Unit Leadership

3b. Outbreak Management Structure (OMS)
i. OMS Overview (Purpose, Function, etc.)
ii. OMS Accountability
iii. OMS Membership
iv. OMS Meeting Format and Agendas
v. Privacy and Confidentiality
vi. Ongoing Communication

3c. Case Tracking and Reporting
i. Line Lists/Tracking and Testing Lists
ii. Privacy and Confidentiality

3d. Patient Cases and Management
i. Patient and Family Communication
ii. Notification of New, Possible or Confirmed Patient Cases
iii. Patient Point Prevalence Testing
iv. Patient Placement, Movement and Cohorting
v. Clinical Care
vi. Patient Discharges/Acute Care Readmissions

3e. Staff Cases and Management
i. Staff and Medical Staff Communication and Privacy
ii. Frequently Asked Questions
iii. Staff and Medical Staff Well-Being Supports
iv. Notification of New, Possible or Confirmed Staff Cases
v. Staffing and Staff Movement
vi. Staff Point Prevalence Testing

3f. Outbreak Control Measures
i. Auditing and Assessments
ii. Routine/Additional Precautions and Hand Hygiene
iii. Environmental Cleaning
iv. Visitors
v. Unit Closures/Openings

3a. Immediate Outbreak Response Actions

Once a COVID-19 outbreak has been declared, there are a few immediate steps that must be taken. This list is not intended to replace the additional steps outlined in this section, but rather highlight the priority steps that must be taken immediately.

3a-i: Immediate Steps to be taken by Site/Unit Leadership

Tasks	Responsibility Of	Tool(s)
Outbreak Status Communication: ☐ Post signage on unit and facility if appropriate ☐ Email all staff at affected unit and the site as a whole (written with support from OMS Communications representative) ☐ Ensure staff safety huddles are in place and occurring	Site Leader or delegate	BCCDC Outbreak poster (pdf)
Readiness Audits: ☐ Conduct Prevention Audit ☐ Conduct Personal Protective Equipment Audit (PPE) ☐ Outline staff essential to the unit during an outbreak by completing the Essential Staffing Tool, as per WorkSafeBC requirements, and keep on hand	Unit Leader or delegate	Prevention Audit (pdf) PPE Audit (pdf) Essential Staffing Tool (pdf)
Staff Screening ☐ Ensure all staff, including medical staff and contracted staff, working on the unit are screened for symptoms prior to the start of their shift and at least once partway through their shift	Unit Leader or delegate	Online links to be available shortly
Unit Restrictions: ☐ Restrict staff movement between affected unit and other units/sites ☐ Close unit to admissions ☐ Restrict visitors to those essential to patients physical wellbeing or end of life situations ☐ Institute appropriate outbreak precautions ☐ Universal mask and eye protection on the unit for all staff ☐ Droplet and contact precautions for identified, symptomatic and contact patients	Site Leader or delegate (supported by Unit Leader or delegate)	
Outbreak Management Structure (OMS): ☐ Set up 1st OMS (see next section for detailed steps) meeting for same day within 2 hours of the alert that there is an outbreak, with ongoing daily series	OMS Lead or delegate	Draft agendas in next section

3b. Outbreak Management Structure

This section includes:

i. OMS Overview
ii. OMS Accountability
iii. OMS Membership
iv. OMS Meeting Format and Agendas
v. Privacy and Confidentiality
vi. Ongoing Communication

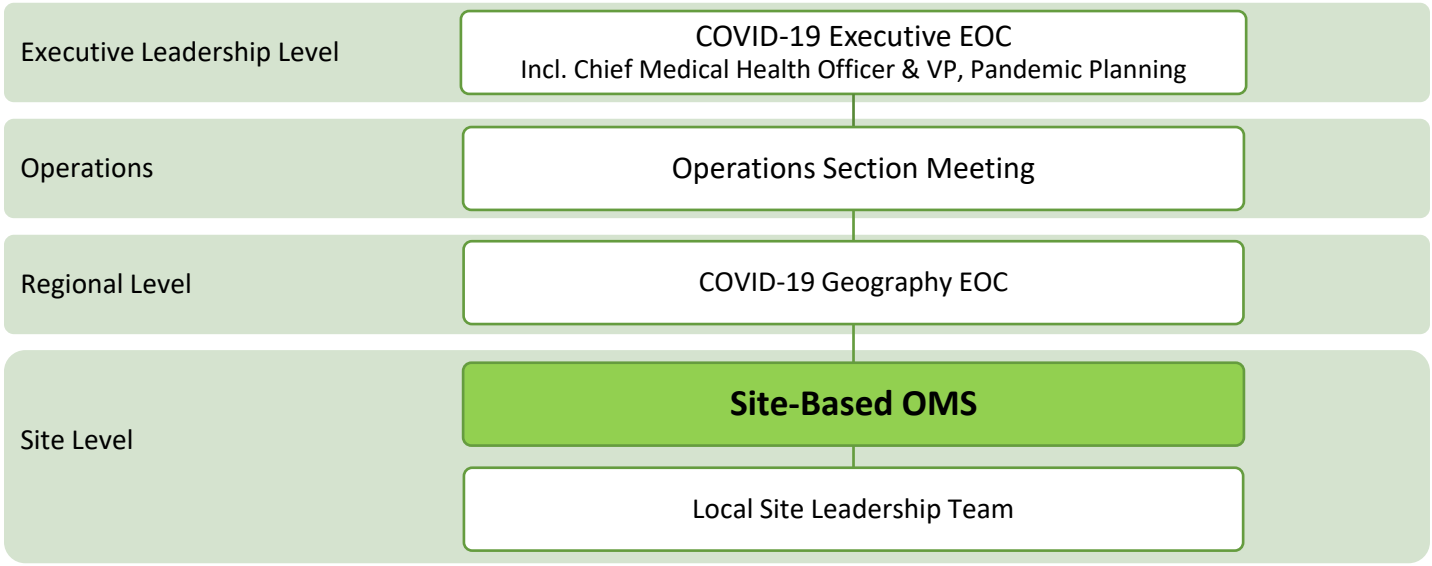
3b-i. OMS Overview

When a COVID-19 outbreak has been declared, a multi-disciplinary Outbreak Management Structure (OMS) is established.

OMS Lead	The OMS lead is the Site Director/leader or designate where the COVID-19 outbreak is occurring, or designate if required (may also be the Director, Clinical Operations or Geographic Executive Director)
OMS Function	The OMS becomes the main leadership structure at a site during a COVID-19 outbreak and all decisions must flow up through this structure. The OMS is to be used for rapid and action-oriented COVID-19 outbreak response updates, decision-making and action. Meetings are ~30 minutes.
OMS Purpose	The OMS purpose is four-fold: • To ensure a coordinated, clear, reliable, integrated and timely response to a COVID-19 outbreak • To increase communication with staff, patients, the public and senior leadership • To addresses issues or potential areas of risk • To provide direction on actions and preventative measures
OMS Goal	The OMS goal is to ensure patient and staff safety through: • Prompt recognition of a COVID-19 outbreak • Reducing the impact to the acute care population, including patients and staff • Preventing further spread and/or reoccurrence of the illness • Reducing morbidity and mortality rates in the affected population • Increasing communication between stakeholders, and • Reducing the duration of an outbreak
OMS Format	The OMS is implemented by way of **daily meetings** for the entire course of the outbreak

3b-ii. OMS Accountability

The OMS accountability and reporting structure is shown in the diagram below



3b-iii. OMS Membership

The OMS membership includes site leadership, COVID-19 outbreak management leadership, and programs directly connected to or support local outbreak response efforts. Membership should include:

Group	Members
Local Leadership	• Geographic Executive Director • Site Director/Leader • Site Medical Director/Leader/Chief • Director, Clinical Operations • Site Leader and Unit Leader or delegate • Unit Patient Care Coordinator
Infection Prevention & Control (IPAC)	• IPAC Director or delegate • IPAC Medical Director/Medical Microbiologist • IPAC Epidemiologist • Site Infection Control Practitioner(s)
Public Health	• Medical Health Officer or delegate • Public Health Epidemiologist
Occupational Health & Safety	• Occupational Health & Safety representative(s) • Provincial Workplace Health Call Centre representative
Communications	• Communications and Public Relations
Program representatives	Representatives/leads from: • Acute Utilization and Flow • Laboratory Services • Pharmacy • Staffing office • General Support Services (Housekeeping, Food Services, Laundry Services) • Stores/Logistics • Volunteer Resources
Optional participants	Other representatives may be included in the OMS, or may be provided updates or consulted with as required, including but not limited to: Protection Services; Facilities, Maintenance and Operations, etc.

3b-iv. OMS Meeting Format and Agendas

The OMS lead will facilitate daily meetings (teleconferences, Zoom, etc.) during a COVID-19 outbreak.

All OMS meetings should have the following characteristics:

- Include relevant updates crucial to outbreak response efforts
- Be kept on track and be action-oriented with a focus on local-level decision-making and problem-solving
- Be approximately 30 minutes in duration
- Have all decisions and actions tracked using the COVID-19 Meeting Record of Decisions and Actions
- Have minutes circulated via email to all those on the meeting shortly after each meeting

OMS meetings include the following:

- An situation summary, including review the status of existing cases and new cases associated with the outbreak
- Escalation of issues/risk, report out on action items, control/preventative measures and communication materials
- Decisions regarding need for diversion and/or unit, department or facility closures (escalated to Executive EOC)

First OMS Meeting Agenda

The first OMS meeting agenda includes:

Agenda Item	Description	Who	Tool
Welcome	Welcomes participants to the meeting, and reviews: • Purpose and function of the OMS (see above) • OMS meeting format (above) and ongoing agenda • Content from COVID-19 declaration email	OMS Lead	COVID-19 Outbreak Declaration email (pdf)
Situation Overview	Provides the following information: • Index case summary: admission date, admission diagnosis, units/rooms during admission and infectious period, previously tested (Y/N), symptoms and onset date, specimen collection/results date • Exposures or known contacts • Pending swabs from unit • Contacts that have been identified off the unit	Infection Control Practitioner	ICP COVID-19 OMS report (pdf)
Immediate Actions	• Reviews status of the immediate Outbreak Response Actions checklist • Communications to draft and circulate initial staff and public communication	OMS Lead	Immediate Outbreak Response Actions checklist
Next meeting	Shares the COVID-19 OMS Meeting Record of Decisions and Actions (pdf), noting: • Required updates from each OMS participant • Focus on priority updates and escalation of issues	OMS Lead	COVID-19 OMS Meeting Record of Decisions and Actions (pdf)

Ongoing OMS Meeting Agenda

The daily, ongoing OMS meeting agendas include what is outlined the table below.

- The COVID-19 Agenda and Record of all Decision and Actions (pdf) outlines the meeting flow below and is the location to document all updates, actions, decisions and issues for all COVID-19 outbreak OMS meetings.
- **If no update is required, the individual can decline to provide an update.**
- Should further discussion be needed on a topic raised, the OMS lead will designate a group to continue the discussion outside of the OMS meeting, with a timeline for completion.

Agenda Item	Description	Who
Welcome	A quick welcome to the meeting, with a reminder to participants (as needed) to limit report outs to critical issues for action, decision or key updates. **If there is no update required, please pass.**	OMS Lead
Situation Update – Reports **Description:** An situation summary, including the status of existing cases and new cases associated with the outbreak		
a. Outbreak Summary & Patient Case Report	Using the ICP COVID-19 OMS report, the ICP provides a summary of the outbreak, including, but not limited to, unit name and service/program, date outbreak was declared, status of existing cases and new cases associated with the outbreak, rooms affected on the unit, cases with pending swabs, results of patient point prevalence testing, etc.	Infection Control Practitioner (ICP)
b. Epi Curve	The Medical Health Officer, or Epidemiologist, reports on transmission of the virus and Epi Curve of the outbreak in the facility	Medical Health Officer
c. Staff Case Reports	The OH&S representative reports on the: • COVID positive staff follow-up that has occurred • # of staff contacted by the Provincial Workplace Health Call Centre	Occupational Health & Safety
	The Communicable Disease representative reports on the aggregate staff point prevalence testing results including: • Total number of staff identified as eligible for testing by site • Total number of staff tested to date • Total number of tests pending, resulted positive and resulted negative	Communicable Disease
d. Staffing Report	• The Staffing Office representative (or unit leader if required) reports the number of sick calls on the unit • The Unit Leader or delegate reports how many staff the unit is short	Staffing Office and Unit Leader (or delegate)
Issues and Actions **Description:** In sequence, each of the groups outlined below will **briefly**: a) outline any issues/risks; b) report out on action items from previous meetings, and c) note any new controls or preventative measures in place		
a. IPAC	IPAC Director, Medical Microbiologist, Infection Control Practitioner	
b. Public Health	Medical Health Officer, Communicable Disease or delegate	
c. OH&S	Director, Employee Health Advisor or delegate	
d. Unit/Site Leaders	Care leads of outbreak unit/wing, other care units as required; also provide as applicable: ER impact, Surgical Slate impact, Pt access/flow impact	
e. Support Services	Representatives from Housekeeping services, Food services, Laundry Services, Stores/Logistics	
f. Diagnostics	Representatives from Pharmacy, Laboratory	

Agenda Item	Description	Who
g. Corporate	Representatives from Communications, Staffing Office, Volunteer Resources	
h. Communications	Representative from Communications team, with review of communication materials if needed	
i. Other	Other representatives should they have be invited to the OMS meeting by the OMS lead	
Decisions **Description:** Decisions to be made at the daily meeting if required:		
a. Diversion	Decisions made regarding potential need for diversion	Acute Util. & Flow
b. Closures	Need to close departments/facility (to be escalated to Executive EOC)	Medical Micro.
c. Other as required		

3b-v. Privacy and Confidentiality

According to the Island Health Confidentiality and Security of Personal Information Policy, all personal information concerning patients, residents, clients, employees, physicians and volunteers is confidential and accessed on a need to know basis only. It is important to safeguard the identity of any of the above, including their profession or job identifiers, during discussions at OMS meetings. However, staff may want to reach out to their manager, supervisor or colleagues for support and connection.

For the purpose of the OMS call and the line list, case numbers are assigned (i.e. Staff #1, Staff #2) to protect staff privacy. The unit/program manager may be provided with identifying information of a staff, medical staff or volunteer case only if contact tracing is required or if the line list requires additional clarification. Further details regarding privacy and confidentiality are noted within sections below as appropriate.

3b-vi. Ongoing Communication

Site Communication

The Site Director or Director, Clinical Operations (or designate) and the OMS Communications representative are responsible for developing key messages and communicating with staff (including medical staff, contracted staff, students and volunteers), patients and families. This is done in collaboration with Occupational Health & Safety, the Medical Microbiologist, the IPAC Director and the local Infection Control Practitioner. **Regular communications from site and unit leadership should include:**

- COVID-19 Outbreak emails (every 1-2 days) and updates to staff and medical staff:
  - Includes updates regarding new cases, ongoing testing, staff and physicians supports, COVID-symptoms, precaution reminders, temporary staff accommodation, answers to frequently asked questions, required staff actions, etc.
  - Communications are written by site leadership and reviewed by the Island Health Communications program prior to distribution (a Communications representative will be part of the OMS meetings)
- Unit and/or site safety huddles
- In addition, Site or Unit Leaders could consider convening a special meeting of the Joint Occupational Health & Safety (JOHS) Committee to provide information to the staff they represent.

(…continued next page)

For more information on communication with staff, medical staff, patients and families, see also:

- Section 3e-i: Staff and Medical Staff Communication and Privacy
- Section 3d-i: Patient and Family Communication

Media or Public Communication

Any communications outside of Island Health will be supported by the Island Health Communications Department.

3c. Case Tracking and Reporting

3c-i. Line Lists / Tracking and Testing Lists

A variety of tools and processes are used to track, report and follow up on new possible or confirmed COVID-19 patient and staff cases. De-identified reports using these tools are provided during OMS meetings. The tools include:

Line/Tracking List	Description	Maintained By
COVID-19 Outbreak Master Line List (excel)	A detailed and complete list of all confirmed cases in the COVID-19 outbreak, including: • All possible (symptomatic) patient cases with pending COVID-19 tests • All confirmed patient, staff, medical staff, contracted staff and volunteer cases associated with the outbreak or under investigation This line list is accessible to the Medical Health Officers	Infection Control Practitioner / IPAC Epidemiology Team
COVID-19 Outbreak Patient Line List for use by Unit (excel)	A list for Unit Leader or delegate to report symptomatic patients to the Infection Control Practitioner	Unit Leader or delegate
IPAC/Public Health Master Outbreak Line List	A master outbreak line list for all acute care outbreaks that is provided to Population Health Assessment Epidemiology to facilitate required regional and provincial reporting	IPAC/Public Health Epidemiologist
COVID-19 Outbreak Staff and Physician Mass Testing List (excel)	A list of all individuals requiring testing, including staff and physicians that is compiled by the affected site	Public Health/ Unit Manger

3c-ii. Privacy and Confidentiality

As noted previously, management of confidential medical information of staff (including medical staff, contracted staff and volunteers) requires additional care and attention. Access to all personal information, including name and Personal Health Number (PHN), of possible or confirmed staff, medical staff, contracted staff and volunteer COVID-19 cases is restricted. For the purpose of the OMS call and line lists, case numbers are used to protect privacy.

3d. Patient Cases and Management

This section includes:

i. Patient and Family Communication
ii. Notification of New, Possible or Confirmed Patient Cases
iii. Patient Point Prevalence Testing
iv. Patient Placement, Movement and Cohorting
v. Clinical Care
vi. Patient Discharges/Acute Care Readmissions

3d-i. Patient and Family Communication

Island Health has developed a number of tools, posters and handouts for clients and families. These are available on the Island Health COVID-19 intranet site under the heading 'Patient-Client Handouts'.

Handouts include, but are not limited to:

- Isolation requirement handouts for patients in acute care
- COVID-19 mouth rinse/gargle sample collection
- COVID self-assessment and testing information handouts
- Introduction to Jabber
- Palliative Care: COVID-19 psychosocial resources
- How to isolate: For those who have COVID-19 or respiratory symptoms

Scripts to guide conversations with patients and appropriate contacts. Note: These are NOT to be used as printed materials to notify individuals of exposures. The document includes:

- Disclosure script for Patients with Capacity who have potentially been exposed to COVID-19
- Disclosure script for Patients with Capacity who have potentially been exposed to COVID-19 and then show symptoms suggestive of COVID-19
- Disclosure script for families of Patients Without Capacity notifying of exposure to COVID-19, seeking consent for swab if symptoms present
- Disclosure script for families of Patients Without Capacity notifying of exposure to COVID-19, when they subsequently show symptoms suggestive of COVID-19
- Questions and Answers

These scripts are available here: COVID-19 Disclosure Scripts for Inpatients of Acute Care or Clients of LTC and MHSU Facilities (PDF)

3d-ii. Notification of New, Possible or Confirmed Patient Cases

The following outlines key steps and tasks in the process related to patient cases:

Steps	Tasks	Responsibility Of	Tool(s)
Reporting	☐ Report symptomatic patients to the Infection Control Practitioner using the Outbreak Patient Line List for Use by Unit tool	Unit Leader or delegate	Outbreak Patient Line List for Use by Unit (excel)
	☐ Add symptomatic patients to the COVID-19 Outbreak IPAC Master Line List, including admission history, symptoms, symptom onset date, specimen collection date, etc. ☐ Report to IPAC Epidemiology and Medical Microbiology ☐ Provide update at the OMS meeting	Infection Control Practitioner	COVID-19 Outbreak Master Line List (excel)
Patient/Family Communication	☐ Notify the confirmed patient and/or their families as required	Most Responsible Nurse	COVID-19 Disclosure Scripts (pdf)
Immediate Precautions	If the case is in a multi-bed room: ☐ Put other cases on additional precautions if not already initiated	Most Responsible Nurse	
Notifications - Discharged Patients	☐ Communicate to Communicable Disease about any discharged patients from the outbreak unit For further details, see the Patient Discharge section of this Playbook	Unit Leader or delegate	
	☐ Include any results of the discharged patients investigation in the COVID-19 Outbreak Master Line List	Infection Control Practitioner/Public Health	COVID-19 Outbreak Master Line List (excel)

The COVID Positive Reporting, Communications and Follow-up Workflows (pdf) document provides detailed guidance and steps related to patient exposures.

3d-iii. Patient Point Prevalence Testing

There may be a requirement for point prevalence screening for patients, including the patients who have been exposed on the outbreak unit and are still admitted in acute care.

The decision to conduct patient point prevalence testing is determined by the Medical Microbiologist in consultation with the Medical Health Officer. The Medical Health Officer may also decide to include exposed patients who have been discharged to the community or Long Term Care (LTC), Assisted Living (AL) or any other congregate living facility.

If there is a decision to move forward with patient point prevalence testing, the following steps are taken:

Steps	Tasks	Responsibility Of
Testing	☐ Implement the testing of currently admitted patients as directed by the Medical Microbiologist and coordinated with the Laboratory	Unit Leader or delegate
	☐ Ensure that exposed patients who have been transferred to other acute care units or other acute care sites are tested as part of point prevalence	Infection Control Practitioner, and IPAC Epidemiology
Tracking and Reporting	☐ Track testing results of current inpatients, including those on other units or at other sites, and report aggregate results at the OMS daily teleconference ☐ Track testing results of discharged patients and report them to the Infection Control Practitioner and IPAC Epidemiology for tracking and inclusion in reporting	Public Health Communicable Disease
Patients discharged to Community	☐ Coordinate with Community Health Services and LTC to ensure patients who have been discharged to the community or LTC are tested as part of point prevalence	Infection Control Practitioner/IPAC Epidemiology
Patient Refusals for Point Prevalence Testing	For any patients that refuse the point prevalence testing, the unit must: ☐ Report refusals at the daily OMS meeting to ensure accurate understanding of the scope of testing and the interpretation of results	Unit Leader or delegate

3d-iv. Patient Placement, Movement and Cohorting

Patient Placement and Movement

During a COVID-19 outbreak, the affected unit will be closed to admissions. Important notes about patient placement, movement and cohorting are outlined below. In general, note that:

- Hallway beds and over capacity beds are not permitted on the outbreak unit
- Every attempt should be made for patients to have private rooms on the unit
- All patients on the outbreak unit should remain in their rooms unless they require essential diagnostic tests and therapeutic treatments that cannot be carried out in the patient's room
- If any patient requires transfer to another unit or facility, the unit or facility must notify the receiving unit or facility of the outbreak prior to transfer, and where possible, in consultation with the ICP
- Transfers to long term care or assisted living will be stopped for the duration of the outbreak, but patients may be discharged home to an independent home address
- Any patients transferred from the unit prior to or during the outbreak must be placed on Droplet and Contact Precautions and monitored for symptoms for 14 days
- The outbreak facility should maintain a record of any patients admitted to another site while on diversion, to enable repatriation if and when necessary

The COVID-19 intranet site contains documentation and processes for Patient Placement and Transport, including but not limited to:

- Acute Care Adult In-Patient Precautions, Activities and Restrictions (pdf)
- Pediatric COVID-19 Site Planning, Cohorting, HLOC Transport and Repatriation Procedure (pdf)
- Adult COVID-19 Site Planning, Cohorting, HLOC Transport and Repatriation Procedure (pdf)
- COVID-19: Assessing Transmission Risk and Determining Appropriate Level of Intervention (pdf)
- Bed Placement of Admitted Patients with Suspected/Confirmed COVID-19 (pdf)
- 14 Day Isolation in Acute Care in Preparation for Repatriation to Assisted Living or Long-Term Care (pdf)

Additional resources for transport can be found under the heading: **"**Patient Placement and Transport" on the COVID-19 intranet site.

Patient Cohorting

Confirmed patients on the outbreak unit must be cohorted to reduce the risk of transmission to other patients. If patients are cohorted, dedicated nursing is required on the unit. This process will be decided by the OMS and will be supported by the Medical Microbiologist and Infection Control Practitioner.

3d-v. Clinical Care

During a COVID-19 outbreak, supporting safe, quality patient care remains of the utmost importance. In general, note that:

- All staff must wear a medical-grade mask and eye protection while on the affected outbreak unit(s) and for patient interactions
- All symptomatic patients on the outbreak unit must be placed on Droplet and Contact Precautions, and reviewed by Medical Microbiology and IPAC to determine duration of precautions
- All exposed patients on the outbreak unit must be placed on Droplet and Contact Precautions for 14 days, and closely monitored for the development of any signs or symptoms, with a low threshold for COVID-19 testing
- Medical Microbiologist and IPAC may recommend Droplet and Contact precaution for a wider population of the unit
- Communal activities, included shared dining, are suspended for the duration of the outbreak
- All patients should be on tray service
- The unit must ensure that patients have daily baths, linen changes and clothing changes

The COVID-19 intranet site contains documentation and processes for Clinical Care including but not limited to guidelines under the following headings:

- Clinical Care (includes: Adult Suspected or Confirmed COVID-19 Inpatient Unit Care Plan)
- Clinical Care – Cardiac Arrest
- Clinical – EHR
- Clinical Care – End of Life
- Clinical Care – Pediatric
- Screen, Assess and Prioritize
- Virtual Care

3d-vi. Patient Discharges/Acute Care Readmissions

Patient Discharges

There are specific instructions for discharging patients from a COVID-19 outbreak unit. The Discharge of Suspected or Confirmed COVID-19 Patients procedure (pdf) on the COVID-19 Intranet site outlines all of the steps to be taken before and during this process. The procedure outlines:

- Discharge Criteria
- Resources
- COVID-19 Discharge Checklist

Contact the Medical Health Officers supporting the outbreak with any discharge questions.

Post discharge, Communicable Disease will contact discharged patients to support self-isolation, monitoring for symptoms and COVID-19 testing as applicable.

Readmission to Acute Care

If a patient discharged from an outbreak unit is re-admitted to acute care, they must be placed on droplet and contact precautions for the remainder of the 14 days from discharge. The re-admitted patient may be transferred back to the outbreak unit with approval of the Medical Microbiology.

3e. Staff Cases and Management

This section includes:

i. Staff and Medical Staff Communication and Privacy
ii. Frequently Asked Questions
iii. Staff and Medical Staff Well-being Supports
iv. Notification of New, Possible or Confirmed Staff Cases
v. Staffing and Staff Movement
vi. Staff Point Prevalence Testing

3e-i. Staff and Medical Staff Communication and Privacy

During an outbreak within a unit or site, staff will require additional communication and supports to perform their jobs within the heightened context of uncertainty, change and stress. Regular communication to staff should be sent from the Site Director/leader or Director, Clinical Operations, supported by Island Health Communications Department. Unit Leaders should also regularly check in with the staff in their units, rounding to check in on staff concerns, questions or to assist with problem-solving as required.

When it comes to potential staff cases of COVID, if a staff member had potential exposure to COVID-19 in the community or is experiencing symptoms, the staff member is likely to have received testing through one of the testing sites across Island Health. The results of these tests are not provided to unit leaders. If a staff member with a pending COVID- 19 test chooses to inform the unit, the unit leader will advise the staff member that Public Health will call the staff member if they test positive.

Employees are responsible for informing their employer if they will be absent from the workplace (although the medical reason for their absence does not need to be disclosed). According to regular protocols, staff who develop COVID-19 symptoms should be directed to call the Provincial Workplace Health Call Centre (if there is any possibility that they could have contracted COVID-19 in the workplace). This direction should be included in unit communications at the onset of the outbreak. Staff who are symptomatic, with or without a pending COVID-19 test, may not work.

The privacy of staff, medical staff, contracted staff and volunteers possibly involved in the outbreak must be protected at all times. **At no time should any individual or group of staff be publicly identified, shamed, blamed or bullied in relation to the outbreak.**

3e-ii. Frequently Asked Questions

The COVID-19 HR Reference Guide (pdf) includes frequently asked questions and answers regarding COVID-19 exposures in the workplace, testing, health and safety, psychological supports and more.

A few additional key questions and answers are outlined below.

Question	Answer
What happens when a COVID-19 Outbreak is declared at my worksite or unit?	If an outbreak is declared at an Island Health site or unit it is important that we have a clear, reliable, integrated and timely response to the outbreak. Once the outbreak is declared by IPAC, Island Health's Outbreak Management Structure will provide the direction on what steps need to be followed, and includes key participants from the Site Leadership, IPAC, MHO, OH&S, Communications, Workforce Scheduling, General Support Services, Facilities Maintenance Operations, Laboratory, Medical Imaging and more. Any communication regarding the outbreak is the responsibility of the Outbreak Management Structure. See Section 3b: Outbreak Management Structure for further details
What happens to my staff who are exposed to COVID-19 in the workplace?	Public Health and Occupational Health (Provincial Workplace Health Call Centre) will undergo contact tracing and will determine who has been exposed and what level of risk those individuals may face. They will contact employees and provide further direction if they are to get tested and self-isolate. Public Health and/or the Provincial Workplace Health Call Centre will make the decision about who needs testing and contact employees. Employees contacted by Public Health should contact their leader and notify them that they are off work. See Section 2d-ii: Case Investigation-STAFF and Section 3e-vi. Staff Point Prevalence Testing for further details
What if my staff test positive?	Due to confidentiality and privacy, leaders will not be notified if their employees test positive. As leaders you can reach out to your employees, and you are encouraged to do so to offer support. However you won't know the details of their illness and we can't ask. Remember as leaders we can't ask specifics about their illness but staying connected with staff that are off while we are experiencing an outbreak will show support. See Section 3e-i: Staff and Medical Staff Communication and Privacy for further details
What if my staff test negative?	Staff that receive a negative test and are asymptomatic should return to work. If they are experiencing cold or flu-like symptoms after receiving a negative COVID-19 test result, they should be advised to stay home on sick leave for five days from then their symptoms began or until their symptoms have resolved whichever is sooner.
How do I pay my staff if they are sent home?	Generally speaking if staff are sent home due to symptoms then they should be coded as sick leave. If they are asymptomatic but directed by Public Health to get a COVID test and self-isolate while awaiting the results due to exposure then employees should be coded to paid leave.

3e-iii. Staff and Medical Staff Well-Being Supports

The mental and emotional impacts of COVID-19 on staff personal and work lives is far-reaching. Various supports, programs and services are available for staff. These are outlined on the COVID-19 Resources for Staying Mentally and Emotionally Well intranet site. Resources include:

- Programs and Services, including Homewood Health, Physician Health program, Spiritual Health and Cognitive Behavioural Therapy skills group program
- Digital Wellness Resources and Platforms, including LifeSpeak, Starling Minds, Care for Care Givers
- Stress First Aid and Peer Support Training

3e-iv. Notification of New, Possible or Confirmed Staff Cases

The following outlines key steps and tasks related to notifications for new, possible or confirmed staff cases:

Steps	Tasks	Responsibility Of
Notifications and Reporting	Communicable Disease is responsible for initial identification of confirmed staff cases possibly associated with the outbreak: ☐ Report any new, confirmed staff cases to IPAC Epidemiology, Public Health Epidemiology and the Infection Control Practitioner for further investigation, including staff role, symptom onset date, dates worked ☐ Track any community contacts	Communicable Disease
	☐ Work with the Infection Control Practitioner to track patient contacts of the confirmed staff member ☐ With the ICP and Medical Microbiologist, review available information on staff cases for determination as to whether the case is associated with the outbreak and is included in reporting	IPAC Epidemiology
	☐ Notify the OH&S Employee Health Nurse team of any new staff positive cases by emailing EHN-OHS@viha.ca using the IPAC Communicable Disease Notification Tool to OH&S. The Provincial Workplace Health Call Centre should be notified simultaneously. ☐ Report to OMS	Infection Control Practitioner
Staff Communication	☐ Direct staff who develop COVID-19 symptoms to call the Provincial Workplace Health Call Centre Note: Staff who are symptomatic, with or without a pending COVID-19 test, may not work	Unit Leader or delegate
	If a staff member chooses to notify the unit of their COVID-19 positive test result: ☐ Immediately inform the Infection Control Practitioner and wait for further direction from Communicable Disease regarding contact tracing	Unit Leader or delegate
Return to Work	☐ Provide return to work clearance for staff (medical staff, contracted staff and volunteer) as required	Communicable Disease

The COVID Positive Reporting, Communications and Follow-up Workflows (pdf) document provides detailed guidance and steps related to staff exposures.

3e-v. Staffing and Staff Movement

During a COVID-19 outbreak, proactive and immediate attention to staffing is critical. All non-essentials workers, such as volunteers, are restricted from the unit, with further restrictions as identified by the OMS.

The following steps should be taken:

Steps	Tasks	Responsibility Of	Tool(s)
Staffing Restrictions	Confirm staffing restrictions on the unit: ☐ Implement notification of restriction of all non-essentials workers, such as volunteers, from the unit ☐ Confirm if students are restricted from the outbreak unit, to reduce crowding and the risk of transmission	OMS Lead	
Staffing Levels Review	☐ On a weekly basis, review unit current staffing levels to identify shortages or potential gaps that should be addressed; escalate as required to OMS	Unit Leader or delegate	
	☐ On a weekly basis, review current staffing levels to identify shortages or potential gaps that should be addressed; escalate as required to OMS	Housekeeping	
Ongoing Screening	☐ Ensure all staff, including medical staff and contracted staff, working on the unit are screened for symptoms prior to the start of their shift and at least once partway through their shift ☐ Maintain and document staff and medical staff screening list	Unit Leader or delegate	Online links to be available shortly
Essential Staffing	☐ Outline staff essential to the unit during an outbreak, as per WorkSafeBC requirements, and keep on hand (this was previously noted in section 3a-i)	Unit Leader or delegate	Essential Staffing Tool (pdf)

Staff Movement

Staff who have been exposed to a confirmed case should follow direction from Medical Microbiologist, IPAC and/or Medical Health Officer regarding workplace restrictions, including working on other units in the hospital and in long-term care.

Wherever possible, staff should be designated to working on the outbreak unit for the duration of their shift and not work between units. Where this is not possible, for example for physician services and allied health staff who must attend more than one unit during a day, they should visit the outbreak unit last, based on patient acuity or need. Participation at structured team report and team huddles should be discussed at the OMS.

3e-vi. Staff Point Prevalence Testing

The Medical Microbiologist in consultation with the Medical Health Officer may recommend staff point prevalence testing to identify potential reservoirs and to assess the extent of ongoing transmission. Communicable Disease may follow up with staff members who are not tested, dependent on available resources.

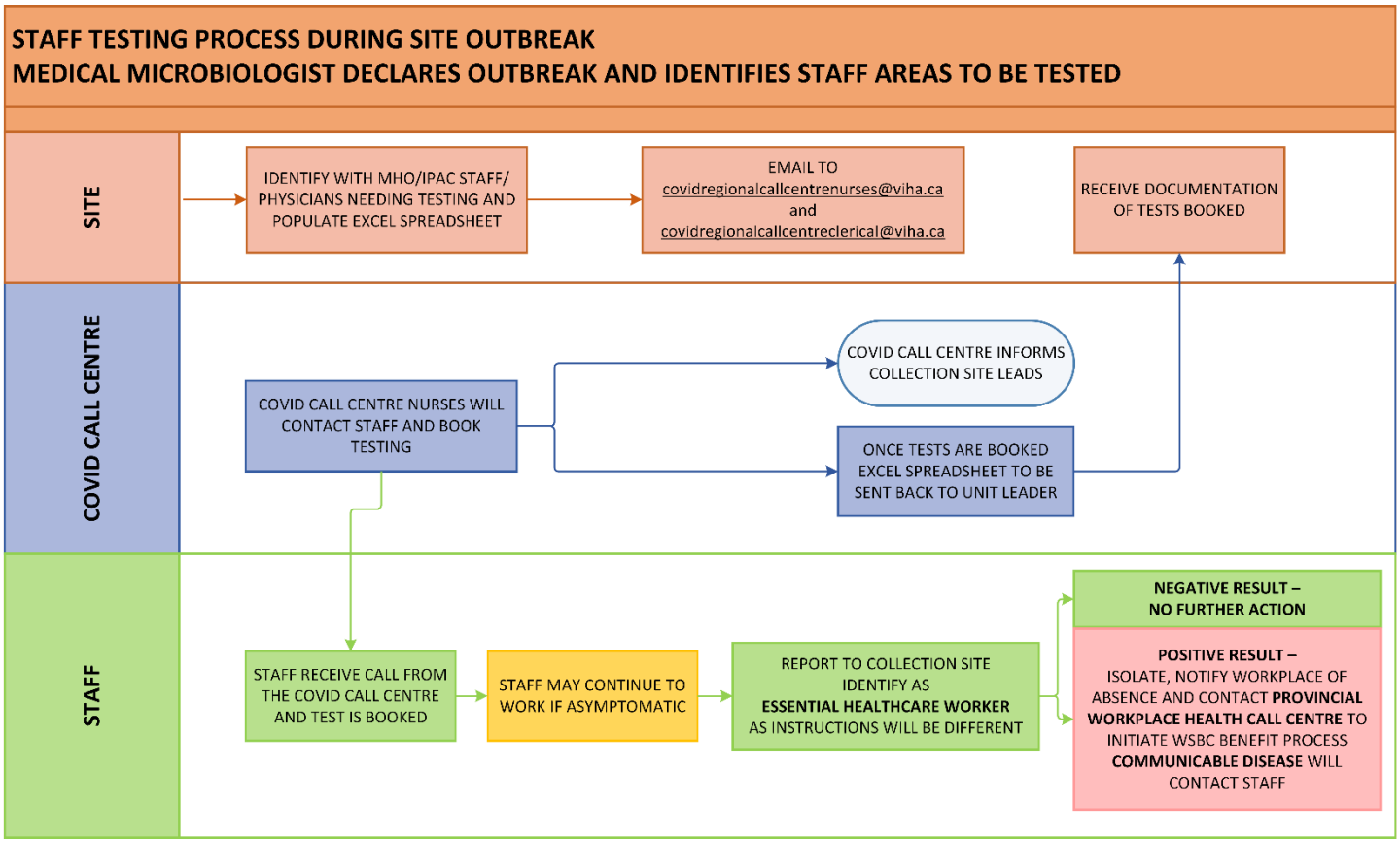
Important Note: Asymptomatic staff that are being tested for outbreak investigations do not need to self-isolate pending test results and can work as usual, unless they are deemed a high risk contact of a positive case related to the COVID-19 outbreak. Testing will be highly recommended but not mandatory

If there is a decision to move forward with staff point prevalence testing, the following **initial steps** are taken:

Steps	Tasks	Responsibility Of
Testing	☐ Determine scope of testing in collaboration with OMS and Medical Health Officer and/or Medical Microbiologist Coordinate physician testing	IPAC Medical Microbiologist
	☐ Arrange for on-site testing through the COVID-19 Testing site, the closest Primary Care Network, Emergency Department, etc. in collaboration with Infection Prevention and Control ☐ Coordinate with the IPAC Medical Microbiologist and the Laboratory for specimen prioritization and shipping logistics. Testing should be arranged for early in the week, whenever possible	Unit Leader/Site or delegate
Reporting	☐ Report staff testing aggregate results on the daily OMS meeting. To ensure staff privacy, identifying information of staff who participated or did not participate in point prevalence testing, and their results, is restricted	Communicable Disease

Staff Mass Testing Process

The diagram on the next page provides an overview of the full staff testing process during a site outbreak:



Staff Mass Testing Process for Sites with COVID-19 Outbreak – Detailed Steps

When a positive case / outbreak has been identified please follow the workflow(s) below.

Medical Health Officer / Communicable Disease and Outbreak Location Response

Tasks	Responsibility Of
☐ Determine appropriate steps to follow for declaration of Outbreak and Contact Tracing	Medical Health Officer; Communicable Disease
☐ Compile a list (or lists) of all individuals requiring testing and will provide the contact list(s) using the Site Outbreak Staff and Physician Mass Testing List, and send via email to: • CovidRegionalCallCentreNurse@viha.ca • CovidRegionalCallCentreClerical@viha.ca	Unit Leader/Site Leader or delegate
☐ Identify list of contacts by the Communicable Disease Program and/or Contract Tracers	Communicable Disease
☐ In partnership with the Regional Collection Site Manager, determine testing strategy: • Whether this is to go through Collection Site or whether by mobile response • Date(s) and Time(s) of Testing	Medical Health Officer; Communicable Disease

COVID 19 Testing Call Centre

Tasks – *Call Centre Nurses*

After receiving Outbreak Contact List(s), Call Centre Nurses will:

- ☐ Make contact with all those who require testing
- ☐ Contact individuals of exposure and required testing;
  - Before calling, check for an existing Pre-Ambulatory encounter for the Outbreak testing
    - ☐ If Yes, record that testing has been arranged on the Shared List
    - ☐ If No, and as time permits, create Pre-Ambulatory encounter with Reason for Visit of *Testing "OUTBREAK LOCATION"*
  - If No Answer, **Do not leave a message**. Record the attempted call, for individuals to call back.
- ☐ Provide required education, and isolation instructions if required;
  - ☐ *Symptomatic- may not work while awaiting testing*
  - ☐ *Asymptomatic staff who are tested as part of an outbreaks DO NOT need to isolate and may return to work but must self-monitor for symptoms twice daily*
  - Transfer to Clerical staff to perform Scheduling.

COVID 19 Testing Call Centre

Tasks – *Call Centre Clerical Staff*

Clerical staff will:

- ☐ Schedule all appointments transferred from Nursing using the identified scheduling resources
  - Reason for Exam will be updated: *Case Contact*
- ☐ Ask every caller in the days following the outbreak being declared the following question:
  - "Have you been exposed to a recent Outbreak?"
    - ☐ If Yes, they will ask for the outbreak location
- ☐ Create encounters following normal processes with the following details:
  - Reason for Visit: *Testing "OUTBREAK LOCATION"*
    - ☐ Eg. Testing Rainbow Gardens
  - Appointments booked
    - ☐ Reason For Exam: Case Contact
- ☐ Transfer all Clients identified as such to Nurses for education
- ☐ Compile a list of clients registered (at minimum: name, DOB, PHN) and send to MHO and CD Epi for results tracking

Collection Site / Testing Parties' Response

Tasks - *Collection Site / Testing Parties' Response*

- ☐ Local Collection sites will coordinate with MOA, and will be responsible on the day of testing to follow standard processes as below:
  - Check in appointment
  - Activate encounters to ambulatory

Tasks - *Collection Site / Testing Parties' Response*

- Print labels and assemble packages
- Provide packages to Nurses completing the testing

☐ Registration is required for all testing, including outreach or mobile testing.
- Please see Registering Clients for Outreach/Mobile Specimen Collection Procedure for procedural support.

☐ If testing is facilitated out of a Collection Site **without** MOA support:
- Local Collection Site Leads will communicate with a neighbouring Collection Site for MOA support; and
  - ☐ Check in appointment (if created)
  - ☐ Activate encounters to ambulatory
  - ☐ Print labels and assemble packages
  - ☐ Provide packages to nurses completing the testing
  - ☐ testing Nurses will pick up labels from the acute site

☐ Nurses complete the testing, label specimen, and send specimens to lab.

☐ Staff being tested MUST self-identify at the time of collection as an essential health care worker as the isolation instructions will be different than for the general population

☐ Staff who are ultimately positive for COVID-19 will need to call the Provincial Workplace Health Call Centre at 1-866-922-9464 (option 1).

3f. Outbreak Control Measures

This section includes:

i. Auditing and Assessments
ii. Routine/Additional Precautions and Hand Hygiene
iii. Environmental Cleaning
iv. Visitors
v. Unit Closures/Openings

3f-i. Auditing and Assessments

As noted in the Prevention section of this Playbook, units must complete a variety of risk assessments and audits before and during an outbreak situation. The following audits must be completed, at the frequencies outlined or more often if directed by the OMS. Results are reported to the OMS and should be saved to Safety Task:

Audit	Frequency		Responsibility Of
	BEFORE Outbreak	DURING Outbreak	
☐ Outbreak prevention audit (pdf)	Every three months	At start of outbreak; review at day ten	Unit leader or delegate(s)
☐ PPE audit (pdf)	Every three months	At start of outbreak; conduct every 3-5 days	
☐ Staffing levels review	Monthly	At start of outbreak; review weekly	
☐ Hand hygiene audit	Once per period	At start of outbreak; conduct every 3-5 days	IPAC Hand Hygiene Auditors
☐ Environmental cleaning audit	Weekly	Weekly	Housekeeping
☐ Diversion assessment process	Yearly or as appropriate	Review and update as required	Site leaders or delegate(s), with support from IPAC

3f-ii. Routine/Additional Precautions and Hand Hygiene

In order to help prevent the spread of COVID-19 and protect the safety of both individuals accessing care and services and those providing care and services at Island Health, following infection prevention and control best practices, routine and additional precautions are required at sites and units experiencing a COVID-19 outbreak.

The COVID-19 intranet site includes best practice tools related to masking, personal protective equipment (PPE), and more, under the following headings:

- Personal Protective Equipment (PPE)
- PPE – Aerosol Generating Medical Procedures (AGMP)
- PPE – Donning, Doffing and Reusing
- PPE – Ordering
- PPE – Practice Resources
- PPE – Selection
- PPE – Skin Protection

Hand Hygiene resources can be found on the Hand Hygiene for Health Care Providers intranet page.

3f-iii. Environmental Cleaning

As noted previously, at the beginning of the outbreak the Infection Control Practitioner will notify Housekeeping of the outbreak status and the need for environmental cleaning measures for both patient and staff areas during the outbreak. This notification will be sent using the *COVID-19 Housekeeping Notification Email template.*

During the outbreak, additional points to note include:

- There should be dedicated housekeeping staff to the outbreak unit
- The OMS will review the need for implementing a full facility clean if there is ongoing transmission
- The unit will ensure that patient charts are cleaned every shift using approved cleaning product
- At the end of the outbreak, housekeeping needs to keep track of areas and rooms that have had terminal cleans completed, and report this to the OMS

The COVID-19 intranet site includes additional tools regarding environmental cleaning, under the heading: "Environmental Cleaning". Tools include, but are not limited to:

- Cleaning and Disinfecting Manual: Information Technology Equipment (pdf)
- Cleaning & Disinfecting: Paper and Client Charts Within Patient Rooms (IPAC recommendations) (pdf)
- Cleaning and Disinfecting: Non-Critical Care Equipment (pdf)

An Environmental Cleaning Guideline (pdf) is also available on the IPAC Intranet site.

3f-iv. Visitors

In order to help prevent the spread of COVID-19 and protect the safety of both individuals accessing care and services and those providing care and services at Island Health, steps have been taken to limit the number of people entering our facilities.

In a COVID-19 outbreak situation, visitors to the unit are restricted to designated essential visitors only. This process is guided by the Island Health Framework for Essential Visits that can be found on the COVID-19 intranet site. Of note:

- All visitors to the outbreak unit must be screened prior to entering the unit.
- Visitors must also be signed in and out of the outbreak unit and the visitor log retained by the unit for contact tracing purposes.
- A safety plan should be created to support compassionate visits for international visitors (see link to tool below)

The COVID-19 intranet site includes additional tools regarding essential visitors, under the heading 'Visits'. Tools include, but are not limited to:

- Island Health Framework for Essential Visits
- Approved Essential Visit Plan
- Essential Visits in Acute Care Settings: Flow Diagram for Clinicians to support Essential Visits in Acute Care Settings
- Decision Making Process and Considerations for Palliative and End of Life Care Essential Visits
- COVID-19 Safety Plan Template for International Visitors
- And more

3f-v. Unit Closures / Openings

Unit Closures

During a COVID-19 outbreak, the affected unit will be closed to admissions. Decisions regarding need for diversion and/or unit, department or facility closures are decided by the OMS, with escalation for approval to the Executive EOC.

Partial Opening of Unit

Sites have been successful in setting up a “cold zone” or “clean side” on an outbreak unit, depending on the unit layout. If approved by the OMS, a detailed plan for partial opening, with physical barriers and a complete separation of staffing and supplies, including separate staff rooms, must be developed by the site and approved by the Medical Microbiologist and the Infection Prevention and Control prior to implementation.

4. Outbreak Ending and Post Outbreak Recovery

4a. Declaring an Outbreak Over

An outbreak will be declared over by the Infection Control Practitioner and OMS Lead in consultation with the Medical Microbiologist once transmissions are halted for a designated period.

For COVID-19, an outbreak will be declared over after at least 14 days have passed since the last date of exposure, without any new cases. The length of time to conclude an outbreak may be extended at the direction of the Medical Microbiologist.

Tasks include:

Tasks	Responsibility Of	Tool(s)
☐ Remove exposed supplies and do a final deep clean in areas identified by Infection Prevention and Control ☐ Confirm that all required cleaning of the unit has been completed	Housekeeping	
☐ Declare the outbreak over, sending out the COVID-19 Outbreak Declared over email to all necessary stakeholders ☐ Complete notification on HealthSpace that the outbreak has been declared over	Infection Control Practitioner	COVID-19 Outbreak Declared Over email (pdf)
☐ Remove any signage related specifically to the outbreak ☐ Remain alert for possible new cases in HCWs, staff and patients	Site Leader/Unit Leader or delegate	
☐ Re-stock any supplies depleted during the outbreak, e.g., replacement viral specimen kits.	Supply Chain	

4b. Post Outbreak Recovery

Supports for post-outbreak recovery are being developed and will be added when available.

5. Outbreak Debrief and Learning

5a. Outbreak Debrief Summary

The OMS Lead, in collaboration with the Infection Control Practitioner, will complete the COVID-19 OMS Debrief Summary Report (pdf) WITHIN five business days of the outbreak being declared over.

The OMS Lead will set up a debrief meeting to discuss the recommendations that stemmed from the Outbreak within 14 days of end of outbreak. The debrief will focus on:

- Things that went well
- Areas of opportunity
- Recommendations for improvement

This Summary report is to be presented to the:

- Program Quality Committee by the Program Director,
- Applicable program and system-wide Quality Committee (if recommendations are applicable throughout Island Health)

5b. Facilitated Conversations with Staff and Leadership

An hour long facilitated conversation may also take place that includes frontline staff and leadership involved in the outbreak. Three proposed questions to structure this conversation are outlined below:

- What went really well?
- What would you suggest we improve (or, what would have made the experience better)
- What did you learn during this outbreak that you will take forward with you in your practice?

Staff Critical Incident Staff Debriefing may also be required. If needed, the Site Director (or delegate) will organize this in collaboration with Occupational Health & Safety.

Appendices

Appendix A: Overarching COVID-19 Outbreak Checklist for UNIT LEADER or Delegate

Important Note: This checklist is provided as a high level reference list and does not replace instructions and task outlined within relevant COVID-19 Playbook sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STATUS			Relevant COVID-19 Playbook Section
		Yes	No	N/A	
Prevent.	• Ensure multiple points of screening/tracking are in place				1a. Ongoing Tasks
	• Ensure audits and assessments are being completed and changes are implemented or escalated as required				1a. Ongoing Tasks 1b. Audit Frequencies
	• Ensure ongoing education is occurring, as required				1c. Education
Investigation	• Report symptomatic patient(s) to ICP				2c. Investigation Initiation
	• Compile list of potentially exposed health care providers (from patient case); send to PWHCC				2d-i. Patient Case Investigations
	• Identify high-risk staff exposures (from staff case); send to Communicable Disease				2d-ii. Staff Case Investigations
Response	• Ensure safety huddles and regular communication in place				3a-i. Immediate Steps
	• Complete Prevention & PPE audits				3a-i. Immediate Steps
	• Ensure staff 2x daily screening is in place				3a-i. Immediate Steps
	• Complete Essential Staffing Tool				3a-i. Immediate Steps
	• Enact unit restrictions as appropriate				3a-i. Immediate Steps
	• Report symptomatic patients to Infection Control Practitioner				3d-ii. New Patient Cases
	• Support communication with patients and families by Most Responsible Nurse				3d-ii. New Patient Cases
	• Ensure precautions are in place for patient cases				3d-ii. New Patient Cases
	• Advise Communicable Disease of any discharged patients				3d-ii. New Patient Cases
	• Implement patient point prevalence (PP) mass testing as directed by OMS and supported by Med. Microbiologist/Lab				3d-iii. Patient PP Testing
	• Report patient refusals of PP tests to OMS				3d-iii. Patient PP Testing
	• Ensure appropriate patient movement restrictions in place				3d-iv. Patient Placement
	• Support quality, safe patient care				3d-v. Clinical Care
	• Enact patient discharge/readmission instructions as required				3d-vi: Patient Discharges
	• Ensure staff and medical staff privacy is protected				3e-i. Comms and Privacy
	• Ensure ongoing communication with staff and medical staff				3e-i. Comms and Privacy
	• Communicate about available well-being supports				3e-ii. Well-being Supports
	• Direct staff with symptoms to call the PWHCC				3e-iii. New Staff Cases
	• Inform Infection Control Practitioner of symptomatic staff				3e-iii. New Staff Cases
	• Review staffing levels weekly; escalate gaps/issues if required				3e-iv. Staff Movement
	• Maintain staff screening list				3e-iv. Staff Movement
	• Arrange for staff on-site point prevalence (PP) mass testing in				3e-v. Staff PP Testing

	TASK/ACTION	STATUS			Relevant COVID-19 Playbook Section
		Yes	No	N/A	
	collaboration with IPAC, Medical Microbiologist and Lab				
	• Compile list of all staff requiring testing (for PP testing)				3e-v. Staff PP Testing
	• Ensure precautions and Hand Hygiene (HH) tools in place				3f-ii. Precautions & HH
	• Ensure dedicated housekeeping in place				3f-iii. Environ. cleaning
	• Ensure essential visitor processes are in place at site and unit				3f-iv. Visitors
Recov.	• Ensure required cleaning has been completed				4a. Outbreak Over
	• Remain alert for possible new cases				4a. Outbreak Over
	• Support completion of COVID-19 Debrief as required				5a. Outbreak Debrief
	• Participate in facilitated conversations with staff and leadership as required				5b. Facilitated Convos.
	• Support staff critical incident staff debriefing as required				5b. Facilitated Convos.

Appendix B: Overarching COVID-19 Outbreak Checklist for SITE LEADER or Delegate

Important Note: This checklist is provided as a high level reference list and does not replace instructions and task outlined within relevant COVID-19 Playbook sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STATUS			Relevant COVID-19 Playbook Section
		Yes	No	N/A	
Prevention	• Ensure a diversion assessment process is in place				1a. Ongoing Tasks
	• Ensure unit/site audits and assessments are being completed and that risk mitigation measure are occurring				1a. Ongoing Tasks 1b. Audit Frequencies
	• Ensure ongoing education is occurring, as required				1c. Education
Inv.	• Post BCCDC Outbreak poster at entrance(s) as appropriate				2c. Investigation Initiation
	• Participate in investigation activities as required				2c. Investigation Initiation
Response	• Provide ongoing support to Unit Leader				N/A
	• Ensure site-wide outbreak communication is occurring and safety huddles are in place				3a-i. Immediate Steps
	• Ensure staff 2x daily screening is in place				3a-i. Immediate Steps
	• Direct unit restrictions as determined through OMS				3a-i. Immediate Steps
	• Ensure audits have occurred				3a-i. Immediate Steps
	• Ensure appropriate patient movement restrictions in place				3d-iv. Patient Placement
	• Support quality, safe patient care				3d-v. Clinical Care
	• Direct patient discharge/readmission instructions as required				3d-vi: Patient Discharges
	• Ensure staff and medical staff privacy is protected				3e-i. Comms and Privacy
	• Ensure ongoing communication with staff and medical staff				3e-i. Comms and Privacy
	• Communicate about available well-being supports				3e-ii. Well-being Supports
	• Direct staff with symptoms to call the PWHCC				3e-iii. New Staff Cases
	• Ensure dedicated housekeeping is on outbreak unit and additional tools are in place				3f-iii. Environ. cleaning
	• Ensure essential visitor processes are in place at site and unit				3f-iv. Visitors
Recovery	• Ensure required cleaning has been completed				4a. Outbreak Over
	• Remove outbreak signage				4a. Outbreak Over
	• Remain alert for possible new cases				4a. Outbreak Over
	• Support completion of COVID-19 Debrief				5a. Outbreak Debrief
	• Lead or participate in facilitated conversations with staff and leadership				5b. Facilitated Convos.
	• Support staff critical incident staff debriefing as required				5b. Facilitated Convos.

Appendix C: Overarching COVID-19 Outbreak Checklist for OMS LEAD

Important Note: This checklist is provided as a high level reference list and does not replace instructions and task outlined within relevant COVID-19 Playbook sections. Please refer to the relevant sections for additional details.

	TASK/ACTION	STATUS			Relevant COVID-19 Playbook Section
		Yes	No	N/A	
Inv.	• Attend COVID-19 Outbreak investigation huddles				2c. Investigation initiation
	• Send out OMS meeting initial invite w/ outbreak declaration				2c. Investigation initiation
Response	• Send out daily OMS meeting series to OMS membership list				2b-iii. OMS Membership
	• Lead daily OMS meetings; escalate issues as required				2b. OMS (entire section)
	• Ensure staff and medical staff privacy is protected				3e-i. Comms and Privacy
	• Ensure ongoing communication with staff and medical staff				3e-i. Comms and Privacy
	• Communicate about available well-being supports				3e-ii. Well-being Supports
	• Confirm staffing restrictions in place on unit				3e-iv. Staff Movement
Rec	• Declare outbreak over, in collaboration with Medical Microbiologist and IPAC				4a. Outbreak Over
Learning	• Lead, in collaboration with IPC, completion of COVID-19 Debrief				5a. Outbreak Debrief
	• Lead or participate in facilitated conversations with staff and leadership				5b. Facilitated Convos.
	• Support staff critical incident staff debriefing as required				5b. Facilitated Convos.

Appendix D: Patient Case Investigation - Email to IPAC (template)

The following email template is to be used by Public Health Communicable Disease during the COVID-19 Case Investigation process – PATIENT cases (click to go to the relevant section).

Email to IPAC (see contacts below, and cc to MHOs)

Subject: new COVID-19 case with Island Health facility exposure

Body:

There is a newly identified COVID-19 case with concern of exposure within an Island Health facility.

Name:

DOB:

PHN:

CCT#:

Symptom onset date:

Suspected acquisition:

Dates, facilities, units in Island Health facility during **incubation** period:

Dates, facilities, units in Island Health facility during **infectious** period:

Reported PPE use in Island Health facility during infectious period:

Other concerns/information:

Handing over to IPAC to determine if case was not on droplet precautions while infectious on site. If so, please reply-all with details and refer to PWHCC to manage Island Health staff exposures.

Contacts	

Island Health Infection Prevention and Control	• Always include IPAC-Leaders@VIHA.CA
	• Include the specific site, as below:
	  ○ North Island (CRH, CVH, WCGH): NIHIPAC@viha.ca
	  ○ NanaimoRGH: NRGHIPAC@viha.ca
	  ○ CowichanDH: CDHIPAC@viha.ca
	  ○ VictoriaGH, SanPenH, LadyMintoH: VGHIPAC@viha.ca
	  ○ RoyalJubileeH: RJHIPAC@viha.ca
	  ○ Victoria Island Health LTC sites: VicLTCIPAC@viha.ca
	• On weekends, include the ICP on-call (in weekend call list)

Community Health Services	https://intranet.viha.ca/departments/hcc/Pages/default.aspx

Appendix E: COVID-19 Case Investigation - Process for Student Follow-up

The below process for student follow up is required if a Communicable Disease Notification form needs to be sent to the Provincial Workplace Health Call Centre (PWHCC) for Healthcare Worker follow up. The PWHCC does not follow up with students – Communicable Disease does.

If students have been identified as working on the COVID-19 outbreak unit, and not all have been identified:

1) Communicable Disease to email the following information to the Professionalpractice@viha.ca:
   a) Dates of possible exposures
   b) Site and unit where exposure might have occurred

2) Professional Practice to advise Communicable Disease if a student was on that unit/site and provide a list of the colleges involved

3) Once this is confirmed, Communicable Disease to contact the unit leader or delegate to obtain the name (s) of the preceptor for those students that were on that site and their contact information

4) Email the appropriate Communicable Disease email (SI, CI, NI) and provide them with the following information:
   a) The PHN of the case the student was possibly exposed to
   b) The dates of possible exposures
   c) The unit/site where the exposure might have occurred
   d) The name of the Instructor and their contact information

5) Communicable Disease will contact the college/preceptor and obtain any other necessary information and conduct a risk assessment

6) If needed Communicable Disease and Professional Practice will huddle to ensure the loop is closed

Appendix F: Staff Case Investigation - Email to IPAC (template)

The following email template is to be used by Public Health Communicable Disease during the COVID-19 Case Investigation process – STAFF cases (click to go to the relevant section), if a staff case worked while infectious.

Email to IPAC (see contacts below, and cc to MHOs)

Subject: New HCW COVID-19 case

Body:

There is a newly identified COVID-19 case who worked while infectious in an Island Health facility.

Name:
DOB:
PHN:
Position:
Symptom onset date:
Suspected acquisition:
Dates, time, and area(s) worked in hospital during **incubation** period:
Dates, time, and area(s) worked in hospital during **infectious** period:
Reported PPE use while working:
Close work contacts identified:
Name & Phone of manager:
Other concerns/information:

If there are high-risk exposures to patients identified, please reply-all. CD/MHO will enrol the patients in COVID-19 Virtual Monitoring and follow in community if applicable.

Contacts	

Island Health Infection Prevention and Control	• Always include IPAC-Leaders@VIHA.CA
	• Include the specific site, as below:
	  ○ North Island (CRH, CVH, WCGH): NIHIPAC@viha.ca
	  ○ NanaimoRGH: NRGHIPAC@viha.ca
	  ○ CowichanDH: CDHIPAC@viha.ca
	  ○ VictoriaGH, SanPenH, LadyMintoH: VGHIPAC@viha.ca
	  ○ RoyalJubileeH: RJHIPAC@viha.ca
	  ○ Victoria Island Health LTC sites: VicLTCIPAC@viha.ca
	• On weekends, include the ICP on-call (in weekend call list)

Community Health Services	https://intranet.viha.ca/departments/hcc/Pages/default.aspx