COVID-19: Outbreak Management Protocol for Acute Care Settings

Please note: This guidance no longer applies to long-term care and seniors' assisted living settings. Please refer to the Outbreak Management Protocol for Long-Term Care and Seniors' Assisted Living for recommendations for those facilities. The COVID-19 Acute Care Outbreak Management Protocol is currently under review and will be updated soon.

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A. Purpose/Scope

This document provides guidance to prepare for, detect and respond to outbreaks of COVID-19 in acute care and seniors' assisted living (AL) settings.

This guidance is based on the latest available scientific evidence about this emerging disease. Best practices, requirements and guidance may change in the future as new information becomes available.

Please note, this guidance no longer applies to long-term care and seniors' assisted living settings, please refer to the Outbreak Management Protocol for Long-Term Care and Seniors' Assisted Living for recommendations for those facilities. The COVID-19 Acute Care Outbreak Management Protocol is currently under review and will be updated soon.

Definitions

- **Health-care associated COVID-19[1]:**

  A health-care associated COVID-19 case is defined as a person diagnosed with COVID-19 based on any of the criteria below and **best clinical judgement**:

  - The person was identified as a probable or confirmed COVID-19 case with symptom onset ≤ 14 days after discharge from a facility **AND** there is an established epidemiological link between the person and the facility that the person was previously admitted to.

  OR

  - The person developed COVID-19 associated signs and symptoms > 14 days after admission to a facility **AND** the person had no known exposure to COVID-19 outside the facility within 14 days prior to symptom onset.

  OR

  - Staff whose COVID-19 infection was deemed due to workplace exposure by workplace health and safety (WHS), public health or infection prevention and control (IPC).

  OR

  - The person developed COVID-19 associated signs and symptoms ≤ 14 days after admission to a 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, as determined by public health or IPC.

- **Outbreak**:
  Final determination and declaration of an outbreak is made by the medical health officer (MHO) or their official designate (for acute care). An outbreak is generally defined as the occurrence of one or more cases of confirmed COVID-19 that were linked to a care unit or health-care facility over a pre-determined time period.

  Outbreak criteria for acute care:

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[1] **Notes**:

- The purpose of this 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.
- The application of this definition should be done on a case-by-case basis, following a case investigation.
- For the definition of a probable or laboratory-confirmed COVID-19 case, as well as associated signs and symptoms of COVID-19, please see BC Centre for Disease Control's case report form for COVID-19: http://www.bccdc.ca/Documents/COVID-19_Case_Report_Form.pdf

At least one staff or patient/resident diagnosed with COVID-19;

AND an investigation indicates transmission most likely occurred in the facility, from another patient/resident, visitor or staff, rather than prior to admission (for patients/residents) or from the community (for staff).

- Patient example 1: Transmission in the facility is suspected when there are two or more epidemiologically linked cases of COVID-19, each occurring more than 48 hours after admission and within two to 14 days of each other, in a geographic area (e.g., unit or floor; this may vary depending on facility layout and movement of staff/patients). One of these cases must be a patient.
- Patient example 2: If a mother tested positive and a newborn baby tested positive within two hours after birth, the newborn case will be considered a congenital case of COVID-19.
- Staff example: A staff member has tested positive for COVID-19 after caring for a patient/resident with COVID-19 without appropriate use of personal protective equipment (PPE).

B. Management of Suspect or Confirmed COVID-19 Patients

For details on best practice recommendations for managing patients/clients/residents with suspected or confirmed COVID-19, please see the BC Centre for Disease Control's (BCCDC) clinical care webpage

Enhanced Surveillance and Infection Prevention and Control Measures

There may be some circumstances with a case(s) of COVID-19 at a unit/health-care facility that do not meet the threshold for an outbreak, but would require enhanced surveillance and implementation of additional measures to prevent transmission.

- Example 1: When a staff member is positive for COVID-19 and has a known community source
- Example 2: When dealing with exposures without evidence of transmission in the facility.

If deemed to be minimal/no risk of transmission during the public health investigation, and below the threshold to declare an outbreak, the situation may still warrant public health action. The public health action might include enhanced surveillance (such as increased screening) and IPC measures (such as isolation of some patients/residents). A number of IPC measures might be applied and adjusted as necessary, based on discussion between local IPC, the facility and public health.

C. Outbreak Preparedness and Management

To prepare for and respond to a potential outbreak of COVID-19, acute care facilities should:

- Ensure facilities/units have a comprehensive outbreak management plan for COVID-19.
- Ensure all health-care workers and staff, including students, contracted staff, and volunteers, are familiar with their responsibilities regarding COVID-19 outbreak prevention, detection and management in the facility.
    - Provincial guidance on IPC best practices is available here: http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control
- Ensure outbreak tools and resources are accessible to staff. This includes outbreak kits and/or appropriate specimen containers and labels, signage, and PPE.
- Maintain an updated membership list of the facility outbreak management team (OMT) that includes contact information for unit/facility leadership, local IPC and the most responsible MHO or their designate (e.g., public health nurse, residential care licensing officer) at your local health authority.
- Ensure roles and responsibilities of the OMT membership are clearly defined and understood by all.
- Conduct a tabletop exercise to discuss outbreak roles and responsibilities and prepare units/facilities for their first COVID-19 case.

- Designate a facility outbreak lead (e.g., facility manager or coordinator) who will provide daily information updates to the OMT and oversee the implementation of control measures.

Suspected Outbreak

Early detection of COVID-19 signs and symptoms, as well as laboratory testing of admitted patients/residents with signs and symptoms of COVID-19, will facilitate the rapid implementation of effective control measures to limit the size and length of an outbreak.

1. Use COVID-19 outbreak surveillance forms for ongoing monitoring of COVID-19 data, including test results for all staff and admitted patients/clients/residents.
    - See appendix B and appendix C of this document for templates that can be used for this purpose.
    - See BCCDC's COVID-19 symptoms webpage for an up-to-date list of COVID-19 symptoms.

2. In the event of a suspected outbreak,
    - Immediately notify IPC and/or the MHO or their designate as per arrangements at your local health authority.
    - Initiate droplet and contact precautions for admitted patients/residents with suspected COVID-19 and post signage outside patient/resident room.
    - On the outbreak unit, set-up PPE carts and garbage disposal outside each patient/resident room.
    - Isolate patients/residents with suspected COVID-19 in a single room, where possible.
        - Place admitted patients/residents with suspected or confirmed COVID-19 in single rooms, where possible.
        - Where this is not possible, cohort patients/residents with confirmed COVID-19.
        - Decisions regarding cohorting should be made in consultation with the facility director/administrator, IPC, MHO or designate, and the client care leader.
        - Maintain a physical separation of two metres between the beds of patients/residents with suspected or confirmed COVID-19 and other roommates. Close the privacy curtains.
    - Follow the latest BCCDC public health laboratory's COVID-19 guidance for specimen collection, including guidance for the number of samples that must be collected from patients/residents with signs and symptoms of COVID-19 in order to confirm an outbreak.
        - Collect specimens for lab testing as soon as possible.

Outbreak Management Team

- Mobilize an on-site multidisciplinary OMT to coordinate the facility's response once an outbreak has been declared. Ensure roles and responsibilities are clearly outlined.
- Duties of the OMT include:
    - Daily outbreak management meetings to discuss operations and issues arising at the facility.
    - Daily review of line lists for patients/residents and staff with COVID-19 signs and symptoms, as well as testing results to determine the status of existing cases and any new cases associated with the outbreak.
    - Identification of the first case and source of any ongoing transmission, if possible.
    - Review of implemented outbreak control measures against the level of transmission to determine required mitigation actions.
    - Review of audit results, including hand hygiene assessments, environmental cleaning assessments, PPE assessments, and other COVID-19 specific assessments, available for the unit.
    - Daily review of communication requirements related to the outbreak, including messaging for patients/residents, families, staff and the general public.
    - Verifying after-hours and weekend requirements (e.g., staff coverage).

OMT membership should include, but is not limited to, the following:

- Director of clinical operations. This person can be designated as the outbreak lead and will work closely with the MHO and the IPC physician lead.
- MHO or public health designate.
- IPC practitioner(s).
- IPC physicians/medical microbiologists.
- Public health/IPC surveillance.
- Unit/facility medical Lead (e.g., physician director or division head/lead for the unit in acute care sites).
- Patient/resident care coordinator/manager, as appropriate.
- Housekeeping/environmental services manager.
- Administrative support for keeping track of action items.
- Supply chain representative, as appropriate.
- Staffing representative.
- Workplace health and safety representative, as appropriate.
- Facilities maintenance and operations, as appropriate.
- Communications, as appropriate.
- Risk management/client relations, as appropriate.

Communications

- Provide site communication and key messages to all staff (including medical staff, students, contracted staff, and volunteers), patients/residents and families by facility leadership, in collaboration with IPC, medical microbiology, and/or the MHO, as applicable. For example, establish a physical or virtual staff communication board with key messages and regular updates.
- Provide daily outbreak email communication to a site-specific distribution list with relevant details on the status of the outbreak.
- Provide daily outbreak management (situation report) to the regional health authority program lead.
- Notify all non-facility staff, professionals and service providers about the control measures that may affect their provision of services. Assess whether these individuals need to enter the facility or unit during the outbreak.

Screening of Patients/Residents

- Screen patients and residents in outbreak units/facilities for signs and symptoms of COVID-19 at least twice daily.
  - Refer to the BCCDC's viral testing webpage for COVID-19 testing guidelines.
  - Use a low threshold for collecting COVID-19 specimens.

Screening of Staff/Health-Care Workers

- Establish staff and health-care worker screening stations prior to entry to the facility.
  - Ensure unidirectional movement and flow at staff and health-care worker screening stations, as much as possible.
- All staff and HCWs must be screened for COVID-19 signs and symptoms prior to every shift.
- Communicate expectations for staff and HCW screening, including details of operational processes, to those individuals.
- Document screening findings for the duration of the outbreak so they are available for contact tracing, quality improvement and other purposes.
- Staff and HCWs who exhibit signs and symptoms of COVID-19 during screening should not be allowed entry. They should seek medical attention and get tested for COVID-19 in accordance with provincial testing guidelines.
- Maintain confidentiality of staff and HCW screening results and COVID-19 status. Public health will contact individuals who test positive for COVID-19 and provide guidance on next steps:
  - Staff and HCWS may choose to divulge their COVID-19 test results to their employer if they wish.
  - While maintaining staff and HCW confidentiality, public health, in conjunction with workplace health, will report positive staff/HCW COVID-19 cases to the OMT.

Microbiology/COVID-19 Testing

- Ensure the outbreak unit/facility has direct communications with the COVID-19 testing laboratory, as well as reporting to the OMT.
- Train unit/facility staff on COVID-19 specimen collection, packaging and transport (e.g., transport of dangerous goods) of clinical specimens.
    - Refer to the BCCDC's viral testing webpage for information on specimen collection.
- Consult with medical microbiology if alternative testing strategies are requested.
- Ensure COVID-19 specimen information and COVID-19 testing results are communicated to the OMT every day for tracking.
- At any point during an outbreak or in consideration of local community prevalence, asymptomatic testing may be conducted at the discretion of the MHO or designate.
    - The choice of test and frequency of testing will be determined by the MHO or designate, considering available resources, the level of community transmission, vaccination rates and outbreak status. Point of care rapid tests should be considered based on availability of kits, feasibility for implementation and current provincial guidance regarding their use.
    - The MHO or designate may request testing of all asymptomatic close contacts of the confirmed cases, including potentially exposed staff.
    - During an outbreak with one or more patient/resident cases, or with high-risk exposures due to staff cases, testing of all residents/staff in potentially affected areas of the facility for COVID-19 may be done under the guidance of the MHO.
    - Repeat surveillance tests of patient/resident and staff cohorts may be conducted under the guidance of the MHO.
- Repeat testing of laboratory-confirmed cases upon recovery is generally not necessary but may be requested by the MHO or designate in certain circumstances (e.g., patients/residents who had severe illness requiring hospitalization, or who are immune suppressed).

Education and Training

- Ensure education resources are readily available for staff and HCWs.
- Prior to an outbreak, ensure all HCWs and staff have had appropriate training on the signs and symptoms of COVID-19, proper hand hygiene, cleaning and disinfection and the correct donning and doffing of PPE.
- During an outbreak, ensure all HCWs and staff on the outbreak unit/facility have **ongoing, repeated** training to reinforce the importance of monitoring for signs and symptoms of COVID-19, appropriate hand hygiene, cleaning and disinfection, and the correct donning and doffing of PPE, for the duration of the outbreak.

Personal Protective Equipment and Supplies

- Ensure inventories of high-use PPE items (e.g., medical masks, eye protection, gloves, gowns), alcohol-based hand rubs and high-use cleaning and disinfection products (e.g., wipes) are tracked and monitored.
- Ensure units/facilities are provided clear guidance on how and where to order PPE and other supplies.
- Ensure the facility has multiple days of PPE on hand.
- Ensure there is a clear plan and communication strategy for PPE supply and steps for remediation in the event of a critical shortage.
- For units and facilities on outbreak, ensure all staff and HCWs wear scrubs/uniforms and not street clothes within the unit/facility.
    - Work uniforms should be changed when leaving the facility.
    - Launder uniforms before reuse.
- Establish space for staff to change clothing/uniforms, and dedicate space for staff personal belongings, if this does not already exist.
- Request staff training and fit testing for N95 respirators if providing care for patients/residents that require aerosol-generated medical procedures (AGMP), if supply allows.

Staffing Levels

- Wherever possible, ensure appropriate additional staffing (above baseline levels) is available to support the outbreak response and the continuation of services during the outbreak. This includes clinical staff, HCWs, clinical leaders and housekeeping/environmental services staff.
- Staff levels should be tracked daily, forecasted and reported to the OMT and health authority.

Case Reporting

- Patients/residents and staff with signs and symptoms of COVID-19 should be included in the outbreak line list and reported to the local IPC and/or MHO or designate, as applicable.
- Discharged contacts or cases in the local health authority, or cases potentially linked to an outbreak in another health authority should also be investigated and reported, in collaboration with local public health, and included in the outbreak line list.
- Follow regional health authority processes for regional and provincial reporting of patients/residents with confirmed COVID-19.
- Public health, in consultation with IPC and the most responsible physician, will determine the recovery status of patients/residents.
- Public health, in consultation with workplace health, will determine the recovery status of staff and HCWs.

Close Contacts

- Clarify the respective roles of IPC and the Provincial Workplace Health Call Centre (WHCC), including all data elements that need to be collected from HCWs, prior to the onset of an outbreak.
- Ensure contact tracing is conducted for patients/residents and staff members potentially exposed to another patient/resident or staff member diagnosed with COVID-19.
- Patients/residents who are deemed to be close contacts of a confirmed case by public health should be placed on droplet and contact precautions for 14 days from last exposure.

Patient Movement and Discharges

- Unit or facility closures to new admissions, re-admissions, or transfers may be required and should be decided in consultation with local IPC and/or the MHO or designate, as applicable.
- Consult with local IPC and/or MHO or designate at the facility regarding considerations for the safe movement and transfer of roommates of patients with suspected or confirmed COVID-19.
- Notify public health of any patients/residents discharged from the outbreak unit/facility within 48 hours preceding the onset of COVID-19 signs and symptoms among identified case(s) at the unit/facility.
    - Public health will contact the discharged patients/residents to support self-isolation, monitoring for signs and symptoms, and COVID-19 testing as applicable.
    - The unit/facility will inform discharged patients/residents to self-isolate for 14 days from date of discharge.
- For transfers to other units/facilities, it is the responsibility of the outbreak unit/facility to notify the receiving unit/facility to ensure that care can be provided safely:
    - Establish a process for rapid notification of such cases post-transfer, as it may impact the outbreak management strategies and declaring the outbreak over.
- If a patient/resident is transferred or discharged from an outbreak unit/facility and then re-admitted or transferred to another unit/facility, that individual must be placed on droplet and contact precautions for the remainder of the 14 days from discharge.
    - The re-admitted patient/resident may be transferred back to the outbreak unit/facility with approval of the MHO, in consultation with IPC physician/medical microbiologist, as applicable.
    - If a resident is transferred from LTC/AL to an acute care facility for treatment of COVID-19 or its complications, that resident may return to their home facility/residence when they are medically stable, after consultation with local IPC and/or MHO or designate.
    - Immediately notify the transferring facility and the local MHO if a client develops COVID-19 signs and symptoms within 14 days of being transferred from another facility.

Other Outbreak Control Measures

Depending on the layout of the facility, the location of cases and the degree of unavoidable movement of health-care workers between units, outbreak measures may be applied to specific units, or to the entire facility, at the discretion of the local MHO or designate.

- Post outbreak notification signage at all facility entrances and at all entrances to floors/units/wards advising about the outbreak.
- Where possible, establish one entry and exit for staff, in consultation with local IPC, MHO or designate.
- Suspend all group activities, including group meals, during the outbreak and limit access to common unit areas to HCWs and staff only.
- Non-urgent appointments may be cancelled or postponed for patients/residents until the outbreak is declared over.
- Develop a process to manage personal belongings if patients/residents with confirmed COVID-19 have passed away (e.g., plastic storage totes).

Environmental Cleaning and Laundry

- Notify environmental services of the outbreak status and the need for enhanced outbreak environmental cleaning and disinfection measures.
- Ensure enhanced environmental cleaning and disinfection takes place during an outbreak using dedicated environmental services staff for the outbreak unit. This may require more staff or extra shifts to ensure housekeeping staff are on site to respond when required.
- Ensure frequent cleaning and disinfection of high touch surfaces and items (e.g., handrails, elevator buttons, phones, door handles), server and dining room areas, and the safe handling of waste (e.g., tissues) throughout the facility during the outbreak.
- Ensure hand sanitizer with a minimum of 70% alcohol content is readily available in each patient/client room and in all common areas.
- Handle soiled laundry from patients/residents with COVID-19 using routine laundering practices.
- De-clutter the outbreak unit/facility to ensure all surfaces (e.g., floors, bathrooms) can be appropriately cleaned and disinfected.
- Ensure PPE supplies are re-stocked regularly. Increase the frequency of re-stocking during an outbreak.
- For more information, see the provincial guidance for environmental service providers in health-care settings.

Food Services

- Notify food services of the outbreak status so that outbreak protocols are initiated.
    - Food services staff should not enter dedicated COVID-19 cohort units or rooms where patients/residents with suspected or confirmed COVID-19 have been admitted.
- No staff/health-care worker food sharing is permitted in units/facilities during an outbreak.
- For more information, see the provincial guidance for food service providers in health- care settings.

Health-Care Workers and Staff

- In the event of an outbreak, restrict all non-essential workers, such as volunteers, from the outbreak unit/facility. Students may be restricted to reduce crowding and risk of transmission.
- Record all symptomatic HCWs and staff on a line list (see appendix C for a line list document template)
- Cohort HCWs and staff as much as possible, with dedicated HCWs and staff for patients/residents with suspected or confirmed COVID-19 and for those who are well.
    - If dedicated staff for patients/residents with suspected or confirmed COVID-19 are not available, HCWs and staff should first work with the well and then move on to care for patients/residents with suspected or confirmed COVID-19, avoiding movement between floors/units wherever possible.
- Ensure staff work exclusively in outbreak or non-outbreak areas, not in both.

- Assess staff risk of exposure and provide direction for testing and/or 14-day isolation and return to work. For provincially standardized exposure criteria to assess risk for HCWs exposed to COVID-19 patients while at work, see BCCDC's exposure and return to work for HCW webpage.

Visitors

- In the event of an outbreak, continue with visitor restrictions to the unit/facility to designated essential visitors only, as defined by the provincial overview of visitors in long-term care and seniors' assisted living and overview of visitors in acute care, under guidance and direction from the local IPC and/or MHO or designate.
    - Social visits will cease immediately if an outbreak is declared and the facility goes into active outbreak management. They will resume when the outbreak is declared over, and lessons learned have been applied to ensure ongoing safe practice.
    - For more information on essential visits, please see the essential visitors only signage.
- Develop a plan for and provide education to essential visitors about the importance of diligent hand hygiene, respiratory etiquette, appropriate use of PPE and donning/doffing during their visit.

IPC Practice Assessments

- The outbreak unit/facility must ensure that hand hygiene assessments, environmental cleaning assessments, assessments of appropriate PPE use, and other COVID-19 specific assessments are conducted daily and reported to the OMT.

Declaring the Outbreak Over

An outbreak will be declared over by the local MHO, in consultation with IPC, as appropriate.
An outbreak is considered over two full incubation periods after the last date of exposure, without any new cases, or at the discretion of the local IPC and/or MHO or designate. Multiple factors will be considered in determining when an outbreak is considered over, and the time-period adjusted accordingly. As a general guide:

- For COVID-19, two incubation periods equate to 28 days after the last date of exposure to an infectious case at the facility.
- The length of time to conclude an outbreak may be reduced or extended at the direction of the MHO or designate.
- Once the outbreak is declared over:
    - Provide notification of the end of the outbreak to all parties who were notified of the start of the outbreak.
    - Remove any signage related specifically to the outbreak.
    - Re-stock any supplies depleted during the outbreak (e.g., replacement viral specimen kits).
    - Perform a terminal clean for the unit.
    - Debrief with unit/facility leadership and staff to evaluate the management of the outbreak and implement all corrective actions, as required.
    - Remain alert for possible new cases in HCWs, staff and patients/residents.
    - Restore patient/resident flow patterns for discharge and transfer.

Appendix A – Checklist for the Management of COVID-19 Outbreak

Checklist for Outbreak Management of COVID-19 in Acute Care Settings

Outbreak preparedness – prior to an outbreak, all facilities should:

- ☐ Ensure all health-care workers (HCWs) and staff (including students, contracted staff, and volunteers) are familiar with the responsibilities regarding outbreak prevention, detection, and management in their facility.
- ☐ Ensure outbreak tools and resources are accessible to all related staff, including outbreak kits and/or appropriate specimen containers and labels, signage and supply of appropriate PPE.
- ☐ Maintain an up-to-date member list of the facility outbreak management team (OMT) including local infection prevention and control (IPC) and/or the local medical health officer (MHO) or designate (e.g., public health nurse, residential care licensing officer) at local health authority and their contact information.
- ☐ Ensure roles and responsibilities of OMT membership are clearly outlined.
- ☐ Designate a facility outbreak lead (e.g., facility manager, coordinator or other) who will be able to provide up-to-date information to the OMT daily and oversee the implementation of control measures.

Suspected COVID-19 Outbreak

- ☐ Use COVID-19 outbreak surveillance forms to maintain ongoing surveillance for COVID-19 signs and symptoms in staff and patients/residents.
- ☐ Immediately notify local IPC and/or the local MHO or designate (i.e., public health nurse, residential care licensing officer) at your health authority.
- ☐ Initiate droplet and contact precautions for symptomatic patients/residents and isolate in a single room or cohort, where possible.
- ☐ Collect viral specimens (nasopharyngeal or nasal swab) for laboratory testing as soon as possible.

Declared COVID-19 Outbreak – Control Measures

- ☐ Mobilize an on-site multidisciplinary OMT with roles and responsibilities clearly outlined.
    - ❑ Initiate meeting with OMT and schedule daily outbreak management meetings to discuss immediate requirements, operations and issues arising at the facility.
    - ❑ Conduct daily review of line lists for patients/residents and staff with COVID-19 signs and symptoms, as well as testing results to determine status of existing cases and any new cases associated with the outbreak.
    - ❑ Identify the index case and source of any ongoing transmission, if possible.
    - ❑ Review implemented outbreak control measures against the level of transmission to determine required mitigation actions.
    - ❑ Review audit results, including hand hygiene assessments, environmental cleaning assessments, PPE assessments, and other COVID-19 specific assessments, available for the unit.
    - ❑ Perform daily review of communication requirements related to the outbreak, including messaging for patients/residents, families, staff and the general public.
    - ❑ Verify after-hours and weekend requirements (e.g., staff coverage).
- ☐ Initiate site communication and key messages to all staff and service providers, patients/residents and families to notify of the outbreak and control measures that may affect provision of services.

- ☐ Case reporting:
  - ❑ Report patients/residents with signs and symptoms of COVID-19 to local IPC, MHO, or designate and include in the outbreak line list.
  - ❑ Investigate and report discharged contacts or cases in the health authority, or cases potentially linked to an outbreak in another health authority, in collaboration with public health, and include in the outbreak line list.
- ☐ Contact Tracing:
  - ❑ Start contact tracing of patients/residents and staff members potentially exposed to another patient/client or staff member who is diagnosed with COVID-19.
  - ❑ Initiate droplet and contact precautions for patients/residents who are deemed to be close contacts of a confirmed case of COVID-19 by public health.
- ☐ Follow regional health authority processes for regional and provincial reporting of confirmed cases.
- ☐ Assess staff risk of exposure and provide direction for testing and/or 14-day isolation and return to work.
- ☐ Decide on unit/facility closures to new admissions, re-admissions, or transfers in consultation with local IPC and/or MHO or designate, as applicable.
- ☐ Post outbreak notification signage at all facility entrances and on all entrances to floors/units/wards advising about the outbreak, and on health authority/facility website.
- ☐ Where possible, establish one entry and exit for staff, in consultation with local IPC, MHO or designate.
- ☐ Suspend non-essential services and activities for the duration of the outbreak.
- ☐ Notify environmental services of the outbreak status and initiate enhanced environmental cleaning measures
- ☐ Notify food services of the outbreak status and initiate outbreak protocol.
- ☐ HCWs and staff:
  - ❑ Restrict non-essential workers, e.g. volunteers, from outbreak unit/facility
  - ❑ Record all symptomatic HCWs and staff on a line list
  - ❑ Cohort HCWs and other staff as much as possible.
  - ❑ Ensure staff do not work in outbreak and non-outbreak areas.
- ☐ Restrict visitors in accordance with provincial policy and under direction from local IPC, MHO or designate.
  - ❑ Provide education to essential visitors about diligent hand hygiene, respiratory etiquette, appropriate use of PPE and donning/doffing during their visit.
- ☐ Ensure that hand hygiene assessments, environmental cleaning assessments and other COVID-19 specific assessments are conducted daily and reported to the OMT.
- ☐ Monitor daily usage and supply of PPE items (medical masks, eye protection, gloves, gowns), alcohol-based hand rubs and cleaning and disinfection products (e.g., wipes).
- ☐ Establish space for staff to change clothing/uniforms, and dedicate space for staff personal belongings, if does not already exist.
- ☐ Schedule routine care huddles to address concerns, e.g., patients/residents who have tested positive for COVID-19, patients/residents and others who are anxious or worried, etc.

Declaring the Outbreak Over
Once the outbreak is declared over: ☐ Notify all relevant parties that the outbreak is declared over. ☐ Remove any signage specifically related to the outbreak. ☐ Re-stock any supplies depleted during the outbreak. ☐ Perform a terminal clean for the unit. ☐ Debrief with unit/facility leadership and staff to evaluate the management of the outbreak. ☐ Remain alert for possible new cases in HCWs, staff and patients/residents. ☐ Restore patient/resident flow patterns for discharge and transfer.

Appendix B – COVID-19 Outbreak Line List – Patients

Patient demographics					**Clinical presentation**			**Specimen(s) sent**	
Name	DOB (y/m/d)	Unit	Room #*	Room type**	Date of symptom onset	Signs and Symptoms***	Date symptoms resolved	Collection date/date submitted	Result

***Room #:** If the resident has moved or been transferred within the past 14 days, note the rooms on different lines

****Room type**: **P**=Private **S**=Semi-private **M**=Multi-bed

*****Symptoms**: **C**= Cough, **D**= Diarrhea, **SB** = Shortness of breath, **F**= Fever, **NA**= Nausea, **NC**= Nasal congestion (runny nose), **O**=Other**, ST=**Sore throat, **V**= Vomiting

Appendix C – COVID-19 Outbreak Line List - Staff

Health-Care staff information					**Clinical presentation**		**specimen**	
Name	DOB y/m/d	Occupation/work assignment	Unit(s) worked	Date of symptom onset	Signs and Symptoms*	Date symptoms resolved	Collection date/date submitted	Result

***Symptoms**: **C**= Cough, **D**= Diarrhea, **SB** = Shortness of breath, **F**= Fever, **NA** = Nausea, **NC**= Nasal congestion (runny nose), **O**= Other**, ST=** Sore throat, **V**=vomiting