

Gastrointestinal/Respiratory/COVID-19 Operator Checklist

When an outbreak is suspected, contact the following individuals:

Notify facility management, medical lead, on site staff, Workplace Health and Safety (WH&S), and any other required individuals of suspected outbreak.

Notify IPC of suspected outbreak

East: 403-529-8809

West: 403-388-6169

Once an outbreak has been declared by the Medical Officer of Health, the following items will need to be implemented. This checklist is completed by a site designate who will serve as the “point of contact” for IPC. This checklist will assist with ensuring IPC recommendations are implemented in an effort to minimize transmission of illness and to ensure enhanced infection control measures have been implemented. Please initial completed tasks plus **sign** and **date** after all tasks have been completed. Any questions or concerns should be directed to the IPC point of contact.

When IPC completes a site visit, they will ensure items with a (✓) in front of the outlined task are completed.

Communication

Communication is important to ensure that any member of the public, staff, essential services and others are aware of increased illness in the building.

GI <i>required</i>	ILI <i>required</i>	COVID-19 <i>required</i>	Instructions / Directions	Initials / Date
x	x	x	(✓) Post outbreak signage at entrance of facility and within entrance to specific wings of the building, advising staff and visitors of outbreak. Provide outbreak information sheets, if available.	
x	x	x	(✓) Use posters to show visitors, residents, staff and others on how to use hand rub. Ensure alcohol based hand rub dispensers are available at entrances, common areas and near resident areas. Ensure alcohol based hand rub is at least 70% alcohol and is not expired.	
x	x	x	Inform family, visitors and volunteers of outbreak. Encourage visitors to postpone their visit if possible. Inform visitors of the risk of contracting and spreading illness during their visit. Visitors are not to visit more than one resident per visit. Visitors may be restricted, as directed by the MOH.	
		x	For a COVID-19 confirmed outbreak, operators will notify all residents, staff and families if there is a confirmed COVID-19 outbreak. Operators should communicate transparently with residents and families when their site is under investigation for COVID-19.	
x	x	x	Alert pharmacy, lab and other required personnel of outbreak.	
x	x	x	Communicate to senior management of facility, partners, agencies, physician lead/medical director or designate, home care, and all facility staff regarding the outbreak and the ongoing investigation.	
x	x	x	If a resident requires acute medical attention or treatment off-site (emergency room, urgent care, dialysis), alert EMS and receiving site that resident is from a facility with an ongoing outbreak.	

Facility manager &/or designated staff

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
x	x	x	Consult IPC/AHS Zone Medical Officer of Health regarding admissions and transfers to and from the site. A transfer risk assessment form may be necessary.	
x	x	x	Ensure most up-to-date Outbreak Management Guidelines are present onsite and accessible to staff	
x	x	x	Discuss with Workplace Health and Safety, as applicable, any staff that work at other facilities that are not under a declared outbreak to determine any necessary restrictions.	
x	x	x	Ensure consistent and accurate communication with the Outbreak Management team is created.	
x	x	x	Ensure staff are advised of relevant recommendations and work restrictions including working at other healthcare sites.	
x	x	x	Ensure adequate staffing levels are available and planned for the duration of the outbreak.	
x	x	x	Cohort staff as much as possible. If not possible, recommended work flow is from well resident to ill and/or isolated resident to minimize transmission.	
x	x	x	Authorize and deploy additional resources as needed or as necessary to manage outbreak (i.e., Environmental Services / Housekeeping staff).	
		x	(✓) If confirmed COVID-19 , apply continuous eye protection in addition to continuous masking .	
x	x	x	Complete Outbreak Line List for both ill residents and ill staff . Ensure evening & weekend staff know the tracking forms are to be completed daily & know the email. The tracking forms are to be submitted daily to IPC (for residents) and WHS (for staff). Note: The tracking form is completed daily; therefore, it may need to be adjusted for residents that become ill in the middle of the evening. Day 0 is the start date for symptom onset for each new case.	
x	x	x	Advise staff to be thorough regarding symptoms in reporting new cases of illness, related to the outbreak.	
x	x	x	Ensure all staff are aware and are educated about related precautions and proper use of PPE and Hand Hygiene .	
x	x	x	(✓) Ensure adequate availability of all supplies (hand hygiene products, personal protective equipment, linens, isolation carts/stations). If stock is absent or low, inform CPSM and IPC.	
x	x	x	(✓) Ensure adequate sampling equipment including requisition forms/stickers are available and staff know how to complete the paperwork. If additional supplies are required contact the lab.	
x	x	x	Discuss outbreak infection control measures and restrictions with weekend and evening staff. Ensure that all staff are aware and educated on outbreak management guidelines.	
x	x	x	(✓) Advise Environmental Services/Housekeeping of the need for “enhanced” environmental cleaning as necessary.	
	x		In the event of a confirmed influenza outbreak, start Post Exposure Prophylaxis Worksheet in advance in Acute Care. For LTC refer to Post Exposure Prophylaxis Worksheet on client’s chart.	

Gastrointestinal / Respiratory / Covid-19 Outbreak Operator Checklist | Page 3 of 8

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
	x		Ensure standing orders for prophylactic Tamiflu for clients are completed and authorized in the event of a confirmed influenza outbreak.	
	x		Collect a list of residents and staff immunized against influenza in preparation for a confirmed influenza outbreak.	
	x		Staff who are not immunized may be restricted from working in the event of a confirmed influenza outbreak. Prepare staff reassignments before the pathogen is confirmed.	
		x	Single site worker: Once in a confirmed COVID-19 outbreak, operators of designated supportive living and LTC facilities must restrict staff to work in only one site for the duration of that outbreak.	

Symptomatic clients

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
x	x	x	Isolate symptomatic clients to their rooms until IPC advises removal of isolation and precautions . Ensure all staff, family members and visitors are aware of the need for precautions when entering a symptomatic client's space. <i>Place signage on patient's room door indicating precautions are required.</i> If isolation is not practical, restrict clients to their own floor or area. *Medically necessary appointments should be kept if at all possible; however, should take place within the client's room (if possible). If symptomatic client needs to leave their room, follow IPC guidelines for ambulating patients on additional precautions. A surgical mask must be worn for ILI symptomatic patients (if not tolerated, consult IPC).	
	x	x	Isolate COVID-19 positive residents to their rooms for 14 days from symptom onset OR until symptoms resolve , whichever is longer. For all query COVID-19 patients with a negative or positive swab, complete the Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19 Form (21624).	
x	x	x	(✓) Ensure proper PPE is donned and doffed correctly for all staff, family members and visitors of symptomatic residents.	
x	x	x	(✓) Provide meal service to all ill clients in their rooms.	
x	x	x	(✓) Initiate Contact and Droplet Precautions for symptomatic clients. Eye protection is always required when wearing a mask. Ensure all PPE (including procedure masks) is doffed on exit of an isolation room. For ILI and COVID-19, an N95 (fit tested) is required for any point-of-care aerosol generating medical procedure (AGMP).	
x			Consideration for changing precautions (e.g., from contact and droplet to only using contact precautions) should be made only in consultation with IPC after COVID-19 testing.	
x	x	x	Collect the required sample specimens as directed by Public Health. Ensure that exposure investigation number (EI#) provided by IPC is entered on each provincial lab requisition and each specimen container. Make arrangements for transporting specimens to lab.	
x	x	x	Remind staff that routine practices require them to clean and disinfect shared client care equipment (commodes, lifts, thermometers) after every use.	

Staff/volunteers

Every staff member has a responsibility to work together during an outbreak to ensure that measures are in place to reduce the spread of illness.

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
	x	x	<p>Assign staff (cohort) to the greatest extent possible, to either:</p> <ul style="list-style-type: none"> Exclusively provide care/service for residents who are asymptomatic (no illness or symptoms of illness); or Exclusively provide care/service for residents who are symptomatic (have suspected or confirmed COVID-19). <p>When cohorting staff is not possible:</p> <ul style="list-style-type: none"> Minimize movement of staff between residents who are asymptomatic and those who are symptomatic; and Have staff complete work with asymptomatic residents (or tasks done in their rooms) first before moving to those residents who are symptomatic. 	
x	x	x	<ul style="list-style-type: none"> Any staff member who has symptoms or develops symptoms while at work must continue to wear a mask and be sent home immediately by private transportation (not public transit). Any staff member who determines they are symptomatic at any time, shall notify their supervisor and/or the facility operator and should be tested. Testing can be facilitated by completing the AHS online assessment tool for healthcare workers. Exclude staff member from work until they meet the requirements for returning to work. 	
		x	<p>If outbreak is confirmed COVID-19, staff must immediately tell their supervisor if they have worked in the last 14 days or are currently working at a site (including but not limited to the sites to which this Order applies), where there is a confirmed COVID-19 outbreak. Disclosure is mandatory.</p>	
x	x	x	<p>(✓) Perform frequent and thorough hand hygiene in accordance with AHS Standards and include the 4 Moments of Hand Hygiene. Wash hands with soap and running water when caring for someone with diarrhea and/or vomiting, if hands are visibly soiled or if working in the Food Services department; otherwise, alcohol hand based rub (70% alcohol) is sufficient.</p>	
x	x	x	<p>Identify other professionals working in the facility/outbreak unit that are not healthcare workers (i.e., construction workers) and consult with IPC regarding appropriate recommendations for these groups.</p>	

Activities and food services

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
x	x	x	(✓) Ensure necessary resident activities (dining, bathing) are managed within home unit. Avoid completing these activities in outbreak area if resident is from non-outbreak area and vice-versa, except for specific services that are medically required.	
x	x	x	(✓) Cancel all previously scheduled group activities in the outbreak area (birthday parties, group gatherings, recreational therapy, volunteers, school groups, church groups etc.). This includes non-resident events such as meetings and conferences. Note: 1:1 therapy is appropriate when necessary. If group activities are an essential part of treatment, discuss with IPC.	
x	x	x	(✓) Close commercial activities in the facility (beauty salon, tuck shop) if located in outbreak area, if outbreak is facility wide or if advised by IPC.	
x	x	x	(✓) Ensure all weekend activities are cancelled (in-facility and external trips) and staff are aware of restrictions. This includes church services.	
x	x	x	Consult with IPC on pets, animal visitation, animal therapy and resident/family animal programs.	
x	x	x	(✓) Cease activities involving client participation in food preparation.	
x			(✓) Stop providing meals to outside persons (e.g., visitors and volunteers).	
x	x	x	(✓) Suspend buffet, self-service food areas, and family-style dining. Discontinue use of linens on tables and remove common touch items from food areas (i.e., salt and pepper shakers, etc.).	
x	x	x	(✓) Ensure there is no communal sharing of food including staff room or common areas.	
x	x	x	Clean and disinfect tables, chairs, armrests, under chairs after every meal service.	
x	x	x	(✓) Remove all common touch items and multi-use condiments from the dining room and shared areas (i.e., salt and pepper shakers, sugar shakers, table cloths, etc.). Provide single service packets of condiments, directly to each resident rather than self-serve in a bulk container, if possible.	
x	x	x	(✓) Implement correct cleaning and sanitizing procedures in kitchen and elsewhere as per table below:	

Product	Items/Area
Approved kitchen sanitizer (100 ppm chlorine/bleach, 200 ppm quaternary ammonium compound, 12.5-25 ppm iodine, high heat).	<ul style="list-style-type: none"> Regular dishwashing and surface sanitizing processes can be used in the kitchen area unless a contamination event occurs or kitchen is implicated in the outbreak.
1000 ppm bleach OR product with DIN and makes claim effective against norovirus (mixed as per manufacture instructions).	<ul style="list-style-type: none"> Contact surfaces in non-kitchen areas (resident rooms, care areas, common areas) Potentially contaminated kitchen areas (staff washrooms, break rooms). Food service areas outside of main kitchen (dining rooms, serveries, open unit kitchens, self-serve areas). Food service items that leave and return to main kitchen (re-usable meal trays, trolleys).
5000 ppm bleach OR product with DIN and makes claim effective against Norovirus (mixed as per manufacture instructions).	Body fluid spills.
<p>Note: If using 1000 or 5000 ppm bleach solution or non-food grade disinfectant on a direct food contact surface, rinse surface using potable water and a clean cloth following disinfection.</p>	

Environmental services

GI required	ILI required	COVID-19 required	Instructions / Directions	Initials / Date
x	x	x	<p>(✓) Housekeeping staff should be completing enhanced cleaning and disinfection as per Chief Medical Officer of Health Order throughout the outbreak.</p> <p>Common/public areas</p> <ul style="list-style-type: none"> • Cleaning and disinfection should be performed at least once per day on all low touch surfaces (i.e., shelves, benches, windowsills, message or white boards, etc.). • In addition, increase the frequency of cleaning and disinfecting of any high touch surfaces (i.e., doorknobs, light switches, call bells, handrails, phones, elevator buttons, TV remote), care/treatment areas, dining areas and lounges, as appropriate to the facility to a minimum of three times daily. Immediately clean and disinfect any visibly dirty surfaces. 	
x	x	x	Utilize other staff (non-food service staff) to assist with environmental cleaning and disinfection, if applicable.	
x	x	x	(✓) Discuss enhanced laundry procedures with housekeeping staff and clients within independent facilities. Soiled linen is to be bagged to contain the contaminants.	
x	x	x	(✓) Wear appropriate PPE (i.e., gloves, masks, eye protection and gowns) when handling soiled linens and laundry. Handle soiled linen with minimum agitation. Ensure measures are in place to prevent contamination of dirty laundry with clean laundry.	
x	x	x	(✓) Ensure laundry areas are cleaned and disinfected with increased frequency, including resident laundry rooms and washing machine tub.	
x	x	x	When a client/resident is taken off isolation, the room must be terminally cleaned prior to the sign being taken down.	
		x	Vacuum cleaners, floor buffers and floor cleaning machines that can aerosolize micro-organisms are not used during the outbreak.	
x	x	x	Residents on additional precautions (isolation) may be bathed in common tub rooms if cleaning and disinfection steps are followed (ensure communication with Environmental Services using additional precautions signs).	
		x	Resident or family assumes responsibility for cleaning and or disinfecting personal items that environmental services cannot support.	

Note: This form is to be completed as soon as an **outbreak** situation is **declared/suspected**. This form is to be signed by the responsible person (point of contact for IPC) and emailed to IPC for file purposes.

Total # Residents Facility Wide: _____	Total # staff facility-wide: _____
Total # Residents in Outbreak Area only: _____	Total # Staff Outbreak Area only: _____
Print name: _____	Signature: _____
Date: _____	