

APPENDIX D-A1 ISOLATION CHECKLISTS

SUSPECTED ISOLATION CHECKLIST

Status/Initial		Item
Staff	Supervisor	
*		Determine what type of isolation to set up E.g. Contact , any vomiting, diarrhea, discharge Droplet/Contact , any cough, fever, sore throat, runny/stuffy nose and use Mobile Isolation Kit contents.
*		Place STOP sign at all entrances as well as signs related to the type of outbreak precautions that need to be taken (i.e. Contact, Droplet/Contact, Airborne) on specific doors.
*		The employee on shift will notify the Supervisor or the After-Hours Line and report there may be an outbreak; give a full report.
*		Notify persons Primary Care Provider to determine need for assessment and/or further testing
*		Put copy of this checklist in Communication Book
*		Complete SIR as required
	*	Complete SOR as required
*		Document in Nucleus and notify primary contact
*		There are bells and video monitors in office. If the person you support needs either for safety reasons while they are isolated in their room, contact office to request.

Note: In light of the rate at which new information becomes available, it is the employee's responsibility to always check for a more recent update and follow the most recent Public Health Guidelines @ www.publichealthontario.ca

CONFIRMED ISOLATION CHECKLIST

Community Home: _____ Date: _____

Date Outbreak Declared: _____ Date Outbreak Declared Over: _____

Case Definition: _____

Date of Initial Outbreak Meeting: _____

Status/Initial		FIRST STEPS
Staff	Supervisor	
	*	Contact local Public Health unit if You have one confirmed case of Covid-19 in your home (which is considered an outbreak) OR An outbreak is possible based on ill people, staff and/or frequent visitors. Two people is considered an outbreak for other infections. The local Public Health will decide whether to declare an outbreak.
	*	Assemble Outbreak Management Team. Include Public Health, Infection Control Director, Executive Director, managers, health care staff and other appropriate staff members.
	*	Identify Outbreak Area. With the local health unit, determine if all of part of the home will be considered an outbreak area. People in the outbreak area should not mix with those in the non-outbreak area.
	*	Be prepared to provide the following information to the public health unit. <ol style="list-style-type: none"> 1. Total number of people and staff in the home 2. List (line list using outbreak checklist (Appendix D-1) with people supported, staff and visitors including when they became ill, when they were tested and results, when they were in the home and if they remain in the home or were transferred to hospital. 3. A list of people who had high risk close contact (e.g. Dining table mates, others who spend time within 2 metre's) with those with COVID-19 . This may include the whole home.
	*	Ensure access to key services and supports <ol style="list-style-type: none"> 1. Medical Care 2. Routine medications (e.g. prescriptions, prns) 3. Mental health supports and counselling 4. Harm reduction supplies 5. Addiction services and supports as needed 6. Nicotine replacement 7. Naloxone for emergency response
		SURVEILLANCE

*		Monitor people we serve for symptoms
*		Daily phone call to update the Infection Control Director (ICD)
*	*	Line Listing of People we serve, insert link for formstack
	*	Line Listing of Employees – submit daily to ICD
		NOTIFICATION
	*	Notify Public – Post signs on entrance doors
	*	ICD or designate will notify the Executive Director or designate.
	*	Notification of the Ministry of Labour and to inform them of an outbreak, the outbreak number and type of outbreak will be completed at the direction of the Executive Director or designate. Complete SIR and SOR and notify Ministry of Children and Community and Social Services program supervisor.
	*	Notification of the following professionals: Primary Care Provider Directors All employees who work in the home or work location
*		Employee on shift will give medications if necessary, as directed by the Primary Care Provider
*	*	Employee in the home will complete the line listing daily and submit to Infection Control Director (ICD). Infection Control Director will submit to your local Public health Branch if required
		ADDITIONAL PRECAUTIONS: CONTACT
*		Hand hygiene – employee, people we serve, visitors; educate visitors/volunteers; assist people we serve with compliance; extra alcohol-based hand rub throughout the home.
*		Gloves – direct care, discard after use, perform hand hygiene.
*		Gowns – for direct care of people we serve, when risk of soiling clothes.
*		Masks and eye protection – fluid resistant surgical/procedure mask and face shield at all times during Pandemic. Not needed when not a Pandemic.
		ADDITIONAL PRECAUTIONS: DROPLET & CONTACT
*		Hand hygiene – employee, people we serve, visitors; educate visitors/volunteers; assist people we serve with compliance; extra alcohol-based hand rub throughout the home.
*		Gloves – direct care, discard after use, perform hand hygiene.
*		Gowns – for direct care of people we serve when risk of soiling clothes.
*		Masks and eye protection – fluid resistant surgical/procedure mask and face shield at all times during Pandemic. Masks and eye protection to be doffed after leaving isolation area. Masks to be discarded and new one applied. Eyewear/face shield to be cleaned and fresh one applied.
		PEOPLE WE SERVE
*		Restrict people with infection to room (if possible) – for infectious period, and/or until symptoms are completely resolved, whichever is shorter. Remove all non-essential items from room.

*		Restrict well people away from isolated person.
*		Urgent medical appointments – well people we serve, consult with PH
*		Urgent medical appointments – ill people we serve, reschedule if able; notify practitioner/transfer service.
*		Educate people we serve/family members of limited visitation, adherence to outbreak control measures and appropriate use of PPE
		EMPLOYEES VOLUNTEERS
*		Exclude ill employees/volunteers – until symptoms are completely resolved.
*		Cohort employees – if possible, dedicate employees for ill people we serve
		ADMISSIONS/TRANSFERS (Contact Public Health)
	*	New admissions – preferably to non-affected home, inform family.
	*	Re-Admission of cases – permitted.
	*	Re-Admission of non-cases – consult with public health.
		Transfer to hospital – advise hospital, ambulance/transfer service.
		COMMUNAL PEOPLE WE SERVE ACTIVITIES
*		Restrict all group activities.
*		Discourage small group activities in affected home.
*		No communal activities with outside groups.
		VISITORS
*		Visitors must follow the Policy & Procedures
*		Visitors who are ill should avoid contact with the people we serve.
*		Families/visitors notified of outbreak – post signs, family of ill people we serve are called.
*		Visit in room only. Reinforce hand hygiene, visit only one person, PPE for direct care.
		ENVIRONMENTAL CONTROLS
*		Enhance environmental cleaning – e.g. high touch surfaces, washrooms.
*		Dedicate equipment – to ill people we serve or clean and disinfect between use.
*		Handle laundry & garbage carefully with gloves: hand hygiene afterwards.
*		Clean from clean to dirty areas.
		AFTER OUTBREAK IS OVER
*		Gather all documentation and give to the Infection Control Director
	*	Infection Control Director will complete the Outbreak Status Report
*		Order supplies to replenish Mobile Isolation Kit
	*	Supervisor will check the Mobile Isolation Kit, following checklist, seal and date with signature.
Other Comments:		
Outbreak Resolution:		
Supervisor:		Date: