



Congregate Living Setting Respiratory Outbreak Management Plan 2020/2021

Facility Name: _____

Director of Care / Assistant Director of Care

Signature: _____

Date: _____

Intervention	Outbreak Management Plan	Notes
Surveillance	Post signage to promote self-monitoring of acute respiratory infections including typical/atypical symptoms of COVID-19 Print if needed: https://bit.ly/36mRW4r	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Surveillance	Conduct twice daily active surveillance for COVID symptoms among residents (consumers), staff, and volunteers Report suspect cases immediately: Daily 9am-5pm: 519-575-4400 x5111 After hours: 519-575-4400	See: regionofwaterloo.ca/LineListResidentIllness regionofwaterloo.ca/LineListStaffIllness
Communication	Plan communication strategy to inform leaders, residents (consumers), families, staff, volunteers, and visitors, should an outbreak occur	Communication strategy developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Equipment	Ensure equipment is accessible and has been checked for expiry dates: <ul style="list-style-type: none"> • PPE (gloves, gowns, masks, eye protection) • Alcohol-based hand rub Advise staff of location of non-expired PPE	Location PPE: _____
Ensure healthy workplace policies and procedures are up-to-date	Review and update the following policies for influenza and COVID-19: <ul style="list-style-type: none"> • Additional precautions and droplet and contact precautions 	Location of Policies: _____
Infection Prevention Education	Share annual online Public Health Fall Forum (how to prevent, prepare for and manage outbreaks) with staff	https://bit.ly/3dA59dE

Immunization	<p>Encourage staff and residents (consumers)</p> <ul style="list-style-type: none"> To seek out annual Influenza vaccine through local pharmacies or their physician To provide proof of immunization for facility records 	
Immunization	<p>Encourage non immunized staff to:</p> <ul style="list-style-type: none"> Seek out influenza antiviral prescription from their physician in advance of influenza outbreak. 	
Immunization	<p>Maintain up to date immunization status list of names and Influenza immunization dates, or names of unimmunized staff, volunteers and residents (consumers),</p> <p>Ensure immunization status of all new residents (consumers), staff, and volunteers is recorded</p>	<p>Location of list:</p> <hr/>
Consent	<p>Distribute and gather staff consent forms for the release of immunization status in the event of an outbreak</p>	<p>All staff consents received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> In progress</p>
Consent	<p>Ensure up-to-date consent for annual Influenza vaccine (if needed) and Influenza antiviral medication administration for all residents (consumers)</p>	<p>All resident consents received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> In progress</p>
Preparedness	<p>Send letter to physicians to request Influenza antiviral treatment order (prescription) for residents (consumers) to be prepared in case of future outbreak.</p>	<p>All orders received?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> In progress</p> <p>Location of Orders:</p> <hr/>
Preparedness	<p>Develop a communication plan with the supplying pharmacy to obtain antiviral medication in the event of an outbreak.</p> <p>Create space for antiviral orders (if submitted to pharmacy to in preparation)</p>	<p>Pharmacy Contact:</p> <hr/> <p>Phone:</p> <hr/>