



## Respiratory Outbreak Management Plan 2020/2021

Facility Name: \_\_\_\_\_

Director of Care / Assistant Director of Care

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Intervention	Outbreak Management Plan	Notes
<b>Surveillance</b>	Post signage to promote self-monitoring of acute respiratory infections including typical/atypical symptoms of COVID-19	Signs posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Surveillance</b>	Conduct twice daily active surveillance for COVID symptoms among residents, staff, and volunteers  Report suspect cases immediately: Daily 9am-5pm: 519-575-4400 x5506 After hours: 519-575-4400	See: <a href="http://regionofwaterloo.ca/LineListStaffIllness">regionofwaterloo.ca/LineListStaffIllness</a>  <a href="http://regionofwaterloo.ca/LineListResidentIllness">regionofwaterloo.ca/LineListResidentIllness</a>
<b>Surveillance</b>	Consider outbreak status of other facilities (including COVID-19 outbreaks) if staff and residents are attending other facilities  <a href="http://regionofwaterloo.ca/COVID19summary">regionofwaterloo.ca/COVID19summary</a>	Click the “outbreaks” tab in the Waterloo Region COVID-19 Summary chart
<b>Communication</b>	Plan communication strategy to inform leaders, residents, families, staff, volunteers, and visitors, should an outbreak occur	Communication strategy developed? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Communication</b>	Order outbreak signage from <b>Public Health Ontario</b> if needed: <a href="http://bit.ly/2JURFbH">http://bit.ly/2JURFbH</a>	Location of outbreak signs: _____
<b>Equipment</b>	Locate and check expiry date on nasopharyngeal (NP) lab kits - discard any expired kits. Order swabs* through Healthcare Materials Management Services Ontario Health West <a href="http://bit.ly/OHWestForm">http://bit.ly/OHWestForm</a> , or contact <a href="mailto:HMMSCOV19@hmms.on.ca">HMMSCOV19@hmms.on.ca</a>	Location of NP lab kits: _____  COVID, Multiplex, Flu Rapid – only Beaver, Copan, Beaver or Miraclean NP swabs are compatible. Can call Public Health to courier if needed.

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	(*at least 72 hours in advance for planned testing)	Can use other available swabs for COVID only test.
<b>Equipment</b>	Ensure equipment is accessible and has been checked for expiry dates: <ul style="list-style-type: none"> <li>• PPE (gloves, gowns, masks, eye protection)</li> <li>• Alcohol-based hand rub (ensure not expired)</li> </ul>	
<b>Equipment</b>	Communicate to staff location of non-expired PPE and NP lab kits	Location PPE, NP kits: _____
<b>IPAC Education</b>	Plan annual influenza education sessions for staff, volunteers, residents, and visitors. <ul style="list-style-type: none"> <li>• Health Care Worker (HCW) Influenza Immunization Toolkit (educational resources and presentation):  <a href="http://regionofwaterloo.ca/HealthCareProviders">regionofwaterloo.ca/HealthCareProviders</a> </li> </ul>	
<b>IPAC Education</b>	Remind HCWs of facility policies regarding antiviral use and work restrictions for non-immunized staff	
<b>IPAC Education</b>	Participate in annual online Public Health Fall Forum	<a href="https://bit.ly/3knNvMV">https://bit.ly/3knNvMV</a>
<b>Ensure healthy workplace policies and procedures are up-to-date</b>	Review and update the following policies for influenza and COVID-19: <ul style="list-style-type: none"> <li>• HCW immunization and exclusion</li> <li>• Additional precautions and droplet and contact precautions</li> <li>• Collection of NP swabs</li> </ul>	Location of Policies: _____

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<b>Ensure healthy workplace policies and procedures are up-to-date</b>	Ensure Medical Directives are prepared: <ul style="list-style-type: none"> <li>• Specimen collection – NP swabs for influenza and COVID-19</li> <li>• Immunization of residents (influenza)</li> <li>• Management of anaphylaxis</li> <li>• Immunization of staff/volunteers (influenza)</li> <li>• Antiviral administration (influenza)</li> </ul>	Location of Medical Directives: _____
<b>Consent</b>	Ensure up-to-date consent for immunization and antiviral administration for all residents	All resident consents received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
<b>Consent</b>	Staff influenza vaccine consent form should include consent for the release of immunization status in the event of an outbreak	All staff consents received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress
<b>Preparedness</b>	Obtain medical directive and physician orders for antiviral medication and creatinine levels for all residents and/or .. .. sSend antiviral physician letter for residents with external physicians	All orders received? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In progress  Location of Orders: _____
<b>Preparedness</b>	Make appropriate arrangements with supplying pharmacy to obtain antiviral medication  Create space for antiviral orders (if submitted to pharmacy to in preparation)	Pharmacy Contact: _____ Phone : _____
<b>Immunization</b>	Plan, schedule and communicate dates for influenza vaccine clinics during early fall for all staff and volunteers involved in resident care areas during early fall for all staff and volunteers in resident care areas	
<b>Immunization</b>	Immunize all eligible residents, staff and volunteers with <b>annual influenza vaccine</b>	Date completed _____

<b>Intervention</b>	<b>Outbreak Management Plan</b>	<b>Notes</b>
<b>Immunization</b>	Ensure list of unimmunized staff is maintained and up to date	Location of list: <hr/>
<b>Immunization</b>	Ensure ongoing immunization of all new eligible residents, staff, and volunteers.	
<b>Requirements</b>	<p>Submit immunization rates of residents and staff to Public Health by <b>Tuesday, December 15, 2020</b></p> <p>Submit vaccine utilization reports to the MOHLTC (for facilities providing immunization)</p>	
<b>Ministry Requirements</b>	Prepare Universal Influenza Immunization Program (UIIP) prequalification submissions in late spring	UIIP form submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No