Managing COVID-19 Outbreaks in Congregate Living Settings

05/23/2020

How to Use This Checklist

This checklist is intended to be used when there is an outbreak or possible outbreak in a congregate living setting (e.g., shelters, group homes, supportive housing).

- **An outbreak is defined** as one or more cases of COVID-19 in a resident or staff associated with the facility.

- **A possible outbreak** is a cluster of ill residents, staff and/or visitors.

This checklist can be used by the local public health unit staff member and the administrator and staff of the congregate living setting as they work together to manage the outbreak. As every congregate living setting is different, the checklist can be used to decide on the best outbreak control measures for each facility and can also help to communicate these decisions. Specific measures for the facility can be indicated in the "Notes" section, including if a specific measure is not applicable in the facility.

This checklist should be used in addition to - but does not replace - the advice, guidance, recommendations, directives or other direction of provincial Ministries and local public health units. See the Ministry of Health's COVID-19 Guidance: Congregate Living for Vulnerable Populations. Additional resources are also available on Public Health Ontario's website, including a COVID-19 Preparedness and Prevention in Congregate Living Settings checklist which contains steps to prepare for and prevent COVID-19 infections in congregate living settings. The measures identified for consideration in the outbreak checklist are in addition to those in the planning and preparedness checklist.

This checklist is not intended for use in long-term care facilities (a specific checklist exists for long-term care facilities). Although not specifically intended for correctional facilities, some of the items on the checklist may be applicable to these settings. Although in some settings the terms client or tenant may be used, throughout this document the term resident is used for consistency.

Contents

Name and contact information for local public health unit staff member:

Date of latest update:

First Steps

1	First Steps	Notes (including if the measure is not applicable in this facility)
1.1	**Contact your local public health unit if:** • You have a confirmed case of COVID-19 in your facility (which is considered an outbreak), OR • An outbreak is possible based on ill residents, staff and/or frequent visitors. • The local public health unit will decide whether to declare an outbreak.	
1.2	**Outbreak management team** Assemble the outbreak management team. The team should include the local public health unit along with other possible members such as the COVID-19 lead, administrators, managers, the environmental lead, the person responsible for infection prevention and control, health care staff (if applicable), communications and other appropriate staff members.	
1.3	**Identify the outbreak area** With the local public health unit, determine if all or only part of the facility will be considered an outbreak area. This will depend on where the COVID-19 cases are in the facility and how much residents and staff move between different parts of the facility.	
1.4	**Be prepared to provide the following information to the public health unit:** • Total numbers of residents and staff in the facility. • A list (line list) of ill residents, staff and visitors including when they became ill, if they were tested and results, when they were in the facility, and if they remain at the facility or were transferred to hospital. (see Appendix A) • A list of people who had high risk close contact (e.g., roommates, dining table mates, others who spend time within 2 metre) with those with COVID-19. Note that in some outbreaks this may include the whole unit or facility.	

1	First Steps	Notes (including if the measure is not applicable in this facility)
1.5	**Ensure access to key services and supports** Ensure residents have access to key services and supports, such as: • Medical care • Routine medications (e.g., prescription medications, acetaminophen, ibuprofen) • Mental health supports / counselling • Harm reduction supplies • Addiction services and supports including for alcohol or drug use (including opioid agent treatment e.g., methadone, suboxone) • Nicotine replacement • Naloxone for emergency response	

Residents in Outbreak Area

2	Residents in outbreak area	Notes (including if the measure is not applicable in this facility)
2.1	**If ill or COVID-19 positive residents are moving to another facility:** • Prior to transfer, place resident in a private room. • If that is not possible, resident should wear a surgical/procedure mask and stay at least 2 metres from others. Ensure resident cleans their hands. • Determine with the resident the items they need to take with them. Ensure safe storage for any remaining items. ◦ Staff should wear a surgical/procedure mask, eye protection, gowns and gloves when within 2 metres of the resident or when in their living space. • Clean and disinfect room after resident leaves, particularly if the room will be used by others (see Section 7.3). • See Section 5.1 regarding transportation of residents.	

2	Residents in outbreak area	Notes (including if the measure is not applicable in this facility)

2.2	**Determine where residents will stay if grouping (cohorting) is possible**
	
	• If appropriate and feasible, group (cohort) residents in the outbreak area, keeping each group separate from the other (i.e., in separate areas of the facility).
	• Within most of the groups, residents should stay as far apart as possible from each other. Consider partitions to support separation between residents who cannot be in private rooms.
	• The public health unit will assist with determining how to group (cohort) and how to keep residents separate within the groups. Possible groupings include:
	  1. COVID-19 positive
	  2. Ill but not known to have COVID-19
	  3. Well and if tested, COVID-19 negative who HAD close contact with a known COVID-19 case
	  4. Well and if tested, COVID-19 negative with NO close contact with a known COVID-19 case
	• The public health unit will discuss how to assign staff members to each cohort.	

2.3	**Prevent mixing of residents** • Keep residents from outbreak and non-outbreak areas separate. • Ask residents to stay on their units / areas / floors and in their rooms as much as possible.	
2.4	**Private rooms** If available, use private rooms in the **following priority order:** 1. COVID-19 positive resident if there is only one positive resident 2. Ill but not known to have COVID-19, particularly if older or have underlying medical conditions 3. Well and if tested, COVID-19 negative who HAD close contact with a known COVID-19 case, particularly if older or have underlying medical conditions 4. Well and if tested, COVID-19 negative with NO close contact of a known COVID-19 case, particularly if older or have underlying medical conditions.	

2	Residents in outbreak area	Notes (including if the measure is not applicable in this facility)
2.5	**Monitor for worsening symptoms** • Monitor COVID-19 positive residents and ill residents for worsening symptoms so medical care can be arranged quickly if needed. • For assistance, call TeleHealth (1-866-797-0000), or contact the resident's health care provider or outreach health care services (if available) or call 9-1-1 in case of emergency.	
2.6	**Admissions and re-admissions** • Limit new admissions. Best practice is that there are no new admissions to the outbreak area until the outbreak is over, however this may not be possible in some settings. Decide with your local public health unit how admissions and re-admissions are to be handled. • COVID-19 positive residents may be able to return to the outbreak area if appropriately isolated, which can be with other COVID-19 positive residents. • New admissions to non-outbreak areas of the facility should be informed of the outbreak.	

2.7	**Masking to protect others** (source control)
	
	• If tolerated and if it can be done safely, all residents in outbreak areas should wear a mask to protect others when there is a possibility of being within 2 metre distance.
	    ○ Children less than 2 years of age should not wear a mask.
	• Provide education and training on the use of non-medical masks
	    ○ Mask use for non-health care workers (non-medical masks)
	    ○ When and how to wear a mask	

Staff and Essential Visitors

3	Staff and essential visitors	Notes (including if the measure is not applicable in this facility)
3.1	**Working during an outbreak if exposed** • Work with the public health unit to identify potentially exposed staff based on past work assignments on outbreak areas and exposure to known cases of COVID-19. • Determine appropriate management of exposed staff with the public health unit.	

3.2	**Work assignments (cohorting)**
	
	• If there are outbreak areas and non-outbreak areas, **assign staff to only one area** for all their shifts, if possible.
	    o Staff who have already worked in the outbreak area should be assigned to the outbreak area.
	• In the outbreak area, assign staff members to look after only one of the groups referred to in Section 2.2 above, if possible.
	    o Staff who have had COVID-19 and have been cleared to return to work should be assigned to work with COVID-19 positive residents.	

3.3	**Reporting illness and staying home** Ensure staff and essential visitors know to: • Report any symptoms to their manager/supervisor. • Stay at home if ill, even if they only have mild symptoms. • Stay home until cleared to return to work in consultation with the local public health unit. See Guidance on Testing and Clearance.	
3.4	**Only allow essential visitors** into the facility.	
3.5	Advise staff and essential visitors not to **work at other workplaces**.	
3.6	**Ensure staff and visitors maintain physical distancing** (remain 2 metres apart) • Stagger break times • Discussions between two people take place only while at least 2 metres apart. • No group meetings take place.	

3	Staff and essential visitors	Notes (including if the measure is not applicable in this facility)
3.7	**Identify potentially exposed visitors** • Using records of those who entered the facility, identify potentially exposed visitors. • Provide the information to the public health unit for follow-up.	
3.8	**Personal protective equipment (PPE)** • Staff and visitors should wear **a surgical/procedure mask, eye protection, gown and gloves** for all patient interactions in the outbreak area. o An N95 respirator is only required if an aerosol-generating medical procedure is being performed (this is unlikely to be required in most congregate living settings). • Provide staff and essential visitors with education and training on the use of personal protective equipment (see Section 6.5 of Preparedness and Prevention checklist) and appropriate cleaning of reusable eye protection (wash with mild detergent, dry, and wipe with alcohol or other disinfectant wipe).	

Testing

4	Testing	Notes (including if the measure is not applicable in this facility)
4.1	**Ill residents** • Organize to offer testing for all ill residents either on-site (ensure appropriate personal protective equipment is available for those doing the testing, see Section 3.8) or transport to appropriate testing location (see Section 5.1). • Obtain the results from the tests and refer to plans to manage ill residents (See Section 1.5 of Preparedness and Prevention checklist).	
4.2	**Ill staff members and essential visitors** • Organize to offer testing of all ill staff and essential visitors on-site or advise them to be tested at an appropriate testing location. • Obtain the results from staff members and essential visitors.	

4	Testing	Notes (including if the measure is not applicable in this facility)
4.3	**People with no symptoms** Based on factors such as the extent of spread in the home, the local public health unit will advise about testing of residents, staff and essential visitors with no symptoms.	

Transportation of Residents

5	Transportation of residents	Notes (including if the measure is not applicable in this facility)
5.1	• Residents from the outbreak unit who require transportation (e.g., to an assessment centre, health care provider or facility, offsite location) should use a private vehicle which can include a taxi if necessary. **Do not take public transit.** • Limit the number of people in the vehicle to only those who are essential. The driver and other passengers should wear a surgical/procedure mask. The window should be down, weather permitting. • Resident should wear a surgical/procedure mask and sit in the back seat.	

Activities and Meals

6	Activities and meals	Notes (including if the measure is not applicable in this facility)

6.1	**Avoid group meals if possible**
	
	• Provide meals in the residents' rooms (tray service) for COVD-19 positive and ill residents if at all possible.
	• Try and provide meals in the residents' room (tray service) for well / COVID-19 negative residents. If not possible:
	  o Stagger meal times to support physical distancing. Clean and disinfect surfaces between each meal time.
	  o Increase space between people standing in lines by marking floors with tape every 2 metres.
	  o Ensure tables and chairs are as far apart as possible, at least 2 metres apart, and set up chairs so that residents are not directly facing each other.
	  o Block off or remove every other seat.	

6	Activities and meals	Notes (including if the measure is not applicable in this facility)
	○ Mark locations on the floor where seats should stay. ○ Remove shared items like salt and pepper shakers, ketchup, mustard, and food containers (e.g., water pitchers, coffee and cream dispensers). Provide single use items.	
6.2	**Kitchen** • Ensure kitchen is not used by COVID-19 positive or ill residents. • Allow well residents only to use the kitchen with their group, and stagger times so as few residents are in the kitchen at a time to support physical distancing. • Ensure kitchen is cleaned and disinfected between uses by each group if possible, and at least twice daily.	
6.3	**Bathroom** • If possible, provide a separate bathroom for each group referred to in Section 2.2. • Provide a schedule for use of the bathroom for hygiene activities (e.g. washing, bathing, showering, teeth brushing and shaving) so that residents can remain as far apart as possible while in the bathroom. • If a COVID-19 positive resident must use a bathroom used by another group, ensure they use it when no one else is there and they wear a surgical/procedure mask. • If an ill resident who is not known to have COVID-19 must use a bathroom used by another group, ensure they use it when no one else is there and they wear a surgical/procedure mask. • Ensure shared bathrooms are cleaned and disinfected between use by each group of residents if possible, particularly after use by COVID-19 positive or ill residents and at least twice daily and when dirty.	
6.4	**Discontinue activities and use of common areas** • Discontinue all non-essential activities and all group activities including group meetings. • Common areas should not be used by COVID-19 positive or ill residents. • Consider discontinuing use of common areas by all residents. If common areas must be used, stagger use for each group of well residents, and clean and disinfect surfaces after use by each group of residents.	

6	Activities and meals	Notes (including if the measure is not applicable in this facility)

	• Enable access to phone and online communications.
	     o Encourage residents to clean their hands before and after use.
	     o Clean and disinfect any shared equipment after use by each person (using products that are safe for electronic equipment).
	     o If phones are shared and cannot be appropriately disinfected between use, cover them with a disposable plastic bag for each use.	

Infection Prevention and Control (IPAC)

7	Infection Prevention and Control (IPAC)	Notes (including if the measure is not applicable in this facility)

7.1	**Reinforce cleaning of hands**
	
	• Reinforce the importance of hand hygiene:
	     o Upon entering the facility
	     o Before and after touching surfaces or using common areas or equipment
	     o Before eating
	     o Before and after preparing food
	     o Before putting on a mask, and after putting it on if it has been previously worn without being laundered
	     o Before touching the face (including before and after smoking)
	     o After using the bathroom
	• Ensure access to liquid hand soap, paper towels or automatic hand dryer and alcohol based-hand rub (60-90% alcohol).
	     o If there are concerns that residents may drink the alcohol-based hand rub, consider alcohol-based foam products, wipes or locked wall-mounted units, staff carrying the alcohol-based hand rub or temporary sinks for hand washing.	

7.2	**Reinforce respiratory etiquette** • Staff, residents, and visitors are provided with training on respiratory etiquette (i.e., cough and sneeze into a tissue or into your elbow or sleeve, followed by cleaning your hands). • Ensure access to tissues and no touch garbage cans.	

7	Infection Prevention and Control (IPAC)	Notes (including if the measure is not applicable in this facility)
7.3	**Cleaning and disinfection** • Clean frequently touched surfaces at least twice daily using usual cleaning supplies. • Have and post a regular schedule for cleaning all surfaces. • Clean and disinfect the mattress and resident's living space between residents. • Wearing a surgical/procedure mask, eye protection, gowns and gloves, thoroughly clean and disinfect the room where a COVID-19 positive or ill resident stayed after they have moved out of the room and if they remain in the room, after their symptoms resolve and they are determined to be no longer infectious. • Ensure the use of the appropriate products and that the product remains on surfaces for the appropriate time (contact time). • Remove shared items that are difficult to clean. • Key resource is Cleaning and Disinfection for Public Settings.	

7.4	**Laundry and bedding**
	
	• Wear gloves and a gown when handling dirty laundry.
	• Use regular laundry soap and hot water (60°C-90°C) for laundering.
	• Residents have their own clean bedding and towels, which are not shared.
	• Wash bedding and towels on a regular schedule for residents who stay in the facility.
	  ○ Change bedding every one to two weeks
	  ○ Change bath towels after used about three times.	

7.5	**Remind residents and staff of physical distancing (staying 2 metres apart)** • Use posters and verbal reminders for residents and staff regarding the need to maintain physical distancing at all times. • Mark the floors to indicate where chairs and tables should remain and residents should stand to maintain 2 metre spacing.	

Monitoring

8	Monitoring	Notes (including if the measure is not applicable in this facility)
8.1	**Continue screening** Continue screening as per Sections 3.1, 3.2 and 3.3 of the Planning and Preparedness checklist, including on entry into the facility.	

8.2	**Ongoing monitoring**
	
	• Monitor residents who reside in the facility for illness at least twice daily.
	    o Monitor residents in outbreak and non-outbreak areas.
	    o Monitor ill residents closely to for worsening symptoms and need for health care.
	• Advise residents to inform staff, and staff and visitor to inform a manager/supervisor, if they feel unwell.
	• Monitor staff and essential visitors for symptoms at the start and end of their shift.	

8.3	**Keep a log of ill** residents, staff and visitor including any test results. • Share these with your public health unit as arranged.	

Communications

9	Communications	Notes (including if the measure is not applicable in this facility)
9.1	**Ensure awareness of the outbreak** • Ensure resident and their family members, staff and visitors are aware of the outbreak and measures being implemented. • Ensure family member/legal guardians (e.g., Office of the Public Guardian and Trustee) are aware of illness in residents, as appropriate. • Post signs indicating there is an outbreak in the facility.	

9	Communications	Notes (including if the measure is not applicable in this facility)
9.2	**Post signs about key outbreak messages such as:** • Reporting illness to staff/managers • Staying at least 2 metres apart from others • Frequent cleaning of hands • Avoiding touching your face • Respiratory etiquette - Coughing and sneezing into a tissue or your sleeve following by cleaning hands • The availability of masks and eye protection • When and where Droplet and Contact Precautions are needed in the facility	
9.3	**Notify health care providers of the outbreak prior to transfer of any resident** • If transporting via emergency medical services (EMS), notify them.	
9.4	**Media** • Be prepared for possible media attention. • Identify a spokesperson at your facility. • Coordinate messaging with the local public health unit.	
9.5	**Public health unit communication** • Determine how to provide daily/regular updates to the local public health unit.	
9.6	**Advise others of the outbreak** • Advise health care provides. • Advise nearby facilities that may share residents. • Consider who else should be informed (e.g., board members, relevant Ministry officials, funders, placing agencies for child welfare, unions, staffing agencies).	
9.7	**Communications about ill staff members** • Advise the Ministry of Labour, Training and Skills Development of any staff member who acquires COVID-19 in the workplace. • Report any ill staff members to the Workplace Safety and Insurance Board (WSIB). • Inform the Joint Health and Safety Committee or Health and Safety representative at the facility of the outbreak and any ill staff members.	

Resolved Cases and Declaring the Outbreak Over

10	Resolved cases and declaring the outbreak over	Notes (including if the measure is not applicable in this facility)
10.1	**Resolved cases** Work with your local public health unit to determine when cases are considered resolved and can come out of isolation.	
10.2	**Declaring the outbreak over** • The outbreak will be declared over in consultation with public health unit. • Generally outbreaks are declared over when no new cases are reported in residents or staff after 14 days.	

Appendix A: Outbreak Line List

Name	Worker Resident Visitor	Floor Unit	Date of First Symptom	Symptoms	First Test Date	First Positive Test Result	Status [Recovered, Hospitalized, Died, Discharged, Transferred to Another Facility (name)]

Notes:

Citation

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