Outbreak Preparedness, Prevention and Management in Congregate Living Settings

Public Health Ontario | Santé publique Ontario

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Who Should Use This Checklist

This checklist can be used by administrators and staff members in a range of congregate living settings (CLS) such as group homes, children or youth residential settings, shelters, rooming and boarding houses, and dormitories. Although not specific to correctional facilities, some of the items on the checklist may be applicable to these settings. As CLSs vary in size, purpose and complexity of care, the principles and considerations outlined in this checklist may not always be applicable, appropriate or possible in some CLSs, and are presented for CLSs and local public health units (PHUs) to consider and tailor for the specific setting circumstances.

This checklist is not intended for use in long-term care homes or retirement homes (a specific checklist exists for these settings).[1]

When to Use This Checklist

This checklist can be used to help plan for, prevent and manage communicable diseases/infectious disease outbreaks in CLS. It is to be used in addition to – but does not replace – the advice, guidance, recommendations, directives, or other direction of provincial ministries and local PHUs. Although in some settings the terms client, resident or tenant may be used, throughout this document the term client is used for consistency.

Resources:

- Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[2] (access under the Reference Documents section).
- Appendix 1: Case Definitions and Disease-Specific Information. Disease: Respiratory Infection Outbreaks in Institutions and Public Hospitals[3] (Access under "R" in the Infectious Diseases Protocol section).
- PHO's COVID-19 Resources for Congregate Living Settings.[4]

This checklist is separated into two parts: Part A focuses on planning and preventing outbreaks and Part B of this checklist focuses on the management of outbreaks.

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Contact Details for Individual Completing this Checklist

First name:

Last name:

Signature:

Date checklist is initiated (yyyy-mm-dd):

Position:

Organization:

PART A: Preparedness and Prevention

1 - Getting Prepared

1.1 Contact Information

Staff are educated and aware of how to contact key people including:

Yes	No	Key individuals within the CLS
Yes	No	Health care providers for your CLS
Yes	No	Local public health unit (PHU locator)[5]

1.2 Reviewing Relevant Materials

The following key resources and guidance have been reviewed:

Yes	No	Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[2]
Yes	No	Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[6]

1.3 Identify Response Leads and Outbreak Management Team

Yes	No	A CLS facility outbreak lead is identified for outbreak planning and response.
Yes	No	An Infection prevention and control (IPAC) lead has been identified.
Yes	No	A designate/back up for the IPAC lead has been identified in case of absence or illness or after hours coverage. • Resources are available for the IPAC lead or designate on the PHO Website.[7]
Yes	No	A planning and preparedness team has been assembled, which may also be similar to the outbreak management team (OMT) during an outbreak, and can include: PHU representative, CLS facility outbreak lead, administrators, managers, environmental cleaning lead, IPAC lead, health care staff (if applicable), and person responsible for occupational health and communications.

Additional questions on the next page →

1.4 Plan to Manage Ill Clients

Yes	No	Up-to-date contact information is available for family / legal guardians / substitute decision makers of clients.
Yes	No	A safe area for self-isolation has been established which is ideally a well-ventilated, single room with a door that closes and access to a private bathroom or in an area away from other clients.
Yes	No	Plans for access to medical care and appropriate treatments, if eligible, has been established.
Yes	No	Methods to identify high risk contacts in consultation with the local PHU have been developed.
Yes	No	Plan has been developed for advanced care in case of severe illness in client(s).
Yes	No	Staff are assigned to work ideally with only one cohort during a shift where possible; one cohort for the duration of an outbreak, to limit interactions with other staff in different areas.

2 - Staff and Visitors

2.1 Contact Information

Yes	No	Up-to-date contact information is available for all staff and visitors.
Yes	No	A plan has been developed to ensure compliance with any sector-specific and/or provincial policies for visitors (e.g., screening, masking, self-monitoring or other restrictions when clients are in self-isolation or the CLS is in outbreak).

2.2 Reporting Illness and Staying Home when Sick

Yes	No	Staff are advised to notify their manager if they have any infectious illness symptoms (e.g., respiratory, diarrhea, vomiting, and rash).
Yes	No	Education is provided to staff and all visitors to stay home when sick, even if symptoms are mild, and to follow provincial guidance regarding testing.
Yes	No	Staff and visitors are advised to notify a supervisor or manager if they start to feel unwell while on site.
Yes	No	Staff and essential visitors are educated on staying home when sick and should follow any relevant workplace guidance for return to work. • For more information refer to Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[2] (access under Reference Documents section).

2.3 Alternate source of Staff

Yes	No	Plan for alternative sources of staffing has been established in case needed during an outbreak (e.g. surge staffing, illness absences).

Additional questions on the next page →

3 - Screening and Monitoring

3.1 Entry and Active Screening

Yes No A plan is in place for staff, visitors and clients to monitor for symptoms of acute respiratory or gastrointestinal illness / infection (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash).

Yes No Use or adapt the screening tools that have been developed by the Ministry of Health, such as the COVID-19 Screening Tool for Long-Term Care Homes and Retirement Homes.[8]

Yes No Staff and visitors who fail screening should not enter the CLS.

- Can consider permitting entry of individuals who failed screening for compassionate and/or palliative reasons, in consultation with local PHU.

Yes No A safe place has been established for clients to self-isolate who failed screening.

Yes No Alcohol-based hand rub (ABHR) is available at entrances for anyone entering the CLS to facilitate hand hygiene.

Yes No Medical masks are provided and are accessible for all staff, visitors and clients.

Yes No Personal protective equipment (PPE) for staff is readily available at the entrance to the CLS and is used based on the staff member's point-of-care risk assessment.

Yes No Signs are posted with instructions (including at the entrance) which advise everyone to notify a staff member if they have infectious illness signs and symptoms (e.g., new onset cough, fever, nausea, vomiting, diarrhea or infectious rash).

3.2 Record of Individuals Entering CLS

Yes No A record is being kept of when clients stay in the CLS, their room location as well as bed location if in a room with multiple beds.

3.3 Ongoing Monitoring

Yes No Clients are advised to inform staff if they feel unwell or develop relevant symptom(s) (e.g., respiratory symptoms, diarrhea, vomiting, and rash).

Yes No Staff and visitors are advised to self-monitor for signs and symptoms and to inform their supervisor/manager if they feel unwell.

Yes No Staff are aware to notify the local PHU and any other appropriate agencies if:

- Indicated per current provincial guidance[2] based on testing results (e.g., if a client tests positive for an infectious agent in suspect/confirmed outbreak and acquisition is thought to be within the CLS or is undetermined).
- More than the expected number of ill clients, staff or frequent visitors are noted.

4 - Immunization

4.1 Immunization Status

Yes No N/A New admissions, who have not received an annual influenza vaccine during respiratory season and those who are not up-to-date with their COVID-19 vaccines, should be offered all vaccine doses they are eligible for, as soon as possible.

Yes No N/A Immunization with an annual seasonal influenza vaccine and a complete COVID-19 vaccine series including all eligible boosters is documented and maintained for all clients.

Yes No N/A Other immunizations listed on Publicly Funded Immunization Schedules for Ontario[9] such as pneumococcal polysaccharide vaccine and shingles vaccine are also recommended to eligible clients.

Additional questions on the next page

5 - Client Spaces

5.1 Off-site Locations

Yes No N/A Off-site locations have been identified for clients to stay if necessary to help with physical distancing or if clients are ill or if there is an outbreak (e.g., hotels / motels, closed facilities, dormitories).

5.2 Sleeping Arrangement

Yes No N/A Strategies are used to support physical distancing (keeping at least two metres apart) between clients who cannot be in private rooms (e.g., markings on walls / floors or partitions, arrangement of beds alternating head and feet, avoiding bunk beds, and the use of additional rooms in the CLS for sleeping space).

Note: partitions may hinder airflow / ventilation.

5.3 On-site Self-Isolation

Yes No N/A A well-ventilated, single room has been identified in the CLS with a door that closes and has access to a private bathroom, if operationally feasible.

Yes No N/A If a single room is not available, clients are placed in an area away from other clients or grouped (cohorted) while remaining physically distanced (two metres apart) with the use of barriers to create separation, if feasible.

5.4 Admissions and Transfers in Long Stays

Yes No N/A Admissions and transfers are screened for infectious illness symptoms over the phone, if possible, and active screening is conducted upon arrival.

5.5 Clients at Increased Risk

Yes No N/A A plan is in place to separate clients at increased risk of severe illness in a private room (e.g., older adults or those with underlying medical conditions) should an outbreak occur.

Yes No N/A A plan is in place, if private rooms are not available, regarding the separation of those at increased risk (e.g., older adults) from other clients, such as those who come and go from the CLS more often should an outbreak occur.

6 - Testing

6.1 Testing of Clients and Staff

Yes No N/A A plan is in place to test clients and staff for viral pathogens (e.g., influenza, COVID-19, respiratory syncytial virus) as indicated for clinical care and/or public health management.[2,3]

Yes No N/A A plan is in place to obtain test results and manage client care accordingly.

Additional questions on the next page →

7 - Masking

7.1 Masking for Staff and Visitors (See Section 8 below, for PPE considerations)

Yes	No	N/A	Medical masks (well-fitted with no gaps which cover the nose, mouth and chin) are available for those who wish to wear a mask.
Yes	No	N/A	Where continuous / universal masking is in place, education and training is provided.
Yes	No	N/A	When continuous / universal masking is not in place, the organization remains 'mask friendly' and medical masks are available for those who choose to continue masking as a personal decision.
Yes	No	N/A	When in outbreak, visitors may wear a medical mask indoors in the CLS.

8 - Personal Protective Equipment (PPE)

8.1 PPE for Direct Care

Yes	No	PPE is readily accessible throughout the CLS in a manner that will keep the PPE clean and dry.
Yes	No	Staff perform a point-of-care risk assessment before every client interaction.
Yes	No	Staff wear gloves and a gown, based on a point-of-care-risk assessment (PCRA), when providing direct patient care or services to a client.
Yes	No	Staff and essential visitors wear eye protection (e.g., goggles, face shield, or safety glasses with side protection) and a well-fitted medical mask or fit-tested N95 respirator (or approved equivalent) based on their point-of-care risk assessment.

8.2 PPE Supplies

Yes	No	There is a plan in place to ensure an adequate supply of N95 respirators, medical masks, eye protection (e.g., face shield), gowns and gloves. • Refer to the PPE Burn Rate Calculator to help plan and optimize PPE use.[10]

8.3 Training

Yes	No	Staff and essential visitors are educated on how to wear PPE including a fit-tested, seal checked N95 respirator or a well-fitted medical mask, eye protection and a gown (e.g., donning and doffing).
Yes	No	Staff and essential visitors are trained to complete a point-of-care risk assessment prior to every client care interaction. • Examples of direct care or service may include assistance with feeding, dressing, washing, bathing, shaving, toileting, turning, managing wounds.
Yes	No	Staff and essential visitors are educated to wear a fit-tested N95 respirator or medical mask if an aerosol generating medical procedure (AGMP) is performed and are properly trained on the use of N95 respirators and medical masks (e.g., when and how to put on and take off).
Yes	No	Refer to key resources: • Best Practices for the Prevention of Acute Respiratory Infection Transmission in All Health Care Settings[6] • How to put on[11] and take off[12] PPE videos • How to do a Point-of-Care Risk Assessment[13] • Putting on and taking off PPE poster[14] • Routine practices and additional precautions in health care settings[15]

Additional questions on the next page →

9 - Infection Prevention and Control (IPAC)

9.1 Education and Training

Yes	No	IPAC practices are audited on a regular basis; more frequently during outbreaks.
Yes	No	Staff, clients and visitors are educated on proper respiratory etiquette: • Turning their head away from others when coughing or sneezing. • Coughing and sneezing into a tissue or into their elbow or sleeve when a tissue is unavailable, disposing of the tissue as soon as possible in a lined, no-touch waste basket or garbage bin, followed by cleaning their hands with ABHR or soap and water if hands are visibly soiled. • Refer to Public Health Ontario's Cover Your Cough fact sheet for more information.[16]
Yes	No	Staff, clients and visitors are educated on performing frequent hand hygiene, the proper method to clean their hands and when to perform hand hygiene, which includes: • When entering and before leaving the CLS • Before and after touching surfaces or using common areas or equipment • Before eating • Before and after preparing food • Before putting on and before and after taking off a medical mask/PPE • After coughing and sneezing into a tissue and disposing of the tissue into a no-touch waste basket or garbage bin • Before touching the face (including before and after smoking) • After using the bathroom • When hands are visibly dirty • Refer to Public Health Ontario's: Recommended steps: putting on personal protective equipment (PPE) / taking off personal protective equipment (PPE)[14] (slide 3 & 4), and hand hygiene webpage[17] for more information.

9.2 Hand Hygiene Supplies

Yes	No	There is access to liquid hand soap, dedicated hand hygiene sinks, ABHR (70-90% alcohol), paper towels or an automatic hand dryer (e.g., in washrooms, kitchen, communal spaces, entrance to building). • If there are concerns that clients may consume the ABHR, consider alcohol-based foam products, wipes or locked wall-mounted units, portable personal ABHR containers or temporary sinks for hand washing. • Post signage to remind all staff, visitors and clients of the importance of hand hygiene. • There is easy access to tissues and no- touch waste basket or garbage bins.

9.3 Environmental Cleaning

Yes	No	Environmental cleaning is performed using a hospital cleaner/disinfectant that has a drug identification number (DIN). • A DIN is an 8-digit number assigned by Health Canada that confirms the product is approved for use in Canada.
Yes	No	Cleaning / disinfecting products are used according to the manufacturer's instructions for use (MIFU) (e.g., dilution and contact time).
Yes	No	Aerosol or trigger spray bottles are not used to apply cleaner/disinfectants.
Yes	No	Environmental services staff performing cleaning and disinfection wear a medical mask, eye protection, gown and gloves.

Additional questions on the next page

Yes	No	There is a regular cleaning and disinfection schedule for all common areas (e.g., bathrooms, kitchens) and high-touch surfaces at least once a day (twice a day in outbreak areas) and when visibly dirty.
Yes	No	High touch surfaces are cleaned and disinfected at regular intervals (e.g., once daily and when visibly dirty) using disinfectants that have a DIN.
Yes	No	Adequate supplies are on hand with a regular cleaning schedule posted for all surfaces.
Yes	No	Living spaces are cleaned and disinfected between clients.
Yes	No	Shared items that are difficult to clean are removed.
Yes	No	Rooms occupied by ill clients are cleaned and disinfected on a regular basis and again as a terminal or final clean after they have moved out.
Yes	No	Shared equipment used for client care is cleaned and disinfected after use by each person.
Yes	No	Refer to key resource: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.[18]

10 - Activities and Meals

10.1 Common Areas and Activities

Yes	No	The organization is prepared to modify or change programs and activities in common areas, if needed, at the direction of the OMT (e.g., consideration has been given to how to optimize layout and use of common spaces).

11 - Communications

11.1 Keeping People Informed

Yes	No	A plan is in place to keep staff, all visitors and clients as well as their families informed of steps being taken to prevent the spread of illness in the congregate setting including how CLS will communicate with them during an outbreak.

11.2 Outbreak Communication Plan

Yes No

A communication plan is in place for an outbreak that includes the following:

- Identification of a potential media spokesperson.
- Outline of who should be notified of an outbreak including:
  - Health care providers.
  - Nearby congregate settings that may share clients.
  - Who to contact for ill staff members.
  - Others such as board members, relevant Ministry officials, funders, placing agencies for child welfare, unions, staffing agencies.
  - Messaging with local PHU coordinated.

Additional questions on the next page →

12 - Air Quality and Ventilation

While this checklist focuses on indoor air quality management for the purpose of infection prevention and control, the facility indoor air quality strategy needs to consider other goals that may conflict with IPAC goals, e.g., increasing outdoor air ventilation may bring outdoor air pollutants indoors or counteract temperature control.

12.1 Ventilation of Indoor Spaces

Yes	No		Indoor air quality has been assessed in the facility and a plan to optimize for the respiratory season has been developed, e.g., adjusting HVAC systems seasonally in consultation with professionals, assessing filters (for both HVAC and portable air cleaners), deployment of portable air cleaners.
Yes	No		Indoor spaces are as well-ventilated as possible with outdoor air, and may be through a combination of strategies including: natural ventilation (e.g., by regular opening of windows), local exhaust fans (e.g., bathroom exhaust fans) and central ventilation by a heating, ventilation and air conditioning (HVAC) system (which may include filtration; e.g., ensure that air supply and exhaust vents are unobstructed). HVAC fan run continuously or for longer periods in consultation with HVAC professional).[19,20]
Yes	No		Where feasible, windows are open often and for extended periods if this can be done safely (especially if there is no central ventilation system).[19,20]
Yes	No		Where available in resident rooms, local exhaust fans are used often or longer (especially if there is no central ventilation system).[20]
Yes	No	N/A	Where a mechanical HVAC system is in place, it is maintained and operated as designed. Filter upgrade is considered where feasible (with involvement of HVAC professional).
Yes	No		Pay special attention to common areas or spaces shared by multiple people, (e.g., dining rooms, staff rooms), prioritizing these areas for improvements.
Yes	No		Portable or local air cleaners are considered to filter indoor air, especially where ventilation options are limited.[20,21]
Yes	No		All ventilation and filtration systems are maintained according to manufacturer's instructions.[20,21]

Where portable units (e.g., air cleaners, fans, air conditioners) are used:

Yes	No	N/A	Place in a manner that avoids air currents from one person to another's breathing space.[22]
Yes	No	N/A	Develop a plan to cover manufacturer recommended maintenance including filter replacement (if applicable).[21]
Yes	No	N/A	Select unit appropriate for the size of the room and optimally place (e.g., follow manufacturer's instructions, ensure intake and outflow are not obstructed, not a fall hazard).[22]
Yes	No	N/A	Where available, opening outdoor air dampers on window air conditioning units is considered.

12.2 Outdoor Activities

Yes	No		Outdoor activities, when feasible, are encouraged to reduce the risk of respiratory infection transmission.

Additional questions on the next page →

PART B: Outbreak Management

1 - Initial Steps

1.1 Availability of Single Rooms

If a single room is available:

Yes	No	N/A	Symptomatic client is self-isolating away from others while awaiting test results, ideally in a well-ventilated, single room with a door that closes room with access to a private washroom.

If a single room is not available:

Yes	No	N/A	Symptomatic client is placed in an area at least two metres away from others and is/are provided with a well-fitting medical mask to wear, if it is safe for them to do so.
Yes	No		OMT is assembled (e.g., PHU representative, CLS facility outbreak lead, administrators, managers, environmental lead, IPAC lead, health care staff (if applicable), person responsible for occupational health, communications).
Yes	No		OMT meets on a regular basis to review outbreak status and measures.
Yes	No		Outbreak area is identified in collaboration with the local PHU.[5] • Can be determined by considering all clients in the outbreak area to be either infected or exposed and potentially incubating a virus, as well as where outbreak cases are in the congregate setting, how frequently clients and staff move between different parts of the congregate setting and the layout of the congregate setting.
Yes	No	N/A	Clients identified in the outbreak area are separated from clients in the non-outbreak area to avoid mixing.
Yes	No	N/A	If individual isolation is not possible for clients in an outbreak area, plans have been considered for grouping (cohorting) clients following the Cohorting in Outbreaks in Congregate Living Settings[23], Scenarios for Cohorting[24] guidance and at the direction of the OMT, in consultation with the local PHU, if available.

1.2 Information to Collect

Information collected and provided to the local PHU as requested includes, but is not limited to:

Yes	No	Total numbers of clients and staff in the congregate setting.
Yes	No	A line list of ill clients, staff and visitors including when they developed symptoms[3], their COVID-19, RSV (if applicable) and influenza vaccination status, if they were tested, type of test (rapid antigen, molecular or both) and results if available, when they last were in the congregate setting, and if they remain at the congregate setting. (See Appendix A for an example of a line list).
Yes	No	A list of people who had close contact (e.g., roommates, dining table mates, others who spent time within two metres) with those who are symptomatic. **Note:** In some outbreaks this may include the whole unit or congregate setting.

2 - Clients in Outbreak Area

2.1 Client Education

Yes	No	Clients received education regarding the proper use of medical masks (e.g., donning and doffing) and cleaning their hands.
Yes	No	Clients received education about self-monitoring for symptoms (e.g., respiratory, diarrhea, vomiting, and rashes) and reporting any symptoms to staff.

Additional questions on the next page →

2.2 Cohorting / Grouping of Clients

Yes	No	N/A	Collaborate with the local PHU if assistance is required with determining how to cohort clients and how to keep clients separate within cohorts.
Yes	No		Cohorts are spaced as far apart as possible from each other (e.g., in private rooms or at least two metres apart).
Yes	No		Strategies are implemented, if needed, to support separation between clients who cannot be in private rooms including markings on walls/floors or partitions that do not hinder airflow.
Yes	No		If a client requiring self-isolation cannot be safely housed within the congregate setting, they are safely transferred to an appropriate isolation setting (see Section 5 regarding transportation of clients) if unable to safely house a self-isolating client within the congregate setting.

2.3 Preventing Mixing of Clients

Yes	No		Clients are cohorted according to the principles described in Cohorting in Respiratory Virus Outbreaks[23] and Scenarios for Cohorting.[24]
Yes	No		Access to communal spaces where clients can congregate is restricted or limited, as feasible.
Yes	No		Clients from the outbreak area and non-outbreak areas are supported to stay separated.
Yes	No		Clients from different cohorts in the outbreak area are supported to stay apart.
Yes	No		Clients in self-isolation are supported to adhere to wearing a medical mask, if tolerated.
Yes	No		Clients within cohorts are supported to stay as far apart as possible (e.g., in their rooms as much as possible and at least two metres apart).
Yes	No		Clients are encouraged to use outdoor spaces when feasible.
Yes	No		There is a dining policy in place to separate exposed and unexposed individuals.
Yes	No		Activities are modified or discontinued during an outbreak at the discretion of the local PHU.

2.4 Monitoring for Illness and Worsening Symptoms

Yes	No	N/A	Clients in the CLS are monitored for illness at least once daily and twice daily if in an outbreak area. Illness checks are conducted opportunistically in large CLSs with transient populations.
Yes	No	N/A	Ill clients are monitored for worsening symptoms so medical care can be arranged quickly if needed. • For assistance, call TeleHealth (1-866-797-0000), contact the client's health care provider or outreach health care services (if available) or call 9-1-1 in case of emergency.

2.5 Admissions

Yes	No		New admissions to the CLS are limited or paused during an outbreak.
Yes	No		New clients are admitted to the CLS during an outbreak if the risks of not admitting a client are determined to outweigh the risks of admission, and informed consent from the client is obtained. • Local PHU is consulted for new admissions or transfers to the outbreak area that cannot be avoided.
Yes	No		New admissions to the outbreak area, that cannot be avoided, are pre-screened over the phone for signs and symptoms of illness prior to admission (intake).
Yes	No		Clients are actively screened upon arrival, regardless of whether pre-admission screening is completed.

Additional questions on the next page →

Yes No — New admissions to a CLS are offered applicable vaccinations and/or boosters if eligible (e.g., influenza, COVID-19) as soon as possible.

Yes No — Isolation and testing of new admissions to the outbreak area are discussed with the local PHU and are in accordance with the Ministry of Health's Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings[2] (access under Reference Documents section) as well as any other relevant Ministry guidance.

2.6 Client Absences

Yes No — Clients returning to the congregate setting after an absence are screened for signs and symptoms of illness.

2.7 Masking of Clients

Yes No — Clients in an outbreak area follow masking requirements as per sector specific or local PHU guidance, if tolerated and can be done safely.

Note: Children less than two years of age should not wear a medical mask.

3 - Staff and Visitors

3.1 Exposed Staff and Visitors

Yes No — Potentially exposed staff and visitors are identified in consultation with the local PHU.

- Consider past work assignments in outbreak areas.

3.2 Staff Work Assignments

Yes No N/A — Staff are assigned to only one area for all of their shifts, either in the outbreak or non-outbreak area, if possible.

Yes No N/A — Staff that have already worked in the outbreak area continue to be assigned to the outbreak area, if feasible.

Yes No — Staff and all visitors are advised to inform a supervisor or manager if they have been at another CLS or health care setting in outbreak.

3.3 Multiple Work Site Locations

Yes No — Staff and essential visitors are advised to follow any workplace policies regarding working at other work locations during an outbreak.

Yes No — Strong consideration is given to limiting multiple work locations for staff to prevent the spread of Illness to other settings.

3.4 PPE

Yes No — PPE guidelines are followed as outlined in Part A: Preparedness and Prevention Sections 7 and 8. Staff and visitors follow masking requirements as stated by the local PHU.

4 - Testing

4.1 Symptomatic Clients

Yes No — Testing for infections as indicated (e.g., COVID-19, influenza, other respiratory viruses, gastroenteritis) is arranged via the local PHU for all symptomatic clients either on-site or at a testing location.

Yes No — There is a plan in place to obtain and review test results.

Additional questions on the next page →

4.2 Symptomatic Staff Members and Essential Visitors

Yes	No	N/A	All symptomatic staff and visitors are encouraged to be tested for respiratory or gastrointestinal illnesses as indicated by the local PHU.

5 - Transportation

5.1 Transportation of Clients

Yes	No	N/A	Private vehicles, such as a taxi, are arranged for clients from the outbreak area requiring transportation (e.g., health care provider). • Public transportation should be avoided, if possible.
Yes	No	N/A	Number of people in the vehicle is limited to only those who are essential.
Yes	No	N/A	Driver and other passengers ideally wear a medical mask and keep windows down, weather permitting. Client is seated in the backseat wearing a medical mask as tolerated (if indicated for respiratory symptoms).

6 - Activities and Meals

Strategies to help reduce transmission and risk related to communal activities within the CLS:

6.1 Limiting Communal Activities / Spaces

Yes	No	N/A	Communal activities and/or spaces within the outbreak area of the CLS where clients, staff and visitors can congregate may be limited or restricted in consultation with the local public health unit.
Yes	No	N/A	Symptomatic clients do not use common areas, if possible.

If common spaces must be used:

Yes	No	N/A	Time is staggered for each group with a buffer period for cleaning and disinfection of surfaces.
Yes	No	N/A	Improve indoor air quality through ventilation and filtration.
Yes	No	N/A	Clients clean their hands before and after use of shared equipment (see Part A: Preparedness and Prevention Section 9.3 for information on cleaning and disinfection).
Yes	No	N/A	Interactions between clients in the CLS and their family/friends through technology (e.g., telephone, video or online communications) are facilitated.

6.2 Dining and Kitchen Use

Yes	No	N/A	In-room tray service meals are provided within the outbreak area, if available.
Yes	No	N/A	Communal dining is avoided or meal times for each cohort are staggered and physical distancing is ensured.
Yes	No	N/A	Clients or staff who are symptomatic do not use kitchens or dining areas and are self-isolating.
Yes	No	N/A	Only well clients within the same cohort use the kitchen and dining area with staggered timing to minimize the number of clients at any one time.

Additional questions on the next page →

Yes	No	N/A	Kitchen and dining area is cleaned and disinfected between uses by each group, if possible and at least twice daily during an outbreak as well as when visibly dirty.

6.3 Shared Bathroom Use

Yes	No	N/A	A separate bathroom for each client group is provided, if possible.
Yes	No	N/A	A schedule is provided for use of the bathroom for hygiene activities (e.g., washing, bathing, showering, teeth brushing and shaving) so that clients can remain as far apart as possible while in the bathroom.
Yes	No	N/A	If a symptomatic client must use a bathroom used by another group, they use it when no one else is present (may don a mask if able to tolerate for respiratory symptoms).
Yes	No	N/A	Shared bathrooms are cleaned and disinfected between uses by different groups of clients if possible, particularly after use by symptomatic clients and at least twice daily, and when visibly dirty.

7 - Communications

7.1 Outbreak Awareness

Yes	No	N/A	Clients and their family members, staff and visitors are aware of the outbreak and measures being implemented.
Yes	No	N/A	Family member/legal guardians (e.g., Office of the Public Guardian and Trustee) are aware of illness in clients, as appropriate.
Yes	No	N/A	There is signage indicating there is an outbreak in the CLS.

There are signs with key outbreak messages posted such as:

- Reporting illness to supervisors/employers.
- Staying at least two metres apart from others.
- Frequent cleaning of hands.[18]
- Avoiding touching your face.
- Respiratory etiquette – coughing and sneezing into a tissue or your sleeve followed by cleaning hands.[24]
- Masking of individuals with a well-fitted medical mask, if tolerated (during respiratory outbreaks).
- The availability of PPE (N95 respirators, medical masks, gowns, gloves, eye protection).
- When and where Contact or Droplet and Contact Precautions are needed in the CLS.

Yes	No	N/A	Healthcare providers working with clients are aware of the outbreak.

7.2 Notifying Receiving Facility

Yes	No		Emergency medical services (EMS) are notified of outbreak if a client is to be transported.

7.3 Public Health Unit Communication

Yes	No		There is a plan to provide daily/regular updates to the local PHU.

Additional questions on the next page

7.4 Communication About Ill and Exposed Staff Members

Yes	No	The Ministry of Labour, Immigration, Training and Skills Development (MLITSD) is notified per *Occupational Health and Safety Act* (OHSA) requirements.[25]
Yes	No	The Workplace Safety and Insurance Board (WSIB) is notified of any ill staff members.
Yes	No	The joint Health and Safety Committee or Health and Safety representative at the CLS is notified of the outbreak and any ill or exposed staff members.

8 - Declaring an Outbreak Over

8.1 Considerations for Declaring an Outbreak Over

Yes	No	The Medical Officer of Health or designate (from the local PHU) in collaboration with the CLS's OMT will determine when to declare an outbreak over, taking into consideration the period of communicability and incubation period of the infectious agent, as well as the epidemiology of the outbreak.
Yes	No	The local PHU is consulted to determine when cases are considered resolved and can come out of isolation.
Yes	No	CLSs are encouraged to consult the OMT and local PHU regarding dining, activities and declaring an outbreak over.

9 - Appendix A: Outbreak Line List

Name	Worker / Client / Visitor	Floor unit	Date of first symptom (yyyy-mm-dd)	Symptoms	First test date (yyyy-mm-dd)	First positive test result (yyyy-mm-dd)	Status (Recovered, Hospitalized, Died, Discharged,Transferred*)

Notes:

*If Transferred to Another congregate setting please indicate the name of the facility in the Notes section.

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