## COVID-19 Confirmed Resident or Staff Case – Sample Checklist

Residence Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

If a confirmed case	
Immediate actions when a case has been confirmed:	
All residents must be in room isolation including tray service for meals	
<ul> <li>Review resident surveillance throughout the facility and ensure any with symptoms/fever are in isolation and droplet-contact PPE for direct care (gowns, gloves, masks, eye protection)</li> </ul>	
• Staff on the unit with the case must be cohorted to that unit.	
Ensure staff screening is in place for all shifts (including temp checks)	
Ensure enhanced environmental cleaning in place	
Implement "regular" respiratory outbreak precautions on all other floors/units	
Post outbreak signage at all entrances	
All resident with respiratory symptoms / fever should have an NP done to test for COVID19 – ensure the outbreak number is on the requisition. See testing protocols for your province	
Clients on tray service: single use, disposable trays are preferable. If this is not possible, clean and disinfect trays after use.	
Send daily line listing to public health	
Strategies to consider for conserving surgical masks if supplies are short: extended mask use for units/floors in COVID precautions (confirmed cases)	
<ul> <li>Masks can be worn for extended periods – it is best to minimize taking them off and re- using again later. This means leaving the mask on all the time on the unit/floor, even when not actively providing direct resident care.</li> </ul>	
Masks should NEVER be shared between users.	
<ul> <li>Masks do not need to be changed between each resident (if you have been using additional PPE to provide direct care, change these between residents).</li> </ul>	
<ul> <li>take care not to touch the mask while you are wearing it. If you touch or adjust your mask you must immediately perform hand hygiene</li> </ul>	
• leave the resident room / care area first if you need to remove the mask.	
Staff who worked on the same unit as the case during the infectious period (from 48 hours before onset of symptoms to the end of last shift worked / to the time a resident case was put in isolation and droplet/contact precautions) – must be on work-home isolation. They should still come to work so long as they are well, but must be in home isolation otherwise. They must wear a surgical mask all the time at work (plus additional PPE when needed for resident care).	

All staff at the Home must not work at other healthcare facilities in order to prevent further spread of COVID-19 to other high-risk settings and patients/residents.	
The home has a contingency plan to maintain adequate staffing for the duration of the outbreak	
Public health will conduct case and contact tracing for line listed residents and staff until such time as it is determined that further case management will not effectively prevent further transmission	
Communication with families and staff	
<ul> <li>a letter/email to families will be provided by home/head office</li> </ul>	
<ul> <li>a letter/email to all staff will be provided by home/head office</li> </ul>	
No new admissions or readmissions during the COVID-19 outbreak, unless approved by the local public health unit, and there is concurrence between the home, public health and hospital.	
Review list of staff who called in sick in the previous 7 days. Work with your public health liaison to ensure any who are still symptomatic get COVID19 testing.	
Closely monitor, review and secure PPE supplies. The home must accurately track PPE and call Public Health if having difficulty maintaining appropriate supplies of PPE	
Confirmed COVID-19 staff can return to work per Public Health direction following non-test based clearance (refer to COVID-19 Quick Reference Public Health Guidance on Testing and Clearance)	
Notify the Pharmacy of the confirmed outbreak	
Emergency transfers: ensure EMS and hospital is notified of COVID-19 in the home prior to transfer	