



Wastewater surveillance for earlier detection of seniors congregate living COVID-19 outbreaks in Peterborough, Ontario – Supplemental material

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Wastewater COVID-19 Early Detection Control Measures Checklist for Institutions

Premise:	Date Detection Began:
Facility Contact:	Detection Level:
PPH Contact:	Date Over:

1.0	Active Screening	Reviewed
1.1	Increase active symptom screening of staff (e.g., beginning and end of shift).	
1.2	Increase active symptom screening in residents to at least twice daily.	
2.0	Hand Hygiene	Reviewed
2.1	Reinforce the 4 moments of hand hygiene . Clean hands with 70-90% alcohol-based hand rub, if hands are not visibly dirty. Wash hands with soap and water when hands are visibly soiled.	
2.2	Increase access to hand hygiene stations throughout facility. Check expiration dates and dispose of expired products.	
3.0	Universal Masking and PPE	Reviewed
3.1	Implement universal masking for all staff and recommend masking for all residents.	
3.2	If detection is high/very-high consider use of N95 respirators for all staff	
4.0	Additional Precautions	Reviewed
4.1	Suspected COVID-19 cases, confirmed COVID-19 cases, high-risk contacts, and roommates (regardless of vaccination status) will be placed on droplet/contact precautions and have no shared bathrooms with other residents. Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID19 (publichealthontario.ca)	
5.0	Surveillance	Reviewed
5.1	A central record of resident/visitor screening is kept and is readily accessible (e.g., tracking all resident test results inclusive of negatives).	
5.2	The facility has a process to assist with obtaining contact tracing information (within the context of the facility). This information (e.g., work schedules, staff assignments, resident unit assignment) is readily available, if requested.	
6.0	Testing	Reviewed
6.1	Residents/patients/staff who are symptomatic or identified as high-risk contacts should be tested with PCR or molecular (ID Now). Rapid antigen tests (RAT) should only be used if timely access to PCR is not available. Point prevalence testing of all residents may be recommended for high/very-high detections.	



Wastewater COVID-19 Early Detection Control Measures Checklist for Institutions (continued)

6.2	An asymptomatic resident or staff who tests positive via rapid antigen testing (RAT), including those who tested positive during asymptomatic surveillance screening, should isolate immediately and seek confirmatory PCR testing.	
6.3	Routine asymptomatic screen testing of staff using RAT is not recommended for 90 days following a confirmed COVID-19 infection (PCR or RAT positive).	
6.4	Ensure all lab requisitions are fully completed before submitting- e.g., Health Card Numbers, CC facility physician, outbreak # if assigned. This will allow staff to access their results online.	
6.5	The facility has a master list of all residents/patients and staff for cross referencing and lab-result look-up if needed.	
7.0	Cohorting	Reviewed
7.1	Facility has criteria and a plan for cohorting residents/patients and staff. Resource: PHO - Cohorting in Outbreaks in Congregate Living Settings (Appendix 1, p. 9-10)	
7.2	The facility should have a plan to preserve cohorting when residents/patients smoke (e.g., different smoking areas for different units, scheduled smoke breaks).	
8.0	Environment	Reviewed
8.1	Increase cleaning and disinfection practices to at least twice daily for high touch surfaces and when visibly soiled. Use hospital-grade disinfectant and ensure proper documentation.	
8.2	Environmental services staff are cohorted whenever possible.	
8.3	Follow facility policy for cleaning rooms of residents who are on droplet/contact precautions.	
8.4	Ensure routine practices are applied when handling soiled linen or clinical waste.	
8.5	Ensure resident care equipment is disposable whenever possible. All non-disposable equipment must be cleaned and disinfected prior to use and between residents.	
8.6	Larger equipment (e.g., food carts, laundry carts) should be dedicated to a single area, if possible. If equipment cannot be dedicated to a single area, it must be cleaned and disinfected prior to moving the equipment to another area.	
8.7	Clean and disinfect communal shower/tub rooms after each resident use.	
8.8	Where possible, implement improvements to indoor air quality: Ensure HVAC is well maintained, runs continuously, and minimize recirculation of indoor air Open windows if possible Avoid direct air flow between residents (e.g. fan/AC blowing across one resident to another) Consider use of portable HEPA air cleaners Resources: COVID-19_and_Indoor_Air_RiskMitigatingMeasuresAndFuture-proofing.pdf (bccdc.ca) Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19 (publichealthontario.ca)	
9.0	Group Activities/Communal Dining	Reviewed
9.1	For moderate, high or very-high detections: recommend only group activities and other gatherings where public health measures can be maintained (e.g. masking and physical distancing)	



Wastewater COVID-19 Early Detection Control Measures Checklist for Institutions (continued)

9.2	Modified activities for residents/patients in isolation may continue/resume. For example: <ul style="list-style-type: none"> 1:1 walks in an empty hallway with HRC or case and staff or essential caregiver, both with appropriate use of PPE Staff or essential caregiver visits may occur in a designated room other than the residents/patients' room where others are not occupying or travelling through 	
9.3	Communal dining is stopped and all meals must be eaten in the residents/patients' room for the affected residents (e.g., COVID-19 positive, symptomatic, close contacts). For moderate, high or very-high detections: recommend ending communal dining until detection is trending down and/or until point prevalence testing is completed.	
10.0	Staff Spaces/Break Areas	Reviewed
10.1	Staff in the affected area should maintain cohorting during breaks (i.e., no mixing with staff from other areas). Ideally, dedicated break areas and change rooms are available in the affected area.	
10.2	Masks should be worn in break areas unless eating or drinking.	
10.3	If relevant, disposable eye protection should be discarded prior to entering break spaces; reusable eye protection should be appropriately cleaned, disinfected and safely stored prior to eating and drinking and not placed on surfaces where food and drink are also located.	
10.4	Eating and drinking should only take place in designated break areas.	
11.0	Visitor Control Measures	Reviewed
11.1	Signage communicating "there has been a COVID 19 detection in wastewater surveillance – visitors should be aware that COVID-19 may be present in the building", is posted at the entrance to the building.	
12.0	Communication	Reviewed
12.1	Processes are in place for communication with staff, essential and non-essential visitors, residents/patients, families and the media regarding COVID 19 detection in wastewater surveillance. Prompt, ongoing and timely updates are provided to those listed above.	
12.2	Advise all staff of the control measures to minimize the spread.	
13.0	Education	Reviewed
13.1	Conduct weekly IPAC self-audits to measure compliance. Identify knowledge gaps and act upon identified learning needs. COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes. COVID-19: Self-Assessment Audit tool for long-term care homes and retirements homes (publichealthontario.ca)	