

SAMPLE AGENDA – OUTBREAK PREPAREDNESS DRILL (LEADER COPY)

0800	Introductions & Review of Agenda
0810	PPE Donning & Doffing Exercise <ul style="list-style-type: none"> • Demonstrate donning and doffing of full PPE for Contact & Droplet precautions. • Initiate a return demonstration by all participants. In advance of the drill, arrange for each team member to have access to gloves, gowns, mask, eye protection & ABHR. • Watch the participants using the lens of the donning and doffing audit, monitoring for compliance and risks during the procedure. This isn't a test! It should be a supportive process. • Debrief afterwards for any learnings from the group. • Display the PPE donning and doffing poster on the screen so the participants are familiar with the approved resource for your region.
0845	Review of Materials (SAMPLE – UPDATE AS NEEDED): <ul style="list-style-type: none"> • COVID-19 Outbreak Toolkit <ul style="list-style-type: none"> ○ COVID-19 Self Assessment Audit Tool for Long-Term Care Homes ○ COVID-19 Guide ○ Signage ○ Floor Plans ○ Respiratory Outbreak Checklist ○ Home Area Meeting Template • IX Prevention & Control Manual (with particular focus on Sections D, E & N) • Business Continuity & Staffing Contingency Plans
0900	Assign Outbreak Management Team Structure to Leaders <ul style="list-style-type: none"> • Have each participant give thought to where they would fit within the structure; discuss as a group and begin to assign roles. • These roles will be reviewed and finalized at the end of the drill, taking into account learnings from participants. • Each location's structure might have additional or combined roles depending on the size of the team. • The structure is subject to change based on this so please feel free to create new "boxes" (i.e. Medical director, allied professionals, etc.). • Begin to consider the contingency plans that will be needed for each role/responsibility. If one team member or multiple team members are not able to work, how does that change the structure? Do you have adequate cross training? The actions required for cross training and contingency plans will be added to your Action Plan post-drill.
0915	Begin Scenario: <ul style="list-style-type: none"> • Scenario should be specific to the Home taking into account our specific environment, previous outbreak experiences and other risks and nuisances. Example: One COVID-19 positive resident on one unit, 4th floor; we were notified by Public Health of the positive swab at 11AM on Wednesday, March 15. Resident's symptoms began Monday at 1300; included decreased O₂ SATs, temp. 37.9°, and general malaise.

	<ul style="list-style-type: none"> • Begin to work through the Outbreak Investigation Checklist as a group, going line by line and using real-world examples and experiences of how we operationalize these items during outbreaks. • Give each participant time to review the Outbreak Management Meeting Record of Actions. They will need to start considering how they will execute what they are responsible for. What do they need to do to prepare? What other team members would they need to engage and leverage to execute each item? What materials and logistics would they require? • Start with the first scenario and then increase the severity of the scenario as the drill progresses. For example, up the ante, now the Home has 45 positive residents, 50% reduction in baseline staffing, and three affected RHAs. How does that change priorities? Consider high risks like workforce implications, media, partnerships with hospitals, health authorities, etc. • Review Business Continuity using another scenario 50% of PSWs/care aides and nurse on the 4th floor not attending at the Home due to work refusal or presumptive/confirmed illness. Discuss cohorting, priority tasks, staffing template, etc. • Review policies/procedures for caring for a resident with the applicable illness • Hold a mock Outbreak Management Team meeting using the template for Day 15, adding to the current complex scenario: You're running low on gowns, medium gloves, and Cavi wipes, staffing remains at 50% baseline, media inquiries ++ • Review OMT Call with Public Health, HA/MOH/HCCSA(as applicable) & Hospital Partners
1045	Debrief and review OMT Structure <ul style="list-style-type: none"> • Make changes to the structure that was put in place at the beginning of the drill based on learnings. • What worked and what didn't? • Are the original roles and responsibilities sustainable? • What changes need to be made to the structure to be successful? • Is there anyone missing on the OMT structure? • Finalize the structure.
1145	Determine additional resources required <ul style="list-style-type: none"> • I.e., Resource and service delivery needs
Conclusion	Poll the leadership team for commitment level: <ul style="list-style-type: none"> • Every position is vital • How can we support the participants and leaders to be successful? • Have the participants considered the level of commitment it would take both professionally and personally? • Do they have contingency plans in place for increased workload and hours? • Are they committed? Are they afraid? It is time for the leaders to evaluate the commitment level of their teams: <ul style="list-style-type: none"> • Who can they count on? • Who do they need to meet with in advance to gain commitment? • What ways do they communicate with their teams most effectively? • How can they support their teams to be successful?

Next Steps:

Parking Lot

- During the drill, keep a parking lot for actions items and next steps. This is what will help formulate your action plan.
- No task is too small to account for. Examples of action items for your plans could be procurement of items based on the location's environment and logistics, cross training of key roles and responsibilities, making sure you have the right contact information for residents, goals of care conversations, etc.
- This is also where you can discuss the development of a group of passionate and dedicated frontline team members as your go to Response Team. This core group of team members, made up of people from every department, can be developed in each location to be SMEs. They would attend additional education in IPC and be leaders amongst their peers. They would assist with auditing and in the event of an outbreak, would be the core group you could count on to be deployed to the outbreak area if this was needed.

Action Plan

- After the drill is complete, compile the action items from your parking lot into an Outbreak Preparedness Action Plan (document in XVIII-C-10.00(a) Emergency Preparedness Actual Event-Test/Drill Evaluation Form).
- Timelines should be provided for completion, with weekly check-ins post-drill to ensure we keep up the momentum and accountability.
- It is important that the action plan is location-specific, taking into consideration gaps found during the drill and other learnings. Your Drill leader will help formulate the action plan.

MOST IMPORTANTLY, HAVE FUN!!!! AS THE LEADER OF THE DRILL YOU WILL LEARN TOGETHER WITH THE PARTICIPATING TEAM MEMBERS. YOU DON'T HAVE TO HAVE ALL THE ANSWERS, THAT IS WHAT THE PARKING LOT AND POST-DRILL ACTION PLAN IS FOR. 😊