

Plan Name Plan Number Covers

Version 1

COVID-19 OUTBREAK MANAGEMENT PLAN FGT - 01

Fruit Growers Tasmania

15th November 2021

COVID-19

Example Outbreak Management Plan



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| **Version** | **Status** | **Date** | **Approved & Revised by** | **Comments** |
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# Context

## Document Authorisation

This document and subsequent versions are draft until endorsed by *Peter Cornish - CEO*

## Aim of COVID-19 Outbreak Management

The aim of COVID-19 outbreak management is to:

* prevent the spread of COVID-19 within a facility or setting and into the broader Tasmanian community
* mitigate the impact of COVID-19 infections within a setting on staff, others within the setting, key stakeholders and the organisation.

## Objectives of Outbreak Management Plans

The objective of outbreak management planning is to document the activities that an organisation will undertake in preparing for and responding to multiple or a single case of COVID-19 within that organisation’s setting.

Response measures will be scaled according to the level of risk, effectiveness of response measures and availability of resources, in close collaboration with Public Health Services and other key stakeholders.

## Scope

*The purpose of this plan is to:*

* *Reduce the potential spread of COVID-19 within this facility and into the broader Tasmanian community*
* *Mitigate the impact of COVID-19 infections within the facility on staff, others within the facility and onsite, key stake holders and the organisation*

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| **In scope of this Plan** |
| Management of COVID-19 outbreaks at  Fruit Growers Tasmania |

## Governance

*Response measures will be scaled according to the level of risk, effectiveness of response measures and availability of resources, as directed by Public Health services and in close collaboration with other key stake holders.*

*Management at Fruit Growers Tasmania along with the Board will;*

* + *Lead the organisations response and be the ultimate decision maker within the organisation*
  + *Coordinate the organisation response in close consultation with the Public Health Service*
  + *Establish and identify the site internal Outbreak Response Team*
  + *Call meetings when required to plan, decide on actions and the implementation of them*
  + *Investigate the potential for close contacts at site level*

## Related resources

* COVID-19 Safety Plan for Fruit Growers Tasmania
* Fruit Growers Tasmania employee contact number list
* Daily visitor/contractor sign in/out record
* Crisis Communication Documents
* Business Continuity Plan

## Key Stakeholders

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| **Key stakeholder** | **Role for outbreak management** |
| Workers (as described under the WHS Act 2012) | * Comply with management directions and control measures such as travel, site segregation, hygiene requirements, social distancing and shift changes * Advise if unwell and do not enter the workplace if unwell * Advise Fruit Growers Tasmania, as soon as practical, if they have been in close contact with a confirmed case of COVID-19 * Advise Fruit Growers Tasmania, as soon as practical, if they have tested positive to COVID-19 and have visited the site within the last 7 days * Maintain good levels of hygiene |
| Contractors/visitors/delivery personnel | * Comply with Fruit Growers Tasmania directions/restrictions * Seek approval from management to visit site * Fill out a health declaration prior to entry * Notify Fruit Growers Tasmania staff, as soon as practical, if they have been in close contact with a confirmed case of COVID-19 in the 7 days post visit to site * Advise Fruit Growers Tasmania, as soon as practical, if they have tested positive to COVID-19 and have visited the site within the last 7 days * Maintain good levels of hygiene |
| Public Health Services | * Notifies our organisation when a confirmed case is associated with the facility. * Leads the COVID-19 outbreak management response. * Provides specific infection prevention and control advice for the outbreak response. * Leads contact tracing (identifying persons in close contact with the confirmed case during their infectious period). * Activates and leads the outbreak management coordination team. * Determines when the outbreak is over. |
| Worksafe Tasmania | * Advises safe work practices, including the potential need to close the facility from a workplace safety perspective. |
| GPs/allied health practitioners providing | * Advises safe hygiene practices including location of test sites. |

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| services to people within  the setting |  |

## Communications

For consistency and accuracy of messages, and as part of the coordinated response, communications activities will be coordinated through Public Health Services or the outbreak management coordination team.

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| **Key stakeholder** | **What they need to know** | **How we’ll communicate** | **Contact information** |
| Workers (as described under the WHS Act 2012) | * Level of risk, number and location of cases linked to an outbreak * The importance of hand hygiene, respiratory etiquette and physical distancing measures * Changes to policies and procedures; outbreak control measures being implemented, including changed arrangements for accessing the setting * Membership of the internal outbreak response team * How the COVID-19 Outbreak Management Plan would be implemented * Arrangements for accessing leave for quarantine and isolation * Expectations about not attending work if sick * Changes to staffing/rostering arrangements * Arrangements to support staff health and wellbeing * Quarantining procedures, including overnight residences | * Internal Outbreak Mgt Team Co-ordinator – Lawrence Cowley * Text messages * Telephone * FGT Newsletter * FGT Website * Signage | * Employee telephone list. * Abalone Council managment * Contractor information (Techquity, Cleaning Company). |
| Executive Management Team | * Level of risk, number and location of cases linked to an outbreak * Changes to staffing/rostering arrangements * Arrangements to support staff health and wellbeing * Membership of the internal outbreak response team * Arrangements for accessing leave for quarantine and isolation | * Internal Outbreak Mgt Team Coordinator – Lawrence Cowley * Text messages * Telephone * Teams Messenger | * Site management team * Staff Emergency contact Lists |

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| Contractors/visitors/delivery personnel | * Expectations around not attending site if symptomatic * The importance of hand hygiene, respiratory etiquette and physical distancing measures * Importance of completing health declarations * Complete sign in/out using QR Code / Visitor written log. | * Rapid Induct daily visitor/contractor emails * Telephone * Posters * Site inductions | Internal Outbreak Coordinator – Lawrence Cowley |
| Public Health Services | * Outbreak management risks specific to the setting. * Names and contact details of potential contacts of the confirmed case. | * Email * Telephone * Meetings | 1800 671 738 |
| Worksafe Tasmania | * Cases in staff where incident notification is required under *Work Health and Safety Regulations 2012 – Reg 699* | * Telephone | * Incident notification to 1300 366 322 |
| GPs/allied health practitioners providing services to people within the setting | * Level of risk, number and location of cases linked to an outbreak | * Email * Meetings * Telephone | Phone list of local GPs |

# Stage 1 – Prevent and Prepare

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| **What do you need to do?** | **How will you do this?** | **Who will do it?** | **When will it happen?** | **What supplies or resources are needed?** | **Other considerations** |
| Maintain Fruit Growers Tasmania COVID -19 Safety Plan | * Meetings * Signage/ posters – hygiene * Infection reporting posters * Supply of sanitisers, personal and hard surface * Work group segregation | Site Management team | Ongoing | Ongoing supply of PPE, sanitisers and cleaning equipment. | Identification of trained staff available for essential tasks during an outbreak |
| Record and collate data for contact tracing purposes | Record:   * Visitor/contractor attendance using Check-In Tas. * Email record of visitor/contractor attendance * Staff location (from roster and meeting invites)   Keep all records for at least 30 days. | Internal Outbreak Coordinator – Lawrence Cowley | Records to be collated and checked for accuracy on a weekly basis.  Monthly confirmation of employee contact phone numbers and email addresses | Designated storage location for records.  Site plan and facility information e.g. size, layout, staff numbers for PH initial RA early in a response. | Access by Outbreak Response Team to records. |
| Raise worker awareness of Fruit Growers Tasmania Outbreak Management Plan | Make staff aware of Outbreak Management Plan. | Internal Outbreak Coordinator – Lawrence Cowley | On Out -break Management Plan acceptance | Business continuity - Identification of extra staff for essential tasks if an outbreak occurred. | Develop a Staff contingency plan based on 20-30% absenteeism. |

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| Create List of cleaners | Maintain a list of current cleaning service providers | * Internal Outbreak Coordinator   – Lawrence Cowley | Weekly contractor clean | Maintaining a supply of PPE, hand hygiene, and cleaning products. |  |
| Management review of the plan | Onsite scenario  Staff meeting | Management team |  |  | Gap analysis |

# Stage 2 – Respond

The response stage is triggered by the identification of one or more cases of COVID-19 within the setting. The primary objective is to contain the virus as quickly as possible while providing appropriate care and support to confirmed cases.

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| **What do you need to do?** | **How will you do this?** | **Who will do it?** | **When will it happen?** | **What supplies or resources are needed?** | **Other considerations** |
| Activate the Fruit Growers Tasmania outbreak response team | By email and phone  Conduct in-house contact tracing and make enquires into;   * Where the infected person or persons were working in the days before the positive confirmation * Identify known and potential surfaces the infected worker has been in contact with * Visitor /contractor attendance from Rapid induct system   Keep all records for at least 30 days. | Site management to coordinate with Internal Outbreak Coordinator – Lawrence Cowley | Immediately on becoming aware of a confirmed case | List of close contacts in- house prior 48 hrs | If after hours, contact all team members by mobile phone |
| Contact Authorities Public Health/WST | Phone Email Meeting  Collate list of potential contacts i.e. those that have been in contact 48hrs prior to symptoms showing. | Internal Outbreak coordinator with support from Site Management and WHS personnel | Immediately on becoming aware of a confirmed case | Personnel contact list with phone numbers and email addresses  Facility description Site plan | Initial communication with non- affected and off duty staff |

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| **What do you need to do?** | **How will you do this?** | **Who will do it?** | **When will it happen?** | **What supplies or resources are needed?** | **Other considerations** |
| Evaluate and Determine | Evaluate if close contacts need to be sent home and arrange for testing  On site isolation in overnight stay accommodation  Plan for 14-day quarantining of workers  Provide contact information to Public Health Services.  Provide:   * Facility description * Site plan * Copy of COVID-19 Safety Plan and Outbreak Management Plan |  |  | Copy of COVID-19 Safety Plan and Outbreak Management Plan  Outbreak signage | Location of outbreak signage  Communication to the local community |
| Implement enhanced control measures | Isolate any area known and potential surfaces the infected worker has been in contact with  Restrict access and movement around site  Isolate subgroups | Management and Internal Outbreak Coordinator – Lawrence Cowley | As soon as areas are identified | * Staff rosters * Contractor / visitor sign in records * Surveillance/security   material   * Meeting records * Signage | Maintain communication with Isolated team members. |

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| **What do you need to do?** | **How will you do this?** | **Who will do it?** | **When will it happen?** | **What supplies or resources are needed?** | **Other considerations** |
|  | Monitor staff remaining on site for respiratory illness  Send workers with high risk health issues home  Work with PH on public communication | TBC | By phone messenger email | * List of expected deliveries * List of cleaning companies capable of deep cleaning |  |
| Implement deep clean program | Make identified areas available for cleaning  Deep clean of areas | Contractors/professional | As soon as can be arranged | Hire specialised company/ contractors |  |
| Maintain business continuity | Prioritise work and task activities Work with Julie Inglis on handling media coverage  Implement working from home procedures  Contact less deliveries to site for priority materials only | Internal Outbreak Coordinator – Lawrence Cowley | As soon as can be arranged in areas not requiring deep clean | List of essential tasks List of trained staff available for essential  tasks  List of contractors delivering priority materials e.g. MRL / Water Samples | Availability of staff to assist from other sites |

# Stage 3 – Stand-down

The stand-down stage is triggered when Public Health Services confirms the outbreak is over, usually 14 days after isolation of the last case. After standing down, Stage I activities will resume for prevention and preparedness of further outbreaks.

An important activity during the stand-down phase is to evaluate the response and update this plan.

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| **What do you need to do?** | **How will you do this?** | **Who will do it?** | **When will it happen?** | **What supplies or resources are needed?** | **Other considerations** |
| Advise staff/contractors/suppliers/customers of stand down | Phone calls Emails | Internal Outbreak Coordinator – Lawrence Cowley | As advised by PHA | Staff Rosters Supplier List | Community awareness Removal of  Outbreak  signage |
| Stand down of Internal Outbreak team | Meeting | Internal Outbreak Coordinator – Lawrence Cowley | Within a week of stand down advice |  | Leave time to assist with mental health |
| Implement Covid -19 Safety Plan | Refer to stage 1 activities | Internal Outbreak Coordinator – Lawrence Cowley | First day of site re-opening for normal activities | Supplies of PPE, cleaning and hand hygiene products |  |
| Evaluate the response | By a formal debrief, with reference to key progress reports developed during the response | Outbreak response team | Within one month of the end of the outbreak | Funding for a facilitator, if deemed necessary  Gap analysis |  |

# Appendices

The following templates are included in the appendices:

1. Internal outbreak response team
2. Key contacts
3. Procedure for cleaning following a confirmed case
4. Outbreak preparedness checklist
5. Response to a confirmed case – checklist.

# Appendix 1 Internal Outbreak Response Team

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| **Role/function** | **Person** | **Responsibilities** |
| Case/Outbreak response coordination | Internal Outbreak Coordinator – Lawrence Cowley  Julie Inglis Peter Cornish | * Lead the Internal Outbreak Response Team. * Coordinate activities required within the setting to contain the outbreak. * Join the multi-agency Outbreak Management Coordination Team. * Liaise with key stakeholders. * Identify risks specific to the outbreak. |
| Infection prevention and control coordination | Internal Outbreak Coordinator – Lawrence Cowley | * Liaise with the Outbreak Management Coordination Team about infection prevention and control measures. * Ensure adequate supplies of PPE and cleaning products. * Ensure staff are trained in infection prevention and control precautions. * Ensure cleaning staff are kept informed about enhanced cleaning and infection prevention and control measures. * Oversee cleaning activities; hire additional cleaners as required. * Identify places to isolate or quarantine cases/contacts while they are onsite. |
| Information management | Internal Outbreak Coordinator – Lawrence Cowley | * Collect and collate data to help control the outbreak (eg number of people in the setting, number of symptomatic people, test results). * Provide daily reports for the Outbreak Management Coordination Team and other key stakeholders as requested. |
| Communications | Lawrence Cowley  Julie Inglis Peter Cornish | * Liaise closely with Public Health Services/the Outbreak Management Coordination Team about:   + internal communications   + stakeholder communications   + media and public communications. |
| IT support | Techquity | * Set up and organise equipment (eg computers, mobile devices, network access). * Resolve information technology issues. |
| Administration support | Doris Elliston | * Organise Internal Outbreak Response Team meetings. * Record and distribute minutes of meetings. * Monitor and maintain resources, eg hand sanitiser, disposable tissues and stationery. * Display outbreak signage. |

# Appendix 2 Key Contacts

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| --- | --- | --- | --- |
| **Organisation** | **Name and Position** | **Contact phone** | **Contact email** |
| **Public Health Services** |  | 1800 671 738 |  |
| **WorkSafe Tasmania** |  | 1300 366 322 |  |
| **Fruit Growers Tasmania** | Peter Cornish CEO |  | [peter@fruitgrowerstas.org.au](mailto:peter@fruitgrowerstas.org.au) |
|  | Julie Inglis  Communications Officer |  | [comms@fruitgrowerstas.org.au](mailto:comms@fruitgrowerstas.org.au) |
|  | Doris Elliston  Accounts Manager |  | [office@fruitgrowerstas.org.au](mailto:office@fruitgrowerstas.org.au) |
|  | Michael Tarbath  Policy and Engagement Officer |  | [admin@fruitgrowerstas.org.au](mailto:admin@fruitgrowerstas.org.au) |
|  | Lawrence Cowley  Industry Development Officer |  | [ido@fruitgrowerstas.org.au](mailto:ido@fruitgrowerstas.org.au) |
| **Cleaning Organisation** |  |  |  |
| **External Companies** | Techquity (IT Support) | 1300 512516 | [support@techquity.com.au](mailto:support@techquity.com.au) |
|  | TOLL (MRL &  Water sample pick up) |  |  |
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# Appendix 3 Cleaning and Disinfection Following a Confirmed Case

## Background

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. A person can acquire COVID-19 inhaling these droplets or, less commonly, by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes.

Following a confirmed case of COVID-19, thorough cleaning and disinfection of contaminated areas is needed as per our COVID-19 Safety Plan to remove the virus from environmental surfaces

There is no automatic need to close the entire facility/setting while cleaning and disinfection is underway, particularly if the confirmed case only visited parts of the facility/setting. Suspension of normal operations will depend on factors such as the size of the facility, nature of the work, number of people and potential areas of contamination.

Public Health Services and WorkSafe Tasmania will provide advice about cleaning and disinfection following a confirmed case of COVID-19.

## Cleaning and disinfection for other settings

For instructions for cleaning and disinfection generally, refer to [COVID-19 Information for](http://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/cleaning#heading--1--tab-toc-how_to_clean_and_disinfect) [workplaces – cleaning](http://www.safeworkaustralia.gov.au/covid-19-information-workplaces/industry-information/general-industry-information/cleaning#heading--1--tab-toc-how_to_clean_and_disinfect) (Safe Work Australia) and [Information about routine environmental cleaning](http://www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-routine-environmental-cleaning-and-disinfection-in-the-community) [and disinfection in the community](http://www.health.gov.au/resources/publications/coronavirus-covid-19-information-about-routine-environmental-cleaning-and-disinfection-in-the-community) (Australian Government Department of Health).

Cleaning and disinfection for non-health care settings follows the same principles as routine cleaning and disinfection, except:

* cleaning staff should wear disposable gloves, a long-sleeved gown and a surgical mask plus eye protection or a face shield while cleaning and disinfecting
* cleaners should be trained in putting on and removing personal protective equipment (PPE)
* areas may need to be prepared to ensure proper cleaning and disinfection (eg removing personal effects)
* soft or porous surfaces may need attention (eg steam-cleaning or laundering of fabrics).

## Procedure

*Engagement of Professional Cleaning Organisation to be organised by Work Health and Safety Coordinator on instruction of the Internal outbreak liaison. The cleaners coming to site will have undergone a contractor induction through Rapid Induct and will be provided with information and site map indicating facility or areas requiring deep cleaning.*

# Appendix 4 Case and Outbreak Preparedness Checklist

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| **Planning** | |
| ☒ | Develop an Outbreak Management Plan (the Plan). |
| ☐ | Ensure all staff are aware of the Plan, including their roles and responsibilities. |
| ☒ | Name in the Plan an outbreak coordinator and/or outline the composition of the internal outbreak response team. |
| ☐ | Develop a system to ensure this Plan remains up-to-date, including version control and removing old versions from circulation. |
| **Education and training** | |
| ☐ | Train staff in infection prevention and control, according to their likely roles and responsibilities during an outbreak affecting your setting. |
| ☐ | Train staff in tasks to help maintain essential services during an outbreak. |
| ☐ | (For residential facilities) Provide residents and their families with information about COVID-19 prevention and what to expect if an outbreak occurs. |
| **Surveillance** | |
| ☐ | Review systems to ensure you can rapidly identify possible COVID-19 infections in staff, residents, and visitors (eg entry screening). |
| ☒ | Ensure staff know who to inform of possible COVID-19 infections within the facility. |
| **Information and records** | |
| ☒ | Identify records that can be used to support rapid contact tracing (eg rosters, electronic access systems, visitor log) or establish new records as needed. |
| ☐ | Have a site plan and other facility information (eg size, layout, staff and resident numbers) ready to provide to PHS to support their risk assessment early in the response. |
| **Case and contact management** | |
| ☒ | Develop a plan to isolate confirmed cases if they are onsite (eg residents). Include how you will support the person during their isolation (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services, maintain connectivity with family and friends). |
| ☐ | Develop a plan to quarantine close contacts of a confirmed case if they are onsite (eg residents). Include how you will support the person during their quarantine (eg facilitate access to healthcare and testing, provide food, cleaning and laundry services,  maintain connectivity with family and friends). |

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| **Infection prevention and control** | |
| ☒ | Implement your COVID-19 Safety Plan. |
| ☐ | Plan how you will clean areas that the confirmed case used (eg desk, common areas) and how you will restrict access to those areas until cleaning is complete. |
| ☐ | Plan how you will increase monitoring for respiratory illness and facilitate access to testing in the event of a COVID-19 outbreak. |
| ☒ | Plan how you will limit the number of people onsite during an outbreak to reduce the risk of transmission within the facility and externally. |
| ☐ | Plan how you will limit movement of people within the facility during an outbreak (eg restrict movement across different areas, limit communal activities). |
| ☐ | Check you have adequate stock of PPE, hand hygiene and cleaning supplies, and outbreak signage, or a plan for rapidly accessing those supplies. |
| **Staffing** | |
| ☐ | Develop a staffing contingency plan in case staff become sick or are identified as close contacts with a confirmed case and need to quarantine for 14 days. Use your own estimate of absenteeism or use 20-30%. |
| **Communication** | |
| ☒ | Maintain a contact list for key stakeholders. |
| ☐ | Regularly update contact information for staff, residents, visitors, families and other key stakeholders. |
| ☐ | Develop a plan detailing the communication activities to undertake in the event of an outbreak. Remember it is important to coordinate communications activities with Public Health Services and the outbreak management coordination team. |
| ☐ | Plan how you will manage a high volume of enquiries from stakeholders and the media in the event of an outbreak. |
| ☐ | Develop templates for key communications (eg letters to families of residents, telephone scripts). |
| **Business continuity** | |
| ☐ | Ensure business continuity planning to support continuation of essential services/priority activities during an outbreak. |

# Appendix 5 Response to a Confirmed Case – Checklist

Please take these steps, in order, when informed of a confirmed case of COVID-19 within your setting.

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| ☐ | If the confirmed case is a resident, immediately **isolate** them from others, if safe to do so. |
| ☐ | If the confirmed case is not a resident (eg staff), they should **leave the facility**  immediately and isolate at home. |
| ☒ | Determine who is the **outbreak coordinator** to lead your response and be the key liaison with Public Health Services (PHS). |
| ☐ | Provide to PHS a list of **potential contacts** and their contact information. |
| ☐ | Provide **key information** to PHS, including:   * facility description (location, business activities, number of staff/residents) * site plan * a copy of your COVID-19 Safety Plan and Outbreak Management Plan (‘the Plan’). |
| ☐ | Convene your internal **outbreak response team** as outlined in the Plan and arrange to meet regularly. |
| ☐ | In consultation with PHS, **implement enhanced infection control activities** outlined in the Plan (e.g. cleaning, restricted access and movement, monitoring for respiratory illness). |
| ☐ | If the confirmed case is a resident, **provide support and essential supplies** as required. This includes arranging for urgent medical attention if needed. |
| ☐ | In consultation with PHS, release an initial **communication** to inform staff, residents, families and other key stakeholders of the situation. Be mindful of your privacy obligations. |
| ☐ | Implement measures to continue to provide **essential services** (eg residency, healthcare). |
| ☐ | If a resident is identified as close contact of the case, **quarantine** them and **provide support** as needed, referring to your Plan. |
| ☐ | Join the multi-agency **outbreak management coordination team**. |

Further activities may be required to control the outbreak as determined by the outbreak management coordination team.