

Communicable Disease, Prevention and Control staff at the HKPR District Health Unit reviewed the following with facility staff and/or management:

### VACCINE PREVENTABLE DISEASES

- Contact information: [immunization@hkpr.on.ca](mailto:immunization@hkpr.on.ca), ext. 1507.
- Influenza, Pneumococcal, and COVID-19 immunization coverage rates for residents.
- Influenza and COVID-19 immunization coverage rates for staff.
- Staff responsible for vaccine storage and handling have reviewed the [Vaccine Storage and Handling Guidelines](#) and the [Vaccine Fridge Orientation](#).
- Sufficient vaccine administration supplies on hand at the facility. These are no longer supplied by the Health Unit.
- Current [COVID-19 Vaccine Guidance](#) and [General COVID-19: Vaccine Storage and Handling Guidance](#).

### INFECTIOUS DISEASES AND OUTBREAKS

- Contact information: [outbreaks@hkpr.on.ca](mailto:outbreaks@hkpr.on.ca), ext. 1232.
- HKPR's *Keys to Successful Management of Outbreaks in Long-Term Care and Retirement Home Settings* manual.
- Current outbreak guidance documents.
- Passive (review screening questions independently) & active (attestation) surveillance practices.
- Outbreak definitions and lines lists.
- Reporting outbreaks to the Health Unit.
- Outbreak Communication plan/strategy
- Respiratory (PHOL) and enteric (HKPR) outbreak kit ordering process.
- Sufficient supply of test kits and PPE.
- PPE donning and doffing procedures.
- Outbreak control measures.
- Antiviral preparedness (e.g., Influenza vs. COVID-19 outbreak).
- Repatriation tool.
- List of outbreak resources.

### ENVIRONMENTAL HEALTH

- Contact information: [outbreaks@hkpr.on.ca](mailto:outbreaks@hkpr.on.ca), ext. 1232.
- Exclusion criteria for ill food handlers.
- Maintenance of food samples during enteric outbreaks.
- Increased cleaning and disinfection during outbreaks.
- Record keeping (e.g., menu, dishwashing, cleaning/sanitizing schedules).

**HKPR Facility Liaison Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director Of Care or Designate Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_

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