

Outbreak Number: 3895 – 20 -	Facility Name:	Ministry Master #:	Date Checklist Initiated:
Street #:	Street Name:	Postal Code:	
Type of Facility: <input type="checkbox"/> Acute Care <input type="checkbox"/> Complex Continuing Care <input type="checkbox"/> Long-Term Care <input type="checkbox"/> Retirement Home			
TPH Contact Name:	Phone # ()	Facility Contact Name:	Phone # ()
Name of Medical Director / Most Responsible Physician:			

Outbreak description			
	Res/Pts	Staff	Symptoms:
Total # in institution			<input type="checkbox"/> Abnormal temp <input type="checkbox"/> Malaise
Total # in affected area			<input type="checkbox"/> Appetite loss <input type="checkbox"/> Myalgia
Total # of cases			<input type="checkbox"/> Chills <input type="checkbox"/> Nasal Congestion
# Cases admitted to hospital			<input type="checkbox"/> Coryza <input type="checkbox"/> Sore throat/hoarse
# Cases with pneumonia (CXR confirm)			<input type="checkbox"/> Cough <input type="checkbox"/> Other (specify):
# Deaths among cases			<input type="checkbox"/> Headache
Outbreak Area:		Onset date of index case:	
Preliminary case definition			
Laboratory results and collection of laboratory specimens			
Causative agent(s) identified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING		If YES, provide details of lab result(s):	
Initial # of specimens submitted: (max 4 per outbreak)		Test type(s) requested: <input type="checkbox"/> NP <input type="checkbox"/> Urine <input type="checkbox"/> Serology <input type="checkbox"/> Other:	
Schedule OMT date (ensure TPH liaison is invited):			
Date: Time: Location:			
<input type="checkbox"/> OMT meeting date to be scheduled at a later time			

IMPLEMENT INITIAL GENERAL OUTBREAK CONTROL MEASURES:

- ☐ **Enhance hand hygiene** – Wash hands with soap and water if visibly soiled or use an alcohol-based hand rub in accordance with the 4 moments of hand hygiene.
- ☐ **Use personal protective equipment (PPE)** – Use Droplet and Contact Precautions PPE as per PIDAC's Routine Practices and Additional Precautions document (Appendix I and J, according to setting).
- ☐ **Cohort** – Avoid resident/patient and staff interaction between affected and unaffected areas.
- ☐ **Outbreak notification signs** – Post at all entrances to the outbreak affected areas to advise that the area(s) is experiencing an outbreak. Record the date the sign was posted on the sign.
- ☐ **Limit visitation and ensure visitors leave the facility immediately after visiting** – Provide visitors with the TPH fact sheet "Controlling Outbreaks in Healthcare Facilities: What Visitors Need to Know".
- ☐ **Enhanced cleaning and disinfection of environment and non-critical patient care items** – Focus on high traffic areas (e.g., door knobs, washrooms, handrails, elevator buttons, computer keyboards, tables, etc.). A broad spectrum virucidal disinfectant with a DIN is recommended to ensure all viruses are killed. Ensure correct concentration and contact time is followed based on the manufacturer's instructions.