

Initial Respiratory Outbreak Notification Form

Initial Notification

Update # _____

Date: _____

Health Unit Information	Institution Information
iPHIS #:	Institution Master #:
Health Unit Name: Toronto Public Health	Institution Name:
Investigator Name:	Institution Address:
Contact Phone #:	City of Institution: Toronto
Email (Optional):	Postal Code of Institution:
Date Outbreak Reported to Health Unit:	Date of onset of illness in first case:

Institution Type

LTCH:	Nursing Home Public Home for the Aged Charitable Home for the Aged Other (specify): _____	Hospital: Operates under Public Hospitals Act? Yes No Type: Acute Chronic Psychiatric
Other:	Retirement Home (with more than 10 residents) Children's Residence	Facilities operating under the Developmental Services Act Other (specify) _____

Outbreak Description

Symptoms

		Residents or Patients	Staff ♦	Please specify by check boxes below: Abnormal Temp. ($\geq 37.5^{\circ}\text{C}$ or $\leq 35.5^{\circ}\text{C}$ or temp. known to be abnormal for that person) Cough Nasal Congestion/ Sneezing Coryza (runny nose) Sore throat/ hoarseness/ difficulty swallowing Malaise (tiredness) Prostration (exhaustion) Myalgia (muscle aches) Headache Loss of appetite Chills Cervical lymphadenopathy (swollen/ tender glands in neck) Other (specify): _____
Total # in institution				
Total # in affected area/unit ∇				
Total # in institution* vaccinated prior to outbreak •				
Total # cases				
# Cases admitted to hospital				
# Cases with pneumonia ♥				
# Deaths among cases				
Preliminary case definition:				

Laboratory Data

Lab Confirmation:	Specimens NOT Submitted	Pending	Negative	Yes (confirmed)
If lab confirmed (yes), please check below : (Please check all that apply)				
Rapid test positive for Flu A		Rapid test positive for Flu B		
Influenza A PCR		Influenza B PCR		
Multiplex respiratory viral PCR or Culture : (Please check all that apply)				
Influenza A	Influenza B	RSV	Rhinovirus	Adenovirus
Metapneumovirus	Coronaviruses	Parainfluenza (type if available): _____		
Enterovirus (type if available): _____		Other (specify): _____		

∇The total number in affected area/unit refers to the total population at risk of developing disease (i.e. # of people in the affected unit).

*If this information is not available, especially for large institutions (i.e. acute care hospitals), the total # of individuals that were vaccinated in the affected area/unit can be reported.

♥This refers to the # of pneumonia cases that have been confirmed by chest x-ray.

♦Staff: All persons who carry on activities in the facility including employees, nurses, students, medical house staff, physicians, contract workers and volunteers.

- Prior to outbreak: Any time during the current influenza and respiratory infection season but at least 2 weeks before the onset of the current outbreak.

Implement Initial General Outbreak Control Measures

The following outbreak control measures should be implemented as soon as possible when you suspect a respiratory outbreak in your facility:

Enhance hand hygiene – Wash hands with soap and running water or using an alcohol-based hand rub.

Use personal protective equipment (PPE) – Use a surgical/procedure mask covering the nose and mouth when within 2 metres of an ill resident/patient. Use eye protection when providing direct care within 2 metres of an ill resident/patient. Use gloves if in contact with blood, body fluids, excretions, secretions, mucous membranes or contact with ill resident's/patient's environment (e.g., surfaces, equipment). Gowns should be worn to protect uncovered skin and clothing if splashing is likely to occur. Hands should be cleaned immediately after removing PPE and before providing care to another resident/patient.

Avoid resident/patient and staff interaction between affected and unaffected areas (cohort).

Post outbreak notification signs at all entrances to advise that the facility 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”.

Enhance cleaning and disinfection of environment and non-critical patient care items – Especially in high traffic areas (e.g., door knobs, washrooms, handrails, elevator buttons, computer keyboards, tables, etc.) A hospital grade detergent-disinfectant is recommended. Ensure correct concentration and contact time is followed based on the manufacturer's instructions. In the event of an outbreak due to virus, use a disinfectant with an appropriate virucidal claim.

Schedule an Outbreak Management Team (OMT) meeting – Ensure the TPH liaison is invited. Location, date and time of meeting _____.