

INITIAL ENTERIC OUTBREAK NOTIFICATION FORM

When an enteric outbreak is suspected, please fax the completed form to the Toronto Public Health (TPH) regional office and call your TPH Liaison to discuss.

Outbreak Number (TPH to complete) 3895 – _____ - _____	Date reported to TPH	TPH Liaison Name
Name of Facility		Address of Facility
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 <input type="checkbox"/> Other		
Facility Contact Name	Facility Contact Phone	Facility Contact Email
Name of Medical Director / Most Responsible Physician		

OUTBREAK DESCRIPTION				
	Residents Patients	Staff	Symptoms: <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Nausea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Other _____	
Total # in institution			Onset date: (dd/mm/yyyy) First case: _____ Most recent case: _____	
Total # in affected area/unit				
Total # cases				
# Cases admitted to hospital				
# Cases with complications				
# Deaths among cases			Duration of illness: <input type="checkbox"/> Unknown OR ___ Hours/Days	
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):
Number of specimens collected _____	Specimen type(s): <input type="checkbox"/> Stool <input type="checkbox"/> Other: _____
<p>Food Samples: Until proven otherwise, food is assumed to be the source of an enteric outbreak. Are food samples from previous meals available for laboratory analysis? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Note: Available food samples must be kept on hold under refrigeration until it has been determined by TPH that they are no longer required. Leftovers from previous meals must not be served.</p>	

OUTBREAK MANAGEMENT TEAM (OMT) MEETING
Discuss OMT meeting time with TPH
Date: _____ Time: _____ Location: _____
<input type="checkbox"/> OMT meeting date to be scheduled at a later time

Implement Initial General Outbreak Control Measures

For details on these control measures refer to the [Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes](#).

- ❑ **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.
- ❑ **Isolate ill residents/patients and use personal protective equipment (PPE)** – Use droplet and contact precautions as per [PIDAC's Routine Practices and Additional Precautions document](#) (Appendix 1 and J, according to setting).
- ❑ **Cohort** – Avoid resident/patient and staff interaction between affected and unaffected areas.
- ❑ **Post 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”.
- ❑ **Enhance 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.
- ❑ **Schedule an Outbreak Management Team (OMT) meeting** – Ensure the TPH liaison is invited.

For LTCHs, Retirement Homes and Correctional Facilities:

DURING REGULAR BUSINESS HOURS (MONDAY TO FRIDAY 8:30 A.M. TO 4:30 P.M.)	
Contact your TPH Liaison by telephone OR Contact the Long-Term Care, Retirement Home, Correctional Facilities Team (LRCT) Office:	
East Region Phone: (416) 338-7492 Fax: (416) 338-6184	West Region Phone: (416) 338-1521 Fax: (416) 338-1539

For Acute Care and Complex Continuing Care Facilities:

DURING REGULAR BUSINESS HOURS (MONDAY TO FRIDAY FROM 8:30 A.M. TO 4:30 P.M.)	
Contact your TPH Liaison by telephone OR Contact the Communicable Disease Liaison Unit (CDLU) Office:	
Phone: 416-338-2100	Fax: 416-338-7870

For any facility type:

AFTER-HOURS (AFTER 4:30 P.M., WEEKENDS AND HOLIDAYS)
Call 3-1-1 or 416-392-CITY(2489) Ask to speak with the Communicable Disease Control (CDC) Manager on-call.