

Outbreak Number: <b>3895 – 20</b> - _____	Facility Name:	Ministry Master #:	Date Checklist Initiated:
Street #:	Street Name:	Postal Code:	
TPH Contact Name:	Phone # ( )	Facility Contact Name:	Phone # ( )

**Reviewed = ✓ Not Applicable = N/A**

**1.0 LINE LIST AND EPIDEMIC CURVE**

Review line list and epidemic curve to date.

**2.0 CASE DEFINITION**

Case definition agreed upon by the OMT is:

**3.0 POPULATION AT RISK**

Identify area(s) of the facility where OB cases are currently occurring: i.e. entire facility vs. an area(s)

Can affected area(s) be closed to prevent access by other residents/patients (res./pt.)?  YES  NO  
 Can res./pt. from the affected area(s) be restricted from accessing non-affected area(s)?  YES  NO  
 Can staff in affected area(s) be restricted/have minimal contact with staff, res./pt. from non-affected area(s)?  YES  NO

*If the answer to all the above questions is "YES", only those in the affected area(s) are considered to be the population at risk.*  
 Current total population at risk includes:

Residents/Patients: \_\_\_\_\_ Staff: \_\_\_\_\_ (Area /Floor/Unit/Ward): \_\_\_\_\_

**4.0 LABORATORY RESULTS AND COLLECTION OF LABORATORY SPECIMENS/SAMPLES**

Causative agent(s) identified from specimens:  YES  NO  PENDING  
 If YES, provide details of specimen lab results:

<b>Specimens to be collected:</b>	<b>Test types requested:</b>
<input type="checkbox"/> Stool Initial number submitted: _____	<input type="checkbox"/> Enteric outbreak organisms <input type="checkbox"/> Other, specify: _____
Stool Specimen Kits provided: How many: _____	Food samples available for laboratory analysis? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ON HOLD FOR SUBMISSION

**5.0 GENERAL OUTBREAK CONTROL MEASURES**

5.1 Post OB notification signs at all entrances to the facility and affected area(s). Record the date the sign was posted on the notification sign.

5.2 Hand hygiene is enhanced. Includes washing hands with soap and water when visibly soiled or using a 70% alcohol-based hand rub (ABHR). Follow the "four moments of hand hygiene".

5.3 Follow Contact Precautions as per **PIDAC Routine Practices and Additional Precautions in All Health Care Settings** for details re: use of gloves and gown. Mask & eye protection are used when within 2 metres of an ill res./pt, who presents with vomiting. Staff must have completed res./pt. care & be at least a 2 metre distance from res./pt. before any PPE is removed. Hand hygiene is performed as PPE is put-on and removed. Housekeeping staff are included when cleaning rooms of res./pt. on "Additional Precautions" as outlined above.

5.4 Enhanced environmental cleaning & disinfection, with an emphasis on high traffic areas/hand contact surfaces. Broad spectrum virucidal disinfectant with a DIN (effective against non-enveloped viruses such as Norovirus and Rotavirus).  
 Disinfectant used : \_\_\_\_\_ Contact Time: \_\_\_\_\_

5.5 If equipment is shared with other res./pt., ensure the equipment is cleaned and disinfected before and after each use according to the **manufacturer's recommendations & PIDAC Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices.**

5.6 Facility to advise & update health care partners (i.e. LHIN , PTAC) and other agencies (e.g. Wheel-Trans) that they are experiencing an outbreak.

**6.0 RESIDENT/PATIENT CONTROL MEASURES**

6.1 Cases should be restricted to their rooms until 48 hours after symptoms have resolved. Asymptomatic roommates do not need to be confined to their room but should be restricted to the affected area(s).

6.2 All res./pt. (well and ill) from the outbreak area(s) should be restricted from coming into contact with res./pt. from the unaffected area(s)

6.3 New admission to an outbreak facility/area(s) is not recommended. Admission to non-affected area(s) is permitted. Changes to this control measure may be made in consultation with TPH.

Outbreak Number: <b>3895 – 20</b> - _____	Facility Name: _____	Ministry Master #: _____
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**6.0 RESIDENT/PATIENT CONTROL MEASURES (continued from page 1)**

6.4 Re-admissions of cases from an ACF/CCC to an outbreak facility/area(s) is allowed.	
6.5 Re-admission of non-cases from an ACF/CCC to an outbreak facility/area(s) is generally not advised. If required, re-admission should be done in accordance with <i>MOHLTC Transfer and Return Algorithm</i> .*	
6.6 Res./pt. (case and non-case) transfers to other LTCHs/RHs are not recommended. Exceptions to be discussed with TPH.	
6.7 Res. /pt. (case or non-case) transfers to and from an outbreak area(s) to an unaffected area(s) are not recommended until the outbreak has been declared over. Exceptions may be made in consultation with the TPH	
6.8 A res./pt. from an outbreak facility/area(s) can be discharged home with no restrictions. Ensure that the family is aware of the outbreak and symptoms. If the res./pt. becomes ill and is transferred to ACF/CCC family should inform the ACF/CCC that the res./pt. is from an OB facility.	
6.9 Outbreak facility must notify the receiving facility and other appropriate healthcare partners (i.e. PTAC, LHIN) before transferring any res./pt. (case or non-case) from an outbreak facility/area(s). Send res. /pt. with the <b>TPH Outbreak Transfer Notification Form</b> .	
6.10 Reschedule non-urgent appointments which were made before the outbreak. Urgent appointments for well res./pt. may continue with precautions (clean hands prior to leaving facility). EMS & the receiving facility must be advised of the outbreak.	
6.11 Discontinue communal activities that mix res./pt. from different area(s). Activities on individual area(s) may continue.	

**7.0 STAFF CONTROL MEASURES (INCLUDES STUDENTS AND VOLUNTEERS)**

7.1 Well staff from outbreak facility/area(s) should be discouraged from working in other facilities.	
7.2 Staff are to report illnesses to IPAC &/or Occupational Health. Exclude ill staff from working in any facility for at least 48 hours after symptoms have resolved. Encourage ill staff to submit stool specimens.	
7.3 Cohort staff by minimizing movement between area(s), especially to unaffected area(s).	

**8.0 VISITOR CONTROL MEASURES (INCLUDES PRIVATE CAREGIVERS)**

8.1 Visitors are permitted, provided they are not ill & follow the facility's infection prevention and control (IPAC) procedures. Ensure the nursing station has up-to-date information regarding visitor control measures. Visitors should only visit one res./pt. per visit and exit the facility immediately after the visit. Provide a copy of TPH fact sheet " <b>Controlling Outbreaks in Healthcare Facilities: What Visitors Need to Know</b> ".	
8.2 Visitors visiting a well res./pt. with an ill roommate are not required to wear PPE provided they stay at least 2 metres away from the ill res./pt. at all times. Visitors can visit well res. /pt. in common areas in the affected area(s).	
8.3 Visitors should not bring food from outside to an outbreak facility/area(s) that is experiencing an enteric outbreak.	
8.4 Ill res./pt. should be visited in their room only. Post signs on the door of ill res. /pt. room regarding Additional Precautions and visitor instructions to check in at the nursing station before entering. Visitors will wear the same PPE as staff.	
8.5 Visiting by outside groups (e.g. entertainers, community groups, etc.) are not permitted in the outbreak facility/area(s). Exceptions are to be discussed with TPH.	
8.6 Onsite adult/childcare programs may continue if there is no contact between participants & res./pt. who are in outbreak facility/area(s).	

**9.0 INSPECTION OF FOOD PREPARATION/SERVICE AREA(S)**

9.1 Record details regarding diet types on the line list form (ie. regular, minced, pureed).	
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**10.0 COMMUNICATION**

10.1 Facility will provide TPH with daily updates of the line list. If there is a significant change in severity of illness, number of hospitalizations and/or deaths, contact TPH immediately. To reach TPH after hours call 3-1-1 or 416-392-CITY (2489).			
10.2 Facility to notify TPH of all deaths that occur in the line listed cases. A Coroner will investigate any outbreak-related deaths when requested by TPH.			
10.3 Facility Media Spokesperson Name: _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"><b>Position</b></td> <td style="width:33%; text-align: center;"><b>Phone</b></td> </tr> </table>	<b>Position</b>	<b>Phone</b>
<b>Position</b>	<b>Phone</b>		

**11.0 DECLARING THE OUTBREAK OVER**

11.1 The specific time period required to declare the OB over will be made in consultation with TPH based on the causative agent identified. <b>Norovirus and "unknown agent"</b> outbreaks can be declared over <b>5 days</b> after onset of symptoms in the last res./pt. case or 1 incubation period ( <b>48 hours</b> ) has passed since staff last worked in the facility.	
11.2 Facility to advise appropriate health care partners (LHIN , PTAC, Wheel Trans) when the outbreak has been declared over.	

..... <b>Original Copy of Report Left With</b> (Print Name)	..... <b>Facility Contact Signature</b>	..... <b>Investigator's Signature</b>
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\*MOHLTC Appendix 15: Transfer and Return Algorithm for Use during Outbreaks, from the MOHLTC Recommendations for the Control of Gastroenteritis Outbreaks in Long Term Care Homes, March 2018.