

Initial Enteric Outbreak Notification Form

Initial Notification
 Update # _____
 Date: _____

Health Unit Information	Institution Information
iPHIS #:	Institution Master #:
Health Unit Name: Toronto Public Health	Institution Name:
Notification Received by:	Institution Address:
TPH Liaison Name:	City of Institution: Toronto
Contact Phone #:	Postal Code of Institution:
Email (Optional):	Date Outbreak Reported to Health Unit:

Institution Type	
LTCH: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Public Home for the Aged <input type="checkbox"/> Charitable Home for the Aged <input type="checkbox"/> Other (specify): _____	Hospital: Operates under Public Hospitals Act? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> Type: <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Psychiatric
Other: <input type="checkbox"/> Retirement Home (with more than 10 residents) <input type="checkbox"/> Children's Residence	<input type="checkbox"/> Facilities operating under the Developmental Services Act <input type="checkbox"/> Other (specify) _____

Outbreak Description			Symptoms
	Residents or Patients	Staff♦	Specify the symptoms from the most to the least prevalent:
Total # in institution			
Total # in affected area/unit▽			Date of first case: Y__ M__ D__ Time:____ am/pm
Total # cases			Date of most recent case: Y__ M__ D__ Time:____ am/pm
# Cases admitted to hospital			Duration of illness: <input type="checkbox"/> Unknown OR _____ Hours/Days
# Cases with complications			Case definition:
# Deaths among cases			

Laboratory Data
Lab Confirmation: <input type="checkbox"/> Specimens NOT Submitted <input type="checkbox"/> Specimens submitted _____ Initial number submitted
Specimen Type: <input type="checkbox"/> Stool <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Yes (confirmed)
If lab confirmed (yes), please identify causative agent:
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
Initial HE notification taken by: _____ Date: _____ Time: _____ am/pm <div style="text-align: center; font-size: small;">(name of HE staff)</div>

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.**

Outbreak Management Team (OMT) Meeting
Date: _____ Time: _____ Location: _____
Ensure all appropriate people are notified of the date, time and location of the OMT meeting.

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

For details on these control measures refer to the Toronto Public Health (TPH) Enteric Outbreak Management Handbook for Institutions.

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

- Enhance hand hygiene** – Wash hands with soap and warm water or using a hand sanitizer.
- Use personal protective equipment (PPE)** – Use gloves if in contact with blood, body fluids, excretions, secretions, mucous membranes or contact with ill resident’s/patient’s environment (e.g., equipment, furniture). Use a surgical/procedure mask covering the nose and mouth and eye protection when within 1 metre of an ill resident/patient who presents with vomiting as one of the symptoms, or when caring for an ill resident/patient with respiratory symptoms during an enteric outbreak. Gowns may be used if soiling of clothing is likely. 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 resident/patient care items** – Especially in high traffic areas (e.g., door knobs, washrooms, handrails, elevator buttons, tables, etc.) In the event of a norovirus, rotavirus, adenovirus, calicivirus, or astrovirus outbreak, use a high level disinfectant. A minimum concentration of approximately 1000 ppm (generally a dilution 1 part household bleach solution to 50 parts water) is also effective and can be applied to hard, non-porous, environmental surfaces. Mix 25 ml of 5.25% bleach in 1250 ml (1.25 litres) of water. Allow the disinfectant to remain on the surface for at least 10 minutes or until it air dries. Make the solution fresh daily and label the bottle.
- Schedule an Outbreak Management Team (OMT) meeting** – Ensure the TPH liaison is invited. Location, date and time of meeting _____.

☎ When an enteric outbreak is suspected, immediately report to TPH by telephone only.

After contacting TPH by telephone, please fax this completed form to your TPH regional office.

For LTCHs, nursing homes, retirement homes, chronic care and rehabilitation facilities:

During Regular Business Hours (Monday to Friday 8:30 a.m. to 4:30 p.m.)	
East Region - (former Scarborough and East York) Phone: (416) 338-7492 Fax: (416) 338-6184	West Region - (former Etobicoke and York Office) Phone: (416) 338-1521 Fax: (416) 338-1539
South Region - (former old City of Toronto) Phone: (416) 338-7790 Fax: (416) 338-8787	North Region - (former North York) Phone: (416) 338-8400 Fax: (416) 338-8440

For acute care facilities (includes Sunnybrook Aging & Veteran Care Home and North York General Hospital Senior Health Centre Site):

During Regular Business Hours (Monday to Friday from 8:30 am to 4:30 pm)	
Contact your CDLU TPH Liaison Representative by telephone or page. OR Contact the CDLU General Information Line: 416-338-2100 Fax: 416-338-7870	

For any facility type:

After-hours, all day weekends and holidays
For all regions call the TPH after-hours number: 416-690-2142 (After Hours Dispatcher). Ask to speak with the Communicable Disease Control (CDC) Manager on-call. Please provide a name, number and reason for your call.