simcoe muskoka
DISTRICT HEALTH UNIT

Your Health Connection

Facility Name_____

Outbreak # _____

Retirement Homes

Respiratory Outbreak Management Checklist	**Date Initiated** yy/mm/dd
1. Notify members of facility Outbreak Management Team (OMT) and facility medical advisor.	
2. Health Unit notification – CD team 1-877-712-7520 x 8809 (8:30-4:30 M-F) OR 1- 888-225-7851 (w/e & after hrs)	
3. Respiratory precautions: a) Immunizations rates – staff/residents b) Patient/resident placement – discuss isolating positive cases to rooms c) Hand-washing – staff/volunteers and residents/visitors - review use of hand sanitizers d) Droplet precautions including eye protection (for staff exposure to respiratory secretions) e) Patient/resident movement within the facility – for essential purposes only – patient/resident should wear mask, as tolerated. f) Resident going into the community – re-schedule non-urgent appointments g) Other businesses in your facility? h) Discuss plan for antivirals (as appropriate)	
4 Identify cases Start Respiratory Line List (separate lists for resident/staff cases).	
5. Cohort care providers and residents, as facility is able.	
6. Exclude ill and unimmunized staff members. Exclusionary period to be reviewed with health unit. Have ICP discuss with symptomatic or unimmunized employee the issue of **exclusion from working in other facilities**.	
7. Discuss deferring admissions, readmissions and transfers. (pg. 33 of guide 2004)	
8. Notify relatives as needed. Restrict or limit visiting. Educate visitors re precautions. Post signage indicating outbreak.	
9. Notify: local hospital – Infection Control Practitioner & Emergency Department, CCAC; Nursing agencies.	
10. Cancel social activities and community meetings/functions.	
11. Thorough cleaning/sanitizing of equipment (especially respiratory equipment). Review appropriate cleaning/disinfection agents and methods.	
12. Specimen collection: Number of kits on site _____ Expired? ☐Yes ☐No Call CD Team for arrangement of pick-up of specimens.	
13. Complete documentation – i.e. Line Listing. Daily update of new and resolved cases to be faxed to health unit – CD Team.	

Reviewed with:_____ by: _____

Date: _____ Copy faxed to facility ☐ Yes ☐ No

                         yy/mm/dd