

Health Care Centre Enteric Outbreak Management Checklist	Date Initiated yyyy/mm/dd
<p>1. Development of working case definition: <a href="#">Enter Definition Here</a></p> <p>Identify resident/patient and staff cases.</p> <ul style="list-style-type: none"> <li>Start Enteric Line List (separate lists for resident/patient and staff cases).</li> </ul>	
<p>2. Notify members of the facility's Outbreak Management Team (OMT) including medical advisor.</p> <ul style="list-style-type: none"> <li>Set up initial OMT meeting.</li> <li>OMT meets daily to review OB status.</li> </ul>	
<p>3. Notifications and communication to families, visitors and community partners.</p>	
<p>4. Line list is faxed to health unit confidential fax number <b>at the time of initial contact</b> with the health unit.</p> <ul style="list-style-type: none"> <li>Communications and faxing line lists is done on an ongoing basis as established with facility and liaison for the duration of outbreak.</li> </ul>	
<p>5. <a href="#">Implement general Infection Prevention and Control (IPAC) Measures as required by the MOHLTC Guide to the Control of Gastroenteritis Outbreaks in Long-Term Care Homes:</a></p> <ul style="list-style-type: none"> <li>Ensure all supplies are readily available (ABHR, appropriate PPE, etc.) (p. 25-27).</li> <li>Symptomatic residents are encouraged to stay in their rooms as soon as symptoms are identified. Isolate and provide tray service until 48 hours after symptoms have resolved (section 2.3.1 p27). (Section 2.3.1; p. 27).</li> <li>Ongoing surveillance of asymptomatic residents/patients (4.2.7 p. 39).</li> <li>Review of importance of Hand Hygiene to staff, volunteers, residents and visitors. p. 25).</li> <li>Limit resident movement within the facility (p. 27)</li> <li>Dedicate equipment to each ill resident when possible (p. 27).</li> </ul>	
<p>6. Cohort care as a facility is able.</p> <ul style="list-style-type: none"> <li>Movement of staff, students and volunteers between affected/unaffected floors/units is limited.</li> <li>Certain staff members should look after ill residents/patients while others look after well residents/patients.</li> </ul>	
<p>7. Cancel or reschedule social activities and communal meetings.</p> <ul style="list-style-type: none"> <li>Group activities, outings, communal meetings and functions in the affected areas are cancelled or rescheduled.</li> <li>No interaction between the affected areas and participants in on-site child care or day programs should occur (if applicable).</li> </ul>	
<p>8. Exclusion of ill staff who are line listed for appropriate time frames.</p> <ul style="list-style-type: none"> <li>Symptomatic staff report their illness to the facility and refrain from working while infectious.</li> </ul>	
<p>9. Enhanced and appropriate environmental cleaning and disinfection during outbreak.</p> <ul style="list-style-type: none"> <li>Cleaning is followed by adequate disinfection.</li> <li>Appropriate disinfectant utilized and as per manufacturers' directions including contact times.</li> <li>Increased frequency of cleaning and disinfecting is required for high touch surfaces, objects, and clients' environments.</li> </ul> <p>Cleaning and disinfection of multi-use equipment should be completed after each use.</p>	

Outbreak #: \_\_\_\_\_

Facility Name: \_\_\_\_\_

<p>10. Transfers, discharges, appointments and admissions should be done in consultation with SMDHU.</p> <ul style="list-style-type: none"> <li>• Transfers, re-admission of non-cases and new admissions are not recommended during an outbreak.</li> <li>• Utilize NSM LHIN respiratory and gastroenteritis outbreak transfer repatriation document</li> </ul>	
<p>11. Foodborne and waterborne transmission assessed during outbreak.</p> <ul style="list-style-type: none"> <li>• Implement policies related to foods that are permitted to be brought in by families/catered</li> </ul>	
<p>12. Early collection, storage and submission of appropriate specimens; appropriate labeling (including requisitions).</p> <p>Number of kits on site _____ Expired? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> <li>• Ensure proper labeling/storage of samples and requisitions.</li> <li>• Call CD Team for arrangement of pick-up of specimens.</li> </ul>	

Facility	Name: _____	SMDHU	Name: _____
	Signature: _____		Signature: _____
	Date: _____		Date: _____
	Faxed to SMDHU: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No