simcoe muskoka DISTRICT HEALTH UNIT
*Your Health Connection*

Facility Name_____

Outbreak # _____

**Retirement Homes**

| ***Enteric Outbreak Management Checklist*** | | **Date Initiated** yy/mm/dd |
|---|---|---|
| 1. | Notify members of Outbreak Management Team (OMT) & facility medical advisor. | |
| 2. | Health Unit notification – CD team1-877-712-7520 x 8809 (8:30-4:30 M-F)<br>OR 1-888-225-7851 (w/e & after hrs) | |
| 3. | Enteric precautions:<br>a) Patient/resident placement –discuss isolating positive cases to rooms<br>b) Hand-washing – staff/volunteers and residents/visitors<br>- review use of alcohol-based hand rubs<br>c) Disposable gloves, gowns and masks (if indicated for staff exposure to respiratory secretions)<br>d) Symptomatic resident movement –for essential purposes only<br>e) Resident going into the community – re-schedule non-urgent appointments, avoid health care facilities as possible<br>f) Other businesses in your facility (e.g. hair salons, doctor's office)?<br>g) Requirements for staff working in other facilities | |
| 4 | Identify cases. Start Enteric Line List (<u>separate</u> lists for resident/staff cases). | |
| 5. | Cohort nursing/symptomatic residents, as a facility is able. | |
| 6. | Exclude ill staff members. Exclusionary period to be reviewed with health unit. Have ICP discuss with symptomatic employee the issue of **exclusion from working in other facilities.** | |
| 7. | Discuss deferring admissions, readmissions and transfers. | |
| 8. | Notify relatives as appropriate. 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. | Review with staff cleaning and sanitizing principles and appropriate cleaning/disinfection agents. Thorough cleaning/sanitizing of equipment. | |
| 12. | Specimen collection:<br>Number of kits on site _____ Expired? ☐Yes ☐No<br>**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