simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

AGENDA/MINUTES – Outbreak Management Team (OMT) Meeting

Outbreak #: 2260 -2023-	**Date**:

Attendees:

Title	Name	Title	Name
IPAC Specialist		Public Health	

ACTION	
1 **Review Case Definition:** • Onset date, Symptoms, Location • Change as required	

| 2 | **Review Line Lists:**
• Residents (# of #) & Staff (# of #)
• Challenges to Note (discrepancies)
• Update line list notes on # of resolved cases/return to work
• Update line list notes w/ case health status including:
  → Hospitalizations
  → Deaths
  → Resolved | |

| 3 | **Specimen Collection:**
• Date, # of collected and what test for residents or staff with s/s (COVID-19 vs MRVP)
• Review LAB results and # of pending results
• Plan for obtaining outstanding tests | |

4	**Review of Resident Isolation & Precautions:**	
	• # of cases in isolation/precautions / # residents on unit • # of COVID-19 High Risk Contacts (HRCs) • # of COVID-19 HRCs in isolation/precautions • What is frequency for ACTIVE screening and surveillance residents • Appropriate signage and PPE carts • Discuss any challenges and solutions (ex. Wanders)	

5	**Review of Staff Screening and exclusions:**	
	• Describe current practice: $\rightarrow$ Active? Passive? Testing Frequency? • Are waiting for negative result before entry? • Are staff appropriately reporting to facility their symptoms?	

6	**Review of Staff and Resident Cohorting:** • Include volunteers and essential visitors • Assignment of previously +COVID staff and staff with more doses • Discuss challenges and solutions	

7	**Staffing Contingency plan for shortages** • Any staffing concerns identified • Any staff working in more than one facility	

8	**Review of IPAC measures and PPE:** • Review PPE supply, location, access and use • Audits: Hand Hygiene, Donning/Doffing, OB audits: → Include compliance % and date completed • Staff education (as indicated by audit results)	

| 9 | **Immunization rates:** COVID-19 Residents (denominator)
 • # with 0 doses
 • # with 2
 • # with 3 or more

 COVID-19 Staff (denominator)
 • # with 2
 • # with 3 or more

 Influenza Residents (denominator)
 • # Seasonally immunized
 • Antiviral directive/order?

 Influenza staff denominator)
 • # Seasonally immunized
 • Antiviral Rx? | |

| 10 | **Review of EVS**
 • Identify disinfectant being used
 • Environmental cleaning for non-EVS staff – education, product, kill time
 • Review of allocation and use of multiuse equipment
 • Audits & Monitoring (who & when) | |

11	**Review of Repatriation:** • New admissions? • Return from acute care (cases or non-cases) • Leave	

12	**Review of Activities to be rescheduled:** • Any upcoming group events • Events/activities to be altered to reduce risk • Cleaning of equipment after each use	

13	**Communication and Education:** • Families have been notified and update plan • Media? • Health system partners have been notified • Visitor restrictions and challenges • Education to visitors as required • Signs posted on outside door • Visitor compliance	

14	**Other items to be addressed**	
15	**Next meeting date:**	