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| **Long-term Care Facilities**  **RI or GI Outbreak Management Team (OMT)**  **Agenda/Minutes**  **Teleconference Info: Passcode:** | | | |
| Facility Name: [enter name ] Facility Location: [enter location]  **Facility Type(s):** IH Private Contracted Partner  **Illness Type:**  Respiratory  Gastrointestinal  **Outbreak Location:** Entire Facility Unit Cottage Floor [enter location]  **Onset Date of First Case:** Click here to enter a date. **Date Outbreak Declared:** [Declared Date] | | | |
| **OMT Meeting date:** | | | |
| **OMT Chair Lead:** | | **Recorder:** | |
| We recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka’pamux, Secwépemc, St’át’imc, syilx, and Tŝilhqot’in Nations where we live, learn, collaborate and work together. | | | |
| 1. **Check In / Roll Call**  |  |  | | --- | --- | | Medical Health Officer (MHO) |  | | Infection Preventionist (IP) |  | | Communicable Disease Unit (CDU) |  | | IHA Clinical Operations  (Director LTC for area) |  | | Facility Representative  (RCC, Director, Manager) |  | | Support Services  (Environmental, Food Services & Laundry) |  | | Licensing |  | | Workplace Health and Safety |  | | Communications |  | | Additional Attendees (Invite as Needed): Epidemiologist, Logistics (supply chain) etc. | | |  |  | |  |  | |  |  | | | | Facilitator |
| 1. **Review of Cases/Situation Update**  * **Facility description** * **New and Total Cases residents** * **Any staff cases to be included** * **Sample collection and testing** | | |  |
| 1. **Infection Control**  * **Assessment of precautions** * **Changes or additional precautions needed** | | |  |
| 1. **Staffing**  * **Updates or issues** | | |  |
| 1. **Equipment**  * **Any equipment needs? (swabs, PPE, garbage cans, etc.)** | | |  |
| 1. **Communications**  * **Initial outbreak notifications** * **Other ongoing communications** | | |  |
| 1. **Transfers**  * [Long Term Care Transfer – Outbreak Algorithm](http://insidenet.interiorhealth.ca/Clinical/CDunit/Documents/Acute%20Care%20to%20LTC%20Transfer%20Algorithm%20for%20Outbreaks.pdf) | | |  |
| 1. **Other**  * **Program reports: issues that need to be addressed?**   + Daily RI/GI report form to be submitted to CDU from facility M-F (Weekend reports not required)   + Please submit the Master Surveillance LL when the outbreak is declared over. * **OB debrief** - consider as per Guidelines or if facility, MHO, IP or CDU identify issues/concerns | | | |
| 1. **Next Meeting** | * Daily OMT meeting invite to be sent out by facility and to be led by the facility. | | |
| 1. **Weekend meetings** | * MHO on call for any issues over the weekend. **1-866-457-5648** | | |
| 1. **Adjournment** |  | | |