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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**

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| 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. |
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 | Facilitator |
| 1. **Review of Cases/Situation Update**
* **Facility description**
* **New and Total Cases residents**
* **Any staff cases to be included**
* **Sample collection and testing**
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| 1. **Infection Control**
* **Assessment of precautions**
* **Changes or additional precautions needed**
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| 1. **Staffing**
* **Updates or issues**
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| 1. **Equipment**
* **Any equipment needs? (swabs, PPE, garbage cans, etc.)**
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| 1. **Communications**
* **Initial outbreak notifications**
* **Other ongoing communications**
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| 1. **Transfers**
* [Long Term Care Transfer – Outbreak Algorithm](http://insidenet.interiorhealth.ca/Clinical/CDunit/Documents/Acute%20Care%20to%20LTC%20Transfer%20Algorithm%20for%20Outbreaks.pdf)
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| 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
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| 1. **Next Meeting**
 | * Daily OMT meeting invite to be sent out by facility and to be led by the facility.
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| 1. **Weekend meetings**
 | * MHO on call for any issues over the weekend. **1-866-457-5648**
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| 1. **Adjournment**
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