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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 **Outbreak ID:** **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 that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior. |
| 1. **Check In / Roll Call**

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| Medical Health Officer (MHO) |  |
| Infection Control Practitioner (ICP)  |  |
| Communicable Disease Unit (CDU) |  |
| IHA Clinical Operations (Director LTC for area and Director Pandemic Response)  |  |
| Facility Representative(RCC, Director, Manager) |  |
| Support Services(Housekeeping, 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**

**See table at end of minutes*** **Status**
* **New and Total Cases residents**
* **Any staff cases to be included**
* **Sample collection and testing**
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| 1. **Infection Control**
* **AGMP’s**
* **Status: Assessment of precautions**
* **Changes or additional precautions needed**
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| 1. **Staffing**
* **Status: Updates or issues**
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| 1. **Equipment**
* **Status: Any equipment needs? (swabs, PPE, garbage cans, etc)**
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| 1. **Communications**
* **Status:**
	+ **Initial outbreak notifications**
	+ **Other ongoing communications**
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| 1. **Transfers**
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| 1. **Other**
* **Status: Program reports: issues that need to be addressed?**
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| 1. **Next Meeting**
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| 1. **Weekend meetings**
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| 1. **Adjournment**
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| **Facility Case Overview**  |
| **Facility Name:** [enter name ] **Facility Location:** [enter location] |
| Outbreak declared: [Declared Date] |
| ***Outbreak Stats***  | **LTC** |
| **Total #**  |
| Currentupdate | Wing A | Wing B | Facility grand total |
| **Living/Working** **(do not change once entered)**  |   |   |   |   |
| Staff working in OB location (at beginning of OB) |  |   |   | 0 |
| Residents living in OB location (at beginning of OB)  |  |   |   | 0 |
| **Case counts** |   |   |   |   |
| Residents |   |   |   | 0 |
| Staff |   |   |   | 0 |
| New ill reports since last OMT |  |  |  | 0 |
| **Deaths** |   |   |   |   |
| New resident case deaths  |   |   |   | 0 |
| Total resident deaths  |   |   |   | 0 |
| **Hospitalizations** |   |   |   |   |
| Resident case hospitalizations  |   |   |   | 0 |
| **Vaccination** |   |   |   |   |
| Staff vaccinated |   |   |   | 0 |
| Residents vaccinated  |   |   |   | 0 |
| **Isolation** |   |   |   |   |
| Residents remaining on isolation |   |   |   | 0 |
| Staff remaining on isolation |   |   |   | 0 |

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| **Outbreak Management Team - Outbreak Timeline** **(Use Only if Broad Asymptomatic Testing)** |
| **Facility Name:** [enter name ] **Facility Location:** [enter location] |
| Outbreak declared: [Declared Date] |

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| **Outbreak Declaration**  |
| Date outbreak declared Unit/Wing/Etc. |  |
| Date outbreak expanded to entire facility  |  |
| **Date of Asymptomatic Testing**  |  |
|  | **First Round** | **Second Round** | **Third Round**  | **Fourth Round** | **Fifth Round** |
| Unit X: Residents  |  |  |  |  |  |
| Unit X: Staff |  |  |  |  |  |
| Unit X: Residents |  |  |  |  |  |
| Unit X: Staff  |  |  |  |  |  |
| Unit X: Residents  |  |  |  |  |  |
| Unit X: Staff  |  |  |  |  |  |
| Unit X: Residents  |  |  |  |  |  |
| Unit X: Staff  |  |  |  |  |  |
| Unit X: Residents  |  |  |  |  |  |
| Unit X: Staff  |  |  |  |  |  |
| Rec Staff/Leisure Services (Not Unit Specific) |  |  |  |  |  |
| Other: Eg. Case Dining Room Resident Contacts (Not Unit Specific) |  |  |  |  |  |
| Other: Eg. Case Smoker Resident Contacts(Not Unit Specific) |  |  |  |  |  |
| Other: |  |  |  |  |  |