

Covid-19 High Priority Outbreak

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|--|--|----------------|---------------------------|-------------------|---|------------------------------------|-----------------------|----------|------------|
| Facility Name: | | | | Date: | | OB Number: | | | |
| Address: | | | | Type of Facility: | | | | | |
| Facility's contact: | | | Title/Position | | | Phone | | Email | |
| OMB Physician: | | | OMB Primary Investigator: | | | ACDC SME: | | | |
| Dates | | | Numbers | | Staff | Residents | | Comments | |
| OB Opened: | | | Exposed: | | | | | | |
| First Site Visit: | | | Symptomatic: | | | | | | |
| Board Notified: | | | Tested: | | | | | | |
| Facility Closed: | | | Confirmed | | | | | | |
| Facility Re-opened: | | | Hospitalized: | | | | | | |
| OB closed to Log: | | | Died: | | | | | | |
| 1 st case/specimen: | | | Total: | | | | | | |
| Latest case/specimen: | | | | | | | | | |
| Summary of Initial Investigation | | | | | | | | | |
| Date report received: | | OB district: | | | Date OB opened to district: | | | | |
| Date initial contact: | | Contact by: | | | phone | | email | | field |
| Line list, date requested: | | | Date received: | | | | | | |
| Epidemiological links identified between cases (describe): | | | | | | | | | |
| Facility measures in place prior to investigation (mark all that apply) | | | | | | | | | |
| Employer coordinated testing | | Target testing | | | Wider testing (describe): | | | | |
| Physical distancing measures in place | | | | | Universal face covering measures in place | | | | |
| Facility self-closure - from start date: | | | to end date: | | | | | | |
| Reasons: | | Deep cleaning | | | Staffing shortage | | | Other: | |
| Cases are isolated | | | Quarantine close contact | | | All employees notified of outbreak | | | |
| Outbreak notification posted at facility's entrance and community areas. | | | | | | | | | |
| Employees are screened for fever and symptoms daily. | | | | | | | | | |
| Increased education on respiratory and hand hygiene. | | | | | | | | | |
| Increased frequency of environmental cleaning to | | | | | times per day. | | | | |
| Other measures (describe): | | | | | | | | | |
| DPH Steps : | | | | | | | | | |
| 1. Provide infection control guidance | | | | | | | Completed | | In process |
| 2. Issue Outbreak Notification Letter and Health Officer Order | | | | | | | Completed | | In process |
| 3. Review of line list | | | | | | | Completed | | In process |
| 4. Request and review floor plan | | | | | | | Completed | | In process |
| 5. Site visit, please indicate date of visit: | | | | | | | Completed | | In process |
| 6. Additional testing recommended: | | | | Target testing | | | Facility-wide testing | | |
| 7. Recommend closure of facility | | | | No | | Yes. If yes, reason | | | |
| Non-compliance | | | Uncontrolled Outbreak | | | | Other: | | |
| Others (describe): | | | | | | | | | |