



Facility Name:		Ministry Master # (LTCH):
		Licensee # (RH):
Street #:	Street Name:	
City:		Postal Code:
Facility Contact:		
Phone #:		
Email:		

Outbreak Status

Date Outbreak Declared: (YYYY/MM/DD)	Area where outbreak is occurring:
Date of last resident case: (YYYY/MM/DD)	Date of last staff case: (YYYY/MM/DD)

IPAC

Date of last IPAC audit/training: (YYYY/MM/DD)	Conducted by:
	Action/Needs:

1.0	Infection Rates	YES	NO
1.1	Rates increasing (ex. active spread, new cases in last 24 hours, evidence of transmission occurring in the home/unit)		
1.2	Rates stable (ex. new resident cases in last 72 hours, contained to one unit, evidence of transmission occurring in the home/unit)		
1.3	Rates stable or declining (ex. no new resident cases in last 5 days, no evidence of transmission occurring in the home/unit)		
Notes:			



2.0	HHR	YES	NO
2.1	Less than 1/3 of regular staff working Unable to fill at least 2/3 of shifts in next 48hrs (to pre-COVID levels)		
2.2	1/2 to 1/3 of regular staff working Able to fill 2/3 of regular shifts (to pre-COVID levels)		
2.3	At least 1/2 of regular staff working Able to fill 3/4 of regular shifts (to pre-COVID levels)		
Notes:			

3.0	Work Self-Isolation	YES	NO
3.1	Implementing: Higher-Risk Staffing Options		
3.2	Implementing: Moderate-Risk Staffing Options		
3.3	Implementing: Low-Risk Staffing Options		
3.4	Resources: COVID-19 Interim Guidance: Omicron Surge Management of Critical Staffing Shortages in Highest Risk Settings		
Notes:			

3.0	COVID-19 vaccination rates	
3.1	Staff	
	Number of total staff:	
	Number of staff with 2 COVID-19 vaccines:	
	Number of staff with 3 COVID-19 vaccines:	
	Residents	
	Number of total residents:	
	Number of residents with 2 COVID-19 vaccines:	
	Number of residents with 3 COVID-19 vaccines:	
	Number of residents with 4 COVID-19 vaccines:	
Notes:		