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| Aged Residential Care | Rest Home  Notifiable Disease Outbreak – Notification Form | | | | | | | | | | | | | |
| To: Te Mana Ora | Community and Public Health [CW-NPHS-HealthProtection@tewhatuora.govt.nz](mailto:CW-NPHS-HealthProtection@tewhatuora.govt.nz)  Attention: Communicable Disease Team | | | | | | | | | | | | | |
| Date notified |  | | | Officer responsible | | | | | |  | | | |
| Name and/or number of outbreak, if known | | | |  | | | | | | | | | |
| Condition | |  | | | Implicated pathogen | | | | | |  | | |
| Name of facility/ rest home | |  | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | |
| Phone | |  | | | | | Email | |  | | | | |
| Contact person and position | |  | | | | | | | | | | | |
| Type of facilities provided | | Rest home  Villas  Studios  Apartments  Hospital  Day care  Dementia Unit | | | | | | | | | | | |
| Total number of residents | |  | | | | Total number of staff | | | | | | |  |
| **Outbreak details – total exposed** | | | | | | | | | | | | | |
| Number of affected people  at time of notification (approx) | | Residents |  | | | | | Staff | | | |  | |
| Possible source | |  | | | | | |  | | | | | |
| **Control measures** | | | | | | | | | | | | | |
| Infection control advice | | Own manual  Advice sought from Infection Control Nurse (ICN)  ICN based at:  Own facility/ organisation  Canterbury Southern Labs  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Closure | | Facility closed to:  Visitors  Admissions  Transfers | | | | | | | | | | | |
| Modification of procedures | | Cessation of group activities  Meals provided in rooms  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Cleaning/ disinfection/PPE | | Increased cleaning implemented  Outsourcing of laundry services  Use of appropriate PPE  Cleaning hard surfaces/soft furnishing | | | | | | | | | | | |
| Exclusion (of ill staff) | | Exclusion criteria for ill staff (from last symptoms):  Nil  24 hrs  48 hrs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Isolation of ill residents | | Nil Own rooms  Within unit (e.g: dementia unit) | | | | | | | | | | | |
| Isolation period residents | | 24 hrs  48 hrs  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Health education and advice | | Advice given to:  Staff  Residents  Visitors | | | | | | | | | | | |
| Health warning | | Warning notices placed at entrances to facility | | | | | | | | | | | |
| **Comments** | | | | | | | | | | | | | |
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