

Long Term Care Home Demographics

Email to diseasecontrol@saskatoonhealthregion.ca or Fax to 306-655-4723 **by September 25**

LTC Home Name	
Address	
Phone # & Fax #	Phone: _____ Fax: _____
Generic LTC Home Email	Email: _____
Owned & operated or Affiliate	<input type="checkbox"/> Owned & Operated <input type="checkbox"/> Affiliate
DOC/Clinical Lead <input type="checkbox"/> DOC <input type="checkbox"/> Clinical lead	Name: _____ Phone/Ext: _____ Email: _____
Administrator/Manager <input type="checkbox"/> Administrator <input type="checkbox"/> Manager	Name: _____ Phone/Ext: _____ Email: _____
Off hours Manager phone	
Name of staff who is the Outbreak Lead	
Pharmacy Name, Phone and address	Name: _____ Phone: _____ Contact Name: _____ Address: _____
Staff who have access to LTC Outbreak Database on S: Drive (min 6 persons)	1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____
Location of LTC Outbreak Folder & Kit	
Date(s) of Influenza clinics/administration at LTC	
Residents & Staff Profile as of October 1 (for influenza vaccine)	# of Residents under 65 years old: _____ # of Residents 65 years old and over: _____ Total # of Staff: _____
Number of Beds in LTC	Total # beds: _____ Total # respite beds: _____

Attached Buildings: (i.e. Hospital, assisted living, health center, etc.)	
Meal Information	# of Dining Rooms: _____ # of sittings: _____ Location of Dining Rooms: Meals on Wheels/Community Meal program <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Services at the LTC Home	<input type="checkbox"/> Daycare (children) <input type="checkbox"/> Day Program (Adults) <input type="checkbox"/> Hair dresser <input type="checkbox"/> Volunteers <input type="checkbox"/> Pool <input type="checkbox"/> Whirlpool- community use Other:

Declaring Outbreaks in LTC Home*	
<p>In order to declare an outbreak in only one area (i.e. floor, wing, neighborhood, etc), all of the following criteria must be met:</p> <ul style="list-style-type: none"> ● Physical barrier (i.e. door) ● Staff can be cohorted to outbreak area or non-outbreak area ● Separate dining arrangements for residents (i.e. area or in their room) ● Separate nursing station (charting) ● Separate access for in and out of outbreak area 	

Name of Floor/Wing/Neighborhood	Type of residents	# of Residents	# of Respite beds	Shared Resident Rooms	Shared Resident Bath-rooms	Declare outbreak Separately <i>*Must meet all criteria above</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completed by: _____ Date Completed: _____