**, Name of PCH: Choose a site**

**Outbreak declared:** Click or tap to enter a date. **Facility Outbreak Code:** Click or tap here to enter text. **Outbreak ended:** Click or tap to enter a date.

**RESIDENTS**

| Date reporting | Total positive (confirmed)  *Number will not decrease (unless false positive was received)* | Total active | Total deaths | Total Recovered | Vaccine Status of  Positive Residents | | | | # in hospital due to COVID | # returned from hospital to PCH | # vacant beds (not due to hospitalization) | # isolating in room | #  Green | #  Orange | #  Red | # new swabs | # Outstanding  swab results |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Total Active, deaths and recovered should equal to the total positive number* | | |
| With 0 Dose | With 1 Dose | With 2 Doses | With 3 Doses |
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*Add more rows if needed*

**DESIGNATED CAREGIVERS (**To provide a sense of additional support for Resident Care)

| Date reporting | Total | Other comments |
| --- | --- | --- |
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*Add more rows if needed*

**STAFF**

| Date | Total positive *(confirmed)* | Total active | Total recovered | Vaccination Status of positive Staff | | | | # of new swabs | # of outstanding results | Other Comments  (eg recovered but on medical LOA) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Number will not decrease (unless false positive was received)* | *Total Active and recovered should equal to the total positive number* | |
| With 0  Dose | With 1  Dose | With 2  Doses | With 3  Doses |
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*Add more rows if needed*

**For SH-SS HR Union Reporting Purposes**

| Date | Total Positive MNU | Total Positive CUPE | Total Positive Other Union |
| --- | --- | --- | --- |
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*Add more rows if needed*

**STAFF REDEPLOYED/REDIRECTED TO THE SITE**

| Date | Total Staff | Nurses/Occup Therapist/Dietician | | | | HCA | | | Support | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Classfcn | Hours | From Where | # | Hours | From Where | # | Classifcn | Hours | From Where |
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**STAFF VOLUNTEERS (SCHEDULED AND NON SCHEDULED)**

| Date or Date Block | Staff Classification | Approx Hours | Assisting with (List task) |
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**PCH/TCC NURSING STAFF COMPLIMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Days | | | Evenings | | | Nights | | |
| RN | **LPN** | **HCA** | **RN** | **LPN** | **HCA** | **RN** | **LPN** | **HCA** |
|  |  |  |  |  |  |  |  |  |

**MEAL TIMES (**To assist staff who are redeployed or volunteering to know when to present)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Units | Breakfast | | Lunch | | Dinner | |
| Arrive | Leave | Arrive | Leave | Arrive | Leave |
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*Add more rows if needed*

***Note: These tables will be updated only if there are changes.***

**HUMAN RESOURCES (**To give a sense of how the site is managing and the level of assistance required)

| Date | Gaps in Schedule | | | Working double-shifts this 24 period | |
| --- | --- | --- | --- | --- | --- |
| Nurse | HCA | Support | Nurse | HCA |
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*Add more rows if needed*

***Note: This table will be updated only if there are changes.***

**FOR REGIONAL INCIDENT COMMAND AWARENESS**

| Date | Complaints/Concerns | Important Information (PPE Audit outcome/other) | Operational Needs/PPE Supply Issues  (eg; supplies or other) |
| --- | --- | --- | --- |
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***Note: This table will be updated only if there are changes.***