**VRI Meeting Agenda/Minutes : Facility Name**

**Date:** Click or tap to enter a date.**| Time:** Choose an item.

|  |  |  |
| --- | --- | --- |
| **Discussion**  | **Lead** | **Action** |
| 1. **Welcome and land acknowledgement**
 | **Chair** |  |
| 1. **Introductions**
 | **All** |  |
| 1. **Approve Minutes**
 | **All** |  |
| Attach previous minutes  |  |  |
| 1. **Facility update regarding illness**
 | **Manager / Medical****Director** |  |
| 1. Introduction of illness/factors related to transmission
 |  |  |
| 1. # positive residents/staff
 |  |  |
| 1. # swabs pending
 |  |  |
| 1. Vaccination status of residents
 |  |  |
| 1. Vaccination status of staff
 |  |  |
| 1. Distribution of cases
 |  |  |
| 1. Severity of illness
 |  |  |
| 1. **Overall Status of Residents/Facility**
 | **Manager / Medical****Director** |  |
| 1. How is the facility managing/coping overall
 |  |  |
| 1. Health status of other residents/staff
 |  |  |
| 1. **IPAC updates**
 | **IPAC** |  |
| 1. Measures currently in place for cases, contacts
 |  |  |
| 1. General interventions on the floor
 |  |  |
| 1. **Staffing**
 | **DOC/****Manager** |  |
| 1. Concerns?
 |  |  |
| 1. **Communication**
 | **Public Health** |  |
|  |  |  |
| 1. **On-going actions**
 | **Chair** |  |
| 1. Please continue to send line list updates to:

**Public Health [VCH**] MHOandCDNurseOnCall@vch.caFor COVID-19 clusters send to**covid19@vch.ca** |  |  |
| 1. Summary of action items
 |  |  |
| 1. **Round table / questions?**
 | **All** |  |
|  |  |  |
| 1. **Next Meeting:**
 | **All** |  |