[PLEASE COPY THIS LETTER ONTO YOUR BUSINESS LETTERHEAD AND FILL IN THE BLANKS]

**DATE**: [DATE ISSUED]

**TO**: [GPs Name}

**FROM**: [NAME, INCLUDE POSITION NAME, FACILITY/ORGANISATION]

**RE**: **Respiratory outbreak at [Facility Name]**

Dear doctor,

There is an outbreak of acute respiratory illness affecting [*residents and/or staff*] at our facility. The outbreak may involve some of your patients, who may require review.

It is important to establish if the outbreak is caused by **SARS-CoV-2**. Coronavirus Disease 2019 (COVID-19), caused by SARS-CoV-2, is a notifiable condition.

Control measures that our facility have implemented include:

* Isolation of symptomatic residents
* Use of appropriate PPE when providing care to ill residents
* Exclusion of symptomatic staff from the facility
* Restriction/limitation of visitors to the facility until the outbreak has resolved
* Promotion of thorough hand washing and cough and sneeze etiquette.

As part of activating our Outbreak Management Plan, please note the following:

**Key contacts and facility information:**

* The key contact person to liaise with at our facility is *(insert name, job title, and preferred contact details)*.
* The following changes have been made to building access, entry and screening procedures: *(insert changes here, e.g. you must call this number to gain access to the building on arrival; you will require identification and evidence that you have received an influenza vaccine in 2020).*
* We ask that you notify the key contact person (named above) of any changes to the in-hours or after-hours care arrangements for your patients.

**Testing protocols and procedures:**

* The testing protocol and procedure: *(edit this section as required – an example of an action may be – in light of a positive COVID test result, Public Health Services have directed the facility to test all residents regardless of symptoms).*

**Continuity of care:**

* The following arrangements are in place to ensure continuity of care, *e.g. use of telehealth procedures, details of process for updating medication charts)*
* Some of our residents in rooms **xxx** or wing x will be cohorted or relocated.
* Please ensure that you observe hand hygiene procedures and use appropriate PPE when visiting your patients. *(E.g. please bring your own PPE, or PPE is available at the facility and you must don and doff in the areas allocated)*

Please note the Communicable Disease Network of Australia (CDNA) recommends limiting the use of antibiotics to patients with evidence of bacterial superinfection, which is uncommon. <https://www.health.gov.au/resources/publications/coronavirus-covid-19-guidelines-for-outbreaks-in-residential-care-facilities>

Should you require further information regarding COVID-19, please refer to the Australian Government Department of Health website: <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Yours sincerely,

[SIGNATURE]

[NAME]
[POSITION]

[FACILITY/ORGANSIATURE]