

Respiratory Outbreak Line List – STAFF

FAX by 11 a.m. daily to **613-735-3067 Tel**: 613-732-3629 **After Hours Tel**: 613-735-9926

| Facility: | | Outbreak Number: 2257- | Unit/ Floor: | Facility Contact: |
|--|------------------|------------------------|--------------|-----------------------|
| Date Outbreak was Declared: (yyyy/mm/dd) | Case Definition: | | | Contact Phone Number: |

| Please line list each staff member once only. Today's Date: | | | | | | Index Case/Date of First Case: | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|-------------------------|------------------------------|---------------------|--------------------------------|------------------------|-----------|------------------|------------------------|-------------------|--------------|---------------|----------|-----------------------|-----------|--|--|--------------------------------|--------------------------------|--------------------------------|------------------------|--------------------------|--|---------------------------|-----------------------|---------------------|----------|---------------------------------------|------------------------------|-------|
| Case Identification | | | | | Symptoms | | | | | | | | | | Specimen/ Diagnostics | | | | | | | | Outcome | | | | | | | | |
| This information is being collected under the authority of the Health Protection and | | O ₀ | | | | | | | | | COVID | | | | | Influenza | | | ne | | | | | | | | | | | | |
| purpose of a monitoring, mar infectious disease administration an data to the Minist Care. Informati disclosed, and a with the Perso | R.S.O. 1990, c.H.7, for the putbreak investigation, nagement, and follow-up; a surveillance; public health at the provision of statistical try of Health and Long-Term ion will be retained, used, disposed of in accordance onal Health Information ion Act, 2004, C.3. | Symptom onset date (mm/dd) | Abnormal temperature °C | Decrease/loss of taste/smell | Runny nose/sneezing | Nasal congestion | Sore throat/hoarseness | Dry cough | Productive cough | Swollen glands in neck | Tiredness/malaise | Muscle aches | Poor appetite | Headache | Chills | Other | COVID Rapid Antigen swab date (mm/dd) | COVID Rapid Antigen test result (+/-) | COVID PCR swab date (mm/dd) | COVID PCR test result (+/-) | Influenza swab date (mm/dd) | Rapid Test – Result | PCR/NAT Test - Result | COVID-19 vaccine (full series = 2 doses) | Current Influenza vaccine | Antiviral prophylaxis | Antiviral treatment | Resolved | Hospitalized Date of Admit (mm/dd) | CXR – Confirmed pneumonia | Death |
| Name: | Last Day Worked: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | Role: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Last Day Worked: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | Role: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Last Day Worked: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | Role: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Last Day Worked: (mm/dd) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | Role: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | Last Day Worked: (mm/dd) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOB: | Role: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone #: | Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |