

Respiratory /COVID-19 Outbreak Line Listing

This form is for use during institutional outbreaks or outbreak investigations.

Please **FAX** daily by 11:00am to **613-735-3067**:

Tel: 613-732-3629 After Hours Tel: 613-735-9926

Outbreak Number: _____

Name of Facility: _____

Staff List **OR** Resident List

Date: _____

Unit/Floor: _____

Facility Contact: _____

Case Definition: _____

Phone Number: _____

Please line list each resident or staff member once only.

Fax Number: _____

Case Identification				Symptoms (new onset)											Specimens/Diagnostics					Prophylaxis/Treatment			Outcome								
Name	Room Number	Gender (Male or Female)	Date of Birth (day/month/year)	Onset Date (day/month/year)	Abnormal Temperature (°C)	Runny Nose or Sneezing	Nasal Congestion	Sore Throat/Hoarseness	Dry Cough	Productive Cough	Swollen Glands in Neck	Tiredness (Malaise)	Muscle Aches (Myalgia)	Poor Appetite	Headache	Chills	Other (please specify)	COVID Initial Swab (day/month)	COVID Initial Swab RESULT	COVID Re-Swab (day/month)	COVID Re-Swab RESULT	Influenza swab (day/month)	Result – Rapid (+/-)	Result – PCR/NAT (+/-)	Flu Vaccine – Current Season (✓ -Yes / ✗ -No)	Prophylaxis (day/month)	Treatment (day/month)	Resolved (day/month)	Hospitalization (day/month)	Death (day/month)	

For an electronic copy, contact Renfrew County and District Health Unit.

Adapted from Recommendations for, "The Control of Respiratory Infection Outbreaks in Long-Term Care Homes, March 2018."
 Personal information on this form is collected under the authority of the Health Protection Act, S.O. 1983, C. 10 as amended and in accordance with MFIPPA and will be used for assessment, management, treatment and reporting purposes.
 Questions about this collection should be addressed to the Renfrew County and District Health Unit, 613-732-3629 or 1-800-267-1097, 1100 Pembroke Steet East, Unit 318, Pembroke, ON K8A 6Y7.

