



Renfrew County and District Health Unit

Initial Respiratory Outbreak Notification Form

Please complete all applicable areas and **FAX to 613-735-3067**

RCDHU INFORMATION	Date (YYYY/MM/DD):		Outbreak # 2257- 20____ - _____					
	Health Unit Contact:		Telephone #:					
	Date Outbreak Reported to RCDHU (YYYY/MM/DD):							
FACILITY INFORMATION	Facility Name:		Facility Type: LTC Hospital RH					
	Outbreak Area: Unit/Floor: _____		Facility Wide					
	Facility Address:		Facility Telephone #:					
	City:	Postal Code:	Facility Fax #:					
	Primary IPAC Staff Contact:		Primary IPAC Staff Email:					
	Alternate IPAC Staff Contact:		Alternate IPAC Staff Email:					
	Date of Onset of Illness in FIRST CASE (YYYY/MM/DD):							
	Outbreak Description	RESIDENT INFORMATION (in Outbreak area)		STAFF INFORMATION (in Outbreak area)		Facility Information		
		# Residents		# Staff		# Residents		# Staff
		# Resident Cases		# Staff Cases		# Residents COVID vaccinated		# Staff COVID vaccinated
		# Residents COVID vaccinated		# Staff COVID vaccinated		# Residents Flu vaccinated		# Staff Flu vaccinated
		# Residents FLU vaccinated		# Staff FLU vaccinated				
	Symptoms	Abnormal T °C (> 37.5° or <35.5°)		Headache		Chills		
Swollen/ tender Glands in neck		Loss of Appetite		Sore Throat/ Hoarseness				
Runny nose		Malaise (tiredness)		Nasal Congestion/ Sneezing				
Shortness of Breath		Decrease/loss of smell/taste		Nausea, vomiting and/or diarrhea				
Cough		Myalgia (Muscle Aches)		Other, Specify:				