simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

How to Fill in an Enteric Line List

- There is one line list template for residents and for staff. Please ensure that during an outbreak you use two separate line lists one for residents and one for staff.
- It is very important to complete the facility name, outbreak number and date declared on each sheet submitted to ensure the health unit can identify the outbreak.

Please ensure you fill in your facility name and phone number

Please use the tick boxes to indicate if this is a resident or staff line list.

Case definition to be added to ensure consistency when adding new residents or staff to the line list.

Number sequentially. Do not change or reassign numbers without consulting with the health unit investigator

Enter case name: LAST NAME, First Name

Earliest onset date for all symptoms.

If filling this out for staff ensure that the staff section is entered.

Tick ALL symptoms that the resident or staff are having.

Include important information such as treatment including start dates.

Samples will be sent to Public Health Ontario Laboratories and results will be received by the health unit. The health unit will provide results to the facility.

SIMCOE MUSKOKA DISTRICT HEALTH UNIT
TEL: 1-877-721-7520

Fax daily before 10am to CD Team at: (705) 733-7738

Name of Facility: _____

Phone Number: _____

ENTERIC OUTBREAK LINE LISTING FORM

RESIDENTS/PATIENTS ☐ **STAFF** ☐

Outbreak Number: 2260 - _____ - _____

Date Outbreak Declared: _____

Page _____ of _____

Case Definition:

Case* Identifcation				Staff		Symptoms									Specimens		Outcome				Comments
Case # (sequentially)	Name (LAST NAME, first name)	Floor/Room Number	Date of Birth (yyyy/mm/dd)	Position	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yy/mm/dd)	Abnormal Temperature	Vomiting	Diarrhea	Bloody Diarrhea	Decreased Appetite	Chills	Abdominal Pain/Cramping	Other - Please Specify	PHOL "Enteric kit" Collection Date (yyyy/mm/dd)	Lab Results	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	Date of Last Episode (yyyy/mm/dd)	Date Resolved (yyyy/mm/dd)	

** A case is defined as any resident/patient or staff with at least two (2) or more episodes of vomiting or diarrhea; or at least one episode of vomiting and one episode of diarrhea within a 24 hour period.*

This information is collected under Section 5 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.

Revised July 2016 CS-CD

Revised September 2016

simcoe muskoka
DISTRICT HEALTH UNIT
Your Health Connection

How to Fill in a Respiratory Line List

- There is one line list template for residents and for staff. Please ensure that during an outbreak you use two separate line lists one for residents and one for staff.
- It is very important to complete the facility name, outbreak number and date declared on each sheet submitted to ensure the health unit can identify the outbreak.

[Please ensure you fill in your facility name and phone number

Please use the tick boxes to indicate if this is a resident or staff line list.

Case definition to be added to ensure consistency when adding new residents or staff to the line list.

SIMCOE MUSKOKA DISTRICT HEALTH UNIT
TEL: 1-877-721-7520
Fax daily before 10am to CD Team at: (705) 733-7738

Name of Facility: _____
Phone Number: _____

RESPIRATORY OUTBREAK LINE LISTING FORM

RESIDENTS/PATIENTS ☐ **STAFF** ☐

Outbreak Number: 2260 - _____ - _____

Date Outbreak Declared: _____

Page _____ of _____

Case Definition:

Number sequentially. Do not change or reassign numbers without consulting with the health unit investigator

Enter case name: LAST NAME, First Name

Earliest onset date for all symptoms.

[If filling this out for staff ensure that the staff section is entered.

Case Identifcation				Staff:		Symptoms													Specimens / Diagnostics			Prophylaxis / Treatment				Outcome			Comments
Case # (sequentially)	Name (LAST NAME, first name)	Floor / Room Number	Date of Birth (yyyy/mm/dd)	Position	Last Day Worked (yyyy/mm/dd)	Onset Date of First Symptom (yyyy/mm/dd)	Abnormal Temperature (°C)	New or Worsening Cough	Shortness of Breath	Pneumonia	Runny Nose / Sneezing	Nasal Congestion / Stuffy Nose	Hoarseness / Sore Throat	Myalgia (Muscle/Body Aches)	Malaise/Fatigue	Chills	Headache	Decreased appetite	Other - Please Specify	NP Swab Collection Date (yyyy/mm/dd)	Specimen Results (Pos / Neg)	If Pneumonia, Chest X-Ray Confirmed	Influenza Vaccine	Antiviral Prophylaxis	Antiviral Treatment	Antibiotic	Hospitalized (yyyy/mm/dd)	Death (yyyy/mm/dd)	Date Resolved (yyyy/mm/dd)	
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This information is collected under Section 6 of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. The personal health information collected in this form will be used only for outbreak management and to provide statistical data to the Ontario Ministry of Health and Long Term Care. Questions regarding the collection and use of personal health information should be directed to the Privacy Officer, Simcoe Muskoka District Health Unit, 16 Sperling Drive, Barrie ON L4M 6K9, telephone (705) 721-7520.

Revised July 2016 CS-CD

Include important information such as antibiotic treatment including start dates.

Samples will be sent to Public Health Ontario Laboratories and results will be received by the health unit. The health unit will provide results to the facility.

Tick ALL symptoms that the resident or staff are having.

Revised September 2016