

## Respiratory Outbreak Line Listing for STAFF

**Fax daily to: 613-580-9649**

Outbreak number: 2251 - \_\_\_\_\_ - \_\_\_\_\_

Facility Name: \_\_\_\_\_ Contact at Facility: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Ottawa Public Health Investigator: \_\_\_\_\_ Outbreak Reporting Line: **613-580-6744 ext. 26325** (Weekdays 0830-1630) OR After-hours/Holidays: **Call 311**

Staff Information				Symptoms (New or Worsening)										Interventions			Complications		Comments								
Case Number (Sequential)	Please include the following information below:			Date of Symptom Onset (YYYY/MM/DD)	Date of Last Attendance at Work (YYYY/MM/DD)	Date Returned to Work (YYYY/MM/DD)	Fever or Abnormal Temperature	New / Dry/Increased Cough	Runny Nose /Sneezing	Stuffy Nose/ Congestion	Sore Throat/Hoarseness/Difficulty Swallowing	Swollen/Tender glands in neck	New/Increased sputum production	Pain in chest with breathing or coughing (pleuritic chest pain)	New/Increased Shortness of Breath	Tiredness (Malaise)	Muscle Aches (Myalgia)	Loss of Appetite	Headache	Worsening functional or mental status	Influenza Vaccine (Y/N)	Antivirals (Y/N)	Date Started Tamiflu (YYYY/MM/DD)	Pneumonia- confirmed by Chest X-Ray (YYYY/MM/DD)	Date Deceased (YYYY/MM/DD)	Please include any additional information in the space below.	
	Surname, Given Name	Designation (e.g. RN, RPN, Housekeeper, Dietary, Activities Staff, etc.)	Location of Work (e.g. unit, floor)																								
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\*Data should be collected each day from midnight to midnight