Ottawa Public Health / Santé publique

Line Listing for STAFF (Fax daily to: 613-580-9649)

Outbreak #: 2251-_____-_____

Facility Name: _____ Unit/Floor: _____ Contact at the facility: _____

Outbreak Reporting Line: 613-580-6744 ext.26325 (Seven days a week from 0830 – 1800) OR After hours: Call 3-1-1

				COVID-19 Symptoms																										
Staff Information				Enteric Symptoms						Enteric or Resp.		Respiratory Symptoms											Interventions						Complications				Comments
Please include the following information: • Surname • Given Name • Date of birth • Gender • Designation (i.e., RN, RPN, PSW, Dietary, Environmental services, Food services) • Location (unit/floor)	Date of Symptom Onset (YYYY/MM/DD)	Date of last attendance (YYYY/MM/DD)	Date returned to work (YYYY/MM/DD)	Diarrhea	≥2 Episodes of diarrhea within 24-hrs (Y/N)	Vomiting	≥ 2 Episodes of vomiting within a 24-hrs (Y/N)	Nausea	Abdominal pain	Headache	Fever /Abnormal Temperature (Specify)	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	New/Increased Shortness of breath	Tiredness (Malaise)	Muscle Aces (Myalgia)	Loss of Appetite	Worsening functional or mental status	Date Stool Sample collected (YYYY/MM/DD)	Date swab collected (YYYY/MM/DD)	Influenza vaccine (Y/N)	1st dose of COVID-19 vaccine (YYYY/MM/DD)	2nd dose of COVID-19 vaccine (YYYY/MM/DD)	Antivirals (Y/N)	Pneumonia confirmed by Chest X-Ray	Emergency Visit (include date and location)	Hospitalization (admission date and location)	Date Deceased (YYYY/MM/DD)	Please include any additional information in the space below.

**Data should be collected each day from midnight to midnight*