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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Facility:** Enter Facility Name | | | | | | | | | **Outbreak # : 2268 – 2020 –** ##### | | | | | | | | | | | **Date:** Click to enter a date. | | | | |
| **Address of Facility:** Address of Facility | | | | | | | | | | | | | | | | | | | | **# of Pages:** ## of ##. | | | | |
| **Affected Unit/Floor:** Please specify unit or Entire Facility | | | | | | | **Phone # & Ext.:** (###) ### - #### ext. ##### | | | | | | | | | | | | | **After Hours #:** (###) ### - #### | | | | |
| **Suspect Outbreak:** Submit when STAFF is: **[1]** suspected to have COVID-19, or  **[2]** tested for COVID-19.  **Case Definition:** Check all as defined by **WECHU:  Fever** (≥37.8⁰C) **Headache  Malaise/Fatigue  New Cough  Diarrhea  Vomiting**  **Nausea  Abdominal pain  Muscles aches  Rash  Shortness of Breath  Sore Throat/Hoarseness**  **Nasal Congestion/Sneezing  Conjunctivitis (pink eye)  Loss of taste/smell** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Case Identification** | | | | | **Symptoms** (check symptoms that apply) | | | | | | | | | | | | | | | | **Resolution** | | **Clinical Info** | |
| **Name of Staff Member** | **Date of Birth** | **Work Assignment Location** | **Onset Date of New Symptom** | **Last Date of Work** | **Fever** (≥ 37.8⁰C) | **New cough** (dry or productive) | | **Malaise/ Fatigue** | **Headache** | **Shortness of Breath** | **Diarrhea** (e.g. x3) | **Vomiting** (e.g. x2) | **Nausea** | **Abdominal pain** | **Sore throat/ Hoarseness** | **Nasal congestion/ Sneezing** | **Muscle aches** | **Loss of taste/smell** | **Conjunctivitis** (pink eye) | **Rash** | **24 Hours Symptom-Free** | **48 Hours Symptom-Free** | **COVID-19 Positive** | **Date Swabbed** |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| **Name of Facility:** Enter Facility Name | | | | | | | | | **Outbreak # : 2268 – 2020 –** ##### | | | | | | | | | | | **Date:** Click to enter a date. | | | | |
| **Name of Staff Member** | **Date of Birth**  (YYYY-MM-DD) | **Work Assignment Location** | **Onset Date of New Symptom** | **Last Date of Work** | **Fever** (≥ 37.8⁰C) | **New cough** (dry or productive) | | **Malaise/ Fatigue** | **Headache** | **Shortness of Breath** | **Diarrhea** (e.g. x3) | **Vomiting** (e.g. x2) | **Nausea** | **Abdominal pain** | **Sore throat/ Hoarseness** | **Nasal congestion/ Sneezing** | **Muscle aches** | **Loss of taste/smell** | **Conjunctivitis** (pink eye) | **Rash** | **24 Hours Symptom-Free** | **48 Hours Symptom-Free** | **COVID-19 Positive** | **Date Returned to Work** |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| Full Name | YYYY-MM-DD | Room/Area | MM-DD | MM-DD | ##.# |  | |  |  |  | # | # |  |  |  |  |  |  |  |  | MM-DD | MM-DD |  | MM-DD |
| **COVID-19 positive staff can only be removed from the line list when: Asymptomatic staff have completed 14-day isolation period, OR**  **Symptomatic staff has completed 14-day isolation period AND is 48-hours symptom free.** | | | | | | | | | | | | | | | | | | | | | | | | |