|  |  |  |
| --- | --- | --- |
| **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.** |