

ENTERIC LINE LIST STAFF

Fax line lists daily by 10:00am to 226-783-2132

until outbreak declared over by WECHU

Phone: 519-258-2146 Ext 1420

After Hours: 519-973-4510

Health Trans Courier- 519-791-0515

Name of Facility:					Outbreak # : 2268 - _____ - _____					Date:		
Affected Area: Entire Facility: <input type="checkbox"/> OR Affected area staff worked:										# of Pages:		
<p>Suspect Outbreak Definition: 2 cases of acute gastroenteritis in a specific area or floor within 48 hrs.</p> <p>Line Listing: A staff member must have: 2 episodes of loose/watery bowel movements that conform to the shape of the container within 24 hours, OR 2 or more episodes of vomiting within 24 hours, OR 1 episode of diarrhea AND 1 episode of vomiting within 24 hrs. Ensure that symptoms are abnormal for that staff member and not due to laxative use, medication side effect, diet or a prior medical condition.</p> <p>Case Definition: Please check all symptoms as defined by WECHU. Only place staff on line list that meet WECHU case definition: <input type="checkbox"/> Abnormal temp <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diarrhea</p>												
Case Identification		Dates		Symptoms (check all that apply)						Treatment		
Name of Staff Member	Work Assignment Location	Onset Date First Symptom (Y/M/D)	Last Day of Work (Y/M/D)	Temp reported - (Y/N)	Nausea	Vomiting- indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea- indicate # of episodes e.g. X 2	24 hours symptom free	48 hours symptom free	Antibiotic treatment (Y/N)	Stool sample collected (Y/N)
Staff can only be removed from the line list when they have been asymptomatic for 48 hours												

Completed By: _____
(Print Name)

