

CHILD CARE CENTRE ENTERIC LINE LIST - STAFF

Fax line lists daily by **10:00 AM** to **519-977-5097**
until outbreak declared over by WECHU Phone:
519-258-2146 ext. 2264
After Hours: **519-973-4510**

Name of Facility:				Outbreak # : 2268 - _____ - _____				Date: DD - MMM - YYYY						
Address of Facility:														
Affected Area: <input type="checkbox"/> Entire facility: <input type="checkbox"/> OR Specific area:										# of Pages:				
<p>Confirmed Outbreak: 2 or more Staff with acute gastroenteritis with a common epi link (e.g., in a specific area or same caregiver/teacher) within 48 hrs. To include on the Line Listing, STAFF must have:</p> <p style="margin-left: 40px;">[1] 2 or more episodes of loose/watery bowel movements within 24 hrs., OR [2] 2 or more episodes of vomiting within 24 hrs., OR [3] 1 or more episode of diarrhea, AND 1 or more episode of vomiting within 24 hrs.</p> <p>Case Definition: Please check all symptoms as defined by WECHU. Only place staff on the line list that meet the case definition: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abnormal Temp.</p>														
Case Identification				Symptoms (check symptoms that apply)					Exclusion					
Name of Staff Member	Work Assignment Area	Onset Date First Symptom (DD-MMM)	Last Day of Work (DD-MMM)	Record abnormal temp ≥ 37.5 or ≤ 35.5 °C	Nausea	Vomiting - indicate # of episodes e.g. X 2	Abdominal pain	Diarrhea - indicate # of episodes e.g. X 2	Stool specimen collection (DD-MMM)	Staff remains off work (Y/N)	24 hours symptom free	48 hours symptom free	Hospitalization date (DD-MMM)	Date returned to work (DD-MMM)
Staff can only return to the child care centre when the exclusion criteria period is met (i.e. 48 hours symptom free for unknown causative agent for enteric)														

Completed By: _____
(Print Name)

Faxed By: _____