York Region

RESPIRATORY OUTBREAK LINE LISTING FORM -- STAFF DATA

LONG TERM CARE HOME: ____________________________

INVESTIGATION NUMBER: 2270-__________________

☐ **Staff listed below have been advised of the purposes for which information is collected and will be used and disclosed pursuant to confidentiality policy**

Case Identification																					Complications				Diagnostics			Vaccine		Medications			Status	
Consecutive Numbering	Staff Name	Floor Usually Worked	Floors Worked 5 days before Onset	Gender (M/F)	Age	Works at another Home? (Y/N)	**Onset date of first symptom (d/m)**	abnormal temperature (°C)	chills	runny nose / sneezing	nasal congestion / stuffy nose	sore throat	hoarseness / difficult swallowin	dry cough (new)	productive cough (new)	myalgia	malaise	headache	poor appetite	other - please specify	bronchitis (date - d/m)	CXR confirmed pneumonia (date - d/m)	hospitalization (date - d/m)	death (date - d/m)	Nasopharyngeal (date - d/m)	result (date - d/m)		Flu Vaccine (date - d/m)	Pneumo Vaccine (date - d/m)	Tamiflu/ Amantadine (date - d/m	Other Anti-viral (date - d/m)	Antibiotic (date - d/m)	Other Information	Resolved (date - d/m)

Comments: Staff# and other Homes where employed

York Region Health Services' Fax numbers: Newmarket office - (905)898-5213

This information is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of outbreak investigation, monitoring, management, and follow-up, for the purpose of infectious disease surveillance, the purpose of public health administration and for the purpose of the provision of statistical data to the MInistry of Health and Long Term Care. Information will be retained, used, disclosed and disposed of in accordance with the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Director of Infectious Disease Control, 17250 Yonge Street, Newmarket, Ontario, L3Y 6Z1, (905) 830-4444 extension 4120.

October 31, 2004