

Instructions

This line list is used to monitor viral respiratory illness among residents in your AL care community for internal management purposes. These forms can be printed as needed and serve as a template for your community. Complete the Facility Details tab and the Resident List tabs as appropriate.

This list is not required for reporting to Public Health but information on current and prior resident cases may be requested on an ad-hoc basis.

Start a brand new copy of the line list when 10 days have passed after the onset of symptoms for the last resident case.

If requested to send information to Public Health, follow the below process

1. When any resident information is entered into this line list and is sent to Public Health, the line list must be password protected. To do so, open the 'File' tab in the top left corner of this spreadsheet, click on the 'Protect Workbook' button, and select 'Encrypt with Password' from the dropdown list. Setting a password prevents unauthorized access to client information and complies with privacy and confidentiality policies. When sharing the line list password with Public Health, send the password in a **separate** email from the line list; this reduces the chance that the line list is accessed by unauthorized people.

2. File naming convention:

Save this line list with the naming convention of '[Facility Name]_Linelist_YYYYMMDD', with 'YYYYMMDD' representing the date you are sending the list to Public Health. An example file name is *LangleyEvergreenTimbers_Linelist_20241004*.

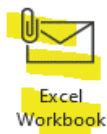
3. Steps for creating an email with this line list as an attachment:

Attach this line list as an email attachment from Excel, but it only works if Outlook is your default email.

Steps:

1. Click on the 'File' tab in the top-left corner of this line list.
2. Once open, click 'Share'.
3. Select 'Email' or "Attach a copy instead" depending on your Outlook version (see snip below).

Attach a copy instead



4. Click 'Send as Attachment'. (if unable to use attach a copy instead as per snip above).
5. Double check that the file name is correct before sending to Public Health. The email attachment should have the same file name as the line list.

AL facility details

* - Required when requested by PH

Facility name*

Unit name*

Date Public Health contact notified (as needed)
DD/MM/YYYY

Time Public Health contact notified (as needed)
HH:MM

Date antiviral prophylaxis initiated (FLU ONLY)
DD/MM/YYYY

Total # of residents in facility*

Total # of residents vaccinated for flu in the facility*

Total # of residents vaccinated for COVID in the facility*

Completed by*

Telephone (Direct line)*

Telephone (After line)*

Date*
DD/MM/YYYY

