Tool 28: Staff Illness Report and Tracking Form

Tool 28: STAFF Illness Tracking Form
COMPLETE ONE FORM PER FACILITY

Please track positive staff cases for internal management. This form is not required for reporting to Public Health but information on current and prior staff cases may be requested on an ad hoc basis.

SECTION A: ENTRY/FACILITY INFORMATION

Please Print Full Name **Facility Name:**	Facility Type: ☐ LTC ☐ AL ☐ LTC/AL
Date Public Health Contact Notified: DD-MMM-YYYY	Time Public Health Contact Notified (HH:MM):
Form Completed By:	Telephone (Direct Line):	Telephone (After Hours):
Total # Of Staff In The Facility:	Total # Of Staff Vaccinated For Flu In The Facility:	Total # Of Staff Vaccinated For COVID In The Facility^:

^ Vaccinated for COVID-19 defined as: Primary series (3 doses) + 1 booster dose within the past 6 months

SECTION B: ENTRY INFORMATION

DATE OF UPDATE: DD-MMM-YYYY	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:

SECTION C: STAFF INFORMATION

Name Of Staff (Last Name, First Name)	Care Card Number (PHN)	Sex M/F	Age	Unit/Floor/Neighbourhood Worked on While Symptomatic Please Print Full Name!	Symptomatic*? Y/N	Date Onset Of First Symptom MM / DD	Swab Taken? Y/N	Collection Date of FIRST Positive PCR Test MM / DD	Name Of Virus Detected by PCR	Collection Date of FIRST Positive RAT Test Taken MM / DD	Date Last Worked At Facility MM / DD
									☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV		
									☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV		
									☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV		
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									☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV		
									☐ FLU A ☐ COVID-19 ☐ FLU B ☐ RSV		

* VIRAL RESPIRATORY ILLNESS SYMPTOMS: including fever, cough (new or worse), sore throat or painful swallowing, body aches, extreme fatigue, diarrhea, difficulty breathing, nausea, vomiting, headache, loss of appetite, chills, and/or runny nose. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.

If more rows needed, please continue on a new form and specify total number of pages: **PAGE ____ OUT OF ____**

Additional Resources:
➤ How to complete Public Health Tool 27/28 Tips Document
➤ Reporting to Public Health- Fraser health Authority

fraser health