

## Tips for Completing Tool 27: Resident Illness Reporting and Tracking Form and Tool 28: Staff Illness and Reporting Tracking Form for COVID-19 Outbreaks

Record symptomatic clients / staff who are swabbed on Tools 27 and 28. If the symptomatic clients / staff were swabbed as part of point prevalence testing (PPT) and you have already recorded them on the PPT tracking tool, you do not need to record them on Tool 27/28.

- For COVID-19 outbreaks, symptomatic clients / staff refers to clients / staff with new or worse symptoms of respiratory illness (e.g. cough, fever) OR gastrointestinal symptoms (e.g. diarrhea, nausea)
- If you are aware of any clients who are admitted to hospital due to unrelated health conditions (e.g. fall, fractures) but are swabbed in hospital for COVID-19, please record them on Tool 27
- Remember to update these tools every day, including weekends
- **Send the completed forms to Fraser Health Public Health 7 days per week, by noon using your Fraser Health Cerberus account. If you do not have a Cerberus account or need help transferring files, email [LTCEpi@fraserhealth.ca](mailto:LTCEpi@fraserhealth.ca)**

1. Filling out the forms on the first day:
  - a. Fill out as much as you can in the top section
  - b. Most important information:
    - i. facility name
    - ii. the neighbourhood, floor or other area affected
    - iii. total number of residents / staff
  - c. If you have symptomatic clients or staff in different neighbourhoods or floors, please start a separate Tool 27/28 for each neighbourhood or floor.

### Update Daily for all viral Respiratory Illness Outbreaks

For new outbreaks or confirmed Influenza and COVID-19 Outbreaks FAX Daily to 604-507-5439 to Public Health

FACILITY NAME:	NEIGHBOURHOOD, FLOOR OR OTHER AREA AFFECTED: Name: _____ Total # of residents: _____	DATE PUBLIC HEALTH CONTACT NOTIFIED:
<del>TELEPHONE (DIRECT TO CONTACT PERSON):</del>	<del>AFTER-HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):</del>	TIME PUBLIC HEALTH CONTACT NOTIFIED:
FACILITY FAX NUMBER	EMAIL OF FACILITY CONTACT PERSON:	DATE ANTIVIRAL PROPHYLAXIS INITIATED:

2. Enter information for any symptomatic clients or staff:
  - a. Date of the report
  - b. Details of each client or staff
    - i. name, personal health number (PHN), sex, age, symptoms, and date of onset of first symptoms.  
Note: For independent living facilities, please enter the date of birth for a client or staff in the PHN field if you are unable to obtain the PHN.
    - ii. enter the date for the swab
    - iii. remaining information for each client / staff may be unknown at this point so can be completed later

FORM COMPLETED BY:	DATE OF FIRST REPORT: 16-Apr-2020		DATE OF UPDATE 4:		DATE OF UPDATE 8:		DATE OUTBREAK DECLARED:																																	
	DATE OF UPDATE 1:		DATE OF UPDATE 5:		DATE OF UPDATE 9:		DATE OUTBREAK DECLARED OVER:																																	
ROLE:	DATE OF UPDATE 2:		DATE OF UPDATE 6:		DATE OF UPDATE 10:		DATE OF UPDATE 11:																																	
	DATE OF UPDATE 3:		DATE OF UPDATE 7:		DATE OF UPDATE 11:		DATE OF UPDATE 11:																																	
Name of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex	Age	New or Worse: Cough	Fever	Sore Throat	Joint Pain	OR	Muscle Ache	Extreme Fatigue	Diarrhea	Other GI/Respiratory symptoms (e.g. nausea, vomiting)	Date Onset of First Symptom	Date Swab Test Taken	Swab Test Result: Negative or Name of Virus Found	Date of Last Influenza Vacc'n	Date Influenza Antiviral for Treatment Started	FOR COVID ONLY: Recovered (see definition below*)	If applicable:																					
		(M/F)	MM DD	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)	MM DD	MM DD	MM DD	MM DD	MM DD	MM DD	MM DD	F/H	MM DD																		
Smith, Joe	9814 xxx xxx	M	78	N	Y	N	N	N	N	N	N		4/14	4/15																										

3. When doing daily updates after the first day, continue with the form(s) you have already started:
  - a. Enter the date of report in “Date of Update” field at top of tool
  - b. If you run out of space to add a date, write the date at the top of the form

FORM COMPLETED BY:	DATE OF FIRST REPORT: 16-Apr-2020	DATE OF UPDATE 4:	DATE OF UPDATE 8:	DATE OUTBREAK DECLARED:
ROLE:	DATE OF UPDATE 1:	DATE OF UPDATE 5:	DATE OF UPDATE 9:	DATE OUTBREAK DECLARED OVER:
	DATE OF UPDATE 2:	DATE OF UPDATE 6:	DATE OF UPDATE 10:	
	DATE OF UPDATE 3:	DATE OF UPDATE 7:	DATE OF UPDATE 11:	

4. Add any new symptomatic or swabbed clients / staff to the forms and fill out as much information as you can.
  - a. Add new pages as needed
  - b. If you need to use multiple pages, include facility name, neighbourhood, floor / other area affected and total number of residents / staff at the top (refer to step 1).

Name of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	Symptoms							Date Onset of First Symptom		Date Swab Test Taken		Swab Test Result: Negative or Name of Virus Found	Date of Last Influenza Vacc'n		Date Influenza Antiviral for Treatment Started		FOR COVID ONLY: Recovered (see definition below*)	Date Resident Admitted to Hospital		Date of Resident's Death		Place of Resident's Death: Facility (F) or Hospital (H)	Date of Transfer from Acute Care during Outbreak or Date of New Admission to Facility				
				Neur or Worse Cough	Fever	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue	Diarrhea	Other gastro-intestinal (e.g., nausea, vomiting)	MM	DD	MM	DD	MM	DD		MM	DD	MM	DD		MM	DD	F/H	MM		DD				
				(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)																						
Smith, Joe	9814 xxx xxx	M	78	N	Y	N	N	N	4/14	4/15	4/15	4/15	covid+								4/16									
Smith, Jane	9055 xxx xxx	F	81	Y	N	N	Y	N	4/15																					
Smith, John	9012 xxx xxx	M	75	N	N	N	Y	N	4/15	4/15	4/15	4/15	neg																	

5. For any clients or staff added on previous days, update any additional information received:
  - a. Update swab results as they come in
  - b. Mark client or staff as recovered if they meeting the definition outlined on the form
  - c. NOTE: Date of Last Influenza Vaccination and Date Influenza Antiviral for Treatment Started are not needed for COVID-19 outbreaks

Name of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	Symptoms							Date Onset of First Symptom		Date Swab Test Taken		Swab Test Result: Negative or Name of Virus Found	Date of Last Influenza Vacc'n		Date Influenza Antiviral for Treatment Started		FOR COVID ONLY: Recovered (see definition below*)	Date Resident Admitted to Hospital		Date of Resident's Death		Place of Resident's Death: Facility (F) or Hospital (H)	Date of Transfer from Acute Care during Outbreak or Date of New Admission to Facility				
				Neur or Worse Cough	Fever	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue	Diarrhea	Other gastro-intestinal (e.g., nausea, vomiting)	MM	DD	MM	DD	MM	DD		MM	DD	MM	DD		MM	DD	F/H	MM		DD				
				(Y/N)	(Y/N)	(Y/N)	(Y/N)	(Y/N)																						
Smith, Joe	9814 xxx xxx	M	78	N	Y	N	N	N	4/14	4/15	4/15	4/15	covid+								4/16									
Smith, Jane	9055 xxx xxx	F	81	Y	N	N	Y	N	4/15																					
Smith, John	9012 xxx xxx	M	75	N	N	N	Y	N	4/15	4/15	4/15	4/15	neg																	

6. Please keep one row of information for one client/staff.
  - a. If someone you entered previously has new symptoms, please edit the information in the row you have already started (e.g. cross out N and write Y).
  - b. If someone you entered previously no longer has a symptom, you do not have to make any changes (e.g. if you previously entered Y for fever and the client/staff no longer has a fever, please leave it as Y).

7. The exception would be if one client/staff had multiple swabs, then you can enter the new swab on a new row.
- a. For example, Jane Client had a swab on Mar 24 that was indeterminate. She was swabbed again on Apr 8 and this time had a positive result. In this case you can enter the information on two different rows.

Name of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	New or Worse Cough (Y/N)	Fever (Y/N)	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue (Y/N)	Diarrhea (Y/N)	Other gastro- intestinal (e.g., nausea, vomiting) (Y/N)	Date Onset of First Symptom		Date Swab Test Taken		Swab Test Result:  Negative or Name of Virus Found	Date of Last Influenza Vacc'n		Date Influenza Antiviral for Treatment Started		FOR COVID ONLY: Recovered ( see definition below*) (Y/N)	If applicable:																			
									MM	DD	MM	DD		MM	DD	MM	DD		MM	DD	MM	DD	MM	DD	F/H	MM	DD											
									Client, Jane	9714 xxx xxx	F	92		Y	N	N	N		N	3/23	3/24																	
Test, Joe	9200 xxx xxx	M	88	N	Y	N	N	N	3/25	3/26								Y																				
Client, Jane	9714 xxx xxx	F	92	Y	Y	N	N	N	4/7	4/8																												

8. If there are no updates for a day, please:
- a. Note the date and that there is no update (e.g. "Apr 17 – no change") on the existing pages of Tools 27/28
- b. Send Tools 27/28 using Cerberus so Public Health is aware there is no update and do not have to follow-up with you regarding this reporting.