

## Tips for Completing Tool 27

### *Resident Illness Reporting and Tracking Form*

This document outlines the process for Care Community staff on how and when to fill out Tool 27

**Please note:** Care Communities are no longer required to use Tool 28 for daily reporting to Public Health. Care Communities are encouraged to keep track of staff cases should Public Health inquire upon further assessment prompted by resident cases. Tool 28 will remain in the RI Toolkit as a resource tool for tracking staff cases

#### When to fill out the form

- Record all confirmed positive resident cases on Tools 27
- See the bottom of the tools for viral respiratory illness symptoms to determine when to swab a resident
- If you are aware of any residents admitted to hospital due to unrelated health conditions (e.g., fall, fractures) but are positive in hospital for COVID-19, influenza, or RSV please record them on Tool 27

#### When and how to send in Tools to Public Health:

- Update tools 27 **DAILY**, including weekends
- Send Tool 27 by Cerberus to PH:
  - For instructions on how to use Cerberus refer to: [Cerberus Instructions – Reporting to Public Health](#)
- If you require support to use Cerberus, please email [COVIDintakehub@fraserhealth.ca](mailto:COVIDintakehub@fraserhealth.ca)
- If you have lost your username or password, please contact [COVIDintakehub@fraserhealth.ca](mailto:COVIDintakehub@fraserhealth.ca)
- NOTE: If the Cerberus website is down, please fax a copy of your file to **604-587-4414**

**REMINDER:** If you need additional sheets to enter all data, you can start another one **but please remember to fill out the Facility Information section or provide page numbers at the bottom for each form you complete!** Otherwise, it is difficult to track which Care Community the form is coming from.

#### Filling out the form on the first day:

**\* Note: Mandatory sections are in grey**

##### 1. Entry/Unit/Facility Information Section

- If you have confirmed positive resident(s) on different neighbourhoods, units, floors, or buildings of your facility, please complete a separate Tool 27 for each area (i.e. one unit per Tool 27, do not combine units)

SECTION A: ENTRY/UNIT/FACILITY INFORMATION			
<i>Please Print Full Unit Name</i>	Unit Name:		# Of Residents On Unit:
<i>Please Print Full Name</i>	Facility Name:		Facility Type : <input type="checkbox"/> LTC <input type="checkbox"/> AL <input type="checkbox"/> LTC/AL
Date Public Health Contact Notified:	DD/MMM/YYYY	Time Public Health Contact Notified (HH:MM):	Date Antiviral Prophylaxis Initiated (FOR FLU ONLY):
Form Completed By:	Telephone Direct Line:	Telephone (After Hours):	DD/MMM/YYYY
SECTION B: IMMUNIZATION INFORMATION			
Total # Of Residents In The Facility:	Total # Of Residents Vaccinated For Flu In The Facility:	Total # Of Residents Vaccinated For COVID In The Facility^:	

- If you need additional sheets, please remember to **fill out the Entry/Unit/Facility Information section on each form.** OR alternatively, please write down the page number and total number of pages sent in on the bottom of each form:

PAGE    OUT OF

### 2. Entry Information Section

- Complete the appropriate column (update #) each time new updates/edits are added to the form
- If reporting for the first time, enter date beside "FIRST REPORT"

SECTION C: 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:

### 3. Resident Section

- Enter information for all confirmed positive resident(s)
- Date of the report/update is to be entered into the *Entry Information* section (#2 above)
- Details of each resident(s) who are confirmed positive:
  - o Full name
  - o PHN
  - o Sex
  - o Age
  - o Symptomatic (Y/N)
    - Symptoms of concern are listed at the bottom of both Tools
    - If resident/staff has at least 1 of the listed symptoms, then enter "Y"
  - o Date of onset of first symptom(s)
  - o Swab Taken? (Y/N)
    - Was a specimen (PCR or RAT) collected from a resident for respiratory virus detection?
    - If Swab Taken, Any Positive Test Result(s)?
      - If at least one positive test came back for the resident, select "Yes"
      - If all tests came back negative for the resident, select "No"
      - If test came back "Indeterminate", select "Indeterminate results only". Once tested again, provide updated test results for resident in a new row
  - o If resident has a positive result:
    - Collection Date of FIRST Positive PCR Test
    - Provide collection month and date of the first positive PCR test
  - o If no PCR test done, please leave blank
  - o Name Of Virus Detected by PCR
    - Select all virus(es) detected by PCR test
  - o Collection Date of FIRST Positive COVID RAT Test
    - Provide collection month and date of the first positive RAT test
    - If no RAT test done, please leave blank
- Complete the remaining columns for each resident. Information can be added later with each update

Sample of Resident Tool 27:

SECTION D: RESIDENT INFORMATION																			
Name Of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex M/F	Age	Symptomatic? Y/N	Date Onset Of First Symptom		Swab Taken? Y/N	If Swab Taken, Any Positive Test Result(s)? <i>Please leave blank if pending results</i>	Collection Date of FIRST Positive PCR Test		Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test	If Applicable						
					MM	DD			MM	DD			Date Resident Isolated	Date Flu Antiviral Treatment Started	Date Resident Admitted To Hospital	Date Of Resident's Death			
					MM	DD			MM	DD									
Smith, Jane	981234567	F	85	Y	12	15	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only	12	15	<input checked="" type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV								
Raymond, G	987654321	M	79	Y	12	21	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV	12	24						
								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV								

List of symptoms found on the bottom of the form:

\* 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.

Please make sure that at least one of the dates is available and entered for each individual:

1. Date of onset of first symptom
2. Collection Date of FIRST Positive PCR Test or Collection Date of FIRST Positive COVID RAT Test

Daily updates after the first day

Continue with the form(s) you have already started:

**4. Entry Information Section**

- Enter the date of report in “Entry Information” section of the tool
- If you run out of space to add a date, start a new form and indicate which update it is (e.g., 12)

SECTION C: ENTRY INFORMATION						
DATE OF UPDATE:	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:
DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:

For the current day, if there are no changes or updates for any of the Neighbourhood/Floor/Units at the Care Community see #6 below

**5. Resident Information Section**

- Add any new confirmed positive resident(s)
  - Fill out as much information as you can
  - If you need to use multiple pages, refer to step 1 above

SECTION C: ENTRY INFORMATION													
DATE OF UPDATE:	FIRST REPORT:	UPDATE #1:	UPDATE #2:	UPDATE #3:	UPDATE #4:	UPDATE #5:	UPDATE #6:	UPDATE #7:	UPDATE #8:	UPDATE #9:	UPDATE #10:	UPDATE #11:	UPDATE #12:
DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY
	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY	DD/MM/YYYY

  

SECTION D: RESIDENT INFORMATION																				
Name Of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex	Age	Symptomatic*?	Date Onset Of First Symptom	Swab Taken ?	If Swab Taken, Any Positive Test Result(s)? <i>Please leave blank if pending results</i>	Lab Result				If Applicable								
								Collection Date of FIRST Positive PCR Test	Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test	Date Resident Isolated	Date Flu Antiviral Treatment Started	Date Resident Admitted To Hospital	Date Of Resident's Death						
															MM	DD	MM	DD	MM	DD
Smith, Jane	981234567	F	85	Y	12 15	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only	12	15	<input checked="" type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV			12	15	12	16	12	20		
Raymond, G	987654321	M	79	Y	12 21	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only			<input checked="" type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV	12	24	12	26						
Jones, M	988765432	F	75	Y	12 22	Y	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only			<input type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV										

- Resident(s) added on previous days:
  - **Update any additional information received including:**
    - Date resident isolated (Tool 27)
    - If applicable, date of hospitalization or death (Tool 27)
      - Clearly specify if the death occurred in hospital or care home on Tool 27
      - For **Influenza** only – complete Date Influenza Antiviral Treatment Started on Tool 27

SECTION D: RESIDENT INFORMATION																				
Name Of Resident (Last Name, First Name)	Care Card Number (PHN)	Sex	Age	Symptomatic*?	Date Onset Of First Symptom	Swab Taken ?	If Swab Taken, Any Positive Test Result(s)? <i>Please leave blank if pending results</i>	Lab Result				If Applicable								
								Collection Date of FIRST Positive PCR Test	Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test	Date Resident Isolated	Date Flu Antiviral Treatment Started	Date Resident Admitted To Hospital	Date Of Resident's Death						
															MM	DD	MM	DD	MM	DD
Smith, Jane	981234567	F	85	Y	12 15	Y	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Indeterminate results only	12	15	<input checked="" type="checkbox"/> FLU A <input type="checkbox"/> COVID-19 <input type="checkbox"/> FLU B <input type="checkbox"/> RSV			12	15	12	16	12	20		

Please keep one row of information for one resident. The **exception** would be if one resident had an indeterminate result, then you can enter the new swab result on a new row if positive (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)

**6. If there are no updates for the current day:**

- Note the date and that there is no update (e.g., “Apr 17 – no change”) on the existing pages of Tools 27
- Send Tools 27 to Public Health by [Cerberus](#) so Fraser Health Public Health is aware there is no changes and do not have to follow-up with you regarding this reporting