Tool 27: Resident Illness Report and Tracking Form

When to use Tool 27

- The Tool 27 is a Resident Illness Reporting and Tracking Form used by Care Communities (LTC) to report respiratory illness in residents to Public Health
- Submitting Tool 27 to public health starts when one resident is identified with a confirmed respiratory illness.
  - Updates are made on the Tool 27 daily (including weekends) and submitted to public health to support monitoring of the illness within the site.
  - The form is sent to Public Health by 3 PM daily
- Tool 27 lists all residents positive for respiratory viruses including those admitted to hospital that also tested positive for COVID-19, influenza, or RSV

How and when to contact Public Health After hours, Weekends and STAT holidays

- See: Tool 27 is a Resident Illness Reporting and Tracking Form

Find and create your own copy of Tool 27

- Based on your type of care community (O&O, Affiliated or Private), download a copy of Tool 27 specific to your Care Community:
  - Fraser Health Owned and Operated sites: [click here]
  - Affiliated or Private sites: [click here]
- Use the password provided by your Director of Care (DOC) to open document
- Save the document to your Care Community network/computer with an updated file name for your Care Community:
  - See example below:
    > *Tool27_Name of your care community_name of unit_page number*
    > e.g. Tool27_MickeyManor_fireworklane_page2

How to find your password

- Ask your DOC or director for the password
- Alternatively, you can request the password by:
  - Emailing: COVIDintakehub@fraserhealth.ca
  - Copy your Care Community DOC or delegate
  - In the subject line write: *Name of Care Community, Password required, current date*
  - Body of email:
    - Include site name
    - Forgot password – requesting password for Tool 27

How to fill out the Tool 27 form

- Mandatory sections on the form are in grey
- Complete a separate Tool 27 for each area in the Care Community (ex. one unit/neighborhood per form)
- Do not use abbreviations (ex. 2 West vs. 2W)
- For each resident on the sheet, ensure the following information is entered:
  - Full name, PHN#, Sex, Age
  - Symptomatic (y/n)
  - Date of onset of first symptom
  - Collection Date of FIRST Positive PCR Test or Collection Date of FIRST Positive COVID RAT Test

- If you run out of lines on the tool:
  - Start another sheet with the Facility Information section completed and add the additional residents
  - Provide page numbers at the bottom for each form you complete
- Find detailed instructions on how to fill out and complete daily updates on the Tool 27

How to send completed Tool 27 forms to Public Health
- Email your Care Community password protected Tool 27 to Public Health
- Include the following details when emailing Public Health:
  - Send to: COVIDintakehub@fraserhealth.ca
  - Copy to: CDPHNs@fraserhealth.ca and include your Care Community DOC or delegate
  - In the subject line write: *Care Community Name, affected units, pathogen(s)*
  - Body of email:
    - Indicate if this is the first Tool 27 sent in
    - Indicate which unit(s) the attached tools are for
    - Attach the Tool 27 for the day to the email
    - Include name and contact information for the Care Community in case Public Health Needs to contact you.

Sample Form

Tool 27: RESIDENT Illness Report and Tracking Form

COMPLETE ONE FORM PER UNIT
Please do not enter data for multiple units on one form!
MANDATORY SECTIONS IN GREY
Please email this completed form to covidintakehub@fraserhealth.ca and CDPHNs@fraserhealth.ca.
Guide to how to fill out and submit form here

SECTION A: ENTRY/UNIT/FACILITY INFORMATION

Please Print Full Unit Name **Unit Name:**		**# Of Residents On Unit:**
Please Print Full Name **Facility Name:**		
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^:

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

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:

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 MM DD	Swab Taken? Y/N	If Swab Taken, Any Positive Test Result(s)? Please leave blank if pending results	Collection Date of FIRST Positive PCR Test MM DD	Name Of Virus Detected by PCR	Collection Date of FIRST Positive COVID RAT Test MM DD	Date Resident Isolated MM DD	Date Flu Antiviral Treatment Started MM DD	Date Resident Admitted To Hospital MM DD	Date Of Resident's Death MM DD
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					
							☐Yes ☐No ☐Indeterminate ☐results only		☐FLU A ☐COVID-19 ☐FLU B ☐RSV					

* VIRAL RESPIRATORY ILLNESS SYMPTOMS: fever, cough (new or worse), shortness of breath, extreme fatigue, muscle aches (i.e., mylagia), runny or stuffy nose (e.g., congestion) or sneezing, sore throat or difficulty swallowing, headache, nausea, vomiting, and/or diarrhea. SYMPTOMS MORE SPECIFIC TO COVID-19: Loss of sense of smell or taste.

fraserhealth VIRAL RESPIRATORY OUTBREAK PROTOCOL AND TOOLKIT FOR RESIDENTIAL CARE FACILITIES VERSION: SEP 27, 2024

PAGE ___ OUT OF ___