



Yukon Communicable Disease Control  
Phone: (867) 667-8323 Fax: (867) 667-8349

## Appendix F: - Initial Outbreak Report Form Fax to YCDC (867) 667-8349

Location: \_\_\_\_\_ Unit / Area: \_\_\_\_\_ Facility description: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Fax #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone/Fax #: \_\_\_\_\_

**Brief Description of Outbreak**                      **Onset date of first case:** \_\_\_\_\_

(yyyy-mm-dd)

Predominant symptoms: \_\_\_\_\_

Progression to others: \_\_\_\_\_

Description of event associated with the outbreak: \_\_\_\_\_

### **Actions Taken**

Date and time reported to CMOH: \_\_\_\_\_

Notification of external service providers (e.g. EMS, WGH):  
\_\_\_\_\_

In-services to staff: \_\_\_\_\_

Cohorting of patients/residents and/or staff: \_\_\_\_\_  
\_\_\_\_\_

Enhanced cleaning: \_\_\_\_\_

Restriction (visitors, staff, unit closure): \_\_\_\_\_

Extra hand hygiene stations/signage: \_\_\_\_\_

Line list initiated for residents and staff (Location on shared drive): \_\_\_\_\_

### **Specimen collection:**

List names and D.O.B of residents/staff: \_\_\_\_\_

Date specimen(s) sent to WGH lab: \_\_\_\_\_ Tests ordered: \_\_\_\_\_

### **Current Status:**

# of symptomatic patients/residents: \_\_\_\_\_

# of symptomatic staff: \_\_\_\_\_

Total # of patients / residents: \_\_\_\_\_

Total # of staff approx: \_\_\_\_\_

Name of Reporting Person: \_\_\_\_\_

*Disclaimer: This information is being collected for the purpose of determining appropriate communicable disease control measures.  
Adapted from BC Provincial Infection Control Network, GI Outbreak Guidelines for Healthcare Facilities June 2010*