

## Appendix 5.3 Template for an initial report of a suspected outbreak of gastroenteritis

Date/time: \_\_\_\_\_ Public Health Officer: \_\_\_\_\_

### Contact details:

Person notifying outbreak: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

Facility Manager / Director: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Description of facility:

Total number of residents: \_\_\_\_\_ Total number of staff at facility: \_\_\_\_\_

Age range of residents: \_\_\_\_\_

Number of units / wings in facility: \_\_\_\_\_

Name of Unit	No. of residents	Long term / Short respite

Type of staff member	No. employed by facility	No. agency staff
Cleaner		
Kitchen		
Nurse		
Care assistant		
Other (specify)		

Name of Agency/Agencies \_\_\_\_\_

**Demographics of outbreak at time of notification:**

Does the facility have an opinion as to the likely cause of the outbreak (e.g. viral or food-borne)? \_\_\_\_\_

Date/time of onset of first case of diarrhoea/vomiting: \_\_\_\_\_

**Residents:**

Total number of residents affected so far: \_\_\_\_\_

Date	No. of residents who became unwell on that day	Location (e.g. wing / unit / room no.)

How many ill residents are in single rooms? \_\_\_\_\_

How many ill residents are in shared rooms? \_\_\_\_\_

How many rooms have ensuites? \_\_\_\_\_

How many ill residents are high dependency?  
(e.g. are incontinent or have dementia) \_\_\_\_\_

**Staff:**

Total number of staff members affected so far: \_\_\_\_\_

Date	No. of staff who became unwell on that day	Type of staff (e.g. cleaner, kitchen, nurse, carer)	Employee or agency	Location where mostly work (e.g. wing / unit / room no.)

Number of visitors / family members reporting ill (if known): \_\_\_\_\_

**Symptoms:**

Presenting pattern of symptoms (including number of cases if available):

Diarrhoea only:		Abdominal cramps only:	
Vomiting only:		Bloody diarrhoea:	
Diarrhoea AND vomiting:		Other:	

**Clinical management of ill residents / children:**

Date/time: \_\_\_\_\_ Public Health Officer: \_\_\_\_\_

Number of residents / children seen by a doctor: \_\_\_\_\_

Name of doctor(s): \_\_\_\_\_

Number of faecal specimens collected: \_\_\_\_\_ Date(s) collected: \_\_\_\_\_

Name of pathology firm(s): \_\_\_\_\_

Results if known: \_\_\_\_\_

Number of residents hospitalised: \_\_\_\_\_

Number of residents died (if any) as result of outbreak: \_\_\_\_\_

Number of staff seen by a doctor: \_\_\_\_\_

**Food preparation:**

If food is prepared on premises – is there a central kitchen? \_\_\_\_\_

Does the kitchen employ dedicated food prep / service? \_\_\_\_\_

Are any meals prepared by external contractors?  Yes  No

– If Yes: business/company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

Do all areas of the facility receive food prepared from the same source? \_\_\_\_\_

Do staff members eat the same food as the residents?  Yes  No**Common exposures:**Has there been a group function within the five days  Yes  No

preceding the onset of the first symptoms?

If so, number of people exposed:

Residents: \_\_\_\_\_ Staff: \_\_\_\_\_ Visitors: \_\_\_\_\_