



Initial Respiratory Illness Outbreak Report Form

Fax completed form to the Placer County Public Health Department
 Attention: Communicable Disease Control (530) 886-2945 (confidential)

Print

General Information:

Outbreak Known/Suspected Type:		Date of Report:	
Facility Name:	Address:	City:	
Contact Name:	Phone:	Fax:	E-Mail:
Current # of Residents:	Current # of Staff/Volunteers:	Bed Capacity:	

Notifications:

CDPH State Licensing or CCL	Medical Director	Responsible Party for Patient	Patient's Physician	Other:
-----------------------------	------------------	-------------------------------	---------------------	--------

Control Measures:

	Temporarily close facility to new admissions. Consult with LHD for further guidance		Maintain the same staff to resident assignments		Limit staff from moving between affected and unaffected units
	Restrict activity of ill residents (e.g. remain in their room)		Cancel or postpone group activities		Wear a mask with ill residents
	Notify ill staff to stay home until 48 hours after symptoms have stopped		Minimize movement of residents		Increase education on personal hygiene (respiratory and hand)
	Close cafeteria, gym, common areas, etc.		Discourage visitors of ill residents		Ensure standard or droplet precautions for ill residents
	Post signs advising visitors that an outbreak is underway		Place ill residents in private room or cohort with other ill residents		Other:

	# of Sick Residents	# of Sick Staff/Volunteers	# of Non-Sick Residents	# Non-Sick Staff/Volunteers
Antiviral Treatment (name):				
Vaccinated against flu ≥ 14 Days before outbreak?				
Vaccinated against flu after the outbreak began?				
Vaccinated against S. pneumoniae ≥ 14 days before outbreak began?				

Comments: