



Gastroenteritis outbreak in a residential care facility

Initial notification form

Do not leave any fields blank

Date of referral:		Population Health Unit fax no.:	
Name and position of staff member reporting:			
Email address:			
Section 1: Facility details			
Facility name:			
Facility address:			
Suburb/town:		Postcode:	
Phone:	Fax:	Mobile:	
Name of parent organisation:			
Does the facility have an Infection Control Advisor?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Name:		IC Advisor's telephone:	
Has the Infection Control Advisor been informed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Section 2: Illness characteristics			
Total number of residents at facility:		Number of ill residents:	
Total number of staff at facility:		Number of ill staff:	
Date of onset of first case:		Date of onset of last case:	
Symptoms: <input type="checkbox"/> vomiting <input type="checkbox"/> diarrhoea <input type="checkbox"/> bloody diarrhoea <input type="checkbox"/> fever <input type="checkbox"/> abdominal pain			
Occupation of ill staff: <input type="checkbox"/> nursing <input type="checkbox"/> cleaning <input type="checkbox"/> kitchen <input type="checkbox"/> maintenance <input type="checkbox"/> other – specify			
Staff with gastro excluded from facility until 48 hours after symptoms ceased? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Section 3: Catering arrangements			
Food prepared on premises?		<input type="checkbox"/> Yes – Name of catering manager:	
		<input type="checkbox"/> No – Name of food supplier:	
Section 4: Living arrangements			
Residential settings:		Single rooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Shared rooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Shared bathroom/toilet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residential dining setting:		<input type="checkbox"/> Single, large communal dining area <input type="checkbox"/> Small satellite dining areas <input type="checkbox"/> Other, specify:	
Section 5: Specimen testing			
Specimens sent to laboratory:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To be arranged	
If yes, name of laboratory:		<input type="checkbox"/> PathWest <input type="checkbox"/> Other:	
Number of specimens sent:			
Norovirus, rotavirus, adenovirus requested:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Microscopy, culture & sensitivities (M,C&S) requested		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Section 6: Hospitalisations and/or deaths			
Any related hospitalisations:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number:
Any related deaths:		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number: