

Record of Infectious Outbreak: D&V – Staff information

| | |
|-------|---------------------|
| Unit: | Date IPCN informed: |
|-------|---------------------|

E-mail completed form to IPC Team – [REDACTED] (to mark boxes double click and click on checked)

| Staff member name | Onset of symptoms Date: | Symptoms | | Specimen sent | | Result | Due to return to work date: |
|-------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-----------------------------|
| | | D | V | Yes | No | | |
| 1 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 2 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 3 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 4 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 5 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |

ICPG1 SECTION 4 – COMMUNICABLE DISEASES AND OUTBREAK CONTROL
Appendix 3 (October 2020)

| Staff member name | Onset of symptoms Date: | Symptoms | | Specimen sent | | Result | Due to return to work date: |
|-------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|-----------------------------|
| | | D | V | Yes | No | | |
| 6 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 7 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 8 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 9 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |
| 10 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Positive <input type="checkbox"/> Negative <input type="checkbox"/> | |

SAMPLE - DO NOT USE