|  |
| --- |
| DATE:       |
| FACILITY NAME:       |
| facility address:       |
| Telephone #:       |
| Fax #:       |
| contact person:       |
| email:       |

\**FAX COMPLETE FORM AND LINE LIST TO WAUKESHA COUNTY HEALTH DEPT:* ***262-896-8387***

*\*PLEASE FAX ANY POSITIVE LAB RESULTS APPLICABLE TO OUTBREAK*

|  |
| --- |
| IS THE ILLNESS THROUGHOUT THE FACILITY?  |
| NUMBER OF ILL RESIDENTS:       | TOTAL # OF RESIDENTS:       |
| nUMBER OF ill sTAFF:       | tOTAL # OF sTAFF:       |
| earliest onset date for residents:       | eARLIEST ONSET DATE FOR STAFF:       |
| aRE ANY OF THE ILL STAFF FOOD HANDLERS?  | If yes, How Many?       |
| Is illness in excess of what is typicallY expected?  |

DESCRIPTION OF CLUSTER: (Include symptoms with onset date and testing results/planned):

|  |  |
| --- | --- |
| [ ]  Nausea | [ ]  Vomiting |
| [ ]  Diarrhea | [ ]  Bloody diarrhea |
| [ ]  Abdominal cramps | [ ]  Fever |
| [ ]  Chills | [ ]  Other       |

Current control measures: (Check those that are in place/plan to be implemented)
[ ]  Symptomatic residents on Contact Precautions

[ ]  For affected units: new admissions and visitors restricted

[ ]  Ill staff excluded

[ ]  Limit staff from floating between units

[ ]  Institute and increase cleaning measures per WIDPH guidelines

NOTES:

LINKS: [2017 State guidelines for GI OutBreak](https://www.dhs.wisconsin.gov/publications/p0/p00653.pdf)