|  |
| --- |
| 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)