

# EXAMPLE

## COVID-19 OUTBREAK DAILY UPDATE FORM

Please send daily to YRPH and include this completed form each time a line list is submitted by fax (905-762-2119) or secure FTP site. For more questions, please contact your assigned investigator.

<b>Outbreak #:</b>		
<b>Facility name:</b>		
<b>Facility Response:</b>		
Today's date:		
Name and contact details of individual completing daily update form and line list:		
Total # of line list pages:		
<b>Today's Key Concerns:</b>		
No concerns today: <input type="checkbox"/>		
Concerns identified (e.g. staffing concerns, IPAC, PPE supplies, PPE breaches, etc.):		
<b>Line List Updates for Today:</b>		
No changes today to the line list: <input type="checkbox"/>		
Any changes to today's line list: <ul style="list-style-type: none"><li>Please indicate any new cases, new symptomatic individuals, hospitalizations and deaths with corresponding line list page number and line list client number</li></ul>		
<b>Cumulative (Total) Counts:</b>	<b>Resident</b>	<b>Staff</b>
Total # of COVID-19 cases		
Total # of COVID-19 related deaths		
Total # of COVID-19 hospitalizations		
<i>Please ensure that each new hospitalization and death are recorded in the Hospitalization and Death Outbreak chart and faxed and included in the line list.</i>		
<b>IPAC and Precautions in Place:</b>		
Last IPAC inspection date:		
Units/floors on droplet contact precautions:		
<b>Testing Details:</b>		
Next surveillance testing date(s):		
	<b>Resident</b>	<b>Staff</b>
# of pending surveillance tests:		
# of pending case/contact tests:		
<b>Vaccination Details:</b>		
Next immunization date(s):		
	<b>Resident</b>	<b>Staff</b>
# of pending vaccinations to be administered:		









# EXAMPLE

Institution Name: \_\_\_\_\_

Outbreak number: 2270- 20\_\_\_\_ - \_\_\_\_\_

## Hospitalization and Death Chart

**Note:** The intent of this chart is to track hospitalizations and deaths throughout the duration of the outbreak. For each new hospitalization or death, facilities should keep this chart up to date as the details below become available.

Demographics			Hospitalization						Death			
Room number	Resident / patient name	Date of birth (yyyy/mm/dd)	Admission date (yyyy/mm/dd)	Name of hospital	Reason for hospitalization	Admitted to ICU (yyyy/mm/dd)	Outbreak related (Y/N)	Date of discharge (yyyy/mm/dd)	Date of death (yyyy/mm/dd)	Cause of death	Outbreak related (Y/N)	Post mortem swab collected (Y/N)

<b>List of Hospitals</b>	<ul style="list-style-type: none"> <li>- Cortellucci Vaughan Hospital</li> <li>- Mackenzie Health Richmond Hill Hospital</li> <li>- Markham Stouffville Hospital</li> <li>- Southlake Regional Hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Branson Ambulatory Care Centre</li> <li>- Hospital for Sick Children</li> <li>- Humber River Regional Hospital (specify site)</li> <li>- Michael Garron Hospital</li> <li>- Mount Sinai Hospital</li> <li>- North York General Hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Princess Margaret Hospital</li> <li>- Royal Victoria Regional Health Centre</li> <li>- Scarborough &amp; Rough Hospital (specify site)</li> <li>- Sunnybrook Health Sciences Centre</li> <li>- St. Michael's Hospital</li> <li>- St. Joseph's Health Sciences Centre</li> </ul>	<ul style="list-style-type: none"> <li>- Toronto General Hospital</li> <li>- Toronto Western Hospital</li> <li>- Trillium Health Centre West Park Hospital</li> <li>- William Osler Hospital (specify site)</li> <li>- Women's College Hospital</li> </ul>
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