



Gastroenteritis Outbreak in a Child Care Centre/School

Initial Questionnaire

Date of referral:		
Name of staff member reporting:		
Position of staff member reporting:		
<i>Do not leave any fields blank</i>		
SECTION 1: CENTRE/SCHOOL DETAILS		
Centre/School Name:		Email address:
Centre/School address:		
Suburb/town:		Postcode:
Phone:	Fax:	Mobile:
Name of parent organisation:		
Groups affected <input type="checkbox"/> Babies <input type="checkbox"/> Toddlers <input type="checkbox"/> Kindy <input type="checkbox"/> preschool. Years/Grades _____		
SECTION 2: ILLNESS CHARACTERISTICS		
Total number of children/students at centre/school:		Number of ill children/students:
Total number of staff at centre/school:		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"/> educator <input type="checkbox"/> food preparation <input type="checkbox"/> other – specify _____		
Staff and children with gastro excluded from CC until 48 hours after symptoms ceased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff and students with gastro excluded from school until 24 hours after symptoms ceased?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: CATERING ARRANGEMENTS		
Food prepared on premises	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
OFFICE USE: SECTION 4: PUBLIC HEALTH UNIT ACTION <small>(NURSE TO INITIAL AND DATE EACH ENTRY)</small>		
Discussed infection control	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Emailed gastro fact sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Emailed final summary form	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
For outbreaks of diarrhoea and no vomiting, or suspected foodborne, contact OzFoodNet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Discussed with PHP (large No. cases / contentious issues?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Any follow up required for facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
SECTION 5: FEEDBACK FROM FACILITY – OUTBREAK OVER		
Facility has sent back final summary form or contacted for final numbers ill	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Other comments:		
Name:		Date: