# Gastroenteritis Outbreak in a Child Care Centre/School

## Initial Questionnaire

**Date of referral:**

Name of staff member reporting:

Position of staff member reporting:

*Do not leave any fields blank*

## SECTION 1: CENTRE/SCHOOL DETAILS

<table>
<thead>
<tr>
<th>Centre/School Name:</th>
<th>Email address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre/School address:</td>
<td></td>
</tr>
<tr>
<td>Suburb/town:</td>
<td>Postcode:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
</tbody>
</table>

Name of parent organisation:

Groups affected

- Babies
- Toddlers
- Kindy
- preschool
  - Years/Grades _________________________

## SECTION 2: ILLNESS CHARACTERISTICS

<table>
<thead>
<tr>
<th>Total number of children/students at centre/school:</th>
<th>Number of ill children/students:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of staff at centre/school:</td>
<td>Number of ill staff:</td>
</tr>
<tr>
<td>Date of onset of first case:</td>
<td>Date of onset of last case:</td>
</tr>
</tbody>
</table>

Symptoms:

- vomiting
- diarrhoea
- bloody diarrhoea
- fever
- abdominal pain

Occupation of ill staff:

- educator
- food preparation
- other – specify _________________________

Staff and children with gastro excluded from CC until 48 hours after symptoms ceased? [ ] Yes [ ] No

Staff and students with gastro excluded from school until 24 hours after symptoms ceased? [ ] Yes [ ] No

## SECTION 3: CATERING ARRANGEMENTS

- Food prepared on premises [ ] Yes [ ] No

## OFFICE USE: SECTION 4: PUBLIC HEALTH UNIT ACTION

(NURSE TO INITIAL AND DATE EACH ENTRY)

- Discussed infection control [ ] Yes [ ] No Comments:
- Emailed gastro fact sheet [ ] Yes [ ] No Comments:
- Emailed final summary form [ ] Yes [ ] No Comments:
- For outbreaks of diarrhoea and no vomiting, or suspected foodborne, contact OzFoodNet [ ] Yes [ ] No Comments:
- Discussed with PHP (large No. cases / contentious issues?) [ ] Yes [ ] No Comments:
- Any follow up required for facility: [ ] Yes [ ] No Comments:

## SECTION 5: FEEDBACK FROM FACILITY – OUTBREAK OVER

Facility has sent back final summary form or contacted for final numbers ill [ ] Yes [ ] No Comments:

Other comments:

Name: ___________________________ Date: ___________________________