**Acute Respiratory Illness Outbreak in Care Homes Proforma 12/2022 v2**

**Complete this section following declaration of an OUTBREAK by the HPDR.**

**Form Completed by:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Forename** |  | **Surname** |  |
| **Role** |  | | |
| **Date** |  | **Time** |  |

**Facility Details:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Facility Name** | |  | | | | | | | | |
| **Address** |  | | | | | | | | | |
|  | | | | | | | | **Postcode** | |  |
| **Email address** | | | |  | | | **Telephone No.** | | |  |
| **Type of Facility** | | | Nursing | | Residential | Supported Living | | | Other: | |
| **Number of Units in Facility** | | | | |  | **Number of Affected Units** | | | |  |
| **Total Residents Number** | | | | |  | **Total Staff Number** | | | |  |

**Testing Performed:**

|  |  |
| --- | --- |
| **Number of LFDs performed** |  |
| **Number of LFDs positive** |  |
| **Number of PCRs performed** |  |

**Complete only for symptomatic residents who have had LFD & PCR tests.**

**PCR testing is only required for up to the 5 most recent symptomatic residents.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DOB** |  | | **H&C Number** | |  | | |
| **Date of LFD** |  | | | | | | |
| **LFD Result** | Positive | Negative | | | | Inconclusive | |
| **PCR Status** | Not Tested | Tested | | **Date Tested** | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DOB** |  | | **H&C Number** | |  | | |
| **Date of LFD** |  | | | | | | |
| **LFD Result** | Positive | Negative | | | | Inconclusive | |
| **PCR Status** | Not Tested | Tested | | **Date Tested** | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DOB** |  | | **H&C Number** | |  | | |
| **Date of LFD** |  | | | | | | |
| **LFD Result** | Positive | Negative | | | | Inconclusive | |
| **PCR Status** | Not Tested | Tested | | **Date Tested** | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DOB** |  | | **H&C Number** | |  | | |
| **Date of LFD** |  | | | | | | |
| **LFD Result** | Positive | Negative | | | | Inconclusive | |
| **PCR Status** | Not Tested | Tested | | **Date Tested** | | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DOB** |  | | **H&C Number** | |  | | |
| **Date of LFD** |  | | | | | | |
| **LFD Result** | Positive | Negative | | | | Inconclusive | |
| **PCR Status** | Not Tested | Tested | | **Date Tested** | | |  |