

COVID-19 Education Sector Outbreak Form



CONTACT INFORMATION

Education Setting Name		IRIS OB Number	Date Outbreak Reported	
Address- Number, Street		City	State	ZIP Code
Primary Contact Name and Title		Pager/Phone number		E-mail Address

OUTBREAK TYPE AND SETTING

- Early Care and Education Provider
 K-12 School
 Institute of Higher Education/Non-Residential
 Institute of Higher Education/Residential
 Other Setting: Specify _____

Outbreak Definition by Setting:

Early Care and Education Centers and K-12 Schools

- At least 3 laboratory-confirmed cases with symptomatic or asymptomatic COVID-19 from different households within a 14-day period in a group that is epidemiologically linked, do not share a household, and are not a close contact of each other outside of the campus.

Institutes of Higher Education

- Non-Residential Congregate Setting: At least 3 laboratory-confirmed cases with symptomatic or asymptomatic COVID-19 within a 14-day period in a group that is epidemiologically linked, do not share a household, and are not a close contact of each other outside of the campus.

- Residential Congregate Setting: At least 3 laboratory-confirmed cases with symptomatic or asymptomatic COVID-19 within a 14-day period in the same dwelling or multiple dwellings that share a common area.

DESCRIPTIVE INFORMATION

Case definition:

Any person with laboratory-confirmed COVID-19 between _____ (onset date of first case) and _____ (date outbreak approved to be closed) at the facility named above.

Total Numbers by Facility Type

Residential congregate setting	Number of residents:
	Number of dormitory rooms and beds:
	Number of dormitory bathrooms:
	Number of individual (non-dormitory) rooms and beds:
	Number of individual (non-dormitory) room bathrooms:
	Number of common area rooms used by residents:
Non-residential congregate setting (including worksites on campus)	Number of staff/employees employed:
	Number of students/clients at facility:
	Number of staff/employees at facility:
	Number of common areas rooms used by staff/employees:
	Number of reported absences of students/clients possibly due to illness:
	Number of reported absences of staff/employees possibly due to illness:

Date of first onset:	Date last onset:	Date last case worked (staff/employee):	Date of last attendance (student/clients):	
Case Counts	# probable (symptomatic)	# confirmed	# hospitalized	# died
Staff/employees:				
Students/clients:				

LABORATORY INFORMATION

	# Tested	# Positive for COVID-19	Comments
Residents:			
Staff/employees:			
Students/clients:			

CONTROL MEASURES

Check all control measures taken in response to the outbreak.

- Isolation/home restriction of suspected and confirmed cases
- Quarantine, or instruct to quarantine, close contacts affiliated with facility in restricted areas or at home
- Implement targeted testing
- Notification of all employees of outbreak at site while maintaining patient privacy
- Posted notification of outbreak at facility entrance and community areas
- Notification to clients, vendors, or visitors who are close contacts to cases at facility
- Check temperature and symptoms of all persons daily who are still at facility
- Maintained daily visitor log
- Screened clients, vendors, and visitors for fever and symptoms
- Facility temporarily closed to new admissions for _____ days/weeks
- Facility temporarily closed to vendors or visitors for _____ days/weeks
- Facility temporarily close operations for _____ days/weeks
- Staff cohorted to specific patients or areas
- Staff essential to operations retained at facility
- Social distancing measures reinforced (describe): _____
- Increased education on respiratory and hand hygiene
- Other measures (describe): _____

REMARKS (Include line list, map, epidemic curve, laboratory results and other associated documents if available.)

Investigator's name (print)	Investigator's Signature and Date	Telephone number	Health District
Supervisor's Signature and Date		Area Medical Director's Signature and Date	