

CONTROL MEASURES REPORT

OUTBREAK # _____ FACILITY NAME _____
CORPORATION NAME _____

Completed by: _____ Date: _____ County: _____

FACILITY INFORMATION

_____	Total number of residents in the facility during the outbreak.
_____	Total number of employees (not including staff from "temp" agencies).
_____	Total number of temporary agency staff hired during this outbreak (enter 0 if agency staff were not used).

INTRODUCTORY QUESTIONS

	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the facility receive "Controlling Person-to-Person Transmission of Viruses & Bacteria?"
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the facility receive "Cleaning Up Vomit and Feces and Other Unpleasant Tasks?"
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the facility have written procedures for contact isolation of patients?
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the facility corporately owned (as opposed to an individual business)?

CONTROL MEASURES FOR PATIENTS & PATIENTS

	Y	?	N	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were admissions discontinued until the last sick patient was symptom-free for 48 hours or more? <i>If yes, what date were admissions discontinued? _____ and resumed? _____</i>
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were sick patients confined to their rooms until they were symptom free for 48 hours or more?
G	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were group activities discontinued until the outbreak was over?
H	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were transfers from one ward to another discontinued during the outbreak?
I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were visitors restricted during the outbreak?
J	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was patient care equipment dedicated to a single sick patient, or shared among similarly sick patients?
K	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were antiemetics administered to any patients with vomiting?
L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any patients with vomiting or diarrhea placed on contact precautions?
M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were patients with vomiting or diarrhea moved to private rooms or to rooms with other patients with vomiting or diarrhea (cohorting)?

CONTROL MEASURES FOR STAFF

	Y	?	N	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are sinks, soap and paper towels within or just outside each resident's room?
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were the same staff to resident assignments maintained throughout the outbreak (cohort nursing)?
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do employees have paid sick leave? <i>If yes (check only one box):</i> D <input type="checkbox"/> all permanent staff OR E <input type="checkbox"/> just some permanent staff
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were any employees with vomiting and diarrhea restricted from work until symptom-free for 48 hours? What did patient caregivers use while caring for a patient with vomiting or diarrhea (choose one)? G <input type="checkbox"/> gloves only H <input type="checkbox"/> gloves & gown both I <input type="checkbox"/> gloves, gown & mask J <input type="checkbox"/> no extra stuff
				What preparation(s) were used to clean up fecal and vomit accidents (choose all that apply)? K <input type="checkbox"/> Bleach & water L <input type="checkbox"/> Surgiclean® M <input type="checkbox"/> Matar® N <input type="checkbox"/> Virkon® • <input type="checkbox"/> Other _____
P	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were non-essential personnel excluded from outbreak-affected units?