



## CONTROL MEASURES REPORT

OUTBREAK # \_\_\_\_\_ FACILITY NAME \_\_\_\_\_

CORPORATION NAME \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ County: \_\_\_\_\_

### FACILITY POPULATION INFORMATION

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

### FACILITY QUESTIONS *(please include dates)*

- |   | Y                        | ?                        | N                        |   |
|---|--------------------------|--------------------------|--------------------------|---|
| A | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility Medicare certified?   |
| B | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility Medicaid certified?   |
| C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is the facility owned by a corporation (as opposed to an individual business)?  |
| D | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does the facility have written procedures for contact isolation of patients?  |
| E | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | When were facility control measures first implemented? ___/___/___  |
| F | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | What type of facility is it? <i>(check all that apply)</i><br><input type="checkbox"/> Skilled Nursing <input type="checkbox"/> Residential Care <input type="checkbox"/> Assisted Living <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Memory Care |

### CONTROL MEASURES FOR RESIDENTS & PATIENTS *(please include dates)*

- |   | Y                        | ?                        | N                        |  |
|---|--------------------------|--------------------------|--------------------------|--|
| G | <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?<br><i>If yes, what date were admissions discontinued? ___/___/___ and resumed? ___/___/___</i> |
| H | <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?<br><i>If yes, when were patients confined? ___/___/___</i>                                       |
| I | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were group activities discontinued until the outbreak was over? When? ___/___/___  |
| J | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were transfers from one ward to another discontinued during the outbreak? When? ___/___/___  |
| K | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were visitors restricted during the outbreak? When? ___/___/___  |
| L | <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?  |
| M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were any patients with vomiting or diarrhea placed on contact precautions? When? ___/___/___   |
| N | <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)? When? ___/___/___  |

### CONTROL MEASURES FOR STAFF *(please include dates)*

- |   | Y                        | ?                        | N                        |   |
|---|--------------------------|--------------------------|--------------------------|---|
| O | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are sinks, soap and paper towels within or just outside each resident's room?   |
| P | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was the same staff to resident assignments maintained throughout the outbreak (cohort nursing)?   |
| Q | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Do employees have paid sick leave?<br><i>If yes (check only one box):</i> <input type="checkbox"/> all permanent staff <i>or</i> <input type="checkbox"/> some permanent staff  |
| R | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Were there any employees with vomiting and diarrhea restricted from work until symptom-free for 48 hours? When? ___/___/___<br>What did patient caregivers use while caring for a patient with vomiting or diarrhea (choose one)?<br><input type="checkbox"/> gloves only <input type="checkbox"/> gloves & gown both <input type="checkbox"/> gloves, gown & mask <input type="checkbox"/> no equipment<br>What preparation(s) were used to clean up fecal and vomit accidents (choose all that apply)?<br><input type="checkbox"/> Bleach & water <input type="checkbox"/> Other: _____ |
| S | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was non-essential personnel excluded from outbreak-affected units? When? ___/___/___  |
| T | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was staff educated on the cause of the outbreak and control measures? When ___/___/___  |