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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Debriefing *(yyyy-Mon-dd* | | | Facility Affected | | | | | | |
| Type of Outbreak | Specimen(s) Collected  yes  no | Confirmed Organism | | | | Length of Outbreak | | | EI# |
| Number of Residents or Patients Affected | | | Number of Staff Affected | | | | Number of Attributable Deaths | | |
| Attendance at Debriefing *(Name, Title)*  Chair  Recorder | | | | Regrets: | | | | | |
| **Agenda:**  1.0 Recognition  2.0 Reporting  3.0 Specimen Collection (Investigation and Identification)  4.0 Implement Control Measures  4.1 Environmental Cleaning  4.2 Food Services  4.3 Changes to Social or Recreational Activities  4.4 Prophylaxis (Antivirals) for Residents  4.5 Immunization/Antivirals for Staff  4.6 Restrict Visitors (signage)  4.7 Personal Protective Equipment (PPE) for Staff/Visitors  4.8 Transfers/Admissions  5.0 Communication Between Facility and Partner Programs | | | | | | | | | |
| **Overview** *(Summarize cause, cases, duration and noteworthy events)* | | | | | | | | | |
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| **What worked well:** | | | | | | | | | |
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| **Areas for improvement** | | | | | **Action Items** | | | **Person(s) Responsible** | |
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****Please forward a copy of this debrief record to the Central Zone MOH: [czmoh@ahs.ca](mailto:czmoh@ahs.ca)