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| Date of Debriefing *(yyyy-Mon-dd*      | Facility Affected      |
| Type of Outbreak      | Specimen(s) Collectedyes [ ]  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 Recognition2.0 Reporting3.0 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/Admissions5.0 Communication Between Facility and Partner Programs |
| **Overview** *(Summarize cause, cases, duration and noteworthy events)* |
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| **What worked well:** |
| 1.
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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