

INFECTION PREVENTION AND CONTROL OUTBREAK MANAGEMENT - EVALUATION QUESTIONNAIRE

Use the tool below to assist in evaluating your facility's response and management of the outbreak. Respond to each question applicable to your role and provide details and recommendations for improvement in the space provided. If not applicable, select the N/A option

FACILITY: _____ **DATE:** / / **Outbreak Code:** _____

1. Were staff (you and/or other staff) knowledgeable regarding the procedures to follow in an outbreak situation? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Was the outbreak recognized and reported promptly? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. Were Infection Prevention & Control measures implemented immediately?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
a. Additional Precautions were implemented promptly upon symptom onset	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
b. Compliance with Additional Precautions was monitored and breaches of infection prevention and control measures were identified and addressed using PPE audits, PPE buddy/observer system, etc.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
c. Compliance with your 4 Moments of Hand Hygiene was reinforced using hand hygiene audits	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
d. Enhanced/increased environmental cleaning	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
e. Cohorting principles followed appropriately	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If no, explain:			
4. Did staff (you and/or other staff) know their roles and responsibilities during the outbreak? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. Were specimens collected and transported correctly and in a timely manner? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. Were there any issues with ordering and delivery of antivirals (if applicable)? If yes explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. Were the Outbreak Line Lists submitted daily to the ICP (if applicable)? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Were cleaning/disinfection supplies available? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. Were hand hygiene supplies available? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. Were additional staff (e.g., Nursing, Environmental Services) available to assist with increased client care needs and environmental cleaning? If no, how did this impact clients/staff?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11. Was PPE easily accessible and supply maintained? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12. Were additional supplies available (e.g. isolation carts/caddies, fridges, tables, thermometers etc.)? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. Were there any concerns with the communication processes during the outbreak? If yes, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14. In your opinion, what factors may have contributed to the control of the outbreak?			
15. In your opinion, what factors may have contributed to the spread of the outbreak?			
16. In your opinion, what could be improved to reduce the duration and spread of future outbreaks?			

Additional Comments and/or Suggestions:

Name(s) (optional): _____

Department(s): _____

Role(s) during the outbreak: _____
