I. Outbreak Description

12. Number of cases identified at time of reporting: ___

13. Date outbreak/situation recognized by facility:

14. a. Number of deaths: ___
   b. Deaths attributed to the organism? Yes No Indecisive

15. Above baseline? Yes No

16. Number of population at risk:

II. Laboratory

28. Patient Test

Specimen source: Method of testing: Number (+): Number tested: Organism:
a. b. c. d. e.
f. g. h. i. j.
k. l. m. n. o.

29. a. Was environmental testing done? Yes No, skip to 30
   b. If yes, date collected: ___
   c. Tested by: ___

30. a. Was molecular testing done? Yes No, skip 31
   b. If yes, date tested: ___
   c. Type of test: PCR PFGE WGS Other:
   d. Tested by: ___

III. Investigation

31. a. Did ACDC staff conduct a site investigation? Yes, provide date(s): ___
   b. Joint visit(s) with: EH PHL HFID CDPH Other: None
   c. Why was a site investigation performed?

32. Did ACDC receive reports from other agency's site visit? Yes No, skip to 30

33. Were any procedures observed? (e.g. medical device reprocessing, dressing change, wound care) Yes No, skip to 30

34. Notes from infection control assessments and deficiencies observed:

35. Did ACDC consult with external agencies? CDC CDPH DWP Manufacturer FDA Other:
### IV. Control Measures

36. Control measures initiated by healthcare facility prior to ACDC investigation
- [ ] Patient cohorting
- [ ] Staff cohorting
- [ ] Closed to new admissions
- [ ] Special precautions
- [ ] Staff education
- [ ] Prophylaxis
- [ ] Begin/increased use of hand hygiene
- [ ] Begin/increased use of respiratory/cough etiquette
- [ ] Enhanced environmental cleaning

37. Recommendations

<table>
<thead>
<tr>
<th>ACDC Recommendations</th>
<th>Action Implemented by Facility</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Isolation precautions</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>b. Enhanced healthcare worker education and training</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>c. Enhanced environmental cleaning</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>d. Patient cohorting</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>e. Staff cohorting</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>f. Family/visitor education</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>g. Continue control measures implemented prior to notification</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>h. Surveillance Testing (admission cultures, point prevalence, high risk contacts)</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>i. Other:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>j. Other:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

38. a. Was post exposure procedure patient notification conducted?  
[ ] Yes  [ ] No, skip to 35
b. If Yes, number of patient(s) notified: __________

c. Date range: __________ to __________
d. Method of patient notification: __________

39. a. Were outbreak notification letters posted at the hospital?  
[ ] Yes  [ ] No  [ ] NA  
If yes, Date: __________

40. a. Were healthcare workers informed of the outbreak?  
[ ] Yes  [ ] No, skip to 38
b. If yes, how: __________

41. Was surveillance testing(s) obtained?  
[ ] Yes  [ ] No, skip to 36

#### a. First surveillance tests
- [ ] Patients
- [ ] Staff

#### b. Date collection first started:
- [ ] Number collected
- [ ] Number positive

#### e. Number collected
- [ ] Patients
- [ ] Staff

#### f. Number collected
- [ ] Staff

#### g. Number collected
- [ ] Patients

#### h. Number collected
- [ ] Staff

#### i. Second surveillance tests:
- [ ] Patients
- [ ] Staff

#### j. Number collected
- [ ] Patients
- [ ] Staff

#### k. Number collected
- [ ] Patients
- [ ] Staff

#### l. Type of test:
- [ ] Voluntary
- [ ] ACDC Recommendation

#### m. Date collection first started:
- [ ] Number collected
- [ ] Number positive

42. Were any units closed?  
[ ] Yes  [ ] No

43. a. To new admissions?  
[ ] Yes  [ ] No

44. Outbreak summary/notes:

45. Alternative explanations for the observed increase in incidence:

46. Potential exposures:
- [ ] Central line
- [ ] Improper hand hygiene
- [ ] Improper cleaning
- [ ] Improper PPE
- [ ] Procedure related
- [ ] Person to person
- [ ] Intubation
- [ ] Medical device
- [ ] Other:

48. Potential source:
- [ ] Water
- [ ] HCW
- [ ] Food
- [ ] Medication
- [ ] Injection
- [ ] Other environmental source:

49. Investigator name: __________

50. Title: __________

51. Telephone number: __________

52. Signature: __________

53. Date of final report: __________

54. Date closed in OB log: __________

55. Attachments:  
- [ ] Final Line List
- [ ] Epi Curve
- [ ] Letter/Investigation Summary (if applicable)
- [ ] Other:

56. Date and time when active investigation closed: __________

57. Date and time closure email sent to facility: __________