

## IPAC Report COVID-19 Outbreak

Yellow = requires follow up RED = Completed Date

| Date: |  |
|-------|--|
| ICD.  |  |

| Topic/Issue Identified | Action Plan | Identified lead for | Timeline    | Date of    |  |  |
|------------------------|-------------|---------------------|-------------|------------|--|--|
|                        |             | implementing        | (date)      | completion |  |  |
|                        |             |                     |             | Completion |  |  |
|                        |             | action              | required to |            |  |  |
|                        |             |                     | complete    |            |  |  |
| PATIENT/RESIDENT       |             |                     |             |            |  |  |
| PATIENT/ RESIDENT      |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
| STAFF                  |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
| Environment            |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |
|                        |             |                     |             |            |  |  |