

## Suspected or Actual Bed Bug Report – SAMPLE

| Issue                               | Action  | Comments/Outcomes   |
|-------------------------------------|---|---|
| Suspicion of bed bug reported       | A. Reported by:<br>B. Date of report:   |   |
| Identity of “bug” confirmed         | A. How confirmed:<br>B. When confirmed:   |   |
| Initiation of bed bug response plan | A. Date of initiation:<br>B. Staff notification:  |   |
| Plan of action developed            | A. Date plan developed:<br>B. Effectiveness of plan determined:<br>C. Follow-up action(s):<br>D. Final outcome reported to: |   |
| Preventive measures implemented     | A. Preventive measures:<br>○ _____<br>○ _____<br>○ _____  | B. Effectiveness of preventive measures:<br>○ _____<br>○ _____<br>○ _____ |
| Root cause analysis                 | Conducted (Y or N)<br>If conducted, what were the end results (use separate page if necessary):                             |   |
| Education Needs Identified          | Identified education needs:<br>○ _____<br>○ _____<br>○ _____  |   |
| External Notifications              | A. Patient(s) (specify in comments)<br>B. Health Department (specify in comments)<br>C. Other (specify in comments)         |   |

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