

ICPG1 SECTION 4 – COMMUNICABLE DISEASES AND OUTBREAK CONTROL
Appendix 1 (April 2017)

OUTBREAK MANAGEMENT CHECKLIST

TO BE COMMENCED BY PERSON IN CHARGE ON SUSPICION OF AN OUTBREAK OF INFECTION
(2 or more cases within the same ward setting - patients and/or staff)

Ward:

Infectious condition:

TASK / PRECAUTIONARY MEASURE	✓	DATE	TIME	SIGN
Report details to the Infection Prevention & Control Team (IPCT) as soon as possible				
Report details to Clinical Manager / Consultant Practitioner/GP				
Commence relevant "Record of an Infectious Disease Outbreak" forms (Appendices 2-5)				
Isolate affected individuals (single room/ cohort in dormitory/ward area), in discussion with IPCT. Implement Barrier Nursing precautions.				
Place "Infection Risk" sign on entrance door to ward/unit & on affected individual/s bedroom door (Appendices 7a & 7b)				
Inform all staff on duty				
Inform all domestics + Supervisor – commence enhanced cleaning, with disinfectant.				
Advise all patients & staff to ensure they report onset of suspected infectious symptoms promptly				
All staff to carry personal hand sanitiser dispensers				
Take appropriate swabs (viral) / obtain stool samples. Ensure request form marked "Suspected Outbreak" and request bacteriology and virology tests				
Restrict visitors (especially children & frail, unwell adults)				
Restrict staff movements between wards / departments				
Cancel unnecessary/non-urgent ward functions / activities e.g. Dentist, hairdresser, O.T., ward rounds, volunteer group visits.				
If the Infection Prevention & Control Team has closed the ward/unit - inform bed management				
Review whether outbreak requires reporting as a Serious Incident (SI)				
FOR DIARRHOEA AND/OR VOMITING OUTBREAKS: Include all of the above plus:				
Hand washing with soap and water is essential NB. Alcohol gel <u>does not</u> kill Norovirus and <i>Clostridium difficile</i> (unless it contains sporicidal)				
Staff not permitted to eat or drink in patient / communal areas.				
If barrier nursing is not possible - designate a toilet/s or commode for affected patient use only.				
Commence fluid balance and stool charts on all affected individuals				
Classify stool type according to Bristol Stool Chart (Appendix 13)				
Affected individuals must not leave the ward until clear of symptoms for 48 hrs. – If transferring a patient ensure an Inter healthcare transfer form is completed (Appendix 10)				
Affected staff to go home immediately - <i>to return only when 48 hrs clear of symptoms.</i>				
All body fluid spills to be cleaned up using body fluid spillage kits				
Individual care plan and Root Cause Analysis to be completed for confirmed <i>Clostridium difficile</i> cases				
Inform Catering Services – unused/uneaten (waste) food to be disposed of on the ward/unit				