# 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)

<table>
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<th>Ward:</th>
<th>Infectious condition:</th>
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**TASK / PRECAUTIONARY MEASURE**

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- 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 does not kill Norovirus and Clostridium difficile**  
  (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 - to return only when 48 hrs clear of symptoms.
- 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 Clostridium difficile cases
- Inform Catering Services – unused/uneaten (waste) food to be disposed of on the ward/unit