Outbreak Checklist

Ward or department: ……

Hospital: ……..

Suspected or confirmed pathogen(s): ……

Action	Date				
Insert date and staff initials. If not applicable write N/A in the corresponding box					
Patient placement					
Confirmed and suspected cases are placed in single room isolation with clinical wash basin and en-suite facilities wherever possible. NB: All patients on the ward requiring transmission based precautions (TBPs) for any reason should be considered and single room allocation prioritised based on the known or suspected infectious agent and the mode of transmission.					
Where single room capacity is exceeded, consider cohorting after risk assessment completed in conjunction with the infection prevention and control team (IPCT). NB: Refer to cohorting of patients in section 2.1 of chapter 2.					
Patient placement decisions and assessment of infection risk is documented in patient notes and regularly reviewed.					
Doors to single rooms and cohort areas are kept closed with clear signage in place. Documented risk assessments are in place when room doors cannot be kept closed.					

Action	Date				
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If failure to isolate, inform IPCT. Ensure all patient placement decisions and assessment of infection risk (including isolation requirements) are clearly documented in the patient notes and reviewed throughout patient stay.					
Personal Protective Equipment (PPE)					
There are adequate supplies of PPE (including appropriate size and make of RPE as indicated by staff fit testing) which is appropriately stored, readily available, and close to the point of use.					
Staff undertaking patient care tasks and procedures for confirmed or suspected cases are correctly donning and doffing the required PPE in line with the Appendix 6.					
Staff undertaking patient care tasks and procedures for confirmed or suspected cases are using PPE appropriately and in line with the NIPCM.					
Where possible and if necessary, surgical face masks are worn by patients with confirmed or suspected respiratory infection.					
Hand hygiene					
Hand rub is available for staff as near to the point of care as possible.					
Non-antimicrobial liquid soap and water is used if caring for patients with vomiting or diarrhoeal illness.					
Clinical hand wash basins have adequate supplies of liquid soap and handtowels available.					
Staff are compliant with the World Health Organization's "5 moments of hand hygiene".					
Patients and visitors are enabled, supported, and reminded to undertake regular hand hygiene.					
Respiratory and cough hygiene					
Patients are reminded about the importance of good respiratory and cough hygiene.					

Action	Date				
Insert date and staff initials. If not applicable write N/A in the corresponding box					
Patients are provided with disposable tissues and a waste bag.					
Safe management of care equipment					
Single-use care equipment is in use where possible.					
All non-essential items and equipment are removed, decontaminated, and stored appropriately.					
Reusable non-invasive care equipment is being adequately decontaminated as per Appendix 7.					
Safe management of the care environment					
All isolation and cohort areas are free from non-essential items and equipment and kept clutter free to enable adequate cleaning.					
Optimal bed and chair spacing is in operation within the setting.					
• Increased frequency of environmental decontamination is being undertaken with a combined detergent and disinfectant solution at a dilution of 1,000 parts per million (PPM) available chlorine (av.cl) or • a general-purpose neutral detergent in a solution of warm water followed by disinfection solution of 1,000ppm av.cl.					
Terminal decontamination of each affected room or cohort or area is undertaken when the IPCT confirm the outbreak can be declared over					
Safe management of linen					
All linen generated from confirmed or suspected cases is treated as infectious.					

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Safe disposal of waste					
All waste generated within rooms containing confirmed or suspected cases is disposed of as clinical waste.					
Transfers/discharges					
Confirmed and suspected patients are only transferred to other departments if clinically necessary.					
Discharge or transfer of suspected and confirmed cases to care homes or residential facilities is undertaken in accordance with local step down and acceptance policies and with IPCT or HPT support.					
General information					
Education and support is being provided at ward level by a member of the IPCT.					
Staff or patient information leaflets are available and provided.					
Patients and visitors are being kept informed of any current restrictions (including any visiting restrictions where appropriate) or controls that are in place to minimise transmission.					
The Hierarchy of Controls (Appendix 18) are enacted to reduce exposures to occupational hazards, including the risk of infection.					
Staff briefing					
Staff are being actively informed/briefed regarding: • the known or suspected causative pathogen, mode of transmission and signs and symptoms of infection					

Action	Date				
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• instigation of TBPs where applicable • assigning a dedicated team of care staff (where appropriate) to care for patients in isolation and cohort areas • occupational exposure risks and essential actions for any staff who become unwell in the workplace • risk assessments are in place for any temporary adaptations to control measures to maintain a safe environment for staff and service users that will minimise exposure risks (Hierarchy of Controls: Elimination, substitution, engineering controls, administrative controls, PPE) • appropriate communications with patients and visitors					

Additional temporary control measures instigated by the IPCT or as part of a PAG/IMT	Initials/title/start date/ discontinued date