**COVID-19 OUTBREAK/ CLUSTER CHECKLIST**

**Site and clinical area:**  **Date Outbreak/ CLUSTER declared:**

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| **OUTBREAK CRITERIA (Guidance)**Two or more test-confirmed or clinically suspected cases of COVID-19 among individuals (for example patients, health care workers, other hospital staff and regular visitors, for example volunteers and chaplains) associated with a specific setting (for example bay, ward or shared space), where at least one case (if a patient) has been identified as having illness onset after 8 days of admission to hospital (PHE, 2020a) |
| **ACTION:** | **LEAD(S)** | **DATE COMPLETED** |
| 1. **OUTBREAK ascertained:**
2. Infection Prevention team (IPT) alerted to potential cluster/ outbreak (picked up through surveillance/ alerted by clinical staff)
3. IPT review definitions and determine if cluster/ outbreak at ‘ward’ level
4. Senior member of IPT discusses with Infection Prevention Doctor/ Deputy/ DIPC
5. If decision made to **close ward/bay** (– reviewed at outbreak control Meeting – section I ) to admissions/transfers/discharges except to home then proceed to section B
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| 1. **INTERNAL NOTIFICATION once outbreak ascertained:**

**Decision to close ward made in section A. Member of IPT starts this checklist, attaches and sends to:**1. All members of Infection Team
2. Director of Infection Prevention
3. Clinical Site Management Team
4. Ward manager and Matron
5. Directorate Lead Nurse and Head of Nursing
6. Head of House Keeping for site
7. Communications
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| 1. **IMMEDIATE PATIENT Management**
2. Isolate the CoVid-19 positive patients. Ask them to wear a Fluid Repellent surgical face mask if transfer required.
3. ALL the other remaining in-patients in bay/ward will be regarded at ‘exposed’. Record the date of exposure (day 0) and ward in the patient medical notes (update on Patient Track).
4. LFT test for those remaining exposed in-patients for CoVId-19
5. Isolate any new positives as above
6. Continue to cohort the remaining exposed patients together in bay if insufficient side rooms (see Cohorting guidance on microguide)
7. Additional LFT on day 3 and day 5 of exposure. If negative on day 5 then step down to green. If any patient positive on LFT isolate as above and restart exposure time scale.
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| 1. **CONTACT TRACING**
2. The person in charge should identify who is currently on the ward at the time the outbreak
3. Identified contacts need to be informed of the exposure event and given a letter, if still in hospital.
4. The infection prevention team should be informed by the person in charge (ideally by email: bsuh.infection.prevention@nhs.net ) of who the positive patients are, who was contact traced and the advice given
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| 1. **ACTIONS AT WARD LEVEL – IPC PRECAUTIONS & ENVIRONMENT CHECKS (PHE 2021)**
2. Put up poster that ward/bay is closed and that every bay and single room has correct PPE poster [See Microguide >> Covid19 >> Specialties >> Infection Prevention or click here](https://viewer.microguide.global/guide/1000000376#content,1ae66534-7806-462c-a9c5-2e0a55c240e5)
3. Check staff know how to don and doff PPE in accordance with online support videos/ posters (see link above)
4. Ensure there are fluid repellent surgical face masks (FRSM), face visors, alcohol hand sanitizer and a bin at the ward entrance
5. Ensure there is the ability to perform hand hygiene at the point of care. Are there enough dispensers? Are these filled
6. Can staff clean their hands where they congregate? Can staff clean their hands where they may inadvertently touch their face/ mask?
7. Check clinical hand wash basins are functioning and there is a supply of soap and paper towels
8. Ensure patients can clean their hands and allocate them a pack of hand wipes labelled with their first and last name clearly printed on them
9. Where patients can tolerate it, they should wear a FRSM as much as possible and especially when leaving their bed space.
10. Check there is adequate PPE and access to hand hygiene where donning and doffing takes place.
11. Check single patient equipment is available & being used e.g BP cuffs, stethoscopes (labelled with patient name to avoid inadvertent reuse)
12. Inform housekeeping of the outbreak and that enhanced cleaning is established along with cleaning of frequent touch-points needs to be increased to at least twice daily, ideally three
13. Other ward staff to support with frequent cleaning of areas including keyboards and phones using Clinell Green Sanitising wipes
14. De-clutter the patient environment and increase cleaning in that area e.g. patient tables, call bells
15. Ensure there is an adequate supply of Clinell green sanitising wipes and ideally use packs that can be clipped to equipment, e.g. for dynamap, computers on wheels, notes trolleys
16. Have staff been fit tested?
17. Review spacing between patients and adopt the ‘bed-locker-chair’ approach
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| 1. **STAFF**
2. Staff should continue with lateral flow testing in the normal way and report to their manage if they test positive
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| 1. **SUGGESTED ASSURANCE**
2. Completed BSUH COVID-19 OUTBREAK CHECKLIST
3. What was the latest hand hygiene audit score and actions for the ward?
4. What was the latest housekeeping audit score and actions for the ward?
5. What Perfect ward audits have been undertaken? What was the score and any actions
6. What is the compliance with infection prevention mandatory training for the ward?
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| 1. **OTHER and EXTERNAL NOTIFICATIONs**
2. Datix
3. IPC team to inform PHE and relevant stakeholders via SITREPS and Outbreak System tools including iiMARCH for new outbreaks. <https://apps.model.nhs.uk/>
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| 1. **Outbreak Control and Systems Meeting**
2. IPT to arrange daily outbreak control meeting
3. Deputy/ DIPC to attend and update Systems meeting
4. End of outbreak determined at this meeting
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| 1. **Send completed checklist back to** bsuh.infection.prevention@nhs.net
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**References**

PHE (Public Health England) 2020a *COVID-19: epidemiological definitions of outbreaks and clusters in particular settings* [online] available from: <https://www.gov.uk/government/publications/covid-19-epidemiological-definitions-of-outbreaks-and-clusters/covid-19-epidemiological-definitions-of-outbreaks-and-clusters-in-particular-settings> [accessed 18.12.2020]

Public Health England (2021) *Covid-19: Guidance for maintaining services within health and care settings* [online] available from: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf> [accessed 08.02.2021]