***Outbreak checklist***

This document has been created in collaboration with the document titled ‘Responding to an Outbreak Community Based Services - flowchart’. Please fill out each section of the table as detailed in the event you are experiencing an outbreak. ******

**Date of outbreak:**

**Location:**

|  |  |  |  |
| --- | --- | --- | --- |
| **What to do** | **Date of completion** | **Comments** | **Signature** |
| **Immediate Action** | | | |
| Isolation procedures have begun. Positive/ Symptomatic residents have been made aware that they need to self-isolate, and other residents are being treated as if they were Covid-positive. |  |  |  |
| Reported resident concerns that could increase risk e.g. a resident that walks with purpose. |  |  |  |
| All staff & Service Users have been informed. |  |  |  |
| Any involved health professionals have been made aware e.g. GP, District Nurse |  |  |  |
| Family members of the positive/ symptomatic individuals have been contacted and regular contact will be maintained. |  |  |  |
| **Reporting the Outbreak** | | | |
| Contacted the local Health Protection Team (record reference in comment section). |  |  |  |
| Contacted Infection, Prevention and Control. |  |  |  |
| Updated the Service Update System (SUS). |  |  |  |
| Notified the Covid-19 Support Team. |  |  |  |
| **Extra considerations** | | | |
| Do you need to book in extra clinical waste collections? Consider that you will be using more PPE during an outbreak. |  |  |  |
| Have you stock checked your PPE and ordered additional PPE if necessary? Consider that you will require more PPE during an outbreak. |  |  |  |
| Can you increase the number of jobs carried out per check-up/ observations to reduce the number of staff visits required per Service User? |  |  |  |
| Has a strict hand washing routine has been introduced? |  |  |  |
| Have you ensured staff training is up to date and all monitoring machines are working? |  |  |  |

******