

Infection Prevention and Control COVID-19 Outbreak Checklist

(Refer to [Chapter 3](#) of the [National Infection Prevention and Control Manual \(NIPCM\)](#) for further information)

This Outbreak Checklist is designed for the control of suspected/confirmed COVID-19 incidents and outbreaks in Health Care settings.

For Care Homes see: [COVID-19 outbreak checklist for care home settings](#)

- Two or more patient or staff cases of COVID-19 within a specific setting where nosocomial infection and ongoing transmission is suspected
- A high degree of suspicion should be applied and an outbreak should be considered on detection of any **unexpected cases** of suspected or confirmed COVID-19 e.g. any cases that were not confirmed or suspected on admission. No time limit should be applied to determining whether a case is nosocomial e.g. 48 hours.

Standard Infection Control Precautions;
Apply to all staff, in all care settings, at all times, for all patients when blood, body fluids or recognised/unrecognised source of infection are present.

| Patient Placement/Assessment of risk/Cohort area: | Date | | | | |
|---|------|--|--|--|--|
| Ensure all suspected and confirmed COVID-19 cases are placed appropriately. Confirmed single cases and suspected cases without laboratory confirmation of COVID-19 are prioritised for single side rooms. | | | | | |
| Cohort areas are established for multiple cases of confirmed COVID (if single rooms are unavailable) and separate cohorts for asymptomatic contacts. Patients should be separated by at least 2 metres if cohorted. *Cohorting of symptomatic cases without laboratory confirmation of COVID-19 should be avoided *Patients with other suspected or confirmed infectious pathogens should not be placed in cohorts with other patients | | | | | |
| Doors to isolation/cohort rooms/areas are closed and signage is clear (undertake a patient safety risk assessment for door closure). | | | | | |
| If failure to isolate/cohort appropriately, 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. | | | | | |

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| Personal Protective Clothing (PPE) | Date | | | | |
|---|------|--|--|--|--|
| Staff are compliant with extended use of face masks policy and PPE use for patient care as detailed in section 5.3 (Table 1) of the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum | | | | | |
| Safe Management of Care Equipment | | | | | |
| Single-use items are in use where possible. | | | | | |
| Dedicated reusable non-invasive care equipment (where in use) is decontaminated between uses with a combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine. Where it cannot be dedicated ensure equipment is decontaminated following removal from the COVID-19 room/cohort area and prior to use on another patient. This can be found in section 5.16 of Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum | | | | | |
| Safe Management of the Care Environment | | | | | |
| All areas are free from non-essential items and equipment. | | | | | |
| Environmental cleaning as per Section 5.17- Environmental cleaning determined by SICPs/TBPs of the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum | | | | | |
| Terminal decontamination is undertaken following patient transfer, discharge, or once the patient is no longer considered infectious. | | | | | |
| Hand Hygiene | | | | | |
| Staff undertake hand hygiene as per The National Infection Prevention and Control Manual using either ABHR or soap and water | | | | | |
| There are adequate supplies of liquid soap, ABHR and paper towels | | | | | |
| Movement Restrictions/Transfer/Discharge | | | | | |
| Patients with suspected/confirmed COVID-19 should not routinely be moved to other wards or departments unless this is for essential care such as escalation to critical care or essential investigations, must be discussed with IPCT Discharge home/care facility: Follow the latest advice in Table 4 Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum for requirements for inpatients being discharged from hospital | | | | | |
| Respiratory Hygiene | | | | | |
| Patients are supported with hand hygiene and respiratory etiquette and provided with disposable tissues and a waste bag | | | | | |

Infection Prevention and Control COVID-19 Outbreak Checklist:

| Information and Treatment | Date | | | | |
|--|------|--|--|--|--|
| Patient/Carer informed of all screening/investigation result(s). | | | | | |
| Patient Information Leaflet if available or advice provided? | | | | | |
| Consider vaccination status as part of patient risk assessment and placement | | | | | |
| Staff are provided with information on testing if required | | | | | |
| Patients and visitors | | | | | |
| Patients and visitors are supported and reminded to adhere with wearing of face masks/face coverings | | | | | |
| Patients and visitors are supported and reminded to adhere to hand hygiene and physical distancing | | | | | |

| The points below are not part of the daily checklist, but may act as an aide memoire |
|--|
| Learning and sharing |
| The multi-disciplinary team should consider opportunities to learn from the incident and to transfer this learning into practice where appropriate |
| Learning is disseminated within the organisation and at a national level via ORT reporting (where ORT in use) |
| Hand hygiene, PPE and the clinical environment are reviewed for compliance with infection control standards |
| Education given at ward level by a member of the IPCT (or clinical lead) on the Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum |
| <i>*Note: Lessons Learned are specific issues or changes in practices that may influence the management of other outbreaks. An example might be increased staff/volunteer presence at hospital entrances encouraging hand hygiene compliance on entry to the hospital and the methods used. ARHAI Scotland are encouraging Boards to share examples of interventions</i> |