# Outbreak management check list

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| **Name of facility** |  | | |
| **Outbreak number** |  | | |
| **Any prior outbreaks not reported** |  | | |
| **Date reported to public health** |  | | |
| **Contact details** |  | | |
| **Actions taken** | | | |
| **Task** | **Yes** | **No** | **Comments** |
| **Illness log started** |  |  |  |
| **Communication sent to staff, residents & families** |  |  |  |
| **Public health**  **notified of outbreak** |  |  |  |
| **Unwell residents isolated until symptom-free for at least 48 hours** |  |  |  |
| **Unwell staff excluded until symptom free for at least 48 hours** |  |  |  |
| **Sufficient resources for hand washing and hand drying (e.g. soap, paper towels)** |  |  |  |
| **Cleaning and disinfection commenced** |  |  |  |
| **0.1 % hypochlorite bleach solution prepared** |  |  |  |
| **Appropriate signage displayed to staff and visitors** |  |  |  |
| **Reminders sent to staff, residents and visitors on hand hygiene and posters put up** |  |  |  |
| **Suitable PPE available and worn during cleaning and disinfection** |  |  |  |

