# Influenza Outbreak Daily Actions Checklist

|  |
| --- |
| **Daily Influenza Checklist: complete daily during outbreak** |
| **Date:** |  |  |  |  |  |  |  |
| **Date of first symptoms:**  |  | **Completed by (initials):** |  |  |  |  |  |  |  |
| **Number of new symptomatic residents today:** |  |  |  |  |  |  |  |
|  **Total number of symptomatic residents today:** |  |  |  |  |  |  |  |
|  **Confirmed cases of influenza today:**  |  |  |  |  |  |  |  |
|  **Total cases possible /confirmed (total number of affected residents to date):** |  |  |  |  |  |  |  |
| **Are any residents giving cause for concern due to outbreak infection?** | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N | Y/N |
| **Number of new symptomatic staff today:** |  |  |  |  |  |  |  |
|  **Total number of staff affected to date:**  |  |  |  |  |  |  |  |
| **Resident Placement:** doors to symptomatic residents rooms are closed and signage is clear (if appropriate); where possible, symptomatic and asymptomatic residents are kept apart and common areas are closed |  |  |  |  |  |  |  |
| **All residents** have been told about the outbreak, advised to avoid common areas, reminded to practice good respiratory/cough hygiene and frequent hand hygiene, and have been given the ‘Influenza - Information for residents and visitors’ leaflet |  |  |  |  |  |  |  |
| **Resident care:** Care assessments are completed for today; any concerns have been raised with the GP |  |  |  |  |  |  |  |
| **Resident care:** Antibiotic/antiviral prescribing for all residents has been reviewed with the GP and administered as required |  |  |  |  |  |  |  |
| Inter-care facility **transfers** (if clinically essential) have been pre-agreed with HPT; receiving units have been informed |  |  |  |  |  |  |  |
| **Relatives/carers** of residents discharged to home care have been advised of the situation  |  |  |  |  |  |  |  |
| **Care Worker practices:** Sufficient staff are on duty for all areas; staff on duty are all asymptomatic |  |  |  |  |  |  |  |
| **Care Worker practices**: Where possible, staff are allocated to care for symptomatic or non symptomatic residents, but not both |  |  |  |  |  |  |  |
| There are sufficient **supplies** of PPE (glove, aprons, masks), ABHR, liquid soap, disposable towels and tissues |  |  |  |  |  |  |  |
| There is sufficient dedicated care **equipment** (i.e. washbowls, commodes, lifting equipment)  |  |  |  |  |  |  |  |
| All communal resident care **equipment** has been cleaned following use and is in a ready-for-next-resident use condition |  |  |  |  |  |  |  |
| All **areas** are clutter free and bins have been emptied and are easily accessible for residents to dispose of tissues |  |  |  |  |  |  |  |
| Affected areas have been disinfected as per the **enhanced cleaning** protocol (1000 ppm av cl/all frequently touched surfaces) |  |  |  |  |  |  |  |
| Following any resident discharges, and prior to admitting a new resident, a **terminal clean** of the room/area has been carried out |  |  |  |  |  |  |  |
| Residents and visitors have been updated about any restrictions or changes to **visiting** policy |  |  |  |  |  |  |  |
| All changes to outbreak status have been **communicated** to staff/relatives and residents within the facility |  |  |  |  |  |  |  |
| **A terminal clean of the wider facility has been organised with the HPT once all persons have been symptom-free for at least 48 hours** |  |  |  |  |  |  |  |

For ongoing monitoring until outbreak is under control.