

Annex K: Daily Infection Prevention and Control Process Review During Outbreaks or New Cases of Health Care-Associated Infection (HAI)

This annex may be used in two ways:

1. Managers and/or infection control professionals (ICPs) may use this annex to review unit/department processes related to Infection Prevention and Control (IPAC) during (e.g., daily) and after an outbreak to:
 - identify the cause(s) or ongoing source(s) of the outbreak;
 - document practice changes based on recommendations; and
 - ensure the outbreak is not prolonged due to unresolved IPAC deficiencies.
2. This annex may also be used when each new case of health care-associated infection (HAI) is identified, to ensure processes are in place to prevent an outbreak or reoccurrence of an HAI.

Additional audits may be performed by IPAC if specific areas requiring attention are identified using this Annex.

Date: _____

Location: _____

Completed By: _____

Abbreviations:

ABHR	Alcohol-based hand rub
ICP	Infection control professional
IPAC	Infection prevention and control
HAI	Health care acquired infection
PPE	Personal protective equipment
VRE	Vancomycin-resistant enterococci

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Element	Comments
1.0 Equipment	
1.1	Equipment is cleaned between patients/residents with a solution appropriate to the outbreak
1.2	Disinfectant wipes are conveniently located throughout the care area
1.3	Equipment that has been cleaned is identified (e.g., tagged) and includes date cleaned and signature
1.4	There is accountability for cleaning medical equipment outside patient/resident rooms immediately after use and when visibly soiled (refer to <i>Annex H: Noncritical Items Requiring Cleaning and/or Low-level Disinfection</i>)
2.0 Environment	
2.1	There are clearly designated hand washing sinks for staff
2.2	Hand washing sink counters should be clear of items not used for hand hygiene
2.3	Cleaning is being done according to facility policy.
2.4	Rooms with patients/residents on Additional Precautions are cleaned and disinfected daily, or twice daily for vancomycin-resistant enterococci (VRE) and <i>C. difficile</i> and additionally according to facility policy
2.5	Protective covers are used for equipment in patient/resident rooms that is not used for care but cannot be removed (e.g., suction equipment)
2.6	No unnecessary items are stored in the room
2.7	There is an adequate supply of personal protective equipment (PPE) that is clean and available for staff in appropriate sizes
2.8	There is clear separation between clean and dirty supplies
2.9	Food and beverages are not consumed in work areas
2.10	Single serving, disposable condiments are used (i.e., condiments are not shared)
2.11	There is no shared food in the outbreak area, unless handled and served in a manner that prevents cross-contamination

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Element	Comments	
3.0 Hand Hygiene		
3.1	Staff adhere to facility's policy on hand hygiene.	
3.2	Hand hygiene facilities are readily available (e.g., alcohol-based hand rub (ABHR) at point-of-care)	
3.3	A hand hygiene audit was done during the outbreak (<i>refer to hand hygiene audit tools</i>)	Date done:
3.4	Patients/residents are assisted with hand hygiene after toileting and before meals	
3.5	Visitors receive instruction on hand hygiene and the proper use and disposal of PPE	
4.0 Communication		
4.1	Staff are aware of their responsibilities in an outbreak situation	
4.2	There is a clear communication process during an outbreak	
4.3	Appropriate signage is posted at all facility/unit entrance doors and the doors of patients/residents on Additional Precautions	
4.4	Laboratory results are communicated daily to Infection Prevention and Control (IPAC)	
4.5	The unit manager and staff are informed of each new case by the laboratory or IPAC	
4.6	IPAC maintains a line listing of all staff and patients/residents who meet the outbreak case definition	
4.7	There is daily communication between the affected unit and IPAC to be sure that patient/resident line lists are accurate	
4.8	There is daily, minuted communication between members of the Outbreak Management Team (including communication between Occupational Health and IPAC if staff are implicated) regarding the status of the outbreak	
4.9	There is clear communication regarding the outbreak to other departments in the facility, other regional facilities and public health, as required	
4.10	There is daily reporting to public health if the outbreak /new case is reportable	
4.11	There is documentation that education is provided to patients/residents and their families regarding the outbreak organism	
4.12	Deficiencies are reviewed and addressed	