

# COVID-19 Incident or outbreak control tool for social or community care or residential settings

Version 1.1

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Before use check the [HPS COVID-19 page](#) to verify this is the latest publication.

## Version history

Version	Date	Summary of changes
1.1	17/04/20	Document created

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### General Information

This COVID-19 Tool has been designed by Health Protection Scotland for the control of incidents and outbreaks in Social or Community Care & Residential Settings (including but not limited to residential schools, places of detention, care homes etc.). It should be read and used in conjunction with the latest version of [COVID-19 Information and Guidance for Social or Community Care & Residential Settings](#).

The control measures in this tool are specific for COVID-19. Facilities may modify this tool as required for better staff understanding / compliance. This tool is available in word format for that purpose. Any such changes to this document are the responsibility of the Facility Manager/ Responsible Officer.

### Definitions:

<b>COVID -19 outbreak:</b>	Two or more confirmed or suspected cases of COVID within the same setting over 14 days.
<b>Confirmed case:</b>	Any person who has tested positive for COVID-19
<b>Suspected case:</b>	Any person displaying symptoms indicative of COVID-19 not yet laboratory confirmed.
<b>Clinician</b>	A doctor or registered nurse operating within their scope of professional practice for the purposes of assessing the clinical condition of suspected or confirmed cases of COVID-19.

This tool should be commenced when two or more confirmed or suspected cases of COVID-19 occur within the same setting over 14 days.

### Objectives:

- To enable early detection, investigation and management of potential outbreaks.
- To enable the local Health Protection Team (HPT) to determine if there is an issue with infection prevention and control (IPC) and other factors that is increasing the population's vulnerability or increasing the risk of cross-transmission.
- To create a culture and system that minimises susceptibility to COVID-19 and cross-transmission.

### Responsibilities:

<b>Facility Manager/ Responsible Officer</b>
<ul style="list-style-type: none"><li>• Recognise and report cases to the lead facility and local HPT as per local reporting systems for any incident/outbreak.</li><li>• Lead on ensuring appropriate actions are undertaken in response to the incident/outbreak.</li><li>• Ensure compliance with appropriate national guidance and advice for COVID-19.</li></ul>
<b>Facility Staff</b>
<ul style="list-style-type: none"><li>• Recognise and report any individuals who may have symptoms consistent with COVID-19 (new continuous cough or fever) to their line manager.</li><li>• To take, or assist with taking, appropriate samples</li><li>• Be familiar with relevant local/national guidance and ensure that all care provided is consistent with this as far as is reasonably practical in the facility.</li><li>• Report any concerns regarding IPC measures to their line manager, the lead responsible person for the facility, or local HPT.</li></ul>
<b>Facility Lead / Local HPT</b>
<ul style="list-style-type: none"><li>• Collaborate with the staff to complete this tool.</li><li>• Ensure the listed control measures in this tool are being applied fully within the facility.</li><li>• Consider the need for additional control measures if transmission continues.</li><li>• Complete the required documentation.</li><li>• Communicate to relevant staff, internal and external, if outbreak is confirmed.</li></ul>

COVID guidance and supporting tools are available in the [National Infection Prevention and Control Manual \(NIPCM\)](#) in the A-Z Pathogens section – also available [here](#).

Situation Assessment (Lead Facility/ Local HPT)			
Today's date:			
Facility name:			
Facility type (e.g. prison, care home):			
Local NHS Board Area:			
Person in Charge:			
Date of first confirmed or symptomatic onset:			
Total number of beds in the facility			
Number of confirmed cases living in the facility:			
Number of possible cases living in the facility:			
Number of confirmed staff cases:			
Number of possible staff cases:			
Investigations			
Have specimens been obtained as per the request /advice of the HPT.	<input type="checkbox"/> Yes	Number of specimens collected (and results if available):	
	<input type="checkbox"/> No	Actions taken:	
Has a clinician/GP attended to review the cases?	<input type="checkbox"/> Yes	Record actions taken:	
	<input type="checkbox"/> No	Record actions taken:	
Outbreak assessment			
Is this an outbreak?	<input type="checkbox"/> Yes	Complete <b>Immediate Infection Control Checklist</b> (next page) and implement <b>COVID-19 Daily Actions Checklist</b> (see Appendix 1 included in this tool).	
	<input type="checkbox"/> No	Continue SICPs and TBPs as described in COVID-19 guidance and NIPCM.	
Outbreak confirmed over?	<input type="checkbox"/> Yes	Date of last symptom onset:	
		Date outbreak confirmed over:	
	<p><b>If area closed to admissions the criteria for reopening:</b> as a minimum there should be no new symptomatic cases for a period of 14 days, existing cases should be isolated/cohorted and symptoms should be resolving, and there should be sufficient staff to enable the facility to operate safely.</p>		

Person in charge to complete with a local Health Protection Nurse

<b>Immediate Infection Prevention and Control Checklist</b>	
<b>Environment, Equipment and Practice</b>	
<input type="checkbox"/>	Are confirmed and possible cases isolated or cohorted; doors should be closed where possible; and appropriate signage in place (maintaining confidentiality as appropriate)?
<input type="checkbox"/>	Have confirmed and possible staff cases been sent home from work for a minimum of 7 days?
<input type="checkbox"/>	Are staff cohorted to care for either confirmed/symptomatic or non-symptomatic individuals?
<input type="checkbox"/>	Has the facility actively promoted and communicated to all individuals in the facility the importance of hand hygiene (HH) as per WHO 4 Moments?
<input type="checkbox"/>	Have staff who may be at increased risk due to underlying health conditions, immunosuppression or pregnancy been provided with appropriate advice from line management/occupational health?
<input type="checkbox"/>	Has the facility ensured that staff are aware of the correct personal protective equipment (PPE) to use; when it must be worn and removed; and that it must not be used inappropriately?
<input type="checkbox"/>	Has the facility ensured that staff always wear the correct PPE as per the COVID-19 guidance and that PPE is always removed on leaving the isolation/cohort area, and always perform hand hygiene after removing PPE?
<input type="checkbox"/>	Has a cleaning/disinfection regime been established for the cohort/isolation area and equipment in it? This must be undertaken with detergent then disinfectant (or combined detergent/disinfectant) at a dilution of 1000 parts per million available chlorine (or whatever product has been recommended for use by the facility).
<input type="checkbox"/>	Is twice daily cleaning and disinfection of all frequently touched surfaces in place?
<input type="checkbox"/>	Is there dedicated reusable care equipment available for use for individuals with confirmed COVID-19?
<input type="checkbox"/>	If it is not possible to have dedicated items of reusable equipment for isolation/cohort areas, is any equipment removed from isolation/cohort areas cleaned and disinfected before any use elsewhere?
<input type="checkbox"/>	Has the environment been de-cluttered and all non-essential items and equipment removed (or disposed of) from the room ensuring that when it is removed it is cleaned and disinfected before being placed in a storage area?
<input type="checkbox"/>	Have portable cooling fans been removed from areas (risk of airborne dissemination of virus)?
<input type="checkbox"/>	Are tissues and hand wipes available for symptomatic individuals; and foot-operated bins available for disposal of wipes and tissues?
<b>Movement restrictions</b>	
<input type="checkbox"/>	Have all non-essential movements within the facility and to other facilities been cancelled or rescheduled?
<input type="checkbox"/>	Is the area closed to admissions, if considered beneficial to gaining control?
<input type="checkbox"/>	Has all non-essential visiting to the facility been restricted?
<input type="checkbox"/>	Have symptomatic staff or those who live in the same household as symptomatic cases been reminded to follow "stay at home" advice as described on NHS Inform?
<b>Individual care assessment</b>	
<input type="checkbox"/>	Have unwell individuals had their condition reviewed as necessary by a clinician/GP?
<input type="checkbox"/>	Have samples (throat swabs) been collected from symptomatic individuals as advised by HPT?
<b>Knowledge &amp; Information</b>	
<input type="checkbox"/>	Have all staff in the facility been informed of the COVID-19 outbreak and IPC requirements?
<input type="checkbox"/>	Have all individuals (and relatives/carers as appropriate) been informed of the situation, precautions/restrictions and risks, and provided with information from NHS Inform?
<input type="checkbox"/>	If the facility is closed to admissions, is an approved notice in place on entry to the area?
<input type="checkbox"/>	



Have all other relevant parties (e.g. care home parent organisation) been informed of the outbreak as per local policies and procedures?

**Criteria to discontinue isolation:** Individuals should continue to be isolated for a minimum of 14 days from symptom onset (or first positive test if symptom onset undetermined) and resolution of fever for 48 hours without the use of antipyretics.

**Completed by (name/designation):**

**Date:**



COVID-19 Daily Actions Checklist										
Facility name and area:									Date:	
Date of symptom onset in first case:									Completed by (initials):	
Comments:									Total number of cases today:	
									New symptomatic cases today:	
									New cases confirmed positive today:	
									Total symptomatic cases today:	
									Total confirmed and possible cases today:	
									Total confirmed and possible staff cases today:	
									Total number of staff on sick leave with confirmed or possible COVID-19 today:	
									Number of cases giving cause for concern due to COVID-19:	
<b>Individual Placement:</b> Isolation/cohort procedures are established, doors are closed where possible and signage is clear.										
<b>Transfer Restrictions:</b> Any non-essential facility transfers have been cancelled or postponed. Where the transfer is essential, receiving facilities have been notified of the COVID-19 outbreak and the necessary measures to be taken on transfer.										
<b>Individual care checks:</b> Clinical assessments are completed where required										
<b>Virology investigations:</b> Samples have been taken as advised by the HPT										
<b>Staff practices/restrictions:</b> Staff on duty are asymptomatic and are present in sufficient numbers for all areas.										
<b>Staff practices /restrictions:</b> Where possible staff are allocated to isolation/cohort area or non-isolation/cohort area, but not both.										
Isolation/cohort areas have been <b>decontaminated</b> at least once today with detergent followed by or including 1000 ppm av cl. (or equivalent).										
<b>Environment:</b> all areas are clutter-free, frequently touched surfaces have been decontaminated at least 2x today with detergent followed by or including 1000 ppm av cl. (or equivalent) .										
<b>PPE:</b> There are sufficient supplies of PPE and other sundries for safe practice.										
<b>Terminal decontamination</b> of isolation/cohort rooms with detergent followed by or including 1000ppm av. cl (or equivalent). has been carried out following transfer, discharge, or once the individual is no longer considered infectious; this includes removal and laundering of all curtains.										
<b>Equipment:</b> is dedicated to the isolation/cohort area where possible										
<b>All reusable equipment:</b> is decontaminated after each use with detergent followed by or including 1000 ppm av cl.as per <a href="#">Appendix 7</a> of the NIPCM.										
<b>Knowledge:</b> for individuals discharged, GPs and carers have been informed of any additional ongoing monitoring and actions required as per NHS Inform.										
<b>If the outbreak is considered closed;</b> as a minimum there should be no new symptomatic cases for a period of 14 days, existing cases should be isolated/cohorted and symptoms should be resolving, and there should be sufficient staff to enable the care area to operate safely.										