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| Hospital Disease Outbreak Notification and Summary Form |
| To: Te Mana Ora | Community and Public Health CW-NPHS-HealthProtection@tewhatuora.govt.nz Attention: Communicable Disease Team |
| Date notified |  | Officer responsible |  |
| Name and/or number of outbreak, if known |  |
| Condition |  | Implicated pathogen |  |
| Name of Hospital and Ward |  |
| Address |  |
| Phone |  | Email |  |
| Contact person and position |  |
| **Outbreak details – total exposed** |
| Number of people affected | Patients | Staff |
| Onset of illness | First Case | Last Case |
| Duration of illness | Hrs/ days |  |
| Estimation of incubation period | Hrs/ days |  |
| Number of Cases | Lab confirmed | Probable |
| Organism(s) isolated |  |
| Possible source |  |
| **Control measures** |
| Closure | Hospital/Ward closed to: [ ]  Visitors [ ]  Admissions [ ]  Transfers |
| Modification of procedures | [ ]  Cessation of group activities [ ]  Meals provided in rooms[ ]  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cleaning/ Disinfection/PPE | [ ]  Increased ward cleaning [ ]  Scrubs used by staff[ ]  Terminal cleaning [ ]  Terminal clean checklist used[ ]  Terminal cleaning spot audits [ ]  Appropriate PPE worn |
| Exclusion (of ill staff) | Exclusion criteria for ill staff (from last symptoms):[ ]  Nil [ ]  24 hrs [ ]  48 hrs [ ]  72 hrs |
| Isolation of ill patients | [ ]  Nil [ ]  Own rooms [ ]  Cohorted multi-bed rooms[ ]  Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health education and advice | Advice given to: [ ]  Staff [ ]  Patients [ ]  Visitors |
| Health warning | [ ]  Warning notices placed at entrances to hospital/ wards |
| **Comments** |
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