

Communication Pathway

A whole team approach is vital

Aid 1

Personal Responsibility

Challenge	What to do?
If you notice something is not right with your resident and you are concerned about misdiagnosing an outbreak?	Check it out with a senior member of staff and take agreed action. Ensure your concern has been documented.
Not feeling well in yourself. Unsure got a dodgy stomach, feeling a bit nauseas.	Speak to your line manager and decide whether to stay in the community or not.
Have you got a family member or friend exhibiting symptoms?	Advise your line manager and increase your personal care in hand hygiene and general personal and environmental cleanliness.
If an outbreak has been confirmed and you are not sure of who is affected.	Before you start your shift confirm with your team leader the current situation. Make sure you know who the Key Coordinator(s) is.
If you see an external visitor come into the community when it is closed.	Tell the Key Coordinator(s) and line manager.
I've already washed my hands and I'm coming into work, do I really need to use alcohol gel?	On entry and exit to the community and areas within the community hand hygiene is essential. In an outbreak alcohol gel should be replaced with TECcare Protect foam as the second stage decontamination of hands after washing. See 5 moments of hand hygiene page 38 General Practices to determine when to wash versus wash and decontaminate.

Event Reporting Internally Resident

Aid
1&6

First Case Identification

1. Notify clinical lead and request they confirm the symptoms exhibited by the resident (if no clinical lead contact Deputy Manager or Duty Manager whoever is available).
2. Check residents notes. Update with observations and agree next stage protocols i.e. isolation if necessary or possible.
3. Communicate with local teams to identify the last 24–48 hours resident activity in and outside of the community. Risk assess who has been in contact with them and if they are vulnerable.
4. Ensure night and day staff are aware of the potential infection, to be vigilant and raise hand hygiene and PPE awareness.
5. Liaise with regional clinical support nurse or IPC specialist with any questions.

Second Case Identification

1. Confirm with clinical lead.
2. Key Coordinator (IPC Champion, Deputy Manager, Duty Manager) to notify the team to implement standard precautions and enhanced cleaning protocols.
3. Begin outbreak tracker.
4. Email outbreak team - Notification of an outbreak. Include the tracker.
5. Convene an outbreak control team meeting.
6. Communicate with residents that there is an outbreak requesting their support with management of containment processes where they have cognitive capacity.

Event Reporting Internally Staff



Aid
1&6

Breaking the chain of infection

1. Remove yourself from the community and notify team leader of your symptoms.
2. Identify where you have been in the last 24/48 hours, who you have come into contact with and which locations you have been working in.
3. Have there been any incidences where infection prevention control resources such as PPE have been challenged or material, fixtures and fittings unable to be thoroughly cleaned and disinfected after soiling?
4. Contact your GP for appointment, a sample may be required.
5. Stay away from the community/environment and other colleagues until you are 48 hours free of symptoms.