

ILOG No: _____

Confirmed Organism: _____



Oldham
Council

Outbreak of Infection

Message Taken by: Date:

Outbreak onset date

Message received from:

Name and address of Establishment.....

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Person in Charge:.....

Tel No:

Number of cases infectedTotal number at risk (staff & Residents)

Date closed:

Date re-opened:

Agencies informed:

Health Protection Agency

IPCN Salford Royal

DAT (Transfer of Care)

Directorate Head

Environmental Health (if applicable)

Clinical Details / Signs and Symptoms

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Advice Given:

ILOG given and explained

Infection control precautions discussed

Staff sickness (48hr rule) discussed

Patient transfers discussed

Isolation (48hr rule) discussed

Environmental cleaning discussed

Staff movement discussed

Visitors discussed

Follow up (if any)

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OUTBREAK TIME LINE

Name of Establishment.....

Outbreak start date..... Date establishment closed.....

Week commencing.....

No	Resident & Room number	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information	Date of specimen	Result

D = Diarrhoea V = Vomiting N = Nausea AP = Abdo pain >24hrs >48 hrs C = Clear/symptom free

STAFF LOG

No	Staff	DOB	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other relevant information