# Cluster/ outbreak review report

## Instructions

To be completed for a COVID-19 patient cluster/ outbreak in a healthcare setting.

Provide each patient/ family with an individual report of their case within the cluster/ outbreak.

Note: Refer to Advice for Directors of Clinical Governance (DCGs) “Reviewing a COVID-19 patient cluster/ outbreak in a healthcare setting” for cluster/ outbreak definitions. For any patient case/s that meet the definition of a reportable incident as per Appendix D of the NSW Health Incident Management Policy ([PD2020\_047](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2020_047)), a serious adverse event review must be undertaken for each of them. Further information is available in the Advice to DCGs.

|  |  |  |  |
| --- | --- | --- | --- |
| Health Service |  | MoH RIB number |  |
| Incident number |  | Notification date |  |
| Review Method | Rapid root cause analysis | Health Service reference |  |
| NCIMS Number |  | Date of safety check |  |
| Date due to MoH |  | Date sent to MoH |  |

|  |
| --- |
| Organisation Details & Incident numbers |

|  |  |  |  |
| --- | --- | --- | --- |
| Health Service |  | Facility |  |
| Ward/ Unit |  | Date of Index case |  |
| Incident numbers - cases within cluster/ outbreak | |  | |

|  |
| --- |
| Review details |

|  |  |  |
| --- | --- | --- |
| Referral to Agencies or Committees | |  |
| Contact |  | |

|  |  |
| --- | --- |
| Index case | |
| Date of admission |  |
| Date of incident |  |
| Date of COVID-19 test with Positive result |  |

| Last known case in cluster/ outbreak | |
| --- | --- |
| Date of admission |  |
| Date of incident |  |
| Date of COVID-19 test with Positive result |  |

| Cluster/ outbreak | | |
| --- | --- | --- |
| Total number of cases |  | |
| Outcome severity for patients in cluster/ outbreak | Harm Score 1 (most severe) |  |
| Harm Score 2 |  |
| Harm Score 3 |  |
| Harm Score 4 |  |
| Location/ positioning | Was the Index case patient in a single or shared room?  Standard single room  Isolation single room  Negative pressure room  Positive pressure room  Shared room | |
| Was the Index case patient isolated for the infectious period?  Yes  No  Partially  Isolation started  Isolation ended  Details | |
| What precautions were in place with the Index case patient? Tick all that apply.  Contact  Droplet  Airborne  Combined (Contact, Droplet, Airborne)  Standard | |

| Controls | |
| --- | --- |
| Administrative controls | Were visitation restrictions put in place?  Yes  No |
| Were COVID-19 test laboratory results timely (generally within 24 hours)?  Yes  No |
| Engineering controls | Is the ventilation suitable for management of COVID-19 patients? Is it properly maintained and functioning?  Yes  No |
| Is the air conditioning suitable for management of COVID-19 patients? Is it properly maintained and functioning?  Yes  No |
| Were there single rooms available to physically separate patient groups?  Yes  No |
| Was there adequate space for staff to individually safely don and doff PPE?  Yes  No |
| Were there physical barriers for public facing non-clinical staff (e.g. perspex screens)?  Yes  No |
| Organisational factors | Indicate whether there was an identified breach (non/low compliance) with any of the following factors on the ward/ unit?  Personal protective equipment (PPE)  PPE training regime  Hand hygiene  Cleaning  Ventilation and air circulation in clinical areas  Ventilation and air circulation in non-clinical areas  In this case, did low or noncompliance contribute to the cluster/ outbreak?  Yes  No  Partially  Not applicable |
| How are waiting areas/ cohorts managed? |
| Established source of outbreak | Staff member  Visitor  Patient to patient  Unknown  Other |

| Operational | |
| --- | --- |
| Number of staff positive during this cluster/ outbreak |  |
| Number of staff in isolation (negative or awaiting test) | What is the impact on running the ward/ unit?  High risk  Medium risk  Low risk |
| Operational impacts |  |

| **Documentation at time of review** | |
| --- | --- |
| Policies | What policies were referred to when undertaking the SAER? Include policy number. |
| Guidelines | What guidelines were referred to when undertaking the SAER? Include number. |
| Handbooks | What handbooks were referred to when undertaking the SAER? Include version and publication date. |
| Other |  |

| **Context at time of review** |
| --- |
| Specify relevant context in NSW, Health Service and Local Government Area at the time of the incident. |

**Areas that have been reviewed**

Hand hygiene

Environment ventilation

Environment layout

Environmental cleaning

Staff orientation

Training in personal protective equipment

Access to personal protective equipment

Appropriate to personal protective equipment

Cleaning of shared patient care equipment

Appropriate early identification and treatment

Appropriate management of patient factors

Other

|  |
| --- |
| Description - Incident Summary |
| Indicate what happened. What were the circumstances of each transmission event? What was the number and proportion of potentially preventable cases? How timely was the response in relation to the Index case and subsequent cases? |

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| Analysis - Lessons learned |
| Identify how the incident occurred and any factors that caused or contributed to the incident.  Outline any immediate actions taken at ward/ unit and/ or facility level? Specify any public health actions taken. |

# Recommendations arising out of cluster/ outbreak review

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Recommendation | Relevant Factor/s | Outcome Measure | Timeframe | Oversight committee | Person Responsible | Management Agrees? |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

Delete/add rows as required.

# State-wide considerations arising out of cluster/ outbreak review

|  |  |  |
| --- | --- | --- |
|  | What (if anything) should be considered at a state-wide level? | Intended improvement/ outcome |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

Delete/add rows as required.

# Recommendations Report sign-off

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Title | Signature | Date |
| 1 |  |  | Signature | Date |
| 2 |  |  | Signature | Date |

I, , the Chief Executive/ authorised delegate of endorse this report.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed by |  |  |  |
|  | **Chief Executive or authorised delegate** |  | **Date** |