



Health
South Eastern Sydney
Local Health District

Infection Control Collaborating with Patient Flow

Whole of Health Program Masterclass #12

Belinda Boston

Infection Prevention and Control CNC
St George Hospital 2018

Wednesday 9th May 2018

“Alone we can do so little”



“Together we can do so much”

Helen Keller

1. Returned traveller with fever
2. MRSA vs overseas transfer post surgery
3. 82 year old post fall in ED
4. Child with cough in ED waiting room



When it all goes wrong

- Measles was confirmed in our traveller from Thailand
- A deep wound swab grew Carbapenem resistant Enterobacteriaceae (CRE) and the patient had been in three separate four bedded rooms
- Patient with active Norovirus started having diarrhoea again after two bags of IVF. Patient was transferred to open 14 bed ICU unit
- Child with coughing fits has been diagnosed with pertussis



What patient gets the single room? And can I risk manage this ?

St George Hospital

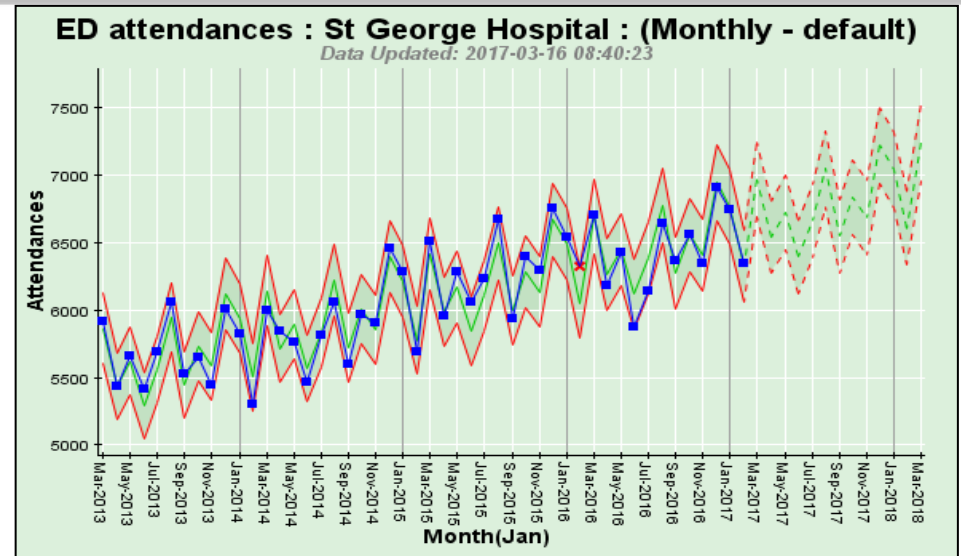
- Acute tertiary referral trauma hospital.
- 600 beds
 - 4 bed shared rooms
 - 89 single rooms
 - 18 singles with shared bathroom
- New ASB opened November 2017
 - Additional 25 single rooms plus 2 bedded rooms
 - New 52 bed ICU all singles



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St George Hospital

- Significant increase in activity at SGH Emergency
- Issues with bedblock ED > 24 hours
- Issues with single room availability during peak of winter

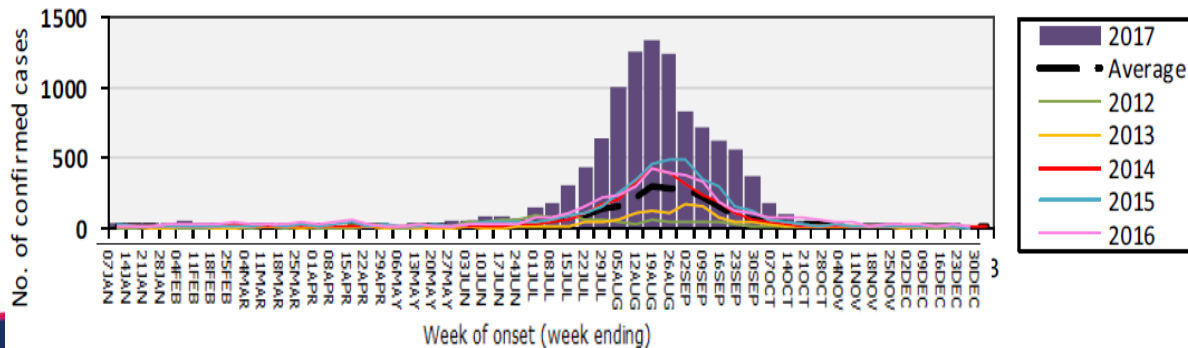


health → health problems

Australia hit by worst flu outbreak on record in 2017

AUSTRALIA is in the grip of the worst flu outbreak on record and experts are urging people to have a flu vaccine now before it's too late.

Confirmed influenza cases in SESLHD, 2017 compared to previous 5 years



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When conditions are favourable

Outbreak of Respiratory Syncytial Virus (RSV) Infection in Immunocompromised Adults on a Hematology Ward

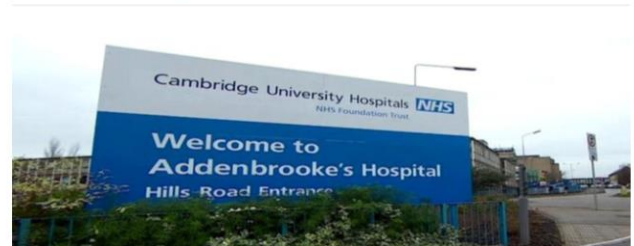
Tomas Ostergaard Jensen,^{1,2*} Sacha Stelzer-Braid,^{2,3} Christiana Willenborg,³ Carol Cheung,⁴ David Andresen,¹ William Rawlinson,^{2,3,5} and Kate Clezy⁶

¹Department of Infectious Diseases, St Vincent's Hospital, Sydney, Australia

Flu outbreak shuts three hospital wards at Addenbrooke's Hospital

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Flu Takes a Toll in NYC, With 4 Children Reported Dead in Seasonal Outbreak

By GILLIAN MOHNEY - Feb 7, 2017, 11:43 AM ET

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Risk Matrix and Influenza Flowchart development

- Aim: To reduce bed block
- Brainstorming sessions led to formation of x 2 flowcharts
 - Infection Prevention and Control CNC x 2
 - Respiratory CNC
 - Bed Managers
 - Deputy Director of Nursing and Midwifery/ A/DDON
 - Nurse Manager Division of Medicine 1
 - Nursing Unit Manager Respiratory ward
 - Nurse Educator Respiratory Medicine
 - Microbiologists
 - Infectious Diseases Staff Specialist
 - Respiratory Medicine Consultant
 - Clinicians within ED and clinical areas



Flowchart 1

St George Hospital - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

ONGOING PROACTIVE MANAGEMENT MUST OCCUR TO ENSURE APPROPRIATE PLACEMENT OF PATIENTS WITH MRO IN EITHER SINGLE ROOM OR COHORT

Risk Rating of Clinical Area ↓	Clinical transmission risk: →	Good skin integrity Patient has known MRO Patient is alert, orientated and continent, with no exudation of wounds	Poor skin integrity Patient has known MRO Patient has cognitive impairment Patient has exudation of wounds not including skin tears	Likely/ Known Infective gastroenteritis diarrhoea, vomiting	Conditions spread by Droplet or Airborne transmission/ or highly infectious conditions spread by direct contact
		<p>Contact Precautions</p> <p><i>Designated toilet/ Single if Available</i></p> <p>No delays to transfer</p>	<p>Contact Precautions</p> <p><i>Designated toilet/ Single if Available</i></p> <p>No delays to transfer</p>	<p>Contact precautions</p> <p><i>Single room only</i></p> <p>Must have own toilet</p> <p>Determine cause of diarrhoea and send appropriate specimen</p>	<p>Patients with potential/ known communicable illness spread by droplet or airborne transmission</p> <p>OR</p> <p>Conditions that ID/ Infection Control advise single room only</p> <p>OR</p> <p>Carbapenem resistant Enterobacteriaceae or Carbapenem resistant Pseudomonas with resistance in 3 major classes</p> <p>OR</p> <p>Recent travel to endemic region Prior admission to overseas PHO or RACF in last 12 months</p> <p>Single room only and institute appropriate transmission based precautions</p> <p>Risk assess patients on receiving ward as per PD2007_024 Infection Control Policy: Prevention & Management of Multi-Resistant Organisms (MRO) to determine whether single can be created</p>
Low Aged care/ Rehabilitation units Palliative care units Maternity and birthing units Level 1 nursery					
Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units					
High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology					
Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units					

IMPORTANT: When MRO patients are moved to a shared room. Place with other patients who are continent, ambulant, self-caring, have minimal or no invasive devices, wounds, no recent surgical procedures or immunosuppression and those who perform hand hygiene. Staff must ensure that strict Hand hygiene and environmental cleaning of shared care items is a priority to reduce the risk of transmission

How MRO matrix works

Risk rate clinical area

<p>Aged care/ Rehabilitation units Palliative care units Maternity and birthing units Level 1 nursery</p>
<p>Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units</p>
<p>High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology</p>
<p>Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units</p>

St George Hospital - Risk Assessment for placement of patients with known or suspected MRO or communicable diseases
 ONGOING PROACTIVE MANAGEMENT MUST OCCUR TO ENSURE APPROPRIATE PLACEMENT OF PATIENTS WITH

Risk Rating of Clinical Area	Clinical transmission risk:	Integrity of room	Placements of patients with MRO	Placements of patients with communicable diseases
<p>Low Aged care/ Rehabilitation units Palliative care units Maternity and birthing units Level 1 nursery</p>	→	→	→	→
<p>Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units</p>	→	→	→	→
<p>High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology</p>	→	→	→	→
<p>Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units</p>	→	→	→	→



IMPORTANT: When MRO patients are moved to a shared room. Place with other patients who are continent, ambulant, self-caring, have minimal or no invasive devices, wounds, no recent surgical procedures or immunosuppression and those who perform hand hygiene. Staff must ensure that strict Hand hygiene and environmental cleaning of shared care items is a priority to reduce the risk of transmission



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How matrix works

Risk rate clinical transmission risk

St George Hospital - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

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ONGOING PROACTIVE MANAGEMENT MUST OCCUR TO ENSURE APPROPRIATE PLACEMENT OF PATIENTS WITH MRO IN EITHER SINGLE ROOM OR COHORT

Risk Rating of Clinical Area ↓	Clinical transmission risk: →	Good skin integrity Patient has known MRO Patient is alert, orientated and continent, with no exudation of wounds	Poor skin integrity Patient has known MRO Patient has cognitive impairment Patient has exudating wounds including skin tears	Likely/ Known infective gastroenteritis diarrhoea, vomiting	Conditions spread by Droplet or Airborne transmission/ or highly infectious conditions spread by direct contact
Low Aged care/ Rehabilitation units Palliative care units Maternity and birthing units Level 1 nursery		Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>	Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact precautions Single room only <i>Must have own toilet</i> Determine cause of diarrhoea and send appropriate specimen	Patients with potential/ known communicable illness spread by droplet or airborne transmission OR Conditions that ID/ Infection Control advise single room only OR Carbapenem resistant Enterobacteriaceae or Carbapenem resistant Pseudomonas with resistance in 3 major classes OR
Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units		Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>	Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact precautions Single room only <i>Must have own toilet</i> Determine cause of diarrhoea and send appropriate specimen	Patients with potential/ known communicable illness spread by droplet or airborne transmission OR Conditions that ID/ Infection Control advise single room only OR Carbapenem resistant Enterobacteriaceae or Carbapenem resistant Pseudomonas with resistance in 3 major classes OR
High Surgical Emergency Level Coronary Renal		Contact Precautions	Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact precautions Single room only <i>Must have own toilet</i> Determine cause of diarrhoea and send appropriate specimen	Patients with potential/ known communicable illness spread by droplet or airborne transmission OR Conditions that ID/ Infection Control advise single room only OR Carbapenem resistant Enterobacteriaceae or Carbapenem resistant Pseudomonas with resistance in 3 major classes OR
Extreme Intensive Care Neonatal Burns Haemodialysis Transplant		Contact Precautions	Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact precautions Single room only <i>Must have own toilet</i> Determine cause of diarrhoea and send appropriate specimen	Patients with potential/ known communicable illness spread by droplet or airborne transmission OR Conditions that ID/ Infection Control advise single room only OR Carbapenem resistant Enterobacteriaceae or Carbapenem resistant Pseudomonas with resistance in 3 major classes OR

- Good skin integrity
- Patient has known MRO
- Patient is alert, orientated and continent with no exudating wounds

- Poor skin integrity
- Patient has known MRO
- Cognitive impairment
- Including exudating wounds and abscess but not including skin tears

- Likely/ known infective gastroenteritis, diarrhoea, vomiting

- Conditions spread by Droplet or Airborne transmission / or highly infectious conditions spread by direct contact

2 patients require admission to Cardiology

St George Hospital - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

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Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units		Contact Precautions <i>Designated toilet/ Single if Available</i> <i>No delays to transfer</i>			
High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology		Contact Precautions <i>Designated toilet/ Single if Available</i>			
Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units		Contact Precautions <i>Designated toilet/ Single if Available</i>			

High
Surgical units
Emergency Departments
Level 2 nurseries
Coronary care/ Cardiology
Renal/Gastroenterology ward

IMPORTANT: When MRO patients are moved to a shared room. Place with other patients who are continuing to receive treatment and those who perform hand hygiene. Staff must ensure that strict Hand hygiene is maintained.

- 2 admissions to Cardiology
- Both require singles
- One single is available now, one is available at 3pm (in 6 hours)
- No patients can be moved out of other singles

Patient 1: Alert/Orientated, MRSA, no open wounds, no recent travel

St George Hospital - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

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High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology		Contact Precautions Designated toilet/ Single if Available No delays to transfer, however patient must be allocated to a single room within 6 hours of transfer	Designated toilet/ Single if Available No delays to transfer		
Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units		Contact Precautions Designated toilet/ Single if Available	Contact Precautions Single room only		

IMPORTANT: When MRO patients are moved to a shared room. Place with other patients who are continent, ambulant, self-caring, have minimal or no invasive devices and those who perform hand hygiene. Staff must ensure that strict Hand hygiene and environmental cleaning of shared care items is a priority to reduce the risk of transmission.

Contact Precautions

Designated toilet/ Single if Available

No delays to transfer, however patient must be allocated to a single room within 6 hours of transfer

Patient 2: MRSA, confused, incontinent and has leaking pressure ulcers.

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Medium Acute medical units (except cardiology and renal/gastroenterology ward) Paediatric units		Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact precautions Single room only Must have own toilet Determine cause of diarrhoea send appropriate specimen	
High Surgical units Emergency Departments Level 2 nurseries Coronary care/ Cardiology Renal/gastroenterology		Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>	Contact Precautions Designated toilet/ Single if Available <i>No delays to transfer</i>		
Extreme Intensive care units Neonatal intensive care units Burns units Haematology/oncology inpatient units Transplant units		Contact Precautions Designated toilet/ Single if Available	Contact Precautions Single room only	Identify organisms (if possible) to determine whether infection can be created	

IMPORTANT: When MRO patients are moved to a shared room. Place with other patients who are continent, ambulant, self-caring, have minimal or no invasive devices, wounds, no diarrhoea and those who perform hand hygiene. Staff must ensure that strict Hand hygiene and environmental cleaning of shared care items is a priority to reduce risk.

Contact Precautions

Designated toilet/ Single if Available

Patient 2 single now. Patient 1 transfer/ move to single at 3pm

Patient 1

Patient 2

NSW Health - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

ONGOING PROACTIVE MANAGEMENT MUST OCCUR TO ENSURE APPROPRIATE PLACEMENT OF PATIENTS WITH MRO IN EITHER SINGLE ROOM OR COHORT

Risk Rating of clinical area	Clinical transmission risk	Good risk integrity Patient has known MRO Patient is alert, orientated and continent, with no evolution of illness	Poor risk integrity Patient has known MRO Patient has cognitive impairment Patient has evolution of illness not including delirium	Highly known infectious gastroenteritis outbreaks, vomiting	Conditions spread by droplet or airborne transmission or highly infectious conditions spread by direct contact
Low	Low	Designated toilet/ Single if Available No delays to transfer	Designated toilet/ Single if Available No delays to transfer		Patients with potential/ known communicable illness spread by droplet or airborne transmission
Medium	Medium	Contact Precautions Designated toilet/ Single if Available No delays to transfer	Contact Precautions Designated toilet/ Single if Available No delays to transfer		
High	High	Contact Precautions Designated toilet/ Single if Available No delays to transfer, however patient must be allocated to a single room within 6 hours of transfer	Contact Precautions Designated toilet/ Single if Available No delays to transfer		
Critical	Critical	Contact Precautions Designated toilet/ Single if Available	Contact Precautions Designated toilet/ Single if Available		

Contact Precautions

Designated toilet/ Single if Available

No delays to transfer, however patient must be allocated to a single room within 6 hours of transfer

NSW Health - Risk Assessment for placement of patients with known or suspected MRO or communicable illness when limited single room availability update May 2016.

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Critical	Critical	Contact Precautions Designated toilet/ Single if Available	Contact Precautions Designated toilet/ Single if Available	Contact precautions Single room only	

Contact Precautions

Designated toilet/ Single if Available



Flowchart 2

St George & Sutherland
Hospitals

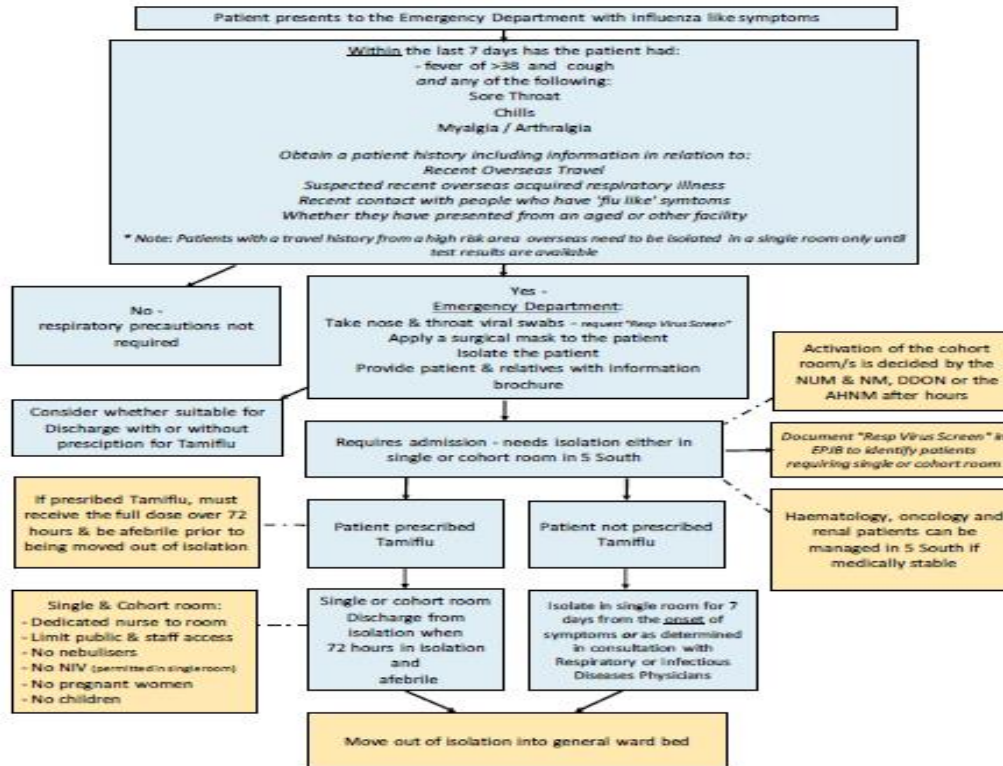


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Clinical Business Rule SGH CLIN337

INFLUENZA - FLOWCHART AND GUIDELINE FOR THE PLACEMENT OF PATIENTS REQUIRING ADMISSION WITH INFLUENZA-LIKE SYMPTOMS – ST GEORGE HOSPITAL

This flowchart is designed to assist in the bed allocation of patients being admitted to St George Hospital with 'influenza like' symptoms



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Flowchart 2: Influenza Cohort Chart

Patient must meet case definition

This flowchart is designed to assist in the bed allocation of patients being admitted to St George Hospital with 'influenza like' symptoms

Patient presents to the Emergency Department with influenza like symptoms

Within the last 7 days has the patient had:

- fever of >38 and cough

and any of the following:

Sore Throat

Chills

Myalgia / Arthralgia

Obtain a patient history including information in relation to:

Recent Overseas Travel

Suspected recent overseas acquired respiratory illness

Recent contact with people who have 'flu like' symptoms

Whether they have presented from an aged or other facility

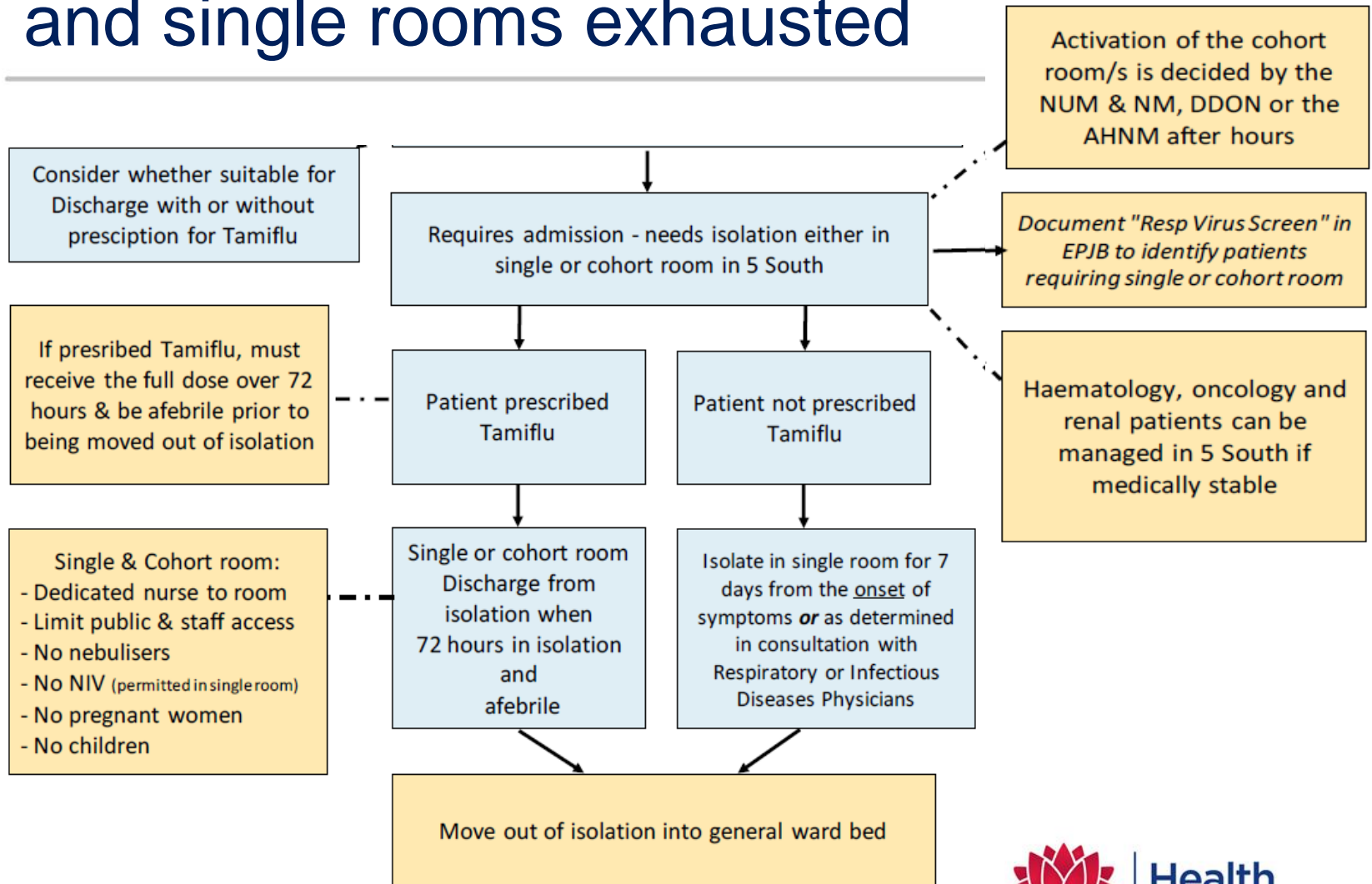
** Note: Patients with a travel history from a high risk area overseas need to be isolated in a single room only until test results are available*



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Patient requires admission and single rooms exhausted



How do the matrixes work together?



- A patient with Influenza and a patient with CRE are in ED and both require admission to Aged Care
- Only one single room available
- Cohort room available in respiratory ward



Key Outcomes 2016 and 2017

Improved management of patients with Influenza

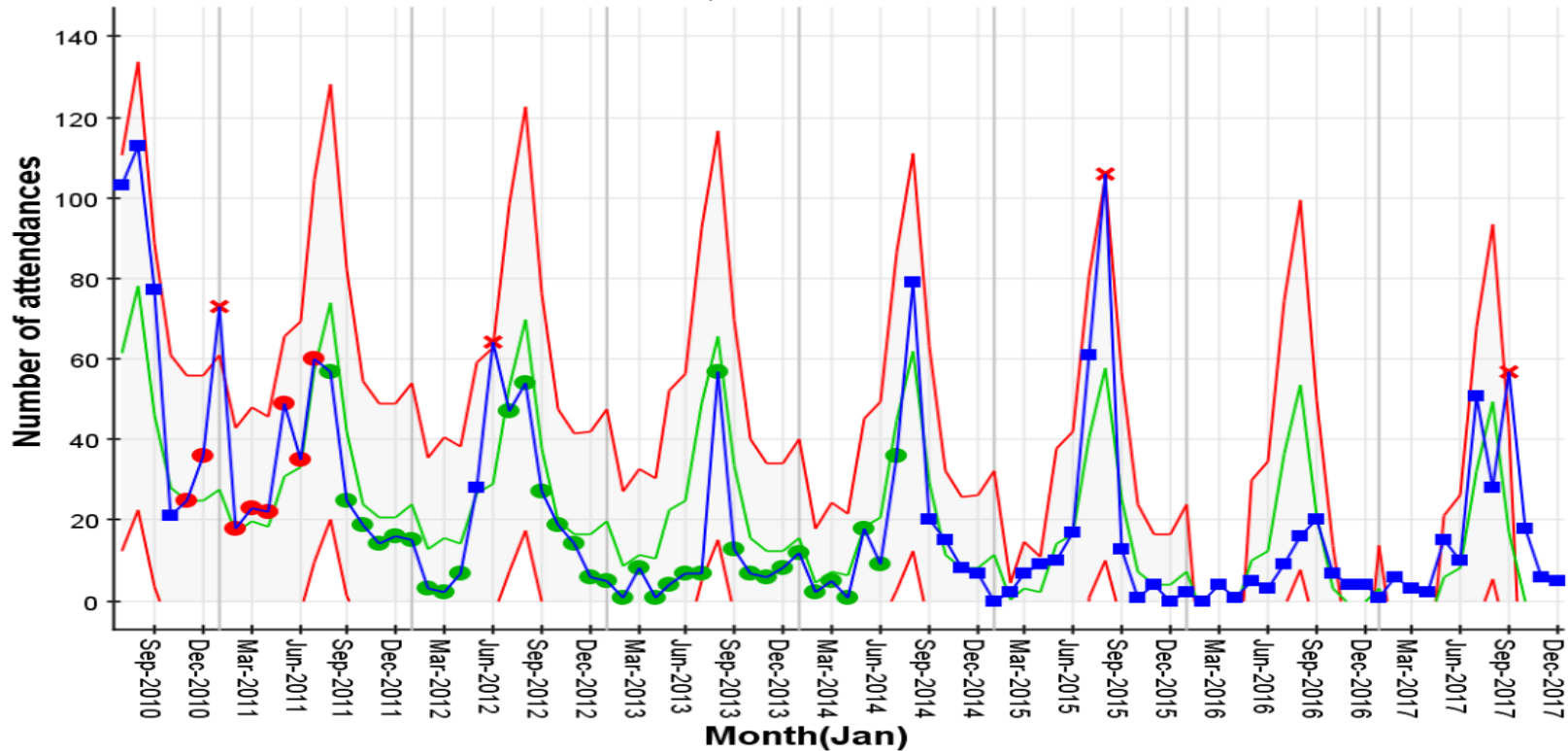
- 298 and 553 patients positive Influenza A or B.
- 252 and 390 requiring admission
- 84.5% to 89% isolated correctly despite higher presentations
- 25% influenza admissions on 5SR (n=64/ n=96)
- > 50% patients (n=178/ n =280) given oseltamivir
- No influenza outbreaks in areas Matrix used correctly



2017 ED presentations >24hours

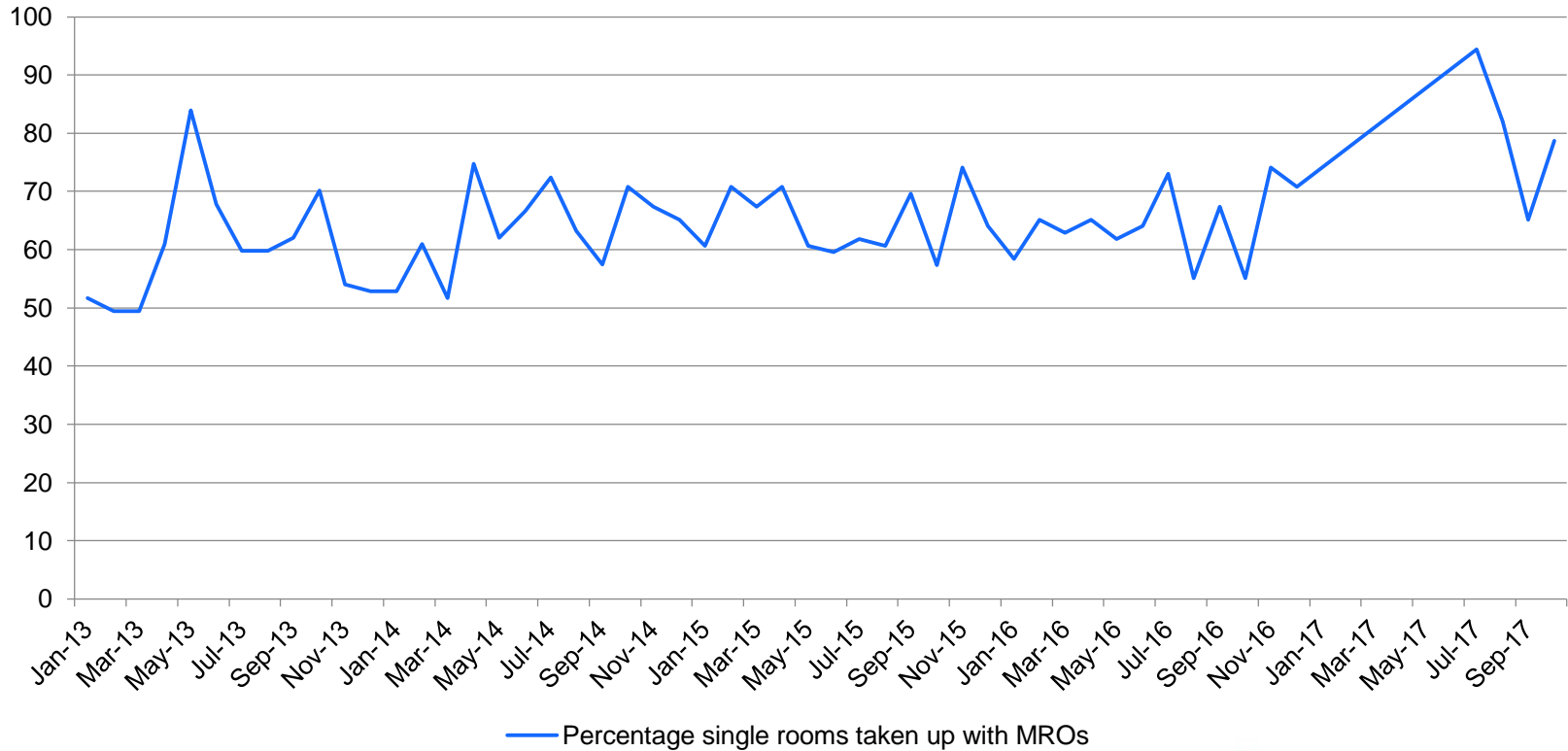
Total Count of ED presentations who stay in ED >24 hours and are then Admitted (Excluding Mental Health St George)

Data Updated: 2018-01-18 08:13:00

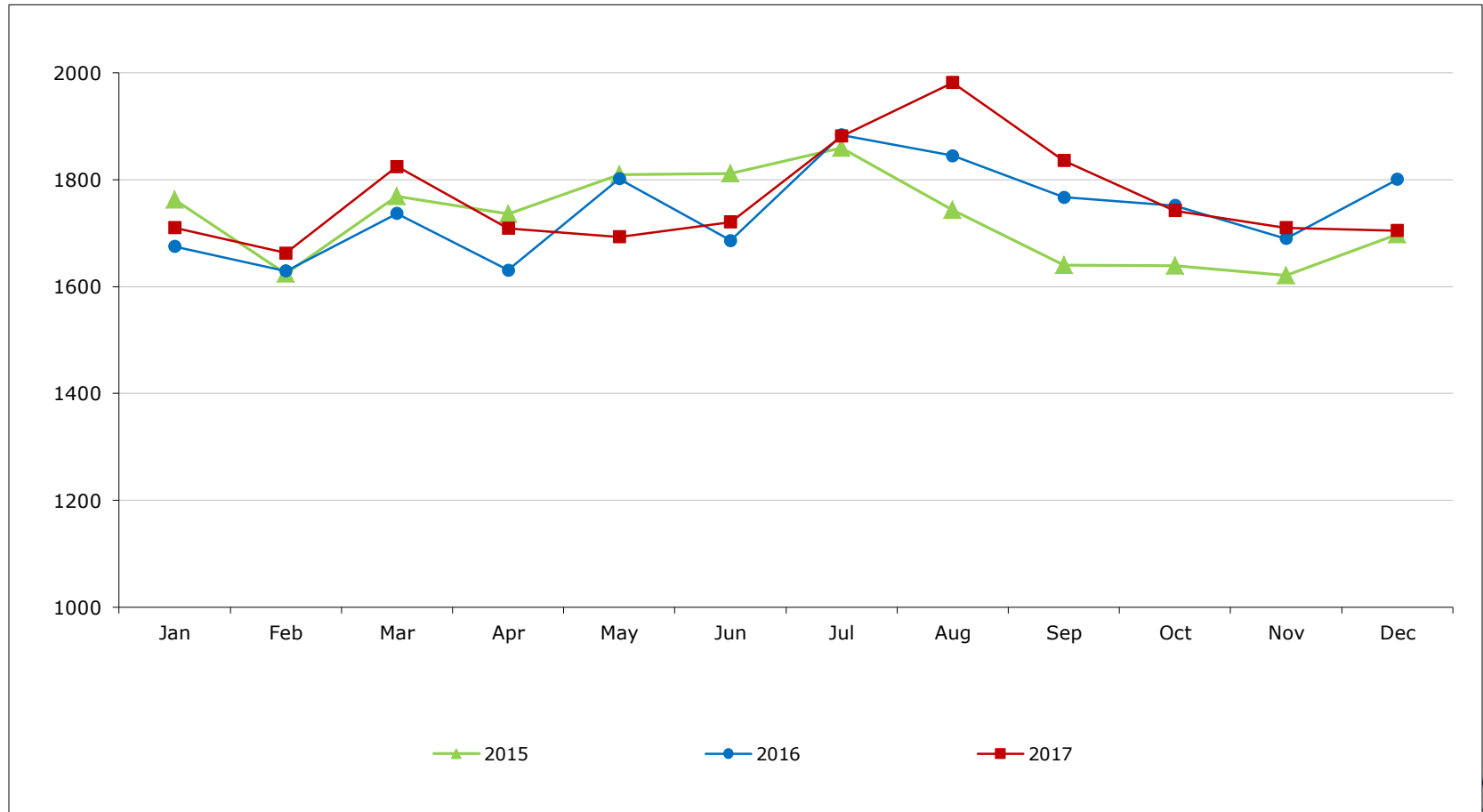


Admitted patients with MRO and isolation rates SGH

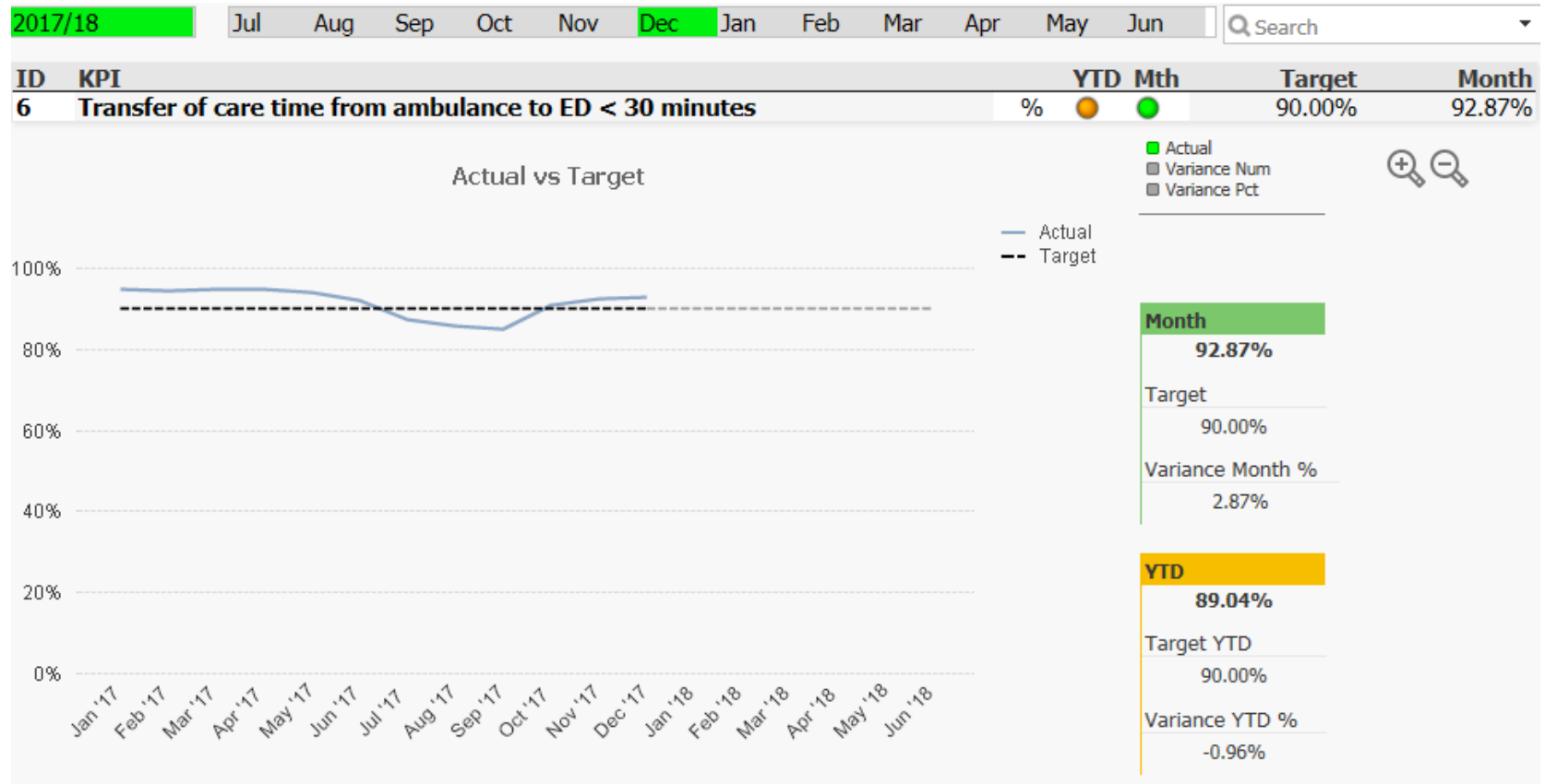
Percentage single rooms taken up with MROs



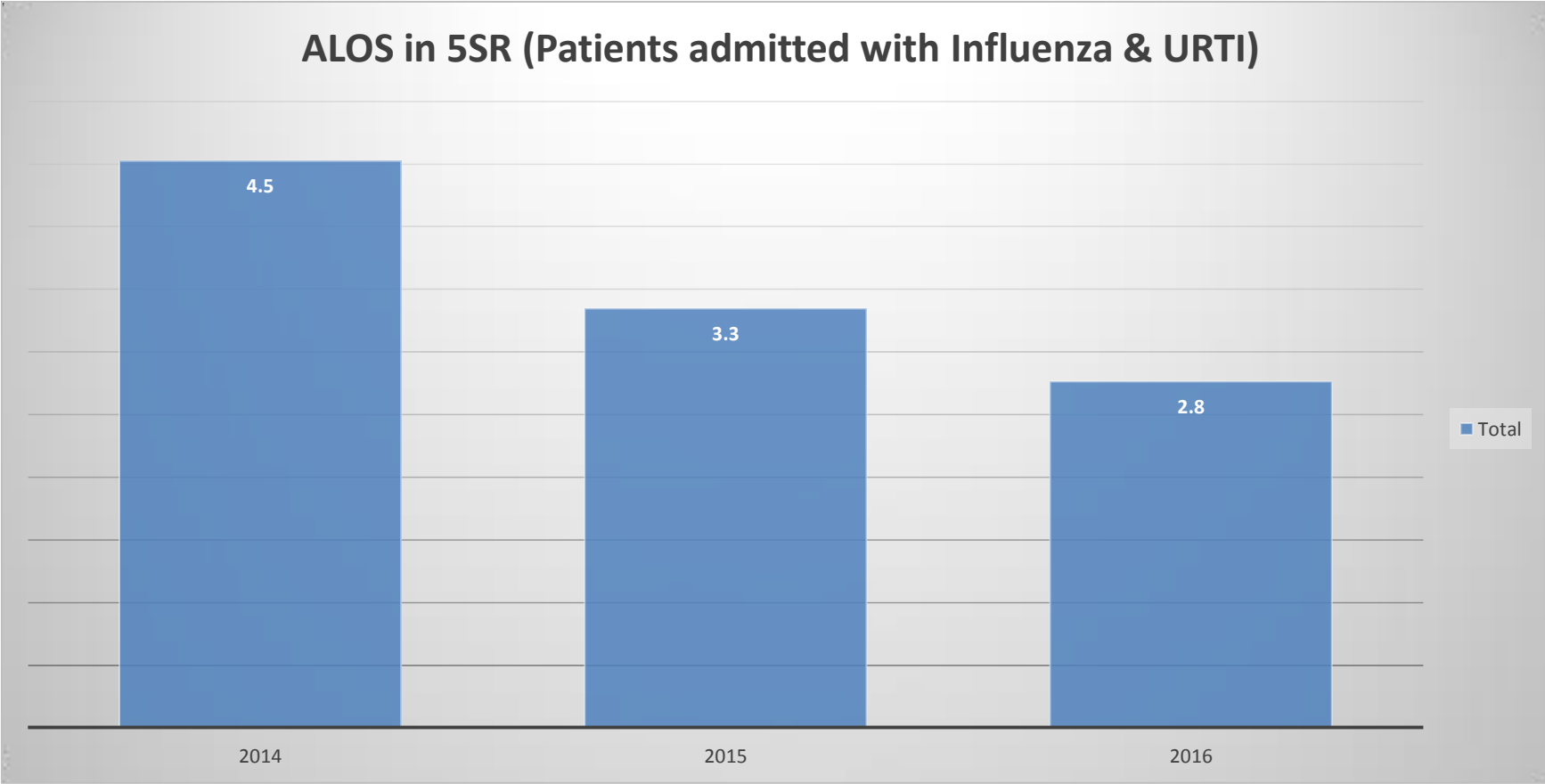
Number of ambulance presentations 2017



TOC- Ambulance to ED < 30 mins



Average LOS 5 South Respiratory Ward 2016



Tips and tricks to preventing outbreaks

- Prevention is Key
- Read EMR to determine why patient being admitted
- Report without delay
 - NHs with outbreaks
 - 2 or more cases
 - Conditions requiring immediate notification on suspicion
- Highest risk put in singles without delay
- Ask the question to rule out viral gastro/ Influenza
- Ask Experts, Use Control Guidelines/ Infection Control policies and procedures to help guide placement decisions
 - Isolate on suspicion
 - Notification to PHU if necessary
 - Test correctly and without delay



Home > Infectious diseases > Control Guidelines

Control guidelines

A-Z of infectious diseases

A • B • C • D • E • F • G • H • I • J • K • L • M • N • O • P • Q • R • S • T • U • V • W • X • Y • Z

A	I	Q
<ul style="list-style-type: none">• Acute rheumatic fever• Adverse events following immunisation• AIDS (HIV)• Anthrax• Avian influenza	<ul style="list-style-type: none">• Influenza• Invasive Group A Streptococcus	<ul style="list-style-type: none">• Q fever
B	K	R
<ul style="list-style-type: none">• Barmah Forest virus• Botulism• Brucellosis	<ul style="list-style-type: none">• Japanese encephalitis• Kunjin virus	<ul style="list-style-type: none">• Rabies• Rheumatic heart disease• Ross River virus• Rotavirus• Rubella
C	L	S
<ul style="list-style-type: none">• Campylobacteriosis• Chancroid• Chikungunya• Chlamydia• Cholera• Creutzfeldt-Jakob disease (CJD)• Cryptosporidiosis	<ul style="list-style-type: none">• Lead in Blood• Legionnaires' disease• Leptosy• Leptospirosis• Listeriosis• Lymphogranuloma venereum (LGV)• Lysavirus	<ul style="list-style-type: none">• Salmonellosis• SARS coronavirus (SARS-CoV)• Shiga toxinigenic E. Coli (STEC/STEC)• Shigellosis• Smallpox• Syphilis
D	M	T
<ul style="list-style-type: none">• Dengue• Diphtheria• Doxycycline	<ul style="list-style-type: none">• Malaria• Measles• Meningococcal disease• MERS coronavirus (MERS-CoV)• MRSA in the community• Mumps• Murray Valley encephalitis (MVE)	<ul style="list-style-type: none">• Tetanus (lockjaw)• Tuberculosis (TB)• Typhimium• Typhoid• Typhus
E		V
		<ul style="list-style-type: none">• Viral haemorrhagic fever



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Outbreaks tips and tricks

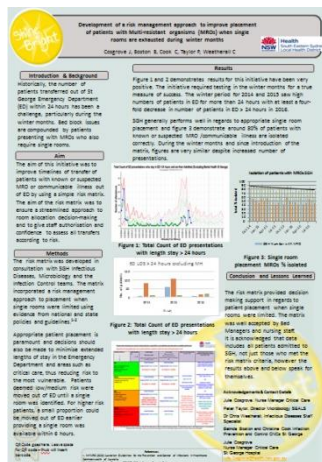
- Form Outbreak team
- Communication
 - Team huddles, emails, notify key stakeholders
- Close a bed and contain
- Get the basics right
 - Stool charts, documentation, correct tests
- Line listings
- Cleaning
 - Start additional cleaning
- Limit visitors
- Consider Engineering
 - Air-conditioning



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- Dr Peter Taylor
- Bed Management
- Emergency Department
- 5 South Respiratory



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Questions



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