



# Outbreak — The First 24 Hours

*Two or more linked cases. What to do in the first hour, the first day, and whom to tell*

**An outbreak is:** two or more cases of the same infection linked in time and place; or one case of a serious infection that should not occur (e.g. a healthcare-associated case of measles, TB in a newborn); or any cluster that a ward manager is worried about. When in doubt, treat it as one.

## First hour

1. Isolate cases; start transmission-based precautions matched to the likely route.
2. Inform the IPC lead and the duty manager. Stop admissions to the affected bay until assessed.
3. Start the line list (below) — every case, from the first.
4. Reinforce hand hygiene and cleaning on the ward; check PPE stock.

## First day

5. Convene the outbreak team: IPC lead (chair), ward manager, a clinician, microbiology, cleaning supervisor, management representative.
6. Case definition written: who counts as a case (symptoms, dates, ward, organism).
7. Samples sent; environment and equipment reviewed; staff screening if indicated.
8. Notify the public-health authority as national rules require; record the time.
9. Brief the staff and the affected patients and families; one spokesperson.
10. Decide: ward closure to admissions, cohorting, enhanced cleaning, review of shared equipment.

### LINE LIST

| No. | Name · no. | Ward · bed | Onset date | Symptoms | Sample · result | Isolated (date) | Outcome |
|-----|------------|------------|------------|----------|-----------------|-----------------|---------|
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## Over when

No new cases for two incubation periods of the organism; control measures reviewed; a written report with the timeline, cases, likely source, and what changes — to the safety committee within two weeks and, where a patient was harmed, under the Sentinel Event Policy.

**ASF standards:** Standard 3 — outbreak response; Sentinel Event Policy; Governance — reporting