



**OUTBREAK CHECKLIST  
(School Outbreaks: enteric)**

- Determine if an outbreak has occurred:**
  - Contacted Public Health to assess if an outbreak has occurred.
  - Individual cases of certain diseases, such as measles, constitute an outbreak.
  
- Reported to DISTRICT NURSE-Lead**                      **Date Reported/Contact Name:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_
  
- Report to Riverside County Disease Control**                      **Date Reported/Contact Name:** \_\_\_\_\_  
Complete Initial Enteric Disease Outbreak form
  
- Implement patient precautions as indicated**
  - Isolation of ill students until child is picked up
  - Contact precautions
  - Limit access to school by visitors/volunteers
  
- Assess Students/Staff for illness**
  
- Educate about illness and infection control measures**
  - Staff
  - Parents: letters/automated calls
  - Visitors
  
- Control movement/exposures**
  - Between classrooms
  - Supplies/equipment
  - Visitors
  - Students
  
- Environmental Cleaning (housekeeping)**
  - Increase cleaning in affected classroom(s)
  - Increase cleaning in common areas of campus
  
- Prevent spread restricting of attendance**
  
- Surveillance and reporting as directed by public**

**MD note to remove/release child/employee health nurse**

**Total # Students in School:**\_\_ \_\_\_\_  
\_\_\_\_\_ #Female      \_\_\_\_\_ #Male

**Total # Students/Employees ill:** \_\_\_\_\_  
\_\_\_\_\_ #Female      \_\_\_\_\_ #Male

**Total number volunteers** \_\_\_\_\_

\_\_\_\_\_  
**Name of School**

\_\_\_\_\_  
**Name of Person Completing This Form      Date**

**Contact phone number:** \_\_\_\_\_

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**Public Health Nurse Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Probable/Confirmed cause of outbreak:** \_\_\_\_\_.

**Your surveillance period is completed effective:** \_\_\_\_\_.