Daily trigger response situation report

This situation report is intended to be used by wards/units that are in a trigger response (e.g. multi-resistant organisms, *Clostridium difficile* infection). It should be completed daily and submitted to the Infection Control Practitioner (ICP) for appropriate dissemination for reporting purposes.

Ward:					
Date:					
Date trigger response co	ommenced:				
Total number of beds in	ward/unit:				
Patient name	UR number	Current location	Contact of	Pathology/symptomatic	Comments
DAILY SUMMARY					
Number of isolated, symptomatic patients:			Name of person submitting report:		
Number of beds closed in ward/unit:			Position of person submitting report:		

Signature:

Updated November 2014 Review November 2016

Number of staff symptomatic:

