Infection Control Care Plan for adult patient with **Influenza**

**Statement:** This Care Plan should be used with adult patients who are suspected of or are known to have Influenza. Use of this Care Plan will reduce the risk of transmitting respiratory infection to patients, staff, carers and visitors. If it is not possible to follow this Care Plan, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

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| 1    |    | Accommodation   | • Isolate the patient in a single room with *en suite* facilities. If *en suite* is not available ensure access to own commode.  
• A risk assessment should be carried out by the clinical team to determine the suitability of the patient for isolation. If not suitable, a daily review of patient suitability should be documented in case notes.  
• Isolation can be stopped 48 hours after symptoms have resolved. (If the patient is ventilated, contact the ICD/ Consultant Microbiologist to carry out a risk assessment).  
• Patients with underlying medical conditions / prolonged illness may remain infectious for longer and should be assessed individually in conjunction with the ICT.  
• Please an isolation sign on the outside of the door.  
• Door must be kept closed. If this is not possible document the reason in the case notes and review daily.  
Patients confirmed with the same viral infection can be cohorted together. ICT will advise. | | | | |
| 2    |    | Hand Hygiene    | • Hand hygiene must be performed with liquid soap and water or alcohol hand gel before and after contact with the patient, their environment or equipment and on leaving isolation room.  
• Use gloves to prevent hand contamination.  
Decontaminate hands after removal of gloves with liquid soap and water or alcohol hand gel.  
• Ensure hand washing facilities are offered to patient after using toilet, prior to eating etc. | | | | |
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| 3    | 3  | Personal Protective Equipment (PPE) | In a single room/ cohort area:  
- **Visitors:** A surgical mask* and plastic apron should be worn on entry. Before leaving the area, the plastic apron and mask should be removed and discarded into the clinical waste bag. Hands should be decontaminated following disposal of PPE.  
- **Staff:** A surgical mask* and plastic apron should be worn on entry to the single room/ cohort area. If giving direct care then disposable gloves should also be worn.  
* (FFP3 Masks should only be worn by staff when conducting or present during aerosol generating procedures (AGPs). During AGPs, the door to the room should be kept closed). For list of AGPs, please see Policy to Prevent the Transmission of Influenza (Adult) | | | |
| 4    | 4  | Decontamination of Patient Equipment | • Where possible reusable equipment such as chairs, hoist sling etc should be kept for use by that patient only and kept in the room.  
• Keep items and equipment to a minimum and use single use equipment where possible  
• If reusable equipment is taken out of the room it must be cleaned with 1.000ppm chlorine based detergent (10,000ppm if contaminated with blood).  
• Crockery / cutlery can be removed from the room and washed in the normal way. | | | |
| 5    | 5  | Specimens | • The following specimens should be taken:  
- Patient < 2 years, NPA  
- Patient > 2 years, throat and nose swab (ETA for ventilated patients) | | | |
| 6    | 6  | Linen | • Place used linen in water soluble bag, then clear polythene bag, then into the white laundry bag.  
• Clean linen should be taken into the room when required. Do not store clean linen in room. | | | |

**Patients Name:**  
**Unit No:**  
**Hospital/Ward:**
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| 7    | Waste | Dispose of all non-sharps waste into a clinical waste bag inside the room.  
When the waste bag is ¾ full (and daily), fasten securely and label with ward identification. | | | | |
| 8    | Environmental Cleaning | Advise domestic staff that the patient is being isolated without breaching patient confidentialityFloor, surfaces, sink, toilet etc must be cleaned twice daily by domestic staff using chlorine based detergent, e.g. Actichlor Plus. Refer to SOP Twice Daily Clean of Isolation Rooms.  
www.nhsggc.org.uk/infectioncontrol  
Nursing staff are responsible for the cleaning of patient related equipment twice daily using chlorine based detergent, e.g. Actichlor Plus.  
When room vacated nursing staff should clean patient related equipment with chlorine based detergent, e.g. Actichlor Plus and remove it from room. Domestic staff should then carry out a thorough terminal clean of the room.  
Refer to SOP Terminal Clean of Isolation Room.  
www.nhsggc.org.uk/infectioncontrol | | | | |
| 9    | Information forPatient and Carers | Ensure patient/ relative is given information about influenza and an opportunity to discuss this. Document in clinical notes.  
Ensure that all persons visiting the patient are aware of the reason for isolation precautions. | | | | |
| 10   | Visitor Restrictions | Vulnerable elderly and young children should be discouraged from visiting.  
Only 1-2 visitors should be allowed at any 1 time  
Visitors must be made aware of the risks to themselves and be offered PPE as for staff.  
Visitors should be asked to leave the room during AGPs.  
Visitors must also be instructed on washing their hands using soap and water on leaving the room. | | | | |
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<td>Personal Patient Clothing</td>
<td>• Ensure leaflet on washing patient clothes at home, is provided to relatives taking laundry home. Document this in the patient’s clinical notes. All patient laundry should be placed into a domestic water soluble bag and then a patient clothing bag.</td>
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<td>12</td>
<td>Transfer to another Department or Hospital</td>
<td>• Where possible, avoid moving patients until isolation precautions are discontinued.</td>
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<td>• If transfer is necessary, ensure the ward/ department receiving the patient has a single room available where possible.</td>
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<td>• Please contact the ICT prior to transferring the patient to another ward.</td>
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<td>• The patient should wear a surgical mask where appropriate during transfer.</td>
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<td>13</td>
<td>Psychological impact of being isolated</td>
<td>Patients in isolation may be prone to feelings of loneliness and depression as well as feeling stigmatised. These feelings can be lessened by:</td>
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<td>• Ensuring patient understands need for isolation and encouraged to express concerns.</td>
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<td>• Provide verbal and/ or written information about the reason including leaflet if available.</td>
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<td>• Ensure patient has items to relieve boredom and provide distraction, e.g. TV, newspapers.</td>
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Documentation Control * IPCT Only
Date of issue February 2015
Date of review February 2017

Patients Name:  Unit No:  Hospital/Ward: