# Infection Control Care Plan for a patient with confirmed/ suspected Active Pulmonary Tuberculosis

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

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Issue / Problem</th>
<th>Action to be taken</th>
<th>Ongoing Assessment/ Review Date</th>
<th>Signature</th>
<th>Action from Assessment Review</th>
<th>Action Discontinued Date/ Signature</th>
</tr>
</thead>
</table>
| 1    | 1  | Accommodation   | • All confirmed/ suspected active pulmonary tuberculosis patients must be isolated in a single room preferably with negative pressure ventilation and en suite facilities. If en suite is not available ensure access to own commode. If there are no single rooms, contact the IPCT for advice.  
• For suspected TB, isolation may be discontinued once 3 smear negative sputum specimens have been obtained, on consecutive days.  
• For smear positive TB, isolation may be discontinued 14 days after treatment commenced and the patient is showing signs of improvement.  
• If the patient is confirmed/ suspected of having **multi-drug resistant TB** they **MUST** be nursed in a negative pressure room. The door should be kept shut.  
• Place isolation sign on outside of the door.  
• The number of staff nursing the patient should be kept to a reasonable minimum.  
• Patients who require services from AHPs must be treated in their own room if possible.  
• All non-essential staff should be excluded during aerosol generating procedures. |                                      |                        |                               |                              |
### Infection Control Care Plan for a patient with confirmed/ suspected Active Pulmonary Tuberculosis

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Issue / Problem</th>
<th>Action to be taken</th>
<th>Ongoing Assessment/ Review Date</th>
<th>Signature</th>
<th>Action from Assessment Review</th>
<th>Action Discontinued Date/ Signature</th>
</tr>
</thead>
</table>
| 2    |    | Hand Hygiene                  | • All HCWs must decontaminate their hands with alcohol hand gel or liquid soap and water before and after contact with the patient, patient’s environment and on removal of PPE.  
• Encourage patient to wash their hands regularly with liquid soap and water or hand hygiene wipes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |           |                               |                                   |
| 3    |    | Specimens                     | • If active pulmonary tuberculosis is suspected, three sputum samples must be sent to the laboratory:  
  o obtain an immediate early morning sputum sample, and  
  o at least 2 further specimens taken on separate occasions, on consecutive days  
• If sputum samples are unobtainable, send three early morning urine samples on consecutive days, bronchial alveolar lavage or gastric washings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |           |                               |                                   |
| 4    |    | Decontamination of Patient Equipment | • Where possible, equipment such as chairs, hoist sling etc. should be kept for use by that patient only and kept in the room.  
• Patient equipment in patient room must be cleaned twice daily with chlorine.  
See [NHSGGC SOP on Twice Daily Clean of Isolation Rooms](#)  
• If equipment is taken out of the room it must be thoroughly cleaned with 1,000ppm chlorine based detergent, (10,000ppm if contaminated with body fluids).  
• Crockery/ cutlery can be removed from the room and washed in the normal way.  
• Keep items and equipment to a minimum in room.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |           |                               |                                   |
| 5    |    | Linen                          | • Place used linen in alginate bag then clear polythene bag and then into a white laundry bag.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |           |                               |                                   |
Infection Control Care Plan for a patient with confirmed/ suspected Active Pulmonary Tuberculosis

- Clean linen should be taken into the room when required. Do not store clean linen in room.

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Issue / Problem</th>
<th>Action to be taken</th>
<th>Ongoing Assessment/ Review Date</th>
<th>Signature</th>
<th>Action from Assessment Review</th>
<th>Action Discontinued Date/ Signature</th>
</tr>
</thead>
</table>
| 6    |    | Personal Protective Equipment (PPE) | SICPs must be used at all times  
- HCW should use an FFP3 mask in addition to SICPs if: MDR-TB is suspected or confirmed  
- HCW is undertaking an aerosol generating procedure with patient suspected and confirmed to have TB  
- Aerosol generating procedures are:  
  o Intubation, extubation and related procedures  
  o cardiopulmonary resuscitation  
  o induction of sputum  
  o bronchoscopy  
  o non-invasive positive pressure ventilation  
  o high frequency/ oscillating ventilation  
- (All non-essential staff should be excluded during aerosol generating procedures and for 1-hour afterwards).  
- HCWs carrying out intensive nursing intervention on a high-dependency patient, i.e. if the HCW is likely to have close contact for a cumulative total of eight hours or more should wear FFP3 masks.  
- If the patient has to leave the ward for any reason they must wear a surgical mask. This **must not** be a FFP3 mask. | |

Patients Name:  
Unit No:  
Hospital/Ward:
### Infection Control Care Plan for a patient with confirmed/ suspected Active Pulmonary Tuberculosis

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Issue / Problem</th>
<th>Action to be taken</th>
<th>Ongoing Assessment/ Review Date</th>
<th>Signature</th>
<th>Comment</th>
<th>Action Discontinued Date/ Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Waste</td>
<td>Dispose of all waste into clinical waste inside room. A foot operated bin should be used. When the waste bag is ¾ full, fasten securely and label with ward identification number.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Environmental Cleaning</td>
<td>Domestically services staff must be informed that the patient is being isolated. Floor, surfaces, sink, toilet etc must be cleaned twice daily by domestic staff using chlorine based detergent as per SOP for Twice Daily Clean of Isolation Rooms. <a href="http://www.nhs.ggc.org.uk/infectioncontrol">www.nhs.ggc.org.uk/infectioncontrol</a> When isolation precautions are discontinued domestic staff must carry out a terminal clean using chlorine based detergent and curtains must be changed. Once the room is dry it can be used for another patient. If domestic cleaning is insufficient or ineffective then contact domestic supervisor.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Information to Patient and Carers</td>
<td>Explain to the patient the reasons for isolation. Inform the relatives of planned follow-up from the TB Liaison Nurse. Ensure that all persons caring for the patient are aware of the precautions required and the route of transmission.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Visitor Restrictions</td>
<td>Relatives and visitors do not need to wear a mask unless the patient has confirmed or suspected multi-drug resistant TB. Restrict visitors to those contacts who have visited the patient prior to hospitalisation until 14 days after therapy has commenced. If visitors have a cough, they should not visit until assessed by the TB liaison nurse. Those who are immunocompromised should not visit. Visitors should only visit the patient with TB.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patients Name:**

**Unit No:**

**Hospital/Ward:**
**Infection Control Care Plan for a patient with confirmed/ suspected Active Pulmonary Tuberculosis**

- Parents and guardians of children with TB must be assessed if visiting in hospital.

<table>
<thead>
<tr>
<th>Date</th>
<th>No</th>
<th>Issue / Problem</th>
<th>Action to be taken</th>
<th>Ongoing Assessment/ Review Date</th>
<th>Signature</th>
<th>Comment</th>
<th>Action Discontinued Date/ Signature</th>
</tr>
</thead>
</table>
|      | 11 | Personal Clothing | • There are no special washing restrictions. Relatives should wash their hands after handling used linen.  
• Personal laundry soiled with body fluids should be placed in a patient clothing alginate bag before being given to the carer or relative for home laundering and a Home Laundry Leaflet provided. | | | |
|      | 12 | Transfer to another Department or Hospital | • If the patient has to leave the ward for any reason they must wear a surgical mask. This MUST NOT be an FFP3 mask.  
• Staff transferring the patient do not require to wear a mask. | | | |
|      | 13 | Psychological impact of being isolated | Patients in isolation may be prone to feelings of loneliness and depression as well as feeling stigmatised. These feelings can be lessened by:  
• Ensuring patient understands need for isolation and encouraged to express concerns.  
• Provide verbal and/ or written information about the reason including leaflet if available.  
• Ensure patient has items to relieve boredom and provide distraction, e.g. TV, newspapers. | | | |
|      | 14 | Last Offices | See NHSGGC SOP for [Last Offices](#). | | | |

**Documentation Control**  
* ICT Only

**Date of issue**  
July 2015

**Date of review**  
July 2017