Infection Prevention and Control Care Checklist – Respiratory virus

This Care checklist should be used with patients who are suspected of or are known to have a respiratory virus e.g. rhinovirus, human metapneumovirus, coronavirus, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked √if in place or X if not, the checklist should be then initialled after completion, daily.

Patient Name:

CHI:

Date Isolation commenced: .....

		Date:						
	Patient Placement/ Assessment of Risk	**Daily check (√/x)**						
Patient Placement /Assessment of risk	Patient isolated in a single room with *en suite* facilities / own commode. If a single room is not available, an IPCT risk assessment is completed daily. Stop isolation when patient is 48hrs asymptomatic of respiratory symptoms. (Re isolation: if patient is ventilated or part of an ongoing incident, seek advice from a consultant microbiologist).							
	Place yellow isolation sign on the door to the isolation room							
	Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed (Appendix 1).							
Standard Infection Control & Transmission Based Precautions	**Hand Hygiene (HH)**							
	All staff must use correct 6 step technique for hand washing at 5 key moments							
	HH facilities are offered to patient after using the toilet or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)							
	Personal Protective Clothing (PPE)							
	Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. **HH must follow removal of PPE.**							
	Staff should risk assess the need for face protection i.e. goggles/mask where they feel there is a risk of body fluid splashing onto the face or staff are within 1 metre of the patient'							
	Staff are wearing appropriately fitting FFP3 masks during Aerosol Generating Procedures (AGPs). (See Table 1 below for list of AGPs)							
	Visitors participating in patient care should be offered appropriate PPE.							
	Safe Management of Care Equipment							
	Single-use items are used where possible or equipment is dedicated to patient while in isolation.							
	There are no non-essential items in room eg. Excessive patient belongings							
	Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)							
	Safe Management of Care Environment							
	Twice daily clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm Actichlor Plus (or equivalent). A terminal clean will be arranged on day of discharge/ end of isolation.							
	Laundry and Clinical/Healthcare waste							
	All laundry is placed in a water soluble bag, then into a clear plastic bag (brown bag in mental health areas), then into a laundry bag							
	Clean linen must not be stored in the isolation room.							
	All waste should be disposed of in the isolation room as clinical waste							
Information for patients/carer	**Information for patients and their carers**							
	The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available							
	If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry into a water soluble bag, then a patient clothing bag before being given to carer to take home)							
	HCW Daily Initial :							

Date Isolation ceased/ Terminal Clean Requested: ..... **Signature:** ..... **Date:** .....

Table 1

List of AGPs
- Intubation, extubation and related procedures eg. Manual Ventilation
- Cardiopulmonary resuscitation
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non invasive ventilation (NIV) eg. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)
- Hi frequency oscillatory ventilation
- Induction of sputum

Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

Addressograph Label:
Patient Name and DOB/CHI:

NHS Greater Glasgow and Clyde

Daily Assessment / Review Required

	COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by ***Initials***								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis. ***Please state***								
Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room. ***Please state***								
Reason unable to isolate / close door to isolation room**,** e.g. falls risk, observation required, clinical condition. ***Please state***								
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. ***Please state***								
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? ***Yes / No***								
Summary Detail of Resolution								

Daily risk assessments are no longer required

Signed _____

Date _____