

Infection Prevention and Control Care Checklist – Chickenpox

This Care checklist should be used with patients who are suspected of or are known to have Chickenpox, 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 | Ideally the patient should be isolated in a negative pressure single room with <i>en suite</i> facilities / own commode. Isolation required until there are no fresh crops of vesicles and all lesions are dry and crusted. | | | | | | | |
| | Place yellow isolation sign on the door to the isolation room and keep door closed | | | | | | | |
| | If for any reason this is not appropriate then an IPCT risk assessment is completed daily (Appendix 1) See over the page If for any reason a single room is not available or the door cannot be closed an IPCT risk assessment is completed daily. (Appendix 1) See over the page | | | | | | | |
| Standard Infection Control & Transmission Based Precautions | Hand Hygiene (HH) | | | | | | | |
| | All staff must use correct 6 step technique for hand hygiene at 5 key moments | | | | | | | |
| | HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable) | | | | | | | |
| | Personal Protective Clothing (PPE) | | | | | | | |
| | Disposable gloves, yellow apron and fitted FFP3 mask are worn by all HCW who enter the room/ for all direct contact with the patient and their equipment/environment. Staff should risk assess the need for eye protection e.g. visor/goggles. The apron and gloves are, removed and discarded in the clinical waste bin before leaving the isolation area but the FFP3 mask is removed only after leaving the room. HH must follow removal of PPE. Pregnant staff should consult the SOP for guidance. | | | | | | | |
| | Visitors should be risk assessed prior to being allowed to participate in patient care | | | | | | | |
| | 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 e.g. Excessive patient belongings | | | | | | | |
| | Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent. | | | | | | | |
| | Safe Management of Care Environment | | | | | | | |
| | Twice daily clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent. 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), tied then into a hamper style laundry bag | | | | | | | | |
| Clean linen must not be stored in the isolation room. | | | | | | | | |
| All waste generated in the isolation room should be disposed of as clinical waste | | | | | | | | |
| Information for patients/carers | Information for patients and their carers | | | | | | | |
| | The patient has been given information on their infection/ isolation and provided with a patient fact sheet if available | | | | | | | |
| | If taking clothing home, carers have been issued with a Washing Clothes at Home Patient Information Leaflet. (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:**

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:



Daily Assessment / Review Required

| | | COMMENTS | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|---|---------------------|----------|------|------|------|------|------|------|------|
| Daily Assessment Performed by | <i>Initials</i> | | | | | | | | |
| Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. | <i>Please state</i> | | | | | | | | |
| Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room. | <i>Please state</i> | | | | | | | | |
| Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. | <i>Please state</i> | | | | | | | | |
| 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. <i>Please state</i> | | | | | | | | | |
| Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? | <i>Yes / No</i> | | | | | | | | |
| Summary Detail of Resolution | | | | | | | | | |

Daily risk assessments are no longer required

Signed _____
 Date _____