

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)							
	PPE: Yellow apron and FFP3 mask / hood are required for all staff entering the room to and for routine care of the patient and during AGPs. Gloves are required when it is anticipated that there is contact with or exposure to blood, bodily fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces. If there is a risk of splashing/spraying of blood or body fluid eye protection should be worn. The apron and gloves (if worn) 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 with 5 minute contact time before rinsing off and drying.							
	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 with 5 minute contact time. 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 used in mental health areas), tied then into a 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 information leaflet (PIL) if available.							
	If taking clothing home, carers have been issued with a Washing Clothes at Home patient information leaflet (PIL). (NB. Personal laundry is placed into a domestic water soluble bag, then into 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	Initials								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , 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

