

Infection Prevention and Control Care Checklist – Meningococcal Disease

This Care checklist should be used with patients who are suspected of or are known to have Meningococcal disease, 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 <i>en suite</i> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed daily. Isolation required until the patient has received 24 hours of appropriate antibiotic treatment or meningococcal disease is no longer suspected. | | | | | | | |
| | The yellow IPC isolation sign must be placed on the door to the patient’s room. | | | | | | | |
| | The door should remain closed and if the door cannot be closed, then an IPCT risk assessment should be completed and reviewed daily | | | | | | | |
| 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 fluid repellent surgical mask/visor 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 are wearing fit tested FFP3 masks for all 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 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 before rinsing off and drying. Manufacturer’s guidance should be followed for contact time. | | | | | | | |
| | 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 before rinsing off and drying. Manufacturer’s guidance should be followed for contact time. A terminal clean should be arranged on day of discharge/end of isolation. | | | | | | | |
| | Linen and Clinical/Healthcare waste | | | | | | | |
| | All laundry is placed in a water soluble bag, then into a clear plastic bag (place water soluble bag in the brown plastic bag used in mental health areas), tied then into a red laundry hamper bag. | | | | | | | |
| Clean linen must not be stored in the isolation room. | | | | | | | | |
| All waste generated in the isolation room should be disposed of as clinical / healthcare 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) Visitors should be restricted to close family. | | | | | | | |
| HCW Daily Initial : | | | | | | | | |

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

Table 1

List of AGPs

- Intubation, extubation and related procedures e.g. Manual Ventilation, open suctioning
- Tracheostomy/tracheotomy procedures
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)
- Hi-frequency oscillatory ventilation
- Induction of sputum
- High flow oxygen

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 |
|---|----------|------|------|------|------|------|------|------|
| Daily Assessment Performed by <p style="text-align: right;"><i>Initials</i></p> | | | | | | | | |
| Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| 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? <p style="text-align: right;"><i>Yes / No</i></p> | | | | | | | | |
| Summary Detail of Resolution | | | | | | | | |

Daily risk assessments are no longer required

Signed _____
Date _____