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 hygiene 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)							
	A Type IIR Fluid Resistant Surgical Mask (FRSM) and disposable yellow plastic apron should be worn for all routine care of the patient. Gloves are required when it is anticipated that there is contact with or exposure to blood, body fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces. Where there is a risk of splashing of blood/body fluids to the face, eye protection should be worn. An FFP3 mask, gown and eye and face protection should be worn when carrying out AGPs on a service user with a suspected/confirmed infectious agent spread by the airborne OR droplet route. The appropriate fallow time should be met following the AGP.							
	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 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 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/carers	**Information for patients and their carers**							
	Where available, 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. (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:** .....

Table 1

List of AGPs

- tracheal intubation and extubation
- manual ventilation
- tracheotomy or tracheostomy procedures (insertion or removal)
- bronchoscopy
- dental procedures (using high-speed devices, for example, ultrasonic scalers/high-speed drills)
- non-invasive ventilation (NIV): Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- high flow nasal oxygen (HFNO)
- high frequency oscillatory ventilation (HFOV)
- induction of sputum using nebulised saline
- respiratory tract suctioning (see note 1)
- upper ENT airway procedures that involve respiratory suctioning
- upper gastrointestinal endoscopy where open suction beyond the oro-pharynx occurs

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, *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 _____