

Infection Prevention and Control Care Checklist – Pulmonary Tuberculosis

This Care checklist should be used with patients who are suspected or known to have pulmonary tuberculosis, while considered infectious, then signed off at end of the isolation period / discharge. Each criteria should be ticked ✓ if in place or X if not, every day while isolation is required. On any day that the criteria cannot be met, the risk assessment should be completed (Appendix 1)

Patient Name:
CHI:

Date Isolation commenced:

		Date:					
Patient Placement / Assessment of risk	Patient Placement/ Assessment of Risk	Daily check (✓/x)					
	Patient isolated in a single room with <i>en suite</i> facilities / own commode and negative pressure ventilation if available. If a single room is not available, an IPCT risk assessment is completed. (see appendix 1) Stop isolation after patient has received 14 days of appropriate antibiotics and shown definite clinical improvement. (If XDR or MRD TB, isolate until discharge).						
	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.						
Standard Infection Control & Transmission Based Precautions	Hand Hygiene (HH)						
	All staff must use correct 6 step technique for hand hygiene at 5 key moments. Alcohol hand gel can be used on visibly clean hands.						
	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, yellow apron and a face fit tested FFP3 mask are worn for all direct contact with the patient and their equipment/environment and when carrying out AGP's. Aprons and gloves are removed before and FFP3 mask after leaving the isolation room and discarded as healthcare/clinical waste. HH must follow removal of PPE. (AGP list below)						
	For visitors please refer to Visitors section in TB SOP.						
	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 is not stored in the isolation room.						
All waste is disposed of as clinical / healthcare waste							
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:**

- List of AGPs
- Intubation, extubation and related procedures e.g. Manual Ventilation
 - 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 Nasal Oxygen

Specimen	Date Sent
1.	
2.	
3.	

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	<i>Initials</i>								
Known or suspected Infection e.g. loose stools, respiratory infection, 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 _____