INFECTION PREVENTION AND CONTROL OF SEASONAL INFLUENZA POLICY

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Brief Summary of Document:	Infection prevention & control measures to be implemented in the event of seasonal influenza
Scope:	This Policy covers all staff and all health care settings within Hywel Dda University Health Board
To be read in conjunction with:	149 - Hand Hygiene Policy, 151 - Personal Protective Equipment Policy 154 - Management of Linen Policy 187 - Exposure Management including Sharps Injuries 236 – Outbreak Management Policy 258 – Waste Management Policy 354 - Policy Standard Infection Control Precautions (SICP's) 151- Personal Protective Equipment 149 -Hand Hygiene Policy 230 – Policy for the Management of Blood and Body Fluids, Pandemic Influenza Framework -Carmarthenshire, Ceredigion & Pembrokeshire 447 - Staff Immunisation & Screening Policy

Owning Group	Infection Prevention & Control

Executive Director:	Mandy Davies	Job Title	Interim Director of Nursing, Quality & Patient Experience

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	25/2/2014
2	Revised Policy	15/02/2017
3	Update to 8.4.3 page 10 and page 16 to include Extubation	08/11/2017

Glossary of terms

Term	Definition
Flu	Influenza

Keywords	Seasonal Influenza, Personal Protective Equipment, Hand Hygiene, Standard Infection Control Precautions (SICPs).

CONTENTS

1. EXECUTIVE SUMMARY/KEY POINTS

- Influenza or 'flu' is a contagious respiratory illness associated with infection by the influenza virus.
- Good respiratory hygiene is essential in minimising influenza transmission.
- Staff will be at risk of acquiring influenza through both community and health care-related exposures. Vaccination is the first line in mitigating this risk
- Staff who are at high risk of complications of influenza must be considered for alternative work assignment.
- Patients must not be automatically admitted to hospital if they have influenza.
- It is important that each County/area has systems in place that have been communicated to all staff to segregate sporadic cases of influenza.
- Side rooms in influenza segregated areas must be reserved for performing aerosol-generating procedures.
- Cohorting patients in designated flu areas/wards must be carried out when high incidence of influenza is occurring.
- Respiratory precautions must be used for a patient known or suspected to be infected with influenza. A fluid repellent surgical mask must be worn on entering the room and use of FFP3 mask for certain aerosol generating procedures (see 7.5.3).
- Hand hygiene is the single most important practice to reduce the transmission of infectious agents.
- Strict adherence to hand hygiene recommendations must be enforced during outbreaks of influenza.
- Adherence to Personal Protective Equipment procedure is essential at all times.
- Standard Infection Control Principles are recommended for clinical and non-clinical waste and linen.
- Influenza designated areas must be cleaned thoroughly on a daily basis.
- Decontamination of equipment must follow standard practices / policies for handling and reprocessing used and soiled patient-care equipment.
- Standard Infection Prevention and Control Principles must be followed when performing last offices.

2. INTRODUCTION

The purpose of this Policy is to describe the infection prevention and control measures required to be implemented in the event of seasonal influenza. It is the intent that this policy will provide a common and consistent approach to infection prevention and control of seasonal influenza. This policy will provide evidenced based guidance where possible and will be updated in line with any new evidence/guidance.

3. POLICY STATEMENT

The commitment of the Health Board is to prevent and reduce all potential health care-associated infections, including seasonal influenza.

4. SCOPE

This policy covers all staff and all health care settings within Hywel Dda University Health Board.

5. AIMS

The aim of this policy is to describe to all staff within the Health Board the infection prevention and control precautions required when caring for patients with seasonal influenza.

6. OBJECTIVES

The aim will be achieved through the following objectives:

- Identify patients at risk of potential seasonal flu infection
- Ensure notification to the appropriate authorities when an outbreak of influenza has been confirmed.
- Ensure that all patients receive treatment in a safe and appropriate environment.
- Provide and support to staff with effective training and development for caring for patients with potential/confirmed influenza
- For all staff to adhere to the seasonal influenza prevention and control measures to aid prevention of transmission of infection.

7. SEASONAL INFLUENZA

Influenza or 'flu' is a contagious respiratory illness associated with infection by the influenza virus of which there are two main types; influenza A and influenza B.

Influenza is generally a mild illness in the majority of cases. Influenza type A usually causes a more severe illness than influenza type B. The influenza virus is unstable and new strains and variants are constantly emerging. Influenza occurs most often in winter months and peaks between December and March. Symptoms include headache, fever, cough, sore throat, runny / stuffy nose, aching muscles and joints. Seasonal influenza can affect all age groups but 'at risk' groups are associated with a more serious illness including the elderly, the very young and people with chronic health conditions e.g. COPD, asthma, diabetes. There is an annual seasonal flu vaccination available for all Healthcare Staff, 'at risk' groups and those over the age of 65years under the NHS.

Flu vaccine is highly recommended and available from October each year for all NHS staff. The vaccine will help reduce transmission and protect staff and patients. Staff have a responsibility under their professional guidelines to receive a vaccination, particularly those working with at risk groups..

7.1. Seasonal Influenza – Clinical Features

Influenza is an infectious respiratory illness characterized by,
Rapid onset of fever (> 38^{o}C) and dry cough with other possible symptoms being:

- Headache
- Runny / stuffy nose
- Sore throat
- Aching muscles and joints
- Extreme lethargy.
- Diarrhoea and vomiting.

There is a wide spectrum of illness, ranging from minor symptoms through to pneumonia and death. The most common complications of influenza are bronchitis and pneumonia due to secondary bacterial infection.

7.2. Incubation Period

The incubation period is 1 – 4 days, with an average of 2 – 3 days.

7.3. **Period of Communicability / Infectivity**

People are most infectious soon after they develop symptoms. Although the virus may be recovered from infected people before they show symptoms, there is little published evidence to support person to person transmission of influenza from a pre-symptomatic individual to a person who does not have the infection.

Adults – infectious up to 5 days after onset of illness
Children – infectious up to 7 days after onset of illness
Severely immunosuppressed persons can shed the influenza virus for weeks after onset of illness.

7.4. **Diagnosis**

Samples required for the diagnosis of influenza include **respiratory secretions** (dry throat swab) and **serum** for antibody tests.

7.5. **Transmission (see Transmission Based Precautions Policy)**

It is well established that influenza is transmitted through close contact with an infected person who is coughing / sneezing. Transmission almost certainly occurs through multiple routes including: -

- Droplet – coughing / sneezing.
- Contact - direct / indirect contact.
- Aerosol.

The main transmission routes are recognised as droplet and contact transmission.

7.5.1. Droplet (coughing / sneezing)

Droplet transmission occurs when large droplets (> 5 micrometre diameter) are generated or propelled a distance of up to 1 metre and deposited on mucous membranes or conjunctivae (mouth, nose, eyes) of another person. Transmission via large droplets requires close contact as the droplets do not remain suspended in the air and generally only travel short distances i.e. 1 meter before falling to the ground (please see appendix 1 for when respiratory mask protection is required).

7.5.2. Contact - direct / indirect

Direct contact transmission occurs when skin to skin contact results in the physical transfer of micro-organisms. Indirect contact transmission occurs when the virus is transferred to a person's mouth or nose after coming into contact with a contaminated object or surface. The influenza virus can survive for limited periods of time in the environment.

7.5.3. Aerosol

Aerosol transmission occurs generally by aerosol generating procedures, due to smaller droplets (< 5micrometers diameter) containing the infectious agent and remaining suspended in the air for up to 1 hour in some circumstances. These smaller droplets are dispersed by air currents and may be inhaled by a person who is some distance from the source patient (please see appendix 1 for when respiratory mask protection is required).

Aerosol generating procedures include: -

- Intubation.
- Nasopharyngeal aspiration.

- Tracheostomy care.
- Chest physiotherapy.
- Bronchoscopy.
- Continuous positive airways pressure (PAP).
- Non-invasive ventilation.
- Open Suctioning.
- Humidification.

7.6. Use of anti-viral therapy

Refer to Public Health Wales link -

Influenza Season 2016-17 – Use of antivirals now recommended in line with NICE guidance

8. STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS (SICP'S)

8.1. Patient Placement

- Patients undergoing aerosol generating procedures must be in an isolation room / sideroom.
- Patients with influenza must be nursed in a side room and then cohorted in a segregated area / flu wards when the number of patients infected becomes in excess of side rooms available.
- Place Transmission Based Precautions poster for Contact and Droplet on the outside door (please see Appendix 2 and 3)
- The movement and transport of patients must be limited to essential purposes only and as directed by senior staff / Infection Prevention Team (IPT).
- If transport or movement is necessary, minimise patient dispersal of droplets by ensuring that, when medically possible, the patient wears a surgical mask (not an FFP3 respirator / mask) during transport, and until their return.
- The person transporting the patient need not wear a mask unless the patient is unable to wear a mask. If patients are unable to wear a surgical mask, staff must ensure patients use a tissue to cover nose and mouth when coughing or sneezing.

Side rooms in non-influenza areas must be used on a risk assessment basis and may be reserved for patients requiring isolation for other (non-influenza) reasons.

Patients must not be allowed to be transferred to other areas purely for bed management purposes. However, if there is extreme pressure for beds, convalescing flu patients with non-respiratory problems (i.e. who are unlikely to be secreting virus in large quantities), but who require hospitalisation for other reasons (e.g. poor mobility, non-respiratory complications) may need to be moved to another area of the hospital, an intermediate care facility, or a nursing / residential home. Such convalescing flu patients must, where possible, be accommodated together and away from other patients.

8.2. Hand Hygiene

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Infection Control Principles. During outbreaks of seasonal influenza, strict adherence to hand hygiene recommendations must be enforced.

Patients' hands will be heavily contaminated, because of frequent contact with their nose, mouth and the tissues they have used in respiratory hygiene. Their hands will also make frequent contact with their immediate environment. Therefore good hand hygiene among staff

before and after contact with patients or their close environment is vital to protect both themselves and other patients. Good hand hygiene among patients must also be promoted at all times.

The term “hand hygiene” includes hand washing with soap and water and thorough drying and the use of alcohol-based products (i.e. gels or foams).

If hands are visibly soiled or contaminated (for example, contaminated with respiratory secretions) they must be washed with soap and water and dried thoroughly with paper towels. Paper towels must be discarded in the nearest foot operated waste bin (with a lid).

When decontaminating hands using an alcohol rub, hands must be free of dirt and organic material. The handrub solution must come into contact with all surfaces of the hand.

Hands must be decontaminated before and after all patient contact.

In addition to the placement of alcohol rub at the point of use (e.g. patient’s beds / examination rooms and entrance to segregation / cohort wards), attachable pocket size alcohol gels are also available for certain groups of staff and in community settings.

All staff, patients and visitors entering and leaving flu areas must follow hand decontamination guidance as directed by posters at ward/department’s entrance/exits.

8.3. **Respiratory Hygiene and Cough Etiquette**

Good respiratory hygiene is essential in minimising influenza transmission, all staff must advise patients of the following respiratory hygiene measures at all times:-

- Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses.
- Dispose of used tissues in nearest disposable orange bag / clinical waste bin.
- Wash hands after coughing, sneezing, using tissues, or contact with respiratory secretions and contaminated objects.
- Keep hands away from the mucous membranes of the eyes and nose.
- Certain patients (e.g. the elderly / children) may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. disposable orange infectious waste bag) readily at hand for immediate disposal of tissues and a supply of hand wipes and tissues.

8.4. **Personal Protective Equipment (PPE) (See Appendix 5)**

8.4.1. Gloves

Gloves must be:

- Worn when exposure to blood and/or other body fluids is anticipated/likely
- Changed immediately after each patient and/or following completion of a clinical procedure or task
- Changed if a perforation or puncture is suspected; and
- Appropriate for use, fit for purpose and well fitting to avoid excessive sweating and interference with dexterity

8.4.2. Aprons

Aprons must be:

- Worn to protect uniform or clothes when contamination is anticipated/likely e.g. when in direct care contact with a patient or contaminated items, waste etc; and
- Changed between patients and/or following completion of a procedure or task

Full body gowns must be:

- Worn when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre; and changed between patients and immediately after completion of a procedure
- During aerosol generating procedures

8.4.3. Masks

- Surgical masks – routine contact with influenza patient (please see Appendix 1)

A surgical mask must be worn by staff for close patient contact (e.g. within 3 feet / 1 metre). This will provide a physical barrier and minimize contamination of facial mucosa by droplet transmission, one of the principal ways influenza is transmitted. Surgical masks must: -

- Cover both the nose and the mouth and not be allowed to dangle around the neck after usage
- Not be touched once placed on face
- Be changed when they become moist, damaged, distorted, contaminated or difficult to breathe through.
- Be worn once and discarded in an appropriate receptacle as clinical waste; hand hygiene must be performed after disposal is complete.

NB. Masks must be removed by undoing bottom tie followed by undoing top tie and placing immediately in a clinical waste bin whilst holding the ties. Hands must then be washed

- **FFP3 Masks**

FFP3 mask must be worn by staff for all aerosol generating procedures.

Aerosol generating procedures include: -

- Intubation
- Extubation
- Nasopharyngeal aspiration
- Tracheostomy care
- Chest physiotherapy
- Bronchoscopy
- Continuous positive airways pressure (PAP)
- Non-invasive ventilation
- Open Suction
- Humidification

} FFP3 Masks or equivalent to be worn (Health Protection Agency 2012)

The FFP3 respirator is a specially designed high filtration face mask and is distinct from a powered respirator / air hood. All staff must be fit tested before use of FFP3 and records of this fit testing kept at ward level / Occupational Health Department. If there are any issues in regards to the fitting of these masks, please contact Health and Safety/ Occupational Health Department

8.4.4. Eye Protection

The use of eye protection must be considered when there is a risk of contamination of the eyes by splashes and droplets e.g. blood, body fluids, secretions and excretions generated through patient care. This must be an individual risk-assessment at the time of providing care. **Eye protection must always be worn during all aerosol-generating procedures.**

8.5. Management of Care Equipment

Dedicated equipment (such as stethoscope, sphygmomanometer, or thermometer) must, when used, wherever possible, be disposable/single use only. For re-usable equipment, decontamination must be carried out before use on another patient using disinfectant wipes, alternatively clean with detergent and water, followed by disinfection, using a solution of chlorine releasing agent at 1,000 ppm Free Available Chlorine or Chlorine Dioxide (Tristel).
All reusable non-invasive equipment must be rinsed and dried following decontamination.
For electrical apparatus, please refer to manufacturers instructions on decontamination.

8.6. Control of the Environment

It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

The care environment must be:

- Free from clutter to facilitate effective cleaning
- Well maintained and in a good state of repair
- Clean and routinely cleaned in accordance with the national cleaning standards for Wales.

A fresh solution of general purpose neutral detergent in warm water is recommended for routine cleaning. If not using microfibre, please ensure that the detergent and water is changed when dirty or when changing tasks.

Daily disinfection of the environment is not required routinely. Please contact IPT for advice.

Staff must be aware of their environmental cleaning schedules and be clear on their specific responsibilities. Cleaning protocols must include responsibility for frequency and method of environment decontamination.

Routine, daily cleaning of the environment, including floors, must take place with a general purpose detergent, paying particular attention to horizontal surfaces, where dust may collect.
When using microfibre technology, microfibre cloths are to be returned to laundry on completion of task. In the absence of microfibre technology, yellow colour coded equipment must be used in isolation nursing situations and retained in patient's room. 'Dolly' Mop heads must be laundered daily for duration of isolation, or disposable mop heads used.

Build up of extraneous items within isolation room must be avoided. All surfaces must be kept clear to facilitate effective cleaning.

After discharging the patient, the room must be disinfected with 1,000 ppm Free Available Chlorine or Chlorine Dioxide.

The Hotel Services Supervisor must be informed when a room needs to be cleaned following a patient discharge. Nursing staff must ensure that all patient equipment is discarded or removed and decontaminated appropriately prior to commencing cleaning. Curtains must be removed and sent to the laundry in a red alginate bag and outer red textile bag or as advised by the Infection Prevention Team. Clinical waste must be placed in orange bags. Decontamination of the environment must be carried out with a detergent solution followed by a wipe with a suitable disinfectant i.e.1,000 ppm FAvCl /Chlorine Dioxide. There is no need to wash walls. A clean microfibre head must be used and returned to laundry on completion of task.

Buckets must be cleane and dried with disposable paper towelling.
The room/bed area can be re-occupied once the room/bed area is clean and dry

8.7. **Safe Management of Linen**

Patients' personal clothing, must be changed daily to coincide with the daily shower or bed bath. Clothing must be returned to the carer in a patient dissolvable wash bag and washed at or above 65^{o}C, separate from clothing belonging to other members of the household.

Linen such as bed attire, bed linen, towels and other laundry items must be changed daily to coincide with the daily shower / bed bath. The linen must be removed with care and must be treated as infected and laundered appropriately. Where possible, the mattress and pillow covers must be decontaminated following removal of the bed linen by washing with hot water and general-purpose liquid detergent or detergent wipes.

All foul/infectious linen must be placed directly into a water-soluble /alginate bag and secured; then placed into a red coloured linen bag and secured before placing in a laundry receptacle.
All used/infectious linen must be stored in a designated, safe, lockable area whilst awaiting uplift. Uplift schedules from used/infectious linen areas must be acceptable to the care area and there must be no build up of linen receptacles.

8.8. **Management of Blood and Body Fluid Spillages**

Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages must be clear within each area/care setting.
Please refer to Health Board Policy No 230 - Management of Body Fluid Spillages.

8.9. **Safe Disposal of Waste**

All waste must be disposed of in the Orange - Infectious Waste stream.
It is important to remember to always dispose of waste:

- Immediately and as close to the point of disposal as possible
- In to the correct segregated colour coded UN 3291 approved waste bag (i.e. orange); or
- Into approved sharps waste box which must be no more than 3/4 full.

Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use.

Waste bags must be no more than 3/4 full or more than 4kgs in weight; and using a ratchet tag with a 'swan neck' to close or label (for sharps waste boxes) with point of origin and date of closure.

Clinical waste must be stored securely with a frequent uplift schedule to prevent build up.

8.9.1. Crockery and Cutlery

No special requirements are needed for crockery and cutlery. They are to be returned to the main catering department for decontamination in a dishwasher capable of reaching a rinse temperature of 80^{o}C.

9. **VISITORS**

Visitors to all areas of the hospital must be kept to an absolute minimum during influenza season. Signage must be displayed informing visitors of the ward's current segregated status and procedures that need to be undertaken prior to entering the ward.

Visitors entering a cohorted area must be instructed on hand hygiene practice and the wearing of protective clothing as appropriate.

Visitors must be risk assessed and advised accordingly if they are to provide care for patients infected with influenza by the nurse in charge. When visitors become carers they will need to be instructed on the use of PPE by ward / department staff.

10. STAFF ILLNESS / DEPLOYMENT

Staff will be at risk of acquiring influenza through both community and healthcare-related exposures. Before commencing duty all staff must report any symptoms of influenza to their line manager who will advise accordingly. Similarly if a member of staff develops such symptoms whilst at work he / she must report to their line manager immediately. Staff with influenza must be excluded from work for 5 days after onset of illness.

All staff are offered vaccination against influenza on a yearly basis

Staff who are at high risk of complications of influenza (e.g. pregnant women, chronic respiratory conditions, immunocompromised workers) must be considered for alternative work assignment and at the very least they must not provide direct care to patients who are known / suspected to have influenza.

Line managers must ensure that sickness / absence is recorded accurately and information also given to the Occupational Health Department in order to inform an influenza database of staff excluded from work with influenza.

11. CARE OF THE DECEASED

11.1. Relatives/Visitors/Ministers of Religion

Any person attending a deceased patient must be instructed to wear PPE as per Health Board Policy No 354- Standard Infection Prevention and Control Precautions and Health Board Policy No: 353- Transmission Based Precautions for Droplet and Contact.

11.2. Last Offices

When performing last offices for a deceased patient, staff must follow standard infection prevention and control precautions. Surgical masks must be worn if there is a risk of splashes of blood and body fluids, secretions (including respiratory secretions) and excretions onto the facial mucosa. The patient does not require a cadaver bag.

Transfer to the mortuary or funeral establishment must occur as soon as possible after death. If the family wishes to view the body, they may be allowed to do so as per standard infection prevention and control principles.

12. ROLES / RESPONSIBILITIES / FUNCTIONS

It is important that the following key staff understand their individual roles in promoting compliance with the Infection Prevention and Control of Seasonal Influenza Policy;

12.1. Chief Executive

The Chief Executive has ultimate responsibility for infection prevention and control within Hywel Dda University Health Board. This responsibility is delegated to the Director of Nursing and Midwifery.

12.2. **Executive Director and Senior Managers**

The Director of Nursing and Midwifery has delegated responsibility for infection prevention and control in the Health Board and along with senior managers must be familiar with the seasonal flu policy and support the implementation of the policy throughout the organisation.

12.3. **Hospital Management Team**

The Hospital Management Team is responsible for receiving reports and monitoring compliance with seasonal flu policy. Identify areas of non-compliance and initiate appropriate action.

12.4. **Assistant Director of Nursing - Infection Prevention and Control**

Operational responsibility for infection prevention and control within the Health Board lies with the Assistant director of Nursing Infection Prevention & Control who is responsible for supporting the Hospital IPTs in implementing the seasonal flu policy and monitoring of compliance. The Assistant Director of Nursing of IP&C is responsible for ensuring mandatory training includes education on seasonal flu.

12.5. **Hospital Infection Prevention Team**

The Hospital IPT will promote implementation of the seasonal flu policy in clinical practice and will conduct regular compliance audits for feedback to wards/departments and Hospital management teams.

12.6. **Ward / Unit Managers / Department Leads**

Ensure all staff are familiar with the seasonal flu policy and ensure the policy is complied with. They are also responsible for conducting regular quality audits e.g. hand hygiene audits, and equipment cleaning audits ensuring that areas of non-compliance are feedback to clinical teams and actions addressed.

It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

12.7. **All Staff**

All staff are required to be familiar with the seasonal flu policy and comply with its contents and are responsible for informing the IPT and their manager immediately of any concerns related to poor compliance.

13. **TRAINING**

Infection Prevention and Control Training is mandatory every year and contents of this policy are included in this training. This training is available through the Infection Prevention Team or via Elearning , it is the line managers responsibility to ensure ALL staff attend this training at the required time.

14. **IMPLEMENTATION**

Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisation perspective, the Infection Prevention and Control Committee shall be responsible for monitoring that this policy and that appropriate actions are being taken to maintain patient safety.

15. FURTHER INFORMATION

This Policy is supported by a full review of literature with references:

WAG (2006). Guidance for Seasonal Influenza (flu), Infection Control in Hospitals and Primary Care Settings.

NHS (2007) Seasonal Influenza – Guidance for Infection Control in Hospitals and Primary Care Settings.

NHS (2008) Seasonal Influenza – Guidance for infection Control in Critical Care.

HSE (2003) Safe Working and the Prevention of Infection in the Mortuary and Post Mortem Room.

Royal College of Pathologists (2009) – Advice for Pathologist and Anatomical Pathology Technologists for Autopsy of Cadavers with Known or Suspected New / Virulent Strains of Influenza A.

Health Protection Agency 2012 Infection Control Precautions to minimise transmission of Respiratory Tract Infections (RTI's) in the Healthcare Setting

Public Health Wales Seasonal Influenza vaccination policy available at; http://howis.wales.nhs.uk/sites3/page.cfm?orgid=474&pid=54871

16. **APPENDIX 1 – WHAT FACIAL PROTECTION TO WEAR**

GIG CYMRU NHS WALES | Bwrdd Iechyd Hywel Dda He

SEASONAL INFLUENZA - RESPIRATORY PROTECTION

Surgical Mask

ROUTINE CONTACT WITH INFLUENZA PATIENT – Surgical Mask

(including patient coughing and sneezing and nebulized therapy)

- Wear water repellent surgical mask as standard
- Eye protection must be worn on risk assessment if eye contamination anticipated.

FFP3

FFP3D

Reusable half mask

Free Flow 2

AEROSOL GENERATING PROCEDURES - Masks

A FFP3 mask and waterproof gown along with eye protection must be worn by staff when performing the following aerosol generating procedures:

- Tracheostomy Care
- Open Suction
- Nasopharyngeal aspiration
- Humidification
- Intubation
- Bronchoscopy
- Chest Physio
- Non-invasive Ventilation
- Continuous Positive Airways Pressure (PAP)
- Extubation

A 'fit testing' programme within the Health Board will establish which mask is suitable for individual members of staff.

AEROSOL GENERATING PROCEDURES – Air hoods

Available for staff performing aerosol procedures: -

- When other masks do not fit staff
- When staff have yet to be fitted
- For use with patients on non-invasive ventilation
- For staff in contact with patients who need close monitoring (one to one care) and the air hood is more comfortable than a mask for prolonged periods of wearing.

Infection Prevention Team December 2016

17. APPENDIX 2 – DROPLET PRECAUTIONS POSTER

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

THIS PATIENT IS IN ISOLATION

THIS PATIENT IS IN ISOLATION DUE TO AN INFECTION CAUSED BY THE DROPLET ROUTE

Placement and transfers

- Place person in a single room ensuite facilities and keep the door closed, unless other issues prevent this on risk assessment e.g. patient safety.
- Communicate isolation information on precautions being taken to the staff /patient and visitors without breaching confidentiality.
- Avoid transfers unless essential for medical reasons. If essential, a surgical mask must be worn by the patient.
- Check the need for continued precautions / isolation and only cease precautions on the advice of specialists in infection prevention and control/policy guidance.

Respiratory hygiene / Cough etiquette

- Cover mouth and nose. Use disposable tissues – dispose of tissues immediately. Wash hands. Avoid touching face with hands after coughing or sneezing.

Personal protective equipment

- Ensure PPE is readily available and put on and removed immediately before and after care activity in the patient / client area. Use disposable gloves and plastic apron during care activities. Use a surgical mask when providing close care.

Ensure that supplies of PPE and hand hygiene equipment are available at the entrance single room / cohort areas.

Hand hygiene

- Perform hand hygiene before and after providing care and after removal of PPE.

Management of care equipment

- Allocate equipment to individuals where possible. Decontaminate equipment following manufacturer's guidance/local instruction before and after use and on terminal cleaning. Use disposable items where available and dispose of items appropriately.

Control of the environment

- Ensure the care environment is clutter free, intact and clean, paying particular attention to frequently touched and horizontal surfaces surrounding the patient. Terminally clean the environment following end of precautions / isolation.

Safe management of linen

- Ensure safe handling of linen i.e. wear PPE, wash hands on removal, bag infected linen in alginate bags, place alginate bags in the appropriate secondary colour coded linen bag.

Safe disposal of waste

- Ensure safe handling of waste i.e. wear PPE, wash hands on removal. Place all contaminated items into orange clinical waste bag.

Occupational exposure management

- Report and manage occupational exposure incidents immediately. Ensure occupational immunisations are up to date e.g. influenza

Infection Prevention Team

18. **APPENDIX 3 – CONTACT PRECAUTIONS POSTER**

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

THIS PATIENT IS IN ISOLATION

THIS PATIENT IS IN ISOLATION DUE TO AN INFECTION CAUSED BY THE CONTACT ROUTE

Placement and transfers

- Place person in a single room with ensuite facilities and keep the door closed, unless other issues prevent this on risk assessment e.g. safety of patient.
- Communicate information on precautions being taken to the staff/patient and visitors without breaching confidentiality.
- Avoid transfers unless essential for medical reasons.
- Check the need for continued precautions / isolation and only cease precautions on cessation of symptoms and / or on the advice of specialists in infection prevention and control/policy guidance.

Personal protective equipment

- Ensure PPE is readily available and put on and removed immediately before and after care activity in the patient area. Use disposable gloves and plastic apron during care activities

Ensure that supplies of PPE and hand hygiene equipment are available at the entrance single room / cohort areas.

Hand hygiene

- Perform hand hygiene before and after care and following removal of PPE.

Management of care equipment

- Allocate equipment to individuals where possible. Decontaminate equipment following manufacturer's guidance/local instruction before and after use and on terminal cleaning. Use disposable items where available and dispose of items appropriately.
-

Control of the environment

- Ensure the care environment is clutter free, intact and clean, paying particular attention to frequently touched and horizontal surfaces surrounding the patient / client. Terminally clean the environment following end of precautions / isolation.

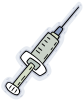
Safe management of linen

- Ensure safe handling of linen i.e. wear PPE, wash hands on removal, bag infected linen in alginate bags, place alginate bags in the appropriate red colour coded linen bag.

Safe disposal of waste

- Ensure safe handling of waste i.e. wear PPE, wash hands on removal. Place all contaminated items into orange clinical waste bag.

Occupational exposure management



Report and manage occupational exposure incidents immediately. Ensure occupational immunisations are up to date e.g. influenza.

Infection Prevention Team

19. **APPENDIX 4 - SEASONAL INFLUENZA INFORMATION LEAFLET**

6. How do I treat flu?

If you are usually fit and healthy, you can mange your flu symptoms at home. Make sure you have plenty of rest and take the recommended dose of paracetamol based cold/flu remedies regularly to relieve your symptoms. Drink plenty of fluids and eat healthily if you feel like you want food.

People in the 'at risk' groups who have been in contact with a person with flu may benefit from the use of antiviral agents to prevent them developing flu, regardless of whether they have been vaccinated. If you are in an 'at risk' group and know you have been in close contact with a person with flu, your GP will be able to assess and advise you.

Because flu is caused by a virus and not bacteria, antibiotics will NOT treat or help with your flu. However, it may be necessary to use antibiotics to treat the complications of flu, e.g. chest infections or pneumonia.

7. If I have flu, how can we prevent the spread?

- Use disposable tissues and dispose of used tissues into a bin as soon as possible
- Cover your nose and mouth every time you cough or sneeze
- Avoid close contact with others and especially people who are already ill or are in the 'at risk' group. Always wash your hands or use an alcohol based hand rub after coughing or sneezing and using tissues
- Stay at home when you are sick. If you are in an 'at risk' group or your symptoms persist or you feel you have complications from flu then please contact your GP. Advice can also be sought from NHS Direct 0845 46 47 if you are concerned in anyway.

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Infection Prevention Team

INFORMATION ON INFLUENZA OR FLU LIKE SYMPTOMS (FOR PATIENTS/VISITORS AND GENERAL PUBLIC)

1 What is influenza (flu)?

Influenza, also known as flu is a highly infectious respiratory illness that spreads easily from person to person. Flu is caused by the influenza virus of which there are two main types; Influenza A and Influenza B. Flu is generally a mild illness in a majority of cases but it can cause more serious complications such as pneumonia and bronchitis Seasonal Influenza can affect all age groups but 'at risk' groups are associated with more serious illness and flu can be life threatening in a small number of cases. The best way to avoid flu in the 'at risk' groups is to have the seasonal flu vaccine each year. The vaccine is available each year to 'at risk' groups, staff and also if you are the main carer for an elderly or disabled person.

2 Who can get flu and who is at the most risk from flu?

Anyone can get the flu, but some people can be more affected than others. People suffering from other chronic illnesses are more likely to become ill or suffer from the complications of flu, thus the importance of having the seasonal flu vaccine each year. The following people may be at risk of complications from flu;

- People over 65 and people requiring long term care
- People with chronic respiratory disease or asthma sufferers
- People with chronic heart, liver or renal disease
- People with chronic neurological disease
- People with diabetes
- Pregnant women
- People with a problem with their spleen or who have had their spleen removed
- People who are immunosuppressed

3 How do I know if I have a common cold or flu?

People often describe the common cold as flu as the symptoms of common colds and flu are similar e.g. stuffy/runny nose, sneezing. However, the symptoms of flu come on suddenly and severely and are different from that of a common cold which are generally short lasting and mild.

4 What are the symptoms of flu?

Flu can give you any of the following symptoms and they generally last from 2-7 days, with the person being infectious to others in this period;

- Sudden fever (a temperature of 38 °C or 100.4°f or above)
- Dry, chesty cough
- Headache
- Extreme tiredness / lethargy
- Chills
- Aching muscles
- Limb or joint pain
- Diarrhoea or stomach upset
- Sore throat
- Runny or blocked nose
- Sneezing
- Loss of appetite
- Difficulty sleeping

5 How is it spread?

The flu virus is spread in the air via small droplets of saliva either coughed or sneezed by a person who already has flu. If you are in close contact and breathe in these droplets, you can become infected with flu. Symptoms can take up to 4 days to develop. It is important that personal hygiene i.e. hand washing and general hygiene are followed in order to reduce the spread of the flu virus.

SEASONAL INFLUENZA INFORMATION LEAFLET (WELSH)

6. Sut ydw i'n trin y ffliw?

Os ydych fel arfer yn heini ac yn iach, gallwch reoli symptomau'r ffliw adref. Sicrhewch eich bod yn ymlacio ac yn cymryd y dôs a argymhellir o feddyginiaethau paracetamol ar gyfer annwyd/ffliw yn rheolaidd er mwyn lleddfu eich symptomau. Yfwch ddigon o hylifau a bwytewch yn iach os oes chwant bwyd arnoch.

Gallai pobl sydd yn yn y grwpiau 'mewn risg' sydd wedi bod mewn cyswllt â pherson â'r ffliw elwa o ddefnyddio cyfryngau gwrthfeirysol er mwyn eu hatal rhag datblygu'r ffliw, p'un ai ydynt wedi eu brecu ai peidio. Os ydych mewn grŵp 'mewn risg' ac yn gwybod eich bod wedi bod mewn cyswllt agos â person â'r ffliw, gall eich Meddyg Teulu eich asesu a'ch cynghori.

Gan mai feirws ac nid bacteria sy'n achosi'r ffliw, NI fydd gwrthfiotigau yn trin y ffliw nac yn eich helpu. Fodd bynnag, efallai y bydd angen gwrthfiotigau i drin cymhlethdodau y ffliw, e.e. haint y frest neu pneumonia.

7. Os oes gen i'r ffliw, sut mae atal ei ledaenu?

- Defnyddio hancesi tafladwy a thaflu hancesi sydd wedi eu defnyddio i'r bin cyn gynted â phosibl
- Gorchuddio eich trwyn a'ch ceg bob tro yr ydych yn peswch neu yn tisian
- Osgoi cyswllt agos ag eraill yn enwedig pobl sydd yn sâl eisoes neu sydd mewn grŵp 'mewn risg'. Golchwch eich dwylo neu ddefnyddiwch hylif dwylo sy'n cynnwys alcohol bob tro ar ôl peswch neu disian a defnyddio hancesi
- Arhoswch adref pan yn sâl. Os ydych mewn grŵp 'mewn risg' neu os yw eich symptomau'n parhau neu os ydych yn teimlo bod gennych gymhlethdodau o'r ffliw, cysylltwch â'ch Meddyg Teulu. Gellir cael cyngor wrth Galw Iechyd Cymru ar 0845 46 47.

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Tîm Atal Heintiau

GWYBODAETH AR Y FFLIW
A SYMPTOMAU TEBYG I'R FFLIW
(AR GYFER CLEIFION/YMWELWYR A'R CYHOEDD)

1 Beth yw'r ffliw?

Mae'r ffliw yn salwch anadlol heintus iawn sy'n lledaenu'n hawdd o berson i berson. Mae'r ffliw yn cael ei achosi gan y firws Influenza ac y mae dau prif fath; Influenza A ac Influenza B. Yn gyffredinol, nid yw'r ffliw yn salwch difrifol, ond mae'n gallu achosi cymhlethdodau mwy difrifol megis pneumonia a bronchitis. Gall y ffliw tymhorol effeithio ar bob grŵp oedran ond mae grwpiau sydd 'mewn risg' yn gysylltiedig â salwch mwy difrifol, a gall y ffliw fygwth bywyd mewn nifer fechan o achosion. Y ffordd orau o osgoi'r ffliw yn y grwpiau 'mewn risg' yw i gael y brechlyn ffliw tymhorol bob blwyddyn. Mae'r brechlyn ar gael bob blwyddyn i'r grwpiau 'mewn risg', i staff ac i'r rhai hynny sy'n brif ofalwr i berson hŷn neu anabl.

2 Pwy alla'i gael y ffliw a phwy sydd yn y perygl mwyaf o'r ffliw?

Gall unrhyw un gael y ffliw, ond gallai effeithio mwy ar rai nag eraill. Mae pobl sy'n dioddef o salwch cronig arall yn fwy tebygol o fynd yn sâl neu ddioddef o gymhlethdodau'r ffliw, ac felly mae'n bwysig iddynt gael y brechlyn ffliw bob blwyddyn.
Gallai'r bobl ganlynol fod mewn risg o gymhlethdodau'r ffliw;

- Pobl dros 65 oed a phobl sydd angen gofal hir-dymor
- Pobl â chlefyd anadlol cronig neu'r rhai ag asthma
- Pobl â chlefyd cronig y galon, iau neu aren
- Pobl â chlefyd niwrolegol cronig
- Pobl â diabetes
- Menywod beichiog
- Pobl â problem a'u dueg neu sydd wedi tynnu eu dueg
- Pobl sydd ag imiwnedd isel

3 Sut ydw i'n gwybod os oes gen i annwyd cyffredin neu'r ffliw?

Mae pobl yn aml yn disgrifio annwyd cyffredin fel y ffliw gan fod y symptomau'n debyg e.e. trwyn llawn/sy'n rhedeg, tisiang. Fodd bynnag, mae symptomau ffliw yn dod yn sydyn ac yn ddifrifol sy'n wahanol i annwyd cyffredin nad ydynt fel arfer yn para'n hir a sydd yn ysgafn.

4 Beth yw symptomau'r ffliw?

Gall y ffliw roi unrhyw un o'r symptomau canlynol i chi sydd fel arfer yn para rhwng 2 a 7 diwrnod, â'r unigolyn yn heintus i eraill yn ystod y cyfnod hwn;

- Gwres sydyn (o 38°C neu 100.4°f neu uwch)
- Peswch sych ac o'r frest
- Pen tost
- Blinder / syrthni eithafol
- Crynu
- Cyhyrau poenus
- Poen yn y breichiau neu'r coesau neu yn y cymalau
- Dolur rhydd neu stumog tost
- Dolur gwddf
- Trwyn llawn neu sy'n rhedeg
- Tisian
- Dim chwant bwyd
- Anhawster cysgu

5 Sut mae'n lledaenu?

Mae firws y ffliw yn lledaenu yn yr aer mewn defnynnau bach o boer naill ai wrth i berson sydd â'r ffliw eisoes beswch neu disian. Os ydych mewn cyswllt agos ac yn anadlu'r defnynnau hyn, gallech gael eich heintio â'r ffliw. Gallai symptomau gymryd hyd at 4 diwrnod i ddatblygu. Mae'n bwysig cynnal hylendid personol h.y. golchi dwylo a hylendid cyffredinol, er mwyn lleihau lledaeniad feirws y ffliw.

20. APPENDIX 5 - PERSONAL PROTECTIVE EQUIPMENT FOR CARE OF PATIENTS WITH INFLUENZA

	ENTRY TO COHORTED AREA BUT NO PATIENT CONTACT	CLOSE PATIENT CONTACT (<3 FEET)	AEROSOL GENERATING PROCEDURES
Hand hygiene	✓	✓	✓
Gloves	x	✓	✓
Plastic apron	x	✓	x
Gown	x	x	✓
Surgical mask	✓	✓	x
FFP3 respirator	x	x	✓
Eye protection	x	**Risk Assessment**	✓