Influenza Management Procedure

(IPC Manual)
1. **AIM**

The aim of this procedure is to provide staff with the information required to manage and care for patients with seasonal influenza or ‘flu’ which is a respiratory illness caused by influenza A or B virus.

Pandemic flu guidance can be found in a separate policy, via the link in section 3.1.

2. **SCOPE**

This procedure applies to all clinical staff, whether in a direct or indirect patient care role. It also applies to patients, visitors, contractors and other persons who enter Trust owned or rented buildings or grounds.

Adherence to the procedure is the responsibility of all Trust staff, including agency, locum and bank staff.

Staff who have had the annual flu vaccination, or have had confirmed influenza infection (for the season) must still adhere to the infection control precautions in this procedure.

3. **LINK TO OVERARCHING POLICY**

3.1 Infection Prevention and Control Manual

3.2 **LINKS TO RELEVANT POLICIES/PROCEDURES**

Pandemic Flu Plan
https://www.rdash.nhs.uk/24037/pandemic-influenza-plan/

4. **PROCEDURE**

4.1 **Mode of Transmission**

**Droplet transmission** – droplets greater than five microns in size may be generated from the respiratory tract during coughing, sneezing or talking. If droplets from an infected person come into contact with the mucous membranes (mouth or nose) or surface of the eye of a recipient, they can transmit infection. These droplets remain in the air for a short period and travel one to two metres, so physical closeness is required for transmission.

**Airborne transmission** – aerosol generating procedures (AGPs) (appendix 46) are considered to have a greater likelihood of producing aerosols compared to coughing. Aerosols are smaller than the droplets described above and can remain in the air for longer and therefore, potentially transmit infection by mucous membrane contact or inhalation.

**Direct/indirect contact** – through touching of contaminated
surfaces/equipment. Evidence shows that influenza viruses can be transferred from hard surfaces to hands for up to 24 hours after contamination takes place; and materials such as pyjamas, magazines and tissues for up to 2 hours.

4.2 Identification

The infectious period is thought to be about one day before the onset of symptoms until 3-4 days later. Children, immunocompromised individuals and seriously ill people may remain infectious for a longer period. Symptoms of flu can include any of the following: fever, rhinorrhoea (runny nose), sore throat and cough, limb or joint pain, headache, lethargy, chest pain and breathing difficulties.

If a patient presents with a suspected upper respiratory tract infection (URTI) and meets the following clinical criteria, the actions/precautions below must be followed.

- Temperature 38°C or more plus two or more of the following:
  - Cough (with or without sputum)
  - Nasal discharge or congestion
  - Sneezing
  - Sore throat
  - Headache
  - Muscle or joint pains
  - Chest pain

The Infection Prevention and Control Team (IPCT) must be informed of symptomatic in-patients at the earliest opportunity.

4.3 Isolation

- All new admissions/transfers with flu like symptoms must be isolated in a single room.

- Isolate symptomatic patients in a single room for a minimum of 5 days from the onset of symptoms.

- If the symptomatic patient has been in a bay with other patients then isolation precautions must be commenced for these contacts for a minimum of 4 days. No further admissions can be placed into the affected bay during this time.

- Where there are several patients with similar respiratory symptoms these may be cohort nursed in a bay (where applicable). Ensure patients are at least one metre apart and keep privacy curtains closed to minimise opportunities for close contact.

- If symptomatic patients or their contacts are not able to be isolated,
especially in mental health inpatient settings, a thorough risk assessment must be made and interventions modified to try and minimise the risk of cross infection. This must be done in consultation with the IPCT and/or Consultant Microbiologist and must be documented in the patient’s care records.

- The door to the single room/bay **must** remain closed at all times.
- An isolation notice (appendix 26) should be placed at the entrance to the room/bay area, however if an outbreak is declared isolation notices, (appendix 24 and 25) should be used.
- Designated staff should be allocated to care for the symptomatic patients. Ideally these staff will have had their flu vaccination.
- It is good practice for all staff to work in one area for the duration of their shift, unless having to respond to an emergency situation elsewhere.
- Community staff should plan to visit symptomatic patients last where possible.

4.4 Discontinuation of Isolation

- Isolation precautions may be discontinued after 5 days if the patient is asymptomatic.

- Isolation may be discontinued earlier for some individuals on antiviral treatment. In this instance the decision to discontinue isolation will be made by the IPCT in conjunction with the Consultant Microbiologist.

  - If the patient is immunocompromised or has a known respiratory condition then isolation must be continued until the full course of antiviral medication has been completed.

  - A terminal clean of the room/bay must be completed when isolation precautions are discontinued, when the patient is discharged or transferred, or on the advice of the IPCT.

4.5 Virology Testing

- A throat swab is required. Gently rub a **green swab** against the back of the throat on the area near the tonsils. Request influenza testing on the laboratory request form.

4.6 Treatment

- National guidance for “Influenza: treatment and prophylaxis using antiviral agents” can be found via this link: [https://www.gov.uk/government/publications/influenza-treatment-and-](https://www.gov.uk/government/publications/influenza-treatment-and-
prophylaxis-using-anti-viral-agents

- Inpatient staff may also contact the Microbiologist for treatment advice if required (details in section 1.5 of the IPC Manual).

- Treatment should be started within 48 hours (whether symptomatic or a contact). Treatment after 48 hours is an off-label use and should be done on specialist advice only.

4.7 Hand Hygiene

- Staff must refer to the Hand Hygiene Procedure.

- Encourage the patient (and visitors) with own hand hygiene, using hand rub or soap and water. Staff may need to support patients with this, especially after coughing, sneezing or using tissues.

4.8 Personal Protective Equipment

- Personal Protective Equipment (PPE) must be worn according to the guidance in appendix 47.

- PPE must be removed and disposed of once the clinical activity has been completed and disposed of safely.

- When patients with similar symptoms are cohort in one area and multiple patients require care, staff must don a surgical face mask on entry to the area and keep it on for the duration of all care activities, or until the mask requires replacement (when it becomes moist or damaged). Other PPE e.g. gloves and aprons should continue to be used for individual patients/episodes of care as per procedure.

4.9 Laundry

Inpatient:

- All linen that is processed in the main laundry facility must be treated as contaminated. Red water soluble bags must be used to segregate and contain linen.

- Clothing and bedding should be washed daily.

- In areas where patients launder their own personal items of clothing these must be washed on their own, at the highest temperature the fabric will withstand, tumble dried and/or ironed.

- If relatives take laundry home to launder it must be placed in a water soluble bag specifically designed for use in domestic washing machines.
Community:

- Advise patients to change and launder clothes and bedding/towels regularly.
- Advise to wash items at the highest temperature the fabric will withstand.
- Advise that drying in a tumble dryer and/or ironing may help further reduce the viral load.

4.10 Patient Equipment

- All patient equipment must be decontaminated thoroughly with either Clinell Universal wipes or Chlor-clean after every use.
- Wherever possible use single use/single patient use equipment.
- Avoid taking non-essential equipment into the home/isolation areas.

4.11 Environmental Cleaning

Inpatient:

- Chlor-clean, diluted to 1,000 parts per million, must be used for twice daily environmental cleaning in isolation areas (increased to the whole ward in the event of an outbreak) with a focus on increased cleaning for frequently-touched surfaces (e.g. over-bed tables, lockers, lavatory surfaces in patient bathrooms, door knobs) and equipment in the immediate vicinity of the patient.

Community:

- Advise patients/family/carers that regular environmental cleaning using detergent in hot water/disinfectant may help reduce the viral load in the environment.

4.12 Patient Movement

Inpatient:

- Symptomatic patients must not be routinely transferred to other wards or health or social care facilities and routine investigations should be postponed if possible.

- If there is an urgent clinical need for the patient to attend another ward/department or healthcare facility contact the IPCT or the ward/department at the receiving facility to discuss prior to the proposed move.
Transportation services will need to be made aware of the potential infection risk, whilst maintaining patient confidentiality. During transportation the patient must wear a surgical face mask to minimise the dispersal of respiratory secretions and reduce environmental contamination.

If the patient is wearing a surgical face mask during transport, then it is not necessary for staff to wear a surgical face mask. If the patient is unable to wear a mask for any reason, then staff transporting or accompanying the patient who come within one metre of the patient must wear one.

Community:

Advise patients not to visit health or social care facilities whilst symptomatic unless absolutely necessary.

Discharge of Symptomatic Patients:

Patients may be discharged to their own home if deemed medically fit.

Discharge to health and social care residential facilities will need to be discussed with the receiving facility, prior to transfer.

4.13 Visitors

Visitors should be informed of the situation and advised to postpone their visit, though the wellbeing of the patient should also be considered.

Visitors must be offered PPE as recommended for staff and encouraged to undertake hand hygiene.

Visitors should not be present during AGPs and visiting may be suspended during outbreaks.

4.14 Waste

Waste generated by all healthcare staff must be treated as infectious (orange bag).

5. REFERENCES


Immunisation against infectious disease (The Green Book)
https://www.gov.uk/government/collections/immunisation-against-

Respiratory tract infections: infection control. Guidance on transmission routes and precautions in healthcare settings

6. APPENDICES

Appendices are accessed/downloaded from the IPC Manual home webpage.

Appendix 24 - Ward Entrance Poster
Appendix 25 - Single Room Bay Poster
Appendix 26 – Isolation Precautions Poster
Appendix 46 - Aerosol Generating Procedures
Appendix 47 – Influenza Personal Protective Equipment