**Patient Placement / Assessment of Risk**

- Daily check (√/x)
- 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).

**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)**

- Disposable gloves and yellow apron 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 should risk assess the need for face protection i.e. goggles/mask where they feel there is a risk of body fluid splashing onto the face or staff are within 1 metre of the patient.
- 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**

- The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available
- If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry into a water soluble bag, then a patient clothing bag before being given to carer to take home)

**HCW Daily Initial :**

---

**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.

<table>
<thead>
<tr>
<th>Date Isolation commenced:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### 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
Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

Daily Assessment / Review Required

<table>
<thead>
<tr>
<th>COMMENTS</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Daily Assessment Performed by</strong></td>
<td><strong>Initials</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Known or suspected Infection</strong> e.g. unexplained loose stools, MRSA, Group A Strep, <em>C. difficile</em>, Influenza, pulmonary tuberculosis.</td>
<td><strong>Please state</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control Risk</strong>, e.g. unable to isolate, unable to close door of isolation room.</td>
<td><strong>Please state</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reason unable to isolate / close door to isolation room</strong>, e.g. falls risk, observation required, clinical condition.</td>
<td><strong>Please state</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional Precautions</strong> 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.</td>
<td><strong>Please state</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Prevention and Control have been informed</strong> of patient’s admission and are aware of inability to adhere to IPC Policy?</td>
<td><strong>Yes / No</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Summary Detail of Resolution**

Daily risk assessments are no longer required

Signed ________________________________

Date  ________________________________