**Infection Control Care Plan for a patient with suspected/ confirmed Active Pulmonary Tuberculosis**

**Statement:** This care plan should be used with patients who are suspected of or are known to have active pulmonary tuberculosis. This care plan should be followed to reduce the risk of transmitting Pulmonary Tuberculosis to other patients, staff, carers and visitors. If it is not possible to follow this care plan, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

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| 1    |    | Accommodation                     | • All confirmed/ suspected active pulmonary tuberculosis patients should be isolated in a single room with negative pressure ventilation and en suite facilities. If en suite is not available ensure access to own commode.  
• If the patient is confirmed/ suspected of having multi-drug resistant TB they **MUST** be nursed in a negative pressure room.  
• The door should be kept shut.  
• Place an isolation sign on the door.  
• If there are no single rooms contact the Infection Control Team for advice.  
• Staff nursing the patient should be kept to a reasonable minimum. If the patient is nursed in a negative pressure room, regular readings of the pressure gauges must be taken to ensure that the negative pressure system is working.  
• Patients who require services from AHPs should be treated in their own room if possible. |                                                                                                           |                         |          |         |
| 2    |    | Decontamination of patient equipment | • Equipment used on/ by the patient should be removed from the room and cleaned with chlorine based detergent, e.g. Actichlor Plus, 1000ppm.  
• Patient crockery/ cutlery should be removed from the room and cleaned in the normal way.  
• Keep items to a minimum in the room. |                                                                                                           |                         |          |         |
### Environmental Cleaning

- To maintain confidentiality, advise domestic staff that the patient is being isolated.
- Floor, surfaces, sink, toilet etc. must be cleaned twice daily by domestic staff using chlorine based detergent, e.g. Actichlor Plus. Please refer to SOP Twice Daily Clean of Isolation Rooms. [www.nhsggc.org.uk/infectioncontrol](http://www.nhsggc.org.uk/infectioncontrol)
- Nursing staff are responsible for the cleaning of patient related equipment twice daily using chlorine based detergent, e.g. Actichlor Plus.
- When room is vacated, nursing staff should clean patient related equipment with chlorine based detergent, e.g. Actichlor Plus and remove it from the room. Domestic staff should then carry out a thorough terminal clean of the room. When dry, the room can be used. Please refer to SOP Terminal Clean of Isolation Rooms.

### Hand Hygiene

- Hand Hygiene must be performed before and after contact with the patient, their environment or equipment and on leaving the room.
- Soap and water or alcohol gel (if hands visibly clean) can be used for hand decontamination.
- Ensure hand washing facilities are offered to the patient regularly, especially before eating and after using the toilet.

### Information to Patient and Carers

- Inform the relatives of planned follow-up from TB liaison nurse.
- Explain to the patient how the disease is contracted and spread.
- Explain the need for infection control precautions.
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|      | 6  | Laundry           | • All linen should be placed in a red alginate bag, then clear polythene bag and then into a white linen bag.  
• Clean linen should be taken into the room as required.  
• Do not store clean linen in the room. |                                                                          |                        |         |
|      | 7  | Personal Clothing | • If patient’s laundry is contaminated with blood or body fluids it should be placed in a domestic alginate bag then into a patients clothing bag and relatives or carers should be issued with the NHSGGC Laundry Leaflet. This should be documented in the patients nursing notes. |                                                                          |                        |         |
|      | 8  | Personal Protective Equipment (PPE) | • HCWs caring for patients with TB must wear fit-tested FFP3 masks when aerosol generating procedures are being performed.  
• **HCWs caring for patients suspected or confirmed as having multi-drug resistant TB must wear fit-tested FFP3 masks for all activities.**  
• HCWs should only use FFP3 masks if they have been properly fit tested.  
• If the patient has to leave the ward for any reason they must wear a surgical mask. **This should not be an FFP3 mask.**  
• Masks should be disposed of as clinical waste. |                                                                          |                        |         |
|      | 9  | Specimens         | • If Active Pulmonary Tuberculosis is suspected, 3 sputum samples must be sent to the laboratory. Obtain an immediate sputum sample, and at least 2 further specimens taken on separate occasions. Sputum samples should ideally, but not necessarily be 3 early morning samples. The first specimen should be marked urgent and sent to the laboratory requesting urgent processing and reporting.  
• If sputum samples are unobtainable, send 3 early morning urine samples on consecutive days instead. |                                                                          |                        |         |
### Infection Control Care Plan

**Hospital:**

**Ward:**

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|      |    | 10 Transfer to another department or hospital | • If the patient has to leave the ward for any reason they must wear a surgical mask. This should not be an FFP3 mask.  
  • Staff transferring the patient do not require to wear a mask. | | | |
|      |    | 11 Visitor restrictions | • Relatives that have been living with the patient prior to admission do not need to wear a mask.  
  • Relatives and visitors do not need to wear a mask unless the patient is a confirmed or suspected multi-drug resistant TB.  
  • Visitor numbers should be limited to two unless there are exceptional circumstances. Children should not visit. | | | |
|      |    | 12 Waste | • Dispose of all waste into clinical waste pedal bin inside room. When bag ¾ full, fasten securely and label with ward ID. | | | |
|      |    | 13 Last Offices | • Please refer to the SOP for Last Offices in the Infection Control Manual. | | | |