

Infection Control Care Plan for a patient with H1N1 Influenza Virus

Statement: This care plan should be used with patients who are suspected of or are known to have H1N1 strain of Influenza
Please also make reference to the latest NHS GG&C Infection Control Guidance on H1N1.

On admission, all patients must be assessed using the current NHS GG&C algorithm for H1N1. If the patient is considered a possible case or is known to have H1N1, this care plan must be followed to reduce the risk of transmitting the virus to other patients, staff, carers and visitors. If it is not possible to follow this policy, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

Date	No	Issue / problem	Action to be taken	Assessment / Review date	Signature	Comment
	1	Accommodation	If a patient meets the criteria for H1N1, and is being admitted to hospital, s/he should be swabbed and placed in a single room (SR), preferably with ensuite. Once confirmed as H1N1, the patient can be moved into a cohort area with other confirmed H1N1 patients. If a SR is not available, the ICT should be contacted to carry out a risk assessment Isolation can be stopped 7 days after the onset of symptoms or after a full course of treatment with an approved antiviral. A risk assessment should be carried out by the ICT if the patient remains ventilated after this time.			

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	2	Hand hygiene	<ul style="list-style-type: none"> All HCWs must decontaminate their hands prior to patient contact, alcohol hand gel or liquid soap and water is sufficient. All HCWs must decontaminate their hands after patient contact and/or contact with the environment with liquid soap and water. It is also important to carry out hand hygiene on leaving the isolation room / cohort area. Hand hygiene must be carried out after removal of PPE Encourage patient to wash their hands frequently with soap and water or hand hygiene wipes. Regular hand hygiene should be encouraged if the patient is coughing and sneezing. 			
	3.	PPE	<p>Please refer to the NHS GGC H1N1 policy and posters for guidance. Staff and relatives must wear the appropriate PPE to enter the room or cohort area.</p> <p>PPE must be removed on leaving the SR/cohort area and discarded in a clinical waste bin.</p>			
	4	Specimens	<p>To confirm H1N1, the following specimens should be taken:</p> <ul style="list-style-type: none"> * NPA for children < 2 years * Children > 2 years / adults, throat and nose swab. <p>For nose and throat swabs, a testing kit will be provided by the on-site laboratory. The specimen should be sent as directed.</p> <p>Nose ... / ... / ... Result:</p> <p>Throat ... / ... / ... Result:</p> <p>NPA ... / ... / ... Result:</p>			

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	5	Decontamination of patient equipment	Where possible, the patient should be allocated their own equipment such as washbowls, hoist slings etc. Room /furniture/equipment & surfaces must be cleaned twice daily with Actichlor Plus (1:1000ppm). All equipment must be cleaned after use prior to removal from room.			
	6	Environmental cleaning	SOPs for twice daily clean of isolation rooms and terminal clean of an isolation room following discharge should be adhered to. The room can be used as soon as cleaning is complete.			
	7	Laundry	NHS laundry will be placed in a red alginate bag tied, into a clear plastic laundry bag, tied and then into a white laundry bag as per policy on contaminated laundry. Personal clothing for laundering at home should be placed in a patient alginate laundry bag and then a clear bag before being given to relatives / visitors. A copy of the Laundry leaflet should be given.			
	8	Waste	All waste must be disposed into the clinical waste stream inside the patient's room. Clinical waste bin must be emptied at least once daily and when $\frac{3}{4}$ full.			

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	9	Information to patient and carers	Visitors should be advised of visiting restrictions and warned of the risk to them from exposure to H1N1. Laundry leaflet and H1N1 Information leaflets should be given			
	10	Visitor restrictions	Only asymptomatic, low risk, close relatives will be allowed to visit. Children will be discouraged from visiting. If the patient is critically ill, special arrangements for visiting should be arranged with the ICT. Relatives with flu-like symptoms should be advised against visiting			
	11	Transfer to another department or hospital	Where possible, the patient should not be transferred until isolation is no longer required. If emergency transfer or investigation is necessary, the receiving department must be notified in advance to ensure that all precautions can be taken.			
	12	Last Offices	Please refer to the SOP for Last Office in the Infection Control Manual			