



SCOTTISH AMBULANCE SERVICE

Strategic Co-ordination Centre (SCC) Bulletin 01/09

29 April 2009

Swine Flu-Information Sheet

To date 2 cases of swine Influenza A (H1N1) have been confirmed in individuals in Scotland. Other possible cases of Swine Flu are now under investigation in Scotland.

Influenza

Influenza is a respiratory illness characterised by sudden onset of fever and cough, with possible chills, headache, sore throat and aching muscles/joints. There is a wide spectrum of illness ranging from minor symptoms to severe illness and secondary infections e.g. pneumonia.

The typical incubation period is one to four days. People are most infectious soon after they develop symptoms but can continue to excrete the virus for up to 5 days and up to 7 days in the case of children.

Influenza is transmitted from person to person through close contact with an infected person. Transmission occurs through multiple routes including droplets and direct and indirect contact. In certain situations aerosol transmission may also occur.

Studies have shown that the virus can also survive for limited periods of time in the environment and can be transferred from touch surfaces to hands. The virus is inactivated by the use of alcohol hand rub, soap and water and detergent cleaners. Therefore careful and frequent hand hygiene and environmental cleaning are important to help control contact spread.

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Patients who present with flu-like symptoms should only be considered at risk of having swine flu if they also fulfil the following criteria:

- Have recently returned from one of the countries known to have cases of swine flu.
- Or they have been in contact with someone who has recently returned from one of these countries.

If a patient is suspected of having swine flu the following infection control precautions should be taken:

- The patient should be transported on their own, not with other patients.
- Staff should wear protective clothing (PPE) to include - surgical face mask, gloves and plastic apron.
- The patient should also wear a surgical mask if able. If unable to wear a mask good respiratory hygiene should be encouraged- cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing nose and dispose of the tissue immediately into the waste bin. The patient should then be encouraged/assisted to carry out hand hygiene using skin wipes available or alcohol hand rub as able.

In the case that aerosol generating procedures are required to be undertaken e.g. intubation, suctioning or nebulisation, staff should wear:

- correctly fitted high filtration (FFP3) mask
- eye protection
- fluid repellent uniform coveralls.

Care must be taken to ensure that PPE is worn and removed correctly.

- After use all contaminated PPE must be removed and disposed of as clinical waste.
- If re-usable goggles have been used these should be cleaned carefully with a surface wipe or detergent and water and dried for further use.

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- When removing PPE, contaminated gloves should always be removed first then aprons then goggles and lastly facial protection.
- Be careful to remove PPE without touching the potentially contaminated surfaces and dispose of it immediately.

Hand hygiene

This is the single most important practice to reduce the transmission of infection. Strict adherence to hand hygiene procedures is essential. Hand hygiene should take place before and after contact with the patient or their close environment (before applying gloves and after removal).

Hands must be decontaminated

- Immediately before each episode of direct patient contact/care
- After patient contact. and after removal of PPE
- After contact with blood/body fluids
- After contact with the patient surroundings or equipment
- Before an aseptic technique.

Environmental Infection Control

Waste disposal

All PPE and other waste generated should be discarded as clinical waste. The waste generated for each patient should be disposed of at the receiving hospital. Bags should be sealed and labelled as per policy. Waste must not be allowed to accumulate in the waste receptacle within the vehicle.

Vehicle Cleaning

Freshly prepared detergent and water should be used for cleaning. Ambulances should be cleaned daily to include: Floor, contact surfaces and equipment.

Contact surfaces and re-usable equipment must be cleaned in between every patient and when they become contaminated. Floors must be cleaned when they become contaminated with body fluids or secretions.

Over and above ambulances should have a thorough clean once a week.

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Re-usable Equipment/ Medical devices

These must be cleaned between every patient use and when contaminated with body fluids/ secretions.

N.B. Gloves and aprons should be worn for all cleaning and if splashes or aerosols are anticipated a surgical face mask should also be worn.

Linen

If linen/blankets are soiled with body fluids including respiratory secretions it should be treated as infected, placed into a red alginate bag and disposed of at the Hospital in line with their policy for infected linen. Gloves and aprons should be used when handling contaminated linen.

Staff Uniforms

The appropriate use of PPE will protect uniforms from contamination in most circumstances. Where possible staff should not travel to and from work in uniform and should use the laundry facilities provided. Where uniforms require to be washed at home they should be sealed in a plastic bag, washed separately from other clothes, tumble dried and ironed.

Why PPE is necessary?

Gloves - worn to protect the hand from contamination. It should however be remembered that gloves become contaminated and can in turn increase the risk of contamination of the environment and the transmission of infection to the member of staff wearing them and others. Change gloves between different tasks with a single patient and between different patients. Gloves should be removed immediately after use, disposed of as clinical waste and hand hygiene performed.

Aprons - Worn to protect the uniform from blood/body fluids or from contamination during close patient contact.

Surgical Masks - These should be fluid repellent and should be worn by staff and the patient with confirmed or suspected swine flu. They should be worn to cover the nose and mouth. Not be touched once in place, be changed when they become moist, worn only once and discarded as clinical waste.

Eye Protection - To be worn when there is a risk of contamination of the eyes by splashes or droplets from procedures or the coughs and sneezes of a

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patient. Should always be worn when undertaking aerosol generating procedures. If re-usable goggles are used they should be cleaned thoroughly after each use.

FFP3 respirator masks- A disposable FFP3 mask should be worn when performing aerosol generating procedures. This should be fitted correctly. Users should have been face fit tested. It must seal tightly to the face. Beards, moustaches and stubble can cause leaks around the respirator.

Uniform Coveralls - should be fluid repellent. This is not required for routine care but should be worn when carrying out aerosol generating procedures, when extensive soiling of uniform with respiratory secretions or body fluids is anticipated or for activities that involve holding the patient close e.g. paediatrics. These should be worn once only and disposed of as clinical waste.

Contact details for Infection Control Advice

In the first instance your line manager or EMDC.

This guidance is based on Health Protection Scotland, Pandemic Flu- Guidance for Infection Control in Hospitals and Primary Care Settings (2008)

Gary Hardacre
Head of Resilience

Posted on notice board _____ Date _____

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