

## **Pandemic Flu - Infection Control**

### **Key points**

- ❖ Standard infection control principles and droplet precautions must be used where patients have or are suspected of having influenza
- ❖ Good hand hygiene among staff/residents and relatives is vital for the protection of all parties.
- ❖ Good respiratory hygiene is essential.
- ❖ The use of PPE should be proportionate to the risk of contact with respiratory secretions and other body fluids and should depend on the type of work or procedure being undertaken.
- ❖ Domestic staff must be trained in the correct methods of wearing PPE and the precautions to take when cleaning infected areas. They should wear gloves and aprons; and when cleaning in the immediate patient environment in infected areas they should wear a surgical mask as well.

### **Environmental cleaning and disinfection**

- ❖ Freshly prepared neutral detergent and warm water should be used for cleaning the healthcare environment.
- ❖ As a minimum, infected areas should be scrupulously cleaned at least once a day, with a focus on frequently touched surfaces such as bed rails, over bed tables, door handles and bathroom fixtures.
- ❖ Frequently touched surfaces such as medical equipment and door handles should be cleaned at least twice daily and when known to be contaminated with secretions, excretions or body fluids.
- ❖ Domestic staff should be allocated to specific areas and not moved between influenza and non-influenza areas.

The environment must be visibly clean, free of dust and soiling and acceptable to residents their visitors and staff.

- ❖ Dedicated or single-use/disposable equipment should be used when possible. Non-disposable equipment should be decontaminated or *laundered* after use in line with local policy.
- ❖ Any spillage or contamination of the environment with secretions, excretions or body fluids should be treated in line with the local spillage policy.

The use of hypochlorite and detergent should be considered in outbreaks of infection where the pathogen concerned survives in the environment and environmental contamination may be contributing to spread.

Increased levels of cleaning should be considered in outbreaks of infection where the pathogen concerned survives in the environment and environmental contamination may be contributing to spread.

Shared **equipment** used in the clinical environment must be decontaminated appropriately after each use.

All healthcare workers need to be aware of their **individual responsibility** for maintaining a safe care environment for patients and staff, for cleaning equipment and clinical areas (especially those areas in close proximity to patients). They must be educated about the importance of ensuring that the home environment is clean and that opportunities for microbial contamination are minimised.

Standard infection control principles should be applied by **all** healthcare practitioners to the care of **all** patients **all** of the time.

### **The use of personal protective equipment**

The selection of PPE must be based on an assessment of the risk of transmission of microorganisms to the resident or to the carer.

Everyone involved in providing care should be educated about standard principles and trained in the use of PPE.

Adequate supplies of disposable plastic aprons, single-use gloves and face protection should be made available wherever care is delivered. Gowns should be made available when this is advised by Management.

**Surgical masks** should:

- ❖ cover both the nose and the mouth
- ❖ not be allowed to dangle around the neck after or between each use

- ✦ not be touched once put on
- ✦ be changed when they become moist
- ✦ be worn once only and then discarded in an appropriate receptacle as clinical waste – hand hygiene must be performed after disposal is complete

### **Hand hygiene**

Before a shift of clinical work begins, all wrist and, ideally, hand jewellery should be removed. Cuts and abrasions must be covered with waterproof dressings. Fingernails should be kept short, clean and free of nail polish. False nails and nail extensions must not be worn by clinical staff.

Hands must be decontaminated immediately before each and every episode of direct patient contact or care and after any activity or contact that potentially results in hands becoming contaminated. Hands that are visibly soiled or potentially grossly contaminated with dirt or organic material, eg after removal of gloves, must first be washed with Alcohol Gel followed by liquid soap and water.

Alcohol Gel should be made available at the point of care in all healthcare facilities.

Hands should be decontaminated between caring for different residents and between different care activities for the same residents. For convenience and efficacy, an Alcohol Gel is preferable unless hands are visibly soiled. Local infection guidelines may advise an alternative product in some outbreak situations.

**Gloves** must be worn

- ✦ for invasive procedures
- ✦ when there is any contact with sterile sites, non-intact skin or mucous membranes
- ✦ for all activities that have been assessed as carrying a risk of exposure to blood body fluids, secretions and excretions
- ✦ when handling sharp or contaminated instruments

**Plastic aprons** should be worn as single-use items, for one procedure or episode of patient care, and then discarded and disposed of as clinical waste. Aprons should be worn when close contact with the patient, materials or equipment is anticipated and when there is a risk that clothing may become contaminated with pathogenic organisms or blood, body fluids, secretions or excretions, with the exception of perspiration.

**Face masks** and eye protection must be worn where there is a risk of blood, body fluids, secretions or excretions splashing into the face and eyes. A surgical mask should be worn for close contact (within one metre) of a symptomatic patient.