INFECTION PREVENTION AND CONTROL OF SEASONAL INFLUENZA POLICY

Policy Number:	369	Supersedes:		Classification	Clinical

Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4	26.05.2021	Clinical Written Control Documentation Group	24.06.2021	29.06.2021	24.06.2024

Brief Summary of Document:	Infection prevention & control measures to be implemented in the event of seasonal influenza
Scope:	This Policy covers all staff and all health care settings within Hywel Dda University Health Board
To be read in conjunction with:	149 - Hand Hygiene Policy, 151 - Personal Protective Equipment Policy 154 - Management of Linen Policy 187 - Exposure Management including Sharps Injuries 236 – Outbreak Management Policy 258 – Waste Management Policy 354 - Policy Standard Infection Control Precautions (SICP's) 151- Personal Protective Equipment 149 -Hand Hygiene Policy 230 – Policy for the Management of Blood and Body Fluids, 447 - Staff Immunisation & Screening Policy

Owning Group	Infection Prevention Strategic Steering Group

Executive Director:	Mandy Rayani	Job Title	Director of Nursing, Quality & Patient Experience

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Policy	25/2/2014
2	Revised Policy	15/02/2017
3	Update to 8.4.3 page 10 and page 16 to include Extubation	08/11/2017
4	Full review	24/06/2021

Glossary of terms

Term	Definition
Flu	Influenza
ILI	Influenza like illness
AGP's	Aerosol Generating Procedures

Keywords	Seasonal Influenza, Personal Protective Equipment, Hand Hygiene, Standard Infection Control Precautions (SICPs).

CONTENTS

1. EXECUTIVE SUMMARY/KEY POINTS

- Influenza or 'flu' is a contagious respiratory illness associated with infection by the influenza virus.
- Good respiratory hygiene is essential in minimising influenza transmission.
- Staff will be at risk of acquiring influenza through both community and health care-related exposures. Vaccination is the first line in mitigating this risk
- Staff who are at high risk of complications of influenza must be considered for alternative work assignment.
- Patients must not be automatically admitted to hospital if they have influenza.
- It is important that each area has systems in place that have been communicated to all staff to segregate sporadic cases of influenza.
- Side rooms in influenza segregated areas must be reserved for performing aerosol-generating procedures.
- Cohorting patients in designated flu areas/wards must be carried out when high incidence of influenza is occurring.
- Respiratory precautions must be used for a patient known or suspected to be infected with influenza. A fluid repellent surgical mask must be worn on entering the room and use of FFP3 mask for certain aerosol generating procedures (see 7.5.3).
- Hand hygiene is the single most important practice to reduce the transmission of infectious agents.
- Strict adherence to hand hygiene recommendations must be enforced during outbreaks of influenza.
- Adherence to Personal Protective Equipment procedure is essential at all times.
- Influenza designated areas must be cleaned thoroughly on a daily basis.
- Decontamination of equipment must follow standard practices / policies for handling and reprocessing used and soiled patient-care equipment.
- Standard Infection Prevention and Control Principles must be followed when performing last offices.

2. INTRODUCTION

The purpose of this Policy is to describe the infection prevention and control measures required to be implemented in the event of seasonal influenza. It is the intent that this policy will provide a common and consistent approach to infection prevention and control of seasonal influenza. This policy will provide evidenced based guidance where possible and will be updated in line with any new evidence/guidance.

3. POLICY STATEMENT

The commitment of the Health Board is to prevent and reduce all potential health care-associated infections, including seasonal influenza.

4. SCOPE

This policy covers all staff and all health care settings within Hywel Dda University Health Board.

5. AIMS

The aim of this policy is to describe to all staff within the Health Board the infection prevention and control precautions required when caring for patients with seasonal influenza.

6. OBJECTIVES

The aim will be achieved through the following objectives:

- Identify patients at risk of potential seasonal flu infection
- Ensure notification to the appropriate authorities when an outbreak of influenza is confirmed.
- Ensure that all patients receive treatment in a safe and appropriate environment.
- Provide effective training, development and support to staff caring for patients with potential/confirmed influenza
- All staff adhere to the seasonal influenza prevention and control measures to aid prevention of transmission of infection.

7. SEASONAL INFLUENZA

Influenza or 'flu' is a contagious respiratory illness associated with infection by the influenza virus of which there are two main types; influenza A and influenza B.

Influenza is a mild illness in the majority of cases. Influenza type A may cause a more severe illness than influenza type B. The influenza virus has the ability to mutate and new strains and variants are constantly emerging. Influenza occurs most often in winter months and peaks between December and March. Symptoms include headache, fever, cough, sore throat, runny / stuffy nose, aching muscles and joints. Seasonal influenza can affect all age groups but 'at risk' groups are associated with a more serious illness including older people,, the very young, pregnant people and people with long term health conditions e.g. diabetes, respiratory conditions including asthma, neurological and cardiac conditions. There is an annual seasonal flu vaccination available free on the NHS for all Healthcare Staff, 'at risk' groups and their carers, and those over the age of 50 years. A full list of those considered 'at risk' and eligible for free influenza vaccination is available on the Public Health Wales website: https://phw.nhs.wales/topics/flu/

Flu vaccine is highly recommended and available from October each year for all healthcare staff. The vaccine will help reduce transmission and protect staff and patients. Staff have a responsibility under their professional guidelines to receive a vaccination, particularly those working with at risk groups. The vaccine will be provided by Occupational Health or participating community pharmacies.

7.1. Seasonal Influenza – Clinical Features

Influenza is an infectious respiratory illness characterized by,
Rapid onset of fever (> 38^{o}C) and dry cough with other possible symptoms being:

- Headache
- Runny / stuffy nose
- Sore throat
- Aching muscles and joints
- Extreme lethargy.
- Diarrhoea and vomiting.

There is a wide spectrum of illness, ranging from minor symptoms through to pneumonia and death. The most common complications of influenza are bronchitis and pneumonia due to secondary bacterial infection. Prompt identification and subsequent management of patients presenting with influenza-like illness (ILI) and potential contacts is key in preventing transmission of influenza in healthcare settings.

7.2. **Incubation Period**

The incubation period is 1 – 4 days, with an average of 2 – 3 days.

7.3. **Period of Communicability / Infectivity**

People are most infectious immediately after they develop symptoms however the period of communicability is considered to be from 1 day prior to onset of symptoms to 5-7 days post symptom-onset. Due to high levels of viral shedding in the early stages of infection, including 1-3 days prior to symptom onset, there is some evidence of transmission by pre-symptomatic, and a small number of asymptomatic, individuals.

7.4. **Diagnosis**

For diagnosis of influenza, send a dry throat swab clearly indicating clinical history and onset date of influenza-like symptoms. In certain circumstances, it may be necessary to determine if a patient has had an influenza infection in which case a serum sample can be sent for antibody testing.

Patients who test positive for seasonal flu must be given a seasonal flu patient information leaflet (see appendix 1).

7.5. **Transmission (see Transmission Based Precautions Policy)**

It is well established that influenza is transmitted through close contact with an infected person who is coughing / sneezing. Transmission occurs through multiple routes including: -

- Droplet – coughing / sneezing.
- Contact - direct / indirect contact.
- Aerosol.

The main transmission routes are recognised as droplet and contact transmission.

7.5.1. Droplet (coughing / sneezing)

Droplet transmission occurs when large droplets containing flu virus (> 5 micrometre diameter) are generated or propelled a distance of up to 1 metre and deposited on mucous membranes or conjunctivae (mouth, nose, eyes) of another person. Transmission via large droplets requires close contact as the droplets do not remain suspended in the air and generally only travel short distances i.e. 1 metre before falling to the ground (please see Appendix 4 for when respiratory mask protection is required).

7.5.2. Contact - direct / indirect

Direct contact transmission occurs when skin to skin contact results in the physical transfer of microorganisms. Indirect contact transmission occurs when the virus is transferred to a person's mouth or nose after coming into contact with a contaminated object or surface. The influenza virus can survive for limited periods of time in the environment.

7.5.3. Aerosol

Some procedures, referred to as Aerosol Generating Procedures (AGPs) cause smaller infectious droplets (< 5 micrometres diameter) known as aerosols to be produced in high concentrations. These aerosols may remain suspended in the air for up to 1 hour in some circumstances. They can be dispersed by air currents potentially transmitting the virus to individuals who are some distance from the source patient.

Aerosol generating procedures include: -

- tracheal intubation and extubation
- manual ventilation

- tracheotomy or tracheostomy procedures (insertion or removal)
- bronchoscopy
- non-invasive ventilation (NIV); Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- high flow nasal oxygen (HFNO)
- high frequency oscillatory ventilation (HFOV)
- induction of sputum using nebulised saline
- high speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved
- open suction of the respiratory tract below the oro-pharynx
- Nebulisation is not considered to be an AGP. During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. Staff should use appropriate hand hygiene when helping patients to remove nebulisers and oxygen masks.

7.6. Use of anti-viral therapy

Welsh Government/NICE guidance recommends oseltamivir and zanamivir may be used for treatment or prophylaxis of influenza-like illness in exposed, unprotected individuals at risk of complications from influenza when influenza virus is circulating[26]

The full NICE guidance on the use of antiviral medicines for prophylaxis and treatment can be accessed at:
http://www.nice.org.uk/guidance/TA168 (treatment)
http://guidance.nice.org.uk/TA158 (prophylaxis)

8. STANDARD INFECTION PREVENTION AND CONTROL PRECAUTIONS (SICP'S)

8.1. Patient Placement

- Patients with influenza must be nursed in isolation in a side room.
- If the number of influenza patients exceeds the number of side rooms available, patients can be cohorted in a segregated area. This should be discussed with the Infection Prevention Team (IPT)
- Patients with influenza should be isolated/cohorted for a minimum of 5 days from onset of symptoms or date of positive throat swab
- After 5 days, patients who are clinically recovering from influenza (apyrexial for >48hrs and other symptoms resolving) may be transferred out of isolation to another area of the hospital if needed
- Patients who contract influenza but are otherwise medically fit for discharge and feeling well enough should not be prevented from being discharged to their own home provided they can care for themselves and will not pose a risk to any vulnerable persons in their home
- Patients who are still considered infectious (< 5 days since onset of symptoms, or ongoing fever beyond 5 days, or severely immunocompromised) must not be transferred to other wards within the hospital or to other hospitals, residential/nursing homes or any other closed settings until they are no longer deemed infectious
- If transfer of infectious patients is considered essential/urgent please discuss with the IPT. The receiving facility and everyone involved in the transfer must be informed of the patient's influenza status to enable appropriate IPC precautions to be taken

In isolation areas:

- Place Transmission Based Precautions poster for Droplet and Contact on the outside door (see Appendix 2 and 3)
- Patients should be nursed in ensuite side rooms or be provided with dedicated bathroom facilities that can be accessed without contact with other patients. If this is not possible patients should be provided with washing and toileting facilities in their room
- The movement and transport of patients must be limited to essential purposes only
- If movement is necessary, minimise dispersal of droplets from the patient by ensuring that, when medically possible, the patient wears a surgical mask (not an FFP3 respirator / mask) during transport, and until their return.
- The person transporting the patient need not wear a mask unless the patient is unable to wear a mask. If patients are unable to wear a surgical mask, staff must ensure patients use a tissue to cover nose and mouth when coughing or sneezing.
- Patients undergoing aerosol generating procedures must be in an isolation room / sideroom.

8.2. **Hand Hygiene**

Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of Standard Infection Prevention and Control Precautions. Whilst caring for patients with influenza infection strict adherence to hand hygiene guidance must be enforced.

All staff entering the clinical area must be Bare Below the Elbow (BBE)

Hand hygiene must be performed as stated by the World Health Organisation 5 moments of hand hygiene

- before touching a patient
- before clean/aseptic procedures
- after body fluid exposure risk
- after touching a patient
- after touching a patient's immediate surroundings

Hand hygiene includes hand washing with soap and water and the use of alcohol-based hand rubs (ABHRs). ABHRs must be available as near to the point of care as possible. If hands are visibly dirty or contaminated and/or there is exposure to a patient with diarrhoea and/or vomiting, ABHR must not be used alone and
hands must be washed first with liquid soap and water. Hands must be dried thoroughly after washing and paper towels disposed of in the nearest foot-operated pedal bin. When using ABHR all surfaces of the hand must be covered and the solution allowed to evaporate/dry naturally.

Patients' hands become heavily contaminated because of frequent contact with their nose, mouth and the tissues they have used in respiratory hygiene. This contamination is transferred to items they touch in their surroundings. Good hand hygiene following contact with patients and their environment is essential.

Patients must also be encouraged and supported to perform hand hygiene. Individually wrapped antimicrobial hand wipes must be provided to patients for use before every meal. They can also be used by patients on other occasions when hand hygiene is indicated but access to a hand wash sink or ABHR is not possible or appropriate. Staff must ensure that patients are provided with the means to perform hand hygiene.

8.3. Respiratory Hygiene and Cough Etiquette

Good respiratory hygiene is essential in minimising influenza transmission, all staff must advise patients of the following respiratory hygiene measures at all times:-

- Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses.
- Dispose of used tissues in nearest disposable orange bag / clinical waste bin.
- Certain patients may need assistance with containment of respiratory secretions; those who are immobile will need a receptacle (e.g. disposable orange infectious waste bag) readily at hand for immediate disposal of tissues and a supply of hand wipes and tissues.
- Wash hands after coughing, sneezing, using tissues, or contact with respiratory secretions and contaminated objects.
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

8.4. Personal Protective Equipment (PPE) (See Appendix 4)

8.4.1. Gloves

Gloves must be:

- Worn when exposure to blood and/or other body fluids is anticipated/likely
- Changed immediately after each patient and/or following completion of a clinical procedure or task
- Changed if a perforation or puncture is suspected; and
- Appropriate for use, fit for purpose and well-fitting to avoid excessive sweating and interference with dexterity

Hand hygiene must be performed on removal of gloves

8.4.2. Aprons

Aprons must be:

- Worn to protect uniform or clothes when contamination is anticipated/likely e.g. when in direct care contact with a patient or contaminated items, waste etc; and
- Changed between patients and/or following completion of a procedure or task

Full body/long-sleeved gowns must be worn:

- when there is a risk of extensive splashing of blood and/or other body fluids e.g. in the operating theatre; and changed between patients and immediately after completion of a procedure
- During aerosol generating procedures

8.4.3. Masks

Fluid repellent surgical masks (FRSM) (Type IIR) must be worn by all staff when in close contact with influenza patients (close contact is generally considered to be within 1 metre of the patient). This will provide a physical barrier and minimize contamination of facial mucosa by droplet transmission, one of the principal ways influenza is transmitted.

FRSM (Type IIR) or Surgical masks (Type II) must be worn by influenza patients (when tolerated) if they need to be moved from the area in which they are being nursed (e.g. to attend another department for urgent medical investigations)

FRSMs and Surgical masks must:

- Be well fitting and fit for purpose (fully covering the mouth and nose)
- Not be touched once placed on face

- Be removed following exit from an isolation room or cohort area or if the integrity of the mask is breached, e.g. from moisture build up after extended use or from gross contamination with blood or body fluid
- Be removed appropriately without touching the front of the mask and disposed of as clinical/infectious waste
- Hand hygiene must be performed after removing and disposing of masks

In areas where influenza patients are cohorted, FRSMs do not need to be changed between every patient in a multiple-bedded room but must be removed on exit from the room.

FFP3 Masks

- FFP3 masks MUST be used for any aerosol generating procedures on a suspected or confirmed influenza patient. These masks must be correctly fitted and staff must be trained in their use. Records of fit-testing must be kept at ward/department level and copies sent to Occupational Health Department and the Infection Prevention Team. See section 7.5.3 (Aerosol transmission) for a full list of AGPs that require use of FFP3 respirators.

8.4.4. Eye Protection

The use of eye protection must be considered when there is a risk of contamination of the eyes by splashes and droplets e.g. blood, body fluids, secretions and excretions generated through patient care. This is most likely to occur if providing close contact care to an influenza patient who is coughing or sneezing. This must be an individual risk-assessment at the time of providing care. **Eye protection must always be worn during all aerosol-generating procedures.**

Please see appendix 5 and 6 for instructions in the correct method for donning and doffing of PPE for providing general patient care and when undertaking AGPs.

8.5. **Management of Care Equipment**

Care equipment can become contaminated with the influenza virus during care of infected patients. Care equipment for use with influenza patients must therefore be either:

- Single use/disposable (used once then discarded)
- Single patient use (for use only on the same patient and discarded once that patient is discharged/transferred to another area)
- Allocated to the patient for their sole use, availability permitting (e.g. commode, sphygmomanometer)
- All equipment including single patient use and allocated reusable items must be cleaned between each use
- Where it is not possible to allocate reusable equipment to one patient, it must be thoroughly decontaminated after each use and prior to use by another patient
- Non-invasive reusable care equipment must be cleaned using either:
    - Health Board approved disinfectant wipes and left to air dry
    - general purpose detergent and warm water followed by disinfection using a solution of chlorine releasing agent at 1000ppm or chlorine dioxide (Tristel), then rinsed and dried

Manufacturers' guidance must be checked and adhered to for use and decontamination of all care equipment

8.6. Control of the Environment

It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

The care environment must be:

- Free from clutter to facilitate effective cleaning
- Well maintained and in a good state of repair
- Clean and routinely cleaned in accordance with the national cleaning standards for Wales.

Daily disinfection of the environment is not required routinely, however in areas where influenza patients are cohorted, daily use of disinfection for cleaning may be recommended by the IPT.

Where microfibre cleaning is not in use, the National Colour Coding Scheme for cleaning materials and equipment must be adhered to, ensuring separate cleaning equipment for isolation rooms.

Enhanced cleaning may be requested by the IPT. This involves cleaning all high-touch surfaces in an in-patient area at regular intervals throughout the day to help prevent or control outbreaks of infection. The exact frequency can be discussed with the IPT and Hotel Services Manager depending on the circumstances.

Following discharge or transfer of an influenza patient from an isolation room a terminal clean must be performed. Where possible Hotel Services staff should be given advance notice of the requirement for a terminal clean.

- Nursing staff must clear the room of patient care equipment, thoroughly decontaminating any reusable items.
- Decontamination of the environment must be carried out using a solution of chlorine releasing agent at 1000ppm or chlorine dioxide (Tristel).
- Curtains must be replaced.
- Where available and appropriate (eg availability of equipment and trained staff, ability to secure room) specialist cleaning methods such as use of Ultra Violet Light cleaning should also be employed for terminal clean.

Staff groups must be aware of their environmental cleaning schedules and clear on their specific responsibilities. Cleaning protocols must include responsibility for, frequency of, and method of environmental decontamination.

8.7. Safe Management of Linen

The clothing of an infected patient as well as bed linen and towels can become contaminated with the influenza virus. These must all be changed daily (or more frequently if soiled). Linen must be managed as infectious linen:

- Removed carefully and placed directly into a red alginate bag, secured and then placed in a red linen outer bag for return to laundry
- Not placed on the floor or any other surfaces e.g. patient's table or locker

Laundry receptacles must not be overfilled and must be stored in a designated, safe and lockable area whilst awaiting return to laundry.

Patients' personal clothing may be returned to the carer in a patient dissolvable wash bag and washed at or above 65^{o}C, separate from clothing belonging to other members of the household. Instructions for use of these bags must be provided to carers/relatives. A leaflet on the dissolvable bag use must be given to the person receiving the infected clothes (see Appendix 7)

8.8. Management of Blood and Body Fluid Spillages

Spillages of blood and other body fluids are considered hazardous and must be dealt with immediately by staff trained to undertake this safely. Responsibilities for the cleaning of blood and body fluid spillages must be clear within each area/care setting.
Please refer to Health Board Policy No 230 - Management of Body Fluid Spillages.

8.9. Safe Disposal of Waste

All waste must be disposed of in the Orange - Infectious Waste stream.
It is important to remember to always dispose of waste:

- Immediately and as close to the point of use as possible
- Into the correct segregated colour coded UN 3291 approved waste bag (i.e. orange); or
- Into approved sharps waste box which must be no more than 3/4 full.

Sharps boxes must have a dedicated handle and a temporary closure mechanism, which must be employed when the box is not in use.
Waste bags must be no more than 3/4 full or more than 4kgs in weight; and using a ratchet tag with a 'swan neck' to close or label (for sharps waste boxes) with point of origin and date of closure.
Clinical waste must be stored securely with a frequent uplift schedule to prevent build up.

8.9.1. Crockery and Cutlery

No special requirements are needed for crockery and cutlery. They are to be returned to the main catering department for decontamination in a dishwasher capable of reaching a rinse temperature of 80^{o}C.

9. VISITORS

Visitors to all areas of the hospital must be kept to an absolute minimum during influenza season. Signage must be displayed informing visitors of the ward's current segregated status and procedures that need to be undertaken prior to entering the ward. Visitors displaying any signs of influenza-like-illness must be asked to stay away until their symptoms are resolved.

Visitors entering a cohorted area must be instructed on hand hygiene practice and the wearing of protective clothing as appropriate.

Visitors must be risk assessed and advised accordingly if they are to provide care for patients infected with influenza by the nurse in charge. When visitors become carers they will need to be instructed on the use of PPE by ward / department staff.

10. STAFF ILLNESS / DEPLOYMENT

Staff will be at risk of acquiring influenza through both community and healthcare-related exposures. Before commencing duty all staff must report any symptoms of influenza to their line manager who will advise accordingly. Similarly if a member of staff develops such symptoms whilst at work they must report to their line manager immediately. Staff with influenza must be excluded from work for 5 days after onset of illness.

All healthcare staff are offered vaccination against influenza on a yearly basis.

Staff who are at high risk of complications of influenza (e.g. pregnant women, chronic respiratory conditions, immunocompromised workers) must be considered for alternative work assignment and at the very least they must not provide direct care to patients who are known / suspected to have influenza.

Line managers must ensure that sickness / absence is recorded accurately and information also given to the Occupational Health Department in order to inform an influenza database of staff excluded from work with influenza.

11. CARE OF THE DECEASED

11.1. Relatives/Visitors/Ministers of Religion

Any person attending a deceased patient must be instructed to wear PPE as per Health Board Policy No 354- Standard Infection Prevention and Control Precautions and Health Board Policy No: 353- Transmission Based Precautions for Droplet and Contact.

11.2. Last Offices

When performing last offices for a deceased patient, staff must follow standard infection prevention and control precautions. Surgical masks must be worn if there is a risk of splashes of blood and body fluids, secretions (including respiratory secretions) and excretions onto the facial mucosa. The patient does not require a cadaver bag.

Transfer to the mortuary or funeral establishment must occur as soon as possible after death. If the family wishes to view the body, they may be allowed to do so as per standard infection prevention and control precautions.

12. ROLES / RESPONSIBILITIES / FUNCTIONS

It is important that the following key staff understand their individual roles in promoting compliance with the Infection Prevention and Control of Seasonal Influenza Policy;

12.1. Chief Executive

The Chief Executive has ultimate responsibility for infection prevention and control within Hywel Dda University Health Board. This responsibility is delegated to the Director of Nursing and Midwifery.

12.2. Director of Operations and Director of Nursing, Quality and Patient Experience

The Director of Nursing, Quality and Patient Experience has delegated responsibility for Infection Prevention in the Health Board and along with Director of Operations must be familiar with this policy and support the implementation of the policy throughout the organisation.

12.3. Assistant Director of Nursing, Professional Standards and Workforce

Operational responsibility for infection prevention and control within the Health Board lies with the Assistant Director of Nursing, Professional Standards and Workforce who is responsible for supporting the Hospital IPTs in implementing the seasonal flu policy and monitoring of compliance. The Assistant Director of Nursing is responsible for ensuring mandatory training includes education on seasonal flu.

12.4. Executive Director and Senior Managers

The Director of Nursing and Midwifery has delegated responsibility for infection prevention and control in the Health Board and along with senior managers must be familiar with the seasonal flu policy and support the implementation of the policy throughout the organisation.

12.5. Hospital Management Team

The Hospital Management Team is responsible for receiving reports and monitoring compliance with seasonal flu policy. Identify areas of non-compliance and initiate appropriate action.

12.6. **Hospital Infection Prevention Team**

The Hospital IPT will promote implementation of the seasonal flu policy in clinical practice and will conduct regular compliance audits for feedback to wards/departments and Hospital management teams.

12.7. **Ward / Unit Managers / Department Leads**

Ensure all staff are familiar with the seasonal flu policy and ensure the policy is complied with. They are also responsible for conducting regular quality audits e.g. hand hygiene audits, and equipment cleaning audits ensuring that areas of non-compliance are fedback to clinical teams and actions addressed.

It is the responsibility of the person in charge to ensure that the care area is safe for practice and this includes environmental cleanliness/maintenance. The person in charge has the authority to act if this is deficient.

12.8. **All Staff**

All staff are required to be familiar with the seasonal flu policy and comply with its contents and are responsible for informing the IPT and their manager immediately of any concerns related to poor compliance.

13. TRAINING

Infection Prevention and Control mandatory training is face to face or via MS Teams every 3 years, otherwise **annually** via elearning. Clinical staff to complete level 2, and all other staff level 1, this will be recorded on the individuals ESR learning data base. Infection Prevention staff facilitate face to face training and records of attendees are sent to learning and development. However, it is the responsibility of the Individual and their Manager to ensure Infection Prevention and Control Mandatory training is completed.

14. EVALUATION AND MONITORING

Implementation of policies and procedures can only be effective if adequate evaluation and monitoring is used to check the system and ensure any shortcomings are identified and dealt with. Locally, managers are responsible for initiating an ongoing monitoring process within their areas of responsibility.

From an organisation perspective, the IPSSG shall be responsible for monitoring this policy and that appropriate actions are being taken to maintain patient safety.

15. FURTHER INFORMATION

This Policy is supported by a full review of literature with references:

PHW (2019) *Managing Seasonal Influenza: Infection Prevention and Control Guidance in Healthcare Settings.* Available at: https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/managing-seasonal-influenza-infection-prevention-and-control-guidance-in-healthcare-settings/

PHW (2021) *National Infection Prevention and Control Manual.* Available at: https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/nipcm/

HSE (2018) *Managing Infection Risks When Handling the Deceased*. Available at: https://www.hse.gov.uk/pubns/books/hsg283.htm

PHE (2016) *Infection control precautions to minimise transmission of acute respiratory tract infections in healthcare settings*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/585584/RTI_infection_control_guidance.pdf

16. **APPENDIX 1 - SEASONAL INFLUENZA INFORMATION LEAFLET**

6. How do I treat flu?

If you are usually fit and healthy, you can manage your flu symptoms at home. Make sure you have plenty of rest and take the recommended dose of paracetamol based cold/flu remedies regularly to relieve your symptoms. Drink plenty of fluids and eat healthily if you feel like you want food.

People in the 'at risk' groups who have been in contact with a person with flu may benefit from the use of antiviral agents to prevent them developing flu, regardless of whether they have been vaccinated. If you are in an 'at risk' group and know you have been in close contact with a person with flu, your GP will be able to assess and advise you. Because flu is caused by a virus and not bacteria, antibiotics will NOT treat or help with your flu. However, it may be necessary to use antibiotics to treat the complications of flu, e.g. chest infections or pneumonia.

7. If I have flu, how can we prevent the spread?

- Use disposable tissues and dispose of used tissues into a bin as soon as possible
- Cover your nose and mouth every time you cough or sneeze
- Avoid close contact with others and especially people who are already ill or are in the 'at risk' group. Always wash your hands or use an alcohol based hand rub after coughing or sneezing and using tissues
- Stay at home when you are sick. If you are in an 'at risk' group or your symptoms persist or you feel you have complications from flu then please contact your GP. Advice can also be sought from NHS 111 or online at https://111.wales.nhs.uk if you are concerned.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Infection Prevention Team

INFORMATION ON INFLUENZA OR FLU LIKE SYMPTOMS (FOR PATIENTS/VISITORS AND GENERAL PUBLIC)

1 What is influenza (flu)?

Influenza, also known as flu is a highly infectious respiratory illness that spreads easily from person to person. Flu is caused by the influenza virus of which there are two main types; Influenza A and Influenza B. Flu is generally a mild illness in a majority of cases but it can cause more serious complications such as pneumonia and bronchitis Seasonal Influenza can affect all age groups but 'at risk' groups are associated with more serious illness and flu can be life threatening in a small number of cases. The best way to avoid flu in the 'at risk' groups is to have the seasonal flu vaccine each year. The vaccine is available each year to 'at risk' groups, staff and also if you are the main carer for an elderly or disabled person.

2 Who can get flu and who is at the most risk from flu?

Anyone can get the flu, but some people can be more affected than others. People suffering from other chronic illnesses are more likely to become ill or suffer from the complications of flu, thus the importance of having the seasonal flu vaccine each year. The following people may be at risk of complications from flu;

- People over 65 and people requiring long term care
- People with chronic respiratory disease or asthma sufferers
- People with chronic heart, liver or renal disease
- People with chronic neurological disease
- People with diabetes
- Pregnant women
- People with a problem with their spleen or who have had their spleen removed
- People who are immunosuppressed

3 How do I know if I have a common cold or flu?

People often describe the common cold as flu as the symptoms of common colds and flu are similar e.g. stuffy/runny nose, sneezing. However, the symptoms of flu come on suddenly and severely and are different from that of a common cold which are generally short lasting and mild.

4 What are the symptoms of flu?

Flu can give you any of the following symptoms and they generally last from 2-7 days, with the person being infectious to others in this period;

- Sudden fever (a temperature of 38 °C or 100.4°f or above)
- Dry, chesty cough
- Headache
- Extreme tiredness / lethargy
- Chills
- Aching muscles
- Limb or joint pain
- Diarrhoea or stomach upset
- Sore throat
- Runny or blocked nose
- Sneezing
- Loss of appetite
- Difficulty sleeping

5 How is it spread?

The flu virus is spread in the air via small droplets of saliva either coughed or sneezed by a person who already has flu. If you are in close contact and breathe in these droplets, you can become infected with flu. Symptoms can take up to 4 days to develop. It is important that personal hygiene i.e. hand washing and general hygiene are followed in order to reduce the spread of the flu virus.

SEASONAL INFLUENZA INFORMATION LEAFLET (WELSH)

6. Sut ydw i'n trin y ffliw?

Os ydych fel arfer yn heini ac yn iach, gallwch reoli symptomau'r ffliw adref. Sicrhewch eich bod yn ymlacio ac yn cymryd y dôs a argymhellir o feddyginiaethau paracetamol ar gyfer annwyd/ffliw yn rheolaidd er mwyn lleddfu eich symptomau. Yfwch ddigon o hylifau a bwytewch yn iach os oes chwant bwyd arnoch.

Gallai pobl sydd yn yn y grwpiau 'mewn risg' sydd wedi bod mewn cyswllt â pherson â'r ffliw elwa o ddefnyddio cyfryngau gwrthfeirysol er mwyn eu hatal rhag datblygu'r ffliw, p'un ai ydynt wedi eu brecu ai peidio. Os ydych mewn grŵp 'mewn risg' ac yn gwybod eich bod wedi bod mewn cyswllt agos â person â'r ffliw, gall eich Meddyg Teulu eich asesu a'ch cynghori.

Gan mai feirws ac nid bacteria sy'n achosi'r ffliw, NI fydd gwrthfiotigau yn trin y ffliw nac yn eich helpu. Fodd bynnag, efallai y bydd angen gwrthfiotigau i drin cymhlethdodau y ffliw, e.e. haint y frest neu pneumonia.

7. Os oes gen i'r ffliw, sut mae atal ei ledaenu?

- Defnyddio hancesi tafladwy a thaflu hancesi sydd wedi eu defnyddio i'r bin cyn gynted â phosibl
- Gorchuddio eich trwyn a'ch ceg bob tro yr ydych yn peswch neu yn tisian
- Osgoi cyswllt agos ag eraill yn enwedig pobl sydd yn sâl eisoes neu sydd mewn grŵp 'mewn risg'. Golchwch eich dwylo neu ddefnyddiwch hylif dwylo sy'n cynnwys alcohol bob tro ar ôl peswch neu disian a defnyddio hancesi
- Arhoswch adref pan yn sâl. Os ydych mewn grŵp 'mewn risg' neu os yw eich symptomau'n parhau neu os ydych yn teimlo bod gennych gymhlethdodau o'r ffliw, cysylltwch â'ch Meddyg Teulu. Gellir cael cyngor wrth Galw Iechyd Cymru ar 111 neu ae lein https://111.wales.nhs.uk.

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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Tîm Atal Heintiau

GWYBODAETH AR Y FFLIW
A SYMPTOMAU TEBYG I'R FFLIW
(AR GYFER CLEIFION/YMWELWYR A'R CYHOEDD)

1 Beth yw'r ffliw?

Mae'r ffliw yn salwch anadlol heintus iawn sy'n lledaenu'n hawdd o berson i berson. Mae'r ffliw yn cael ei achosi gan y firws Influenza ac y mae dau prif fath; Influenza A ac Influenza B. Yn gyffredinol, nid yw'r ffliw yn salwch difrifol, ond mae'n gallu achosi cymhlethdodau mwy difrifol megis pneumonia a bronchitis. Gall y ffliw tymhorol effeithio ar bob grŵp oedran ond mae grwpiau sydd 'mewn risg' yn gysylltiedig â salwch mwy difrifol, a gall y ffliw fygwth bywyd mewn nifer fechan o achosion. Y ffordd orau o osgoi'r ffliw yn y grwpiau 'mewn risg' yw i gael y brechlyn ffliw tymhorol bob blwyddyn. Mae'r brechlyn ar gael bob blwyddyn i'r grwpiau 'mewn risg', i staff ac i'r rhai hynny sy'n brif ofalwr i berson hŷn neu anabl.

2 Pwy alla'i gael y ffliw a phwy sydd yn y perygl mwyaf o'r ffliw?

Gall unrhyw un gael y ffliw, ond gallai effeithio mwy ar rai nag eraill. Mae pobl sy'n dioddef o salwch cronig arall yn fwy tebygol o fynd yn sâl neu ddioddef o gymhlethdodau'r ffliw, ac felly mae'n bwysig iddynt gael y brechlyn ffliw bob blwyddyn.
Gallai'r bobl ganlynol fod mewn risg o gymhlethdodau'r ffliw;

- Pobl dros 65 oed a phobl sydd angen gofal hir-dymor
- Pobl â chlefyd anadlol cronig neu'r rhai ag asthma
- Pobl â chlefyd cronig y galon, iau neu aren
- Pobl â chlefyd niwrolegol cronig
- Pobl â diabetes
- Menywod beichiog
- Pobl â problem a'u dueg neu sydd wedi tynnu eu dueg
- Pobl sydd ag imiwnedd isel

3 Sut ydw i'n gwybod os oes gen i annwyd cyffredin neu'r ffliw?

Mae pobl yn aml yn disgrifio annwyd cyffredin fel y ffliw gan fod y symptomau'n debyg e.e. trwyn llawn/sy'n rhedeg, tisiang. Fodd bynnag, mae symptomau ffliw yn dod yn sydyn ac yn ddifrifol sy'n wahanol i annwyd cyffredin nad ydynt fel arfer yn para'n hir a sydd yn ysgafn.

4 Beth yw symptomau'r ffliw?

Gall y ffliw roi unrhyw un o'r symptomau canlynol i chi sydd fel arfer yn para rhwng 2 a 7 diwrnod, â'r unigolyn yn heintus i eraill yn ystod y cyfnod hwn;

- Gwres sydyn (o 38°C neu 100.4°f neu uwch)
- Peswch sych ac o'r frest
- Pen tost
- Blinder / syrthni eithafol
- Crynu
- Cyhyrau poenus
- Poen yn y breichiau neu'r coesau neu yn y cymalau
- Dolur rhydd neu stumog tost
- Dolur gwddf
- Trwyn llawn neu sy'n rhedeg
- Tisian
- Dim chwant bwyd
- Anhawster cysgu

5 Sut mae'n lledaenu?

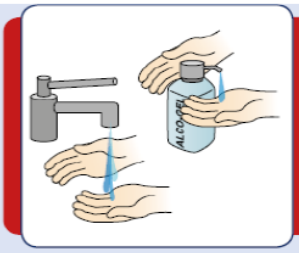
Mae firws y ffliw yn lledaenu yn yr aer mewn defnynnau bach o boer naill ai wrth i berson sydd â'r ffliw eisoes beswch neu disian. Os ydych mewn cyswllt agos ac yn anadlu'r defnynnau hyn, gallech gael eich heintio â'r ffliw. Gallai symptomau gymryd hyd at 4 diwrnod i ddatblygu. Mae'n bwysig cynnal hylendid personol h.y. golchi dwylo a hylendid cyffredinol, er mwyn lleihau lledaeniad feirws y ffliw.

17. APPENDIX 2 – DROPLET ISOLATION POSTER

VISITORS PLEASE REPORT TO NURSE IN CHARGE BEFORE ENTERING THIS ROOM

DROPLET PRECAUTIONS FOR ISOLATED PATIENT

ALL HEALTHCARE WORKERS



Hands

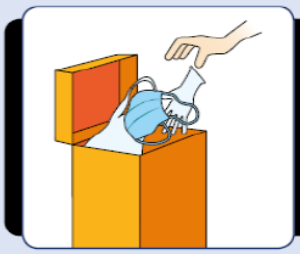
Decontaminate hands before entering this room.

Personal Protective Equipment

Wear disposable apron, fluid repellant surgical mask, eye/facial protection and gloves before entering this room.

Door
Keep door closed

Risk assessed ☐
Door required to remain open.
Initials: ☐ Date: ☐



Before leaving

Decontaminate equipment prior to removal from room.
Discard gloves, apron, eye/facial protection and fluid repellant surgical mask in healthcare waste bin.
Decontaminate hands.

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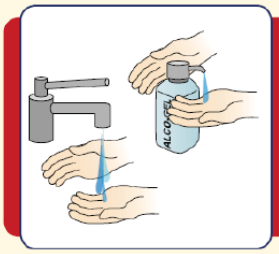
Infection Prevention Team May 2019
PRO-P943 05/19

18. APPENDIX 3 – CONTACT ISOLATION POSTER

VISITORS PLEASE REPORT TO NURSE IN CHARGE BEFORE ENTERING THIS ROOM

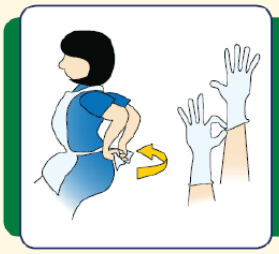
CONTACT PRECAUTIONS FOR ISOLATED PATIENT

ALL HEALTHCARE WORKERS



Hands

Decontaminate hands before entering this room.

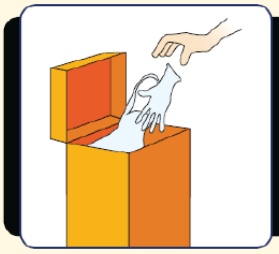


Personal Protective Equipment

Wear disposable apron and gloves before entering this room.

Door
Keep door closed

Risk assessed ☐
Door required to remain open.
Initials: ☐ **Date:** ☐



Before leaving

Decontaminate equipment prior to removal from room.
Discard gloves and apron in healthcare waste bin.
Decontaminate hands.

19. APPENDIX 4 - PERSONAL PROTECTIVE EQUIPMENT FOR CARE OF PATIENTS WITH INFLUENZA

	ENTRY TO COHORTED AREA BUT NO PATIENT CONTACT	CLOSE PATIENT CONTACT (<3 FEET)	AEROSOL GENERATING PROCEDURES
Hand hygiene	✓	✓	✓
Gloves	x	✓	✓
Plastic apron	x	✓	x
Gown	x	x	✓
Surgical mask	✓	✓	x
FFP3 respirator	x	x	✓
Eye protection	x	**Risk Assessment**	✓

20. APPENDIX 5 – DONNING OF PPE FOR AGPS

COVID-19

Public Health England

Putting on (donning) personal protective equipment (PPE) for aerosol generating procedures (AGPs). Airborne Precautions – Gown version

Use safe work practices to protect yourself and limit the spread of infection

- keep hands away from face and PPE being worn
- change gloves when torn or heavily contaminated
- limit surfaces touched in the patient environment
- regularly perform hand hygiene
- always clean hands after removing gloves

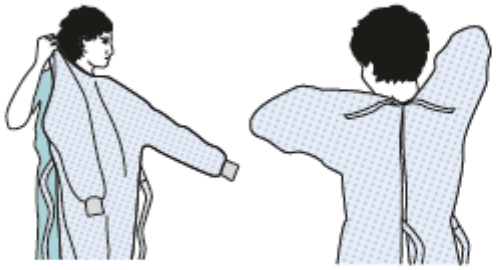
Pre-donning instructions

- ensure healthcare worker hydrated
- tie hair back
- remove jewellery
- check PPE in the correct size is available

Putting on personal protective equipment (PPE). The order for putting on is gown, respirator, eye protection and gloves. This is undertaken outside the patient's room.

Perform hand hygiene before putting on PPE

1 **Put on the long-sleeved fluid repellent disposable gown** - fasten neck ties and waist ties.



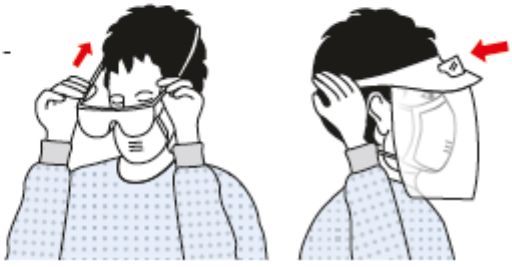
2 **Respirator.**

Note: this must be the respirator that you have been fit tested to use. Where goggles or safety spectacles are to be worn with the respirator, these must be worn during the fit test to ensure compatibility

Position the upper straps on the crown of your head, above the ears and the lower strap at the nape of the neck. Ensure that the respirator is flat against your cheeks. With both hands mould the nose piece from the bridge of the nose firmly pressing down both sides of the nose with your fingers until you have a good facial fit. If a good fit cannot be achieved **DO NOT PROCEED**

Perform a fit check. The technique for this will differ between different makes of respirator. Instructions for the correct technique are provided by manufacturers and should be followed for fit checking

3 **Eye protection** - Place over face and eyes and adjust the headband to fit



4 **Gloves** - select according to hand size. Ensure cuff of gown covered is covered by the cuff of the glove.

21. APPENDIX 6 – DOFFING OF PPE FOR AGPS

COVID-19

Public Health England

Removal of (doffing) personal protective equipment (PPE). Airborne Precautions for AGPs – Gown version

PPE should be removed in an order that minimises the potential for cross contamination. Unless there is a dedicated isolation room with ante room, PPE is to be removed in as systematic way before leaving the patient's room i.e. gloves, then gown and then eye protection.

The FFP3 respirator must always be removed outside the patient's room.

Where possible (dedicated isolation room with ante room) the process should be supervised by a buddy at a distance of 2 metres to reduce the risk of the healthcare worker removing PPE and inadvertently contaminating themselves while doffing.

The FFP3 respirator should be removed in the anteroom/lobby. In the absence of an anteroom/lobby, remove FFP3 respirator in a safe area (e.g., outside the isolation room).

All PPE must be disposed of as healthcare (including clinical) waste.

The order of removal of PPE is as follows:

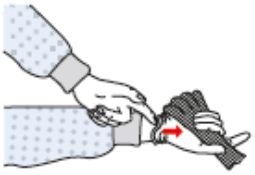
1 Gloves – the outsides of the gloves are contaminated

Firstly:

- grasp the outside of the glove with the opposite gloved hand; peel off
- hold the removed glove in gloved hand

Then:

- slide the fingers of the un-gloved hand under the remaining glove at the wrist
- peel the remaining glove off over the first glove and discard



Clean hands with alcohol gel

2 Gown – the front of the gown and sleeves will be contaminated

Unfasten neck then waist ties

Pull gown away from the neck and shoulders, touching the inside of the gown only using a peeling motion as the outside of the gown will be contaminated

Turn the gown inside out, fold or roll into a bundle and discard into a lined waste bin

3 Eye protection (preferably a full-face visor) - the outside will be contaminated

To remove, use both hands to handle the retraining straps by pulling away from behind and discard.

4 Respirator – In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g., outside the isolation room). Clean hands with alcohol hand rub.

Do not touch the front of the respirator as it will be contaminated

- lean forward slightly
- reach to the back of the head with both hands to find the bottom retaining strap and bring it up to the top strap
- lift straps over the top of the head
- let the respirator fall away from your face and place in bin

5 Wash hands with soap and water

22. APPENDIX 7 – PATIENT SOLUABLE WASH BAGS

Why are NHS hospitals unable to wash personal clothing?

NHS hospitals are unable to wash personal items of patients' clothing for the following reasons: -

The hospital linen is washed at high temperatures that are unsuitable for personal clothing and may damage the patients' clothing.
Because of the number of patients within the hospital it is extremely difficult to trace individual items of clothing.
Washing powders used for hospital linen may not be compatible with materials used for personal clothing.

How to use the patient clothing bag

The hospital has given you a patient clothing bag that may be used at home in your washing machine. This helps you to take home the soiled clothes from your relative and put the bag unopened into your own washing machine.

Please follow these instructions: -

Do not open the patient clothing bag. It is designed to go straight into your washing machine.
Please wash this bag on its own and do not add any other items of linen of clothing to the machine.
The seam and tie of the bag will dissolve in the water at any temperature. However, we do advise that you wash the items of clothing in the bag on the highest temperature the clothing will allow
Use a biological powder / liquid / tablet if possible.
When the washing machine has finished, remove the plastic bag that is left in the machine and put into your normal rubbish bag as it is now clean.
DO NOT TUMBLE DRY THE PLASTIC BAG

Tumble dry or air dry your relative's clothing and iron as normal.

Please remember: -

When dealing with used linen (nightwear, underwear or other clothing) the risk of infection to healthy people is minimal. However, it is sensible to take some basic good hygiene precautions:

Before dealing with the laundry, cover cuts or sores on your hands prior to handling.
Hold the laundry bag away from yourself
Wash the bag separately from your own clothes and on the hottest possible wash.
Wash your hands after handling any laundry.

If you have needed any further advice please speak to the nurse in charge or ask to speak to a member of the Infection Prevention and Control Team.

Bwrdd Iechyd Prifysgol Hywel Dda Hywel Dda University Health Board

INFECTION PREVENTION TEAM

PATIENT CLOTHING BAGS

Information for relatives and carers

Produced by the Infection Prevention Team 2019

Pam na all ysbytai'r GIG olchi dillad personol?

Ni all ysbytai'r GIG olchi eitemau personol o ddillad cleifion am y rhesymau canlynol: -

Caiff dillad gwely ysbyty eu golchi ar dymheredd uchel sy'n anaddas ar gyfer dillad personol, a gallai niweidio dillad cleifion.
Oherwydd nifer y cleifion mewn ysbyty, anodd iawn yw mynd ar drywydd eitemau unigol o ddillad.
Efallai nad yw'r powdwr golchi dillad a ddefnyddir i olchi dillad gwely ysbyty yn addas ar gyfer deunyddiau dillad personol.

Sut mae defnyddio'r bag dillad?

Mae'r ysbyty wedi rhoi bag dillad claf i chi y gellir ei ddefnyddio yn eich peiriant golchi adref. Mae hyn yn eich helpu i fynd adref â dillad brwnt eich perthynas a rhoi'r bag, heb ei agor, yn eich peiriant golchi eich hun.

Dilynwch y cyfarwyddiadau hyn: -

Peidiwch ag agor y bag dillad claf. Mae wedi'i gynllunio i fynd yn syth i'ch peiriant golchi dillad.
Peidiwch â rhoi unrhyw ddillad arall yn y peiriant golchi gyda'r bag hwn.
Bydd sêm a chwlwm y bag yn toddy yn y dŵr ar unrhyw dymheredd. Fodd bynnag, rydym yn eich cynghori i ddefnyddio'r tymheredd uchaf y mae'r dillad yn y bag yn ei ganiatáu.
Defnyddiwch bowdwr / hylif / tabled biolegol os oes modd.
Pan ddaw'r gulch i ben, tynnwch y bag plastig o'r peiriant golchi a'I roi yn eich bag sbwriel arferol, gan fod y bag bellach yn lân.
PEIDIWCH Â RHOI'R BAG PLASTIG YN Y PEIRIANT SYCHU DILLAD
Sychwch y dillad mewn peiriant neu yn yr aer a'u smwddio fel arfer.

Cofiwch: -

Wrth ddelio â dillad sydd wedi'u gwisgo (dillad nos, dillad isaf neu ddillad arall) mae'r risg o haint i bobl iach yn fach iawn.
Fodd bynnag, mae'n synhwyrol cymryd rhai rhagofalon hylendid da sylfaenol:

Cyn delio â'r dillad golch, gorchuddiwch unrhyw doriadau neu friwiau sydd ar eich dwylo.
Daliwch y bag dillad golch allan hyd braich.
Peidiwch â rhoi unrhyw ddillad arall yn y peiriant golchi dillad gyda'r bag.
Defnyddiwch y tymheredd twymaf posib.
Golchwch eich dwylo ar ôl trin unrhyw ddillad golch.

Os oes arnoch angen unrhyw gyngor pellach, siaradwch â'r brif nyrs neu ag aelod o'r Tîm Atal a Rheoli Heintiau.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda
Hywel Dda University Health Board

TÎM ATAL HEINTIAU

BAGIAU DILLAD CLEIFION

Gwybodaeth i berthnasau a gofalwyr

Cynhyrchwyd gan y Tîm Rheoli Heintiau 2019