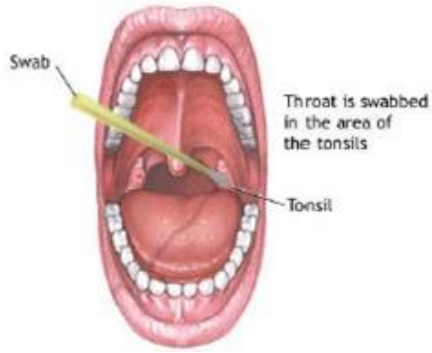
CARING FOR SOMEONE WHO IS KNOWN OR SUSPECTED TO HAVE INFLUENZA OR WHO IS BEING MANAGED AS A CONTACT OF A KNOWN INFLUENZA CASE IN TRUST INPATIENT SETTINGS 2018/2019

Influenza is an acute viral respiratory infection that tends to occur in the winter months. The two main types of influenza causing disease in the UK are influenza type A and B, but new strains and variants of the virus emerge each year. The incubation period is 2-3 days and cases are infectious from 1 day before the onset of symptoms and remain infectious for up to 5 days or possibly longer if symptoms continue to present. Outbreaks of influenza can occur within healthcare settings and it is imperative that staff promote vaccination to inpatients who have not accessed this via their GP and are also alert for signs and symptoms of potential influenza to ensure a prompt diagnosis and implementation of appropriate precautions to minimise spread. **This '*guidance at a glance*' sets out to provide clinical teams with clarity linked to diagnosis, care and treatment of patients with suspected/confirmed influenza and their contacts**. General background is provided and separate tables discuss management of suspected/confirmed cases and their contacts.

Symptoms of influenza:

The onset of influenza is sudden and may include a sudden decline in mental or physical ability, fever (> 37.8° C), dry cough, headache, aches and pains in the joints and muscles, chills and a general feeling of tiredness. Fever usually reduces after the second day and the nose may become stuffy and a sore throat may develop.

Diagnosis



A diagnosis of influenza can be made by using a viral swab, these are available in Minor Injury Units linked to the Trust (Evesham, Malvern, Princess of Wales, Tenbury) and Lickey Ward, Worcester City Inpatient Unit and Wyre Forest Ward. Personal Protective Equipment (PPE) must be worn for this procedure with patients where influenza is suspected. PPE is available with swab supplies.

Please see PPE section under suspected/confirmed influenza cases for information on donning and removing required PPE (to include apron, mask, eye protection, gloves). When taking the swab, it is a single swab of the throat. This should be taken by depressing the tongue or asking the patient to stick their tongue out and gently swabbing over the pillars of fauces (area between the uvula and in front of the tonsils). Care should be taken to avoid touching other parts of the mouth which may contaminate the swab with other bacteria. Place swab into viral transport media pot provided in the same pack. Snap swab off into pot. Remove PPE and complete hand hygiene. Request tests via ICE ordercoms – select "RESP Viral PCR" include clinical details as suspected influenza or complete written request sheet with above test requirement and clinical details.

How influenza is spread:

The virus is transmitted from person to person through close contact with someone who has influenza, this is why management of patients as contacts is indicated if they have been in the same bay/setting as confirmed influenza cases. Definition of contacts for each case must be discussed with IPCNs. Transmission can be through direct and indirect contact with droplets. This can be through coughing, sneezing etc. which can contaminate others or the environment or may occur during certain procedures e.g. aerosol generating procedures.

Self help treatment:

- Patients should be encouraged to keep warm and rest, if a fever is present this must be managed as such and patients should not wrap up. Paracetamol can help to control the fever and relieve aches and pains. Use of fans must be avoided.
- Antibiotics will not kill viruses and therefore do not help a flu sufferer. They will however be required if secondary bacterial infection occurs (bronchitis or pneumonia). Please ensure antibiotics are prescribed if indicated in accordance with Primary Care and Trust prescribing guidance.
- Hydration must be promoted and frequent drinks should be taken.

Antiviral treatment (If Oseltamivir (Tamiflu) is contra-indicated please consider use of Zanamivir (Relenza)):

- For patients with confirmed or likely to be confirmed influenza antiviral medication should be prescribed as a treatment dose. If no contra-indications this would be Oseltamivir (Tamiflu) which if presenting with normal renal function is 75mg twice a day for five days. Please note dose must be titrated to renal function.
- Antiviral medication should be prescribed as a prophylactic dose for vulnerable contacts if identified within 48 hours of contact (likely to be all contacts pending medical review) and continue for prescribed course of treatment. If no contra-indications this would be Oseltamivir (Tamiflu) which if presenting with normal renal function is 75mg once a day for ten days. Please note dose must be titrated to renal function.

Prevention of influenza:

- Patient vaccination for those eligible for influenza vaccination is promoted and vaccines should be offered during inpatient stay to minimise acquisition and potential onward transmission risks during patient stay.
- Vaccination is promoted for Trust staff.
- Prompt identification of influenza is key in preventing spread.
- Strict adherence to Infection Prevention and Control (IPC) practices especially hand hygiene, containment of respiratory secretions, the use of PPE and frequent cleaning of surfaces/equipment will minimise onward spread.
- Promote use of good cough hygiene:
  - Cover nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing nose, dispose of used tissues promptly in the nearest waste bin.
  - Cleanse hands/Use Hygea skin cleansing wipe after coughing, sneezing, using tissues or contact with respiratory secretions/contaminated objects. Keep hands away from eyes and mouth

Summary Guidance for Contacts and Confirmed Positives:

- Ensure 6 hourly observations including temperature commence for all contacts and confirmed cases.
- Ensure the patient's bed space for both contacts and confirmed cases does not change without discussion with IPC Team.
- **Ensure appropriate level of precautions are consistently implemented as detailed below for confirmed cases and contacts, please note differences.**

A table to indicate IPC management of patients with confirmed/suspected influenza

	CONFIRMED/SUSPECTED INFLUENZA
General Clinical Management	• If a healthcare practitioner is required to see a patient with confirmed influenza they must be informed of the positive influenza result, wear appropriate PPE and be aware of precautions below. • If possible pregnant staff should avoid provision of direct care (if pregnant this would be considered as vulnerable). • Minimise the number of visitors and consider designating staff to areas where there are patients with confirmed influenza. • Use of PPE must continue for the 5 days of treatment dose antiviral medication and longer if the patient continues to present with signs of an influenza like illness. • Ensure 6 hourly observations including temperature from symptom onset until resolution and completion of antiviral medication. • Antiviral medication to be prescribed as a treatment dose and continue for prescribed course of treatment for patients with a confirmed positive result. If no contra-indications this would be Oseltamivir (Tamiflu) which if presenting with normal renal function is 75mg twice a day for five days. Please ensure where indicated dose is titrated linked to renal function. If Oseltamivir is contra-indicated please consider use of Zanamivir.
Patient Location	• If possible isolate patient in a single room. If previously in a bay, vacated bed space to be blocked to new admissions until contact status of potentially exposed patients reviewed and management is agreed. It may be appropriate for this patient to remain in the bay with bay patients being managed as a cohort, discuss with IPC Team before any patient moves occur.
Door Sign	'STOP See Nurse in Charge' poster to be displayed for a minimum of five days (to cover duration of antiviral course). Poster to remain insitu until patient is asymptomatic. If possible, door should remain closed if patient presenting with respiratory symptoms, if not then patient should be away from door.
Requirement for Personal Protective Equipment (PPE)	PPE must be worn for swabbing and for the 5 days of treatment dose antiviral medication and longer if the patient continues to present with signs of an influenza like illness. **Nursing Staff must ensure that all staff who enter the room if providing sustained direct care e.g. assistance with medication, provision of direct care e.g. personal care, assistance with toileting, aerosol generating procedures etc. or undertaking cleaning of the room (housekeeping staff) are aware of the need to wear PPE as detailed below.** PPE is not necessary if entering the room briefly e.g. patient check, provision of a drink (unless assistance required) etc. PPE that must be worn includes: • Single use disposable plastic apron • FFP2, 'duck bill' mask (ensure this fits correctly, check with your colleague) do not touch mask once in place. If mask becomes damaged, distorted, contaminated by body fluids, go to a safe area to change. Please follow poster instructions for donning mask. • Eye protection (only if risk of coughing/splash droplets into face or aerosol generating procedures are being undertaken e.g. swabbing) – wearing based on risk (nebulizers are not aerosol generating). • Gloves.

	CONFIRMED/SUSPECTED INFLUENZA
Removal of PPE	**Following contact with patient/room remove PPE in this order:-** • **Inside the room** remove gloves then apron, dispose, undertake hand washing. • **Outside the room** remove eye protection if needed if single use, take off using arm of glasses, dispose. If reusable, clean with 2 multi surface detergent wipes – one wipe from arm end to lens and dispose, second wipe from the other arm to lens and dispose. • Remove mask, either lift mask clearly over your head by holding the straps at side or break the straps at the side, dispose directly into waste bin holding the strap only. • Undertake hand hygiene using alcohol hand gel.
Hand Hygiene	• Ensure effective hand hygiene is undertaken in accordance with the 'Five Moments of Hand Hygiene' and on removal of PPE. Hand washing is generally indicated in the room/bay and gel use promoted on exiting the room. • Hand washing is also indicated if hands are visibly soiled, tacky from repeated applications of gel or the patient has diarrhoea and/or vomiting. • Good cough hygiene and patient hand hygiene must be promoted and use of wipes should be considered. • Ensure visitors wash hands in single room/bay and gel hands on exiting.
Linen	Send all linen as infected linen (alginate bag in the room white bag outside the room) for the duration of antiviral treatment and/or patient symptoms.
Patient Care Equip-ment	Ensure patient care equipment is decontaminated thoroughly following use with a multi surface detergent wipe as per cleaning schedule guidance. There is no restriction on near patient equipment being taken into the area, appropriate cleaning must occur following use. Use of fans must be avoided.
Waste	Black bag waste for household items. Healthcare waste to be disposed of as yellow bag hazardous waste for incineration. Use hazardous waste bag for disposal of paper tissues. When removing waste bag ensure bag is sealed in the room and placed into a second bag outside the room for disposal. Hazardous waste bin to be placed outside of room for disposal of items including PPE taken off outside the room (eye protection, mask) and multi surface detergent wipes.
Daily clean of the environ-ment	• Daily detergent and bleach clean of room/area with yellow or single use equipment being used. Bleach based clean to be a 1000ppm of available chlorine. • Ward staff should use multi surface detergent wipes for additional decontamination of contact points if indicated by visible soiling or known contamination.
Terminal Clean	A standard terminal clean (detergent/bleach) and curtain change must occur on completion of antiviral treatment and resolution of symptoms OR prior to the patient's bed space being used by a new patient. As patient will not be symptomatic use of mask is not required for this process.
House-keeping	• Crockery/Water jug etc. should be cleaned as normal, no requirement for additional precautions. • Patients may require a small bag close at hand for disposal of tissues. • Ensure PPE is worn as recommended.
Body Fluid Spills	Manage spillages of blood and body fluids using standard protocols. Spillages must always be cleaned up promptly, with staff ensuring they use standard precautions.
Visitors/ Relatives	• PPE is not necessary for visitors in general, hand washing on leaving patient is essential for all visitors and also use of alcohol gel must occur outside of the room/bay. Visitors to this patient must see solely this patient and not others on the ward. • Visitors who are vulnerable need to be aware of possible risks and if visiting is essential we could consider use of PPE in this group but would need to recognise that without training use of PPE can actually increase the risk of infection acquisition from contamination.
Visits/Transfers to other healthcare settings	• If patient is moved to another area for any reason, patient (if able to tolerate) must wear an FFP2 mask if continues to present with symptoms. • If transferring to another healthcare area, the receiving area must be informed of current influenza status prior to transfer and moved to single room. • Discharge out to own home can continue if medically fit with treatment dose of antivirals to continue for full course. If transferring out to a care home setting treatment dose must have been completed and the patient must be asymptomatic, care home must be informed of influenza history.

A table to indicate IPC management of patients who are identified as contacts of a known influenza case

	CONTACTS OF AN INFLUENZA CASE
If contact patient is not symptomatic then there is no requirement for additional PPE or a defined need to isolate. Manage using standard precautions but remain vigilant for signs of infection.	
General Clinical Management	• Ensure 6 hourly observations including temperature and enhanced vigilance for clinical signs and symptoms of influenza. The onset of influenza is sudden and may include: **1.** A sudden decline in mental or physical ability **2.** Fever (> 37.8° C) **3.** Dry cough, headache, sore throat, runny or stuffy nose, aches and pains in the joints and muscles, chills and a general feeling of tiredness. If presenting with symptoms and a known contact please manage as a confirmed or suspected case and seek medical review. • Contacts may be managed as a cohort in a bay or managed in single rooms. To minimise potential for spread, wherever possible contacts should be segregated from patients who do not currently have a contact status for a minimum of 5 days from their contact with a confirmed influenza case or commencement of antiviral treatment. If on antiviral treatment preferably segregation is advised for the duration of their antiviral treatment (10 days) unless risk assessment indicates otherwise.
Antiviral Treament	Antiviral medication to be prescribed as a prophylactic dose if within 48 hours of contact and continue for prescribed course. If no contra-indications this would be Oseltamivir (Tamiflu) which if presenting with normal renal function is 75mg (oral) once a day for ten days. Please ensure where indicated dose is titrated linked to renal function. If 48 hour window period has elapsed there is no indication for treatment to be started. If presenting with symptoms indicative of influenza during prophylactic treatment, please amend to treatment dose.
Visitors/ Relatives	Visitors who are vulnerable need to be aware of contact status and possible risks of visiting.
Visits/Transfers to other healthcare settings	• If transferring out to another healthcare facility the receiving unit must be informed of contact status and need for vigilance prior to transfer, promote need for a single room. • Contacts can be discharged to own home on prophylactic dose of antivirals and should complete this course, but if transferring out to a care home whilst still on anti-viral medication or in the five days following their contact this must be discussed with IPC Team.
Summary	• If not symptomatic then there is no requirement for additional PPE or a defined need to isolate. Manage using standard precautions but remain vigilant for signs of infection. • <u>If the patient develops symptoms of influenza like illness they must be isolated immediately and commenced on treatment dose of antivirals and precautions implemented as if confirmed positive.</u>