

# Infection Control Intensive Care



## ***Contents Page***

***Page Three***.....Introduction

***Page Four***.....ITU infection Control Team

***Page Five***.....Good Infection control

***Page Nine***.....Personal Protective Equipment

***Page Thirteen***.....Methicillin-resistant Staphylococcus aureus (MRSA)

***Page Sixteen***.....Vancomycin-resistant Enterococcus (VRE)

***Page Nineteen***.....Clostridium difficile (CDIFF)

***Page Twenty-Three***.....Tuberculosis (TB)

***Page Twenty-Eight***.....Meningitis

***Page Thirty-Two***.....Coronavirus (COVID-19)

## ***Introduction***

Good Infection control prevents and stops the spread of infections in healthcare settings. Infection prevention and control practices are important in maintaining a safe environment for patients, staff and relatives by reducing the risk of the potential spread of infection.

Patients in the ICU are vulnerable and are at an increased risk of developing infections. The increased risk of infection is associated with the severity of the patient's illness and underlying conditions, length of exposure to invasive devices and procedures, increased patient contact with health care personnel and their length of stay in the ICU.



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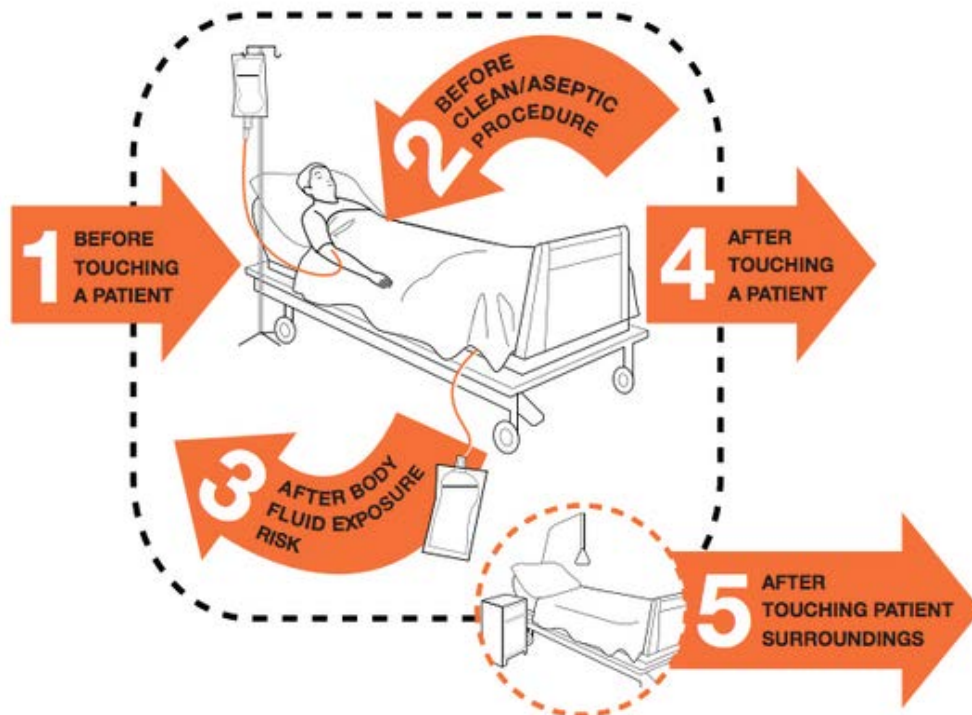
***To Contact the hospital infection control team 7238202***

## ***Good infection control***

All staff members should be practising good infection control. To prevent the spread of infection, to protect patients, visitors and staff. This can be done by:

### ***Good hand hygiene***

- Decontaminate hands before patient contact.
- Decontaminate hands after patient contact.
- Decontaminate hands between caring for different patients.
- You may use alcohol gel unless your hands are visibly soiled. In which case you must wash your hands with soap and water.
- Hands must also be washed when caring for patients with clostridium difficile (C. Diff).



### ***Wearing gloves***

- Before putting gloves on make sure you decontaminate hands.
- Staff must wear gloves when caring for patient who is isolated.
- Gloves are to be worn as a single use item and must be changed between caring for different patients or between different care activities/treatments.
- Make sure to decontaminate hands after removing gloves.
- Gloves must be worn for invasive procedures and for all activities where there is a risk of exposure to blood or bodily fluids.

### ***Apron/gowns***

- Staff must wear an apron when there is a risk that clothing may become contaminated with pathogenic micro-organisms, blood or bodily fluid.
- Aprons are to be worn when caring for a patient that is isolated.
- Aprons and gowns are to be used as single use items for one procedure or episode of care and then removed and disposed of.

### ***Face & eye protection***

- Face and eye protection must be worn when there is a risk of blood or bodily fluids splashing into the eyes or face.
- Wear visor/goggles when taking blood from arterial line.
- When suctioning patient wear visor/googles due to risk of disconnection.
- When working with infectious patients i.e. COVID you must wear googles/visor.

## ***Disposal of clinical waste***

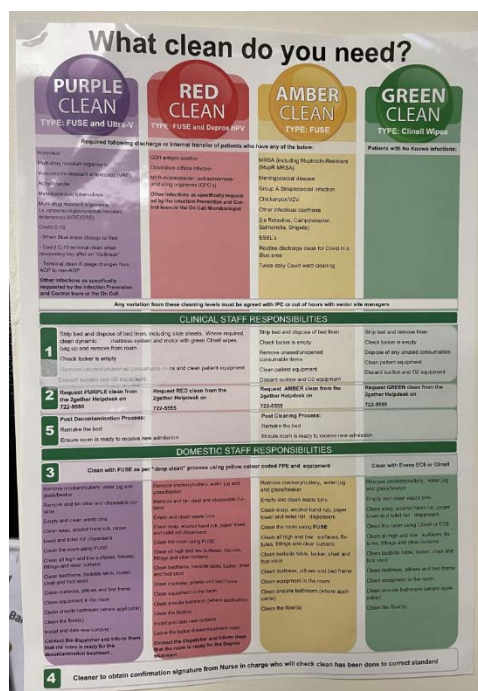
- Waste must be separated into the correct colour code bins.
- Clinical waste such as bodily fluids, blood, secretions or excretions must be placed in orange bag.
- Offensive waste such as human hygiene and non-infectious disposable waste must be placed in the yellow/black bags.
- Sharps or instruments must be placed in a designated sharps container immediately after use.
- Make sure your sharps bin lid is shut at all times, is off the floor and when the fill line has been reached the bin must be sealed, labelled and placed in the sluice room for removal.
- Please **DO NOT** put anything other than sharps in the yellow sharps bin.
- The blue lidded bin is for pharmaceutical waste only **DO NOT** put sharps in the bin i.e. needles, ampoules.

## ***Linen Handling***

- Any linen coming from an isolated area must be placed into an alginate bag, then into a red bag in the sluice room.
- Soiled linen i.e. bodily fluid, blood, human excrement must be placed in a red alginate bag, then into a red bag in the sluice room.
- Make sure all incontinence or inco pads are removed from linen before placed in alginate bag.
- **DO NOT** put soiled linen on the floor, place in alginate bag.

## Environmental Hygiene

- As part of your emergency checks please damp dust your bed space every shift using green clinell wipes.
- Make sure your bed space is clean and clear of clutter.
- Check your curtains to ensure they are in date should be changed every six months.
- Change curtains if soiled i.e. blood
- Ensure all Clinel wibe packets have lid closed.
- After patient has been discharged from ITU call help desk and request for a clean for the bed space.
- Use the 'What clean do you need?' poster which can be found on each ITU to help you.



All staff members **MUST** complete their infection control E-Learning this has to be done yearly. Staff **MUST** also be assessed on hand hygiene this can be done by one of the infection control link nurses working on the unit.



## ***Personal Protective Equipment (PPE)***

PPE is designed to protect you from harmful substances such as chemicals or infectious agents. In a pandemic situation, it can also help prevent the transmission of infection between staff and patients. The type of PPE you need will depend on a risk assessment which should include the environment you work in and the procedures you carry out.

### ***What you need for Personal Protective Equipment (PPE)?***

- Gown
- Gloves
- Face shield
- Face Mask



This ***MUST*** worn whenever entering an infectious area to protect staff, patients and yourself.

## ***Face fit test***

A face fit test should be carried out before people wear Respiratory protective mask for the first time. Inadequate fit can reduce the protection provided and lead to immediate or long-term ill health or can even put the wearer's life in danger.

A fit test should be repeated whenever there is a change to the Respiratory protective mask type, size, model or material, or whenever there is a change to the circumstances of the wearer that could alter the fit of the Respiratory protective mask, for example:

- Weight loss or gain
- Substantial dental work
- Any facial changes around the face seal area
- Facial piercings
- Introduction or change in other head-worn personal protective equipment (PPE)



***FFP3 Shaped Respirator***



***FFP3 Fold Flat Respirator***

Following the results of your fit test you will be designated a Respiratory protective mask. This is the only variation of mask you should wear following your test. Before entering an infectious area, the wearer should carry out a pre-use seal check or fit check, which they should repeat every time they put a respirator on.

**To arrange a fit test, speak with a Band 7 or PDN.**

## ***Donning and Doffing***

When working within an infectious area there will be designated areas for donning and doffing.

Before putting on PPE (donning) perform hand hygiene. Use alcohol gel or soap and water. Make sure you are hydrated and are not wearing any jewellery, bracelets, watches or stoned rings. Use the step-by-step guide:



When removing PPE (doffing) everything is single use only, once removed throw away in designated bin. After removing everything make sure you wash your hands with soap and water. Use the step-by-step guide to remove PPE:



Public Health England *Quick guide* COVID-19  
**Removal of (doffing) personal protective equipment (PPE) for aerosol generating procedures (AGPs)**

PPE should be removed in an order that minimises the potential for cross contamination.

**The order of removal of PPE is as follows:**

- 1 Gloves –** the outsides of the gloves are contaminated  
  
Clean hands with alcohol gel
- 2 Gown –** the front of the gown and sleeves will be contaminated  

- 3 Eye protection –** the outside will be contaminated  

- 4 Respirator**  
Clean hands with alcohol hand rub. Do not touch the front of the respirator as it will be contaminated.  

- 5 Wash hands with soap and water**  


## ***Methicillin-resistant Staphylococcus aureus (MRSA)***

Methicillin-resistant staphylococcus aureus, commonly known as MRSA, is a form of contagious bacterial infection.

Anyone can get MRSA. The risk increases with activities or places that involve crowding, skin-to-skin contact, and shared equipment or supplies.

### ***How do patients contract MRSA?***

Most MRSA infections occur in people who've been in hospitals or other health care settings. People in hospital are more at risk because:

- They often have a way for the bacteria to get into the body i.e. wound, burn, feed tube, cannula or urinary catheter.
- They have comorbidities or serious health problems making it harder for the body to fight off the bacteria.

### ***How do you prevent the spread of MRSA?***

- Hand washing before and after contact with every patient or potentially contaminated equipment.
- Hand washing after removal of gloves.
- Keeping the environment as clean and dry as possible.
- Thorough cleaning and drying of all equipment after use.
- Applying topical treatments to reduce skin carriage if clinically required.
- Use disposable gloves and aprons when handling blood and body fluids.
- Use disposable aprons for direct patient care, bed making and aseptic techniques.
- Dispose of waste and linen safely.
- Maintain a safe staff to patient ratio.

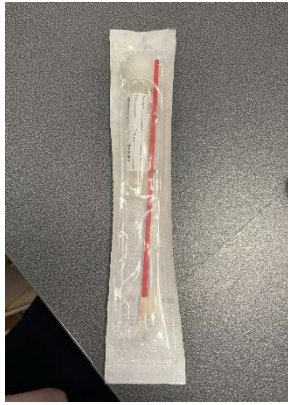
- Avoid overcrowding patients.
- Isolate patients with a known or suspected infection.

***When patients have visitors, they must:***

- Wash their hands before they come onto the ward and when they leave.
- Ask them not to sit on the bed and that they follow the guidance on visiting times.
- If your visitors are unwell with a fever or tummy upset ask them not to visit until they have been well for at least 48 hours after they have had any symptoms.
- Visitors should not use the patient toilets on the ward. Staff can direct family and friends to the visitors' toilets.

***When do you screen a patient for MRSA?***

- Patients need to be screened for MRSA on admission as per policy. You need to swab a patient's nose and groin with a **RED** swab. You also need to collect a urine sample to test for MRSA.
- If patient is positive then they will need to be nursed in a side room and treatment commenced as per isolation policy.
- After the end of treatment patient needs to be screened again if positive they need more treatment.
- Patient **MUST** be isolated until they have 3 negative screens as per isolation policy.
- Patient need to be screened for MRSA every three weeks whilst in hospital.



***Red Swab for Nose & Groin***



***White Pot for Urine Sample***

If a patient has had a previous admission to hospital and is a carrier of MRSA then it will flag up on Sunrise. Patient will need to be swabbed on every admission to hospital and isolated.

When the patient is discharged to the ward or moved into a different bed space from the side room it will need an **AMBER** clean. You can arrange for a clean through help desk 7225555.

## ***Vancomycin-resistant Enterococcus (VRE)***

VRE stands for vancomycin-resistant enterococcus. It's an infection with bacteria that are resistant to the antibiotic called vancomycin.

Enterococcus is a type of bacteria that normally lives in the intestines and the female genital tract.

### ***Causes of VRE***

- Patients treated for a long period of time with vancomycin or other antibiotics, such as penicillin or gentamicin.
- Patients undergoing complex or prolonged healthcare such as ICU patients.
- Patients that have a weakened immune system.
- Patient that have had surgery, such as to your abdomen or chest.
- Patients that have a medical device that needs to stay in for a long time, such as a urinary catheter.

### ***How is VRE transmitted?***

- Most VRE infections are transmitted in hospitals. The bacteria often spread when a doctor or other healthcare worker touches an infected person, surface, or medical equipment and then doesn't wash their hands properly before touching another patient.
- VRE does not spread through the air like the flu and some other bacterial infections.



### ***How to prevent transmission of VRE?***

- When caring for a patient with VRE staff must wash their hands with water and soap.
- Staff must wear gloves and apron whilst caring for patient.
- Patient **MUST** be isolated in a side room. The room must have negative pressure.
- The door to the room **MUST** always be shut to stop transmission.
- Thorough cleaning and drying of all equipment after use
- Dispose of waste and linen safely
- Maintain a safe staff to patient ratio.
- Washing hands after removing gloves and apron.

### ***When patients have visitors, they must:***

- Wash their hands before they come onto the ward and when they leave.
- Ask them not to sit on the bed and that they follow the guidance on visiting times.
- If your visitors are unwell with a fever or tummy upset ask them not to visit until they have been well for at least 48 hours after they have had any symptoms.
- Visitors should not use the patient toilets on the ward. Staff can direct family and friends to the visitors' toilets.

### ***When do you screen a patient for VRE?***

- If patient is suspected to have VRE they need to be isolated in a side room.
- A rectal swab will need to be sent.
- Rectal swabs must be taken using a charcoal swab.
- The swab must be gently inserted through the rectal sphincter, rotated through one full turn, and then withdrawn.
- Whilst patient is in hospital a swab will need to be repeated every three weeks.



***Charcoal Swab***

If a patient has had a previous admission to hospital and is a carrier or of VRE then it will flag up on Sunrise. Patient will need to be swabbed on every admission to hospital and isolated.

When the patient is discharged to the ward or moved into a different bed space from the side room it will need a **PURPLE** clean. You can arrange for a clean through help desk 7225555.

## ***Clostridium difficile (CDIFF)***

Clostridium Difficile also known as C. Diff is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics.

C. Diff infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

### ***Sign & Symptoms of C. Diff***

- Diarrhoea several times a day (Stool can be green)
- High temperature
- Feeling sick
- Abdominal pain

### ***Who is most at risk of a Clostridium Difficile infection?***

- Patients that have had several types of antibiotics at the same time or those who take long-term antibiotics.
- Patient who have had a long term stay in hospital.
- Patients over the age of 65.
- Patients with certain underlying conditions i.e. inflammatory bowel disease, cancer or kidney disease.
- Patients who have a weakened immune system which can be caused by conditions such as diabetes or a side effect of a treatment such as chemotherapy or steroid therapy.
- Patients that have had surgery on their digestive system.
- Patients that are taking proton pump inhibitor (PPI) to reduce the amount of stomach acid they produce.

### ***How to prevent transmission of Clostridium Difficile Infection?***

- When caring for a patient with C. Diff staff must wash their hands with water and soap.
- Staff must wear gloves and apron whilst caring for patient.
- Patient **MUST** be isolated in a side room. The room needs to be negative pressure.
- Patient will need to be isolated until they have a full treatment of antibiotics and they have been asymptomatic for 48 hours with normal stools.
- Thorough cleaning and drying of all equipment after use
- Dispose of waste and linen safely
- Maintain a safe staff to patient ratio.
- Washing hands after removing gloves and apron.
- Door to isolation room **MUST** be shut to stop transmission and if patient is awake they need their own toilet facilities.
- All medical notes and drug chart **MUST** be kept outside of patient's room.

### ***When do you screen a patient for Clostridium Difficile?***

- If a patient has had 3 or more episodes of type 6 or 7 stools.
- The patient **MUST** be isolated to stop transmission
- A stool sample must be sent using the blue vial (Specimen pot must be at least half full).

- Stool samples from incontinence pads can be accepted but please state of the request form.
- Samples **CANNOT** be contaminated with urine.
- Repeat samples are not required unless symptoms resolve and then recur.

### ***Clostridium difficile infection medical management***

- Patients on ITU can have a flexiseal inserted, care plan **MUST** be completed before inserting make sure patient hasn't had an extensive surgery or Haemorrhoids.
- Review antibiotics and discontinue those that are not required as well as other drugs that may cause diarrhoea.
- Review the indication for any proton pump inhibitor (PPI) prescription i.e. lansoprazole or omeprazole.
- Discontinue anti-motility drugs during the acute phase of C. Diff infection.
- C. Diff should be managed as a diagnosis in its own right, with each patient reviewed daily regarding fluid resuscitation, electrolyte replacement and nutrition review.

### ***When patients have visitors, they must:***

- Wash their hands before they come onto the ward and when they leave.
- Ask them not to sit on the bed and that they follow the guidance on visiting times.

- If your visitors are unwell with a fever or tummy upset ask them not to visit until they have been well for at least 48 hours after they have had any symptoms.
- Visitors should not use the patient toilets on the ward. Staff can direct family and friends to the visitors' toilets.



***Blue Sample Pot***

If a patient has had a previous admission to hospital and is a carrier of VRE then it will flag up on Sunrise. Patient will need to be swabbed on every admission to hospital and isolated.

When the patient is discharged to the ward or moved into a different bed space from the side room it will need a **RED** clean. You can arrange for a clean through help desk 7225555.

## ***Tuberculosis (TB)***

Tuberculosis (TB) is caused by a type of bacterium called *Mycobacterium tuberculosis*. It spreads when a person with active TB disease in their lung's coughs or sneezes and someone else inhales the expelled droplets which contain TB bacteria.

Although TB is spread in a similar way to a cold or flu it is not as contagious.

You would have to spend prolonged periods of time in close contact with an infected person in order to contract the infection.

TB usually spreads between family members who live in the same house.

### ***Sign & Symptoms of Tuberculosis***

- Lack of appetite and weight loss
- High temperature
- Night sweats
- Extreme tiredness or fatigue

Most TB infections affect the lungs which can cause:

- A persistent cough that lasts more than 3 weeks.
- Phlegm and Sputum which can be bloody.
- Breathlessness that gradually gets worse.

***Who is most at risk of contracting Tuberculosis (TB)?***

- Patients who live in, come from, or have spent time in a country or area with high levels of TB.
- Patients who have been in prolonged contact with someone who is infected.
- Patients living in crowded conditions.
- Patient with a condition that weakens their immune system such as diabetes, HIV.
- Patients who are receiving treatment that can weaken their immune system i.e., chemotherapy or biological agents.
- Patients in poor health or who have a poor diet because of their lifestyle and other problems such as drug and alcohol misuse or homelessness.

***How to prevent transmission of Tuberculosis?***

- Patients who are confirmed to have tuberculosis **MUST** be isolated in a side room under no circumstances. The room must have negative pressure.
- Patient will need to be isolated until they have had 14 days of treatment.
- When caring for a patient with TB staff must wash their hands with water and soap.
- Staff must wear gloves and apron whilst caring for patient.
- Staff must wear a Respiratory Protective mask when caring for the patient.



- Staff members looking after patient must have had TB vaccination.
- Thorough cleaning and drying of all equipment after use
- Dispose of waste and linen safely
- Maintain a safe staff to patient ratio.
- Patient should have one to one nursing.
- Washing hands after removing gloves and apron.
- Door to isolation room **MUST** be shut to stop transmission and if patient is awake, they need their own toilet facilities.
- All medical notes and drug chart **MUST** be kept outside of patient's room.

***When do you screen a patient for Tuberculosis?***

- If patient has productive cough and sputum is blood stained.
- If patient has travelled to countries with high levels of TB.
- If patient has had a chest x-ray that looks like TB.
- Three sputum samples need to be collected at least 8 hours apart, with at least one being an early morning sample.
- Sputum sample should be at least 5mls and obtained from a deep productive cough (saliva and naso-pharyngeal secretions are not sputum).
- Sputum and bronchoalveolar lavage (BAL) specimens from known or suspected TB patients should be labelled **INFECTION RISK**.

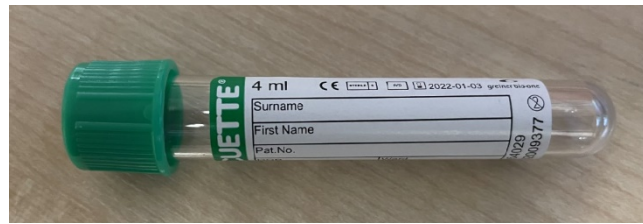
- Interferon Gamma release assay blood test **MUST** be sent. This can be requested by the doctor.
- Blood test needs to be in x2 green bottles, they need to be sent to the lab before 3pm because they get sent to London for testing.

***Medical management of Tuberculosis:***

- Antibiotics should be commenced.
- Discuss with microbiologist
- The clinician responsible for care should refer the person with TB to a clinician with training in, and experience of, the specialised care of people with TB.
- Dexamethasone or prednisolone, initially at a high dose with gradual withdrawal.

***When patient has visitors, they must:***

- Visitors should be isolated from other patients until they have been screened and pronounced non-infectious.
- Children under two years of age should **NOT** visit.
- Visitors who refuse to wear masks on the grounds that they have been, or may continue to be, exposed outside the hospital should not be prevented from visiting but such refusal should be documented.
- Patient's close contacts or relatives must be assessed by the TB team for possible active tuberculosis and declared non-infectious before being allowed to visit. Visitors who have yet to be assessed as above, and who have a persistent cough should be asked not to visit until declared clear as above.



*Silver Lidded Specimen Pot & Green Top Blood Bottle*

When the patient is discharged to the ward or moved into a different bed space from the side room it will need a **PURPLE** clean. You can arrange for a clean through help desk 7225555.

## ***Meningitis***

Meningitis is an infection of the protective membranes that surround the brain and spinal cord. It can affect anyone, but it is most common in babies, young children, teenagers and young adults.

Meningitis can be very serious if not treated quickly. It can cause septicaemia and result in permanent damage to the brain or nerves.

### ***Sign & Symptoms of Meningitis:***

- High temperature
- Vomiting
- Headache
- A non-blanching rash
- A stiff neck
- Dislike to bright lights
- Drowsiness or unresponsiveness
- Seizures

### ***Who is most at risk of contracting Meningitis?***

Anyone can contract meningitis, but various factors can increase the risk:

- Young adults and elderly people
- If you have recently travelled to and from a country that has high levels of Meningitis. The risk of catching meningitis is the highest in the world in an area of Sub-Saharan Africa known as the meningitis belt.
- If patients have medical conditions that can affect the immune system i.e., HIV, diabetes

- If patient has been in recent contact with someone that has had known Meningitis.

### ***How to prevent transmission of Meningitis?***

- If patient has bacterial Meningitis they will need to be isolated until the patient has had 24 hours of antibiotics.
- If patient has viral Meningitis, they will need to be isolated until they have clinically recovered. The room must be negative pressure.
- When caring for a patient with Meningitis staff must wash their hands with water and soap
- Staff **MUST** wear gloves and apron whilst caring for patient
- Thorough cleaning and drying of all equipment after use
- Dispose of linen and waste safely.
- Maintain a safe staff to patient ratio
- Patient should have one to one nursing
- Washing hands after removing gloves and apron
- Door to isolation room **MUST** be shut to stop transmission and if patient is awake, they need their own toilet facilities.
- All medical notes and drug chart **MUST** be kept outside of patient's room.
- Apply respiratory precautions during the 24 hours that the patient is treated (i.e., surgical mask and eye protection if there is a risk of droplet splashes).

### ***When do you screen a patient for Meningitis?***

- If patient has a suspicious rash (non-blanching).
- If patient has a high temperature.
- If patient is having multiple seizures.

- Patient has a history of stiff neck, headache and eyes were sensitive to light.
- If CT scan shows swelling or fluid around the brain.
- A blood test full blood count to check patients white blood cells, a procalcitonin this help the doctor to determine if it is viral or bacterial, blood cultures this will help guide treatment.
- Patient will need a lumbar puncture – collecting cerebrospinal fluid from the spine. This can only be done by a doctor; they will need to collect three samples to send.
- Cerebrospinal fluid needs to be collected in silver lidded specimen pot, it **MUST** be collected using a sterile technique.
- When sending a specimen and patient is suspected to have Meningitis it **MUST** be stated on the requested form.

***Medical management of Meningitis:***

- If a doctor suspects bacterial meningitis, they may begin antibiotic treatment before Meningitis test results come back.
- Patient must have antibiotic treatment the microbiologist will be able to advice what antibiotics will be best.
- Patient may also need steroid treatment.
- If patient is having seizures, they will need to have anti-epileptics.

***When patient has visitors, they must:***

- Visiting should be restricted to close family members/designated guardians.

- They **MUST** wash their hands before they come onto the ward and when they leave.
- Relatives are **NOT** allowed to sit on the bed.



***Silver Lidded Specimen Pot***

When the patient is discharged to the ward or moved into a different bed space from the side room it will need an **AMBER** clean. You can arrange for a clean through help desk 7225555.

## ***Coronavirus (COVID-19)***

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment.

However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness.

### ***Sign & Symptoms of COVID-19:***

- A high temperature.
- A new continuous cough.
- A loss or change to your sense of smell or taste.
- Shortness of breath
- Sore throat
- Significant changes on patients X-ray or CT chest.

### ***Who is most at risk of contracting Coronavirus (COVID-19)?***

Coronavirus can make anyone seriously ill. But for some people the risk is higher:

- Long-term lung conditions i.e., COPD, asthma, cystic fibrosis.
- Long-term conditions affecting the heart or blood vessels i.e., heart disease, hypertension, heart failure, peripheral arterial disease.



- Long-term kidney disease.
- Long-term liver conditions i.e., cirrhosis or hepatitis.
- Conditions affecting the brain or nerves i.e., dementia, Parkinson's disease, Motor Neurone disease, multiple sclerosis, epilepsy, cerebral palsy or stroke.
- Severe or multiple learning disabilities.
- Condition that affects a patient's immune system i.e., diabetes, HIV.
- Severe Obesity BMI of 40 or above.
- People over the age of 65.

***How to prevent the transmission of Coronavirus (COVID-19):***

Coronavirus is spread through close contact with people who have the virus. People with the virus can spread it even if they don't have symptoms.

When someone with the virus breathes, speaks, cough or sneezes, they release small droplets containing the virus.

- Patients who have been confirmed to have Coronavirus need to be isolated.
- Patients who are awaiting Swab results will need to be isolated until confirmed negative.
- Staff caring for the patient **MUST** wear full PPE i.e., Surgical gown, face visor, apron, respiratory protective mask, surgical hat.
- Staff **MUST** wash their hands regularly i.e., before and after touching patient, before putting gloves on, in between patients, after DOFFING.

- Patient **MUST** have one to one nursing.
- If patient is being transferred patient **MUST** wear a surgical mask.
- If patient is ventilated, when disconnecting ventilator **MUST** be turned off and ET tube **MUST** be clamped.
- Thorough cleaning and drying of all equipment after use.
- Dispose of linen and waste safely.
- If patient is isolated in a side room the door **MUST** always be shut and the room must have negative pressure.
- All medical notes and drug chart **MUST** be kept outside of the room.

#### ***When do you screen a patient for Coronavirus?***

- When patient has significant changes on chest X-ray or CT chest
- When patient is displaying any signs of symptoms i.e., shortness of breath, productive cough, high temperature.
- Patient **MUST** be tested for Coronavirus in accident and emergency they should have a result before being transferred to a ward. If positive they will need to be isolated on Oxford Ward. If critically unwell they will be transferred to ICU.
- If patient is positive, they will need to be screened on day 1, 3 and 5 of hospital admission.
- Swabbing a patient for Coronavirus you need a green swab. You will need to swab each of the patient's tonsils for at least 4 seconds and then insert the swab into patient's nostril until you feel resistance rotate swab 10 times.

- If you suspect patient is positive for Coronavirus you **MUST** state on the request form.
- Doctors may also request for a blood test to see if the patient has antibodies.
- Blood test goes in a gold top.

***Medical management of Coronavirus:***

- If patient is critically unwell, they may be transferred to ICU.
- Patients with Coronavirus can be intubated if it is medically required.
- Patients need a course of intravenous antibiotics.
- They can be given steroid treatment.
- They will also be given regular nebulisers.
- Patient with Coronavirus can become critically unwell and need extensive treatment i.e., hemofiltration, physio, tracheostomy.
- Patients with Coronavirus can develop other conditions i.e., sepsis, multi-organ failure.
- Patients can be in hospital for a long period of time.

***Relatives & Visitors:***

- If patient is confirmed to have Coronavirus unfortunately relatives and visitors are **NOT** allowed.
- Patients next of kin will be updated about patient's condition via the phone.

- Patients next of kin can also contact the unit
- If patient becomes critically unstable and it is life-threatening then relatives are allowed to visit patient.
- If relatives do visit, they must sign a disclaimer.
- Relatives and visitors must wear full PPE.
- Relatives and visitors must also wash they hands before and after patient contact.
- When patient has been deescalated by the doctor then patient can have visitors, but they must be fully vaccinated and wear a surgical mask.
- Before coming to the hospital patient's relatives will need to make an appointment with the ward clerk. Visits are one-hour slots.
- Relatives will need to do a lateral flow test before coming to the hospital.
- If patients relative has symptoms, they will **NOT** be allowed to visit patient.



### ***Gold Top Blood Bottle for antibodies test & Green Swab***

When the patient is discharged to the ward or moved into a different bed space from the side room it will need a **PURPLE** clean. You can arrange for a clean through help desk 7225555.