Stockport NHS
NHS Foundation Trust

STANDARD OPERATING PROCEDURE FOR SETTING UP THE DESIGNATED AREA FOR THE INPATIENT CARE OF PATIENTS WITH SEASONAL FLU (WARD A10)

1. The purpose of this document
This document has been produced to outline the procedure for managing and containing flu patients in one area of the hospital. Ward A10 has been designated as the 'Flu Ward'.

2. Activation of Procedure
If the decision is taken to open A10 as a Flu Ward 1090 **MUST** inform radiology on ext 4163 and the on-call chest physiotherapist via switchboard.

3. Introduction
Ward A10 has been designated as the area in which inpatients that are showing signs of seasonal flu will be nursed.

This is a 28 bedded ward with 14 beds each side comprising of:

- 2 x 1 bed side rooms with en-suite bathroom
- 1 x 4 bed bay with shared bathroom
- 2 x 4 bed bays with shared bathrooms

Each side of the ward has an entry corridor and a nurse's station.

The other facilities – clean and dirty utility, linen store, kitchen, office, staff room etc are shared.

The ward would be utilised progressively for the accommodation of designated patients as below:

Phase 1: Side Ward 24 (1 patient)
Phase 2: Beds 25 – 28 (4 patients – total 5)
Phase 3: Beds 16 – 23 (8 patients – total 13)
Phase 4: Side Wards 14 and 15 (2 patients - total 15)
Phase 5: Beds 6 – 13 (8 patients - total 23)
Phase 6 : Side Ward 5 and Beds 1-4 (5 patients – total 28)

Beyond Phase 6 it is proposed that pandemic isolation / bed escalation be continued utilising ward A11 in the same way. A total of 56 patients can be managed in this way.

4. Access
Ward A10 is located on the First Floor of the Department of Medicine for Older People Building (DMOP).

All patients are to be admitted to A10 via the bed manager following assessment and medical clerking in Emergency Department (ED) – see Appendix 1

Patients who are being transferred from elsewhere in the hospital i.e. ED or other wards, must travel directly from the dept. / ward , be escorted by nursing staff, patient must wear a face mask for the duration of their transfer which must take less than 1 hour. (*See movement of patients with seasonal flu* Appendix 2*).*

Lift number 20 will be the designated lift for these patients to use. Entrance to ward will be via entry phone at the first door which again will be clearly signposted.

All patients with possible seasonal flu will have been assessed in ED and then as appropriate admitted to A10. Between 9-5 hrs patients will be clerked and reviewed by the Medical Registrar in ED if available, out of hours clerking and senior review will be done by the on-call team.

No patient must transfer to A10 without first having been clerked and a clear management plan having been put into place.

If 5 patients, or more, are admitted in one day then it needs to be a trigger to employ additional FY1at night to clerk seasonal flu patients, this to be arranged via the business group during normal working hours or 1090 at weekends or bank holidays. 1090.

If patient requires high dependency care while in ED then this should be arranged through ED with the team rather than transferring to ward A10.

Any patient developing symptoms suggestive of seasonal flu while admitted in any other wards should be moved to the side room of their respective ward and not to A10- acute. If no side room available then this would require discussion with bed management team and likely transfer to A10.

Patients requiring step- down care from HDU due to respiratory illness must not transfer to A10 – all efforts must be made to procure a bed on ward B4/C4.

5. Essential equipment to support A10 'Flu Ward'

- Portable x-ray machine
- ECG machine
- 4 Dinamaps with pulse oximetry (*only 2 on A10 at present*)
- Nebulisers available in A10
- Cardiac monitors

6. Documentation

Full medical and nursing notes will be maintained to Trust standards in addition to Flu Screening during the assessment process and ongoing care.

7. Nursing Staff

The existing nursing team from A10 will care for all patients, should the acuity of patients exceed the competency of staff then this will be escalated, in hours to the Medical Matron of the day on bleep 1136, out of hours this will be escalated to the 1090 bleep holder and the staffing will be reviewed accordingly – this may require the support of staff from B4/C4.

Staff have received training in fit testing and are able to cascade this to colleagues, in the event that there is no one on duty able to fit test, ward B4 /C4 will be asked to support this function.

There will be strict adherence to the EWS policy, should there be problems obtaining medical review, following escalation via the policy, this must be brought to the attention of the nurse management team or out of hours to the 1090 bleep holder.

The infective/potentially infective patients will be cohorted within the ward and wherever appropriate other beds on the ward will be occupied by older people and discussed on an individual basis with the physician and bed management.

When potential/actual seasonal flu patients exceed Phase 3 and the whole ward is open for these admissions additional staff may be required due to the high acuity of the patients.

The Matron of the day & Infection Prevention Team will support the A10 nursing team on a daily basis (Monday – Friday) and the 1090 will provide support out of hours.

8. Medical Cover

Up to 14 patients – day to day medical cover will be provided from within existing resources.

>14 patients – Would require a full time consultant, full time middle grade cover and a junior doctor which could not be provided from within existing resources.

A Lead Respiratory physician will be nominated to support the ward.

Patients who require respiratory review by the respiratory team should be seen as a matter of urgency between 9-5pm.

However, overnight patient deterioration will be dealt by the on-call team as usual.

9. Microbiologist Input

During working hours the microbiologist on clinical cover can be contacted via the microbiology secretaries on ext 4491. Outside working hours the clinical microbiologist on-call can be contacted via switch.

Influenza vaccination of staff should be encouraged, for all the staff in A10 (acute).

10. Input by other medical specialists

It will be essential to have prompt review from other specialists as these patients could have multiple co-morbidities, particularly when early discharge of such patients is crucial to ensure enough capacity is available for further admissions.

An agreed response and protocol from the respiratory team is required to take over the care of patients requiring NIPPV or specialist respiratory input.

11. Transfer of care / Step-down / Discharge

Once infectivity has been reduced by the administration of Tamiflu (For 3 day's minimum – longer if more unwell.) or negative swab result received, patients will be discharged from or stepped down from A10.

Should they need ongoing inpatient care they will be transferred to the ward that most appropriately meets their needs. If the patient has been isolated for 7 days, following onset of symptoms, they may go to any bed on the appropriate ward. Where this is not the case, the patient must move to a side ward for at least 2 days. Once the medical decision has been made the nurse in charge of A10 will contact the bed manager to arrange transfer. This will be a priority transfer and should take place within 4 hours of request.

Patients who are to be discharged will have all usual discharge planning procedures in place and be given a copy of their HCR.

The nurse in charge of the ward will, when the patient has left the ward will arrange a terminal clean of the bed space via the electronic barrier request form on the intranet.

12. Therapy Staff

It is envisaged that physiotherapists would be the only therapy staff needing contact with this infective group of patients. Should a patient need out of hours chest physiotherapy then the on-call physiotherapist should be contacted via switchboard.

13. PPE

Refer to published guidance (Appendix 3)

14. Disposal of Waste and Linen, Crockery etc

Refer to published guidance (Appendix 3)

15. Domestic Services

Domestic staff working on A10 should have received their flu vaccine. An increased cleaning regime of 'touch surfaces' will be in place i.e. door handles, door plates, toilet flushes, light switches and taps.

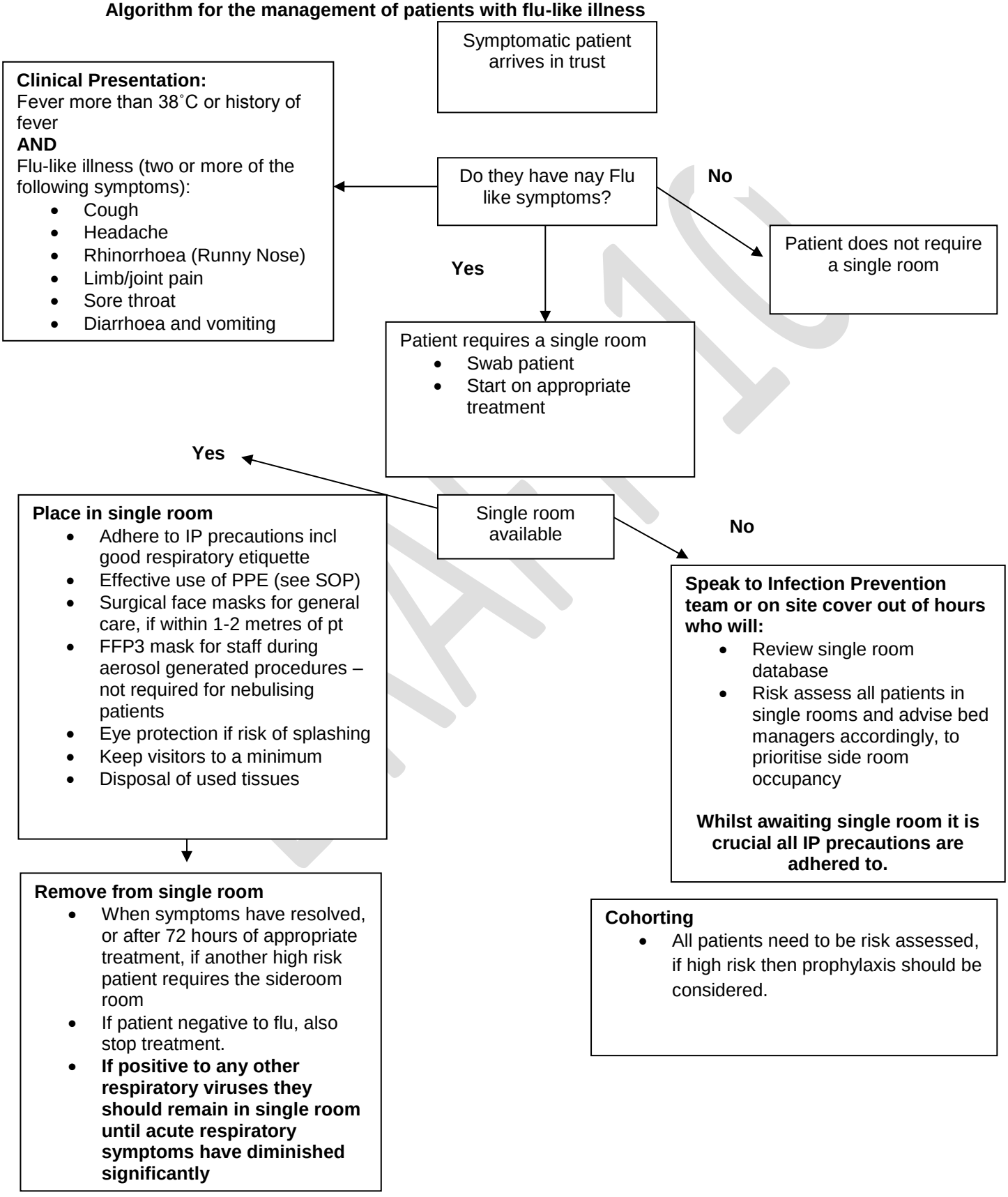
Telephones and keyboards are the responsibility of ward staff – wipes should be made available to facilitate this.

16. Support to Ward

Ward staff will be contacted twice daily (am & pm) by a member of the medicine management team, daily (am) by the infection prevention team or twice daily (am & pm) at weekends and bank holidays by onsite cover. Regardless of whether or not they currently have patients, an update will be given to staff of the current situation, as it is known, and any questions they raise answers will be sought from Infection Prevention or Microbiology Consultant on call. At night the ward will be contacted by the senior night sister.

Appendix 1

Algorithm for the management of patients with flu-like illness



Appendix 2

Movement of patients with seasonal flu

Ensure that you adhere to hand decontamination policy before and after transferring a patient with suspected seasonal flu (see hand decontamination policy and guidance for clinical staff dealing with potential seasonal flu)

Ensure that patient being transferred wears a standard surgical mask (staff involved in transfer do not wear mask)

The patient should be escorted by a nurse and porter during the transfer or if transferring from ED follow their process.

The designated lift for seasonal flu patients in the DMOP building is number 20

The patient should be discouraged from reaching out and touching any surfaces. Any surfaces (including lift controls) touched by the patient during transfer MUST be wiped clean with a high level disinfectant wipe. It is the responsibility of the nurse transferring the patient to inform the domestic supervisor of the areas that need cleaning.

Any equipment used for transporting, or in the transfer of, a seasonal flu patient MUST be cleaned with a high level disinfectant wipe prior to return to the ward/point of origin and a Clinell ‘I Am Clean’ tape applied.

Transfer of the patient from ED should be completed within 1 hour

Appendix 3

Guidance for Clinical Staff dealing with patients with seasonal flu

Isolation

- All suspected or confirmed flu patients should be nursed in a single room.

Hand Hygiene- Refer to SOP for Hand Decontamination

- Hand hygiene is essential to reduce the transmission of infectious agents.
- Alcohol gel is highly effective against influenza virus.

Management of coughing and sneezing

- When sneezing, coughing, wiping or blowing nose, cover nose and mouth with a single-use tissue.
- Dispose of used tissue in nearest correct waste bin (Infectious orange).
- Decontaminate hands immediately.
- Any patient who requires assistance will need a receptacle (e.g. plastic orange waste bag) readily available for immediate disposal and a supply of hand wipes and tissues.

Personal Protective Equipment- Refer to SOP for PPE

- PPE should be worn to protect staff from contamination with body fluids.
- ALL PPE MUST be removed and disposed of before leaving a patient care area and hands decontaminated.
- Aprons, gloves, masks and gowns are single use items.

Surgical Masks- To be worn for any close patient contact (e.g. within 3 feet/1 metre).

- Cover both the nose and the mouth.
- Not to be touched once put on.
- To be changed when it becomes moist.
- To be worn once and discarded into correct waste stream (infectious orange).
- **Masks cannot be allowed to dangle around the neck after or during usage**

FFP3 respirators-To be worn when performing procedures which have the potential to generate aerosols these are: tracheostomy care, suctioning and chest physiotherapy.

- Fitting of these masks is crucial.
- A fit check should be carried out each time a respirator is worn.
- The respirator seal MUST fit tightly to the face to prevent air entering.
- These masks need to be replaced after each use or immediately if they become contaminated with a Patient's respiratory secretions- discard into the correct waste stream (infectious orange).

- Nominated staff have received training, you need to find out who these staff are within your area. Only staff who have received the training and have been successfully FIT tested can wear FFP3 masks. Refer to the database on the J:Drive, Influenza register, current year.

- **Masks cannot be allowed to dangle around the neck after or during usage or be placed on the side for later use.**

Eye protection/Face shield-To be worn when there is a risk of contamination to the eyes from splashes or droplets from body fluids.

- To be worn during aerosol - generating procedures.

Gowns –

- Gowns are to be worn by staff working with potential Flu patients.

- These are then to be removed and disposed of in the correct waste stream (infectious orange) and hands decontaminated.

Linen -

- Linen should be treated as infectious; placed in a pink bag then a white bag tied, placed in a linen skip and sealed before removal from ward.

Crockery and Utensils-

- No special precautions as these are washed at high temperature in a dish washer. Any ward that does not have a dishwasher then arrangements need to be made with the main kitchen to enable the crocker/utensils to be cleaned there.

Cleaning –

- Ward to be damp dusted not dry dusted.

- Increased cleaning to frequently touched surfaces will be in place.

- Barrier cleaning to occur on discharge as per normal practice and requested via the electronic barrier request. During any clean staff must wear gloves and aprons and a surgical mask.

Patient Equipment-

- All reusable equipment (e.g. stethoscopes) MUST be scrupulously decontaminated between each patient using a universal high level disinfectant wipe.

- Use of equipment that recirulates air (e.g. Fans) are not permitted.

Furnishings

- Toys, books, magazines and newspapers should be removed when patient is discharged

Outpatients –

- Any symptomatic patient attending outpatients for an appointment, will require isolating in a clinic room, inform doctor of patients symptoms so a clinical decision if consultation to go ahead, if so the above guidance needs to be adhered to. The room will requires a barrier clean on the patient leaving.

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Submission Date:	
Approved By:	
Full EIA needed:	**Yes/No**

Equality Impact Assessment – Policies, SOP's and Services not undergoing re-design

1	**Name of the Policy/SOP/Service**	SOP for setting up the designated area for the inpatient care of patients with seasonal flu (Ward A10)	
2	**Department/Business Group**		
3	**Details of the Person responsible for the EIA**	**Name:** **Job Title:** **Contact Details:**	
4	**What are the main aims and objectives of the Policy/SOP/Service?**	The SOP details the process, including staffing and other resource implications, for setting up the designated area for the inpatient care of patients with seasonal flu (A10).	

For the following question, please use the EIA Guidance document for reference:

5	**A) IMPACT** **Is the policy/SOP/Service likely to have a differential impact on any of the protected characteristics? If so, is this impact likely to be positive or negative?** **Consider:** • Does the policy/SOP apply to all or does it exclude individuals with a particular protected characteristic e.g. females, older people etc? • What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. Are individuals from one particular group accessing the policy /SOP /Service more/less than expected?	**B) MITIGATION** **Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?** ✓ Think about reasonable adjustment and/or positive action ✓ Consider how you would measure and monitor the impact going forward e.g. equality monitoring data, analysis of complaints. ✓ Assign a responsible lead. ✓ Designate a timescale to monitor the impacts. ✓ Re-visit after the designated time period to check for improvement. **Lead**	
Age			
Carers / People with caring responsibilities			

Disability			
Race / Ethnicity			
Gender			
Gender Reassignment			
Marriage & Civil Partnership			
Pregnancy & Maternity			
Religion & Belief			
Sexual Orientation			
General Comments across all equality strands			

EIA Sign-Off	**Your completed EIA should be sent to Sue Clark , Equality and Diversity Manager for approval and publication:** Susan.clark@stockport.nhs.uk **0161 419 4784**