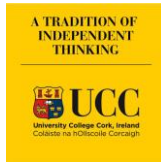


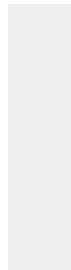


Infection Prevention and Control "Influenza & its Challenges" 2015



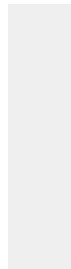
Challenges of Dealing with Outbreaks- Flu- acute setting

- Start Early- encourage vaccination.
 - Keep up to date- HPSC Website
 - Educate HCW, admission staff etc- use memos etc (example)
- Risk Assessment- consider flow chart at times of high flu activity (example)
- Early identification, isolation and screening (PCR- rapid turnaround).
- Inform discharged patients if exposed.
- Prophylaxis- of exposed patients/staff – medical decision.
- Staff exposures- refer to OHD



Challenges of Dealing with Outbreaks- Flu- acute setting

- Start Early- every year.
- Proactive staff vaccination programme-
- Link with OHD
- Make it as easy as possible for staff (harder to refuse).
- On-site vaccination – e.g. ICU, Theatre, oncology etc.
- 16% of HCW are vaccinated of which a small % are clinical staff



Respiratory Hygiene & cough etiquette

- When coughing or wheezing, turn your head away from others
- Use a tissue to cover the nose and mouth
- Dispose of tissue afterwards in waste bin
- No tissue use your sleeve
- Decontaminate your hands after discarding tissue using soap and water or alcohol hand gel



Influenza Spread

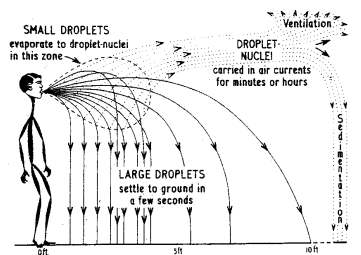


Fig. 67.1 Spread of respiratory infections by droplets and droplet nuclei.



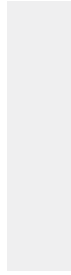
Challenges of Dealing with Outbreaks- Flu- acute setting

- Stay informed.
- HPSC website- weekly flu reports- will flag if levels are increasing in the community.



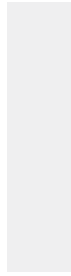
Challenges of Dealing with Outbreaks- Flu- acute setting

- **If pandemic is anticipated- e.g. Influenza A H1N1 (referred to previously as Swine Flu when it first appeared) extra planning will be required.**
- **Multidisciplinary Meeting-(Pandemic Committee) will include**
 - Hospital Manager
 - Nursing Manager
 - Consultant Microbiologist
 - Consultant Physician
 - IPCT
 - Household ?
 - HR (staffing implications)
 - OHD
 - Stores Manager
 - H+S Officer
 - Theatre Manger
 - Lab Manger
 - Pharmacy Manger.



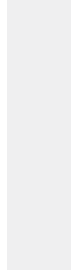
Decisions for the Pandemic Committee.

- *Patient Placement-* negative pressure rooms if available
- If not consider designating a specific ward for patients who have/are at high risk of having influenza.
- *Intensive training* of staff.
- Use the most up to date *risk assessment algorithm* as circulated by HSE.
- Contingency plan for staffing in the event of significant sick leave- may involve cancelling of AL.
- Intercity collaboration re bed availability, ICU, Paediatrics etc.



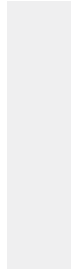
Education of Staff

- Include admission staff and all those who take bookings etc.
- Consider-Risk Assessment Flow chart- can be used for all admissions-
- Arrange to have one placed in each set of notes.
- Simple tick box to allow early identification of patients who may have flu.
- This will facilitate early appropriate screening.
- Use memos with most recent information from HSE.
- As flu activity increases in the community keep staff and hospital management informed.



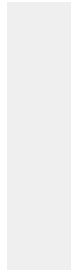
Education of staff

- Focus initially on training the staff on the designated ward-extend to rest of the hospital.
- Training will include, donning and doffing of PPE, Hand Hygiene, Standard Precautions.
- Appropriate specimen collection – Nose and Throat swab Influenza A + B- PCR.
- BSHC Rapid turnaround (Mon-Fri 9-5). Otherwise VRL Dublin
- Patients to remain isolated until result available.



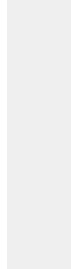
Negative Pressure Room

- Ideally patients with Influenza will be nursed in a negative pressure room with an ante room.
- Should be made free if possible for such patients.
- Ensure that ventilation settings have been set appropriately (i.e. not in setback).
- Daily sign off sheet needs to be in place for each room to ensure it is functioning.



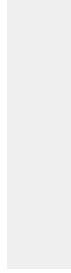
Supplies

- Keep emergency stock of required supplies and check regularly especially towards the weekend
- Masks, Gowns, Gloves, Eye protections.



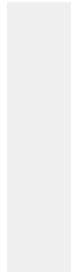
Management.

- Standard, Contact and Droplet Precautions.
- Gown, Gloves, eye protection and surgical face mask.
- Airborne (FFP3) precautions for aerosol generating procedures – e.g. suctioning, intubation, CPR etc.
- Patients should remain isolated until 7 days post onset of symptoms and at least 24 hours Apyrexial.
- Patients with flu in the ICU remain isolated for the duration of their ICU stay- Guidelines may change from year to year so stay informed.



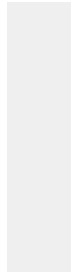
Treatment.

- Oseltamivir Phosphate (Tamiflu)-
- Clinical decision- will depend on the severity of symptoms and any underlying conditions.
- Prophylaxis is indicated in some situations- clinical decision. Keep up to date with HSE guidelines.



Exposures

- This may happen- Despite rigorous risk assessment and screening.
- Patient exposures- will need to be assessed by medical team- ?? May require prophylaxis, may just require observation x 48 hours post last exposure.
- If discharged should be contacted and informed of exposure.
- Staff exposures- refer to OHD.



Key Points

- Proactive Staff vaccination program
- Active Risk Assessment & identification on admission
- Compliance with isolation precautions and hand hygiene

