

<b>Management of H1N1 (Swine Flu) Patients</b>	<b>Policy</b> <b>Register No: 09061</b> <b>Status: Public</b>
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Consulted With	Post/Committee/Group	Date
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Policy to be followed by (target staff)	All MEHT staff
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Related Trust Policies (to be read in conjunction with)	Hand Hygiene Policy Protective Personal Equipment Major Incident Policy Pandemic Influenza Policy Maternity Swine Flu Policy Local flow charts as per Appendices

**Document Review History**

Review No	Reviewed by	Review Date

**It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will always be the document on the intranet**

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## **1. Purpose**

- 1.1 The purpose of this document is to ensure that all Mid Essex Hospital Services NHS Trust staff are aware of the necessary measures to prevent and control the spread of H1N1.
- 1.2 This policy must be read in conjunction with the Major Incident Policy, Hand Hygiene Policy and Personal Protective Equipment Policy and Pandemic Influenza Policy.
- 1.3 When there are too many symptomatic patients to be manageable under this policy, then the Pandemic Influenza Policy is activated and this document ceases to apply. This decision is to be made by the executive on call.

## **2. Scope**

- 2.1 This Policy applies to all staff employed by the Trust on a substantive and temporary basis.
- 2.2 This policy excludes maternity cases although an outline is provided in 7.4-7.5. All pregnant patients with swine flu should be managed in accordance with the 10131 Maternity Pandemic Flu

## **3. Roles and Responsibilities**

### **3.1 Chief Executive**

- The Chief Executive has overall responsibility for ensuring that the Trust has the necessary management systems in place to enable the effective implementation of this policy and overall responsibility for the health and safety of staff, patients and visitors

### **3.2 Director of Nursing (DON)**

- The Director of Nursing (DON) has strategic responsibility for ensuring systems are in place to facilitate the nursing staff's awareness of this Policy and appropriate support is given to enable staff in delivering practice as outlined in this Policy

### **3.3 Director of Infection Prevention and Control (DIPC)**

- The DIPC will have operational responsibility for the effective implementation of this Policy

### **3.4 Infection Prevention and Control Team (IPT)**

- To ensure all staff are made aware of this policy and to offer expert advice for the risk assessments
- To advise the ward staff on control measures and provide them with the necessary advice

### **3.5 Manager On call/Service Co-ordinator**

- To lead on the risk assessment regarding placement of patients out of hours and where necessary liaise with the Microbiologist for advice
- To communicate any decisions made to the Infection Prevention Team the following day
- Acts as a point of contact for advice to staff out of hours

### **3.6 Occupational Health**

- Offers expert advice and counselling support to staff and coordinates the flu vaccination programme

### **3.7 Senior Hotel Services Manager**

- To organise and manage any additional cleaning requirements as requested by the DIPC

### **3.8 All Staff**

- To comply with this Policy and act in a responsible manner
- To liaise with the IPT in a timely manner if need advice or support
- All staff have a responsibility to ensure that infection prevention is embedded into their everyday practice and applied consistently at all times

## **4. Route of Spread**

4.1 Flu is a virus that is spread in droplets during the process of coughing and sneezing.

4.2 This influenza is spread by person to person transmission; therefore, possible cases must be nursed immediately in a side room.

4.3 People may become infected by contact with an individual displaying symptoms or their environment, for example a door handle and then touching their mouth or nose.

4.4 H1N1 influenza appeared in 2009. By 2010 it had become the predominant strain causing influenza.

## **5. Infection Prevention Precautions**

5.1 Standard Respiratory Infection Prevention Precautions should be adhered to including high levels of environmental cleaning.

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

The following precautions should be maintained for the duration of the admission of all actual and suspected cases:

- Face masks are not advised unless in direct contact with a patient
- If in contact with a patient Face Mask, plastic apron and gloves must be worn
- If undertaking an aerosol generating procedure, for example: suctioning, a correctly fitted FFP3 mask, eye protection and gown must be worn
- Gloves, apron and gown must be removed in the room, disposed in clinical waste and hands washed prior to leaving the room
- Masks to be removed outside the room and then hands washed with soap and water

5.3 If patient is transferred or moved out of side room temporarily for any reason, the patient must be wearing a surgical face mask.

5.4 The use of fans is not permitted.

5.5 Equipment used to care for these patients should be single use wherever possible.

5.6 Equipment should not leave the immediate area of the patient without being adequately decontaminated and documented as such.

5.7 Deceased patients should be placed in a body bag prior to transfer to the mortuary or other facility. The mortuary staff must be informed prior to transfer.

5.8 The linen of all suspected and confirmed H1N1 cases is to be treated as infected and disposed of appropriately as per the trust Decontamination of Equipment and Environment Policy.

5.9 The use of disposable crockery is not necessary.

5.10 All waste from the side rooms of suspected and confirmed cases must be treated as clinical waste.

## **6. Symptoms, Assessment and Diagnosis of H1N1 Influenza**

6.1 The patient displaying symptoms of influenza are assessed and screened using the Health Protection Agency algorithm. [www.hpa.org.uk](http://www.hpa.org.uk) for current algorithm.

6.2 The symptoms are broadly the same as those of ordinary flu, but may be more severe and have the potential to have serious complications when co morbidity exists.

The typical symptoms are:

- temperature above 38 degree C, and
- either flu like illnesses (see below) or other severe/life threatening illness suggestive of an infectious process

Other symptoms may include:

- headache
- tiredness
- chills
- aching muscles
- limb or joint pain
- diarrhoea or stomach upset
- sore throat
- runny nose
- sneezing
- loss of appetite

6.3 Potentially everyone is at risk from flu because few people, if any at all, have immunity (resistance).

## **7. Plan for Patients Attending the Trust**

7.1 If a patient presents in A&E they must be triaged immediately and the flow chart completed (see appendices)

7.2 If an adult suspected case requires admission, they will be admitted directly to a side room with the door closed.

7.3 If several adult cases require admission over the same period of time, the Trust will organise the opening of a designated ward and if necessary the major Incident Policy will be activated

7.4 The Maternity Unit has the capacity to manage four patients affected with the swine flu virus in rooms 7, 8, 9 and 10 on the Delivery Suite as this area can be isolated from the surrounding ward areas. In the event these rooms are utilised, the bereavement room will need to be temporarily relocated to the Delivery Suite.

(Refer to the guideline for 'Management of pandemic flu in the maternity services'; register number 10131)

7.5 In addition and with the exception of an obstetric emergency, those patients on the Day Assessment Unit/Triage who require transfer to the Delivery Suite will need to go through the postnatal ward and all staff should cease walking through DAU to reach the Delivery Suite. These patients will have to be nursed by the same midwife who will not be able to care for patients who are asymptomatic. Midwives and MCAs caring for these patients would be people who have recovered from the virus themselves or have had the flu vaccine.

(Refer to the guideline for 'Management of pandemic flu in the maternity services'; register number 10131)

7.6 All suspected cases in children are to be admitted via A&E or the assessment unit in the paediatric department, and cared for in isolation in a side room.

7.7 The nurse co-ordinating the shift in each and any area concerned is responsible for communicating to the following teams that a possible case of H1N1 requires admission.

- Infection Prevention 8am to 5pm bleep #6555 2227, and out of hours, leave message on extn 6398
- Bed office ext 4666, if out of hours contact the service coordinator #6555 2220

7.8 Nose and throat swabs should be taken putting both swabs into the viral medium and transported immediately to the laboratory. These samples will be sent to the regional testing centre. This laboratory is only open Monday to Friday.

7.9 Members of staff that are pregnant and working within the clinical situation of the Trust setting should refrain from caring for patients who have either suspected of or have been confirmed as having H1N1 virus.

## **8. Treatment**

Antiviral medications may be used in some patients, these will help to:

- reduce the length of time of illness
- relieve some of the symptoms
- reduce the potential for serious complications such as pneumonia

In children, the dose is calculated on the age and weight of the child.

8.2 Appropriate antibiotics may need to be prescribed to treat the sickest patients if clinically indicated.

## **9. Vaccination**

9.1 H1N1 is now incorporated as a component of the annual influenza vaccine.

9.2 All health care staff are advised to receive the annual influenza vaccination. A vaccination programme is coordinated by the Occupational Health Department.

## **10. Audit and Monitoring**

10.1 The Infection Control Committee reviews the Infection Control Policies.

10.2 Divisional Senior Nurses are required to monitor and ensure that any necessary remedial action is taken as a result of inappropriate practices and develop localised action plans which are monitored through their Division Governance Improvement Plans.

10.3 The results of any monitoring undertaken are appropriately documented, with a copy of the remedial actions sent to the Infection Control Lead.

## **11. Implementation and Communication**

11.1 This Policy will be issued by Infection Prevention to the following staff to disseminate. These individuals will ensure their staff are made aware of the Policy:

- Ward Sisters/Charge Nurses – issue to relevant nursing staff within their ward
- Departmental Managers – issue to relevant nursing staff within their department
- Bed Management Team/Service Co-ordinators – issue to On-call Managers' folder
- Divisional Managers and Director of Operations
- Divisional Nurse Managers
- Hotel Services Manager
- Consultants – to issue to relevant Medical Staff

11.2 The guideline will also be notified via Staff Focus and made available on the Intranet and website

11.3 The Infection Prevention Link Nurse will ensure that a hard copy is available in the Ward/Department Infection Prevention Policy folder.

## **12. Training**

12.1 Training will be delivered in accordance with the Mandatory Training Policy and Training Needs Analysis

## **13. References**

Department of Health (2008). The Health and Social Act: Code of Practice for the Prevention and Control of Health Care Associated Infections. London

Department of Health (2006) The Health Act: Code of Practice for the Prevention and Control Health Care Associated Infections. London

Infection Control Nurses Association (2002) Protective clothing: Principles and guidance. Bathgate ICNA

Health Protection Agency (2010) WHO Pandemic Alert Algorithm [www.hpa.org.uk](http://www.hpa.org.uk)

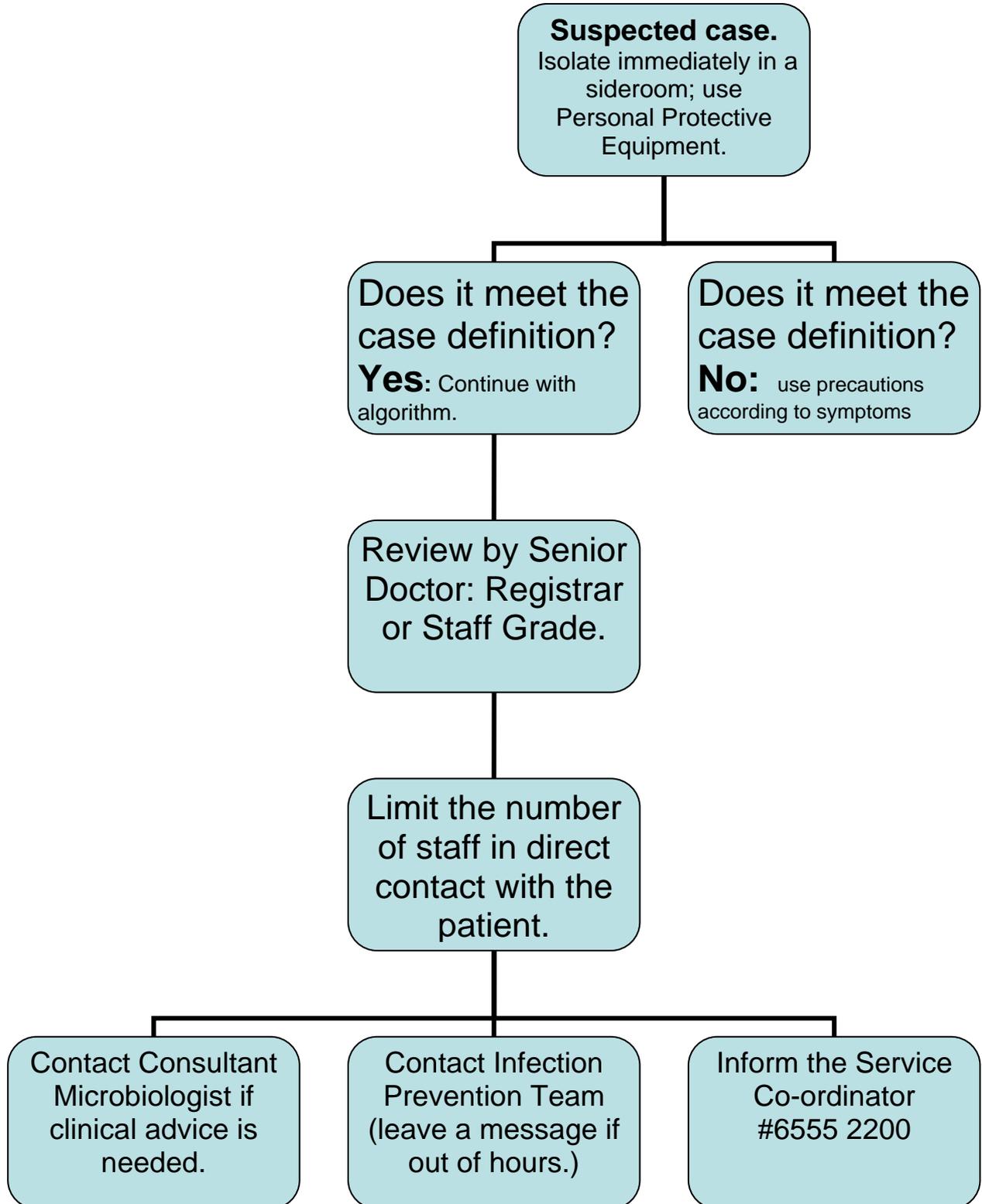
Health protection Agency (2010) Swine Flu frequently asked questions [www.hpa.org.uk](http://www.hpa.org.uk)

NHS Direct (2009) Symptom checker

NHS (2008) CATCH IT, BIN IT, KILL IT

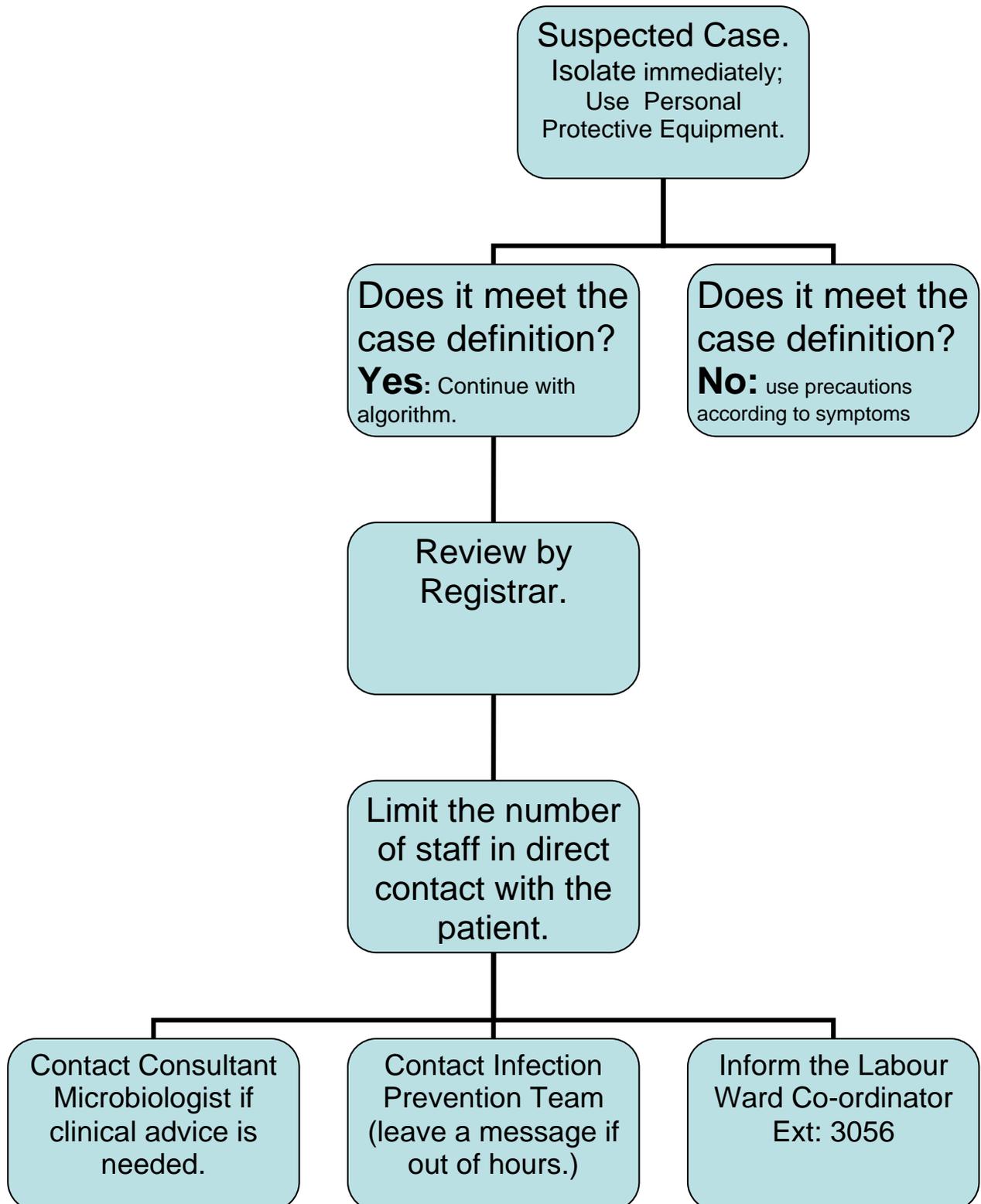
Appendix 1

Accident and Emergency Flow Chart to be used In Conjunction with WHO Algorithm:



## Appendix 2

### Maternity Flow Chart to be used In Conjunction with WHO Algorithm



## Appendix 3

### Swine flu: frequently asked questions

Last update to FAQ text: 1 April 2010

#### About swine flu

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What are the symptoms of swine flu?

Can I catch it?

How long will I be infectious to others?

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#### Treatment

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Is the swine flu vaccine effective?

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### About swine flu

#### What is swine flu?

Swine flu is a respiratory illness caused by a strain of influenza virus which has been named pandemic (H1N1) 2009 influenza by the WHO.

What are the symptoms of swine flu?

The symptoms of this swine flu in people are similar to the symptoms of regular human seasonal flu and include:

- Fever
- Fatigue/unusual tiredness
- Headache
- Runny nose
- Sore throat
- Shortness of breath or cough
- Loss of appetite
- Aching muscles
- Vomiting or diarrhoea

## **Can I catch it?**

The virus is contagious and can spread between people, although it is not known how easily. Transmission is thought to occur in the same way as seasonal flu:

- large droplets from coughing and/or sneezing by an infected person within a short distance (usually 1 metre or less) of someone
- touching or shaking the hand of an infected person and then touching your mouth, eyes or nose without first washing your hands
- touching surfaces or objects (eg door handles) that have become contaminated with the flu virus and then touching your mouth, eyes or nose without first washing your hands

Swine flu viruses are not transmitted by food. There is no risk of catching the illness from handling and/or eating pork or pork products.

## **How long will I be infectious to others?**

People are most infectious soon after they develop symptoms. They can continue to spread the virus, for example in coughs and sneezes, for up to five days (seven days in children). People become less infectious as their symptoms subside, and once symptoms are gone, they are no longer considered infectious to others.

## **Who is most at risk?**

Those at higher risk include those with long-term lung, kidney, neurological, liver or heart disease; children under five; people over 65; those with diabetes mellitus; the immuno-suppressed (whether caused by disease or treatment); patients who have had drug treatment for asthma within the past three years; and pregnant women. Although this disease is generally mild in most people so far, it is proving severe in a small minority of cases.

**It is important that anyone belonging to a high-risk group calls their doctor as soon as possible if they suspect they might have flu.**

## **I think I may have been exposed to the swine flu virus – what should I do?**

If you have flu-like symptoms and are concerned that you may have swine flu, you can check your symptoms using the [NHS Direct](#) symptom checker.

**Pregnant women, parents of children under one and people with underlying health conditions are still advised to contact their doctors.**

## **Treatment**

### **Can swine flu be treated?**

The swine flu virus can be treated with antiviral medication called oseltamavir (Tamiflu®) and zanamivir (Relenza®), which reduce the development of the virus and lessen the symptoms. Antiviral medication does not cure the infection, but reduces

how long symptoms last. It should be taken as soon as possible, ideally within 48 hours of the infection starting.

### **When is antiviral medication given?**

People who have been assessed by their GP and are thought to need antiviral medication will be offered either oseltamavir (Tamiflu®) or zanamivir (Relenza®).

### **How will I get antiviral medication if I need it?**

People with the kind of symptoms that may be caused by flu, and others at risk, may be assessed by their GP. If antiviral medication is thought to be necessary, they will be given an NHS prescription for it.

## **Vaccination**

### **Is there a vaccine to protect against swine flu?**

Yes, there are two vaccines licensed for use in the UK. The vaccine is available to priority groups who are at higher risk of complications from swine flu. These include individuals with certain underlying health conditions, pregnant women and children aged over 6 months and under 5 years.

### **Do I need both swine flu and seasonal flu vaccinations this year?**

People with certain long-term conditions have a seasonal vaccine every year to protect against seasonal influenza. The 2009 seasonal flu vaccine protects against the previously circulating H3N2 and H1N1 strains. The pandemic (H1N1) 2009 influenza is a strain that emerged in North America in April 2009 and spread around the world.

Since April 2009, the influenza virus circulating has been nearly all the pandemic strain but there have been a few cases of other types of flu. There is no protection against pandemic (H1N1) 2009 influenza from the H1N1 component of the seasonal influenza vaccine so the swine flu vaccination is needed in addition to that for seasonal flu for you to be protected.

### **Is the vaccine necessary?**

Most people with swine flu have a mild illness. But some people, especially those with long-term conditions, can become very unwell, require hospital treatment and intensive care and some may die. At least two-thirds of cases of swine flu could be prevented by vaccination.

Some children under five have become very poorly, and some have died so the swine flu vaccine is being offered to children between six months and five years of age.

There could be another wave of swine flu later in the year, and it may return later in the year as seasonal influenza. Children under five do not routinely receive seasonal

flu vaccine. This is a one-off opportunity to protect the under-fives by giving them some immunity from future infection with swine flu.

### **Is the swine flu vaccine safe?**

As well as the clinical trials of swine flu vaccine, a sophisticated European reporting system is monitoring adverse events after immunisation. More than 65 million people, including about 4.5 million in the UK, have been vaccinated against swine flu. Monitoring continues to show no excess of serious adverse events.

### **Is the swine flu vaccine effective?**

The clinical trials of the swine flu vaccine showed that vaccinated people produced a level of antibodies to the swine flu virus that would be expected to protect against infection. Early findings from research show that vaccinated people are less likely to have influenza virus detected if they develop flu-like illness. This means their symptoms probably have another cause, such as infection with another virus that is not a swine flu virus. The vaccine seems to be at least as effective as seasonal flu vaccine, which is around 70% effective.

### **Do I need the swine flu vaccine when I travel?**

As of March 2010, the Department of Health's expert advisors on vaccines, the Joint Committee on Vaccination and Immunisation (JCVI), have recommended that travellers to the southern hemisphere receive vaccination against pandemic swine flu before their trip.

Countries in the southern hemisphere, including destinations such as South Africa, Australia and New Zealand, begin their 'winter' flu season in March and April, and swine flu (pandemic H1N1 2009 influenza) is still the most common flu virus circulating. If you have not already had the swine flu vaccine you could be at risk of infection when you travel.

Contact your GP or a travel clinic before you travel to the southern hemisphere. It is best if you receive your vaccine at least two weeks before you go, to allow immune protection to develop fully. You may need to pay for travel vaccines.

### **Health protection advice**

#### **What can I do to protect against infection?**

General hygiene can help to reduce transmission of all viruses, including swine flu. This includes:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible
- Disposing of dirty tissues promptly and carefully
- Maintaining good basic hygiene, for example washing hands frequently with soap and water to reduce the spread of the virus from your hands to face or to other people

- Cleaning hard surfaces (e.g. door handles) frequently using a normal cleaning product
- Making sure your children follow this advice.

### **What is the role of the HPA?**

The Health Protection Agency's role is to provide scientific advice to Government and ensure healthcare professionals have access to the latest clinical advice from the HPA.

We also use our established surveillance systems to monitor the spread and incidence of the virus. Locally, the agency advises on how to control outbreaks of infectious disease including all types of influenza.

Last reviewed: 12 November 2010