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|  | |
| **Document Type:**  **Policy** | **Unique Identifier:**  CORP/POL/157 |
| **Document Title:**  **Management of Influenza (Flu)** | **Version Number:**  2 |
| **Status:**  Ratified |
| **Scope:**  All UHMBT staff including volunteers. | **Classification:**  Organisational |
| **Author / Title:**  Melanie Bulger – Infection Prevention Nurse Specialist | **Responsibility:**  Infection Prevention Team |
| **Replaces:**  Version 1.2, Management of Influenza (Flu), Corp/Pol/157 | **Head of Department:**  Andrea Jackson, Infection Prevention Matron |
| Does this document refer to and account for the prescribing, supply, storage or administration of medication (especially via electronic media)? **No**  **If yes, Pharmacy Dept. must be consulted and provide approval date below.** | |
| **Pharmacy Department approval code:**  **To be completed by Pharmacy Department staff** | **Date:** DD/MM/YYYY |
| **Validated By:**  IPC Cell | **Date**  26/10/2023 |
| **Ratified By:**  Trust Procedural Document Group | **Date:**  13/03/2024 |
| **Review dates may alter if any significant changes are made** | **Review Date:**  01/03/2026 |
| * Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes** * Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes** | |
| **Document for Public Display: Yes** | |

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| SUMMARY |
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| Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.  Flu can be spread in a number of ways:  Droplets: Stay in air short time, travel 1−2 m, droplets come into contact with mucous membranes of eyes, nose and mouth and transmit infection.  Airborne: Aerosol generating procedures produce small droplets that remain in the air for longer, go further and transmit infection via mucous membrane or inhalation.  Contact: May be direct or indirect – contact via hands to mucous membranes, can be transferred from hard surfaces for approx. 24-48 hours, and from soft fabrics up to 2 hours.  Influenza can also present as co-infection with SARS-COV-2 and may increase an individual’s mortality rate. |

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| PURPOSE |
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| This policy will highlight the diagnosis, management and treatment requirements of patients suspected or confirmed to be suffering from influenza (flu). |

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| SCOPE |
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| This policy is intended to guide practice of all members of staff within University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) caring for patient with influenza or identified as at risk in any care environment. |
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| Roles and Responsibilities |
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| |  |  | | --- | --- | | **Role** | **Responsibilities** | | Infection Prevention Team | For policy updates | |  |  | |

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| POLICY |
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| 4.1 Signs and Symptoms of Flu |
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| People who have flu often feel some, or all these signs and symptoms.   * Fever\* or feeling feverish/chills. * Cough * Sore throat * Runny or stuffy nose * Muscle or body aches * Joint pain * Headaches * Fatigue (very tired) * Shortness of breath * Gastrointestinal symptoms including nausea, vomiting and diarrhoea. * Ocular symptoms (photophobia, conjunctivitis, lacrimation and pain upon eye movement) * Loss of, or change in, your normal sense of taste or smell.   *\*It’s important to note that not everyone with flu will have a fever.*  Children may present differently, please consult current NICE guidelines for further information. 4.1.1 Signs and Symptoms of Complicated Influenza People may require hospital admission or present with:   * A lower respiratory infection * central nervous system involvement * Worsening of an existing medical condition |

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| 4.2 How Flu Spreads |
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| Most experts believe that flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth, eyes or possibly their nose. When patients are undertaking aerosol generated procedures then the virus can be spread in much smaller particles and travel much further this is airborne transmission. |

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| 4.3 Period of Contagiousness |
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| You may be able to pass on flu to someone else before you know you are sick, as well as while you are sick. Most healthy adults may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time. As many as 77% of people with flu will have no symptoms (asymptomatic carriage) but are still able to pass on the infection to others. Patients admitted to UHMB hospitals will have a flu alert added to their Lorenzo patient record which will remain in place for up to two weeks. The IP Team will remove the alert earlier if it has been medically agreed that the patient is fully recovered. |

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| 4.4 Onset of Symptoms |
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| The time from when a person is exposed to the flu virus to when symptoms begin is about 1 to 4 days, with an average of about 2 days. |

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| 4.5 Complications of Flu |
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| Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma or diabetes. |

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| 4.6 People at High Risk from Flu |
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| Anyone can get the flu (even healthy people), and serious problems related to the flu can happen at any age, but some people are at high risk of developing serious flu-related complications if they get sick. This includes people 65 years and older, pregnant women (including up to 2 weeks post-partum), neonates, babies (under 6 months of age), morbid obesity (BMI >40), Diabetes Mellites, asplenia/splenic dysfunction, severe immunosuppression, and people with neurological, hepatic, pulmonary and chronic cardiac disease. |

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| 4.7 Severe Immunosuppression |
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| * severe primary immunodeficiency * current or recent (within 6 months) chemotherapy or radiotherapy for malignancy. * solid organ transplant recipients on immunosuppressive therapy * bone marrow transplant recipients currently receiving immunosuppressive treatment, or within 12 months of receiving immunosuppression. * patients with current graft-versus-host disease * patients currently receiving high dose systemic corticosteroids OR and for at least 3 months after treatment has stopped. * HIV infected patients with severe immunosuppression. * Patients currently or recently (within 6 months) on other types of highly immunosuppressive therapy or where the patient’s specialist regards them as severely immunosuppressed. * Severe combined immunodeficiency (SCID). |

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| 4.8 Preventing Flu |
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| The first and most important step in preventing flu is to get a flu vaccination each year. All UHMB staff are offered a flu vaccination for free as part of their employment. Vaccinations are delivered throughout the Trust and coordinated by the Occupational Health Team. Other preventative actions include using tissues to cover coughs and sneezes (catch it, kill it, bin it) and frequent handwashing in line with the five moments of hand hygiene to help slow the spread of germs that cause respiratory illnesses, like flu. Staff can spread flu without themselves having any symptoms, or only having minor symptoms (which they may not have been absent from work with). With this in mind, and the protection of our patients being of upmost importance, all staff are encouraged to have the vaccine annually.  Staff should promote flu vaccinations to patients, especially to those patients who are acknowledged in section 4.6 as being at high risk of flu complications. |

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| 4.9 Diagnosing Flu |
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| It is very difficult to distinguish the flu from other viral or bacterial causes of respiratory illnesses on the basis of symptoms alone, therefore isolating patients is vital (see section 4.10.1). There are tests available to diagnose flu. In UHMB a nasal swab should be taken in the emergency department when influenza is suspected on admission for testing at the point of care. Point of care influenza testing is only to be completed by staff trained in how to complete the test and subsequent reporting requirements. During seasonal influenza, ‘multiplex’ testing may be available as a point of care testing which tests for Influenza A + B, SARS-cov-2 and respiratory synctyl virus (RSV). If a patient develops symptoms of flu after admission to a ward, or department, then testing should be completed by sending a nasopharyngeal swab to the microbiology lab between 8am and 8pm. Out of hours testing of influenza should be discussed with the Clinical Site Manager and they will either arrange to complete a POC test in the ED, or for a nasopharyngeal swab to be sent to the laboratory for testing the following day.  **On ICU:**  **Non-intubated** patients require upper respiratory tract (URT) secretions (e.g. Nasopharyngeal swab) AND lower respiratory tract (LRT) secretions if there is evidence of involvement of the LRT (e.g. sputum, bronchoalveolar lavage)  **Intubated** patients should be reviewed with Infection Prevention and Microbiologists. Please be aware that in intubated patients, a nasopharyngeal swab alone may give a false negative result. |

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| 4.10 Management of Flu |
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| 4.10.1 Required precautions and actions. **Patients within the ED:**   * If a patient attends the ED with suspected flu, they should be asked to wear a surgical mask within the waiting area while awaiting triage. * The ED should aim to triage suspected flu patients as quickly as possible to reduce the risks of cross infection in the waiting area. * If a patient attends the ED with suspected flu they should be isolated in a single room/cubicle, with airborne/droplet precautions in place, and a POC flu test completed. * If flu is confirmed and they require admission, they should be moved to a single room on a clinical ward and airborne/droplet precautions put in place.   **Patients on wards/departments:**   * If a patient has suspected flu they should be isolated in a single room with airborne/droplet precautions in place as soon as possible. Whilst awaiting isolation, staff should pull the curtains around the bed space and if able, the patient should wear a surgical mask. * Once a patient has been moved from a multi-bed bay, their bed space should be terminally cleaned. Admission may not be possible at this point as contacts may remain in the bed bay. The bed bay should remain on enhanced cleaning (Chlorclean) until the bay is opened by the IP Team. * If the patient is in a bay and it is safe to do so, then AGP’S should be delayed until the patient is isolated. * There may be a delay in patients with suspected flu being identified/isolated in multi-bed bays, this should be escalated to the Clinical site manager and the IP team to facilitate an urgent bed move. * Patients remaining in the bay should be monitored for any symptoms of flu and be tested when this is suspected. * Flu contacts to be discussed with the Infection Prevention team as prophylactic antivirals may be required. * Movement of patients with suspected/confirmed flu should be limited. Essential movement of patients with flu should be managed and communicated clearly to the receiving ward/department/hospital, this includes internal transfer for diagnostic testing such as X-ray and arrangements should be made to minimise the patient spending time in communal areas. * Patients in transit should, if able, wear a surgical mask. If they are unable to wear a mask, they should be prompted to cough into a tissue. Staff do not need to wear masks if the patient is wearing one during the transfer. This includes portering staff. * Inter-hospital transfers should be kept to a minimum, if required; ambulance journeys should be booked as single patient only transfers.   **Patients in the Community:**   * Patients in their own homes/other places of care who develop suspected flu, should ideally inform clinical teams prior to their visits. This will allow the clinical teams to visit the patient last and make appropriate arrangements. * In reality, staff may attend homes when patients have symptoms of flu that they have not been made aware of. Staff should carry with them suitable PPE and hand hygiene equipment to enable them to care for patients in this situation with droplet/airborne precautions in place.  4.10.2 Treatment of Flu  * There are influenza antiviral drugs that can be used to treat flu illness, but these drugs can often have several unpleasant side effects and may only reduce the person’s infectivity not their symptoms. (For recommendation on the use of antivirals, see 4.10.2.1). * In individuals who have persistent infection or acute deterioration despite antiviral prophylaxis, then consider discussion with the Microbiologist to rule out antiviral resistance.  4.10.3The use of Antivirals  * Antiviral drugs may be required during an outbreak of influenza for patients, or staff. A prophylactic course of treatment may be required for those exposed to the virus, or a treatment regime may be used for those affected by the infection. Public Health England issues guidance each flu season regarding the use of antivirals. * The most current version of this guidance can be found on their website by clicking the link below:   <https://www.gov.uk/government/publications/influenza-treatment-and-prophylaxis-using-anti-viral-agents>   * During the flu season, any patients requiring treatment/prophylaxis can be prescribed the required antivirals as per Micro guide, directly to their prescription chart. * Staff requiring antivirals will have this arranged via the Occupational Health Department. * If stocks of antivirals are unavailable locally, i.e., in a pandemic situation, PHE have access to emergency stocks which may be required if large numbers of staff and patients are affected. The contact number for PHE is: 03442250562 to arrange this.  4.10.4 Personal Protective Equipment (PPE) Standard single use plastic aprons and nitrile gloves should be available to all clinical teams. In addition, all clinical teams must keep a stock of enhanced personal protective equipment for the management of patients with confirmed, or suspected flu (or any other enhanced infection risk).  Enhanced PPE includes:   * splash proof gowns (1 box of 100 minimum) * face visors (2 boxes of 24 minimum) * surgical face masks (4 packs of 50 minimum) * FFP3 respirator masks (if AGP’s are being undertaken within a bay or a single patient room) 30 masks of each type required.   Guidance on how to correctly apply and remove PPE is detailed in appendix 3.  Only staff FIT tested should use an FFP3 respirator and complete a FIT check for every use, (see appendix 3 on FIT checking). Please ensure you are aware of the FFP3 you are fitted for and as masks change you are retested appropriately. 4.10.5 Personal Protective Equipment (PPE) for non-clinical staff  * Estates, facilities, and all other non-clinical staff should check with the clinical staff member in charge of the ward/department before entering any area where flu is confirmed or suspected. These areas should have the airborne/droplet precautions posters displayed on the room/dept. entry doors. Clinical staff should provide appropriate PPE for these staff to enter the room/department (aprons, gowns, visors, surgical face masks, gloves). * Non-clinical staff should not be entering a single patient room or bed bay where aerosol generated procedures are taking place, with patients suffering from confirmed, or suspected respiratory infections (including flu) or there is a risk of respiratory infections and therefore they should not wear FFP3 respirators.  4.10.6 FFP Respirators  * FFP3 Respirators require staff to be FIT tested prior to their use to ensure that the respirator mask fits to the person’s face, to provide protection from very small particles in the air. * Each staff member should be aware which one of the FFP3 respirator masks they should wear. Therefore, all teams/departments should ensure they stock supplies of all types of FFP3 required by their clinical staff, including visiting staff such as clinicians and physio teams. * FFP3 respirators are ONLY required when staff are undertaking **aerosol generating** **procedures (AGP)** with patients suffering from confirmed, or suspected respiratory infections (including flu). A list of **aerosol generating procedures** can be found in appendix 1 Aerosol generating procedures. * **How to put on and FIT check an FFP3 respirator (appendix 4)** should be used for every application of an FFP3 respirator to ensure the mask is correctly fitted and will provide protection against airborne infections. |

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| 4.11 Cleaning / Terminal Cleaning |
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| * Enhanced cleaning (with Chlorclean) is required for all bed spaces/bays when flu is confirmed or suspected. * Terminal cleaning is required for all bed spaces/single rooms when patients with flu leave, or when infection has resolved. |

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| 4.12 Visitors |
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| * Visitors should not attend hospital sites if they are suffering from flu like symptoms until they have fully recovered. * Visiting is not recommended when patients have active symptoms of flu, however there will be some essential visitors for example when patients are palliative. * Visitors should be offered a surgical mask for essential visits; they should not remain in the single patient room or bed bay if there are any aerosol generating procedures taking place. * If visitors visit a single patient room under an agreed exceptional circumstance and aerosol generating procedures are taking place, please contact the Infection Prevention team for guidance. * Visitors should be encouraged to wash their hands on entry and exit of the ward, and on exit from the patient’s bed space/single room. * Visitors should only sit on the visitor’s chairs, not the patient’s bed or chair. |

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| 4.13 Staff |
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| * Staff should not attend work if they have flu like symptoms and should seek advice from their GP/Occupational Health, or NHS 111. * Staff should take precautions when caring for patients with suspected flu including mask use. * Staff should also be vaccinated for flu annually to protect themselves and their patients/family. * If staff have been exposed to flu without vaccination or appropriate PPE, they should contact Occupational Health for advice and support. It should be noted that antivirals may not be used for all exposure. |

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| 5. ATTACHMENTS | | |
| **Number** | **Title** | **Separate attachment** |
| 1 | Aerosol generating procedures | N |
| 2 | Putting on and removing PPE | N |
| 3 | Monitoring | N |
| 4 | Values and Behaviours Framework | N |
| 5 | Equality & Diversity Impact Assessment Tool | N |

|  |  |
| --- | --- |
| 6. OTHER RELEVANT / ASSOCIATED DOCUMENTS The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](https://nhscanl.sharepoint.com/sites/TrustProceduralDocumentLibrary/) intranet homepage. | |
| **Unique Identifier** | **Title and web links from the document library** |
|  |  |
|  |  |
|  |  |

| 7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS | | |
| --- | --- | --- |
| Every effort been made to review/consider the latest evidence to support this document? | | Yes |
| **If ‘Yes’, full references are shown below:** | | |
| **Number** | **References** | |
| 1 | UKHSA (2022) People with symptoms of a respiratory infection including COVID-19 - GOV.UK (www.gov.uk)  (accessed on 03.05.23) | |
| 2 | NICE (2023) [Influenza - seasonal | Health topics A to Z | CKS | NICE](https://cks.nice.org.uk/topics/influenza-seasonal/)  accessed 27.02.24) | |
| 3 | NHS England (2023) [NHS England » Chapter 1: Standard infection control precautions (SICPs)](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-1-standard-infection-control-precautions-sicps/) (Accessed 16.05.23) | |
| 4 | NHS England (2023) //<https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/>/#2-5 (Accessed 06.11.23) | |
| 5 | UKHSA (2022) [Guide to donning and doffing PPE](https://assets.publishing.service.gov.uk/media/61cf1f6fd3bf7f1f6dbe46a4/COVID-19_Non_AGP_Donning_and_doffing_PPE_droplet_precautions.pdf) (accessed 22.02.24) | |

|  |  |
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| 8. DEFINITIONS / GLOSSARY OF TERMS | |
| **Abbreviation or Term** | **Definition** |
| AGP | Aerosol Generating Procedures |
| PPE | Personal Protective Equipment |
| UKHSA | UK Health Security Agency |
| NICE | National Institute for Clinical Excellence |

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| 9. CONSULTATION WITH STAFF AND PATIENTS Enter the names and job titles of staff and stakeholders that have contributed to the document | | |
| **Name/Meeting** | **Job Title** | **Date Consulted** |
| Andrea Jackson | Infection Prevention Matron | 03.05.2023 |
| Victoria Finan | Senior Infection Prevention Nurse Specialist | 03.05.2023 |
| Adele Quinn | Infection Prevention Nurse Specialist | 03.05.2023 |
| Alex Kitou | Infection Prevention Nurse Specialist | 03.05.2023 |
| IPC cell | Care group representatives, senior nurses, Microbiologist | 26.10.2023 |

|  |  |
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| 10. DISTRIBUTION & COMMUNICATION PLAN | |
| Dissemination lead: | Andrea Jackson |
| Previous document already being used? | Yes |
| If yes, in what format and where? | Written within the Trust Procedural Document Library |
| Proposed action to retrieve out-of-date copies of the document: | PDT to archive previous version |
| **To be disseminated to:** |  |
| Document Library | For uploading |
| Proposed actions to communicate the document contents to staff: | Include in the UHMB Friday Corporate Communications or Weekly News. New documents uploaded to the Document Library. |

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| 11. TRAINING Is training required to be given due to the introduction of this procedural document? **Yes**  **If ‘Yes’, training is shown below:** | | |
| **Action by** | **Action required** | **To be completed (date)** |
| The IP Team | Flu training is delivered to relevant wards/depts by the IP team in “preparation for winter” sessions. | Ongoing annual. |
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| 12. AMENDMENT HISTORY | | | | |
| **Version No.** | **Date of Issue** | **Section/Page Changed** | **Description of Change** | **Review Date** |
| 1.1 | 30.11.2020 | 4.9.3, 4.9.4, 4.9.5, 4.11 | Sections on aerosol generating procedures (AGP’s) updated | 01.09.2021 |
| 1.2 | 06.05.2022 | Page 1 | Review Date extended – extension ID #534 | 01.09.2022 |
| 2 | 13/03/2024 | 4.1, 4.6, 4.7, 4.9, 4.10.1, 4.10.2, 4.10.2, Appendix 4. | Sections on signs + symptoms, people at high risk, treatment of flu, diagnosing flu and visitors updated. Addition of severe immunosuppression section and appendix 4 on AGP’s. | 01/03/2026 |

# Appendix 1: Aerosol Generating Procedures

**2.5 Aerosol generating procedures**

Aerosol generating procedures (AGPs) are medical procedures that can result in the release of aerosols from the respiratory tract. The criteria for an AGP are a high risk of aerosol generation and increased risk of transmission (from patients with a known or suspected respiratory infection).

The list of medical procedures that are considered to be aerosol generating and associated with an increased risk of respiratory transmission is:

* **awake\* bronchoscopy** (including awake tracheal intubation)
* **awake\* ear, nose, and throat** (ENT) airway procedures that involve respiratory suctioning.
* **awake\* upper gastro-intestinal endoscopy.**
* **dental procedures** (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)
* **induction of sputum**
* **respiratory tract suctioning**\*\*
* **surgery or post-mortem procedures** (like high-speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses
* **tracheostomy procedures** (insertion or removal).

\*Awake including ‘conscious’ sedation (excluding anaesthetised patients with secured airway).

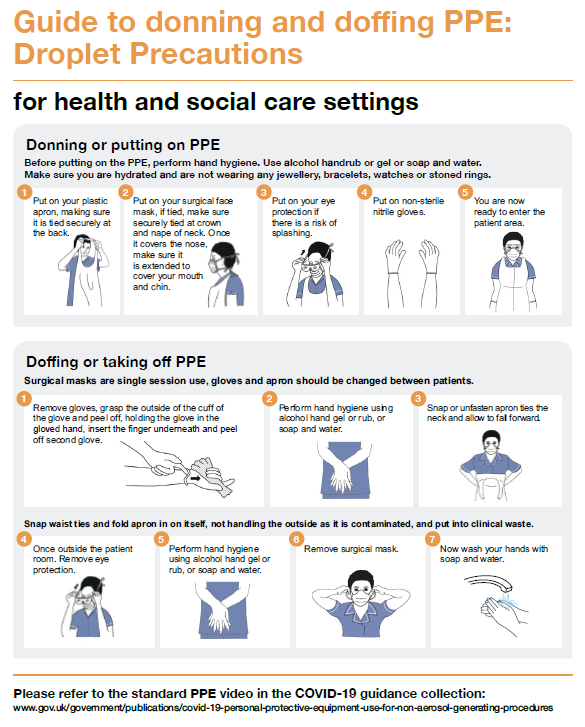
\*\* The available evidence relating to respiratory tract suctioning is associated with ventilation. In line with a precautionary approach, open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current AGP list. Only open suctioning beyond the oro-pharynx is currently considered an AGP. Oral/pharyngeal suctioning is **not** considered an AGP.

Further information can be found in the [rapid review of aerosol generating procedures.](https://www.england.nhs.uk/wp-content/uploads/2022/04/C1632_rapid-review-of-aerosol-generating-procedures.pdf)

[NHS England » Chapter 2: Transmission based precautions (TBPs)](https://www.england.nhs.uk/national-infection-prevention-and-control-manual-nipcm-for-england/chapter-2-transmission-based-precautions-tbps/#2-5)

# Appendix 2: Putting on and Removing PPE

[Information Source.](https://assets.publishing.service.gov.uk/media/61cf1f6fd3bf7f1f6dbe46a4/COVID-19_Non_AGP_Donning_and_doffing_PPE_droplet_precautions.pdf)



Infor

# Appendix 3 : Monitoring

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| **Section to be monitored** | **Methodology (incl. data source)** | **Frequency** | **Reviewed by** | **Group / Committee to be escalated to (if applicable)** |
| 4.10.1 - Placement of patients/ isolation | Review of wards through bed management system and starburst system | Daily | IP Team  Clinical Site Management Team | Patient flow matron  IP matron |
| 4.10.3 - PPE | PPE audits | Weekly  6 monthly | Ward/ department  IP Team | Ward/ department matron |
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# Appendix 4 : Values and Behaviours Framework

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a positive workplace culture. By following our own policies and with our **ambitious** drive we can cultivate an **open, honest and transparent culture** that is truly **respectful and inclusive** and where we are **compassionate** towards each other.



# Appendix 5 : Equality & Diversity Impact Assessment Tool

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|  | | | | | |
| Equality Impact Assessment Form | | | | | |
| Department/Function | | Infection Prevention | | | |
| Lead Assessor | | Melanie Bulger | | | |
| What is being assessed? | | Influenza Policy | | | |
| Date of assessment | | 06.11.2023 | | | |
| What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process. | | Patient Experience and Involvement Group? | | | NO |
| Staff Side Colleague? | | | NO |
| Service Users? | | | NO |
| Staff Inclusion Network(s)? | | | NO |
| Personal Fair Diverse Champions? | | | NO |
| Other (including external organisations):  CYP Matron | | | |
|  | | | | | |
| 1. **What is the impact on the following equality groups?** | | | | | |
| **Positive:**   * Advance Equality of opportunity * Foster good relations between different groups * Address explicit needs of Equality target groups | | **Negative:**   * Unlawful discrimination / harassment / victimisation * Failure to address explicit needs of Equality target groups | | **Neutral:**   * It is quite acceptable for the assessment to come out as Neutral Impact. * Be sure you can justify this decision with clear reasons and evidence if you are challenged | |
| **Equality Groups** | **Impact**  **(Positive / Negative / Neutral)** | | **Comments**   * Provide brief description of the positive / negative impact identified benefits to the equality group. * Is any impact identified intended or legal? | | |

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| **Race**  (All ethnic groups) | Neutral |  |
| **Disability**  (Including physical and mental impairments) | Neutral |  |
| **Sex** | Neutral |  |
| **Gender reassignment** | Neutral |  |
| **Religion or Belief** | Neutral |  |
| **Sexual orientation** | Neutral |  |
| **Age** | Positive | Paragraph 4.6 - People at high risk of Flu.  Age is acknowledged within this paragraph. |
| **Marriage and Civil Partnership** | Neutral |  |
| **Pregnancy and maternity** | Positive | Paragraph 4.6 - People at high risk of Flu.  Pregnancy and post-partum period acknowledged within this paragraph. |
| **Other** (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights) | Neutral |  |

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| 1. In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation? |  | | |
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| 1. If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**  * This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups * This should be reviewed annually. | | | |
| Action Plan Summary | | | |
| **Action** | | **Lead** | **Timescale** |
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This form will be automatically submitted for review once approved/noted by Trust Procedural Document Group.

For all other assessments, please return an electronic copy to [EIA.forms@mbht.nhs.uk](mailto:EIA.forms@mbht.nhs.uk) once completed.