



GUIDANCE FOR STAFF ON PANDEMIC INFLUENZA (Swine 'Flu)

This information is being sent to you by CLC so that:-

- You have up to date information about Swine 'flu
- You are aware of what action you can take to reduce the risk of spread
- You are aware what to do if you become ill
- You are aware of how to look after someone who may have this 'flu



What is Swine 'Flu?

- Swine 'flu is a respiratory disease and has some elements of a virus found in pigs.
- There is no evidence of this disease circulating in pigs in the UK.
- There is evidence that swine flu is spreading from person to person, which could lead to what is called a 'pandemic flu outbreak'.



What is Pandemic Influenza?

- Pandemic flu occurs when an influenza virus emerges that is so different from previously circulating strains that few, if any, people have any immunity to it.
- This allows it to spread widely and rapidly, and for a small group of people may cause serious illness.



Who is at Risk?

Swine flu is a new virus, so no-one will have immunity to it and everyone could be at risk of catching it. This includes healthy adults as well as older people and children.

Some groups of people are more at risk of serious illness if they catch swine flu. It is vital that people in these higher risk groups get anti-viral drugs and start taking them as soon as possible and within 48 hours of the onset of symptoms. The following people are known to be at higher risk:



- pregnant women
- people aged 65 years and older
- young children under five years old

People suffering from the following illnesses are also at increased risk:

- Chronic lung disease
- Chronic heart disease
- Chronic kidney disease
- Chronic liver disease
- Chronic neurological disease
- Suppressed immunity (whether caused by disease or treatment)
- Diabetes mellitus
- People who have had drug treatment for asthma within the past three years



What are the signs & symptoms?

It is likely that the signs and symptoms of pandemic 'flu will be the same as for ordinary 'flu, but they may be more severe and for a small group of people could cause more serious complications.



The most significant symptoms are the sudden onset of:

- fever / high temperature
- cough or shortness of breath

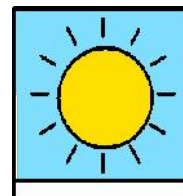
Other symptoms may include:

- headache
- tiredness
- weakness
- aching muscles and joints
- sore throat
- runny nose and sneezing
- chills
- loss of appetite
- diarrhoea
- vomiting

The incubation period (time between contact with the virus and onset of symptoms)

The range is from 1-4 days, though for most people it will be 2-3 days

1 - 4 days



The infectious period (how long you are infectious to others)

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

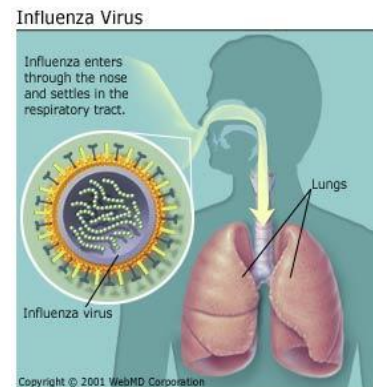


As with any sort of influenza, how bad and how long the symptoms last will depend on treatment and the person's individual circumstances. Most cases reported in the UK have been relatively mild, with those affected starting to recover within a week.

How Does This 'Flu Spread?

'Flu viruses are made up of tiny particles that can be spread through the droplets that come out of your nose and mouth when you cough or sneeze. When you cough or sneeze without covering your nose and mouth with a tissue, those droplets can spread to and others will be at risk of breathing them in.

If you cough and sneeze into your hand, those droplets and viruses in them are then easily spread from your hand onto any hard surfaces that you touch. Some can live on those surfaces for some time on everyday items e.g. door handles, computer keyboards, phones, TV remote control.



Prevention

There are a number of steps you can take to reduce the risk of getting 'flu and help stop the spread of the virus. There's a simple way to remember this:

CATCH IT, BIN IT, KILL IT.

- Always carry tissues with you
- Cover your mouth and nose when coughing and sneezing, using a tissue
- Throw the tissue away quickly and carefully
- Wash your hands regularly with soap and water (see appendix for correct hand-washing technique)



You should also:

- Clean hard surfaces (like door handles and remote controls) frequently with a normal cleaning product



- Do not use cloth handkerchiefs or re-use tissues. This practice carries a risk of contaminating pockets or handbags which may then re-contaminate hands every time you go into those pockets or handbags.
- Minimise touching of the mouth, eyes and/or nose, unless you have recently cleaned your hands, particularly after handling money or documents.

Hand-Washing

Hand-washing is possibly the single most effective way to reduce the spread of infection. It is essential that the correct procedure for washing hands is followed at all times. This is described in detail in the appendix.



Hot water and soap should be used and hands must be dried thoroughly.

You must wash your hands:

- On arrival and before leaving a service user's home
- When you get home from work
- Every time you sneeze or cough into a tissue
- Between direct contact with each and every service user.
- Before putting on gloves, aprons or masks
- After taking off gloves, aprons or masks
- After handling any body fluids, waste or soiled items.
- After handling laundry
- After touching waste bins
- After helping service users to blow , or wipe their nose, or cough up phlegm or sputum
- After using the toilet
- Before handling foodstuffs, including cooking and assisting a service user to eat or drink
- Before you touch your mouth, nose or eyes

Also encourage service users to wash their hands correctly. If needed use a teaching plan to help them learn the skill.

If you do not have access to hand washing facilities, then 'hand cleansers' should be used instead. There are a range of cleansers and sanitisers available such as gels, hand-rubs, wipes and sprays. You should carry these with you when on visits in the community and then follow the manufacturers' guidance on how to use each product.

Personal Protective Equipment

Gloves & Aprons:

Gloves and aprons are provided to reduce the risk of cross infection. They should be worn:-

- When assisting service users with personal care and using the toilet
- When applying creams, ointments lotions etc to the service users' skin
- Any situations where there may be contact with body fluid or body waste



You must change gloves and aprons after supporting one service user and before supporting another

You must also wash your hands before putting on gloves and aprons and after you have disposed of them.

Used gloves and aprons must be disposed of carefully in the appropriate waste bags, depending on the nature of the task that has been completed.

Face masks:

The only circumstances, where the use of facemasks by healthy individuals may play a part in reducing the risk of infection would be the situation where someone was in close contact (less than one metre) when caring for an ill or symptomatic individual. (see section on supporting people who are ill)



What do I do if I am ill?

If you feels ill with symptoms consistent with 'flu while at work, it is important that you do not simply carry on working. Report **immediately** to your manager and if your symptoms are consistent with flu, then you should be sent home.



If you think you have swine flu,

Check your symptoms online using the NHS flu symptom checker (<http://www.nhsdirect.nhs.uk/index.htm?aspxerrorpath=/Sat/Topics/ColdsAndFlu.aspx>) or call the Swine Flu information line on 0800 1 513 513.

If you still think you may have swine flu, call your local GP - **do not go to the GPs surgery or hospital in person**. Your local GP will be able to tell you if you have swine flu over the phone.

If they say you have swine flu they will give you a voucher number which your Flu Friend (the person caring for you) can use to pick up anti-viral drugs from the local collection centre. This may be a local pharmacy or community centre.

If you are still concerned, you can call: **NHS Direct Wales on 0845 4647**



Telephone your manager, or if not available the on-call Contract manager (07977 175370), to report that you are not able to work, making sure that you tell them that you have 'flu like symptoms.

How do I support someone with 'flu

If a service user becomes ill with symptoms of swine flu (see above), then you must:

- Ensure that the service user stays at home
- Check their symptoms online using the NHS flu symptom checker (<http://www.nhsdirect.nhs.uk/index.htm?aspxerrorpath=/Sat/Topics/ColdsAndFlu.aspx>) or call the Swine Flu information line on 0800 1 513 513.
- If you still think they may have swine flu, call their GP - **do not take them to the GPs surgery or hospital in person.** The GP will be able to tell you if they have swine flu over the phone.
- If they say it is swine flu they will give you a voucher number which your Flu Friend (the person caring for you) can use to pick up anti-viral drugs from the local collection centre. This may be a local pharmacy or community centre.
- If you are still concerned, you can call: **NHS Direct Wales on 0845 4647**
- Follow any advice given by the GP for that individual service user.
- Telephone your Contract manager or if not available the on-call Contract manager immediately to report that a service user has the 'flu.
- Try to limit the contact the service user has with any other people.
- Where practicable, direct contact should be avoided and, where possible, a distance of more than 1 metre should be kept between yourself and the person who has the 'flu.



- If contact is unavoidable, consideration may be given to asking the person with symptoms to wear a face mask while interacting with staff. This may not be appropriate for a number of service users for various reasons.

Caring for a person who has the 'flu

In addition to the advice given by the Doctor, there are a number of things that may be helpful for any person who has 'flu. These include



- Encourage rest in bed as much as possible. Discourage strenuous activity. If people are out of bed, monitor for signs of dizziness or weakness and offer appropriate support to prevent them falling.
- Ensure that they are drinking plenty of non-alcoholic fluids. This is very important to prevent de-hydration and promote recovery. Water is best but warm drinks can be particularly soothing
- Give a light diet as their appetite dictates, but don't be too worried if they don't feel like eating. Encourage foods that are rich in protein and vitamins e.g. Vitamin C.
- Ensure they have a good supply of tissues and a bin lined with a plastic bag in which to dispose of them, once they have been used.
- Keep the room at a comfortable temperature, but make sure that fresh air is circulating.
- Monitor their health, particularly their breathing for any difficulties with breathing or if they are making any unusual noises when breathing. If you have any concerns about their breathing phone their GP immediately.

- Continue to administer the service user's regular medication as prescribed. If they are not able to take their medication then seek further medical advice and follow the procedure for non-administration.
- Smoke irritates the nose and throat. Try to avoid contact with people who smoke and avoid smoke-filled environments. Discourage smoking while the person is feeling unwell.

There are also additional things you can do to alleviate some of the symptoms;-

For a cold, blocked nose, runny nose:

- Offer cold remedies in accordance with the Consortium's procedure for non-prescribed medication and the manufacturer's instructions. (refer to CLC medication policy for the administration of non-prescribed medication and the service user's medication records)
- Consider the use of steam inhalations – see appendix for further information
- Use more pillows when in bed or if they have a profiling bed put the head of the bed more upright. This should help with difficulty breathing.



For a cough:

- Offer cough remedies in accordance with the Consortium's procedure for non-prescribed medication and the manufacturer's instructions. (refer to CLC medication policy for the administration of non-prescribed medication and the service user's medication records)



- Use more pillows when in bed or if they have a profiling bed raise the head of the bed more upright. This should help with difficulty breathing and reduce coughing at night
- Discourage eating very dry crumbly foods that can cause coughing to start

For a sore throat:

- Discourage food or drink that is too hot because this could irritate the throat.
- Eating cool, soft food and drinking cool, or warm, liquids, may help to relieve symptoms.
- Hard sweets, or ice cubes, can provide additional relief.
- Regularly using a mouthwash of warm, salty water may help to reduce any swelling, or pain
- Offer throat lozenges / sprays in accordance with the Consortium's procedure for non-prescribed medication and the manufacturer's instructions. (refer to CLC medication policy for the administration of non-prescribed medication and the service user's medication records)



High Temperature:

- Give medication such as paracetamol or aspirin only in accordance with the manufacturer's instructions. (refer to CLC medication policy for the administration of non-prescribed medication and the service user's medication records).
- **NB Please be aware that some cold & flu remedies also contain paracetamol and so any additional paracetamol must not be given in this case.**
- Try to keep the person cool by
 - Keeping the room cool by opening windows or using a fan
 - wearing light cotton nightwear and changing them regularly



- putting only light cotton sheets on the bed and changing them regularly
- use a cold compress or wash in cool water
- Offer ice or ice lollies to suck
- Regular attention to personal hygiene, washing and bathing

NB Do not let the person's temperature drop too low as it can bring on chills

Reducing the Risk of Spread:

It is important to pay extra attention to good hygiene practices when caring for someone who has the 'flu. This includes:

- Hand washing (as described in the previous section)
- Wearing gloves and aprons for all contact with the person who has 'flu.
- Particularly wear gloves when helping the person to clean their nose or cough or dispose of used tissues.
- Whilst the appropriate use of gloves, aprons & masks may offer some protection to clothes from contamination, during the pandemic you may wish to consider changing out of your work clothes before travelling home. Work clothes that are washed at home can be washed in a domestic washing machine
- Used gloves, aprons & masks can be disposed of in domestic waste, preferably in tied black bags. There is no need to introduce clinical waste procedures for the disposal of these specifically for an influenza pandemic.



- Ensure that towels are not shared between the person who has ‘flu symptoms and any other person, including hand towels in the bathroom or kitchen.

Face masks:

If close proximity (less than a metre) with a person with symptoms is needed to care for them, then consideration might be given to using a face mask. If face masks are worn, you must follow the procedures for their safe use, paying particular attention to how they are both removed and disposed of. You may expose yourself to additional risk of infection if you fail to use or dispose of face masks correctly. The use of a face mask must not decrease the strict application of other, more relevant, infection control measures. Without appropriate advice on the proper use of face masks, there is a risk of users contaminating themselves from the outside of the mask after use.



If you feel that use of a face mask would be appropriate, please contact your Contract Manager.

Guidance for the correct use and disposal of masks can be found in the appendix

Cleaning:

If a person has the symptoms of ‘flu, then it is possible that virus particles may have been deposited on surfaces in the room:



- A disposable apron and gloves should be worn – a face mask is only necessary if the person with the ‘flu is in the room at the same time.

- Hard surfaces in the room should be cleaned using normal cleaning products and damp dusting when ever possible. This includes equipment such as hoists and wheelchairs.
- Consideration should be given to the amount of soft furnishings and other items in the room which may prove difficult to clean.
- Particular attention should be paid to the cleaning of bathrooms shared by service users

Laundry:

Laundry should be washed according to standard procedures. It is not necessary to separate linen and laundry used by people with symptoms of 'flu with other people. When handling this laundry wear gloves and aprons and avoid 'hugging' it. Hands must be washed after handling any dirty laundry.



APPENDICES

1. Steam inhalation

Steam inhalation involves sitting with your head over a bowl of hot water. You should place a towel over your head, close your eyes and try to breathe deeply. The steam may help to ease your congestion, by loosening mucus and making it easier to clear by blowing your nose. If they are added to the water, some ingredients - such as menthol, eucalyptus, camphor, thymol or pine oil - can make it feel as if the passageways in your nose are clearing.



You should take care to avoid getting steam in your eyes as this can burn.

Carry out a risk assessment for individual service users before trying a steam inhalation.

An alternative method is sitting in a hot, steamy bathroom.

It is not advised to be used when people have a high temperature / fever

Annex 2 – Putting on and removing a face mask

Training in the proper use of face masks is advisable to avoid a situation where people risk contaminating themselves with the outside of the mask after use.

Putting on a face mask

A face mask should be put on before coming into contact with an ill or symptomatic individual. Hands should be washed thoroughly before handling the face mask:

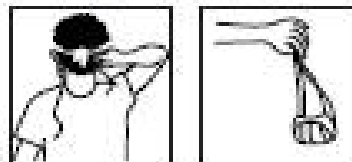
- secure ties or elastic bands at middle of head and neck.
- fit flexible band to the bridge of the nose.
- fit snug to face and below chin.



Removing a face mask

The face mask should be removed once there is no longer any likelihood of close contact with an ill or symptomatic individual. Once removed, the mask should be bagged and may be disposed of in domestic waste. Proper hand hygiene should be performed after the mask has been removed and discarded:

- assume that the front of the face mask is contaminated; therefore avoid touching this part of the face mask.
- untie or break the bottom ties, followed by the top ties or elastic, and remove the face mask by handling the ties only.
- discard appropriately, in line with government advice at the time.
- use proper hand hygiene after disposal of the used mask.



Other points to keep in mind

Surgical face masks should:

- cover the nose and mouth
- not be allowed to dangle around the neck after or between each use
- not be touched once put on
- be worn once only and then discarded.

Effective hand washing for homecare workers



Hand washing is vital to reduce the spread of infection between careworkers and service users. Hands should be washed:

1. On arrival in a service user's home, after removing jewellery from the hands and wrists and before putting on latex gloves (or other well-fitting procedure gloves);
2. After removing and disposing of gloves and following any contact with faeces or body fluids such as urine, blood, sweat or secretions from the nose or mouth;
3. Before leaving the service user's home.

Hands should be washed thoroughly using a squirt of a neutral detergent hand wash (or a clean bar of soap if handwash isn't available). The water should be warm and comfortable to the touch, rather than hot.

Hand washing should be performed carefully, but avoid rubbing the hands so vigorously that they become tender with repeated washing. Do not use a nail brush as this can damage the skin and harbour bacteria.

The following six diagrams show the correct way to wash your hands. Pay special attention to the tips of fingers, the thumbs and the palms of the hands: Tests have shown that these are the areas where bacteria are hardest to remove.

Some people find that applying an unscented hand cream after the last hand wash at each service user's home reduces the risk of their hands becoming dry. Hand creams should be for personal use only, rather than from tube or container used by several people. When outside in cold weather it is also a good idea to wear some well-fitting gloves.



1 Wet hands with warm water and use handwash to build up a lather. Wash the hands and wrists.



2 Wash the hands with palms facing and remembering to wash between the fingers of both hands.



3 Wash the backs of both hands, again remembering to wash between each of the fingers.



4 Link the fingers of one hand with the other and continue to wash.



5 Wash the thumbs of each hand thoroughly using one hand to wash the opposite thumb.



6 Finally, wash the palms of each hand as this is an area often neglected. The hands are then rinsed thoroughly and dried on disposable paper towels (or a clean hand towel).