

Standard Operating Procedure- Admitting to Wards with Active Influenza Outbreaks

Influenza or 'flu' is a respiratory illness caused by infection by influenza virus. It affects mainly the nose, throat, bronchi and, occasionally, lungs. Infection usually lasts for about a week, and is characterized by sudden onset of high fever, aching muscles, headache and severe malaise, non-productive cough, sore throat and rhinitis.

Influenza occurs most often in winter and usually peaks between December and March in the northern hemisphere. Illnesses resembling influenza that occur in the summer are usually due to other viruses.

There are two main types that cause infection: influenza A and influenza B. Influenza A and influenza B must not be nursed together in the same immediate environment.

Influenza A usually causes a more severe illness than influenza B. The influenza virus is unstable and new strains and variants are constantly emerging, which is one of the reasons why the flu vaccine should be given each year.

The typical incubation period for influenza can be up to 7 days, with an average of 2-5 days. Individuals infected with Influenza are regarded as being infectious for one day before the onset of symptoms and up to 7 days after the onset of the symptoms. Severely immunocompromised persons can shed virus for weeks or months.

Most infected people recover within one to two weeks without requiring medical treatment. However, in the very young, the elderly, and those with other serious medical conditions, infection can lead to severe complications of the underlying condition, pneumonia and death.

Guidance when admitting new patients to wards with an active Influenza case or outbreaks of Influenza.

Before considering admission or transfer to a ward with infections please clarify (via the DSN) if there are any available beds on Wards without Influenza/COVID-19 cases in an ELFT boroughs.

Criteria to consider when admitting patients to these areas:

1) The clinical risk is such that delaying admission would be likely to cause avoidable harm whether the patient is in the community, ED or acute hospital bed.

2) This is a clinical decision and must be made by the admitting consultant/Doctor, balancing the risks and benefits for the patient, and if the balance of risks needs further discussion, in consultation with the service's Clinical Director and Borough Lead Nurse or nominated deputies as required (Out of hours on-call consultant and DSN). IPC advice is available 9am to 5 pm Monday – Friday and of these times on the Director on call should be utilised as

required through the on-call system. Each Borough Lead Nurse will need to keep record of each patient admitted using the SOP which is on the daily DSN report.

Please e mail elft.infectioncontrol@nhs.net, for all patient admitted using the SOP. This email should be sent by the Borough Lead Nurse, Duty Senior Nurse and/or Ward Manager.

Prior to admission the following requirements must be met and clearly recorded in the patient's Rio note:

- **Open and transparent discussion about the risks with the patient and family:**
- The patient and relatives/carer must be informed of the ward status regarding the positive case or outbreak prior to admission, and must agree to the admission.
- This discussion must take place at the point of assessment/decision to admit, and must be recorded in patient's Rio note.
- If not possible to achieve this discussion and agreement with the patient and family, then best interest principles must be applied by the clinical decision maker (out of hours this is the on-call consultant) and the outcome recorded in patient's note.

Risk assessment

- 1) Patient must be assessed on individual case by case basis.
- 2) The vaccination status of the patient being admitted should also be taken into consideration. Whilst this may be considered in the risk assessment, it is important to note that under the current NHS advice, there is a chance people might still get or spread COVID-19/influenza even if they have had different doses of the vaccine due to the different variants rising/individual immune response to vaccine. All the IPC precautions must still be followed regardless. **Patient with no Influenza or COVID-19 vaccination (or no previous infection) must not be admitted to a ward with an on-going outbreak.**
- 3) Risk assessment must consider any underlying health conditions and comorbidities (chronic and acute) of the patient being admitted to ensure they are not clinically extremely vulnerable (Refer to UKSHA definition)
<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus-clinically-extremely-vulnerable>
- 4) The health status of patients on admitting ward i.e. acuity, number of confirmed cases, and their cooperation with care in isolation. (If needed)
- 5) Environmental limitations (availability of en-suite facilities, equipment, etc.)
- 6) Risk of delaying the admission
- 7) If risk assessment determines that admission to the outbreak ward is not recommended and not in the patient's best interest, but they still require a bed then use the formal escalation procedure via the on-call manager.

Admission agreed;

If the outcome of the risk assessment determines that admission to the outbreak/affected ward is in the patient's best interest and outweighs the risk of exposure to infection, the following must be considered to help minimise the risk;

- 1) The new patients should be admitted into an en-suite bedroom (please note Hackney do not have en-suite rooms but may have beds – please discuss this with the DSN and local Senior Nurses). Admission swabs should only be taken if the patient is symptomatic. (PCR must be obtained).
- 2) Only if symptomatic, the patient has to remain care in isolation until their PCR results are available. Please discuss with IPC if needed.
- 3) If symptomatic, should the patient need to leave their room, encourage them to wear surgical face masks and perform hand hygiene before leaving and returning to their rooms.

Once a decision to admit has occurred then a message confirming the decision needs to go to the IPC email address: elft.infectioncontrol@nhs.net with the patients name and RiO number and the admission ward.