

7.2 Action card – Suspected HCID ongoing management- Lead Nurse for Location

Lead Nurse for location

Responsible for managing patient placement, nursing and impact on location

Situation: Patient under your care has been assessed as suspected HCID by infection specialist

Actions (all must be performed)	Notes	Done
<p>Manage patient and staff movement to minimise contact with patient.</p> <p>Ask Duty Infection Control Nurse for advice.</p> <p>Do not move patient from current location until agreed by Duty Infection Control nurse or Microbiologist</p>	<p>Communication with patient should be by own phone or by departmental phone placed in plastic covering.</p> <p>No shared equipment.</p> <p>If moving patient follow specific action card.</p>	
<p>Close the area that has been exposed to the patient.</p>	<p>No visitors or new patients into exposed area until situation stable and area decontaminated if required. Corridors or spaces that patient has passed through (walking or on trolley) do not need to be cleaned unless there was contamination with bodily fluids. Other exposed areas should be decontaminated. Touched surfaces should be decontaminated.</p>	
<p>Contact site duty manager for assistance</p>	<p>The Consultant Microbiologist should be informing the duty manager of the patient, the manager should then provide assistance to the front line clinical staff</p>	
<p>Define areas for donning and doffing PPE outside the patient room, and set up PPE station and bins. Close off corridors etc if required.</p>	<p>Details should be in your site specific HCID isolation plan (available from Site Duty Manager). If patient not yet moved to planned HCID room then liaise with infection control nurse to improvise safe spaces.</p>	

Toileting	If no ensuite toilet then provide dedicated commode at bedside. Bodily fluids must be handled according to IPC guidance.	
Quarantine contaminated linen	Or dispose of it as contaminated waste (follow disease specific guidance)	
If the patient requires hands on nursing, designate experienced nurses trained in donning and doffing HCID PPE. Duty manager can assist with numbers required (see duty manager action card)	<p>Plan any hands on nursing requirement before going into room so that all equipment needed is ready.</p> <p>Plan method of documentation (of observations) and communication with colleagues outside the room. Writing communication on paper and sticking to the internal window usually works. Patient notes are kept outside the room at all times.</p> <p>All equipment that goes into the room stays in the room</p> <p>Each nurse that enters room would have a 'buddy' wearing PPE outside the room to watch for breaches in PPE, to pass items into the room if required, and to assist them doffing PPE.</p>	
Decontamination	After patient has left liaise with domestic services regarding decontamination of exposed locations	