

Infection Prevention and Control Care Checklist – COVID 19

This Care checklist should be used with patients who are suspected of or are known to have COVID 19, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked ✓ if in place or X if not, the checklist should be then initialled after completion, daily.

Patient Name:
CHI:

Date Isolation commenced:

	Patient Placement/ Assessment of Risk	Daily check (v/x)						
Patient Placement /Assessment of risk	Patient isolated in a single room with <i>en suite</i> facilities / own commode, or placed in a cohort area. TBPs can be discontinued 5 days from symptom onset (or first positive test if symptom onset undetermined) including resolution of fever for 48 hours without the use of medication. If the patient is severely immunosuppressed or symptoms persist beyond 5 days, testing may be used to support decision-making (2 negative LFD tests taken 24 hours apart).							
	Place yellow isolation sign on the door to the isolation room if applicable							
	Door to isolation room or cohort area is closed if applicable. Complete risk assessment if door cannot be closed							
Standard Infection Control & Transmission Based Precautions	Hand Hygiene (HH)							
	All staff must use correct 6 step technique for hand hygiene at 5 key moments							
	HH facilities are offered to patient after using the toilet or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)							
	Personal Protective Clothing (PPE)							
	A FRSM is worn in the clinical area at all times. Disposable gloves, yellow apron and eye protection/face visor are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area/cohort room and discarded as clinical waste. HH must follow removal of PPE.							
	Staff are wearing appropriately fitting FFP3 masks, long sleeved gown, disposable gloves and eye protection/face visor during Aerosol Generating Procedures (AGPs).							
	Patients should be asked to wear a face mask where appropriate/tolerated when away from the bedside and socially distance from other patients							
	Safe Management of Care Equipment							
	Single-use items are used where possible or equipment is dedicated to patient while in isolation.							
	There are no non-essential items in room. (e.g. Excessive patient belongings)							
	Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent.							
	Safe Management of Care Environment							
	Twice daily clean of isolation room or cohort area is completed by Domestic services, using of a solution of 1,000 ppm chlorine based detergent, including frequently touched surfaces in the whole ward area by both domestics and nursing staff. A terminal clean will be arranged on day of discharge/ end of isolation.							
	Where there is no mechanical ventilation staff should where possible increase air circulation by opening the windows even if only for a short periods of time							
	Laundry and Clinical/Healthcare waste							
All laundry is placed in a water soluble bag, then into a clear bag (brown bag used in mental health areas), tied then into a laundry bag								
Clean linen must not be stored in the isolation room.								
All waste should be disposed of in the isolation room as clinical/ Healthcare waste								
Information for patients/carers	Information for patients and their carers							
	The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available. If taking clothing home, carers have been issued with a Washing Clothes at Home patient information leaflet (PIL). (NB. Personal laundry is placed into a domestic water soluble bag and then into a patient clothing bag before being given to carer to take home)							
HCW Daily Initial :								

Date Isolation ceased/ Terminal Clean Requested:

Checklist completed and signed off by:

Infection Prevention and Control Risk Assessment (for patients with known or suspected infection that cannot be isolated)

Daily Assessment / Review Required

Addressograph Label:
Patient Name and DOB/CHI:



	C O M M E N T S	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by <p style="text-align: right;"><i>Initials</i></p>								
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <p style="text-align: right;"><i>Please state</i></p>								
Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room. <p style="text-align: right;"><i>Please state</i></p>								
Reason unable to isolate / close door to isolation room , e.g. falls risk, observation required, clinical condition. <p style="text-align: right;"><i>Please state</i></p>								
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. <p style="text-align: right;"><i>Please state</i></p>								
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? <p style="text-align: right;"><i>Yes / No</i></p>								
Summary Detail of Resolution								

Daily risk assessments are no longer required

Signed _____

Date _____