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Pandemic influenza policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	This policy has been developed to support the planning by CWP for the emergence of the next influenza pandemic. This document has been produced, following Public Health England and Department of Health guidance and will be subject to update when new guidance becomes available.

Approving meeting	Infection Prevention and Control Sub Committee	27th April 2021
Implementation date	27th April 2021	

CWP documents to be read in conjunction with	
HR6	Mandatory Employee Learning (MEL) Policy
EP8	CWP Pandemic Influenza Business Continuity Plan
IC2	Hand decontamination policy and procedure
IC3	Standard (universal) infection control precautions
IC1	Trustwide infection prevention and control operational policy
SOP23	Policy for handling of linen and clothing
GR30	Decontamination and disinfection policy

Document change history	
What is different?	Review of the document has been undertaken.
Appendices / electronic forms	N/A
What is the impact of change?	N/A

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Document consultation	
Clinical Services	Consultation via Infection Prevention and Control Sub Committee
Corporate services	Consultation via Infection Prevention and Control Sub Committee
External agencies	Consultation via Infection Prevention and Control Sub Committee

Financial resource implications	No

External references
1. Public Health England. (2014). *Pandemic Influenza Response Plan*. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344695/PI_Respo

nse_Plan_13_Aug.pdf
2. Cabinet Office, Department of Health, Department for Communities and local government, Home Office and Ministry of Justice. (2013). *Pandemic flu.* Retrieved from https://www.gov.uk/pandemic-flu#more-like-this

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
Is the impact of the document likely to be negative? - If so can the impact be avoided? - What alternatives are there to achieving the document without the impact? - Can we reduce the impact by taking different action?	No N/A N/A N/A	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

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Quick Reference Flow Chart for Pandemic Influenza Policy

Timely recognition of cases of Influenza

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Strict adherence to the necessary infection control precautions to limit transmission within the healthcare environment.

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Cohorting of service users

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Service users should remain in the designated segregated area until discharged to their home/care placement and should not be transferred to other areas solely for bed management purposes

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Designated area away from affected service users for staff to safely put on and remove PPE with hand washing facilities

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Signing in sheet at entrance of the segregated area

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Staff should sign in and out

↓

Limit staff movement and ensure signage on display alerting staff to precautions required

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Equipment station should be set up outside the entrance to hold PPE in areas where there are four or more beds

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Restrict duties of staff who are unwell and also visitors from Trust premises ensure adequate, clear signage is employed for this purpose

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Service users should be encouraged to keep their personal belongings to a minimum.

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Tissue, wipes and a suitable waste bin for disposing of used items must be available for service users

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Consideration will be given to closing communal areas such as lounges if there is a risk that these might be used by both influenza and non-influenza patients

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Where available and appropriate, treatment of service users and staff with antiviral treatment which can reduce the length and severity of illness.

1. Introduction

This policy has been developed to assist in the planning by the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) for the emergence of the next Influenza Pandemic. This document has been updated in accordance with Public Health England (PHE), (2014) and Cabinet Office, Department of Health, Department for Communities and local government, Home Office and Ministry of Justice, (2013).

Whilst it is envisaged that Acute Trusts, GPs and CCGs will form the front line of the NHS response to an Influenza Pandemic, it must be emphasised that such a situation will not be "business as usual" for the NHS. Therefore, CWP must have the appropriate infection prevention and control (IPC) arrangements in place to accommodate what is expected to be exceptional circumstances.

All Trust staff have a responsibility to read this document and ensure that they are familiar with, and understand the guidance within it. This policy should be read in conjunction with the Trust Pandemic Influenza Contingency Plan, Service line Business Continuity Plans, and Infection Prevention and Control Policies and Procedures.

1.1 Aims

- To reduce morbidity and mortality from Influenza illness;
- Promote individual responsibility and action to reduce the spread of infection via good hand hygiene and IPC practice and the uptake of staff and service user seasonal influenza vaccination
- For CWP to be able to manage large numbers of service users who may become unwell whilst in hospital or in the community;
- To ensure essential services are maintained as far as possible;
- To maintain communication across the Trust ensuring accurate, timely information is provided to Trust staff, service users and their families / carers.

2. Background overview of seasonal influenza

Influenza is a respiratory illness characterized by fever, cough, headache, sore throat, aching joints and muscles. This wide spectrum of symptoms can range from causing minor, self-limiting illness through to pneumonia and death. The most common complications are usually bronchitis and secondary pneumonia.

The typical incubation period for non-Pandemic Influenza is 1-4 days, the average being 2-3 days. Adults can be infectious from the day before symptoms begin through to approximately 5 days after illness onset. Children can be infectious for 7 or more days and can shed the virus for several days before the onset of symptoms.

Influenza is transmitted from person to person through close contact with a coughing and/or sneezing infected person. Transmission can occur via multiple routes such as large droplets and direct and indirect contact. Airborne or fine droplet transmission may also occur in certain situations.

The virus survives for limited periods of time in the environment; however, it can be easily transferred from contaminated objects / surfaces to hands. Such contamination can be removed by thorough hand washing and / or the use of alcohol hand gel. Contact spread is likely unless it is prevented by a high standard of hand hygiene and robust environmental cleaning.

2.1 Emergence of pandemic influenza

Unlike ordinary seasonal Influenza that occurs every winter in the United Kingdom, Pandemic Influenza can occur at any time of year.

Pandemic Influenza occurs when a new Influenza subtype emerges which is distinctly different from recently circulating sub-types and strains. This subtype is able to:

- Infect humans;
- Spread efficiently from person to person;

- Cause significant clinical illness in a high proportion of those infected.

Past experiences of Pandemics would indicate that it would take only one – two weeks from the initial introduction to widespread Influenza across the country (Department of Health, 2011). It is also possible that more than one wave of Influenza will occur within a few months of the emergence of a Pandemic virus and a subsequent wave could be worse than the first.

In the Influenza Pandemic of 1918-19 a completely new Influenza virus sub-type emerged and spread around the globe in a period of 4-6 months. Several subsequent waves of infection occurred over 2 years killing an estimated 40-50 million people. Since then there have been further Influenza Pandemics.

It is therefore possible that the health impacts of any subsequent Pandemic are likely to be significant including excess morbidity and mortality especially amongst the most vulnerable groups of the population e.g. adults and children with chronic cardiac or pulmonary disorders, people over 65 years of age and adults and children with chronic conditions such as diabetes mellitus, cancer and renal disease.

3. Core principles of containment and infection control

During a Pandemic Healthcare Workers (HCW) may be exposed to persons with Influenza in the working environment and also during their normal lives e.g. in social situations. Limiting the transmission of Pandemic Influenza will require the use and adherence to basic infection control precautions in addition to vaccinating frontline line health care workers as soon as one becomes available. Such precautions will include:

- Timely recognition of cases of Influenza. In the current pre-Pandemic period this is particularly critical;
- Strict adherence to the necessary infection control precautions to limit transmission within the healthcare environment. Standard infection control precautions and droplet precautions will be applicable in most circumstances and will be discussed further in this policy. There may be certain situations where such measures may need to be increased with higher levels of respiratory protection;
- Cohorting of service users with Pandemic Influenza and / or separation from those who may have other medical conditions as rapidly as possible;
- Service users should remain in the designated segregated area until discharged to the community and should not be transferred to other areas solely for bed management purposes;
- Ideally each influenza ward or segregated area should have an area just outside it, away from affected service users, for staff to safely put on and remove PPE. This area will also need access to hand washing facilities;
- A recording sheet should be placed at the entrance of the segregated area. All staff entering should sign in so that there is a record of staff working in influenza areas. Personnel entering these areas should be limited to those needed for service user care and support. Appropriate signage must be used to alert everyone to the precautions required;
- Restricting duties of staff who are unwell and also visitors from Trust premises, ensuring that adequate, clear signage is employed for this purpose;
- Education of Trust staff, service users and carers about the transmission and prevention of Influenza that is timely and appropriate;
- Service users should be encouraged to keep their personal belongings to a minimum. Tissue wipes and a suitable waste bin for disposing of used items must be available for service users;
- Consideration should be given to closing lounges if there is a risk that these might be used by both influenza and non-influenza patients;
- Where available and appropriate, treatment of service users and staff with antiviral treatment which can reduce communicability and the duration/severity of the illness;
- Where available and appropriate, vaccination of service users and staff.

During the initial stages of a Pandemic it cannot be assumed that there will be unlimited supplies of antiviral drugs and a vaccine is likely to be unavailable at that point. Usage of such items will therefore be prioritised in accordance with PHE/Department of Health guidance.

3.1 Trust preparedness

As previously discussed, an Influenza Pandemic will be an extra-ordinary situation for the NHS. The Trust must therefore plan for the implementation of infection control measures that may not have been employed before within the Trust. For example:

- Healthcare workers within the Trust who have been previously unfamiliar with using droplet precautions may be asked to care for patients with Pandemic Influenza;
- Whilst the in-patient areas in the Trust are largely separated with locked wards etc., this level of separation is likely to increase during a Pandemic;
- If out-patient clinics continue to operate during a Pandemic then a level of separation of affected and non-affected service users may have to be used in such areas;
- All inpatient areas must ensure they have adequate stocks of personal protective equipment e.g. gloves, aprons. Whilst it is considered that the NHS Supplies has robust plans in plans in place to ensure that the supply chain is not disrupted during a pandemic it is good practice for all inpatient areas to have a least two weeks worth of stock in place at any time.

3.2 Workforce Wellbeing Service (Occupational Health)

Departmental ward managers and IT will monitor illness and absence amongst trust staff in close liaison with the Trust's Workforce Wellbeing Service.

The Workforce Wellbeing Service will lead in the implementation of vaccination and antiviral therapy programmes for staff groups as directed by PHE/Department of Health (DH) as and when this occurs.

3.3 Who should work?

Healthcare workers will be at risk of acquiring Pandemic Influenza through both occupational exposure and also normal domestic / social contact. Staff should therefore be vigilant regarding the symptoms of Pandemic Influenza. If staff suspect that they may have any symptoms of Pandemic Influenza then they must report this to their line manager before commencing duty so their fitness to work can be ascertained. If the staff member becomes unwell whilst on duty then their line manager must be notified immediately.

All staff that have symptoms should be excluded from work to avoid transmission of the virus. Healthcare workers who have symptoms of pandemic influenza, including those who are beginning to experience symptoms or are recovering from influenza, should not work, so as to avoid infecting service users, colleagues and others (Department of Health, 2011).

Staff returning to duty after recovering from Pandemic Influenza must report to their line manager so their illness is recorded accurately as this will have implications for their future deployment - such **staff members can then care for service users who have Pandemic Influenza as the staff member will be considered to be immune.**

3.4 Staff deployment

Trust staff who are caring for service users with Pandemic Influenza or who are working in a designated service user Pandemic flu area should not be deployed to care for non-Influenza service users or work in non-Influenza areas. Only the following exceptions apply:

- Situations where the care and management of the service user would be compromised;
- Staff who have fully recovered from Pandemic Influenza.

Staff from a non-Influenza area can be deployed to an area designated for Influenza service users. However, once moved, the staff member cannot return to their original non-Influenza work area for the duration of the Pandemic.

Staff who have recovered from Pandemic Influenza or who have received a full course of vaccination against the Pandemic strain and therefore considered unlikely to develop or transmit Influenza should be prioritised for the care of service users with Pandemic Influenza. Whilst it is not recommended, these workers can be moved to another clinical area within a period of duty.

3.5 Temporary staffing

Temporary staff are employed by the Trust on an ad-hoc basis to complement staffing levels and may, therefore, work in more than one clinical environment during the normal working week. During a Pandemic such staff should be allocated to one clinical area only and hence the same advice regarding deployment for Trust staff applies to bank and agency staff.

3.6 Estate staff

Staff such as electricians and plumbers will be required to visit affected clinical areas to provide essential maintenance. During such visits nursing staff in the affected area should ensure that service users with Pandemic Influenza are moved to another area in the ward, if possible, whilst staff carry out the maintenance required. Estates staff must follow the advice regarding the protective clothing to be worn and also decontaminate their hands as directed.

3.7 Workers at risk for complications from pandemic influenza

Trust staff that are at high risk of developing complications of Pandemic Influenza e.g. Pregnant women and immuno-compromised workers should be re-deployed to alternative duties away from direct service user contact for the duration of the Pandemic or until vaccinated. At the very least they should not provide care to patients known to have Influenza and / or enter parts of the hospital designated for the treatment of patients with Influenza.

4. Infection Prevention and Control (IPC) precautions

4.1 Hand decontamination

It is well documented that hand hygiene is the single most important practice to reduce cross infection in the healthcare environment and during a Pandemic compliance with hand hygiene practices will become even more important.

All Trust staff will be expected to enforce the Trust's hand decontamination policy SOP **and procedure, without exception, wherever they are working**.

Hand hygiene not only refers to traditional hand washing methods using soap and water but also hand decontamination using alcohol hand gel. If hands are visibly soiled with respiratory secretions or other matter then they should be decontaminated using soap and water, following the guidance laid down in the Trust's hand decontamination SOP. Alcohol hand gel can be used only when hands are not obviously soiled, and where advised by PHE. The gel should be rubbed onto the skin, ensuring all areas of the hands are covered.

Hands must be decontaminated before and after every episode of service user care and especially upon the removal of protective clothing such as face masks, gloves and aprons. Hands should then be dried thoroughly using as many paper hand towels as is necessary. Wherever possible, foot operated bins should be used to dispose of paper hand towels.

Careful consideration should be given to the placement of alcohol hand gel throughout CWP. Ward / departmental managers must consider where they wish to position alcohol hand gel dispensers in the clinical environment and an appropriate risk assessment done if necessary. All staff within the Trust providing direct patient care must carry personal alcohol hand gel for their use.

All staff, visitors and service users entering and leaving an inpatient area within the Trust must decontaminate their hands using the alcohol gel provided (if recommended by PHE/DH) or wash their hands using soap and water, drying them thoroughly.

4.2 Management of coughing and sneezing

The following simple hygienic measures will help minimise the risk of transmission of infection and all visitors, staff and service users should be strongly advised to follow them.

- Use disposable, single-use tissues when sneezing, coughing, blowing nose etc and dispose of immediately after use into the nearest waste bin. The use of non-disposable cloth handkerchiefs must be discouraged;
- Hands must be washed using soap and water after any contact with respiratory secretions e.g. after coughing, blowing nose;
- Hands should be kept away from the eyes and nose;
- Certain groups of service users may require assistance with basic hygienic needs such as blowing their noses and washing their hands. Staff must be mindful of the infection control precautions necessary when dealing with a patient's respiratory secretions;
- Patients should be encouraged to wear face masks in common waiting areas or during transport e.g. from one hospital to another. Where possible, coughing/sneezing service users should be encouraged to wear surgical masks to reduce the level of environmental contamination.

5. Personal Protective Equipment (PPE)

PPE is worn to protect Trust staff from contamination from blood/body fluids and respiratory secretions and thus reduce the risk of transmission of Pandemic Influenza between service users and staff and from one service user to another. The PPE necessary when caring for a service user with Pandemic Influenza is listed in table 1. It is essential that the necessary care is taken when donning and removing PPE to avoid contamination. All contaminated or potentially contaminated PPE must be removed after every episode of care and before leaving a patient care area. Face / surgical masks should be removed last.

5.1 Face masks

Face masks and respirators have a role in providing healthcare worker protection so long as they are used correctly and in conjunction with other infection prevention and control practices such as hand hygiene and vaccination of frontline healthcare workers as soon as a vaccine is available. A face mask should be worn by Trust staff having close service user contact e.g. within 3 feet. Such masks provide a physical barrier and minimize contamination of facial mucosa by droplets – one of the principal ways in which Influenza is transmitted. Use of face masks is outlined in table 1.

If Pandemic Influenza service users are being cohorted in one area and several service users are being visited in a short space of time then it may be more practical to wear the same surgical mask upon entry to the area and keep it on for the duration of the activity or until it requires replacement.

Other PPE such as gloves and aprons must be removed in-between patients and hands decontaminated using soap and water and dried thoroughly.

Face masks should:

- Not be allowed to dangle around the wearer's neck after usage. Masks should cover both the nose and mouth;
- Not be touched once put on;
- Be changed when they become moist;
- Be worn once only and discarded into an infectious waste bin or other suitable receptacle if in the patient's own home.

Hands must be washed immediately after a face mask has been disposed of.

5.2 Respirators

A disposable respirator is more sophisticated than a face mask as it protects the wearer from breathing in very fine or very small airborne particles. They must be worn by healthcare workers when performing procedures which have the potential to generate aerosols e.g.

- Intubation and related procedures e.g. manual ventilation and suctioning;
- Cardiopulmonary resuscitation;

- Bronchoscopy;
- Some nebuliser therapies;
- Chest physiotherapy;
- Surgery and post-mortem procedures in which high-speed devices are used.

Such procedures should only be performed when clinically necessary to minimise the risk of aerosol generation and only the health care worker needed to perform the procedure should be present. Whilst it is recognised that it is highly unlikely that such procedures would be carried out within CWP, in the event that they should be necessary it is important that the respirator fits correctly to give proper protection. Every user should be fit tested and trained in the use of the respirator. Eye protection must also be worn to prevent contamination of the mucous membranes.

5.3 Gloves

Gloves are not required to be worn for the routine care of patients with Pandemic Influenza. Standard infection control principles should be followed as laid down in the Trust's Standard universal Infection control precautions policy. Gloves should be worn for all invasive procedures, contact with sterile sites, non-intact skin – including mucous membranes - during all activities that carry a risk of exposure to blood, body fluids, secretions – especially respiratory secretions and excretions and when handling sharp or contaminated instruments.

Gloves should be removed immediately after use and disposed of as clinical waste; under no circumstances must they be washed and re-used. Hands must then be washed with soap and water and dried thoroughly.

5.4 Aprons

Disposable plastic aprons must be worn whenever there is a risk of uniform or personal clothing coming into contact with a service user's blood, body fluid and respiratory secretions or during activities that require close contact with the service user e.g. providing physical care.

5.5 Gowns

Gowns are not required for the routine care of a service user. However, if extensive soiling, splashing etc, is anticipated then they should be worn, with a plastic disposable apron underneath if the gown is not water repellent. Procedures that require a healthcare worker to wear a gown include holding the affected service user close. The gown should fully cover the area to be protected, worn only once and then placed in an infectious waste bin for disposal.

5.6 Eye protection

Eye protection must be worn when there is a risk of contamination of the eyes by splashes and droplets e.g. blood, body fluids, secretions and excretions generated through patient care and aerosol generating procedures. Eye protection is obtainable in various different varieties including surgical masks with an integrated visor, full face visors and safety spectacles. It is important that any PPE marked as single use only is treated as such and not re-used. Only reusable eye protection can therefore be decontaminated in-between use

Table 1 – PPE for the care of patients with Pandemic Influenza

	Entry to cohorted area but no patient contact	Close patient Contact (<3 feet)	Aerosol generating procedures
Hand hygiene	Yes	Yes	Yes
Gloves	No (1)	Yes (2)	Yes
Plastic aprons	No (1)	Yes	Yes
Gowns	No	No (3,4)	Yes
Surgical mask	Yes	Yes	No
FFP 3 or FFP 2 respirator	No	No	Yes
Eye protection	No	Risk assessment	Yes

- Gloves should be worn during certain procedures. See section 5.3 for further information.
- Gloves should be worn in accordance with the Trust's Standard universal Infection control precautions policy. However if supplies become limited then guidance may be issued for prioritising usage.
- Consider wearing a gown instead of an apron if extensive contact with blood/body fluids is anticipated.
- Wear a disposable plastic apron underneath the gown if it is not water repellent.

6. Environmental IPC

6.1 Infectious and offensive waste

There are no special handling procedures beyond the current recommended practice. Waste generated within the clinical setting should be managed safely and effectively. Careful attention should be paid to the disposal of items that may have been contaminated with secretions / sputum e.g. used tissues. All waste bags should be sealed securely before leaving the affected area. Staff handling the waste bags must wear gloves and wash their hands thoroughly when the task is complete. The Trust's waste management policy should be referred to if necessary.

Liquid waste such as urine and faeces can be disposed of as usual into the sewerage system.

6.2 Linen and laundry

Linen used during a service user's care should be handled as per the Trust's policy for handling linen policy.

The following important principles must always be adhered to:

- Linen should be placed in the appropriate receptacle e.g. a linen skip immediately after use and bagged at the point of use.
- Linen bags in an area in which service users with Influenza are being cared for must be tied and sealed securely prior to removal.
- Appropriate PPE must be worn for handling all contaminated linen.
- Hands must be washed and dried thoroughly after removing PPE and handling used linen.

Curtains should be changed on the patient's discharge.

6.3 Staff uniforms

The correct wearing of PPE will protect uniforms in most circumstances. It is good practice that staff should not travel to their place of work in their uniform and this is even more pertinent during an Influenza Pandemic. A percentage of in-patient areas within the Trust have designated changing facilities. For those that currently do not, areas for staff to change will be identified.

Staff should change into a different set of clothes at the end of a spell of duty, place their uniform in a plastic carrier bag, sealing it securely and take it home to launder in a domestic washing machine at a temperature as hot as the fabric will tolerate, then ironed or tumble-dried. Uniforms should be washed

separately from other linen, ensuring that the machine is not overfilled so that the clothing receives adequate rinsing etc.

If a uniform becomes grossly contaminated then contact IPCT on 01244 397700 for advice.

Staff wearing their own clothing at work should ensure that such clothing will tolerate a wash of 40 degrees or above, in a domestic washing machine and can be tumble-dried or ironed. Staff who wear their own clothing should bring a change of clothes to wear when they have finished work and then follow the guidance as for staff who wear uniform.

6.4 Crockery and utensils

No special precautions are necessary beyond current practice. All such items should be washed in a dishwasher on a hot cycle. There is no need to use disposable crockery or utensils.

6.5 Environmental cleaning and disinfection

It must be recognised that the domestic services across the Trust will be under pressure to deliver a high standard of cleaning in all areas. The frequencies stated below are for general guidance only and will be reassessed at regular intervals by the IPCT and the Facilities Manager as it will be necessary to prioritise cleaning services.

Areas in which service users with Pandemic Influenza are being cohorted must be cleaned once a day as a minimum. Frequently touched surfaces such as door knobs must be cleaned at least twice daily and when contaminated with secretions or other matter.

A fresh solution of hot water and detergent or agreed alternative such as a detergent wipe should be sufficient. However, it may be necessary to use other cleaning preparations such as hypochlorite (bleach) if there is a blood or body fluid spillage. Further advice should be sought from the Trust's Infection Prevention and Control (IPC) operational policy and Standard universal infection control precautions policy.

Damp dusting rather than dry dusting should be performed to avoid generating unnecessary dust particles. The cleaning schedule should ensure that the "cleaner" areas should be dealt with first followed by the heavily contaminated areas e.g. Influenza segregated areas. Cleaning solutions and cloths must be changed frequently and where possible single use or dedicated cleaning equipment should be used. Items such as mop heads must be laundered immediately after use if not disposable.

Domestic staff should be allocated their areas and not moved in-between them during an Influenza Pandemic. See staff deployment for further information. Staff must be trained in the correct use of PPE and the necessary infection control precautions to take when cleaning an affected area. Please see table 1 for further guidance regarding PPE.

6.6 Patient care equipment

Effective cleaning of equipment is essential to assist in the prevention of transmission of the Influenza virus. The following principles should be adhered to:

- Appropriate PPE should be worn when cleaning contaminated equipment;
- Hot water and general purpose detergent or an agreed alternative such as a detergent wipe, is usually sufficient to remove most soiling e.g. commodes and mattresses;
- Alcohol wipes should be used with caution as alcohol can damage certain items and it does not remove organic matter;
- Equipment such as stethoscopes, which can shared by HCWs, must be kept scrupulously clean and cleaned before and after every use.
- Items such as telephone handsets can be decontaminated as often as necessary by wiping with a disposable cloth and hot water and detergent or an agreed alternative such as a detergent wipe. The handset should then be dried thoroughly.
- Computer keyboards can be decontaminated using a damp disposable cloth only taking care not to over wet the area. Such equipment must be turned off before carrying out this

task and advice must be sought from the Trust's IT Helpdesk on 0300 303 8182 if further information is required;
- Use of equipment that circulates air such as electric fans should be avoided wherever possible;
- Where possible equipment for service users with Pandemic Influenza should be kept dedicated for their use;
- Non-essential furniture, especially soft furnishings, must be removed;
- Books, magazines, soft toys and any item that cannot be adequately cleaned should not be used by service users who have Pandemic Influenza. This would include removing such items from waiting and communal areas that must remain in use.

If there is any doubt on how to decontaminate a piece of equipment, consult the Trust's decontamination and disinfection policy.

6.7 Furnishings

All non-essential furniture should be removed and placed into storage. This includes soft furnishings that cannot be adequately decontaminated, including from reception areas, waiting rooms, day rooms and lounges. Remaining furniture must be easy to clean e.g. with hot water and detergent or an agreed alternative and should not conceal or retain dirt and moisture.