**Screening Clinic Patient Flow Chart**

**Version three, 18th May 2009**

**Core purpose of clinic** – to assess people who may fit the definition of a case of pandemic influenza and in those who are a suspect case or a contact, to swab to confirm the diagnosis, treat and establish quarantine

1. Person identified by either general practice or public health pathways
2. Call to screening clinic coordinator
3. Appointment made for clinic
4. Doctor takes history, assesses symptoms against case definition

* Doctor decides whether patient is a case or not
* Doctor decides whether a contact of a case or not

**If a case or a contact:**  **If not a case or a contact:**

Patient is notified to Public Health Patient is reassured

Patient is swabbed to obtain diagnostic confirmation

Patient is treated with Tamiflu (if within 72 hours of symptom onset)

Advised about infection control at home

Patient is quarantined – specific about how, where, how long?

Patient is advised to inform public health of any deterioration in their illness

The screening unit is intended to be primarily an assessment centre. If the patient has significant symptoms suggesting an alternative diagnosis or a secondary infection, if appropriate, advise patient to contact GP for further telephone advice and possible treatment.

If clinically required, examination may be done but with excellent infection control and changing PPE between patients

Dr Paul McCormack

# Doctors and Nurses Personal Protection Equipment (PPE) Procedure

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| **Scope** | | |
|  | This procedure is for the Doctors and Nurses at Canterbury Influenza Screening Clinic to ensure Personal Protective Equipment is used in the correct manner. | |
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| **Equipment** | | |
|  | Scrubs - Gown, N95 Mask, Surgical Mask, Goggles, Gloves (supplied by Clinic) | |
| **Procedure** | | |
|  | Any Doctors/Nurses working in the Clinic must wear Personal Protection Equipment (PPE). |

| **Step** | **Action** |
| --- | --- |
| 1 | ‘Clean’ area for changing at the start of the Clinic. |
| 2 | Change into ‘Scrubs’. |
| 3 | Put on:   1. gown 2. mask 3. gloves   Doctors wear N95 mask and goggles.  Remember to change gloves after contaminating procedures, i.e. taking swabs and between each patient. |
| 4 | At the end of the Clinic, remove goggles, mask, gown and gloves in that order and put in the waste bin safely. Wash hands with alcohol based hand rub. |
| 5 | Shower facilities are available for staff. Place dirty scrubs into “infectious” linen bag provided. Wash hands again. |
| 6 | Proceed to ‘clean’ area to dress. |
| 7 | Wash hands with alcohol based hand rub before leaving premises. |

# Patient Screening Procedure

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| **Scope** | | |
|  | This procedure is for the Doctors and Nurses at Canterbury Influenza Screening Clinic to ensure the Influenza Screening Clinic runs in an efficient and effective way. | |
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| **Equipment** | | |
|  | Building Keys (handed over from previous shift) | |
| **Procedure** | | |
|  | Two keys are available for Clinic – one held by C&PH and one by Pegasus. |

| **Step** | **Action** |
| --- | --- |
| 1 | Nurse greets patient, asks them to wash hands with alcohol based hand rub, put on a mask ensuring nose and mouth are covered and advises of precautions for infection control (social distancing and keeping 1.5 metres distance, etc). |
| 2 | Nurse completes the Case Report Form (front page). |
| 3 | Nurse takes patient behind the screen to see the Doctor. |
| 4 | Nurse returns to administration area, keeping a clear distance and listens to case history as it is being discussed (ensure temperature is taken). |
| 5 | If doctor thinks patient meets the case definition, the nurse completes a Medlab form and viral medium tube (with patient details) and gets swabs for doctor. These are then double bagged. The Doctor holds contaminated bag and nurse holds ‘clean’ bag. Pernasal and throat swabs are taken. |
| 6 | MedLab form should state H1N1 Influenza in clinical details. Swab site is pernasal. |
| 7 | If patient meets case definition and has been swabbed, they need to be asked to go into voluntary quarantine for 72 hours and sign a form. Give a new pen for signature (use clean pen for each case).  May need Medical Certificate for work purposes. |
| 8 | Ensure flight number and seat number filled in on Case Report Form. |
| 9 | Give Tamiflu to patient if doctor prescribes (from stockpile) – record batch number.  All cases swabbed should get Tamiflu.  Give patient information sheets on Flu, Tamiflu and managing in the home. |
| 10 | If patient does not agree to take Tamiflu, they must be quarantined for 7 days. |
| 11 | Ensure good hygiene etiquette is discussed. |
| 12 | If patient meets case definition and is swabbed, complete a Contact Sheet for other people living at home as the contact management team will follow-up. |
| 13 | Nurse accompanies patient to door and asks them to remove mask carefully and put it in the waste bin. Then apply more alcohol based hand wash before leaving. |
| 14 | Write summary of case on front of form, e.g. swabbed/not swabbed, given tamiflu (write batch number, put into quarantine, medical certificate given, info given, etc. |
| 15 | Clean Clinic surfaces with Clinidet spray as per procedure on administration desk. |
| 16 | Turn lights off and lock Clinic. Ensure keys are available for people doing next days Clinic. |
| 17. | Take swabs to Canterbury Health Laboratory (drop off at reception). |
| 18. | Take all case reports, quarantine and contact forms to C&PH for data entry. |