

## Influenza

### Guideline for the Management and Treatment of Patients with Influenza

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| Lead Author | Jacqueline Barmanroy | Date Approved | October 2024 |
| Version     | 6                    | Review Date   | October 2027 |

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| TARGET AUDIENCE | NHSL WIDE, Acute, Health and Social Care Partnerships |
| PATIENT GROUP   | All in patients and outpatients                       |

## Clinical Guidelines Summary

Influenza or 'flu' is an acute viral infection affecting the respiratory tract. There are three main types of influenza viruses that affect humans: A, B and C. Influenza A and influenza B are responsible for most clinical illness. Influenza is highly infectious with a usual incubation period of one to four days. Endemic influenza occurs every year, with Influenza A usually causing a more severe illness than influenza B. Pandemic influenza occurs when a new influenza A sub-type appears that is different to previous sub-types and can:

- infect humans
- spread effectively from human to human
- cause significant clinical illness in a high proportion of those who acquire the virus.

Laboratory tests are carried out on patients to:

- diagnose flu which can be similar to other acute respiratory infections.
- enable clinicians to target treatment such as antivirals as early as possible.
- assist in decision making on patient placement.

This information is used to guide the development of policies for protecting the population from influenza. ARHAI Scotland also conducts annual surveillance of flu activity in Scotland and uptake of seasonal flu vaccine.

Primary strategies for preventing influenza are:

- **VACCINATION: the most effective way of preventing the spread of influenza**
- Early detection and treatment
- Standard infection control and transmission based precautions (SICPs) and Transmission Based Precautions (TBPs) to prevent transmission during patient care.

Strict adherence to SICPs and TBPs will help to prevent spread within hospitals and other healthcare settings. The infection control guidance within this document is based on current knowledge of influenza transmission, the pathogenesis of influenza and the effects of influenza control measures during past pandemics and inter-pandemic periods.

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|-------------|----------------------|---------------|--------------|
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## Guideline Body

### 1.0 INTRODUCTION

Influenza or 'flu' is an acute viral infection affecting the respiratory tract. There are three main types of influenza viruses that affect humans: A, B and C. Influenza A and influenza B are responsible for most clinical illness. Influenza is highly infectious with a usual incubation period of one to four days. Endemic influenza occurs every year, with Influenza A usually causing a more severe illness than influenza B. Pandemic influenza occurs when a new influenza A sub-type appears that is different to previous sub-types and can:

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### 2.0 AIM, PURPOSE AND OUTCOMES

The purpose of this Guideline is to provide Healthcare Workers (HCW) with details of the care required to ensure the prompt recognition, investigation, and management of patients with influenza

The Guideline aims to:

- Outline roles and responsibilities
- Inform staff of how to prevent the transmission of influenza in all care settings
- Improve patient safety in relation to reducing transmission of influenza and improving the management of these patients.
- Reduce morbidity, mortality and service disruption as a result of influenza

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|-------------|----------------------|---------------|--------------|
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The outcome will be a consistent approach across NHS Lanarkshire (NHSL) to ensure safe and supportive practice to prevent the spread of infection.

### 3.0 SCOPE

#### 3.1 Who is the Guideline Intended to Benefit or Affect

This Guideline will be of benefit to:

- Patients – by ensuring that influenza is recognised promptly and managed accordingly.
- Carers and Relatives - by providing a level of reassurance that intervention will be employed as appropriate to reduce the risk of harm to patients in receipt of hospital care and treatment
- Staff - by providing clear guidance and direction through a standardised guideline
- Organisation - by providing clear guidance and direction through a standardised Guideline

#### 3.2. Who are the Stakeholders

Patients, carers, relatives, and staff and those defined within section 5 Roles and Responsibilities.

### 4.0 PRINCIPAL CONTENT

|                               |   |
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| <b>Causative organism</b>     | Influenza   |
| <b>Clinical Manifestation</b> | <p>Sudden onset with at least <b>one</b> of the following five systemic symptoms:</p> <ul style="list-style-type: none"> <li>• Fever or feverishness</li> <li>• Malaise</li> <li>• Headache</li> <li>• Myalgia</li> <li>• Extreme Fatigue</li> </ul> <p>And at least <b>one</b> of the following three respiratory symptoms:</p> <ul style="list-style-type: none"> <li>• Cough</li> <li>• Sore throat</li> <li>• Shortness of breath</li> <li>• Runny stuffy nose</li> </ul>   |
| <b>Treatment</b>              | <p>Please refer to the relevant Public Health England Guidance to obtain advice regarding treatment of suspected or known cases of influenza and / or prophylaxis of specific vulnerable groups.<br/><a href="https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/">https://www.hps.scot.nhs.uk/web-resources-container/phe-guidance-on-use-of-antiviral-agents-for-the-treatment-and-prophylaxis-of-seasonal-influenza/</a></p> <p>This guidance has been approved for use in Scotland by the Scottish Health Protection Network Guidance Group (SHPN-GG). The guidance should be used in conjunction with the <a href="#">SHPN addendum</a></p> <p>If further advice is required please contact Microbiology or the Infectious Diseases Consultant.</p> |
| <b>Incubation period</b>      | Incubation period 1- 4 days (average 2 days)  |

|             |                      |               |              |
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| <b>Period of infectivity</b>         | Patients can be infectious from the day before their symptoms begin to five to seven days after illness onset. Severely immunocompromised persons can shed virus for months.  |
| <b>Exclusion period</b>              | Patients should be isolated until they are 24 hours' symptom free –in line with the NIPCM.  |
| <b>Mode of transmission</b>          | <p>There are three main routes of transmission:</p> <p><b>Droplet Transmission</b></p> <ul style="list-style-type: none"> <li>• Large droplets (greater than 5 microns in size) may be generated from a person with clinical disease during coughing or sneezing and may land directly on the conjunctiva, or mucous membranes of the nose and mouth of a susceptible person. Large droplets are heavy and do not remain suspended in the air for long periods of time and only travel for up to 1 metre, so close contact is required for transmission.</li> </ul> <p><b>Direct / Indirect Contact Transmission</b></p> <ul style="list-style-type: none"> <li>• <b>Direct:</b> Infectious agents are passed directly from an infectious person (for example after coughing into their hands) to a recipient who then transfers the organism into their mouth, nose or eyes.</li> <li>• <b>Indirect:</b> contact transmission is the transfer of an infectious agent through a contaminated intermediate object or person e.g. from a contaminated surface, bed table, to the hands of another person who then transfers the virus to their nose, mouth or eyes. Influenza virus is known to survive well in the environment; up to 24 hours.</li> </ul> <p><b>By the Airborne Route during and after Aerosol Generating Procedures (AGPs)</b></p> <ul style="list-style-type: none"> <li>• AGPs can produce droplets &lt;5 microns in size. These small droplets can remain in the air, travel more than one metre from the source and still be infectious, either by mucous membrane contact or inhalation.</li> </ul> |
| <b>Reservoirs</b>                    | Staff, Patients, Equipment, Environment.  |
| <b>People at risk of acquisition</b> | Anyone; young, elderly, pregnant women, people who are morbidly obese, those with chronic medical conditions and those who are immunocompromised. Healthy people are also at risk of influenza infection.   |

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| <b>People at High Risk who may develop complications</b> | <p>Some people will be at greater risk of developing complications and becoming more seriously ill e.g.</p> <ul style="list-style-type: none"> <li>• Risk factors for complicated influenza:</li> <li>• Neurological, hepatic, renal, pulmonary and chronic cardiac disease.</li> <li>• Diabetes mellitus.</li> <li>• Severe immunosuppression.</li> <li>• Age over 65 years.</li> <li>• Pregnancy (including up to two weeks postpartum).</li> <li>• Children under 6 months of age.</li> <li>• Morbid obesity (BMI ≥40).</li> </ul> |
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|                              | For full details refer to Immunisation against infectious disease, known as the Green Book Chapter 19.   |
| <b>Specimens for testing</b> | <ul style="list-style-type: none"> <li>• A viral swab or a gargle / respiratory secretion in viral transport medium for PCR. Please refer to current local sampling guidance.</li> <li>• In the community, routine testing of patients with flu-like illnesses is not recommended unless there is a specific reason, e.g. GP spotter practices.</li> <li>• Patients who present to hospital with flu-like illness should be tested if clinically relevant and meet the clinical manifestation as outlined in section 4.</li> <li>• Repeat testing to confirm clearance of influenza is <b>not</b> required.</li> <li>• Testing for asymptomatic contacts is not required.</li> </ul> |
| <b>Discontinuing TBPs</b>    | <ul style="list-style-type: none"> <li>• Patients should be isolated until they are 24 hours symptom free –in line with the NIPCM.</li> <li>• If the date of the onset of symptoms is unclear use date of sample as day 0.</li> <li>• <b>N.B.</b> The period of infectivity may be extended if the patient is immunosuppressed following a risk assessment with Clinical staff..</li> </ul>  |

**NB: For SICPs please refer to the Standard Operating Procedure (SOP) for the Management and Treatment of patients with Influenza in hospital and [NIPCM](#)**

### 5.0 Standard Infection Control Precautions (SICPs) / Transmission Based Precautions (TBPs)

(refer also to the National Infection Prevention & Control Manual)

| <b>SICPs &amp; TBPs</b>  |   |
|--------------------------|---|
| <b>Patient placement</b> | <ul style="list-style-type: none"> <li>• All patients with confirmed or suspected influenza should be nursed in a single room with en-suite facilities (where possible). If a single room is not available staff should inform the IPCT and complete a risk assessment to ensure that there is at least 2 metres between bed centres to minimize cross transmission. The cohorting of patients with suspected influenza in the same bay should only be carried out once influenza has been confirmed.</li> <li>• If a patient is nursed in a single room appropriate signage should be displayed prominently at the entrance to identify the area (Yellow “Please see Nurse in Charge” sign)</li> <li>• Patients should be isolated until they are 24 hours symptom free –in line with the NIPCM.</li> <li>• Patients who test positive for influenza but are asymptomatic are unlikely to spread the virus and can be regarded as non-infectious and therefore do not require isolation.</li> <li>• Patients with prolonged illness or complications should be assessed by clinical staff, and isolation precautions discontinued if deemed appropriate. Patients who fall into this category must be assessed individually.</li> </ul> <p><b>Patients with confirmed or suspected influenza and who require Aerosol Generated Procedures (AGPs) must be nursed in an isolation room with the door closed.</b></p> |

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| <p><b>Hand hygiene</b></p>                                    | <ul style="list-style-type: none"> <li>• Strict adherence to hand hygiene guidelines, hands must be decontaminated before and after each direct patient care episode.</li> <li>• Patients and visitors should be offered guidance on appropriate hand hygiene and TBPs</li> <li>• Refer to National Infection Prevention and Control Manual (NIPCM) Standard Infection Control Precautions (SICPs).</li> <li>• Hand Rub can be used to decontaminate hands if hands are visibly clean. Refer to hand Hygiene Policy.</li> </ul>   |                      |                     |
| <p><b>Moving between wards, hospitals and departments</b></p> | <p>Patients diagnosed with influenza who remain infectious must not leave the care area unless there is a clinical need.<br/>If a patient requires transfer to another department the following procedures must be followed:</p> <ul style="list-style-type: none"> <li>• The receiving department must be informed in advance.</li> <li>• The patient should wear a Fluid Resistant Surgical Face Mask (FRSM) for the duration of transfer to minimise the dispersal of respiratory secretions into the environment.</li> <li>• If the patient requires oxygen a FRSM is not applicable however if a nasal cannula is used to deliver oxygen then the patient should also wear a FRSM over the nasal cannula.</li> <li>• HCWs transporting the patient should follow transmission based precautions and refer to the NIPCM for current guidelines regarding the use of FRSM.</li> <li>• The patient must be taken straight to and returned from the department and must not wait in a communal area.</li> </ul> <p><b>Hospital Transfers</b><br/>Patients must not be transferred from one hospital to another for routine care however some patients may require specialist care, e.g. renal dialysis. Transferring a patient to another hospital <b>MUST</b> be discussed with the local IPCT.</p> |                      |                     |
| <p><b>Equipment</b></p>                                       | <ul style="list-style-type: none"> <li>• Use single-use items if possible.</li> <li>• Where possible allocate equipment for individual patient use e.g. washbowl, commodes etc.</li> </ul>  |                      |                     |
| <p><b>Equipment &amp; Environmental cleaning</b></p>          | <ul style="list-style-type: none"> <li>• <b>Domestic Staff</b> - Daily environmental cleaning must be undertaken with a solution of 1,000ppm available Chlorine releasing agent. Refer to manufacturer instructions.</li> <li>• <b>Nursing Staff</b> - Single patient use equipment – clean with a solution of 1,000ppm available Chlorine releasing agent after each use. Ensure that the rooms of patients with infection are cleaned (at least daily) with a focus on increased cleaning for frequently-touched surfaces (e.g. over-bed tables, lockers, lavatory surfaces in patient bathrooms, door knobs) and equipment in the immediate vicinity of the patient. Frequently touched surfaces must be decontaminated at least daily.</li> <li>• Patient care areas should be cleaned using a chlorine releasing agent following any AGPs and immediately if visibly contaminated/soiled.</li> <li>• Additional cleaning may be advised by the IPCT.</li> <li>• Keep environment clean and clutter free.</li> </ul>  |                      |                     |
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| <b>Personal Protective Equipment (PPE)</b> | <p><b>The recommended PPE required to minimise the risk of cross-transmission of infection to self and others when providing patient care can be found in Appendix 16 (NIPCM) as summarised below:</b></p> <table border="1" data-bbox="416 349 1436 645"> <thead> <tr> <th>PPE</th> <th>Close patient contact (&lt;1 metre)</th> <th>Aerosol Generating Procedures (AGPs)</th> </tr> </thead> <tbody> <tr> <td>Fluid repellent gown</td> <td>Risk Assessment*</td> <td>Risk Assessment*</td> </tr> <tr> <td>Gloves</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Plastic Aprons</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>FRSM</td> <td>✓</td> <td>X</td> </tr> <tr> <td>FFP3 Respirator</td> <td>X</td> <td>✓</td> </tr> <tr> <td>Eye Protection</td> <td>Risk Assessment*</td> <td>✓</td> </tr> </tbody> </table> <p>*Full body fluid repellent gowns and eye protection must be used when there is a risk of extensive splashing of blood, body fluid secretions or excretions.</p> <p>FFP3(FFP is short for “filter face piece” and the “3” denotes the filtration efficiency of the respirator) masks:</p> <ul style="list-style-type: none"> <li>• should be worn only by those staff carrying out AGPs refer to <a href="#">NIPCM</a>.</li> <li>• should be worn by staff who have been suitably face fit tested</li> <li>• must conform to BS EN 149:2001 Standard</li> </ul> <p>A diagram of how to put on and remove PPE is contained in Appendix 6 of the <a href="#">NIPCM</a>.</p> | PPE                                  | Close patient contact (<1 metre) | Aerosol Generating Procedures (AGPs) | Fluid repellent gown | Risk Assessment* | Risk Assessment* | Gloves | ✓ | ✓ | Plastic Aprons | ✓ | ✓ | FRSM | ✓ | X | FFP3 Respirator | X | ✓ | Eye Protection | Risk Assessment* | ✓ |
|--|--|--------------------------------------|----------------------------------|--------------------------------------|----------------------|------------------|------------------|--------|---|---|----------------|---|---|------|---|---|-----------------|---|---|----------------|------------------|---|
| PPE  | Close patient contact (<1 metre)   | Aerosol Generating Procedures (AGPs) |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| Fluid repellent gown                       | Risk Assessment*   | Risk Assessment*                     |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| Gloves                                     | ✓  | ✓                                    |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| Plastic Aprons                             | ✓  | ✓                                    |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| FRSM                                       | ✓  | X                                    |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| FFP3 Respirator                            | X  | ✓                                    |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| Eye Protection                             | Risk Assessment*   | ✓                                    |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| <b>Patient Information</b>                 | <ul style="list-style-type: none"> <li>• The clinical team with overall responsibility for the patient must inform the patient of their status and provide information for the patient/relatives.</li> </ul>   |                                      |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| <b>Linen</b>                               | <p>Linen should be treated as ‘infectious linen’ as outlined in the Laundry: ‘Bagging &amp; Tagging’ poster.</p> <ul style="list-style-type: none"> <li>• Linen hamper bags must be tagged appropriately (e.g. date, hospital ward/care area) to ensure traceability.</li> <li>• Bed linen and patient clothing should be changed daily.</li> </ul>  |                                      |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| <b>Patient Clothing</b>                    | <ul style="list-style-type: none"> <li>• There are no special requirements when handling patients clothing, however, advise relatives to wash hands thoroughly after clothing has been handled. Clothes should be washed at the temperatures advised on the clothing labels. Laundry Guidelines information leaflet is available if required – if this leaflet is provided document this in the personal care record.</li> <li>• HCWs handling patient clothing should use the appropriate PPE Refer to the Management of Influenza Guidelines.</li> </ul>   |                                      |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| <b>Waste</b>                               | <ul style="list-style-type: none"> <li>• Waste from patients with Influenza must be designated as clinical waste and placed in an orange bag.</li> </ul>   |                                      |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |
| <b>Removing Precautions</b>                | <p>Precautions can be removed once patient is 24 hours asymptomatic. Discuss further arrangements with the IPCT following a terminal clean.</p> <p>Discharge planning<br/>When medically fit for discharge the clinical team with overall responsibility for the patient must inform the General Practitioner of the patient’s diagnosis.</p>  |                                      |                                  |                                      |                      |                  |                  |        |   |   |                |   |   |      |   |   |                 |   |   |                |                  |   |

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| <p><b>Terminal Cleaning Following transfer, discharge or once the patient is no longer considered infectious</b></p> | <p>Remove all of the following from the vacated single room:</p> <ul style="list-style-type: none"> <li>healthcare waste and any other disposable items (bagged before removal from the room);</li> <li>bedding/bed screens/curtains are managed as infectious linen (bagged before removal from the room); and</li> <li>reusable non-invasive care equipment (decontaminated in the room prior to removal).</li> </ul> <p>The room should be decontaminated using:</p> <ul style="list-style-type: none"> <li>a combined detergent disinfectant solution and chlorine releasing agent at a dilution 1,000ppm av.cl. (this process applies for <b>domestic staff</b> for the environment only).</li> <li>Disinfectant wipes. (<b>clinical staff</b> only for decontaminating the environment including near patient equipment)</li> <li>The room must be cleaned from the highest to lowest point and from the least to most contaminated point.</li> </ul>  |
| <p><b>Last Offices</b></p>   | <p>Precautions for hygiene preparation of the body are the same as those required during life. Refer to the National Infection Control Manual.</p>   |
| <p><b>Visitors</b></p>   | <ul style="list-style-type: none"> <li>All visitors must be free of flu-like symptoms, however in exceptional circumstances, e.g. when a patient is critically ill, then advice should be sought from the IPCT and a risk assessment will be undertaken.</li> <li>Visitors must speak to a member of staff and be instructed on hand hygiene practice before entering and on leaving the patients room.</li> <li>Visitors should be informed of the risk associated with the visit, to allow them to make a decision on whether they wish to proceed or not.</li> </ul> <p><b><u>Visitors exposed to BiPAP or CPAP</u></b></p> <ul style="list-style-type: none"> <li>Visitors to patients receiving BiPAP or CPAP may be exposed to potentially infectious aerosols. The number of such visitors should be limited to two unless there are exceptional circumstances.</li> <li>The use of a respirator may be offered to those who wish to visit a patient known or suspected to be infected with a microorganism spread by the Airborne (aerosol route) and this decision should be based on a risk assessment.</li> <li>Visiting should be restricted to essential visitors only.</li> </ul> <p><b><u>Particular emphasis on:</u></b><br/><b>Respiratory Hygiene &amp; Cough Etiquette (Catch it, Bin it, Kill it.)</b><br/>Patients, staff and visitors should be encouraged to minimise potential influenza transmission by:</p> <ul style="list-style-type: none"> <li>Covering the nose and mouth with disposable tissues when sneezing, coughing, wiping and blowing noses.</li> <li>Disposing of used tissues in nearest waste bin, washing hands after coughing, and sneezing using tissues.</li> <li>Avoid touching eyes, mouth and nose.</li> </ul> <p>Some patients may need assistance with containment of respiratory secretions, e.g. older people and children. Those who are immobile may need</p> |

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|  | a container readily at hand for immediate disposal of tissues. They should also have a supply of tissues and hand wipes. |
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## 6.0 ROLES AND RESPONSIBILITIES

| Who   | Roles & Responsibilities   |
|---|--|
| <b>NHS Board</b>                                  | <ul style="list-style-type: none"> <li>To implement this guideline across NHS Board</li> </ul>   |
| <b>Hospital Management Teams</b>                  | <ul style="list-style-type: none"> <li>Support the HCWs, HPT and the IPCT in following this guideline.</li> <li>Cascade new policies to clinical staff after approval by the ICC.</li> </ul>   |
| <b>Infection Prevention &amp; Control Team</b>    | <ul style="list-style-type: none"> <li>Keep this guideline up to date.</li> <li>Engage with staff to support implementation of IPC precautions described in this guideline as required.</li> <li>Review national guidance</li> <li>Provide education opportunities on this guideline</li> </ul>  |
| <b>Health Protection Team</b>                     | <ul style="list-style-type: none"> <li>Keep this guideline up to date.</li> <li>Engage with staff to support implementation of IPC precautions described in this guideline as required.</li> <li>Review national guidance</li> <li>Provide education opportunities on this guideline</li> </ul>  |
| <b>Microbiology/ Laboratory staff</b>             | <ul style="list-style-type: none"> <li>To provide laboratory testing, clinical support and interpretation of results for clinical staff and the IPCT.</li> <li>To liaise with appropriate reference laboratories to coordinate additional specimen investigation.</li> <li>Out of hours influenza results will be available on the browser for users to check</li> </ul>   |
| <b>Senior Charge Nurse (Ward Manager)</b>         | <ul style="list-style-type: none"> <li>To provide clinical and managerial leadership within the clinical area &amp; act as role models in relation to infection prevention and control.</li> <li>To ensure implementation and ongoing compliance with SICPs and TBPs and take appropriate action to address any area of non-compliance.</li> <li>To report any difficulty in accessing or providing sufficient resource to achieve this.</li> <li>Recognise and report to the IPCT any incidences of clinical conditions where the signs/symptoms are suggestive of an outbreak.</li> </ul>  |
| <b>Health Care Workers (HCWs) and Clinicians.</b> | <ul style="list-style-type: none"> <li>To ensure implementation and ongoing compliance with SICPs and TBPs.</li> <li>Be alert to any patient developing symptoms of respiratory infection that may be suggestive of influenza.</li> <li>Prompt recognition and appropriate management and treatment of patients displaying symptoms of influenza.</li> <li>Isolate the patient.</li> <li>Assist in the investigation of any influenza cases that result in severe disease or death.</li> <li>For patients who require ITU admission it is the responsibility of the clinician to complete the Severe Acute Respiratory Infection (SARI) form.</li> </ul> |

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| Who   | Roles & Responsibilities   |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Inform a member of the IPCT if this guideline cannot be followed and inform their clinical lead or line manager.</li> <li>• Staff who suspect they have flu should ensure they are 24 hours asymptomatic prior to returning to work.</li> </ul> |
| <b>PSSD</b>                                   | <ul style="list-style-type: none"> <li>• To provide support services including domestic services to NHS Lanarkshire to maintain the cleanliness and safety of premises in line with local/national guidelines.</li> </ul>  |
| <b>SALUS Occupational Health &amp; Safety</b> | <ul style="list-style-type: none"> <li>• To provide specialist advice and support to clinical teams and the IPCT in relation to staff health and other matters of health &amp; safety.</li> </ul>  |
| <b>Communication Department</b>               | <ul style="list-style-type: none"> <li>• To lead on the development and dissemination of media statements and other key information to NHS Lanarkshire and external agencies</li> <li>• To take the lead on public communication.</li> </ul>   |

## 7.0 RESOURCE IMPLICATIONS

It is important that this policy is adhered to, to reduce Healthcare Associated Infection (HCAI).

## 8.0 COMMUNICATION

The Management and Treatment of Patients with Influenza Infection guideline will be launched and distributed as follows:

- Staff brief
- The Guideline will be available on the 'Infection Prevention & Control Manual' section on FirstPort and the "Right decisions website" clinical app.

## 9.0 EVIDENCE BASE

- [Influenza: treatment and prophylaxis using anti-viral agents](#)
- [National Infection Prevention and Control Manual](#)
- [The Green Book Chapter 19 Influenza](#)
- [Guidance on use of antiviral agents for the treatment and prophylaxis of seasonal influenza](#)
- [Editorial Commentary: Symptoms and Viral Shedding in Naturally Acquired Influenza Infections](#)

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|-------------|----------------------|---------------|--------------|
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## 10.0 ABBREVIATIONS

|         |  |
|---------|--|
| AGP     | Aerosol Generating Procedures                      |
| BiPAP   | Bi-level Positive Airway Pressure Ventilation      |
| BMI     | Body Mass Index                                    |
| CPAP    | Continuous Positive Airway Pressure                |
| ENT     | Ears, Nose and Throat                              |
| FFP     | Filtering Face Piece                               |
| GRG     | Governance review Group                            |
| GDPR    | General Data Protection Regulations                |
| HFNO    | High Flow Nasal Oxygen                             |
| HQAIC   | Healthcare Quality Assurance Improvement Committee |
| HCWs    | Health Care Workers                                |
| HDU     | High Dependency Unit                               |
| HFOV    | High Frequency Oscillatory Ventilation             |
| HPT     | Health Protection Team                             |
| ICC     | Infection Control Committee                        |
| ICU     | Intensive Care Unit                                |
| IPCM    | Infection Prevention and Control Manual            |
| IPCN    | Infection Prevention and Control Nurse             |
| IPCT    | Infection Prevention and Control Team              |
| NHSL    | NHS Lanarkshire                                    |
| NIV     | Non Invasive Ventilation                           |
| OHS     | Occupational health and Safety                     |
| PCR     | Polymerase Chain Reaction                          |
| PSSD    | Property and Support Services Department           |
| SARI    | Severe Acute Respiratory Infection                 |
| SHPN-GG | Scottish Health Protection Network Guidance Group  |
| SICPs   | Standard Infection Control Precautions             |
| SOP     | Standard Operating Procedure                       |
| TBPs    | Transmission Based Precautions                     |

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Guideline for the Management and Treatment  
of Patients with Influenza

|   |   |
|---|---|
| <b>Author:</b>                          | <b>Infection Prevention &amp; Control Team (IPCT)</b> |
| Responsible Lead<br>Executive Director: | Executive Director of Nursing                         |
| Endorsing Body:                         | Infection Control Committee (ICC)                     |
| Governance or<br>Assurance Committee    | NHS Lanarkshire Healthcare Governance Committee       |
| Implementation Date:                    | October 2024  |
| Version Number:                         | 6   |
| Review Date:                            | October 2027  |
| Responsible Person                      | Head of Infection Prevention and Control              |

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| <b>CONSULTATION AND DISTRIBUTION RECORD</b> |   |
|---|---|
| <b>Contributing Author / Authors</b>        | <ul style="list-style-type: none"> <li>• IPCT</li> </ul>  |
| <b>Consultation Process / Stakeholders:</b> | <ul style="list-style-type: none"> <li>• IPCT</li> <li>• Health Protection Team (HPT)</li> <li>• Property and Support Services Division (PSSD)</li> <li>• Microbiologists</li> <li>• Infection Control Doctor</li> <li>• Lead Antimicrobial Pharmacist</li> <li>• Chief Nurses</li> <li>• Chief Medical staff</li> <li>• SALUS Occupational Health and Safety (OH&amp;S)</li> </ul> |
| <b>Distribution:</b>                        | <ul style="list-style-type: none"> <li>• Available to NHS Lanarkshire staff via Firstport</li> </ul>  |

| <b>CHANGE RECORD</b> |                                       |  |                    |
|----------------------|---------------------------------------|--|--------------------|
| <b>Date</b>          | <b>Author</b>                         | <b>Change</b>  | <b>Version No.</b> |
| 08/07/2015           | Infection Prevention and Control Team | Revision of existing Section Z Management and Treatment of Patients with Influenza | V2.1               |
| 28/04/2017           | Policy Review Group                   | Updated to reflect national changes  | V3.0               |
| 31/05/2018           | Corporate Policy Team                 | GDPR Statement added into section 4 and updated name of Data protection Act.       | 3.1                |
| 28/08/2018           | Policy Review Group                   | Reviewed and updated by the Policy Review Group.                                   | 3.1                |
| 10/09/2020           | Governance review Group (GRG)         | Guidelines reviewed and updated by GRG   | 4                  |
| 13/09/2022           | GRG                                   | Guidelines reviewed and updated by GRG   | 5                  |
| 11/09/2024           | GRG                                   | Guideline reviewed and updated in line with NHSL guidance                          | 6                  |

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| <b>Lead Author</b> | Jacqueline Barmanroy | <b>Date Approved</b> | October 2024 |
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## APPENDIX 1 - Airborne precautions

Airborne precautions are designed to prevent transmission of infectious agents that remain infectious when suspended in the air and can travel over long distances. **Unless an AGP is performed this mode of transmission is not considered important in the transmission of respiratory pathogens causing influenza** (Does not pertain to Care Home/ Social Work / Home Care Settings).

AGPs can produce droplets <5 microns in size which may cause infection if they are inhaled. These small droplets, containing infectious agents, can remain in the air, travel over a distance and still be infectious. AGPs should only be carried out when essential. Where possible, these procedures should be carried out in well-ventilated single rooms with the doors shut. Only those healthcare workers who are needed to undertake the procedure should be present.

The evidence necessary to establish which AGPs are associated with transmission of respiratory pathogens is poorly established and mostly anecdotal. Studies are of variable quality and rigour. From the available literature and incorporating UK expert opinion, the following procedures as noted in Appendix 17 of the NIPCM are considered likely to generate aerosols capable of transmitting respiratory pathogens in patients including those with influenza.

<https://www.nipcm.scot.nhs.uk/appendices/appendix-17-aerosol-generating-procedures-agps-and-post-agp-fallow-time-pagpft/>

Certain other procedures/equipment may generate an aerosol from material other than patients' secretions but are **NOT** considered to represent a significant infectious risk. Procedures in this category include:

- Administration of pressurised humidified oxygen
- Administration of medication via nebulisation

During nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol.

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# Guidelines for the Management and Treatment of Patients with Influenza



## APPENDIX 2



### Quick Reference Guide

#### Management of Patients with Confirmed/Suspected Influenza

#### Infection Prevention and Control Services

Hairmyres  Monklands  Wishaw

Other (specify).....

Ward: .....

CHI no: \_\_\_\_\_  
 First name: \_\_\_\_\_ DOB: / / \_\_\_\_\_  
 Last name: \_\_\_\_\_ Sex:  M  F  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 or attach addressograph label here

| Standard Infection Control Precautions (SICPs) & Transmission Based Precautions (TBPs)  |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
|---|---|--------------------------------------|----------------------------------|--------------------------------------|-----------------------|------------------|------------------|--------|---|---|----------------|---|---|---------------|---|---|-----------------|---|---|----------------|------------------|---|
| Guidance on Standard Infection Control and Transmission Based Precautions can be found: National Infection Control Manual (access via First port)   |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| <b>Particular emphasis on:</b>  |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| <b>Respiratory Hygiene &amp; Cough Etiquette (Catch it, Bin it, Kill it.)</b>   |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Patients, staff and visitors should be encouraged to minimise potential influenza transmission by:  |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| <ul style="list-style-type: none"> <li>Covering the nose and mouth with disposable single-use tissues when sneezing, coughing, wiping and blowing noses.</li> <li>Disposing of used tissues in nearest waste bin,</li> <li>Carrying out effective hand hygiene after coughing, sneezing and using tissues.</li> <li>Avoid touching eyes, mouth and nose.</li> </ul> |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Some patients may need assistance with containment of respiratory secretions, e.g. older people and children. Those who are immobile may need a disposable bag readily at hand for immediate disposal of tissues. They should also have a supply of tissues and hand wipes.   |   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Patient Placement / Assessment for Infection Risk   | <ul style="list-style-type: none"> <li>All patients with confirmed or suspected influenza should be nursed in a single room with en-suite facilities where available. If a single room is not available staff should inform the IPCT and complete a risk assessment to ensure that there is at least 2 metres between bed centres to minimize cross transmission.</li> <li>If a patient is nursed in a side room appropriate signage should be displayed prominently at the entrance to identify the area.</li> <li>Patients should remain in an isolation room whilst they are considered infectious (5-7 days from onset of symptoms with the first day being counted as day 0).</li> <li>Patients who test positive for influenza but are asymptomatic are unlikely to spread the virus and can be regarded as non-infectious and therefore do not require isolation</li> <li>Patients with underlying medical conditions or patients who have gone on and developed a secondary complication as a result of infection should be considered infectious until they return to their previous health state and require isolation during this time.</li> <li>Patients with prolonged illness or complications should be assessed by clinical staff and the IPCT, and isolation precautions discontinued if deemed appropriate. Patients who fall into this category must be assessed individually.</li> <li><b>Patients with confirmed or suspected influenza and who require Aerosol Generated Procedures (AGPs) must be nursed in an isolation room with the door closed.</b></li> </ul> |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Personal Protective Equipment (PPE)   | <table border="1"> <thead> <tr> <th>PPE</th> <th>Close Patient contact (&lt;1 metre)</th> <th>Aerosol Generating Procedures (AGPs)</th> </tr> </thead> <tbody> <tr> <td>Fluid repellent gowns</td> <td>*Risk assessment</td> <td>*Risk assessment</td> </tr> <tr> <td>Gloves</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Plastic aprons</td> <td>✓</td> <td>✓</td> </tr> <tr> <td>Surgical Mask</td> <td>✓</td> <td>X</td> </tr> <tr> <td>FFP3 Respirator</td> <td>X</td> <td>✓</td> </tr> <tr> <td>Eye protection</td> <td>*Risk assessment</td> <td>✓</td> </tr> </tbody> </table> <p>*Full body fluid repellent gowns and eye protection must be used when there is a risk of extensive splashing of blood, body fluid secretions or excretions.</p> <div style="border: 1px solid black; padding: 5px;"> <p>FFP3 (FFP is short for "filter face piece" and the "3" denotes the filtration efficiency of the respirator) masks:</p> <ul style="list-style-type: none"> <li>should be worn only by those staff carrying out AGPs</li> <li>should be worn by staff who have been suitably fit tested</li> <li>must conform to BS EN 149:2001 Standard</li> <li>can be used for up to 8 hours continuous use provided the integrity of the mask is not compromised</li> </ul> </div>  | PPE                                  | Close Patient contact (<1 metre) | Aerosol Generating Procedures (AGPs) | Fluid repellent gowns | *Risk assessment | *Risk assessment | Gloves | ✓ | ✓ | Plastic aprons | ✓ | ✓ | Surgical Mask | ✓ | X | FFP3 Respirator | X | ✓ | Eye protection | *Risk assessment | ✓ |
| PPE   | Close Patient contact (<1 metre)  | Aerosol Generating Procedures (AGPs) |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Fluid repellent gowns   | *Risk assessment  | *Risk assessment                     |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Gloves  | ✓   | ✓                                    |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Plastic aprons  | ✓   | ✓                                    |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Surgical Mask   | ✓   | X                                    |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| FFP3 Respirator   | X   | ✓                                    |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Eye protection  | *Risk assessment  | ✓                                    |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Hand Hygiene  | Hand hygiene is the single most important measure to prevent cross-transmission of Influenza. Hands must be decontaminated before and after each episodes of direct patient contact and after contact with the patient's environment, including before and after use of PPE. Alcohol hand gel can be used to decontaminate hands if hands are visibly clean. Refer to <b>Hand Hygiene Policy</b> .  |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Safe Management of Linen  | Linen generated from patients with influenza will be categorised as infectious and handled/managed accordingly: Laundry: 'Bagging & Tagging' poster.  |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |
| Safe Disposal of Waste  | Waste generated from patients with influenza must be handled and managed as clinical waste as per Chapter 1: 1.9 safe Disposal of Waste; National Infection Prevention and Control Manual   |                                      |                                  |                                      |                       |                  |                  |        |   |   |                |   |   |               |   |   |                 |   |   |                |                  |   |

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## Guidelines for the Management and Treatment of Patients with Influenza

| Standard Infection Control Precautions (SICPs) & Transmission Based Precautions (TBPs)                  |   |
|---|---|
| Testing   | A viral swab (VPSM) viral transport medium for respiratory PCR/or a gargle in a universal container.  |
| Specimens for Screening   | In acute settings samples will be processed and sent to the Scottish Regional Virus Laboratory. <ul style="list-style-type: none"> <li>In the community, routine testing of patients with flu-like illnesses is not recommended unless there is a specific reason, e.g. GP spotter practices.</li> <li>Patients who present to hospital with flu-like illness should be tested if clinically relevant.</li> <li>Repeat testing to confirm clearance of influenza is <b>not</b> required.</li> </ul>   |
| Discontinuing TBPs  | Patients can be removed from isolation 5 days after onset of symptoms with day of onset of symptoms regarded as day 0.<br>NB. The period of infectivity may be extended if the patient is immunosuppressed.   |
| Moving between wards, hospitals and departments   | Patients diagnosed with influenza who remain infectious must not leave the area unless there is a clinical need. If movement is necessary the patient should wear a surgical mask if possible to minimise the dispersal of respiratory secretions and prevent environmental contamination. The surgical mask should be worn until the patient is returned to their room. If a patient requires transfer to another department the following procedures must be followed: <ul style="list-style-type: none"> <li>The department must be informed in advance.</li> <li>HCWs transporting the patient <b>do not need</b> to wear a surgical mask unless the patient is unable to wear a surgical mask.</li> <li>The patient must be taken straight to and returned from the department and must not wait in a communal area.</li> <li>If the patient requires oxygen a surgical mask is not applicable however if nasal prongs are used to deliver oxygen then the patient should also wear a surgical mask over the prongs</li> </ul> <p><b>Hospital Transfers</b></p> Patients must not be transferred from one hospital to another for routine care however some patients may require specialist care, e.g. renal dialysis. Transferring patients to another hospital <b>MUST</b> be discussed with a member of the IPCT. |
| Equipment   | Use single-use items where possible. <ul style="list-style-type: none"> <li>Where possible allocate equipment for individual patient use e.g. washbowl, commodes etc.</li> </ul>  |
| Equipment & Environmental Cleaning  | Daily environmental and equipment cleaning must be undertaken with solution of 1,000ppm available Chlorine releasing agent. <ul style="list-style-type: none"> <li>Dedicated equipment – clean as above after each use.</li> <li>Ensure that the rooms of patients with infection are cleaned (at least daily) with a focus on increased cleaning for frequently-touched surfaces (e.g. over-bed tables, lockers, lavatory surfaces in patient bathrooms, door knobs) and equipment in the immediate vicinity of the patient.</li> <li>Frequently touched surfaces must be decontaminated daily as well as after any AGP and immediately if visibly contaminated/soiled.</li> <li>Keep environment clean and clutter free</li> </ul>  |
| Terminal cleaning following transfer, discharge, or once the patient is considered no longer infectious | Remove all of the following from the vacated single room: <ul style="list-style-type: none"> <li>healthcare waste and any other disposable items (bagged before removal from the room);</li> <li>bedding/bed screens/curtains and manage as infectious linen (bagged before removal from the room); and</li> <li>reusable non-invasive care equipment (decontaminated in the room prior to removal).</li> </ul> The room should be decontaminated using either: <ul style="list-style-type: none"> <li>a combined detergent disinfectant solution at a dilution (1,000ppm available chlorine.); or</li> <li>a general purpose neutral detergent clean in a solution of warm water followed by disinfection solution of 1,000ppm av.cl.</li> </ul> The room must be cleaned from the highest to lowest point and from the least to most contaminated point.  |
| Discharge Planning  | When medically fit for discharge the clinical team with overall responsibility for the patient must inform the General Practitioner of the patient's diagnosis.   |
| Last Offices  | Precautions for hygiene preparation of the body are the same as those required during life. Refer to the <b>National Infection Control Manual (access via First Port)</b>   |
| Visitors  | All visitors must be free of flu-like symptoms, however in exceptional circumstances, e.g. when a patient is critically ill, then advice should be sought from the IPCT and a risk assessment will be undertaken. <ul style="list-style-type: none"> <li>Visitors must speak to a member of staff and be instructed on hand hygiene practice before entering and on leaving the patients room.</li> <li>Visitors to patients ventilated with NIV or HFOV may be exposed to potentially infectious aerosols. The number of such visitors should be limited to two unless there are exceptional circumstances. Visitors should be made aware of the risks and be offered PPE as recommended for staff.</li> <li>Visiting should be restricted to relatives only.</li> </ul>   |

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