Isolation Policy for Inpatients Areas

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Purpose of Agreement	To provide clear guidance for Solent NHS Trust staff on the principles of isolating patients in inpatient areas due to infection
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	17.01.18	20	Clarified isolation requirements for toxin or GDH positive patients	immediately

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
Version1			Assurance Committee	New policy replacing the Solent NHS Trust Ward Closure Due to a Suspected or Confirmed Outbreak of Infection Policy
Version 3	May 2020	Debbie Larkins / Ann Bishop	Approved as part of the Covid-19 review of policies	Expiry date extended to March 2021

SUMMARY OF POLICY

This policy is intended to provide guidance on the general principles of isolation precautions; when isolation may be required and the rationale behind its use.

Isolation precautions may be appropriate for patients who have or are believed to have an infectious disease, for patients carrying a multi-resistant organism or those who are particularly vulnerable to infection.

Isolation should not be used unnecessarily as this can impact upon psychological wellbeing and the patients recovery particularly in relation to rehabilitation.

It is important, that staff ensure that Standard Infection Prevention Precautions are used for all patients regardless of their infection status. These include the appropriate use of gloves, aprons or gowns, masks and visors following a risk assessment to identify the risks of exposure to blood, body fluids and micro-organisms.

Further guidance can be obtained from the Trust's Standard Precautions policy.

The Trust Infection Prevention and Control policies must be used in conjunction with this advice. These include:

- Standard Precautions Policy
- Policy for Management of Diarrhoea and Vomiting
- MRSA Policy
- Policy for the Prevention and Control of *Clostridium Difficile* Infection
- Sharps Safety Policy
- Decontamination Policy
- Hand Hygiene Policy

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1.0 INTRODUCTION & PURPOSE

1.1 Isolation refers to the use of a single room as a physical barrier to help prevent the transmission of potentially infectious organisms and is one element of infection prevention practice that should be used alongside standard precautions.

1.2 Isolation has been shown to be effective in reducing onward spread of infection when used in conjunction with other infection prevention practices such as standard precautions and enhanced environmental cleaning. Safety concerns preventing the door being shut or the patient's ability to comply with isolation will impact upon its effectiveness. Clinical Staff must work alongside the Infection Prevention Team (IPT) to appropriately assess each situation.

1.3 The purpose of this document is to ensure appropriate use of isolation facilities based on local risk assessment in accordance with the Health and Safety Act (2010).

1.4 This policy will outline best practice in terms of the isolation of patients but where these cannot be achieved staff should speak to the IPT at the earliest opportunity to identify a reasonable and safe solution.

2.0 SCOPE & DEFINITIONS

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. This document is also recommended to Independent Contractors as good practice.

2.2 **Definitions**

2.2.1 **Protective Isolation (Reverse Barrier Nursing):** Describes a range of practices used to protect highly susceptible hospital patients from infection.

2.2.2 **Source Isolation (Barrier Nursing):** is designed to prevent the spread of pathogens from an infectious patient to other patients, staff and visitors.

2.2.3 **Cohorting:** grouping together infectious patients with the same type of infection and nursing them within an area of a hospital ward.

There are 6 main ways that infection can be spread:

2.2.4 **Airborne:** occurs by dissemination of either airborne droplet nuclei or evaporated droplets containing micro-organisms or dust particles containing the infectious agent.

2.2.5 **Droplet:** occurs when droplets containing micro-organisms generated from the infected person are propelled a short distance through the air (usually up to 1m).

2.2.6 **Direct Contact:** involves a direct body surface-to-surface contact and physical transfer of micro-organisms between an infected or colonised person.

2.2.7 **Indirect Contact:** involves contact between a susceptible host and usually a contaminated inanimate object, such as equipment, instruments and environmental surfaces.

2.2.8 **Vehicle:** occurs when micro-organisms are transmitted by contaminated items such as food, water, soil etc. Most common vehicle is the hands of healthcare workers.

2.2.9 **Vector Borne:** occurs when vectors such as mosquitoes, flies, rats and other vermin transmit micro-organisms.

2.2.10 **Pathogen:** A biological agent that can cause disease.

2.2.11 **Colonised:** Colonisation is the presence of the organism without obvious signs of infection.

2.2.12 **Aetiology:** the cause, set of causes, or manner of causation of a disease or condition.

3.0 PROCESS/REQUIREMENTS

3.1 Principles of Isolation:

3.1.1 Isolation is one aspect of effective infection prevention and standard infection control precautions. Isolation must never compromise the safety or clinical care of a patient and the benefits of isolation should be weighed against the potential risks to the patient and to others. Patients (and relatives where appropriate) should receive preparatory and on-going information relating to their condition, treatment and rationale behind isolation.

3.1.2 The need for isolation should be clearly communicated to clinical staff, the patient and family members (if appropriate) and reviewed on a daily basis. Specific cases should be discussed with the IPT to determine the most appropriate course of action.

3.1.3 An isolation sign must be prominently displayed on the room door to alert people to the potential risk without compromising patient confidentiality (see appendix 2)

3.1.4 The door must remain closed, especially when airborne infections are suspected/confirmed e.g. pulmonary TB or influenza. If there are any specific issues with this regarding patient safety complete a risk assessment and seek further advice from the IPT.

3.1.5 The number of staff and visitors who come into contact with the patient should be restricted where possible in order to reduce the potential to spread or introduce infection.

3.1.6 Where it is possible to develop immunity to a condition by previous exposure e.g. Chicken Pox, it is recommended that only staff and visitors who are believed to have developed this immunity should have contact with the patient.

3.1.7 The need for isolation must be assessed daily and should be managed accordingly as part of the on-going clinical patient assessment. Isolation is recognised to impact upon an individual's psychological wellbeing, socialisation and ability to undertake rehabilitation. The period of isolation must not continue beyond what is clinically required to minimise these affects.

3.2 **Source Isolation (Barrier Nursing):**

3.2.1 Refers to minimising the risk of the spread of infection between service users by the physical isolation of those service users with suspected or confirmed transmissible infection, preferably in a single room, in order to prevent or reduce the risk of onwards transmission by blocking the route of spread.

3.2.2 Various levels of isolation are advised for source isolation but Solent NHS Trust are only able to offer:

- A standard single room

3.2.3 If either of the following rooms are required they would need to be sought elsewhere:

- A neutral pressure single room with ante room OR
- A negative pressure single room with ante room

3.2.4 A Source isolation procedure flow chart can be found at Appendix 1.

3.3 **Protective Isolation (Reverse Barrier Nursing):**

3.3.1 Refers to the physical isolation of immunocompromised or susceptible patients in a single room in order to reduce the risk of exposure to potentially harmful micro-organisms.
Various levels of isolation are advised for source isolation but Solent NHS Trust are only able to offer:

- A standard single room

3.3.2 If either of the following rooms are required they would need to be sought elsewhere:

- A neutral pressure single room with ante room OR
- A positive pressure single room with ante room

3.4 **Cohorting:**

3.4.1 An alternative of last resort to single room isolation is the cohorting / separation of a group of patients with the same type of infection. However caution must be taken as not all patients with similar symptoms e.g. diarrhoea, have the same aetiology and many patients with the same organism e.g. *Clostridium Difficile* will have different strains. Cohorting should only be undertaken following discussion with and approval by the IPT.

3.5 **Signage:**

3.5.1 An isolation precaution sign must be clearly displayed on the door to the room. To protect patient confidentiality the signage must not in any way indicate why that patient has been isolated. An isolation sign can be found at Appendix 2.

3.6 **Hand Hygiene:** (see Hand Hygiene Policy)

3.6.1 Hand hygiene is a key element to prevent transmission of infection. It must be performed both before and after entering a side room regardless of any patient contact or not by both staff and visitors. Facilities to do this should be available inside of the single room. Where the environment

does not meet these requirements staff must discuss with IPT to assess the risk to the patient, staff and wider service.

3.6.2 **Patients Hand Hygiene:** Patients should be encouraged to clean their hands regularly, either with soap and water, or cleansing wipes, particularly after using the toilet and before eating.
For *Clostridium Difficile* Infection (CDI) and diarrhoea and vomiting due to a viral cause hands must be decontaminated with soap and water only.

3.6.3 **Visitors:** Visitors should be encouraged to undertake hand hygiene at the start and end of their visit.

3.7 **Personal Protective Equipment (PPE):** (see Policy for Infection Prevention and Control Standard Precautions)

3.7.1 PPE is used in addition to normal work uniform to protect both the staff member and patient from the potential risks of cross infection. PPE includes gloves, aprons/gowns; face masks/eye protection (where appropriate) and should be prominently available outside the room entrance for easy access.

3.7.2 Information on the correct removal of PPE can be found at Appendix 3.

3.7.3 **Visitors:** PPE should only be worn by relatives carrying out direct 'hands on care' and not for routine social visiting. Hand hygiene for visitors prior to leaving an isolation room is essential.

3.8 **Cleaning, Clinical Waste and Linen:**

- Daily cleaning, using recommended products and dedicated equipment is essential to reduce dust and prevent the accumulation and growth of micro-organisms. Particular focus should be paid to common touch points (door handles, bed rails, call bells, tables, chair arms, taps etc.)
- Within Solent inpatient facilities Achtichlor Plus must be used for all isolation rooms.
- Staff are responsible for cleaning all clinical equipment before it leaves the isolation room.
- The room must be kept clean and uncluttered, and horizontal surfaces should be free of unnecessary items.
- Only stock and equipment that is required should be taken into the room.
- Equipment inside the room should be dedicated to the patient until the patient is discharged or no longer deemed to be infectious. If equipment cannot be restricted to single patient use it must receive a thorough clean with chlorine releasing (i.e. Achtichlor Plus) agent before leaving the room.
- All patient charts and notes should be kept outside the room to reduce the risk of contamination.
- All waste/ rubbish generated from an isolation room must be treated as clinical waste.
- The waste bin must be kept within the room.
- Sharps should be disposed of in accordance with the Sharps Policy.
- All linen from an isolation room must be treated as 'infected linen' and bagged and sealed at the bedside in a red alginate (water soluble) laundry bag to minimise the risk of environmental contamination.
- Where a patient is known to have an infection, their personal laundry should be washed separately from other people's linen using the highest temperature indicated on the washing

label using a biological washing agent where possible. Relatives taking this washing home should be advised to follow the same guidance.
Within an inpatient facility staff must then run a dedicated sluice wash or run an empty wash program before used for anyone else.

- Staff should take responsibility for heavily soiled linen.
- Hospital bedding for a patient with a known infection risk must follow local procedure for handling of infected/soiled linen – using water soluble inner bags and designated outer bags.
- A signed daily cleaning checklist should be in use and used as evidence of cleaning.

3.9 **Crockery and Cutlery:**

3.9.1 Patients with a known infection can use standard crockery and cutlery without it posing a risk to others. These items can be decontaminated safely in a hospital dish washer and do not need to be washed separately. If no dishwasher is available, or the dishwasher is broken; crockery and cutlery must be washed by hand in hot soapy water and dried.

3.10 **Rehabilitation of Infectious Patients:**

3.10.1 General principles of Infection Prevention would limit the movements of an infectious or potentially infectious patient beyond the isolation room in order to minimise the risk of onward transmission.

3.10.2 Within Solent NHS Trust, where the role of rehabilitation is crucial to the patients recovery, the potential risks to other patients needs to be carefully balanced with the needs of the individual and appropriate measures taken by staff to mitigate these risks.

3.10.3 When considering removing a patient from isolation for therapy or for social reasons staff must consider the following elements before the patient leaves the isolation room.

- Is there still a risk of onward transmission? Have symptoms resolved and the patient is no longer considered infectious?
- What would be the mode of spread of the infection – i.e. airborne or direct contact?
- Is the correct PPE is readily available?
- Which other service users and staff will be using the facilities at the same time? Are they particularly vulnerable to this infection?
- How and who will be cleaning the area and equipment and is the correct cleaning equipment is readily available?
- Are the correct facilities in place for the disposal of infected/ clinical waste?

3.10.4 If in doubt staff must liaise with Infection Prevention Team for advice prior to the patient leaving isolation.

3.11 **Transport of Infectious Patients:**

3.11.1 Movement of infectious or potentially infectious patients should be kept to a minimum. When it is necessary to transfer patients to other wards or departments, precautions should be taken to minimise the risk of transmission based on the route of spread.

3.11.2 If it is possible for an investigation to be delayed without adversely affecting the patients' management this should be considered; however, infectious disease should not compromise urgent clinical investigations.

3.11.3 The receiving department must be informed prior to transfer in order to ensure appropriate precautions are in place and that suitable segregation facilities are available.

3.11.4 Patients with known or suspected infections should not be placed in communal waiting area. These areas are unlikely to receive enhanced cleaning and individual susceptibilities of other patients may not be known to all staff.

3.12 **Enhanced Environmental Cleaning:**

3.12.1 Daily enhanced cleaning of all touch points and horizontal surfaces with Actichlor Plus. Diluted 1 tablet in 1 litre cold water gives 1000ppm (0.1%) available chlorine. If the area is at risk of very heavy environmental contamination the IPT may request this is undertaken more frequently. The IPT, ward manager and facilities staff will liaise to identify the most appropriate person to undertake this.

3.13 **Terminal Room Cleaning:**

3.13.1 Terminal cleaning of the room must occur once the risk of ongoing environmental contamination is deemed over. This may be whilst the patient remains an inpatient or upon discharge. Actichlor Plus must be used for this.
In addition:

- Isolation sign must remain on the door until the terminal clean is complete.
- The patient will ideally be moved to fresh bed in an alternative bed space to facilitate effective cleaning.
- Curtains must be removed and replaced with clean ones (if fabric) or new disposable ones.
- Disposable equipment should be discarded into orange clinical waste bags / correct sharps container.
- All clinical equipment, including bed frames and mattresses should be thoroughly cleaned by clinical staff prior to the domestic team entering to complete the terminal clean.
- All areas of the room should be cleaned using disposable clothes with particular attention paid to touch points and horizontal surfaces e.g. door handles, taps, dispensers, call bells, toilet areas, bed frame, tables, lockers, chairs.
- All walls must be wiped down.
- In the event of patients being cohorted due to an outbreak, the domestic team may want to decontaminate the room in a staged process whereby bed spaces are cleaned either individually (taking into account that patients will still be within the immediate area) or in larger blocks depending on the suitability of the environment.

3.14 **Priority of Isolation Rooms:**

3.14.1 In the event of no side rooms being available, staff must contact IPT as soon as possible for discussion and escalate to the duty manager.
Patients should be isolated based on a full risk assessment of their infection and the mode of transmission. Any risks identified, i.e. falls risk, dementia risk should be clearly documented in the patient notes and communicated with the IPT.

3.15 **Notification of Infectious Diseases:**

3.15.1 It is the responsibility of the attending registered medical practitioner to notify Public Health England (PHE) of any notifiable infectious diseases. Notification forms can be obtained via the GOV.UK website at https://www.gov.uk/government/collections/notifications-of-infectious-diseases-noids

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010 (this list is subject to change):

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

3.15.2 Other diseases that may present significant risk to human health should be reported under the category 'other significant disease'.

3.15.3 As of April 2010, it is no longer a requirement to notify the following diseases: Dysentery, Leptospirosis, Ophthalmia neonatorum, Relapsing fever and Viral hepatitis.

3.15.4 This list is subject to change; clinicians must refer to PHE or liaise with the microbiologists.

3.16 **Last Offices**

- In the event of death the same infection prevention standard precautions should be taken as when the service user was alive.
- Staff must follow Solent NHS Trusts last Offices procedures.
- Liaise with the nominated funeral director or appropriate hospital mortuary.

4.0 ROLES AND RESPONSIBILITIES

4.1 The Chief Executive

The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust.

4.2 Executive Directors/Managing Directors

Executive and Clinical Directors have the responsibility for the co-ordination of Health and Safety activities within the directorate and for ensuring that decisions are implemented in accordance with this policy.

4.3 The Director of Infection Prevention and Control (DIPC)/ Chief Nurse

The DIPC will have the executive authority and responsibility for ensuring strategies are implemented to prevent avoidable healthcare associated infections (HCAI) at all levels within the organisation.

4.4 Infection Prevention and Control Group (IPCG)

The Infection Prevention and Control Group has a responsibility to ensure that this Policy complies with advice and guidance from the Department of Health and other bodies.

4.5 The Infection Prevention Team

The Infection Prevention team work with Learning and Development to advise on the Infection Control element of generic on-line training. Bespoke sessions may be undertaken at the request of a service or if deemed necessary by a member of the Infection Prevention Team.

4.6 Managers

Managers and supervisors have a responsibility to ensure that staff are aware of their responsibilities under this Policy and associated guidelines. In addition they must ensure that all employees within their area of responsibility comply with this Policy and associated guidelines.

4.7 **Employees**

All employees have a responsibility to abide by this Policy. This Policy is enforceable through Health and Safety Legislation and Solent NHS Trust disciplinary procedures. If employees are aware that the Policy or associated guidance is not being complied with they must first take the issue to their line manager and if the problem is not resolved they must inform the Infection Prevention Team.

4.8 **Link Advisors**

Link Advisors are healthcare staff selected by their managers to receive additional training in Infection Prevention and Control. The key role of link staff is to develop best practice within their clinical area**.**

5.0 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

5.1 The Equality and Diversity and Mental Capacity Impact Assessment (IA) were conducted and no negative impact was highlighted. A copy of the IA is attached as Appendix 4.

6.0 REVIEW

6.1 This policy may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed three years after the initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

7.0 TRAINING REQUIRMENTS

7.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this Policy subject matter, please refer to the Training Needs Analysis (TNA) on the intranet.

7.2 All training undertaken must be recorded on the Organisational Learning Module (OLM) of the Electronic Staff Record (ESR) taken from signing in sheets. Monitoring of the training attendance will be carried out by the Learning & Development Department.

8.0 REFERENCES AND LINKS TO ASSOCIATED DOCUMENTS

Ayliffe, G.A.J, Babb, J.R, Taylor, L.Z (2001) Hospital Acquired Infection, Principles and Prevention. Third Edition, Arnold Page

Department of Health (2010) *The Health Act 2008 Code of Practice for the Prevention and Control of Health Associated Infections* London DH, 2010

Department of Health (2011) *Isolating Service Users with healthcare Associated Infection: A summary of Best Practice* London DH, 2011

Public Health England (2010) *Notifiable Diseases and Causative Organisms*
Available on https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

This policy should be used with reference to the:

- Standard Precautions Policy
- Policy for Management of Diarrhoea and Vomiting
- MRSA Policy
- Policy for the Prevention and Control of *Clostridium Difficile* Infection
- Sharps Safety Policy
- Decontamination Policy
- Hand Hygiene Policy

9.0 GLOSSARY OF TERMS

Infection Prevention Team (IPT)
Clostridium Difficile Infection (CDI)
Personal Protective Equipment (PPE)
Haemolytic Uraemic Syndrome (HUS)
Viral haemorrhagic fever (VHF)
Director of Infection & Control (DIPC)
Infection Prevention & Control Group (CIPG)
Impact Assessment (IA)
Training Needs Analysis (TNA)
Organisational Learning Module (OLM)
Electronic Staff Record (ESR)

Appendix 1

Source Isolation Procedure

Need for Source Isolation Identified
(Barrier Nursing)

Patient should be isolated in a single side room.
The door should remain closed unless risk assessment indicates patient safety is compromised.

Inability to Isolate

If insufficient side rooms:

a) Investigate availability of side rooms on other wards. Input may be required from the patient's medical team, and Infection Prevention Team

b) Seek advice from the Infection Prevention and Team.

c) Escalate to duty manager any patient who requires source isolation cannot be isolated due to side room unavailability.

d) Where possible, cohort patients with the same type of infections, advice must be sought from the Infection Prevention Team

Signage

Stop sign (Appendix 2) must be displayed on side room door to inform staff and visitors of precautions to be taken

Communication

The patient is to be informed of the reason for isolation and given appropriate disease specific patient information leaflets e.g. MRSA leaflet.

Notes and charts should be kept outside the room.

Hand Hygiene

Decontaminate hands prior to and following direct contact with the patient or their environment.

Hands must be decontaminated prior to leaving the room.

Alcohol Gel must **NOT** be used with any patient who has diarrhoea and or vomiting

Personal Protective Equipment (PPE)

Aprons – Must be worn for all activities. They should be removed and disposed of as clinical waste in an orange bag prior to leaving the room.

Gloves – Must be worn for all activities that involve direct patient contact. They should be removed and disposed of as clinical waste in an orange bag.

Masks – Liaise with IPT

Eye protection – Liaise with IPT

Fluid Repellent Gowns – Liaise with IPT

Visitors do not need to wear PPE unless assisting with direct patient care.

Equipment

Equipment in side rooms must be kept to a minimum.

Where possible, equipment should be dedicated for use by the patient in source isolation and remain in the room until isolation precautions are stopped.

Equipment that is used by other patients must be decontaminated before leaving the room.

Single patient use equipment should be considered.

Linen

Soiled and dirty linen from source isolated patients must be sealed in an alginate/dissolvable bag in the room and then placed in a white laundry bag prior to sending to the laundry.
Patients' own clothing needs no special treatment unless soiled, in which case it should be placed in a patient clothing dissolvable bag or an appropriate alternative before being returned to patients' relatives or friends.

Waste

Normal rules of waste segregation apply in source isolation rooms.
Items such as newspapers, hand towels etc. may be disposed of as domestic waste in black bags. If only an orange infectious waste bag is available dispose of items as per infectious waste.
Used PPE such as gloves and aprons should be disposed of as clinical waste in an orange bag.

Visitors

Visitors' hands should be decontaminated prior to entry and on exit from the side-room with either gel or soap & water unless the patient has a history of diarrhoea when soap & water must always be used.
Visitors do not need to wear any PPE unless they are carrying out personal care for the patient

Transport of Infectious Patients

Urgent treatments or investigations should not be delayed.
The receiving department and ambulance service (where appropriate) should be informed in advance so appropriate precautions can be taken and the patient spends as little time in the department as possible.

Rehabilitation of Infectious Patients

A patient in isolation is permitted to leave their room provided they are physically well enough to do so and the therapist / clinician is aware of the patient's condition and takes full responsibility in ensuing all areas / surfaces are decontaminated with Achtichlor Plus after the patient leaves the specific area.

Cleaning

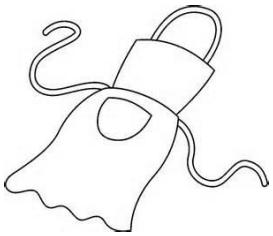
Enhanced Cleaning: Cleaning of isolation rooms should be done in line with the Trust cleaning schedules. Enhanced cleaning with Achtichlor Plus must be completed for all touch points and horizontal surfaces.

Terminal Room Cleaning: On discharge of the patient or termination of isolation precautions, the room must undergo a terminal clean with Achtichlor Plus. Refer to section 3.13

Appendix 2

Stop! Think!

Isolation Precautions



Aprons and gloves required
For all members of staff
entering this area

Wash hands with soap and
water when entering and
leaving the area

Visitors to speak to a member
of the Nursing staff before
entering this area

All equipment leaving this room must be cleaned

Appendix 3

Correct Removal of PPE

Removal of PPE

PPE should be removed in a specific order to minimise the potential for cross- contamination. This is gloves, apron, eye and face protection (if worn).

Gloves

- Grasp the outside of the opposite gloved hand, peel off holding the removed glove in the gloved hand.
- Slide the fingers of the un-gloved hand under the glove at the wrist, peel forward.
- Discard both gloves in clinical or offensive waste stream as appropriate.
- Hand hygiene must follow removal of the final item of PPE.

Apron

- Pull ties to break.
- Pull away from neck.
- Wrap apron in on itself to contain the 'dirty' side – dispose in clinical or offensive waste stream as appropriate.
- Hand hygiene must follow removal of the final item of PPE.

Eye Protection

- Handle by side arms.
- If disposable discard in appropriate waste stream or if reusable clean with detergent wipe, dry and store.
- Hand hygiene must follow removal of the final item of PPE.

Face Mask

- Break bottom ties followed by top ties.
- Pull away from face holding ties.
- Dispose of directly into waste.
- Hand hygiene must follow removal of the final item of PPE.

Appendix 4

Infection / Isolation Requirements:

The following list is provided as guidance and is not exhaustive. For complicated presentations, please contact the IPT.

Infection / Condition	Risk Factors	Isolation Requirement
Abscesses e.g. quinsy	Assess the patient	Isolate until 24-48 hours of appropriate antibiotics. Discuss with the Infection Prevention Team
Adenovirus	Assess the patient	Source isolate until resolution of symptoms
Blood borne virus e.g. HIV, Hepatitis B,C	Assess the patient	Isolation not required unless there is a high risk of blood or blood stained body fluid splash.
Campylobacter	Immunocompromise	Isolate whilst acutely symptomatic (80-90% of cases resolve by day 7) but excretion in stools may continue for 2-7 weeks
Carbapenem Resistant Organisms	Hospital (particularly ICU) admission in at risk areas	Isolate and full precautions for the duration of hospital admission (and any readmission). Speak to IPT
Cellulitis	Group A Strep (GAS)	Isolate if caused by GAS or drug resistant organism e.g. MRSA
Chicken Pox	Rash developed within the previous 10 days or vesicles not crusted over	Immediate isolation required. Only staff with a history of Chicken pox (or serologically confirmed immunity) should have contact with this patient. Patient can be removed from isolation once vesicles fully crusted
Clostridium difficile	Toxin positive	Isolate until asymptomatic for 48 hours and has passed a formed stool or on advice from IPT. To speak with the IPT if clarification needed.
	GDH Carriage	Isolate if patient is symptomatic with type 6/7 stool or on advice from the IPT. To speak with the IPT if clarification needed.
Conjuntivitis	Assess the patient	Isolation is not required unless viral e.g. Adeonovirus
CJD		Isolation not required. See CJD policy for advice re surgical procedures. Inform microbiologist on call immediately if diagnosis is suspected to ensure safe handling of specimens
Cryptosporidium	Immunocompromise	Isolate whilst symptomatic (2 days to 4 weeks), immunocompromised patients will take longer to clear infection
Diarrhoea and or vomiting (infectious)	Exclude overflow, laxatives, ng feeds, crohns/colitis etc.	Immediate isolation, preferably within 2 hours of onset of symptoms until full resolution of diarrhoea and formed stool
Extended Spectrum Beta-Lactamase (ESBL) Urine	Incontinent patient	Isolation required. Encourage good hand and personal hygiene. Dedicated commode (or lavatory) cleaned between each use
Extended Spectrum Beta-Lactamase (ESBL) Urine	Catheterised or fully continent patient	Isolation preferable. Encourage good hand and personal hygiene. Dedicated commode (or lavatory) cleaned between each use
ESBL producing organisms in other sites	Assess individual risks e.g. weeping wounds etc.	Isolation required. Encourage good hand hygiene and personal hygiene. If possible use a dedicated toilet. Discuss with Infection Prevention Team if required
E.coli 0157		Isolate until 48 hours after symptoms have resolved
GRE Glycopeptide resistant enterococci (including VRE)		Staff must liaise with IPT
Impetigo		Isolate until 24 hours after treatment with antibiotics has started or until sores have healed
Influenza (including Avian flu and H1N1)		Isolate until further advice has been sought from the laboratory Use correct PPE following risk assessment with IPT
Legionella (legionnaires disease)		Not transmitted between individuals, no isolation required
Malaria	Confirmed	Not transmitted between individuals, no isolation required
	Suspected	Febrile illness with a history of travel to tropical/subtropical area should be managed as high risk until malaria diagnosis confirmed
Measles		Isolate until 5 days after onset of rash

Suspected meningitis-meningococcal		Isolate until 24 hours of antibiotics. Use correct PPE following risk assessment with IPT
Meticilin Resistant Staphylococcus aureus (MRSA)	Skin colonisation only	May be treated in a main bay if located next to a hand washing sink with full transmission precautions
Meticilin Resistant *Staphylococcus aureus* (MRSA)	Sputum Positive with productive cough, flaking skin condition, wet wounds with break through	Immediate isolation required. Discuss with the Infection Prevention Team
Norovirus		Isolate immediately on first episode of projectile vomiting or diarrhoea, until 48 hours after complete cessation of symptoms
Salmonella (inc. *typhi* (typhoid fever))		Isolate immediately, within 2 hours, whilst the patient is acutely symptomatic
Shigella		Isolate immediately, within 2 hours, whilst the patient is acutely symptomatic
Shingles	Rash in an exposed area with wet lesions	Isolate until lesions are fully dried. Only staff with a history of Chicken pox (or serologically confirmed immunity) should have contact with this patient
Tuberculosis	Confirmed pulmonary TB with a productive cough	Isolate until 14 days continuous, compliant treatment. Use FFP 2 or 3 facemask for contact
	Suspected pulmonary TB	Isolate until 3 negative sputum specimens on microscopy
	AFB negative pulmonary TB/ TB closed site	No requirement to isolate
Tuberculosis Multi Drug resistant		Isolate until smear negative. Patients with MDR TB should be nursed in an Isolation Unit with negative pressure.
	Suspected/ Confirmed drug resistant TB	Discuss with TB nurse specialist and Infection Prevention Team. Will require isolation in a negative pressure side room and transfer to alternative site
Norwegian Scabies	Often affects immuno-compromised patients	Highly transmissible, isolate until full course of treatment has been completed (minimum 2 treatments)
Classical scabies	Awaiting diagnosis	Discuss with Infection Prevention Team
Vancomycin resistant enterococci (VRE)	See GRE	
Viral Hemorrhagic Fever		Discuss with Infection Prevention Team or Microbiologist on call immediately if diagnosis is suspected. Will require isolation in a negative pressure side room and transfer to alternative site
Whooping cough		Isolate with respiratory precautions for 5 days after antibiotics have started. If antibiotics are not given isolate for 3 weeks after the onset of symptoms

Appendix 5

Equality Impact Assessment and Mental Capacity

Step 1 – Scoping; identify the policies aims	**Answer**
1. What are the main aims and objectives of the document?	The purpose of the Isolation Policy is to control, confine and minimize the spread of infection. This aim of this is to protect service users, visitors and staff from the risk of infection. The policy aims to provide clarity and consistency of what is expected of from all staff when caring for service users in isolation in community inpatient settings.
2. Who will be affected by it?	All staff and patients/service users of Solent NHS Trust
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	> National and international guidance from various sources. > Health & Social Care Act 2008 > Health and Safety at Work Act 1974 > Health and Safety Executive guidelines.
4. What information do you already have on the equality impact of this document?	Assumption that this will potentially impact on a diverse group of service users.
5. Are there demographic changes or trends locally to be considered?	Not aware of any local incidents which would have increased local population susceptibility to infections .e.g. public health incident.
6. What other information do you need?	None

Step 2 - Assessing the Impact; consider the data and research	**Yes**	**No**	**Answer** (Evidence)
1. Could the document unlawfully against any group?		X	
2. Can any group benefit or be excluded?		X	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?	X		IPCG, Modern Matrons, IPT
6. Have you used a variety of different methods of consultation/involvement	X		Verbal, meetings, electronic
Mental Capacity Act implications		X	None anticipated or known at this time
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)		X	

06.06.16 At this time positive impact identified- Compliance with Health & Social Care Act 2010 and Health and Safety Executive guidance would minimise infection risk and increase safety for patient/ service users and staff groups.

Step 3 - Recommendations and Action Plans	**Answer**
1. Is the impact low, medium or high?	
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	
3. Are there likely to be different outcomes with any modifications? Explain these?	
Step 4- Implementation, Monitoring and Review	**Answer**
1. What are the implementation and monitoring arrangements, including timescales?	
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	
Step 5 - Publishing the Results	**Answer**
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	