

**Isolation Policy**

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## 1 Summary

### Risk Assessment For Isolation Requirement in General Ward Areas

<b>Patients presenting with the following must be isolated on infection control precautions</b>	
Possible pulmonary TB (respiratory precautions) – <b>Side room</b>	Patients presenting with night sweats, weight loss, cough, request sputum for AFB
Confirmed smear positive pulmonary TB). (respiratory precautions) – <b>Side room</b>	Isolation for the first 2 weeks of treatment or longer if high risk of MDR-TB.
Respiratory illness e.g. influenza (respiratory precautions) – <b>Side room</b>	If avian flu or pandemic flu is suspected refer to avian flu or pandemic flu policy on the infection control policies intranet link.
Suspected viral infection (respiratory/contact precautions) – <b>Side room</b>	E.g. chicken pox, shingles, measles, mumps, rubella, respiratory syncytial virus (RSV).
Meningitis on initial presentation (respiratory precautions) – <b>Side room</b>	If meningococcal until completed 48 hours of appropriate antibiotic treatment.
Diarrhoea and/or vomiting (enteric precautions) – <b>Side room</b>	Until an infectious cause has been ruled out. (If large numbers presenting from the community or an outbreak on a ward - contact infection control for advice) Potential infective causes – salmonella, campylobacter, shigella, small round structured virus.
<i>C. difficile</i> (enteric precautions) – <b>Side room</b>	Isolation of symptomatic cases in a single room or cohort nursed in a bay/room with other confirmed cases
MRSA on Surgical and Orthopaedic wards (contact precautions) – <b>Side room</b>	Isolate Positive patients in single room
MRSA on Medicine/Care of the elderly/Rehab (contact precautions)	If a side room is available to be isolated in a single room. If not, a KWICK® screen will be provided for the patient then referred to ICT on next working day for review.
MRSA on Maternity (contact precautions) – <b>Side room</b>	Isolate Positive patients in single room
Vancomycin resistant enterococci (contact precautions)	If a side room is available to be isolated in a single room. If not then referred to ICT on next working day for review.
Multi-resistant Gram negatives (contact precautions)	Side room on a surgical ward and side room if available on other wards. If not then referred to ICT on next working day for review.
All patients with cellulitis admitted to a surgical ward (contact precautions) – <b>Side room</b>	If admitted to a surgical ward must go into a side room until had 48 hours of IVAB. Medical/elderly or rehab ward may go on the open ward unless the wounds have ++ exudates that cannot be contained within a dressing
PVL Staphylococcus aureus (all wards) (contact precautions)	Isolate Positive patients in single room
All patients that have a pyrexia of unknown origin (PUO) (precautions may vary depending on any symptoms) – <b>Side room</b>	Patients with a recent travel history should be classed as high risk
Neutropenia (protective precautions)	Usually required with neutrophil count of less than 0.5.

**If side rooms are not available for patients who present with conditions requiring one this needs to be escalated to the Clinical Site Manager (CSM) on B118. If the CSM is unable to identify a side room the Infection Prevention and Control Team must be informed on 7557/bleep 205. On weekends and nights the on-call microbiologist should be contacted via switchboard by the CSM.**

## Risk Assessment For Isolation Requirement in ITU

<b>Possible pulmonary TB (respiratory precautions)</b>	Precautions to remain in place until 3 consecutive negative AFB sputum specimens. If intubated & on closed suction the patient can stay on the open unit with KWICK® screen between patients. If not intubated on closed suction – a side room is required. If there is any query about possible MDR-TB the patient must be placed in a side room.
<b>Confirmed smear positive pulmonary TB. (respiratory precautions)</b>	Precautions to remain in place for the first 2 weeks of treatment. If intubated & on closed suction the patient can stay on the open unit with KWICK® screens between patients. If not intubated on closed suction – a side room is required. If there is any query about possible MDR-TB the patient must be placed in side room.
<b>Influenza (respiratory precautions)</b>	If intubated & on closed suction the patient can stay on the open unit with KWICK® screens between patients. If not intubated on closed suction – a side room is required and staff to wear surgical mask for routine contact. If aerosol generating procedures taking place an FFP3 mask must be worn. If there is no sideroom available the influenza infection control guidelines for ITU should be referred to (available on the intranet).
<b>Viral infection (respiratory/contact precautions)</b>	e.g. chicken pox, measles. The patient must be placed in a single room and only immune staff to enter the room. No respiratory protection is required as only immune staff are to enter the room.
<b>Meningitis on initial presentation (respiratory precautions)</b>	Precautions are required for the first 48hours of treatment. If the patient arrives on the unit already intubated and ventilated the patient can be placed on the open unit on a closed suction system with KWICK® screen between patients. Staff to wear surgical mask for any aerosol generating procedures. If the patient is not intubated they need to go into a side room.
<b>Diarrhoea and/or vomiting with unknown cause (enteric precautions)</b>	Until an infectious cause has been ruled out infection control precautions should be in place. Potential infective causes – salmonella, campylobacter, shigella, small round structured virus. If the patient has profuse diarrhoea and fulfils the criteria a bowel management system should be used. If the faeces is contained within the system the patient maybe nursed on the open unit with KWICK® screens between patients.
<b>C. difficile (enteric precautions)</b>	Side room isolation required (with or without Bowel Management System in place) for patient with C. difficile PCR positive result irrespective of toxin result as they can still pose an infection risk. Precautions to stay in place until the diarrhoea has resolved.
<b>MRSA colonisation or infection (contact precautions)</b>	Contact precautions on the unit with a KWICK® screen between patients. The other patients on the unit need to be started on MRSA decolonisation prophylactically. If the patient is a skin shedder the patient must go into the side room.
<b>PVL Staphylococcus aureus (contact precautions)</b>	Contact precautions on the unit and side room isolation required
<b>Vancomycin resistant enterococci (contact precautions)</b>	Contact precautions on the unit with a KWICK® screen between patients. If the patient is a skin shedder the patient must go into the side room.
<b>Multi-resistant Gram negatives (contact precautions)</b>	Contact precautions on the unit with a KWICK® screen between patients. If the patient is colonised or infected with highly resistant organism e.g. Acinetobacter a side room maybe required. A risk assessment will be performed by the ICT and nurse in charge and documented.
<b>Pyrexia of unknown origin (PUO) with recent travel history</b>	PUO with travel history should have clear risk assessment performed in relation to any infectious diseases such viral haemorrhagic fevers e.g. Lassa fever. The precautions and side room requirement will depend on the symptoms and type of infection suspected. <b>(precautions vary depending on symptoms)</b>

**If side room isolation is required but not possible due to other clinical reasons a documented risk assessment with risk reduction strategies must be completed by the ICT and nurse in charge and an incident form be completed. The Infection Control Team should be contacted with any queries on 7557/bleep 205.**

## Risk Assessment for Isolation Requirements in NICU/SCBU

Babies presenting/infected with the following must be isolated on infection control precautions.	
Type of Isolation precaution	Examples of Pathogens
<p><b>Contact precautions</b></p> <ul style="list-style-type: none"> <li>• Incubator or single room with yellow contact precautions signage</li> <li>• Gloves and apron for contact with the baby and environment/equipment</li> <li>• Strict hand hygiene</li> </ul>	<p><b>GRE</b>  <b>Group A Strep (GAS)</b>  <b>Viral rashes</b>  <b>Measles</b>  <b>Varicella Zoster Virus (VZV)</b></p> <p><b>MRSA (<i>baby</i>) MRSA (<i>mother</i>):</b> positive case to start decolonisation protocol and weekly screenings.</p> <p><b>PVL Staphylococcus aureus:</b> positive case to start decolonisation protocol.</p> <p><b>Multi Resistant Gram Negatives</b>, which include:  <i>Klebsiella</i>,  <i>E. coli</i>  <i>Stenotrophonas maltophilia</i></p> <p><b>Risk Assessment for isolation requirements for gram negatives:</b>  The factors which need to be taken into account when assessing the risk of transferring MR-GNB to other babies include mechanisms of resistance and resistance to certain types of antibiotics</p> <ul style="list-style-type: none"> <li>• Mechanisms - Amp C, ESBLs, KPCs, Carbapenemases</li> <li>• Resistance to several different classes of antibiotics used to treat gram negative infections eg aminoglycosides (gentamicin, amikacin), Carbapenems (meropenem)</li> </ul>
<p><b>Enteric (stool) precautions</b></p> <ul style="list-style-type: none"> <li>• Contact precautions at cot/incubator</li> <li>• Strict hand hygiene soap and water and alcohol gel)</li> <li>• Waste disposal</li> </ul>	<p>Diarrhoea  Small Round Structured Viruses (SRSV)  Norovirus</p>
<p><b>Respiratory precautions</b></p> <ul style="list-style-type: none"> <li>• Closed incubator</li> <li>• Single room if in a cot</li> <li>• Aerosol generating procedures via <b>non-closed systems</b> (baby will need to be in a single room)</li> </ul>	<p>RSV  Parainfluenza  Metapneumovirus  Influenza  Enterovirus  Adenovirus  Rhinovirus  <b>Cytomegalovirus (CMV)</b> – Babies infected with this virus will tend to shed it in their urine and saliva for a long time. If the baby is well a single room will not be required; strict contact</p>

	<p>precautions will be adequate.</p> <p><b>CMV in respiratory secretions</b> – infected babies who are ill, respiratory precautions during aerosol generating procedures required.</p>
	<p><b>Admission Screening</b>  <i>All babies admitted should have an admission screen done requesting a 'multi-resistant gram negative screen'.</i>  The screen (using charcoal swabs) should consist of a:</p> <ul style="list-style-type: none"> <li>Sputum specimen (intubated)</li> <li>Throat swab (not intubated)</li> <li>Peri-anal swab</li> <li>Any clinical sites</li> </ul> <p>All babies admitted are to have a <b>MRSA</b> screen from the following sites:</p> <ul style="list-style-type: none"> <li>Nose</li> <li>Sputum (intubated)</li> <li>Throat (not intubated)</li> <li>Groin</li> <li>Umbilicus (if not healed)</li> <li>Any clinical sites</li> </ul> <p><b>Weekly Screening</b>  All babies on the unit need to be screened weekly on a Monday for <b>MRSA</b>.</p> <p>Positive MRSA baby – weekly screen until 3 consecutive negative results.</p> <p>If a baby is on contact precautions for a <b>Multi-Resistant Gram-Negative Bacteria</b>, the baby and others babies in that room should have a weekly screen also.</p>

**Please verify with the Nurse in Charge the need for isolation precautions if unsure. Alternatively please contact the IPCT on ext 7557 or bleep 205 for advice.**

## 2 Introduction

The provision of a safe environment within health-care premises is a statutory obligation upon employing authorities and must be part of a hospital's risk management strategy. The Department of Health and many professional organisations give clear direction regarding the infection control processes to be used within Trusts. Employers therefore have a legal responsibility to take action to protect patients and carers from these hazards.

Isolation of a patient is essentially an escalation of the core health care precautions. As the understanding of the transmission of infection has improved, isolation practices have developed and moved away from early empirical approaches to become more evidence-based and targeted.

Transmission of a pathogen resulting in colonisation or infection requires a source, a susceptible host and a route for transmission to occur between the two.

This policy should be used in conjunction with the following policies which are available on the intranet under:

- Decontamination of re-usable equipment.
- Procedures for isolation room cleaning.
- Laundry handling policy.
- Policy for the control of varicella zoster virus.
- Waste disposal policy.
- Policy for the management of meningococcal meningitis.
- Policy for the management of TB.
- Policy for the control of MRSA.
- Policy for protection against BBV
- Hand hygiene policy.
- Standard infection control precautions.
- C. diff policy
- Outbreak policy
- Pandemic flu policy

Definitions: -

The following routes may transmit organisms:

- Direct contact with staff hands, equipment or rarely other patients
- Large droplet air-borne
- Small droplet air-borne
- Food or water borne
- Vector borne

The following types of isolation are used:

**Source isolation** aims to prevent transmission of infection from a source to susceptible host.

**Protective isolation** aims to safeguard susceptible patients from infection.

The purpose of this policy is to provide concise information on the isolation precautions necessary to prevent the spread of infection in the Homerton University NHS Trust. These guidelines should be used alongside a risk assessment on individual patient needs and risks. This policy was developed by the Infection Prevention and Control

team, distributed to the Infection Control Committee for comments and endorsement and ratified by the Policy Group.

### 3 Scope

This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff.

### 4 Roles and Responsibilities

#### Corporate level

To ensure that there are adequate procedures and provision in facilities to aid infection prevention and control in line with Hygiene Code (Health and Social Care Act 2009).

#### Infection Control Committee

To receive quarterly reports on the activities of the infection control team - this will include training, compliance audits and policy development.

#### Infection Prevention & Control Team:

The Infection Prevention & Control Team has responsibility for all aspects of surveillance, prevention and control of infection within the Trust. The Infection Prevention & Control Team is responsible for the implementation of the Trust's Infection Prevention and Control Programme which includes training and policy development.

#### Directors / Lead Clinicians / Senior Managers

All Directors, Lead Clinicians and Senior Managers have delegated responsibility for ensuring that this policy is known to their staff and that its requirements are followed by all staff within their Division / Department.

#### Departmental Heads / Service Managers / Clinical Leads

All managers are responsible for ensuring that staff have access to up to date training to enable them to adopt safe working practices at all times and are appropriately trained to implement the requirements of this policy.

#### Clinical Staff

All clinical staff are responsible for being aware of and following the requirements of this policy.

### 5. Policy Guidelines

#### 5.1 Infection control precautions and transmission based isolation precautions

The following precautions are based on the mode of transmission of an organism and the level of action to be taken will be dependent on this.

Type of isolation/ precautions	Route of Transmission	Example conditions	Examples of pathogens
<b>Standard / Universal precautions (See SICP Policy)</b>		Applies to all patients all of the time.	HIV/Hepatitis B & C
<b>Contact precautions</b>	Direct contact with skin, faeces,	Infectious rashes, skin and soft tissue	Scabies, <i>Escherichia coli</i> 0157,



	secretions etc.	infections, antibiotic resistant organisms, viral respiratory tract infections	<i>Clostridium difficile</i> , <i>Herpes simplex</i> , Respiratory syncytial virus, <i>Staphylococcus aureus</i> including meticillin resistant strains (MRSA)
<b>Respiratory precautions</b>  <b>Large droplet</b>	Large droplet	Meningitis, infectious rashes, respiratory tract infections	<i>Bordetella pertussis</i> , <i>Neisseria meningitides</i> , <i>Haemophilus influenzae</i> , influenza virus, Mumps virus, Rubella virus.
<b>Respiratory precautions</b>  <b>Small droplet so can become airborne</b>	Small droplet i.e. airborne	Meningitis, infectious rashes, respiratory tract infection.	SARS, Rubella, Varicella virus, Respiratory syncytial virus, <i>Mycobacterium tuberculosis</i>
<b>Stool/Enteric precautions</b>	Faeco-oral	Diarrhoea and/or vomiting	<i>Clostridium difficile</i> , salmonella, shigella, small round structured virus.
<b>Protective isolation</b>	Not applicable	Severe neutropenia	Not applicable

## 5.2 Risk Assessment

It is important when looking at the possible transmission of micro-organisms that the individual patient's needs are addressed.

The following should be considered when instigating isolation precautions

- Route of spread of the organism
- Evidence of transmission
- Extent to which the micro-organism is antibiotic resistant
- Risk of transmission to patients, visitors and staff
- Clinical area and susceptibility of other patients.
- Clinical condition of individual patient and safety issues of being placed in a side room.
- Potential effects on work load and staffing issues.

The summary gives guidance on risk assessment for isolation.

## 5.3 Cleaning of the patient environment

While a patient is being isolated the bed area or side room should have a daily source isolation clean done by the domestic staff.

When isolation is no longer required or the patient is discharged a terminal clean of the room should be requested from the domestic services.

Please refer to the Policy for isolation room cleaning for further details.

#### 5.4 Contact precautions

Contact precautions should be used for the care of patients known or suspected to be infected or colonised with micro-organisms that can be transmitted by direct contact with the patient or their immediate environment (see appendix for guidance)

Precaution	Guidance
Patient placement	<ul style="list-style-type: none"> <li>• The patient should if possible be placed in a single room. See Appendix 1 for further details.</li> <li>• Consult the infection prevention &amp; control team for advice.</li> <li>• If the patient is nursed in a bay they should be placed in the corner bed with a KWICK® screen, protective clothing and alcohol hand gel at the end of the bed.</li> </ul>
Hand hygiene	<ul style="list-style-type: none"> <li>• Prior to patient contact and after removing protective clothing.</li> </ul>
Gloves (non-sterile)	<ul style="list-style-type: none"> <li>• Wear gloves for all patient contact.</li> <li>• Change gloves between procedures on the same patient after contact with material that may contain high numbers of microorganisms.</li> <li>• Remove gloves promptly after use, dispose of as clinical waste.</li> </ul>
Mask, eye and face protection	<ul style="list-style-type: none"> <li>• Only required if a risk of body fluid splashes/contamination.</li> </ul>
Apron/ gown	<ul style="list-style-type: none"> <li>• Wear an apron for all patient contact.</li> <li>• Remove the apron after use, dispose of as clinical waste</li> </ul>
Patient transport	<ul style="list-style-type: none"> <li>• Where possible the patient should not be transferred to other departments. If this is necessary inform the receiving department. If in doubt consult the infection prevention &amp; control team.</li> </ul>
Patient care equipment	<ul style="list-style-type: none"> <li>• Where possible the patient should have dedicated equipment for their use.</li> <li>• Wear gloves and aprons to handle equipment soiled with blood and body fluids</li> <li>• Decontaminate the equipment as per guidance in the decontamination of re-usable medical devices policy.</li> <li>• If the equipment is for single use only dispose of as clinical waste.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>• A high standard of cleanliness should be</li> </ul>

	maintained in the patient's environment. Source isolation daily cleans will be performed by the domestic services. A terminal clean of the room will required upon de-isolation.
Linen	<ul style="list-style-type: none"> <li>Gloves and aprons must be worn and the linen placed in a red alginate/dissolvable bag.</li> </ul>

### 5.5 Respiratory precautions

Respiratory precautions should be used for the care of patients known or suspected to be infected with micro-organisms transmitted by droplets (see appendix for guidance)

Respiratory precautions should be used for the care of patients known or suspected to be infected with micro-organisms that can be transmitted by airborne droplet nuclei (see appendix for guidance).

Precaution	Guidance
Patient placement	<ul style="list-style-type: none"> <li>The patient must be placed in a single room.</li> <li>The door must be kept closed at all times.</li> </ul>
Hand hygiene	<ul style="list-style-type: none"> <li>Before and after patient contact.</li> </ul>
Gloves (non-sterile)	<ul style="list-style-type: none"> <li>Contact with body fluids or if patients have non intact skin e.g. chicken pox vesicles.</li> </ul>
Eye and face protection	<ul style="list-style-type: none"> <li>Only if risk of splashing with body fluids.</li> </ul>
Respiratory protection/Masks	<ul style="list-style-type: none"> <li>Masks will be required for some conditions such as TB and Influenza (see appendix 2 for details). FFP3 and surgical masks use for respiratory protection of health care workers, patients and visitors must be available.</li> <li>Non-immune persons should not enter the room of a patient known or suspected of having measles (rubella) or varicella (chicken pox or shingles). If any doubt as to immune status, the staff member or their line manager should consult Employee Health to check immunity before allowing contact with the patient in question.</li> </ul>
Apron/ gown	<ul style="list-style-type: none"> <li>Contact with body fluids or if patients have non intact skin e.g. chicken pox vesicles.</li> </ul>
Patient transport	<ul style="list-style-type: none"> <li>Where possible the patient should not be transferred to other departments. If this is necessary inform the receiving department and ask the patient to wear a mask. If in doubt consult the infection control team.</li> </ul>
Patient care equipment	<ul style="list-style-type: none"> <li>Where possible the patient should have dedicated equipment for their use.</li> </ul>

	<ul style="list-style-type: none"> <li>• Wear gloves and aprons to handle equipment soiled with blood and body fluids</li> <li>• Decontaminate the equipment as per guidance in the decontamination of re-usable medical devices policy.</li> <li>• If the equipment is for single use only dispose of as clinical waste.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>• A high standard of cleanliness should be maintained in the patient's environment. Source isolation daily cleans will be performed by the domestic services. A terminal clean of the room will be required.</li> </ul>
Linen	<ul style="list-style-type: none"> <li>• Gloves and aprons must be worn and the linen placed in a red alginate/dissolvable bag.</li> </ul>

### 5.6 Stool/Enteric precautions

Stool precautions should be used for the care of patients known or suspected to be infected with micro-organisms that can be transmitted by faecal oral route (see appendix for guidance).

Precaution	Guidance
Patient placement	<ul style="list-style-type: none"> <li>• The patient should be placed in a single room with en suite toilet facilities or designated commode kept in the room. Consult the infection prevention &amp; control team for advice.</li> </ul>
Hand hygiene	<ul style="list-style-type: none"> <li>• Alcohol gel before and soap and water after patient contact.</li> </ul>
Gloves (non-sterile)	<ul style="list-style-type: none"> <li>• For patient contact.</li> </ul>
Mask, eye and face protection	<ul style="list-style-type: none"> <li>• Only if risk of splashing with body fluids.</li> </ul>
Apron/ gown	<ul style="list-style-type: none"> <li>• For patient contact.</li> </ul>
Patient transport	<ul style="list-style-type: none"> <li>• Where possible the patient should not be transferred to other departments. If this is necessary inform the receiving department. If in doubt consult the infection control team.</li> </ul>
Patient care equipment	<ul style="list-style-type: none"> <li>• Where possible the patient should have dedicated equipment for their use.</li> <li>• Wear gloves and aprons to handle equipment soiled with blood and body fluids – decontaminate the equipment as per guidance in the decontamination of re-usable medical devices policy.</li> </ul>

	<ul style="list-style-type: none"> <li>If the equipment is single use dispose of as clinical waste.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>A high standard of cleanliness should be maintained in the patient's environment. Source isolation daily cleans will be performed by the domestic services. A terminal clean of the room will be required.</li> </ul>
Linen	<ul style="list-style-type: none"> <li>Gloves and aprons must be worn and the linen placed in a red alginate/dissolvable bag.</li> </ul>

### 5.7 Protective precautions

These precautions should be used in addition to those stated in the standard precautions. Protective precautions should be used for the care of patients with impaired immunity are at increased risk of acquiring infection while in hospital particularly those with a severe neutropenia (neutrophils count less than 0.4)

Precaution	Guidance
Patient placement	<ul style="list-style-type: none"> <li>The patient may be placed in a single room.</li> </ul>
Persons entering the room	<ul style="list-style-type: none"> <li>Staff, patients or visitors entering the room must ensure that they are well and not suffering from any illness (viral colds).</li> </ul>
Hand hygiene	<ul style="list-style-type: none"> <li>Before and after patient contact.</li> </ul>
Gloves (non-sterile)	<ul style="list-style-type: none"> <li>For patient contact.</li> </ul>
Mask, eye and face protection	<ul style="list-style-type: none"> <li>Only if risk of splashing with body fluids.</li> </ul>
Apron/ gown	<ul style="list-style-type: none"> <li>Contact with body fluids or if patients have non intact skin</li> </ul>
Patient care equipment	<ul style="list-style-type: none"> <li>Where possible the patient should have dedicated equipment for their use.</li> <li>Wear gloves and aprons to handle equipment soiled with blood and body fluids – decontaminate the equipment as per guidance in the decontamination of re-usable medical devices policy.</li> <li>If the equipment is single use dispose of as clinical waste.</li> </ul>
Environment	<ul style="list-style-type: none"> <li>A high standard of cleanliness</li> </ul>

	should be maintained in the patient's environment.
Linen	<ul style="list-style-type: none"> <li>Dispose of as standard linen unless contaminated with body fluids when it must go into an alginate bag.</li> </ul>

### **5.8 Isolation Procedure in general ward areas**

If a patient is assessed as requiring isolation the type of isolation and reasons for isolation must be documented in the patient's records and explained to the patient. If in a side room or bay the correct isolation precautions sign must be clearly displayed and personal protective equipment (PPE) available and alcohol hand gel outside the room or on a trolley at the end of the patient's bed.

Gloves – small, medium, large

Yellow aprons

FFP3/Surgical masks (if required)

PPE must be put on prior to entering the room.

When the patient treatment/interaction is complete the PPE should be removed in the room, disposed of as clinical waste and hands washed.

Fans should not be used as it increases risk of spread of infection.

Any equipment leaving the room must be disinfected.

### **5.9 Isolation Procedure in ITU**

If a patient is assessed as requiring isolation the type of isolation and reasons for isolation must be documented in the patient's records and explained to the patient and/or relatives.

The requirement for isolation or precautions in the bed space will be assessed by the ITU team and infection control team.

If in the side room the correct isolation precautions sign must be clearly displayed and personal protective equipment (PPE) available and alcohol hand gel outside the room.

Gloves – small, medium, large

Appropriate coloured aprons

FFP3/Surgical masks (if required)

If in a bed space the area should be clearly marked.

The patient should have dedicated patient equipment.

Single use consumables should be kept in the bedside trolley and not removed from the area/room.

PPE must be put on prior to entering the room/bed space.

When the patient treatment/interaction is complete the PPE should be removed in the room or bed space area, disposed of as clinical waste and hands washed.

Fans should not be used as it increases risk of spread of infection.

Any re-usable equipment leaving the room/bed space must be disinfected.

### **5.10 Isolation procedure in NICU/SCBU**

If a patient is assessed as requiring isolation the type of isolation and reasons for isolation must be documented in the patient's records and explained to the relatives.

The requirement for isolation or precautions in the bed space in an incubator will be assessed by the NICU/SCBU team and infection control team.

In some cases nursing in an incubator on precautions maybe sufficient, this will be risk assessed on an individual basis. The isolation precautions sign must be clearly displayed on the incubator and PPE and alcohol hand gel available at the cot side

Gloves – small, medium, large

Yellow coloured aprons

If in the side room the correct isolation precautions sign must be clearly displayed and PPE available and alcohol hand gel outside the room.

Gloves – small, medium, large

Yellow coloured aprons

FFP3/Surgical masks (if required)

The patient should have dedicated patient equipment.

Single use consumables should be kept in the bedside trolley and not removed from the area/room.

PPE must be put on when entering the room/bed space.

When the patient treatment/interaction is complete the PPE should be removed in the room or bed space area, disposed of as clinical waste and hands washed.

Fans should not be used as it increases risk of spread of infection.

Any re-usable equipment leaving the room/bed space must be disinfected.

No patients are to be de-isolated or decolonisation protocol stopped without prior discussion with the infection control team.

### **5.11 De-isolation**

When isolation is no longer required the patient must be informed and the room must be terminally cleaned. All equipment must be disinfected. De-isolation and rationale should be documented in the patient's records. The decision to de-isolate must always be based on instructions directly from the infection control team or via the CSMs.

### **5.12 Bed Management and isolation**

The infection control nurses visit all wards three times per week to assess patients in single rooms and being nursed with infection control precautions on open wards. This information is presented in a spread sheet (Appendix 2) and these instructions are shared with the Clinical Site Managers (CSMs). The patients are classified into one of three groups to aid bed management and appropriate patient placement by the CSMs

**Red** – must stay in sideroom unless discussed with infection control team prior to the move.

**Yellow** – maybe moved out by CSMs if a higher priority patient requires isolation (see summary), infection control team to be notified next working day.

**Green** – maybe moved out of the side room by CSMs.

Percentage of side room availability is calculated on every side room list and if the availability falls below a set trigger an escalation will be put in place. The set escalation triggers are set as below.

<b>Escalation triggers set at:</b>	
	20% Mon-Thur
	40% Fri for weekend

If a patient is assessed as requiring a side room and there are none available the clinical site managers will discuss this with the infection control team or, out-of- hours, the on-

call Microbiologist. Unavailability of side rooms must always be escalated and reported on the Trust incident reporting system

### **5.13 Cohort nursing and capacity**

Homerton University Hospital NHS Foundation Trust is relatively well-equipped with side room isolation facilities. In most circumstances, there should be adequate side room isolation facilities to enable the prompt isolation of all patients who require it.

In instances when there are not rooms available the escalation process above must be used. The infection prevention & control team will then assess the risks to patients and staff and advise accordingly. The Trust has 20 Kwick® isolation screens that can be used to cohort patients and its placement around the wards are monitored by the infection control nurses during their thrice weekly ward rounds. The Trust has 4 mobile sink units which can be placed in bays for the requirement of cohort nursing patients safely.

In some cases if the infection is highly virulent it may be deemed necessary to close the ward to admissions. This will only occur after discussion between the infection prevention & control team, Director of Infection Prevention and Control (DIPC) and members of the Homerton University Hospital NHS Foundation Trust Board and the formation and meeting of an Outbreak Control Team.

### **5.14 Negative Pressure Rooms**

The Trust has a number of negative pressure rooms which can be used for isolation purposes.

Lamb ward X3

ITU X1

Starlight X1

A&E X1

The rooms are checked on a quarterly basis by an external company and any faults reported to the infection prevention & control team in order for risk assessment of patient placement and use of the room. The Estates team are responsible for the monitoring and maintenance of the ventilation systems and copies of the reports are sent to the infection prevention & control team. The Infection Control Committee receive exception reports on the status of the ventilation systems. All rooms have a visual indicator or alarm to indicate they are running at negative pressure. If the indicator is on red or the alarm sounds the staff contact the works department.

## **6 Training and awareness**

All Infection Prevention and Control training sessions for all clinical staff contain a section on infection control isolation precautions and where to access further information on infection control procedures. Infection Prevention and Control training is part of the trust mandatory training programme contained in the Trust Mandatory training Policy on the trust intranet.

Managers are responsible for identifying staff training requirements, booking and following up attendance/non-attendance of Infection Prevention & Control mandatory training. Identification of what training staff require can be found in the Trust mandatory training policy.



## 7 Review

This policy will be reviewed by the Infection Prevention and Control team in 2016 or sooner if new guidance/ policy is published.

## 8 Monitoring/Audit

Monitoring of training requirements, attendance and non-attendance is the responsibility of the line managers of staff. Attendance compliance is monitored by the Training Committee, Infection Control Committee and reported to the Trust Board via the mandatory training balance score card and infection prevention and control balance score card. Divisions are responsible for monitoring their staff attendance and addressing non-attendance.

On the three times weekly ward rounds the infection control nurses are constantly monitoring practice to maintain high standards and assessing capacity of side rooms. Any instances of non-compliance with this policy will be reported as an incident on the Trust incident reporting system and investigated accordingly.

The isolation audit is completed bi-annually as part of the infection prevention and control audit programme. The standard used for audit is this isolation policy and Clean Safe Care summary of best practice for isolation and assessing the isolation room capacity.

<b>Measurable Policy Objective</b>	<b>Monitoring/Audit</b>	<b>Frequency of monitoring</b>	<b>Responsibility for performing the monitoring</b>	<b>Monitoring reported to which groups/committees, inc responsibility for reviewing action plans</b>
Monitoring of patients in isolation performed informally 3 x weekly by infection control nurses on ward rounds  Any instances of non-compliance with this policy will be reported as an incident on the Trust incident reporting system and investigated accordingly.	Clinical ward rounds, issues with non-compliance dealt with immediately and reported as incident	3 times a week	Infection control nurses	Incident review group

### **Sources of Evidence; References / Bibliography**

The Review of Hospital Isolation and Infection Control Related Precautions, Report of the Joint Working Group of The Hospital Infection Society was used.

It is recognised that most of the evidence in infection control is not based on randomised control trials but on observation studies. These guidelines are therefore based on the consensus opinions of experts in the Hospital Isolation Precautions Working Group and current legislation.

Advisory Committee on Dangerous Pathogens. 2003. Infection at Work: Controlling the Risks. A guide for employers and the self-employed on identifying, assessing and controlling the risk of infection in the work place.

Department of Health and Hospital Infection Society. 2001. Epic Guidelines for Preventing Healthcare Associated Infection. *Journal of Hospital Infection*. 47: Supplement.

Hospital Infection Control Practices Advisory Committee. 1997. Guidelines for Isolation Precautions in Hospital. Centres for Disease Control.

Hospital Infection Society Working Party. 2001. Review of Hospital Isolation and Infection Control Related Precautions. <http://www.his.org.uk/>

Department of Health. 2007. Isolating patients with HCAI. Summary of best practice.

[http://webarchive.nationalarchives.gov.uk/20120118164404/hcai.dh.gov.uk/files/2011/03/Document\\_Isolation\\_Best\\_Practice\\_FINAL\\_100917.pdf](http://webarchive.nationalarchives.gov.uk/20120118164404/hcai.dh.gov.uk/files/2011/03/Document_Isolation_Best_Practice_FINAL_100917.pdf)

## Appendix 1

## A to Z index of disease and isolation type

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>	<b>Side room required</b>	<b>Comments</b>
Abscess Drainage major (not contained by dressing)	Contact	<b>Contact precautions</b>	Yes	Isolate for duration of illness
Abscess Drainage minor (dressing covers and contains drainage)	Contact	<b>Standard precautions</b>	No	
Acquired immunodeficiency syndrome (AIDS)	Blood and body fluids	<b>Standard precautions</b>	No	Side room not required unless heavy environmental contamination with body fluids.
Adenovirus in paediatrics	Droplet	<b>Contact and respiratory precautions</b>	Yes	Isolate for duration of illness
Anthrax: <i>Bacillus anthracis</i>  Respiratory Cutaneous	Nil	<b>Standard precautions</b>	No	
Brochiolitis - infants	Droplet and contact	<b>Contact and respiratory precautions</b>	Yes	Isolate for duration of illness
Campylobacter gastroenteritis	Faeco- oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Candidiasis <i>Candida albicans</i>	Contact	<b>Standard precautions</b>	No	Can be spread by hands contaminated with secretions
Cellulitis <i>e.g. Group A streptococci</i>	Contact	<b>Contact precautions</b>	Yes – if on a surgical ward.  No – if on a medical ward if drainage can be contained within dressing.	Side room until they have had 48 hours of appropriate Ab therapy.
Chicken pox varicella zoster virus	Airborne and contact	<b>Respiratory and contact precautions</b>	Yes	See chickenpox policy. Only immune staff to have patient contact.

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>	<b>Side room required</b>	<b>Comments</b>
Cholera <i>Vibrio cholera</i>	Faeco-oral	<b>Stool precautions.</b>	Yes	Contact ICT immediately
<i>Clostridium difficile</i>	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate until 72 hours of no diarrhoea
Creutzfeldt-Jakob disease		<b>Standard precautions</b>	No	Extra precautions are necessary for some procedures see the CJD policy.
Croup	Droplet	<b>Respiratory precautions</b>	Yes	Isolate for duration of illness
Cryptococcosis <i>Cryptococcus neoformans</i>	nil	<b>Standard precautions</b>	No	
Cryptosporidiosis gastroenteritis	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Cytomegalovirus (CMV)	Nil	<b>Standard precautions</b>	No	
Diarrhoea (unknown cause)	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Diphtheria	Droplet/ Contact	<b>Respiratory precautions</b>	Yes	Isolate until 2 nose/throat swabs negative
Epstein-Barr virus infection	Droplet	<b>Standard precautions</b>	Yes	
<i>Escherichia coli</i> gastroenteritis Enterohemorrhagic 0157	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Giardia	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Gastroenteritis	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
German measles (see rubella)			Yes	
Gentamicin and extended spectrum antibiotic resistant gram negatives	Contact	<b>Contact precautions</b>	Yes – if on surgical ward.	Risk assessment to be performed by ICT – high risk areas include ITU.

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>	<b>Side room required</b>	<b>Comments</b>
Hepatitis A	Faeco-oral	<b>Stool precautions</b>	Yes	
B	Blood/body fluids	<b>Standard precautions</b>	No	
C	Blood/body fluids	<b>Standard precautions</b>	No	
E	Faeco-oral	<b>Stool precautions</b>	Yes	
Herpes Simplex	Contact	<b>Standard precautions</b>	No	
Neonatal herpes simplex		<b>Contact precautions</b>	Yes	Isolate for duration of illness
Disseminated herpes simplex		<b>Contact precautions</b>	Yes	
Head lice	Contact	<b>Contact precautions</b>	In the cases of heavy infection or possible resistance the patient should be isolated	Transmission occurs through head to head contact.
Herpes zoster (shingles)	Contact	<b>Contact and respiratory precautions</b>	Yes	Isolate until vesicles have crusted over. Only VZV immune staff to have patient contact.
HIV	Blood/body fluids	<b>Standard precautions</b>	No	
Impetigo	Contact	<b>Contact precautions</b>	Yes	Until completed 24 hours of treatment

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>	<b>Side room required</b>	<b>Comments</b>
Influenza	Droplet	<b>Respiratory precautions</b>	Yes	Flu vaccines available to all staff through Occupational Health. Prophylaxis maybe indicated some contacts. In a flu pandemic situation the Homerton pandemic flu plan which contains infection control guidance will be implemented.
Infective jaundice (until cause identified)	Contact/faecal oral	<b>Stool precautions</b>	Yes	
Legionnaires disease	Airborne ( not spread human to human)	<b>Standard precautions</b>	No	Cases maybe investigated for source
Listeria	Contact	<b>Contact precautions</b>	No	High risk in neonatal unit due to shedding in faeces
Measles	Droplet	<b>Respiratory precautions</b>	Yes	Immune staff only to attend to the patient
Meningitis undiagnosed (viral/bacterial)	Droplet	<b>Respiratory precautions</b>	Yes	All cases should be isolated until a cause has been established. Meningococcal meningitis (see below)
Meningococcal meningitis/septicaemia	Droplet	<b>Respiratory precautions</b>	Yes	Isolate until received 48 hours of Ceftriaxone Masks maybe necessary for airway management see Meningococcal policy on intranet for details

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>		<b>Comments</b>
Meticillin resistant Staphylococcus aureus (MRSA)	Contact	<b>Contact precautions</b>	Yes – on surgical ward.  Lower risk wards following risk assessment	See MRSA infection control policy on intranet for full risk assessment details
Mumps	Droplet	<b>Respiratory precautions</b>	Yes	Only immune staff to attend to the patient
Penicillin-resistant Streptococcus pneumoniae	Droplet	<b>Respiratory precautions</b>	Yes	
Pyrexia of Unknown Origin – patients with recent travel history should be classed as high risk.	Will depend on symptoms and diagnosis	<b>Precautions will depend on patient symptoms</b>	Yes	Until a cause has been determined and risk assessment performed.
Pubic lice	Contact	<b>Contact precautions</b>	No	
PVL Staphylococcus aureus	Contact	<b>Contact precautions</b>	Yes	
Respiratory syncytial virus	Droplet	<b>Respiratory precautions</b>	Yes	
Rotavirus	Faeco-oral	<b>Stool precautions</b>	Yes	
Rubella	Droplet	<b>Droplet precautions</b>	Yes	Only immune staff to have patient contact
Salmonella	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Severe Acute Respiratory Syndrome (SARS)	Airborne	<b>Respiratory precautions with mask and contact precautions (with disposable gown)</b>	Yes	Contact infection control team immediately
Shigella	Faeco-oral	<b>Stool precautions</b>	Yes	Isolate for duration of illness
Scabies	Contact	<b>Contact precautions</b>	No	
Scarlet fever	Droplet	<b>Respiratory precautions</b>	Yes	
Shingles (Herpes Zoster)	Contact	<b>Contact precautions</b>	Yes	Only immune staff to have patient contact
Small round structured virus (diarrhoea and/or vomiting)	Faeco-oral/droplet	<b>Stool precautions</b>	Yes	Inform ICT immediately

<b>Disease and/or infective agent</b>	<b>Transmission</b>	<b>Isolation type</b>		<b>Comments</b>
Streptococcus pyogenes (Group A strep)	Droplet/contact	<b>Contact precautions</b>	Yes	Isolate until completed 48 hours of treatment
TB open pulmonary	Air-borne	<b>Respiratory precautions with mask</b>	Yes	See TB policy for further details
TB closed/ non pulmonary	Contact	<b>Standard precautions</b>	No	
Typhoid fever	Faeco-oral	<b>Stool precautions</b>	Yes	
Vancomycin resistant enterococcus	Contact	<b>Contact precautions</b>	Yes	Isolate if having diarrhoea.
Viral hemorrhagic fevers (Ebola, Lassa fever)	Blood borne	See policy for viral hemorrhagic fevers	Yes	Inform infection control team immediately.



## Appendix 2 Isolation Room List for Clinical Site Managers

WARD	SR BED	NAME	S	INFECTION	ISOLATION	HOSP NO
ASKE	SR1					
	SR2					
	SR3					
	SR4					
E.CAVELL	SR1					
	SR2					
	SR3					
	SR4					
	A2					
	B6					
LLOYD	SR1					
	SR2					
	SR3					
	SR4					
HALLEY	SR1					
	SR2					
	SR3					
	SR4					
	C1					
LAMB	SR1					
	SR2					
	SR3					
	SR4					
ACU	SRA					
	SRB					
	SRC					
	SRD					
	SRE					
CARDIOLOGY	SRG					

	SRH					
<b>ITU</b>	SR10					
<b>REHAB UNIT</b>	SR1					
	SR2					
	SR3					
	SR4					
	A4					
	A6					
	C4					
	D5					
	D3					
<b>DEFOE</b>	SR1					
	SR 2					
	Bay 3 Bed 3					
<b>PRIESTLEY</b>	SR 1					
	SR 2					
	SR 3					
<b>T AUDLEY</b>	SR A					
	SR B					
<b>RNRU</b>	SR2					
	SR3					
	Bay 3 Bed 5					
	Bay 2 Bed 4					
<b>NICU</b>						
<b>Templar</b>						
<b>Starlight</b>						
<b>Legend</b>						
<b>RED</b>	Patient must stay in side room unless discussed with infection control team prior to the move.					
<b>YELLOW</b>	Patient maybe moved out if a higher priority patient requires isolation (see summary), infection control team to be notified next working day.					
<b>GREEN</b>	Patient maybe moved out of the side room					

## Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

<b>Policy/Service Name:</b>	<b>Isolation Policy</b>
<b>Author:</b>	<b>Monique E. Laberinto</b>
<b>Role:</b>	<b>Infection Control Nurse - IMRS</b>
<b>Directorate:</b>	<b>CSDO</b>
<b>Date</b>	<b>03 October 2013</b>

<b>Equalities Impact Assessment Question</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
1. How does the attached policy/service fit into the trusts overall aims?	Yes		Compliance with health and social care act 2009
2. How will the policy/service be implemented?			Infection control isolation procedures included in all training sessions and new policy instructions in infection control newsletter.
3. What outcomes are intended by implementing the policy/delivering the service?			Reduction in potential exposure of staff and patients to infectious disease.
4. How will the above outcomes be measured?			ICN ward rounds, incident reporting system
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Infection control committee given opportunity to comment and endorsed the policy
6. Does this policy/service impact on other policies or services and is that impact understood?		NO	
7. Does this policy/service impact on other agencies and is that impact understood?		No	
8. Is there any data on the policy or service that will help inform the EqIA?		No	
9. Are there are information gaps, and how will they be addressed/what additional information is required?		No	

<b>Equalities Impact Assessment Question</b>	<b>Yes</b>	<b>No</b>	<b>Comment</b>
10. Does the policy or service development have an adverse impact on any particular group?		No	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		No	
12. Where an adverse impact has been identified can changes be made to minimise it?		N/A	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		No	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		N/A	

### **EQUALITIES IMPACT ASSESSMENT FOR POLICIES AND PROCEDURES**

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.
3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.

### Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

<b>1</b>	<b>Details of policy</b>	
1.1	Title of Policy:	Isolation Policy
1.2	Lead Executive Director	Chief Nurse and Director of Governance
1.3	Author/Title	Monique E. Laberinto (Infection Control Nurse)
1.4	Lead Sub Committee	Infection control committee
1.5	Reason for Policy	To provide concise information on the isolation precautions necessary to prevent the spread of infection in the Homerton University NHS Trust. This policy should be used alongside a risk assessment on individual patient needs and risks
1.6	Who does policy affect?	All staff
1.7	Are national guidelines/codes of practice incorporated?	yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
<b>2</b>	<b>Information Collation</b>	
2.1	Where was Policy information obtained from?	See reference list/sources of evidence
<b>3</b>	<b>Policy Management</b>	
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	N/A
3.3	If NO explain why	Infrastructure already in place
<b>4</b>	<b>Consultation Process</b>	
4.1	Was there internal/external consultation?	Both
4.2	List groups/Persons involved	Infection Control Committee

4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	
4.5	Signature of Sub-committee chair	
<b>5</b>	<b>Implementation</b>	
5.1	How and to whom will the policy be distributed?	All clinical staff via infection control newsletter and will be posted on intranet.
5.2	If there is implementation requirements such as training please detail?	No major changes
5.3	What is the cost of implementation and how will this be funded?	None
<b>6</b>	<b>Monitoring</b>	
6.1	List the key performance indicators e.g. core standards	Health and Social Care Act 2009 Code for Reducing HCAI in the NHS
6.2	How will this be monitored and/or audited?	Incidents of non-compliance will be reported to the infection control team by the health protection team who attend the monthly infection control team meeting and quarterly ICC meetings.
6.3	Frequency of monitoring/audit	N/A

Date policy approved by Trust Policy Group:

..... 25/2/15 .....

Signature of Trust Board Group chair:

..... *Phila K. Adam* .....