

UNIQUE IDENTIFIER NO: C-13-2008
EQUIP-2019-017
Review Date: March 2023
Review Lead: Lead Infection, Prevention and Control Nurse

Section K - Isolation Policy

Version 10.1

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Does this document map to other Regulator requirements?	
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Document Version Control	
Version 10.1	Policy further reviewed in light of Covid-19 pandemic. Covid-19 added to the isolation priorities chart.
Version 10	Isolation priorities chart updated and the layout of the document altered in line with the policy on policies and the content. Addition of a section on repatriation.
Version 9	Updates to: door signage; SOP for isolation of diarrhoea; isolation priorities guide and policy content in relation to the changes
Version 8	References reviewed and updated, appendices reviewed and updated and EPR elements added where applicable.
Version 7	The full appendices have been added to the policy as they were inaccessible.
Version 6	A quick guide for prioritising who to isolate is available in Appendix 1. Respiratory protection guidance is now available in Appendix 14 and not via a hyperlink. All appendices are available via a PDF quick link.
Version 5	The new isolation signage is available in App 8/9&10. Assessment Tool and the Transfer of Patients form have been referred to. CPE has been added to the ID Chart. A hyperlink to the IPC intranet page re: masks. The location and availability of pressure rooms is updated – Appendix 5.
Version 4	Reviewed and Appendix 1 & Appendix 3 replaced with an Infectious Diseases Chart. All references to swine flu removed and referred to as seasonal flu. Community information and a summary of the policy have also been added as Appendix 14 and 15 respectively.

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1. Introduction

Isolation is a key measure in the control of infections, alongside hand hygiene, personal protective equipment and effective cleaning. Through the correct and timely placement of infected patients (suspected or confirmed) into single rooms or cohort bays, it is possible to control the spread and minimise the impact of infectious diseases such as Norovirus, Covid-19 and Influenza, and health-care associated infections (HCAIs) such as MRSA and *Clostridium difficile*.

The Health and Social care Act 2008 requires providers delivering in-patient care to ensure that it is able to make available adequate isolation precautions and facilities as appropriate for their patients.

1.1 Key points

- Prompt isolation is essential to contain the spread of infection
- Staff should ensure they are clear on the precautions required for the specific infection they are managing – see guide at Appendix 1
- Isolation to protect vulnerable patients also requires prompt action

2. Purpose

The purpose of this policy is to ensure the correct employment of isolation procedures in order to minimise the risk of cross infection. It sets out Trust guidance regarding the isolation and care of patients with known or suspected colonisation or infection by multi-resistant organisms or infectious diseases and provides information regarding the following:

- Why isolation is necessary
- When should isolation precautions be implemented
- Standards for isolation of different infections including PPE/room requirements
- How to prioritise the need for isolation
- Staff responsibilities

3. Duties (Roles and responsibilities)

The Chief Executive is responsible for ensuring that there are effective infection control arrangements in the Trust.

The IPCT is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation and assisting with risk assessment where complex decisions are required. The IPCT is also responsible for ensuring this policy remains consistent with current evidence and reviewing the policy.

Manager responsibilities are to ensure that:

- Staff are aware of, have access to and comply with this policy
- Staff are adequately trained in all aspects of this policy

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Ward / Department Staff responsibilities are to ensure that they:

- Understand how organisms spread in order that they can apply correct isolation procedure
- Comply with the requirements of this policy
- Attend training as required
- Isolate patients promptly to reduce the risk of spread of infection/protect the immune-compromised patient

All staff working on Trust premises, including contractors' staff, agency, locum staff and Allied Health Professionals are responsible for adhering to this policy and those listed below.

4. Isolation

Isolation is the placement of a patient within a single room and the implementation of additional precautions for specific conditions, effective in reducing the spread of infection to patients, staff and visitors. The allocation of single rooms must be based on a clinical risk assessment with infection control requirements given priority over bed management/capacity issues.

4.1 Instigating isolation precautions

Ward staff may be informed by the Infection Prevention and Control Team (IPCT), Laboratory staff, the patient or via an alert flag on the Electronic Patient Record (EPR) of the presence of an infectious condition or antimicrobial resistant organism. This policy and the attached appendix support staff in identifying the isolation requirements for their patients. In addition, the Infection Prevention and Control Risk Assessment on EPR aids identification of risks and actions to be taken, including isolation. Recent additions to the assessment relate to Covid-19:

- Q1.** Do you or any member of your household/family have a confirmed diagnosis of COVID-19?
- Q2.** Are you or any member of your household/family waiting for a COVID-19 test result?
- Q3.** Have you travelled internationally in the last 14 days?
- Q4.** Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?
- Q5.** Do you have any of the following symptoms?
 - high temperature or fever
 - new, continuous cough
 - a loss or alteration to taste or smell

The IPCT are available to liaise with ward staff to reinforce the necessary precautions that should be taken for different situations and to aid risk assessment and prioritisation of isolation.

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4.2 Types of isolation

There are four categories of isolation used in the Trust. Three are source isolation which **contain** infection and the other **protects** a patient from infection:

Contact Isolation (red or amber signage depending on the organism) is necessary for patients who are known or suspected of being colonised or infected with pathogenic micro-organisms spread through contact.

- **Direct contact** is the physical transfer from body surface to body surface between an infected or colonised person and a susceptible host. This can be between patients or from staff to patient when performing patient care activities
- **Indirect contact** involves the susceptible host having contact with an intermediate object, such as contaminated instruments, the environment, or care equipment such as commodes, beds, hoists

Respiratory Isolation (green signage) is necessary for infections that are spread by the respiratory route through aerosol or droplet transmission.

- **Droplets** are generated from the source patient through coughing, sneezing, talking or singing. Transmission occurs when droplets containing micro-organisms generated from the infected person are propelled a **short distance** through the air and reach someone's conjunctivae, nasal mucosa or mouth
- **Airborne** transmission occurs by dissemination of microorganisms suspended in the air for long periods of time in aerosols or dust.

High level isolation (yellow signage) is necessary for patients who are known or suspected of being infected with a significant pathogenic micro-organisms i.e. MERS CoV, Viral Haemorrhagic Fever etc.

Protective isolation (blue signage) is necessary if the patient is immuno-compromised and therefore vulnerable to infection arising from other patients or from the environment. The aim is to protect such patients from both exogenous (cross-infection) and endogenous (self-infection) infections.

See Appendix 2 for a guide to the signage available to support source and protective isolation. All signage is available via the IPC pages of the intranet. See Appendix 3 for the location and procedure for pressure rooms.

4.3 Isolation prioritising

Isolation priority depends on a number of factors: the patient and their risk factors; the infection and its mode of spread; the site of the infection; current symptoms of

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the patient; the nature of the ward and the other patients present. **Please refer to Appendix 1.**

4.4 Isolation facilities

Single room: The most effective form of isolation is in a single room with ensuite facilities and this should always be the first choice for the placement of infected patients. **The door to the room must be kept closed** to provide physical separation from other patients. If this is not possible, e.g. falls risk, then this must be documented in the patient's notes outlining interventions in place to ensure the safety and wellbeing of the isolated patient. Even if the door is kept open it must be closed during cleaning, bed making, and at any other time where a staff member is present.

Cohort: If single room capacity is exceeded, cohorting may be implemented for patients with the same organism or who display similar signs and symptoms of infection (e.g. diarrhoea and/or vomiting). This should be discussed with the IPCT. Where patients are being cohorted the doors should be kept closed to provide physical separation from other patients. **Designated staff** should care for patients who are cohorted within an area of the ward. Toileting/bathing facilities should also be designated.

Whether cohorted or isolated in a single room, appropriate isolation door signage must be displayed (Appendix 3).

If appropriate isolation facilities are not available, this must be escalated to the Bed Team (see Appendix 5 for the process where the patient has diarrhoea). The ward staff are to complete a clinical incident form via Datix.

Bay area: Where unavoidable, if a patient is to be 'isolated' in a bay area:

- Consider a bed space where there is least 'traffic' of other staff/patients – this is often NOT next to the sink. Point of care alcohol gel should be available at all times. This placement is not a substitute for a single side room, and should only be considered as a last resort
- Appropriate 'inside the room' standards sign should be displayed above the patient's bed to alert staff of the need to implement infection control precautions
- Other patients within the bay/immediate vicinity should not have wounds or indwelling devices or be immunosuppressed (see appendix 1 for more information)
- Where the infection is in a wound, dressing changes for the patient should not be carried out when other patient's wounds are exposed.

4.5 Isolation standards

- **Communicate:** Provide affected patients and visitors with an explanation of their infection, the need for isolation precautions and treatment, **without breaking confidentiality** and document in the notes. The Infection Prevention and Control Nurses can be contacted if patients, relatives or visitors require further information
 - Make patients and visitors aware of the isolation signage
 - Provide information leaflets on infections where appropriate/available
 - Patients isolated in side-rooms may experience higher levels of anxiety and/or depression. Staff should be sensitive to actions that increase anxiety, such as a lack of communication or inconsistencies in care.
- **Personal protective equipment:** Appropriate PPE must be worn (See Isolation signage and IPC policy C). Explain why this is needed to your patient
- **Limit staff:** The number of staff entering the side room should be kept to a minimum, including during ward rounds
- **Equipment management:** Ideally equipment should be dedicated and remain in the isolation room. Where this is not possible any equipment must be disinfected on removal. Additionally
 - Fans must not be used in isolation rooms unless specifically permitted within heatwave planning
 - Laptops on wheels (LOWs) must not be taken into isolation rooms
 - Hard copy charts should be kept outside the side room
- **Cleaning:** Care should be taken to minimise wider environmental contamination during cleaning/bed changing etc.
 - Keep the door closed when changing beds to minimise environmental contamination
 - Ensure the correct clean following transfer/discharge of the patient e.g. Amber clean (Tristal) or Red clean (Tristal followed by HPV).

4.6 Transfer of patients

The transfer and movement of patients **should be kept to a minimum** to reduce the risk of infection spreading and should only be undertaken for clinical reasons.

- **If transferred to another ward** e.g. ICU or CCU, the receiving ward must be notified. Where possible, the patient should be transferred into a clean bed; their previous bed and bed space should be disinfected as per the bed space cleaning guidelines. Equipment used to transfer the patient must be disinfected after use.
- **If attending a department** to perform an investigation which cannot be performed on the ward, the receiving area must be notified so that appropriate infection control measures can be taken. Arrangements need to be made to minimise contact with other patients, therefore the isolated patient should be seen last on the list or seen immediately on arrival and returned directly into

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isolation. Non-single use equipment used within a department and equipment used to transfer the patient must be disinfected after use.

- **If transferred to another hospital/healthcare setting** the receiving organisation must be notified so that appropriate infection control measures can be taken.
- Staff should ensure that the following issues are addressed prior to transfer to another ward, hospital or healthcare setting:
 - Urinary catheter bags should be emptied before transfer
 - Wound dressings should be intact and checked for visible exudate – if exudate has breached the dressing it should be changed
 - If patients are expectorating sputum, staff should ensure that clean tissues are provided when the patient is being transported
 - Patients with suspected or confirmed but untreated pulmonary TB or a known or suspected infection spread via the respiratory route (e.g. MERS, influenza, chickenpox, RSV) should wear a theatre mask when being transported through public or patient areas
 - During the Covid-19 pandemic, all transferring patients must wear a surgical facemask unless already wearing an oxygen mask/intubated. See guidance on the intranet for transferring positive patients.

4.7 Repatriation

If available, isolation is advised for repatriations with screening commenced as per associated guidelines. However, there should be no delay to repatriation from tertiary units due to a lack of side room isolation facilities. Discuss the management of these patients with the IPCT.

5. Training and implementation

All Trust staff need to understand how organisms spread in order to apply isolation procedures. Each staff member is accountable for his/her own practice and should always act in a way as to promote and safeguard the wellbeing and interest of patients. Training and information will be provided from a number of sources:

- Trust Induction
- Mandatory Training
- Via Trust Intranet
- Ward/Department Managers
- Link practitioners
- Infection Prevention and Control Team

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6. Monitoring compliance

Compliance is audited on an annual basis by the IPCT and within the FLO audit process. These are reported to the individual Wards, Ward Managers, Matrons and Divisions. In addition, isolation breaches are monitored at divisional boards, the Infection Control Committee and the Infection Control Performance Board.

7. Associated documents

This policy should be used in conjunction with the Infection Control Policies, including organism specific policies e.g.

Section D:	Meningococcal Disease
Section J:	Multi Resistant Organisms Policy
Section N:	Viral Haemorrhagic Fever Policy (Ebola)
Section Q:	Management of patients with CPE
Section S:	Tuberculosis Policy
Section T:	Management of MRSA incl. PVL
Section U:	MERS-COV Policy
Section Y:	Control and Management of <i>Clostridium difficile</i>

Also the following policies:

- Laundry Policy
- Disposal of Waste
- Principles for Uniform and Non-Uniform Staff

8. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnerships.

This policy has been through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

9. References and further reading

Department of Health (2015). The Health and Social Care Act 2008: Code of Practice of the prevention and control of infections and related guidance

Hawker J et al (2019). Communicable Disease Control and Health Protection Handbook (4th Edition) Wiley-Blackwell publishing Ltd. Chichester.

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Public Health England (2016). Infection control precautions to minimise transmission of Respiratory Tract Infections in healthcare settings. Version 2

Loveday HP et al (2013) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014) S1-S70

Jürgensen et al (2017). PLOS ONE | DOI:10.1371/journal.pone.0173510 March 7, 2017

Surendra Karki (2013). Journal of Clinical Microbiology p. 3374–3379 October 2013 Volume 51 Number 10

Public Health England (2020)

<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>

NICE (2020) [COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](#)

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APPENDIX 1

Guide for prioritising side room isolation due to infection

Four levels of priority have been identified. Please consider your area, patient group and infection when assessing the need for isolation. If unable to isolate patients from priority group 1 and 2, escalate to the Site Commander and ensure that a clinical incident form is completed.

- Priority 1 – must be isolated
- Priority 2 – should be isolated
- No isolation – isolation NOT required

ANTIBIOTIC RESISTANT ORGANISMS	Priority	Additional details	Level of precautions required/signage
Carbapenemase-producing Enterobacteriaceae (CPE) - confirmed	1	Usually a clinical sample, but likely to be carried in the GUT.	Side-room isolation Contact precautions
Carbapenemase-producing Enterobacteriaceae (CPE) - screening	1	Three rectal swabs required – all three to be returned negative before isolation is stepped down. If discharged prior to results – AMBER clean of the room is required rather than HPV	Side-room isolation Contact precautions
Vancomycin Resistant Enterococci (VRE)	1	<ul style="list-style-type: none">• If patient is incontinent of urine, faeces OR• Patients on ICU, Ward 12 or the Neonatal unit	Side-room isolation Contact precautions
	2	Pt continent PLUS in wards other than those above	
VRE (Over 3 years ago)	No isolation	Even if no longer requiring isolation, treatment for infections should take the VRE history into consideration.	
MRSA history (within 3 years)	1	Patient is on a surgical ward – any site positive	Side-room isolation Contact precautions
	2	Patient is on a general medical ward and has no positive clinical sites (i.e nose and groin positive only)	Side-room isolation Contact precautions
MRSA (over 3 years ago)	No isolation	Even if no longer requiring isolation, treatment and prophylaxis for infections should take MRSA history into consideration, especially in prosthesis/implant procedures.	

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ESBL organism (within 3 years)	1	<ul style="list-style-type: none"> If patient is incontinent of urine, faeces OR Patients on ICU, Ward 12 or the Neonatal unit 	Side-room isolation Contact precautions
	2	Pt continent PLUS in wards other than those above	
ESBL organism (over 3 years ago)	No isolation	Even if no longer requiring isolation, treatment for infections should take the ESBL history into consideration.	
Stenotrophomonas maltophilia	1	Isolation required on ICU only This is a device associated, intrinsically resistant organism	Side-room isolation Contact precautions
Candida Auris	1	Intrinsically resistant yeast which is difficult to treat, remove from the environment and has caused outbreaks	Side-room isolation Contact precautions
MDR organisms not otherwise identified.	2	See IPC notes in the flag alert for further information	Side-room isolation Contact precautions
Diarrhoea/GI infections	Priority	Additional details	Level of precautions required/signage
Diarrhoea – confirmed or suspected infectious cause	1	Diarrhoea Bristol stool chart type 5-7. (See appendix 4/IPC intranet pages for viral gastroenteritis algorithm) For clusters of cases contact the IPC team.	Side-room isolation within 2 hours Contact precautions
Clostridium difficile suspected	1	Where CDiff is strongly suspected , isolate as CDifficile (de-escalate to AMBER isolation if no result or negative result)	Side-room isolation within 2 hours Contact precautions
Clostridium difficile Toxin/toxin gene detected confirmed	1	Diarrhoea in a patient with C-diff toxin/toxin gene detected (current or history)	Side-room isolation within 2 hours Contact precautions
Clostridium difficile Toxin or toxin gene detected history – NO diarrhoea	No isolation	Only isolate if develops symptoms during the admission.	
Campylobacter	2	Campylobacter is a food poisoning and is not transmitted person to person. Isolation is required due to diarrhoea.	Side-room isolation within 2 hours Contact precautions

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RASHES AND SKIN infections	Priority	Additional details	Level of precautions required/signage
Rash of unknown origin	1		Side-room isolation Contact precautions
Chicken Pox	1	Respiratory isolation no longer required after 5 days from onset of rash. Contact precautions continue until lesions are crusted.	Side-room isolation within 15 minutes Respiratory & contact precautions
Shingles (exposed or immuno-compromised patient)	1	Exposed shingles (face) should be isolated until the lesions are crusted.	Side-room isolation Contact precautions
Shingles (covered and immuno-competent patient)	No isolation	As per 'green book' chapter on Varicella Zoster	
Scabies (crusted)	1	Isolate for the duration of the admission	Side-room isolation Contact precautions
Scabies (non-crusted)	1	Isolate until FIRST treatment completed (must be thorough and include the scalp <i>if bald</i> , face and ears). Second treatment must also be completed	Side-room isolation Contact precautions
Measles	1	For 4 days from onset of rash	Side-room isolation Respiratory precautions
Mumps	1	For several days from onset of parotid swelling	Side-room isolation Respiratory precautions
Rubella	1	For 5 days from onset of the rash	Side-room isolation Respiratory precautions
PVL (Panton Valentine Leukocidin) MRSA or MSSA (within 3 years)	1	Any site	Side-room isolation Contact precautions
PVL (over 3 years ago)	No isolation	Even if no longer requiring isolation, treatment and prophylaxis for infections should take PVL history into consideration, especially in prosthesis/implant procedures.	
Group A Streptococcal Infection	1	Until 24 hr of appropriate antibiotics – clinical improvement seen, LONGER IF NECROTISING FACIITIS – DW IPC	Side-room isolation Contact precautions

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RESPIRATORY infections	Priority	Additional details – see mask use guidelines on the intranet and on the reverse of door poster for organism specific directions	Level of precautions required/signage
Covid-19	1	Until no longer considered infectious. Refer to the Covid-19 SOP via the intranet. Isolation not required for previous cases (>14 days) admitted with non-covid related symptoms.	Negative pressure isolation Respiratory precautions
Covid-19 increased risk of positivity	1	Care home residents until screened negative. Repatriations until screened negative. Patients self-isolating at the time of admission until the period of self isolation is complete (e.g.14 days) – e.g. contacts/returning travellers from non-exempt countries etc.	Side-room isolation Standard precautions Implement respiratory precautions if daily assessment identifies symptoms
Covid-19 Protection of patients	1	Clinically vulnerable negative patients - Isolate for duration of stay	Protective isolation Isolation room at NEUTRAL pressure
Covid-19 contacts	1	CONTACTS of a screened positive patient require cohorting together or isolated individually in side rooms for 14 days from contact.	Side-room isolation OR cohort Standard precautions Implement respiratory precautions if daily assessment identifies symptoms
Pulmonary TB suspected / confirmed and still infectious	1	Until no longer considered infectious, responding to treatment after 2 weeks treatment	Negative pressure isolation Respiratory precautions
Multi Drug Resistant TB	1		Negative pressure isolation Respiratory precautions
Influenza	1	Assess after 7days from onset of symptoms (5 days if completed a course of osteltamivir) and 24hrs flu symptom free.	Side-room isolation Respiratory precautions
Diphtheria	1	note lesions are a significant source of infection	Side-room isolation Respiratory & contact precautions
Meningococcal meningitis / septicaemia	1	Until completed at least 48hrs appropriate antibiotic therapy with signs of clinical improvement	Side-room isolation Respiratory precautions
Whooping Cough (pertussis)	1	Up to 3 weeks after the coughing starts.	Side-room isolation Respiratory precautions
Other respiratory tract infection (e.g. RSV, Adenovirus, Rhinovirus, Parafllu)	1	Until 24hrs symptom free	Side-room isolation Respiratory precautions

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Travel related infections	Priority	Additional details	Level of precautions required/signage
Viral Haemorrhagic Fever (including Ebola)	1	Admit to designated area as per policy / SOP (see CHFT intranet)	HIGH LEVEL Contact precautions 1 Negative pressure isolation
suspected / confirmed MERS-CoV (Middle East Respiratory Syndrome-Coronavirus)	1	Admit to designated area as per policy / SOP (see intranet)	HIGH LEVEL Respiratory & Contact precautions 2 Negative pressure isolation
Typhoid Fever	1	If symptomatic with diarrhoea	Side-room isolation Contact precautions
Acute Hepatitis A	1	If symptomatic with diarrhoea	Side-room isolation Contact precautions
Fever related to foreign travel – not considered to be those above	1		Side-room isolation Contact precautions plus resp if indicated
SCBU/NICU SPECIFIC INFECTIONS of concern	Priority	Additional details	Level of precautions required/signage
Pseudomonas	1		Incubator if in NICU otherwise Side-room isolation Contact precautions
Serratia	1		
Acinetobacter	1		
Staphylococcus Capitis	1		
PROTECTIVE ISOLATION	Priority	Additional details	Level of precautions required/signage
Protective isolation	1	For the protection of patients with conditions such as neutropenia (<0.5 neutrophils)	Protective isolation Isolation room with POSITIVE PRESSURE if available, if not NEUTRAL

- Other infections (not mentioned above) should not require isolation.
- Contact the IPCT for advice if there is any doubt about a patient's status or to discuss stepping down isolation.
- Discuss with relevant ward manager or matron in the instance of a non-infection related need for a side room

Isolation signage guide

The isolation signage gives different levels of contact isolation (red/amber) and identifies the relevant infectious conditions/microorganisms on the reverse of each sign. The posters are all on the IPC pages of the intranet.

Organisms

Display outside the room on the door

Display inside the room on the wall

Cdifficile – gene & toxin – NEW
 Cdifficile – history with current diarrhoea
 VRE
 CPE
 Pen resistant Strep pneumoniae



RED Contact Isolation

At all times
 Keep the door CLOSED*

Before entering the room
 Wash/gel hands
 Apply PPE (apron if apron not adequate)

Remember to take in other PPE as appropriate

Leaving the room
 Remove PPE and wash hands

On discharge
 HPV clean (actions for staff on the poster)

*If a safety hazard, measures must be put in place to maintain safety and ensure the door is kept closed.

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The following standards are to be maintained in this room

- The door is kept closed and **MUST** be kept closed during cleaning, bed making, dressing changes & personal care
- Ensuite facilities or dedicated commode are provided
- All staff are bare below the elbow i.e. no rings (other than a plain wedding band); watches or bracelets; long nails; nail varnish
- All staff and visitors perform hand hygiene prior to entry to the room
- All staff and visitors perform hand washing with soap and water prior to leaving the room
- Patient maintains high standards of hand hygiene - hand wipes are provided
- Gloves and apron (or long sleeved thumb loop gown if clothing at risk of contact) will be worn by staff when providing care including contact with the care environment
- Dedicated care equipment remains in the room. All other equipment must be disinfected with Tristel
- The room is cleaned twice daily and is kept clean and tidy and clutter free
- Bedding is changed daily and used linen placed in a red bag and removed from the room. Clean linen is not stored in the room.
- All waste (other than paper towels following hand washing) is disposed of into the orange bin.
- Deep clean using HPV on discharge

If you have any concerns or questions regarding your care, please speak to the nurse in charge.

MRSA
 ESBL
 Norovirus
 Group A streptococcus
 General GI infections
 MDR MRSA (will need HPV clean)
 PVL (will need HPV clean)
etc



AMBER Contact Isolation

At all times
 Keep the door CLOSED*

Before entering the room
 Wash/gel hands

In the room (or before entering if PPE outside the room)
 Apply PPE (1) if contact with patient or environment anticipated

Remember to take in other PPE as appropriate

Leaving the room
 Remove PPE and wash/gel hands

On discharge
 AMBER clean (actions for staff on the poster)

*Unless a safety hazard. However, the door **MUST** be closed during cleaning, bed making, dressing changes & personal care. The risk and plan to control infection must be documented and reported on Datix

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The following standards are to be maintained in this room

- The door is kept closed, and **MUST** be kept closed during cleaning, bed making, dressing changes & personal care
- All staff are bare below the elbow i.e. no rings (other than a plain wedding band); watches or bracelets; long nails; nail varnish
- All staff and visitors perform hand hygiene prior to entry to the room
- All staff and visitors perform hand washing with soap and water or use the hand rub provided prior to leaving the room
- Patient maintains high standards of hand hygiene - hand wipes are provided
- Gloves and apron are worn by staff when providing care including contact with the care environment
- Dedicated care equipment remains in the room. All other equipment is disinfected with Tristel
- The room is cleaned twice daily and is kept clean and tidy and clutter free
- Bedding is changed daily and used linen placed in a red bag and removed from the room. Clean linen is not stored in the room.
- All waste (other than paper towels following hand washing) is disposed of into the orange bin.
- AMBER clean is completed on discharge

If you have any concerns or questions regarding your care, please speak to the nurse in charge.

Influenza
 Pulmonary TB
 MDR TB
 Chicken pox
 Measles
 Mumps/Rubella
 Meningitis
 Other respiratory tract infection (Inc. RSV Adenovirus, Rhinovirus, Parafly).



Respiratory Isolation

At all times
 Keep the door CLOSED*

Before entering the room
 Wash/gel hands
 Apply respiratory protection if needed see guidance over on the intranet

In the room (or before entering if PPE outside the room)
 Apply PPE (1) if contact with patient or environment anticipated and other PPE as appropriate

Leaving the room
 Keeping respiratory protection on, remove apron/gloves and wash/gel hands

Outside the room
 Apply clean PPE to remove & clean mask or hood

On discharge
 AMBER clean (actions for staff on the poster)

*If a safety hazard, measures must be put in place to maintain safety, remove the door is kept closed.

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The following standards are to be maintained in this room

- The door is kept closed
- Ensuite facilities or dedicated commode are provided
- All staff are bare below the elbow i.e. no rings (other than a plain wedding band); watches or bracelets; long nails; nail varnish
- All staff and visitors perform hand hygiene prior to entry to the room
- All staff and visitors perform hand washing with soap and water or use the hand rub provided prior to leaving the room
- Patient maintains high standards of hand and respiratory hygiene - tissues and hand wipes are provided
- Staff wear respiratory protection where required
- Visitors are aware of and precautions they need to take, including mask use if required
- Gloves and apron are worn by staff when providing care including contact with the care environment
- Dedicated care equipment remains in the room. All other equipment must be disinfected
- The room is cleaned twice daily and is kept clean & tidy & clutter free
- Bedding is changed daily and used linen placed in a red bag and removed from the room. Clean linen is not stored in the room.
- All waste (other than paper towels following hand washing) is disposed of into the orange bin.
- Amber clean on discharge

If you have any concerns or questions regarding your care, please speak to the nurse in charge.

Also available are the following signs for suspected or confirmed MERS, VHF and protective isolation for neutropenic patients.

HIGH LEVEL Isolation - 1
 e.g with dedicated staff (doctor/nurse & runner)
 Refer to the SOP for more details plus Don and Doff poster

At all times
 Keep the door CLOSED*

Before entering the room – apply PPE
 Change into scrubs. In the ante room, wash/gel hands and apply PPE in order – with assistance from a ‘buddy’
 Complete timed record for entry

Leaving the room – keep all PPE on
 and go directly into the ante room. Runner to complete timed record for exit

In the Ante room – remove PPE
 Remove PPE in order – with assistance from a ‘buddy’ and dispose of as HAZARDOUS waste
 Apply clean (1) to disinfect reusable

On discharge
 RED HPV clean wearing full PPE

*If a safety hazard, measures must be put in place to maintain safety, remove the door is kept closed.

HIGH LEVEL Isolation - 2
 with dedicated staff (doctor/nurse and runner)
 Refer to the SOP for more details

At all times
 Keep the door CLOSED*

Before entering the room
 Complete timed record for entry
 Wash/gel hands and apply PPE in order

Leaving the room – keep mask/hood on
 & remove all other PPE in order and wash hands

Outside the room – large trolley & orange waste bin available
 Apply clean (1) to remove & clean
 Complete timed record for exit

On discharge
 RED HPV clean wearing full PPE

*If a safety hazard, measures must be put in place to maintain safety, remove the door is kept closed.

Protective Isolation
 To protect the patient from infection

At all times
 Keep the door CLOSED*

Before entering the room
 Wash/gel hands

In the room (or before entering if PPE outside the room)
 Apply PPE (1) if contact with patient or environment anticipated

Remember to take in other PPE as appropriate

Leaving the room
 Remove PPE and wash/gel hands

On discharge
 Standard Green clean (unless otherwise documented)
 Where available, positive pressure ventilation may be in place. This should be used if the patient has an infectious condition/alert organism.

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Review Date: March 2018

Review Lead: Lead Infection, Prevention and Control Nurse

APPENDIX 3

Pressure room locations and procedures

Note: not all rooms are available as they may be in closed areas

Wards CRH	Section	Room Code
Ward 1	D	G-074
Ward 2	C	1-073 <i>(currently an assessment room)</i>
	D	1-072
Ward 3	C	2-005
Ward 4	C	3-071 <i>(currently an examination room)</i>
	D	3-075 <i>(currently an examination room)</i>
	D	3-094
Ward 5	C	G-068
	C	G-054
	C	G-072
	C	G-058
	D	G-073
	D	G-069
Ward 6	C	1-074
	D	1-075
Ward 7	C	2-072
	D	2-073
Ward 8	C	3 -074
	D	3-073
SCBU	-	2-015
	-	2-016
ICU/HDU	-	3-006
	-	3-013
	-	3-015
	-	3-025
CCU	-	CC -013
Wards HRI	Section	
Ward 12	-	SR1
	-	SR7
	-	SR14
	-	SR19

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Review Lead: Lead Infection, Prevention and Control Nurse

**PROCEDURE FOR CHANGE FROM NEGATIVE TO POSITIVE PRESSURE
(NB. All pressure rooms are set centrally to negative pressure)**

MONDAY - FRIDAY 8am - 5pm

- Clinical Lead to contact Infection Control Nurse with request
- Infection Control Nurse to contact Engie Help Desk on Ext: 4634 to request change in pressure AND complete form for switch to take place
- Engie personnel to complete form
- Switch to be completed and checks made to ensure pressure change

Out of hours (MONDAY - FRIDAY 5pm - 8am and WEEKENDS/BHs)

- Clinical Lead to contact ISS Duty Manager
- ISS Duty Manager to contact Infection Control Nurse on Call
- ISS Duty Manager to commence completion of form for switch to take place
- Infection Control Nurse to authorise Matron on Call or Site Co-Ordinator to sign form
- ISS Duty Manager to contact Engie on Call
- Engie on Call to complete form
- Switch to be completed and checks made to ensure pressure change

NB: please ensure that a form is completed for the return of a room to negative pressure when positive pressure is no longer required e.g. on discharge of patient or transfer to another area.

All forms to be retained in file at main reception.

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SWITCH +/- PRESSURE

Room Number: Ward:

Date:

Requested By (Clinical Lead) Name:

Title:

Authorised By Infection Control Nurse (Mon – Fri 8am - 5pm)
Or Duty Matron or Site Coordinator (5pm - 8am Mon – Fri and Weekends)

Name: Signature:

Title:

Tick Relevant Box

Switch from + to -

Switch from - to +

Concept Task Number:

Carried out by

Name: Signature:

Date: Time:

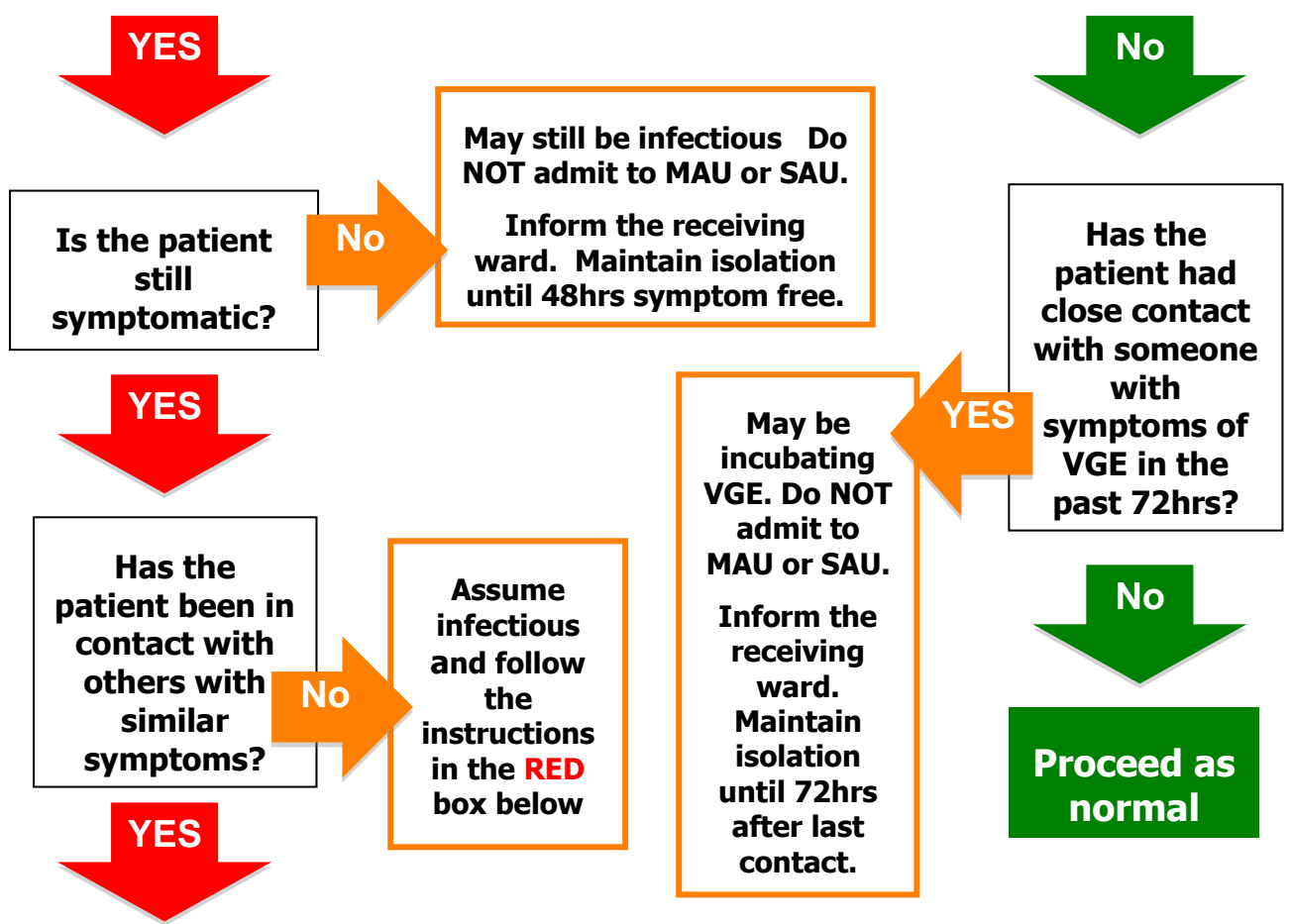
Confirmation of Pressure status:

Viral Gastroenteritis (VGE) screening tool Risk Assessment for admission to Hospital

Use this tool to assess anyone being admitted to hospital to minimise the risk of cross-infection and service disruption. Document response in the IPC assessment tool in EPR and actions to take in general documentation.

ASK THE PATIENT/CARER ON ASSESSMENT IN A&E OR GP PRIOR TO ADMISSION TO MAU OR SAU.

**Is there a history of one or more of the following VGE symptoms:
 Diarrhoea, vomiting & abdominal cramps now or in the last 48hrs?**



Probable VGE.

Do NOT admit to MAU or SAU

Inform the receiving ward and implement:

- ✓ Isolation – ideally ensute, following contact precautions
- ✓ Stool Specimen
- ✓ Stool/fluid balance Chart
- ✓ Notify the IPCT

Standard Operating Procedure

Isolation of Patients with Diarrhoea Symptoms

Scope of Document

The purpose of the document is to:

- Provide a framework to the Patient Flow Team (Clinical Site Commanders 07.00 - 20.30 and Night Matrons 20.00 – 07.15), across both sites to isolate patients with diarrhoea symptoms within 2 hours of request, or follow a process to escalate and inform when this cannot be achieved
- Create a process which will be supported by ward staff and the IPC Team. This will support and inform systems and processes with the aim of ensuring safe and consistent practice

Vision Statement

To provide clear guidelines to the Clinical Site Commanders, Night Matrons and ward staff to ensure a consistent service to isolate patients with diarrhoea symptoms and to ensure a clear escalation and reporting process

Aims and Objectives

- There is a clear process to follow to deliver a safe service for all patients
- The Patient Flow Team, Infection Prevention Control (IPC) Team and the ward staff will work together to provide side room isolation facilities for patients with symptoms of loose stools
- Ward staff, Patient Flow Team and the IPC Team will be proactive in reducing the spread of infection and risk to other patients, visitors and staff.

Process

- Patient Flow Team will maintain a list of all patients in side rooms on the patient flow drive
- Patient Flow Team with ward staff, will review (daily) the need for patients to be in side rooms and update the list, highlighting where side rooms could be made available
- Ward staff to request a side room from the Patient Flow Team when they are unable to isolate patients utilising the side rooms available on the ward
- The Patient Flow Team must record the time of request see appendix i and follow the process in appendix ii

When there are no side rooms available because patients cannot be transferred due to an infection risk

- The Patient Flow Team will discuss with the IPC Team in order to identify patients who may be suitable to move out
- The Patient Flow Team will escalate to the Matron for the area (on call Matron out of hours) to discuss at the Bed Flow Cross Site meetings
- Where delay is over 2 hours as specified a DATIX must be completed by ward staff

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Review Lead: Lead Infection, Prevention and Control Nurse

Responsibilities

This Standard Operating Procedure has been developed following an SI outbreak for Clostridium difficile. It has been produced to support staff in order to ensure close working between the Patient Flow Team, ward staff and IPC Team. This is in order to work together to prevent a further outbreak, isolate patients in a timely manner and ensure that all staff are using the correct reporting process and escalating when a side room is not readily available.

Ward Staff must ensure they:

- collect a stool sample from all patients with diarrhoea symptoms
- complete a Bristol Stool Record for all patients with diarrhoea symptoms
- review all patients in side wards and the need for the side room on a daily basis
- follow the process in the flow chart for isolation of patients and reporting procedure.
- complete DATIX when isolation within 2 hours is not achieved
- document in EPR notes

Patient Flow Team must ensure they:

- keep an up to date list of all patients in the side rooms, utilising staff information, cap man, ICNET
- review the list daily and make available for Patient Flow Team members
- clarify with ward staff need for isolation and ensure ward staff are reviewing the need for side rooms daily
- follow the process outlined in the flow chart when isolation of a patient is required and record time requested
- discuss with IPC Team if no side rooms available and report and escalate at the bed meetings utilising the assistance of the matrons/on call matrons
- record time of request for side room for patient with diarrhoea symptoms and complete form (appendix i)

Infection Prevention & Control Team must ensure they:

- support ward staff and flow team with enquiries re isolation needs of patients
- give clear guidelines if nursing patient s with an infection in main bays.

On Call Matrons (16.00 – 20.30 midweek, 10.00-18.00 weekends and bank holidays) must ensure they:

- support ward staff and Patient Flow Team to identify a side room when isolation is required

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Appendix i - Ward Patients with Diarrhoea Symptoms requiring a Side Room when a Side Room is not available

(Follow Escalation Flowchart)

Date & Time	Ward	Hosp No	Name	2 Hr Breech Time	Outcome including escalation

Appendix ii - Flowchart Isolation Escalation Process for Patients with Diarrhoea Symptoms

