Isolation Policy for Inpatients Areas

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

Please fill the table below:

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

Review Log:

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
Version1			Assurance Committee	New policy replacing the Solent NHS Trust Ward Closure Due to a Suspected or Confirmed Outbreak of Infection Policy
Version 3	May 2020	Debbie Larkins / Ann Bishop	Approved as part of the Covid-19 review of policies	Expiry date extended to March 2021
Version 4	February 2021	Debbie Larkins	Policy Steering Group, Clinical Executive Group	Ensure compliant with latest Public Health Requirements

SUMMARY OF POLICY

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

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

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

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

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

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

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

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ISOLATION POLICY FOR INPATIENT AREAS

1.0 INTRODUCTION & PURPOSE

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

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

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

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

2.0 SCOPE & DEFINITIONS

2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.

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

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

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

There are 6 main ways that infection can be spread:

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

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

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

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

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

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

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

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

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

3.0 PROCESS/REQUIREMENTS

3.1 **Principles of Isolation:**

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

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

3.1.3 An isolation sign must be prominently displayed on the room door to alert people to the potential risk without compromising patient confidentiality (see appendix 1)

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

3.1.5 Appropriate PPE must be worn dependant upon mode of transmission.

3.1.6 The number of staff and visitors who encounter the patient should be restricted where possible in order to reduce the potential to spread or introduce infection.

3.1.7 Pregnant staff should liaise with line manager and / or occupational health regarding their role and possible exposure to infectious diseases.

3.1.8 The need for isolation must be assessed daily and should be managed accordingly as part of the on-going clinical patient assessment. Isolation is recognised to impact upon an individual's

psychological wellbeing, socialisation and ability to undertake rehabilitation. The period of isolation must not continue beyond what is clinically required to minimise these affects.

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

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

3.2.2 Various levels of isolation are advised for source isolation (see appendix 4), but Solent NHS Trust are only able to offer:

- A standard single room

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

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

3.2.4 A Source isolation procedure flow chart can be found at Appendix 2.

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

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

- A standard single room

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

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

3.4 **Cohorting:**

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

3.5 **Signage:**

3.5.1 An isolation precaution sign must be clearly displayed on the door to the room. To protect patient confidentiality the signage must not in any way indicate why that patient has been isolated. An isolation sign can be found at Appendix 1.

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

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

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

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

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

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

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

3.7.2 During a significant infection outbreak including a pandemic PPE requirement will be based upon Guidance issued from Public Health England, local Health Protection Units and Health and Safety Executive. This may be updated frequently, and staff must remain compliant with latest requirements.
Staff are responsible for ensuring they are aware of the correct PPE requirements before entering the isolation area. Staff unable to comply must speak with Occupational Health, line manager and IPT. A local risk assessment will be undertaken and alternatives to PPE, such as remote working or redeployment may be necessary.

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

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

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

- Daily cleaning, using recommended products and dedicated equipment is essential to reduce dust and prevent the accumulation and growth of micro-organisms. Focus should be paid to common touch points (door handles, bed rails, call bells, tables, chair arms, taps etc.)
- Within Solent inpatient facilities Achtichlor Plus must be used for cleaning within all isolation rooms. Where this is not available a comparable combined detergent and disinfectant at 1000ppm available chlorine (or suitable alternative) must be used.
- Staff are responsible for decontaminating all clinical equipment before it leaves the isolation room.
- The room must be kept clean and uncluttered, and horizontal surfaces should be free of unnecessary items.
- Only stock and equipment that is required should be taken into the room.
- Equipment inside the room should be dedicated to the patient until the patient is discharged or no longer deemed to be infectious. If equipment cannot be restricted to single patient use it must receive a thorough clean with chlorine releasing (i.e. Achtichlor Plus agent) before leaving the room.

- All patient charts and notes should be kept outside the room to reduce the risk of contamination.
- All waste/ rubbish generated from an isolation room must be treated as per waste policy. Clinical waste is generated when a risk of transmission identified.
- The waste bin must be kept and sealed within the room and taken directly to disposal.
- Sharps must be disposed of in accordance with the Sharps Policy.
- All linen from an isolation room must be treated as 'infected linen' and bagged and sealed at the bedside in a red alginate (water soluble) laundry bag to minimise the risk of environmental contamination.
- Where a patient is known to have an infection, their personal laundry should be washed separately from other people's linen using the highest temperature indicated on the washing label using a biological washing agent where possible. Relatives taking this washing home should be advised to follow the same guidance.
  Within an inpatient facility staff must then run a dedicated sluice wash or run an empty wash program before the machine is used for anyone else.
- Staff should take responsibility for heavily soiled linen.
- A signed daily cleaning checklist should be in use and used as evidence of cleaning.
- Enhanced frequency of cleaning by domestic and clinical staff may be requested by IPT.

3.9 **Crockery and Cutlery:**

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

3.10 **Rehabilitation of Infectious Patients:**

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

3.10.2 Within Solent NHS Trust, where the role of rehabilitation is crucial to the patient's recovery, the potential risks to other patients needs to be carefully balanced with the needs of the individual and appropriate measures taken by staff to mitigate these risks. Staff must seek advice from IPT to support the risk assessment. If the risk to the wider population is too high rehabilitation within the isolation room must be undertaken.

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

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

- Are the correct facilities in place for the disposal of infected/ clinical waste?

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

3.11 **Transport of Infectious Patients:**

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

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

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

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

3.11.5 **Discharge from Isolation room to other wards /hospitals/ home or ongoing care facility:**

Patients can be discharged from an isolation room if deemed safe following a full risk assessment.

- To another ward – this must be clinically necessary for treatment or to access isolation facilities.
- To another hospital – this must be clinically necessary, following full communication with transportation and receiving hospital staff, the patient must be transferred directly into an appropriate isolation room. The ability to maintain the patient's dignity must be considered (i.e. patients with diarrhoea) The patient may be asked to wear a surgical face mask if transmission is droplet or airborne.
- Home – patients are often isolated in hospitals due to the risks to vulnerable patients in a ward, but they do not present a clinical risk to people in their household or community i.e. MRSA or chronic Clostridioides *difficile* carriage. Where a patient has carers from outside the household full communication of the risks and how to manage those risks safely must be had with the carers prior to discharge; without this the risk of transmission to other clients remains. Consideration must be given the method of transportation home and if direct readmission to the discharging ward is appropriate in the immediate period.

3.12 **Enhanced Environmental Cleaning:**

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

3.12.2 Alternative products may be suitable dependant upon the infective organism. These products must be agreed with IPT and have been reviewed by Health & Safety and a Control of Substances Hazardous to Health (COSHH) assessment completed.

3.12.3 All decontamination products must be used as per manufacturers instruction to ensure efficacy; this includes dilution and contact time.

3.13 **Terminal Room Cleaning:**

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

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

3.14 **Priority of Isolation Rooms:**

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

3.15 **Notification of Infectious Diseases:**

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

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010, updated 5.03.20 to include SARS-CoV2. (this list is subject to change)

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic Uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS (Including SARS-CoV2)
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

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

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

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

3.16 **Care After Death**

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

4.0 ROLES AND RESPONSIBILITIES

4.1 **The Chief Executive**

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

4.2 **Executive Directors/Managing Directors**

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

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

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

4.4 **Infection Prevention and Control Group (IPCG)**

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

4.5 **The Infection Prevention Team**

The Infection Prevention Team undertake surveillance of infections within the inpatient bedded areas, liaise with staff to support best practices. liaise with Clinical Commissioning Groups, Health Protection Unit and Public Health England as appropriate. The Infection Prevention team deliver training on this subject as required.

4.6 **Managers**

Managers and supervisors have a responsibility to ensure that staff are aware of their responsibilities under this Policy and associated guidelines. In addition, they must ensure that all employees within their area of responsibility comply with this Policy and associated guidelines. Where guidance is regularly changing, such as during a pandemic, it is the Managers responsibility to obtain (i.e. from Gold call or senior managers) and disseminate the information in a timely way to all staff it applies to.

4.7 **Employees**

All employees have a responsibility to abide by this Policy. This Policy is enforceable through Health and Safety Legislation and Solent NHS Trust Improving and Managing Conduct procedure. If employees are aware that the Policy or associated guidance is not being complied with, they must first take the issue to their line manager and if the problem is not resolved they must inform the Infection Prevention Team, an incident form must be completed. Safeguarding concerns need to be considered.

4.8 **Link Advisors**

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

5.0 EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

5.1 The Equality and Diversity and Mental Capacity Impact Assessment (IA) were conducted and no negative impact was highlighted. A copy of the IA is attached as Appendix 5.

6.0 REVIEW

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

7.0 TRAINING REQUIRMENTS

7.1 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this Policy subject matter, please refer to the individuals training matrix.

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

8.0 REFERENCES AND LINKS TO ASSOCIATED DOCUMENTS

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

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

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

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

Public Health England (2021) Covid19: Guidance for maintaining services within health and social care settings. Infection Prevention and control recommendations. Available on https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954690/Infection_Prevention_and_Control_Guidance_January_2021.pdf

This policy should be used with reference to the:

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

- Decontamination Policy
- Safeguarding Adult and Children at Risk Policy
- Hand Hygiene Policy

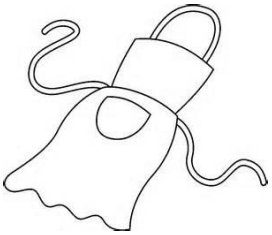
9.0 GLOSSARY OF TERMS

Infection Prevention Team (IPT)
Clostridioides difficile Infection (CDI)
Control of Substances Hazardous to Health (COSHH)
Personal Protective Equipment (PPE)
Haemolytic Uraemic Syndrome (HUS)
Viral haemorrhagic fever (VHF)
Director of Infection & Control (DIPC)
Infection Prevention & Control Group (IPG)
Impact Assessment (IA)
Training Needs Analysis (TNA)
Organisational Learning Module (OLM)
Electronic Staff Record (ESR)

Appendix 1

Stop!

Isolation Precautions



PPE is required for all staff

Aprons
Gloves
Face mask
Eye protection

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

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

All equipment leaving this room must be cleaned and disinfected

Appendix 2 **Source Isolation Procedure** – subject to change as per Public Health Guidance.

Need for Source Isolation Identified
(Barrier Nursing)

Inability to Isolate

If insufficient side rooms:
a) Investigate availability of side rooms on other wards. Input may be required from the patient's medical team, and Infection Prevention Team
b) Seek advice from the Infection Prevention and Team.
c) Escalate to duty manager any patient who requires source isolation but cannot be isolated due to side room unavailability.
d) Where possible, cohort patients with the same type of infections, advice must be sought from the Infection Prevention Team

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

Signage

Stop sign (Appendix 1) must be displayed on side room door to inform staff and visitors of precautions to be taken

Communication

The patient is to be informed of the reason for isolation and given appropriate disease specific patient information leaflets e.g. MRSA leaflet.
Notes and charts should be kept outside the room.

Hand Hygiene

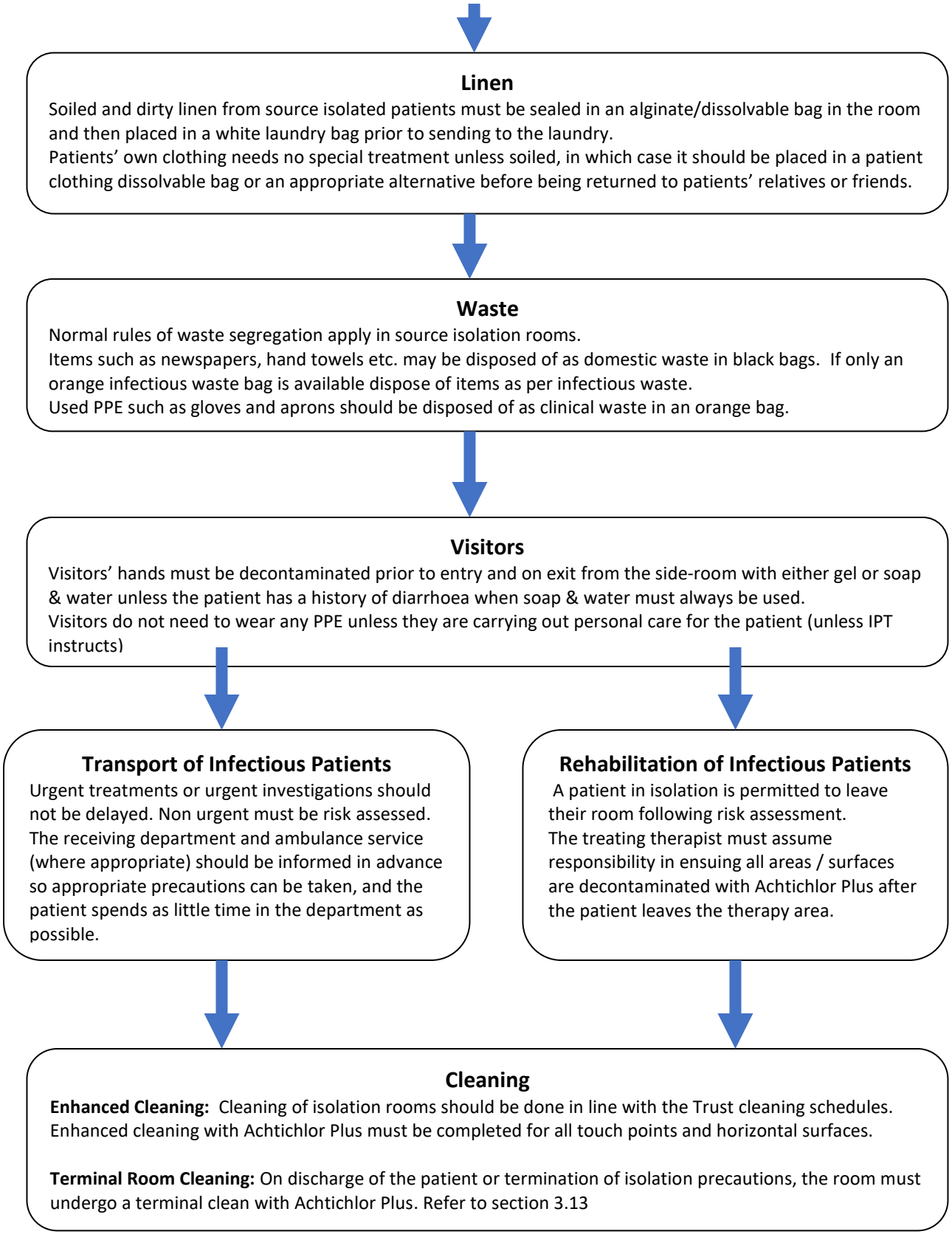
Decontaminate hands prior to and following direct contact with the patient or their environment.
Hands must be decontaminated prior to leaving the room.
Alcohol Gel must **NOT** be used with any patient who has diarrhoea and or vomiting

Personal Protective Equipment (PPE)

Aprons – Must be worn for all activities to minimise contamination of uniforms. They must be single patient use and removed and disposed of as clinical waste in an orange bag prior to leaving the room.
Gloves – Must be worn for all activities that involve direct patient or contact with isolation environment. They should be removed and disposed of as clinical waste in an orange bag.
Masks – Consider for droplet or airborne transmission. IPT will issue guidance if masks are required.
Eye protection – Consider for droplet transmission. IPT will issue guidance if eye protection is required
Fluid Repellent Gowns – Liaise with IPT or IPT will issue guidance
Visitors do not need to wear PPE unless assisting with direct patient care unless guidance issued by IPT.

Equipment

Equipment in-side rooms must be kept to a minimum.
Where possible, equipment should be dedicated for use by the patient in source isolation and remain in the room until isolation precautions are stopped.
Equipment that is used by other patients must be decontaminated before leaving the room.
Single patient use equipment should be considered.


Linen
Soiled and dirty linen from source isolated patients must be sealed in an alginate/dissolvable bag in the room and then placed in a white laundry bag prior to sending to the laundry.
Patients' own clothing needs no special treatment unless soiled, in which case it should be placed in a patient clothing dissolvable bag or an appropriate alternative before being returned to patients' relatives or friends.
Waste
Normal rules of waste segregation apply in source isolation rooms.
Items such as newspapers, hand towels etc. may be disposed of as domestic waste in black bags. If only an orange infectious waste bag is available dispose of items as per infectious waste.
Used PPE such as gloves and aprons should be disposed of as clinical waste in an orange bag.
Visitors
Visitors' hands must be decontaminated prior to entry and on exit from the side-room with either gel or soap & water unless the patient has a history of diarrhoea when soap & water must always be used.
Visitors do not need to wear any PPE unless they are carrying out personal care for the patient (unless IPT instructs)
Transport of Infectious Patients
Urgent treatments or urgent investigations should not be delayed. Non urgent must be risk assessed.
The receiving department and ambulance service (where appropriate) should be informed in advance so appropriate precautions can be taken, and the patient spends as little time in the department as possible.
Rehabilitation of Infectious Patients
A patient in isolation is permitted to leave their room following risk assessment.
The treating therapist must assume responsibility in ensuing all areas / surfaces are decontaminated with Achtichlor Plus after the patient leaves the therapy area.
Cleaning
Enhanced Cleaning: Cleaning of isolation rooms should be done in line with the Trust cleaning schedules.
Enhanced cleaning with Achtichlor Plus must be completed for all touch points and horizontal surfaces.
Terminal Room Cleaning: On discharge of the patient or termination of isolation precautions, the room must undergo a terminal clean with Achtichlor Plus. Refer to section 3.13

Appendix 3

Correct Removal of PPE.

A video is available to watch on SolNet.

Removal of PPE

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

Gloves

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

Apron

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

Eye Protection

- Handle by side arms.
- If disposable discard in appropriate waste stream or if reusable clean with detergent wipe, dry and store.
- Hand hygiene.

Face Mask

- Lean slightly forward
- Undo bottom ties followed by top ties or lift ear loops over ears
- Pull away from face holding ties/ loops
- Dispose of directly into waste.
- Hand hygiene.

Hand hygiene must follow removal of last item of PPE.

Appendix 4

Infection / Isolation Requirements:

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

Infection / Condition	Risk Factors	Isolation Requirement
Abscesses e.g. quinsy	Assess the patient	Isolate until 24-48 hours of appropriate antibiotics. Discuss with the Infection Prevention Team
Adenovirus	Assess the patient	Source isolate until resolution of symptoms
Blood borne virus e.g. HIV, Hepatitis B,C	Assess the patient	Isolation not required unless there is a high risk of blood or blood stained body fluid splash.
Campylobacter	Immunocompromise	Isolate whilst acutely symptomatic (80-90% of cases resolve by day 7) but excretion in stools may continue for 2-7 weeks
Carbapenem Resistant Organisms	Hospital (particularly ICU) admission in at risk areas	Isolate and full precautions for the duration of hospital admission (and any readmission). Speak to IPT
Cellulitis	Group A Strep (GAS)	Isolate if caused by GAS or drug resistant organism e.g. MRSA
Chicken Pox	Rash developed within the previous 10 days or vesicles not crusted over	Immediate isolation required. Only staff with a history of Chicken pox (or serologically confirmed immunity) should have contact with this patient. Patient can be removed from isolation once vesicles fully crusted
Clostridioides difficile	Toxin positive	Isolate until asymptomatic for 48 hours and has passed a formed stool or on advice from IPT. To speak with the IPT if clarification needed.
	GDH Carriage	Isolate if patient is symptomatic with type 6/7 stool or on advice from the IPT. To speak with the IPT if clarification needed.
Conjuntivitis	Assess the patient	Isolation is not required unless viral e.g. Adenovirus
Covid 19 (see SARS)		
CJD		Isolation not required. See CJD policy for advice re surgical procedures. Inform microbiologist on call immediately if diagnosis is suspected to ensure safe handling of specimens
Cryptosporidium	Immunocompromise	Isolate whilst symptomatic (2 days to 4 weeks), immunocompromised patients will take longer to clear infection
Diarrhoea and or vomiting (infectious)	Exclude overflow, laxatives, ng feeds, Crohns/colitis etc.	Immediate isolation, preferably within 2 hours of onset of symptoms until full resolution of diarrhoea and formed stool
Extended Spectrum Beta-Lactamase (ESBL) Urine	Incontinent patient	Isolation required. Encourage good hand and personal hygiene. Dedicated commode (or lavatory) cleaned between each use
Extended Spectrum Beta-Lactamase (ESBL) Urine	Catheterized or fully continent patient	Isolation preferable. Encourage good hand and personal hygiene. Dedicated commode (or lavatory) cleaned between each use
ESBL producing organisms in other sites	Assess individual risks e.g. weeping wounds etc.	Isolation required. Encourage good hand hygiene and personal hygiene. If possible, use a dedicated toilet. Discuss with Infection Prevention Team if required
E.coli 0157		Isolate until 48 hours after symptoms have resolved
GRE Glycopeptide resistant enterococci (including VRE)		Staff must liaise with IPT
Impetigo		Isolate until 24 hours after treatment with antibiotics has started or until sores have healed
Influenza (including Avian flu and H1N1)		Isolate until further advice has been sought from the laboratory Use correct PPE following risk assessment with IPT
Legionella (legionnaires disease)		Not transmitted between individuals, no isolation required
Malaria	Confirmed	Not transmitted between individuals, no isolation required
	Suspected	Febrile illness with a history of travel to tropical/subtropical area should be managed as high risk until malaria diagnosis confirmed

Measles		Isolate until 5 days after onset of rash
Suspected meningitis-meningococcal		Isolate until 24 hours of antibiotics. Use correct PPE following risk assessment with IPT
Meticilin Resistant Staphylococcus aureus (MRSA)	Skin colonisation only	May be treated in a main bay if located next to a hand washing sink with full transmission precautions
Meticilin Resistant *Staphylococcus aureus* (MRSA)	Sputum Positive with productive cough, flaking skin condition, wet wounds with break through	Immediate isolation required. Discuss with the Infection Prevention Team
Norovirus		Isolate immediately on first episode of projectile vomiting or diarrhoea, until 48 hours after complete cessation of symptoms
Salmonella (inc. *typhi* (typhoid fever))		Isolate immediately, within 2 hours, whilst the patient is acutely symptomatic
Shigella		Isolate immediately, within 2 hours, whilst the patient is acutely symptomatic
SARS--CoV-2 (Covid 19)	Suspected by case definition or confirmed by laboratory test	Isolate immediately upon suspicion.
Shingles	Rash in an exposed area with wet lesions	Isolate until lesions are fully dried. Only staff with a history of Chicken pox (or serologically confirmed immunity) should have contact with this patient
Tuberculosis	Confirmed pulmonary TB with a productive cough	Isolate until 14 days continuous, compliant treatment. Use FFP 2 or 3 facemask for contact
	Suspected pulmonary TB	Isolate until 3 negative sputum specimens on microscopy
	AFB negative pulmonary TB/ TB closed site	No requirement to isolate
Tuberculosis Multi Drug resistant		Isolate until smear negative. Patients with MDR TB should be nursed in an Isolation Unit with negative pressure.
	Suspected/ Confirmed drug resistant TB	Discuss with TB nurse specialist and Infection Prevention Team. Will require isolation in a negative pressure side room and transfer to alternative site
Norwegian Scabies	Often affects immuno-compromised patients	Highly transmissible, isolate until full course of treatment has been completed (minimum 2 treatments)
Classical scabies	Awaiting diagnosis	Discuss with Infection Prevention Team
Vancomycin resistant enterococci (VRE)	See GRE	
Viral Hemorrhagic Fever		Discuss with Infection Prevention Team or Microbiologist on call immediately if diagnosis is suspected. Will require isolation in a negative pressure side room and transfer to alternative site
Whooping cough		Isolate with respiratory precautions for 5 days after antibiotics have started. If antibiotics are not given isolate for 3 weeks after the onset of symptoms

Appendix 5

NHS Solent NHS Trust

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims		
Service Line / Department	Corporate / Infection Prevention	
Title of Change:	Review of Inpatient Isolation Policy	
What are you completing this EIA for? (Please select):	Policy	*(If other please specify here)*
What are the main aims / objectives of the changes	Ensure policy is compliant with clinical requirements particularly during pandemic of SARS-CoV2	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: *(e.g. adjustment to the policy)*
Sex	Yes			
Gender reassignment	Yes			
Disability	Yes			
Age	Yes			
Sexual Orientation	Yes			
Pregnancy and maternity	Yes			

Marriage and civil partnership	Yes			
Religion or belief	Yes			
Race	Yes			

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	Infection Prevention and Control Group chaired by DIPC. Health and Safety
Have you taken into consideration any regulations, professional standards?	Yes	Health and Social Care Act 2010

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	☐	x	☐
What action needs to be taken to reduce or eliminate the negative impact?	Ensure all clinical staff are aware of requirements		
Who will be responsible for monitoring and regular review of the document / policy?	Head of Infection Prevention		

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	*Debbie Larkins*	*Date:*	*09.02.21*

Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	**Disability**	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	• Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime.	Further guidance can be sought from: Solent Disability Resource Group
2.	**Sex**	A man or woman	• Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation	Further guidance can be sought from: Solent HR Team
3	**Race**	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	• Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic	Further guidance can be sought from: BAME Resource Group
4	**Age**	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	• Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge	Further guidance can be sought from: Solent HR Team
5	**Gender Reassignment**	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	• Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.	Further guidance can be sought from: Solent LGBT+ Resource Group
6	**Sexual Orientation**	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	• Lifestyle • Family • Partners • Vulnerable to harassment and hate crime	Further guidance can be sought from: Solent LGBT+ Resource Group
7	**Religion and/or belief**	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	• Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	**Marriage**	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	• Pensions • Childcare • Flexible working • Adoption leave	Further guidance can be sought from: Solent HR Team
9	**Pregnancy and Maternity**	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	• Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility	Further guidance can be sought from: Solent HR team