

**INFECTIONS (ALERT ORGANISMS AND CONDITIONS)
 THAT REQUIRE SOURCE ISOLATION**

Infection Prevention and Control Policy No 33

Policy Title:	Infections (Alert Organisms and Conditions) That Require Source Isolation
Version:	1
Approved by:	SMT
Date of Approval:	April 2009
Policy supersedes	
Name of originator/author:	Gillian Hodgson Nurse Consultant Infection Prevention and Control Martin Parkinson Infection Prevention and Control Nurse Amanda Whittaker Infection Prevention and Control Nurse
Name of responsible committee/individual:	Infection Prevention and Control Committee/Director of Infection Prevention and Control
Date issued:	May 2009
Review date:	April 2011
Target audience:	Accountability – Executive Directors Responsibility – senior managers in corporate functions and senior operational managers Implementation – all Trust staff
Key words	Infection Prevention and Control (IPC), Alert Organisms, Source Isolation,

CONTENTS

Section		Page
	Executive Summary	4
	Key points	4
1	Introduction	7
2	Purpose	7
3	Definitions	7
4	Duties	7
4.1	Duties within the organisation	7
4.2	Consultation and communication with stakeholders	7
5	Routes and modes of transmission	8
5.1	Direct and indirect contact	8
5.2	Droplet	8
5.3	Airborne	8
5.4	Ingestion	8
5.5	Vector	8
6	Table of infections (alert organisms and conditions) that require Infection Prevention and Control measures.	9
7	Equality impact assessment	27
8	Responsibility for document development	27
9	Identification of stakeholders	27
10	Consultation process	27
11	Approval and ratification	27
12	Process for review and revision	27
13	Communication and dissemination	27

14	Implementation	28
15	Monitoring compliance/effectiveness	28

Appendix A	Equalities impact assessment	29
Appendix B	Checklist for review and approval of policy	30
Appendix C	Cohort Sources Isolation Clinical Practice	33
Appendix D	Cohort Source Isolation Poster	34
Appendix E	LTHT MRSA Risk Assessment Tool	35

EXECUTIVE SUMMARY

This policy describes the Infection Prevention and Control measures required by clinical teams when a patient is identified with a known transmissible infection (alert organism or condition).

Scope of Policy

To prevent and control the spread of communicable infections within LTHT
Ensure a safe environment for all patients within LTHT

This policy applies to

All patients at LTHT
All staff employed at LTHT
All students who have direct patient contact

Aim

To ensure that patients who are found to be colonised by/ infected with alert organisms/ conditions, or who are diagnosed with infections (alert organisms/ conditions), are placed in Source Isolation when appropriate.

To ensure that the most appropriate Infection Prevention and Control (IPC) measures are applied when patients are found to be colonised by/ infected with infections (alert organisms and conditions),

Objective

To reduce the risk of transmission of infections (alert organisms and conditions).

To reduce the risk of cross-infection with micro-organisms that cause infections (alert organisms/conditions).

KEY POINTS

A requirement for isolation may be suggested by a clinical presentation (e.g. presence of an infection (alert organism or condition) such as diarrhoea/vomiting with unknown cause) or a microbiological result (e.g. isolation of an “alert organism” such as MRSA).

The need to isolate is based on whether the patient has a suspected or diagnosed infection (alert organism or condition).

Isolation in single side room accommodation is required in all cases suspected or identified.

When a requirement for isolation is identified, the time at which this decision is made should be recorded in the nursing notes.

Isolation should occur within two hours of the clinical area deciding there is a need to isolate.

If this is not achieved there must be escalation to the matron for the clinical area (in hours), clinical site manager (out of hours), to ensure appropriate placement.

If the matron is unable to find side room accommodation, this must be escalated to the Directorate Manager (in hours) or on call manager (out of hours).

If isolation is not possible, the matron will then contact the IPCT (in hours) and the clinical site manager will contact the on call microbiologist (out of hours), with the required patient information for a risk assessment.

The following information will be required for the risk assessment to be undertaken:-

- a) Symptoms of clinical infection i.e. purulent discharge, diarrhoea and/or vomiting and coughing/expectorating patient.
- b) The site or specimen from which the infection has been isolated (e.g. wound swab, sputum etc).
- c) The environment in which the patient is being managed (i.e. the susceptibility of other patients to the infection)
- d) The organism that is causing the infection (if known)
- e) The behaviour of the patient (e.g. tendency to wander, disruptiveness, mobility etc.)
- f) Psychological and other medical factors (e.g. presence of depression/anxiety, need for observation etc.)
- g) Existence of failure to isolate resulting in patients with infections being nursed in open bays.
- h) Clinical requirements e.g. speciality specific treatment/care

The date and time of isolation must be recorded in the nursing notes.

The matron for the clinical area must record all failures to isolate. Out of hours the clinical site managers will include all failures to isolate in the clinical site managers daily out of hours report which is sent to the matron for that area.

The continuing requirement for isolation must be re-assessed at a minimum daily and documented in the nursing notes, in consultation with the IPCT if necessary.

1 INTRODUCTION

Infections (alert organisms and conditions) pose a significant clinical risk of transmission to non infected patients by either colonisation or subsequently a patient developing a health care associated infection as a result of that infection (alert organism or condition).

2 PURPOSE

The purpose of this policy is to aid clinical staff to identify the Infection Prevention and Control measures that are required for different types of infections(alert organisms and conditions).

Failure to follow this policy could result in the instigation of disciplinary procedures.

3 DEFINITIONS

A hospital transmissible infection is defined as one that can be communicated to staff and patients.

Infections (alert organisms and conditions) are those identified as posing a public health risk to patients, staff or visitors as defined by the Department of Health (DoH, (1995).

Source isolation (also referred to as Barrier Nursing) is the physical separation of a patient with an identified or suspected transmissible infection to a single side room.

4 DUTIES

4.1 Duties within the organisation

As a healthcare establishment LTHT has a duty of care that is covered by the Health and Safety Act (1974) (HSE 2003), COSHH (HSE 2005) and The Health Act (DH 2006). The source isolation of patients with suspected or known communicable infections are covered in core duties 1, 2f, 3, 4a, 4d, 5, 6, 8, 10 and 11.

4.2 Consultation and Communication with Stakeholders

The Infection Prevention and Control Committee, and the Infection Prevention and Control Team have commented on and contributed to this policy. The policy

will be approved by the Infection Prevention and Control Committee and the Senior Management Team.

5 ROUTES AND MODES OF TRANSMISSION

5.1 Direct and Indirect Contact (Endogenous and Exogenous)

Direct contact can be described as the transference of micro-organisms from body surface to body surface or between an infected or colonised person and susceptible host (Endogenous). Indirect contact is defined when the susceptible host acquires harmful micro-organisms from contaminated surfaces or the immediate environment (Exogenous).

5.2 Droplet

Micro-organisms transmitted through the air within droplets, for example saliva.

5.3 Airborne

Micro-organisms carried in droplet nuclei (COUGHS/ SNEEZES) or by dust particles (SKIN SCALES or CLOTHING FIBRES).

5.4 Ingestion

Harmful micro-organisms that are contained/ or contaminating food or water that cause gastrointestinal infections. These are then excreted in the faeces.

5.5 Vector

Transmission of micro-organisms by humans (i.e. MRSA) , insects or rodents.

6. Table of Infections (alert organisms and conditions) that require Infection Prevention and Control Measures

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<i>Campylobacter</i> sp.	Yes	<p>Usually through ingestion of under cooked meats, poultry or contaminated food and water.</p> <p>Also through contact with infected pets (puppies and kittens), farm animals.</p> <p>The infective dose is usually low; person to person transmission is relatively uncommon</p>	Until 48 hrs symptom free	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Chicken Pox</p> <p>Please refer to LTHT IPC Chickenpox-Shingles (Varicella-Zoster Virus Infections): Prevention and Control Policy</p>	Yes	<p>Person to person by direct contact with droplet particles or airborne spread of vesicle fluid or respiratory secretions.</p> <p>Indirectly through contaminated equipment, linen and environmental surfaces that have had contact with vesicle fluid and secretions.</p>	<p>Until active symptoms resolve; and all lesions have erupted and crusted over. Chickenpox is infectious 2 days prior to development of rash.</p> <p>N.B. Isolation maybe required for a longer period if patients are immuno-comprised.</p>	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Ensure that patient is nursed by VZV immune staff/ staff that have been immunised.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>CJD and vCJD</p> <p>Please refer to LTHT IPC Transmissible Spongiform Encephalopathies (TSEs)/ Creutzfeldt Jakob Disease (CJD) Policy</p>	No	<p>The mode of transmission in conventional and sporadic CJD is unknown:</p> <p>Likelihood that direct contact with affected body fluids and tissue.</p> <p>Indirectly through medical equipment, for example surgical devices contaminated with body fluids or tissue.</p> <p>Care when managing contaminated equipment: please refer to policy</p>	Throughout Admission	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions in certain clinical procedures please refer to policy</p>
<p><i>Clostridium difficile</i></p> <p>Please refer to LTHT IPC <i>Clostridium difficile</i> Infection Policy</p>	Yes	<p>Person to person through direct contact with faecal matter</p> <p>Indirectly through contact with contaminated surfaces, linen and patient care equipment.</p>	Until 48 hrs symptom free	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced environmental & patient care equipment cleaning required.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Diarrhoea +/- vomiting (presumed infectious; but no clear microbiological diagnosis)</p> <p>N.B. If two or more cases are identified within the same area, please refer to LTHT IPC Viral-gastroenteritis Policy</p>	Yes	<p>From person to person by direct contact with airborne particles (vomit) and faecal matter.</p> <p>Indirectly through contaminated surfaces, linen and patient care equipment.</p> <p>N.B. If viral gastro is suspected as a cause, this can be found in the stools of the affected person for up to 3 weeks</p>	Until 48 hrs symptom free	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>
<i>E. coli</i> 0157	Yes	<p>Ingestion of contaminated meat, foods and unpasteurised dairy products. This includes foods that are insufficiently cooked or prepared.</p> <p>Ingestion also occurs through contaminated drinking/recreational water.</p> <p>Person to person contact with immediate family, childcare and other institutional facilities.</p>	Until 48 hrs symptom free	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Hepatitis B, C, D	No; unless actively haemorrhaging	<p>Through direct contact with blood and body fluids.</p> <p>This also includes sexual transmission.</p> <p>Indirectly through surfaces, linen and patient care equipment contaminated by blood or body fluids.</p>	Only if active haemorrhaging	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>
Hepatitis A, E	Yes	<p>Through direct contact with water or food products contaminated by faeces.</p> <p>Indirectly from water and foods (either insufficiently prepared or previously cooked) contaminated by affected persons.</p>	Two weeks from onset of Jaundice.	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Human immunodeficiency virus (HIV)	No; unless actively haemorrhaging OR significant opportunistic infections and/ or if indicated by CD4 count.	<p>Person to person transmission through unprotected sexual contact (heterosexual and homosexual) contact and other body secretions such as blood, CSF and Semen.</p> <p>Other types of body fluids-saliva, tears, urine; transmission has not been reported</p> <p>Indirectly through contact with contaminated needles and syringes; also through contaminated equipment such as surgical devices.</p> <p>Around 15% to 30% of infants born to HIV positive mothers are infected through placental processes. Breastfeeding accounts for a high percentage of mothers to baby transmission.</p>	No; unless actively haemorrhaging OR if significant opportunistic infection and/ or indicated by CD 4 count	<p>Hand Hygiene PPE- Gloves and Apron Yellow/ Orange waste bags</p> <p>If isolation required: Alginate and red linen bags Sharps Container</p> <p>Enhanced precautions may be necessary in certain clinical procedures; please liaise with IPC Team</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Influenza	Yes	<p>Predominately through airborne spread via droplet particles (coughs and sneezes) expelled by those that are infected.</p> <p>Indirectly through surfaces, linen and patient care equipment contaminated by droplet particles.</p>	For duration of symptoms.	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions required in immuno-compromised patients'. Will require appropriately ventilated side room (seek IPC Team advice if unsure).</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Leptospirosis	Yes; although dependant on severity of disease.	<p>Direct contact with infected animal urine, fluids or tissue.</p> <p>Indirect exposure through water or soil (and in some countries foodstuffs) contaminated by urine from infected animals.</p> <p>Person-to-person transmission is rare.</p>	Dependant on severity of illness.	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>
<p>Measles</p> <p>If a case is suspected in open ward environment; please contact IPC for advice.</p>	Yes	<p>Airborne spread via droplet particles from infected individuals- nasal and respiratory secretions.</p> <p>Less commonly transmitted from articles that contain secretions.</p> <p>N.B. Measles is one of the most highly communicable infectious diseases.</p>	<p>Four day prior to rash and 1 week from onset of rash.</p> <p>N.B. Measles is infectious for 4 days prior to rash development.</p>	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Meningococcal Meningitis and Septicaemia</p> <p>Please contact IPC for advice or refer to LTHT IPC Meningococcal Infection policy.</p>	<p>Yes; until 24 hrs appropriate antibiotics to eradicate bacteria from mouth and throat</p>	<p>Airborne contact via droplet particles from respiratory and nasal secretions.</p> <p>Indirectly through surfaces, linen and patient care equipment contaminated by blood or body fluids.</p> <p>5%-10% of those infected have asymptomatic carriage.</p> <p>Less than 1% of those colonised will progress to invasive disease.</p>	<p>Patient has received 24 hours of treatment</p>	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Antibiotic prophylaxis for staff who come into close contact with respiratory secretions (i.e. during resuscitation)</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Meningitis (Pneumococcal, <i>Haemophilus influenzae</i> , viral and other Causes)	Yes <i>Pneumococcal H. influenzae</i> ; prior to completion of 24 hrs appropriate antimicrobial treatment. <i>H. influenzae</i> ; close contact requires prophylaxis	Airborne contact via droplet particles from respiratory and nasal secretions. <i>Pneumococcal</i> –direct contact with an infected person would usually result in nasopharyngeal carriage rather than the disease. Indirect contact with contaminated surfaces, linen or patient care equipment.	Until completion of appropriate treatment for diagnosed infection. <i>Pneumococcal</i> and <i>H. influenzae</i> : Until patient has received 24 hrs of appropriate antimicrobial treatment	Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Meticillin-resistant <i>Staphylococcus aureus</i> (MRSA)</p> <p>Please refer to LTHT IPC MRSA Policy</p>	Yes	<p>Person to person through direct contact with blood and body secretions from those infected or potentially colonised.</p> <p>Indirect contact from environmental surfaces, linen and patient care equipment that has been contaminated with infected blood or body fluids.</p> <p>N.B. Airborne transmission poses significant risk if isolated in respiratory secretions.</p>	<p>Throughout hospital admission.</p> <p>In uncomplicated cases isolation may not be required after decolonisation.</p> <p>See MRSA Policy and MRSA Screening Policy</p>	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>
Mumps	Yes	<p>Airborne via droplet particles from infected respiratory secretions or an infected person's saliva.</p> <p>Direct contact with infective saliva.</p> <p>Indirect contact from surface areas, linen or patient care equipment that has been contaminated by droplet particles/ saliva.</p>	<p>Infectivity can occur anytime, from about 3 days prior to the onset of the swelling of the salivary glands (parotitis) to 9 days after the onset of symptoms.</p>	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Multi Resistant Organisms</p> <p>(VRE, ESBL's and Gentamicin Resistant Coli-forms)</p> <p>Please refer to LTHT Multi-Resistant Gram Negative Bacilli (Inc. ESBL's and Acintobacter) Policy</p>	Yes	<p>Person to person through direct contact with blood and body secretions from those infected or potentially colonised.</p> <p>Indirect contact from environmental surfaces, linen and patient care equipment that has been contaminated with infected blood or body fluids.</p> <p>N.B. Airborne transmission poses significant risk if isolated in respiratory secretions.</p>	Throughout admission	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p>
Rotavirus	Yes	<p>Person to person through direct contacted with body fluids (faecal matter) or droplet particles (respiratory secretions).</p> <p>Indirectly through contaminated surfaces, bed linen and patient care equipment.</p> <p>N.B. Immuno-compromised patients are at risk of prolonged infection and viral antigen secretion.</p>	Until 48 hrs symptom free	<p>Hand Hygiene</p> <p>PPE- Gloves and Apron</p> <p>Sharps Bin</p> <p>Alginate and red linen bags</p> <p>Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Respiratory Syncytial Virus (RSV) Please refer to LTHT IPC Respiratory Viruses Policy	Yes	Person to person through direct contact or inhalation of droplet particles (respiratory secretions). Indirectly through contaminated surfaces, linen or patient care equipment. Contaminated hands carry virus to mucous membranes of the eyes and nose	If symptomatic; if symptoms are no longer present isolation can be discontinued 7 days after onset of illness. N.B. Cohorting of symptomatic patients can be undertaken with consultation of IPC Team.	Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags Enhanced precautions: masks to be used by staff entering the room whilst RSV nebuliser treatment being administered.
Rubella	Yes	Person to person through direct contact or inhalation of droplet particles (nasopharyngeal secretions). Indirectly through contaminated surfaces, linen and patient care equipment. N.B. Infants shed large quantities of the virus in their secretions and urine.	Infectious period unknown; but most infectious during prodromal illness; 1 week before and 4 days after onset of symptoms.	Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Salmonella	Yes	<p>Through ingestion of the organisms in foods derived from animals or contaminated by the faeces of infected animals/ persons.</p> <p>Person to person through direct contact with faeces.</p> <p>Indirectly through contact with contaminated surfaces, linen and patient care equipment.</p>	Until 48 hr symptom free	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Individuals who have a confirmed diagnosis should contact GP/Occupational Health for advice prior to preparing/handling food for consumption by other people.</p>
<p>Scabies</p> <p>Please refer to LTHT IPC Scabies Policy.</p>	Yes	<p>Transfer of parasites occurs through prolonged direct contact with infested skin or sexual contact.</p> <p>Indirectly through immediate contact with bedclothes or undergarments contaminated by an infested person</p> <p>Risk of transmission is low; unless Norwegian scabies is suspected.</p>	<p>Yes</p> <p>A person is considered to be infectious from the time of infestation until treatment is completed</p> <p>N.B. Until mites and eggs are dead.</p>	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Streptococcal Infection- Haemolytic Streptococcus Group A (Scarlet fever, Impetigo and Erysipelas)</p> <p>Please refer to LTHT IPC Group A Streptococcal Infections Policy</p>	<p>Yes; prior to completion of 24hrs of appropriate antimicrobial treatment</p>	<p>Person to person through airborne or direct contact with infective respiratory secretions or contact with body fluids.</p> <p>Indirectly through contact with contaminated surfaces, linen and patient care equipment.</p>	<p>Until 24 hrs of treatment completed and or signs of clinical improvement.</p>	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Pulmonary Tuberculosis</p> <p>Please refer to LTLT IPC Management of Tuberculosis Policy</p>	Yes	<p>Person to person through airborne spread or direct contact with droplet particles (sneezing/ coughing) of those infected.</p> <p>Indirectly through contaminated surfaces, linen or patient care equipment.</p>	<p>Until patient has been compliant with treatment for two weeks.</p> <p>N.B. A risk assessment must be completed by clinicians prior to removing isolation precautions</p> <p>Please refer to LTLT IPC Management of Tuberculosis Policy</p>	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions: FFP3 Hepa- filter masks will be required in certain clinical procedures. Single use only-discard after use.</p>
<p>Multi Drug Resistant / Extremely Drug Resistant Tuberculosis (MDR and XDR TB)</p> <p>Please refer to LTHT IPC Management of Tuberculosis Policy</p>	<p>Yes</p> <p>Patients will always require a negative pressure side room</p>	<p>Person to person through airborne spread or direct contact with droplet particles (sneezing/ coughing) of those infected.</p> <p>Indirectly through contaminated surfaces, linen or patient care equipment.</p>	Throughout Admission	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced Precautions: always wear a mask (type FFP 3 Hepa-filter). Single use only and discard after use.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
<p>Tuberculosis Meningitis</p> <p>Please refer to LTHT IPC Management of Tuberculosis Policy</p>	Yes	<p>Person to person through airborne spread or direct contact with droplet particles (sneezing/ coughing) of those infected.</p> <p>Indirectly through contaminated surfaces, linen or patient care equipment.</p>	Until necessary diagnostic tests have been undertaken to ensure that patient is non-infectious.	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions: FFP3 filter masks will be required in certain clinical procedures.</p>
<p>Latent Tuberculosis (Non Infectious)</p> <p>Please refer to LTHT IPC Management of Tuberculosis Policy</p>	No	<p>Person to person through airborne spread or direct contact with droplet particles (sneezing/ coughing) of those infected.</p> <p>Indirectly through contaminated surfaces, linen or patient care equipment.</p>	Throughout admission	<p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions: FFP3 filter masks will be required in certain clinical procedures.</p>

Infection (Alert Organism/ Condition)	Side Room Required	Mode of Transmission	Duration of Isolation	Precautions Required when in Isolation
Viral Haemorrhagic Fever	Yes N.B. Please consult/ discuss all cases with IPC Team	<p>Person to person through direct contact with blood and body fluids.</p> <p>Indirectly through contact with contaminated surfaces, linen and patient care equipment.</p> <p>The risk of transmission increases significantly in the latter stages of the infection due to excretion through body fluids (vomit, diarrhoea and haemorrhaging).</p>	Prior to transfer	<p>Please contact IPCT immediately as patient will require Specialised Isolation in Bio-safety facility.</p> <p>Hand Hygiene PPE- Gloves and Apron Sharps Bin Alginate and red linen bags Yellow/ Orange waste bags</p> <p>Enhanced precautions will be required</p>

7 RESPONSIBILITY FOR DOCUMENT DEVELOPMENT

Lead Director

Ruth Holt (DIPC)

Steering Group

Martin Parkinson (IPCN)

Gillian Hodgson (IPC Nurse Consultant)

Richard Hobson (IPCD)

8 EQUALITY IMPACT ASSESSMENT

The Policy has been assessed for its impact upon equality, Appendix A. The Leeds Teaching Hospitals Trust is committed to ensuring that the way that we provide services, and the way we recruit and treat staff, reflect individual needs, promote equality and does not discriminate unfairly against any particular individual or group.

9 IDENTIFICATION OF STAKEHOLDERS

The key stakeholders in this policy are staff involved in caring for patients with known or suspected infections and managers responsible for the provision of facilities for this patient group.

10 CONSULTATION PROCESS

This policy will be consulted on by the Infection Prevention and Control Committee (IPCC) and its sub groups and the Chief Nurse Team.

11 APPROVAL AND RATIFICATION

This policy will be approved by the Senior Management Team.

12 PROCESS FOR REVIEW/REVISION

This policy will be reviewed two years from the date of approval or following significant changes in the management of patients with known or suspected infection.

13 COMMUNICATION/DISSEMINATION

IPT to circulate electronically to the following managers:

Divisional General Managers (DGMs) Divisional Medical Managers (DMMs),

Divisional Nurses (DNs)

The above managers then to disseminate as below:

DNs to ensure matrons receive the policy and communicate this to ward managers, who are responsible for cascading to junior medical staff.

DMMs to ensure Clinical Directors receive the policy and that this is communicated to consultants, who are responsible for cascading to junior medical staff.

DGMs - to ensure the policy is communicated to directorate managers

All staff - to be included as part of the new team brief

14 IMPLEMENTATION

This policy will be implemented immediately following dissemination.

DGMs, DMMs, DNs will ensure that robust processes are in place for all appropriate staff groups to ensure this policy is implemented.

15 MONITORING COMPLIANCE/EFFECTIVENESS

Any time a patient cannot be isolated appropriately the clinical team must document and record such incidences. These should then be escalated and communicated to the appropriate line manager, bed placement team and the IPT.

Records of non-availability of single side room incidences and a record of hand hygiene compliance for that clinical area should be monitored by the Divisions and reported to the IPCC via the Divisional IPC Group.

If a staff member fails to comply with the policy a file note will be given to the staff member. Once this has been received and if the staff member still fails to comply then investigation down the disciplinary route will be instigated.

Appendix A - EQUALITIES IMPACT ASSESSMENT

Section 1 Screening				
<p>Does this policy or procedure impact on staff patients or public? S = Staff PA = Patients PU = Public</p> <p>(enter below)</p>	<p>How relevant is the policy to achieving the duties under race legislation?</p> <p>0 = none 1 = a little 2 = some 3 = very</p> <p>(enter below)</p>	<p>How relevant is the policy to achieving the duties under disability legislation</p> <p>0 = none 1 = a little 2 = some 3 = very</p> <p>(enter below)</p>	<p>How relevant is the policy to achieving the duties under gender legislation</p> <p>0 = none 1 = a little 2 = some 3 = very</p> <p>(enter below)</p>	<p>Could this policy disadvantage any group due to Race, Disability or Gender</p> <p>R = Race D = Disability G = Gender N = None</p> <p>(enter below)</p>
S, PA, PU	0	0	0	N
Section 2 Assessing impact				
<p>Please specify in the relevant box any thing that you have included in the policy which helps to meet the Race Disability or Gender Equality Duties*</p> <p>Please put NA if this is not applicable</p>	Race	Disability	Gender	
	The policy is inclusive and applies to all patients	The policy is inclusive and applies to all patients	The policy is inclusive and applies to all patients	

*** The equality duty is to eliminate unlawful discrimination and promote equality of opportunity and good relations between different groups.**

APPENDIX B - Checklist for the Review and Approval of Policy

To be completed and attached to the policy when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous? Is it positively named in respect of the behaviour, actions, established position it seeks to achieve?	Y	
	Is it clear whether the document is a policy, guideline, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated?	Y	
3.	Development Process		
	Is the method described in brief?	N	
	Are people involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are the references cited in full?	Y	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	Are supporting documents referenced?	Y	
6.	Approval		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	Dissemination and Implementation		
	Is there a communications plan to identify how this will be done?	N	
	Does the implementation plan include the necessary training/support to ensure compliance?	N	
8.	Document Control		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	N/A	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
10	Review Date		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so is it acceptable?	Y	
11	Overall Responsibility for the Document		
	Is it clear who will be responsible for	Y	

	Title of document being reviewed:	Yes/No/Unsure	Comments
	co-ordinating the dissemination, implementation and review of the document?		

Individual Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature			

Committee Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature			

Appendix C

Cohort Source Isolation Clinical Practice

Key Points

- The source isolation Poster must be displayed on the cohort area door **at all times**.
- The source isolation cohort area door must be closed at all times apart from necessary entrances.
- Single use gloves and aprons must be set up outside the cohort area. If these are not wall mounted a trolley/table/shelf must be used. This must be well stocked at all times.
- A sharps bin and tray must be kept in the cohort area. An individual risk assessment must occur to prevent harm to patient and visitors.
- Single use gloves and apron must be worn by all **staff** on entering the source isolation cohort area and at all times whilst in the room. These items must be removed and disposed of before exiting the room.
- Dispose of all excreta promptly, preferably into the patient's own toilet. If the cohort area does not have access to designated toilet facilities, place waste into the orange clinical waste bag in the isolation room. To prevent spills and splashes use absorbent loose powder or soluble sachets to gel bodily fluids as required.

Hand hygiene - staff

- **In source isolation all hand decontamination within the room/area must be with liquid soap and water.**
- Hand decontamination is required in the following circumstances:
 1. Immediately before putting on gloves and apron to enter the isolation room;(alcohol rub may be used as an alternative for hand decontamination in this instance unless the reason for cohort source isolation is *C. difficile* or *viral gastroenteritis*)
 2. Immediately after removing gloves and apron (e.g. following a procedure or any contact with a patient or their immediate environment);
 3. Immediately before donning gloves and apron if these are replaced whilst in the room (e.g. following a procedure, between patients);
 4. Immediately before leaving the room;
 5. Immediately after leaving the room(alcohol rub may be used as an alternative for hand decontamination in this instance unless the reason for cohort source isolation is *C. difficile* or *viral gastroenteritis*)

Appendix D

COHORT SOURCE ISOLATION

- **Do not enter this area/room unless it is necessary**
- **Contact the Nurse in Charge before entering this area/room**
- **The door of this area/room should be kept *closed***
- **Disposable gloves and apron must be put on by all staff before entry, changed between patients, worn *at all times* in this room and removed and discarded immediately before exit.**

Hand hygiene precautions - staff

In cohort source isolation *all* hand decontamination within the room/area must be with liquid soap and water.

6. Hands must be decontaminated Immediately before putting on gloves and apron to enter the isolation room;(alcohol rub may be used as an alternative for hand decontamination in this instance unless the reason for cohort source isolation is *C. difficile* or *viral gastroenteritis*)
7. Hands must be washed with soap and water immediately after removing gloves and apron (e.g. following a procedure or any contact with a patient or their immediate environment);
8. Hands must be washed immediately before donning gloves and apron if these are replaced whilst in the room (e.g. following a procedure, between patients);
9. Hands must be washed immediately before leaving the room;
10. Hands must be decontaminated immediately after leaving the room(alcohol rub may be used as an alternative for hand decontamination in this instance unless the reason for cohort source isolation is *C. difficile* or *viral gastroenteritis*)

LTHT

MRSA RISK ASSESSMENT TOOL

To be used in conjunction with LTHT MRSA Pathway, Acute Admissions (April 2009)

1	LOW RISK	<ul style="list-style-type: none"> ▪ Admitted from home ▪ No hospital admission within the previous 6 months ▪ No history of MRSA colonisation or infection
2	HIGH RISK	<ul style="list-style-type: none"> ▪ Any previous history of MRSA colonisation or infection ▪ Resident in nursing home or similar long term care facility ▪ Direct transfer from another hospital ▪ History of hospitalisation within the 6 months

Risk assessment must be completed on admission and documented in nursing notes

Risk Score 1 - No action required

Risk Score 2 - Commence MRSA decolonisation with topical body/hair wash and nasal cream as prescribed.

Manage according to Source Isolation policy in single room or cohort accommodation as available.

Instigate local escalation procedure if not possible.

Time of decision to isolate should be recorded in nursing notes

Isolation should occur within 2 hours if not escalation to matron (in hours) or clinical site manager (out of hours).

The continuing requirement for isolation must be re-assessed at a minimum daily and documented in nursing notes.

Discuss with IPCT if necessary