



Isolation Policy

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Author's Name & Title	Nurse Consultant for Infection Control		
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Staff/Groups Consulted	Infection Control Doctor Medical Director Director of Infection Prevention and Control Deputy Chief Nurse Chief Executive Matrons Infection Prevention Control Team		
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Equality Impact Assessment Completed	Yes		

1. INTRODUCTION

- 1.1. The use of standard infection precautions is the main action to help reduce the risk of the spread of infection. Additional precautions may also be required for some inpatients with known or suspected infections (or colonisation), i.e. isolation of the patient in a single room. In addition some patients may require isolation in a single room to protect themselves from exposure to infections.
- 1.2. These guidelines set out the actions required to be taken by all health care workers (HCW's) when caring for all patients in isolation.
- 1.3. These guidelines should be read in conjunction with the [Infection Prevention & Control Policy](#), [Hand Hygiene Policy](#), Annex C – [Isolation Side Room Priority Tool](#) and Annex D – [A-Z Of Infectious Diseases](#).

2. DEFINITIONS

- 2.1. Isolation: refers to various measures taken to prevent contagious diseases from being spread from patient to patient, healthcare workers and visitors. Various categories of isolation exist please see section 5 of the policy.
- 2.2. Health Care Acquired Infection: this is an infection that is acquired in a healthcare environment or as a result of a healthcare intervention.

3. ROLES AND RESPONSIBILITIES

3.1. Chief Executive is responsible for:

- Ensuring that infection control is a core part of clinical governance and patient safety programmes.
- Promote compliance with infection control policies in order to ensure low levels of HCAI.
- Awareness of legal responsibilities to identify, assess and control risk of infection.
- Appointing Director of Infection Prevention and Control.

3.2. Director/Deputy Director of Infection Prevention and Control (DIPC) is responsible for:

- Infection prevention and control within the Trust.
- Ensuring national directives are implemented.
- Overseeing infection control policies and their implementation.
- Responsible for the Infection Prevention & Control Team (IPCT).
- Reporting directly to the Chief Executive and Trust Board.
- Challenge inappropriate hygiene practice and antibiotic prescribing.
- Assess impact of plans/policies on infection control.
- Member of clinical governance and patient safety structures.

3.3. **Infection Prevention & Control Team (IPCT)** is responsible for:

- Giving advice regarding the management of patients requiring isolation.
- Referring to the microbiologist where appropriate.
- Assisting the clinical site managers to determine optimum use of side room facilities or the provision of cohort bays.
- Making regular assessments of patients who are in isolation to determine infection status.
- Recommending whether to continue with isolation nursing or standing down these precautions.
- Reviewing and update the Isolation policy.
- Including Isolation precautions in all induction and mandatory training for staff.
- Promoting good practice and challenging poor practice.
- Reporting any breaches of isolation through the incident reporting process.

3.4 **Microbiologists** are responsible for:

- Providing additional advice outside of office hours.
- Alerting the IPCT and clinical teams of patients requiring isolation following confirmation of certain infections.
- Promoting good practice and challenging poor practice.

3.5 **Clinical Site Managers (CSMs)** are responsible for:

- Ensuring that patients with potential or known infections are isolated as soon as possible.
- Reporting any breaches of isolation to the IPCT.
- Promoting good practice and challenging poor practice.

3.6 **Ward Managers/Charge Nurses** are responsible for:

- Ensuring prompt isolation to reduce the transmission of infection to other patients.
- Ensuring that as soon as a patient is suspected of having an infection a risk assessment is made to determine the level of that risk. The Trust [side room priority tool](#) (Annex C) will be used to identify those patients who pose the greatest risk.
- Nursing staff are responsible for informing the IPCT of patients who are suspected as posing an infection risk. The IPCT can be contacted on ext. 4401 or via the mobile phone 5401
- Ward nurses must inform the duty site manager when patients are moving from a bay into a side room for isolation.

- In the event that a side room cannot be identified the ward nurse must instigate section 8 of these guidelines.
- The Trust's Admissions and Bed Management Policy has been replaced by the [ICU Admissions Policy](#) and the [Standard Operating Procedure for Elective Orthopaedic Admissions](#). Please refer to the each of the documents above for guidance on admissions to specific areas.
- Ward nurses are responsible for informing visitors, carers, relatives and volunteers to the ward of their responsibilities regarding infection prevention and control and assisting them to ensure that they are safe whilst visiting the clinical area.

3.7 **Medical Staff** are responsible for:

- Ensuring they comply with infection control policies.
- Following the advice of Microbiologists and the IPCT relating to isolation of patients.
- Promoting good practice and challenging poor practice.

3.8 **All Staff** are responsible for:

- Complying with these guidelines.
- Ensuring they are familiar with and adhere to the relevant infection control policies and guidelines to reduce the risk of cross infection of patients.
- Promoting good practice and challenging poor practice.

4. WHO SHOULD BE ISOLATED?

4.1. All inpatients with known or suspected infection, or colonisation with a multi-resistant organism, should be isolated as detailed in the attached [Isolation Guidelines A to Z](#).

4.2. **Neutropenic** patients – do not need to be reversed barrier nursed

4.3. **Emergency Department (ED)** – For patients attending ED an assessment must be made of the patient's condition against the risk of spread of infection. For many infections the length of time the patient is in ED will be short and therefore isolation will not be required for the period of time the patient is in ED. For some infections isolation **must** occur even in ED. These would include:

- Avian Flu
- H1N1
- [Viral Haemorrhagic Fever](#)
- [Category A infectious disease \(Annex F\)](#)
- Diarrhoea and/or vomiting

4.4. **Emergency Assessment Unit (EAU)** – Potentially infectious patients requiring admission to EAU should be isolated in a side room on the unit.

4.5. **Paediatric Isolation** - Refer to [Annex A](#).

5. CATEGORIES OF ISOLATION

5.1. There are four categories of isolation:

- **Source isolation** – patient is a source of infection that might spread to others.
- **Protective isolation** – for patients who are rendered highly susceptible to infection by disease or therapy.
- **Cohort Isolation** – a cohort of cases is recommended when there are significant numbers of patients infected or colonised with the same organism.
- **Barrier Nursing** – measures that are taken to prevent contagious diseases from being spread from patient to patient, healthcare workers and visitors.

6. ISOLATION PRIORITY SYSTEM/COHORT OF PATIENTS

- 6.1. Where indicated, patients should be isolated as soon as practically possible; this should be **immediately** for category A infections and within 4 hours for potentially infectious patients. When a side room is unavailable, or it is not possible to comply with this time frame, follow the actions outlined in section 7.
- 6.2. Until the patient is isolated in a single room, source isolation precautions (see section 5) should be applied as far as possible wherever the patient is currently situated. Neighbouring patients should be reviewed and their risk of being situated next to a patient with a known or suspected infection assessed and moved to other bed spaces within the ward if necessary. Advice can be obtained from IPCT, the CSMs or the on-call Microbiologist if outside normal working hours.
- 6.3. In the event of insufficient side room availability, patients should be isolated according to risk. A Side Room Priority Tool is available to support staff making this decision ([Annex C](#)). Further advice is available from IPCT, the CSMs, or the on-call Microbiologist out of hours.

7. INABILITY TO ISOLATE DUE TO INSUFFICIENT SIDE ROOM AVAILABILITY

- 7.1. If insufficient side rooms are available staff should undertake the following action in chronological order until the patient is isolated:
- Investigate the availability of side rooms on other wards. Input may be required from the patient's medical team, CSM and IPCT.
 - Refer to the [Side Room Priority Tool \(Annex C\)](#) to assess the risk of all patients to ensure that side room usage is prioritised; advice is also available from IPCT, CSMs, or on-call Microbiologist out of hours.
 - Complete an incident form if any patient who requires source isolation cannot be isolated due to side room unavailability.

8. PATIENTS WITH CATEGORY A INFECTIONS

- 8.1. Patients with category A infections will usually be transferred as soon as possible to specialist centres for infectious disease. Source isolation is essential, including during attendance in ED. Please refer to the [VHF Policy](#) and contact IPCT or the Microbiologist on-call immediately.

9. TRANSPORTATION OF ISOLATED PATIENTS OUTSIDE ISOLATION ROOM

- 9.1. 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 after a risk assessment and in discussion with IPCT or Clinical Site Manager.
- 9.2. Isolated patients should leave their room only for essential purpose, eg special investigation, theatre. The nurse arranging the investigation is responsible for informing the receiving department in advance. Where possible isolated patients will be placed last on the operating list. Consult IPCT in other special circumstances.
- 9.3. Hand hygiene and personal protective equipment procedures should be closely followed when transferring an infected patient. Equipment must be decontaminated after use, please see the [Decontamination of Hospital Equipment & Medical Devices \(Excluding Flexible Endoscopes\)](#) guidelines.
- 9.4. If a transfer to another healthcare provider is necessary, the receiving area must be informed in advance so that effective infection control measures can be put in place.

10. DAILY CLEANING OF ISOLATION ROOM

- 10.1. Thorough daily cleaning is essential using approved methods; please refer to the decontamination and cleaning schedule. This is the responsibility of Housekeeping and Domestic staff.
- 10.2. In addition to the daily cleaning, enhanced decontamination of an area is required if a patient is suspected or proven to have Clostridium difficile. A combined detergent and chlorine releasing agent must be used and staff undertaking this must be appropriately trained (please see the [Decontamination of Hospital Equipment & Medical Devices \(Excluding Flexible Endoscopes\)](#) guidelines).

11. TERMINAL CLEAN OF ISOLATION ROOM

- 11.1. On discharge the room must be thoroughly cleaned by the Housekeeping and Domestic staff before the next patient is admitted.
- 11.2. The method of cleaning will depend on the type of infection. Hazardous waste and laundry must be removed before cleaning commences. All equipment must be decontaminated prior to being used on another patient; where appropriate single use disposable equipment should be used.
- 11.3. As a minimum, all medical equipment must be cleaned with:
 - detergent
 - sporicidal wipes
 - heat disinfected
- 11.4. Alcohol wipes are ineffective against the spores of Clostridium difficile (please see the [C Diff Policy](#) for information on cleaning).

12. CARE OF EQUIPMENT/CROCKERY

- 12.1. It is seldom necessary for disposable crockery or cutlery to be required, and utensils used by infectious patients can be washed in the normal hospital dishwasher in the central kitchen.
- 12.2. Disposable utensils may be chosen where doubts exist about the adequacy of dishwashing and where risk assessment supports their use. Seek advice from IPCT.
- 12.3. Plastic jugs and glasses washed at ward level must be washed in the dishwasher.

13. OUTBREAK MANAGEMENT

- 13.1. Please refer to the [Hospital Outbreak Management Policy](#).

14. VISITORS

- 14.1. Ward staff need to ensure that everyone entering an isolation room must comply with the recommended procedures.
- 14.2. Visitors, carers, relatives and volunteers are requested to report to nursing staff before entering isolation rooms. Instruction on isolation precautions as applicable can then be given.
- 14.3. Visitors who are susceptible to infection or are suffering from infection should be discouraged from visiting.
- 14.4. Where possible visitors should be restricted to minimise visiting numbers whilst isolation is in progress.

15. DECEASED PATIENTS

- 15.1. The mortuary must be informed if a patient is known to have infection, e.g. pulmonary tuberculosis. Body bags are seldom indicated; refer to the Trust's Policy for [Care of the Deceased](#) for further advice.

16. VARICELLA (CHICKENPOX)

- 16.1. Please refer to Annex B – [Management of Chickenpox and Shingles Policy](#)

17. LIMITATIONS

- 17.1. These guidelines apply to staff employed the Trust. Patients, visitors and the general public will be made aware of this guidance as required.

18. IMPLEMENTATION, MONITORING AND EVALUATION

- 18.1. Daily monitoring of patients with alert organisms and their location will be carried out by IPCT.
- 18.2. In addition, a quarterly audit of compliance with the Isolation Guidelines will be carried out by IPCT. Any issues identified from the audit will be reviewed by the Infection Prevention & Control Committee (IPCC), and will be highlighted to the Ward Managers, Matrons and Associate Directors of Nursing by IPCT as necessary.
- 18.3. Remedial actions that are highlighted from the audit will be addressed by each unit concerned. Support can be obtained from IPCT.

- 18.4. These guidelines will be monitored by IPCC. Assurance on compliance with these guidelines will be reported to the Clinical Governance Quality and Assurance Committee.

19. REFERENCES

- 19.1. [Coia JE, Duckworth GJ, Edwards DI et al \(2006\) Guidelines for the control and prevention of methicillin-resistant Staphylococcus aureus \(MRSA\) in healthcare facilities, Journal of Hospital Infection, Vol 635; S1 –S44](#)
- 19.2. [Control of Communicable Diseases manual, 18th Edition, 2004. David I. Heymann \(Editor\) American Public Health Association.](#)- Link to book ref only.
- 19.3. [Department of Health \(2008\). The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance \(2010\), Department of Health.](#)
- 19.4. [Department of Health \(2007\). Isolating patients with healthcare-associated infection: A summary of best practice. Department of Health.](#)
- 19.5. [Department of Health \(2006\). Essential Steps to safe, Clean care: Reducing health care associated infection. Department of Health.](#)
- 19.6. [Epic2: Evidence-based Guidelines for preventing Healthcare associated infections in NHS Hospitals in England, Journal of Hospital Infection Vol 65 feb 2007.](#)
- 19.7. [Essential Clinical Skills for Nurses: Infection Prevention and Control, 2008. C.Perry Blackwell Publishing, Oxford.](#)
- 19.8. [Health Protection Agency \(2009\). Reducing Healthcare-associated infections in England \(HPA 2009\)](#)
- 19.9. [National Patient Safety Agency. The Revised Healthcare Cleaning manual. NPSA 2009.](#)

20. RELATED DOCUMENTS AND GUIDELINES

- Annex A – [Isolation Guidelines For Paediatric Patients](#)
Annex B – [Management of Chickenpox and Shingles Policy](#)
Annex C – [Isolation Side Room Policy Tool](#)
Annex D – [A To Z Of Infectious Diseases](#)
Annex F – [Category A Infectious Disease](#)



Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Isolation Policy

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed **Peter White**

Date: August 2017