NHS
South West
Yorkshire Partnership
NHS Foundation Trust

Document name:	**Infection Prevention and Control Isolation Standard Operating Procedure (1075)**
Document type:	Standard Operating Procedure (SOP) to be read alongside the National Infection Prevention and Control Manual for England
What does this procedure replace?	Replaces the Infection Prevention and Control Isolation policy
Staff group to whom it applies:	All staff within the Trust
Distribution:	The whole of the Trust
How to access:	Intranet
Issue date:	February 2024
Next review:	February 2027
Approved by:	Executive Management Team on 08 February 2024
Developed by:	Infection Prevention and Control Team
Director leads:	Chief Nurse, Director of Quality and Professions Director of Infection Prevention and Control (DIPC)
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Contents

1. Introduction

Healthcare associated infections such as Meticillin Resistant Staphylococcus Aureus; Clostridium difficile infection, Extended Spectrum Beta-Lactamase, Norovirus and multi resistant organisms may be transmitted between patients and potentially between patients, staff and visitors. Transmission of infection involves a source of infection i.e. a microorganism, a susceptible host, and a mode of transmission.

When a patient is suspected or known to be suffering from infection, an understanding of the source, route, and mode of transmission (Appendix C) of infection is essential in order to implement the appropriate infection prevention and control principles, including isolation.

2. Purpose & scope

The purpose of this standing operating procedure is to provide concise guidance for all staff on the isolation of patients and to minimise the risks of transmission of infectious diseases. This document applies to all staff either employed or contracted within in-patient areas in South West Yorkshire Partnership NHS Foundation Trust.

The Trust has a legal requirement to comply with the Health and Social Care Act (DH 2008). This states that healthcare providers are required to have in place effective systems to isolate patients.

The Trust must ensure the correct employment of procedures related to isolation.

This SOP should be read in conjunction with the National Infection Prevention and Control Manual (NIPCM) for England and other Trust infection prevention and control policies and procedures, in particular Hand Hygiene, and Decontamination standing operating procedures.

3. Definitions

Infectious isolation refers to a measure of disease control that separates sick people with a contagious disease from people who are not sick.

Source isolation is designed to prevent the spread of pathogens from an infected patient to other patients, hospital personnel and visitors. In some cases, strict source isolation is required to prevent the spread of highly transmissible infections e.g., Diphtheria and Viral Haemorrhagic fevers using negative pressure facilities.

Protective isolation is used to prevent transmission of infection to a susceptible patient. Patients require protective isolation if they are immunocompromised and susceptible to acquiring infection from other patients in the shared care environment.

Cohorting is defined as dividing people into groups with shared characteristics. Cohort nursing involves nursing patients with the same organism (or displaying similar signs and symptoms of infection) as an alternative form of isolation nursing when single room capacity is exceeded.

4. Principles

Isolation of patients is undertaken for two reasons: Source isolation and protective isolation.

Ideally, the most effective form of isolation is a single room (Pratt et al, 2007). Single rooms should always be the first choice for placement of an infected patient, however where this is not possible, cohort nursing should be employed.

The isolation of patients must be based on the infection risk, symptoms, and transmission in accordance with the relevant infection prevention and control policy. Individual risk assessment should consider infection risk; severity of illness requiring close observation and patient's mental state. This risk assessment should be continuously reviewed throughout the stay/period of care. The assessment should influence patient placement decisions in line with clinical/care need(s).

Standard precautions must be applied to all patients without exception, inclusive of environmental cleaning, personal protective equipment, and hand hygiene. The isolation of patients must be based on the infection risk, symptoms, and transmission in accordance with the relevant infection prevention and control policy.

In the community home setting, isolation of patients is not usually required. However, staff caring for the susceptible or known infected patient must adhere to the principles of infection prevention and control.

5. Procedure / Process

Advice should be sought in the first instance from the Infection Prevention and Control Team (IPCT) on the appropriateness of isolating patients. Out of hours, at weekends and bank holidays, advice should be sought from the local on-call Microbiologist available through the hospital switchboard.

All patient placement decisions and assessment of infection risk (including isolation requirements) must be clearly documented in the patient notes and provided in patient handovers with other healthcare/care provides via the Intra-healthcare transfer form (Appendix D). The Medical Practitioner is responsible for ensuring notification of communicable diseases is undertaken.

Guidelines for single room and cohort nursing

- Routine explanation of infection, isolation procedures and treatment must be given to affected patients and visitors
- Rooms, bays and areas for isolated patients must have dedicated hand hygiene and toileting facilities for example en-suite or designated commodes
- Use clear IPC signage on doors to alert staff and visitors of isolation precautions (Appendix E)
- Doors must be kept closed at all times. When this is not possible, a risk assessment should be undertaken, and the reason documented in the patient's records

- Potentially, there may be a need to restrict the number of visitors/relatives visiting the affected patient. This will be discussed with the nurse in charge and IPCT
- N.B. Restrictions affecting 2 or more patients need Datix reporting as a blanket restriction. This will then need lifting when the patients are no longer symptomatic. This would also be the case if we were restricting patient movement in the case of an outbreak, regardless of whether they were the infected individual or not

Management of the isolated patient

Transmission based precautions:

Hand Hygiene (refer to Hand hygiene SOP)

1. High standards of hand hygiene to minimize the risk of cross infection

2. Hand hygiene must be performed before and after each direct patient contact (regardless of glove use)

3. Adequate hand hygiene facilities and alcohol hand gel must be available for use

Personal Protective Equipment (refer to Standard infection prevention and control precautions SOP)

4. Disposable aprons must be worn by all staff and visitors assisting in the care of the patient or having contact with their immediate environment

5. Disposable gloves must be worn where there is contact with bodily fluids and when handling contaminated items

6. Masks (IIR) must be worn when a patient is suspected to have or confirmed to have TB, or suspected or confirmed to have a respiratory illness e.g., Influenza, COVID-19

7. Visors/eye protection should be worn following a risk assessment, where it is anticipated that the procedure/task may result in blood/body fluids being sprayed or splashed

8. Fans must not be used to control patient's temperature

9. A dedicated single patient use tourniquet must be used

10. Medical notes and charts must be kept outside the room/bay/area

11. Personal protective clothing worn in the isolation room should be disposed of in the room unless dealing with body fluids that require disposal in the sluice

Cleaning and decontamination (refer to the Decontamination SOP):

- Isolation room/bay/area should be clean and uncluttered with only necessary equipment used
- where possible, dedicated single patient use equipment should be used e.g., commodes and medical equipment
- multiple patient use equipment must be decontaminated in accordance with the Decontamination SOP
- protective covers should be used on both disposable and non-disposable bedpans/urinals
- used bedpan holders, bedpans and urinals must be emptied and placed immediately into washer disinfector at a temperature of 80 degrees Celsius or macerator
- treat all linen as infected (refer to Laundry & infection prevention and control SOP)
- waste must be categorised as per the Waste Policy
- cleaning procedures must be rigorously applied (refer to the Decontamination SOP)
- enhanced cleaning must be performed twice daily and documented accordingly in the cleaning checklist (Appendix F)
- all staff must be aware of individual responsibilities for undertaking regular cleaning (refer to the Decontamination SOP). All staff including domestic staff must be aware of which rooms require terminal cleaning and when these have been completed

Patient movement

- Transfer and movement of patients must be kept to a minimum to reduce the risk of cross infection
- transfer and movement of patients must only be undertaken for clinical reasons
- the vacated room must be decontaminated following transfer/discharge, with chlor-clean or HPV but this would be determined by the organism

If patient movement/transfer if necessary:

- Inform the Infection Prevention and Control Team
- the receiving area must be informed of infection status to ensure implementation of infection control measures. Ensure the Intra-health care

transfer form is fully completed and accompanies the patient (Appendix D)

- hand hygiene and personal protective equipment procedures must be strictly maintained

- equipment used for transfer of patient must be decontaminated after use

Discontinuing isolation

- The need to continue with isolation precautions should be assessed daily in conjunction with the Infection Prevention and Control team

- Isolation can be stopped when: the patient has been assessed by the medical team and deemed to be no longer contagious and not at risk of spreading infection to others

- the duration of isolation dictated by the specific disease and treatment criteria has been met

If in doubt, contact the Infection Prevention and Control Team.

Mandatory isolation

For the following conditions (suspected or confirmed), isolation is mandatory:

- Open Pulmonary Tuberculosis

- Group A Streptococcal Infection. This includes any patients presenting with a spreading cellulitis with open or bullous lesions/ necrotizing fasciitis

- Chicken pox, Measles, and wet Shingles

- Meningococcal septicemia/meningitis/or meningitis of uncertain cause (until 24 hours of appropriate antibiotic therapy completed)

- infectious gastroenteritis (diarrhoea and/or vomiting – including Clostridium Difficile and other enteric infections)

- Neutropenia (neutrophils <1.0 g/L)

- resistant organism for example VRE, CPE and Candida auris

- MRSA (see MRSA SOP)

- respiratory organism including Influenza and COVID-19

NB: The list may be subject to any new need to isolate requirement

Patient refusal to isolate

If a suspected or confirmed infectious patient is refusing to isolate, staff should inform the IPCT initially and work through the Isolation guidance flowchart (Appendix G). This should be clearly documented in the patients' record.

NB A patient's need for isolation should be reviewed on a per shift basis to ensure efficient use of single rooms. Where all isolation facilities are exhausted, it is essential that a thorough review of side room occupation is undertaken as a matter of urgency and the Isolation guidance flowchart (Appendix G) is followed and documented in the patients' record.

CONFIDENTIALITY
All patients have a right to dignity, privacy, and respect. It is essential to maintain confidentiality, regarding the patient's illness. Certain infections or outbreaks of infection arouse interest and speculation by the media and staff must not divulge such information within or outside the hospital.

6. Duties

Infection prevention and control is everyone's business. All employees are responsible for taking reasonable care of themselves, patients/service users and any other people affected by their acts or omissions in accordance with Health and Safety at Work Act 1974.

Employees have an individual responsibility to ensure they are working within legal and ethical boundaries. It is each member of staff's responsibility to seek out guidance and help in implementing this procedure. If any member of staff is aware of difficulties in following the procedure, they must alert their line manager as soon as is practical. All employees must:

- adhere to the policies, procedures, and guidelines on the isolation of patients
- ensure the correct usage of PPE to prevent transmission of infection
- attend appropriate training as required
- complete the intra-healthcare infection prevention and control transfer form (see appendix D) on all internal and external transfers/discharges where health care will be provided
- report failure in protocol on the DATIX system
- be aware of the risks to others because of non-compliance with this standard operating procedure
- have responsibility for accessing and complying with this standard operating procedure
- ensure equipment is clean and fit for purpose as per the Trust's Decontamination standard operating procedure and waste policy

7. Process for monitoring compliance and effectiveness

The Annual Infection Prevention and Control Programme is monitored, and a quarterly written report is produced to demonstrate compliance. This quarterly report is scrutinised at the IPC TAG where achievements and exceptions are discussed. Progressive action planning then takes place if required.

This report is then in turn processed through the internal and external governance arrangements within the organisation.

Any incidents and associated blanket restrictions will be reported by the DATIX system. Any outbreaks and untoward incidents will also be reported through the IPC TAG and other appropriate Governance Committees.

The IPC TAG will commission annual audits by the Quality Improvement and Assurance Team / data analyst (QIAT / data analyst) of the infection prevention and control practice of all staff on behalf of the Director of infection prevention and control (DIPC). These reports and action plans will form the basis of the infection prevention and control assurance framework objectives for the coming year.

8. Training requirements

IPC training is mandatory for all staff. This will be as advised by the annual training needs analysis (TNA) identified by the Learning and Development Lead.

Care groups and Service managers are responsible for ensuring that all their staff attend mandatory IPC training sessions.

The IPCT will offer training in a number of formats e.g. face to face, e-learning, DVD, to accommodate the diversity of the service.

9. References

Department of Health (2008) The Health Act Code of Practice for the Prevention and Control of Health Care Associated Infections

Damani D (2003) Manual of Infection Control Procedures. 2nd Edition. Greenwich Medical Media: London

Department of Health (2006) The Health Act 2006 Code of Practice for The prevention and Control of Health Care Associated Infections

National Audit Office (2000) The Management and Control of hospital acquired infection in acute NHS Trusts' in England

NHS England (2022) National infection prevention and control manual for England (updated May 2023).

Plowman R, Graves N, Griffin N et al. (2000) Socioeconomic burden of hospital acquired infection. PHLS: London

Pratt et al 2007 Journal of Hospital Infection, February 2007, Volume 65

The Royal Marsden Hospital (2015) Manual of Clinical Nursing Procedures ninth edition

Contact Details for Infection Prevention and Control Team, Local Authority and Public

10. Equality Impact Assessment

See National infection prevention and control manual for England.

There is one overarching Equality impact assessment, that covers all aspects of Infection prevention and control practice on IPC intranet page.

Appendix A- Checklist for the Review and Approval of Procedural Document

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
	Is it clear in the introduction whether this document replaces or supersedes a previous document?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	N/A	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	National Guidelines followed in the National IPC Manual for England 2023
	Is there evidence of consultation with stakeholders and users?	Yes	Procedure has been circulated to the Policies and procedures group for consultation
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	

	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	Staff will be able to access this Standard operating Procedure on the intranet under the Trust's document store
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
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?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	3 yearly
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible implementation and review of the document?	Yes	Infection Prevention and Control team

Appendix B- Version Control Sheet

This sheet should provide a history of previous versions of the policy and changes made

Version	Date	Author	Status	Comment / changes
1	01/11/2023	Juliet Close-Brook Specialist IPC Nurse	Final	Policy changed to Standard Operating Procedure

Appendix C – Mode of Transmission

Mode of Transmission

Airborne	• Microorganisms transmitted directly, to susceptible patients, in dust and skin cells carried by the air during procedures. • The microorganism is dispersed widely and over long distances **Human** Skin scales, wound dressings, bedding and respiratory Droplets **Aerosolised fluid** Nebulisers, humidifiers, showers, and cooling towers **Dust** Building work, sweeping and bed making
Droplet	• Microorganisms transmitted in respiratory droplet nuclei sneezing, coughing and talking. • The microorganism is dispersed over short distances only
Contact	**Direct** Microorganisms transmitted from person to person and by the hands of healthcare workers. Skin, mucous membrane, blood and body fluid **Indirect** Microorganisms transmitted to susceptible people via contaminated objects (faecal oral route) including equipment, environment, and food
Blood borne	**Blood borne** Exposure to blood/body fluid infected with microorganisms Including exposure to needle stick and sharps injuries and contaminated intravenous infusion fluids

Appendix D – Intra-healthcare infection control transfer form

Action
When transferring service users to another care setting it is vital to inform the receiving ward or unit if they have an infection. This must be done using the form overleaf and following these instructions.

PLEASE NOTE: If a service user being transferred is suspected or confirmed as being infectious, please contact the infection prevention and control team (IPCT) at the receiving facility within normal working hours BEFORE the transfer is carried out and BEFORE transport is arranged.

This form must be completed by the transferring facility and supplied to the receiving healthcare establishment. Complete the form in full whether a service user presents an infection risk or not.

Use this form for all inter-healthcare facility admissions, transfers and discharges, including:

- all service users admitted to hospital from a shared-living environment (e.g. a care home);
- all ward-to-ward inter-hospital transfers or discharges; and
- all discharges where healthcare may be involved.

Please note: in an **emergency 999 situation** the form may not be able to be completed so staff must verbally inform the Ambulance Service and Emergency Department of any known or suspected symptoms of infection.

HOW TO USE THIS FORM

- complete the form for every service user transfer to another healthcare facility
- complete the form prior to booking ambulance or other transport
- a 'confirmed risk' service user is one who has been confirmed as being colonised or infected with organisms such as MRSA, glycopeptide-resistant enterococci, pulmonary tuberculosis and enteric infections including *Clostridium difficile*
- service users with 'suspected risks' include those who are awaiting laboratory tests to identify infections/organisms or who have been in recent contact with an infected service user, e.g. in close proximity to an infected service user
- service users with 'no known risks' do not meet either of the two criteria above
- for service users with diarrhoeal illness, please use the Bristol stool chart to indicate the frequency and type of stools over the past week. Please indicate in the 'confirmed' or 'suspected' risk box if the diarrhoea is known or suspected to be infectious
- please use the 'Other information' box to list protective equipment being used to assist in service user care. This equipment may include gloves, aprons or masks.
- after completing the form, please **print** your name and contact details in the box provided

VERSION 2 May 2015

Intra-healthcare Infection Control Risk Assessment Transfer Form

<table>
<tr><td rowspan="2">Service user details: (insert label if available)

Name:

Address:

NHS Number:

Date of birth:</td><td>Consultant:

GP:

Current service user location:</td></tr>
<tr><td>Transferring facility – hospital, ward, care home, other:

Contact no:

Is IPCT aware of transfer? Yes/No
(If no contact IPCT for risk assessment prior to transfer. Use on-call microbiologist if out of hours)</td></tr>
<tr><td>Receiving facility – hospital, ward, care home, district nurse

Contact no:</td><td rowspan="2">Is the service user an infection risk?
Please tick most appropriate box and give confirmed or suspected organism

▫ Confirmed risk Organism:
▫ Confirmed risk Organism:
▫ Suspected risk Organism:
▫ No known risk
Service user exposed to others with infection e.g. D&V - Yes/No
(If yes give further details)</td></tr>
<tr><td>Is IPCT/ambulance service aware of transfer?
Yes/No</td></tr>
<tr><td colspan="2">If service user has diarrhoeal illness, please indicate bowel history for last week:
(Based on Bristol stool form scale attached)

Is the diarrhoea thought to be of an infectious nature? Yes/No
(If yes, has the person had any symptoms within the last 48 hours, please give details)</td></tr>
<tr><td colspan="2">Relevant specimen results (including admission screens – MRSA, glycopeptides-resistant enterococcus, C.difficile, multi-resistant Acinetobacter and treatment information, including antibmicrobial therapy:</td></tr>
<tr><td>Specimen:
Date:
Result:</td><td>Specimen:
Date:
Result:</td></tr>
<tr><td colspan="2">Treatment information:</td></tr>
<tr><td colspan="2">Existing Care Plans:</td></tr>
<tr><td colspan="2">Other information:</td></tr>
<tr><td colspan="2">Is the service user aware of their diagnosis/risk of infection? Yes/No</td></tr>
<tr><td colspan="2">Does the service user require isolation? Yes/No

Should the service user require isolation, please phone the receiving unit in advance.</td></tr>
<tr><td colspan="2">Signature of staff member completing form ……
Print Name: Contact number:</td></tr>
</table>

NOTICE

This room is under restriction
Please enter this room with precaution

Please check with the Nurse in Charge before entering

Please note: You may be required to wear a face mask when in this area

Thank you

Appendix F – Isolation – Cleaning Checklist

Domestic Services provided by_____

Ward:_____ Room/Bay:_____

Date Isolation Cleaning Commenced:_____

Domestic/Service/Ward Assistants should wear a yellow plastic apron and yellow gloves to carry out the cleaning

Chlor-Clean (Chlor- clean or alternative antimicrobial detergent) must be used as per manufacture instructions

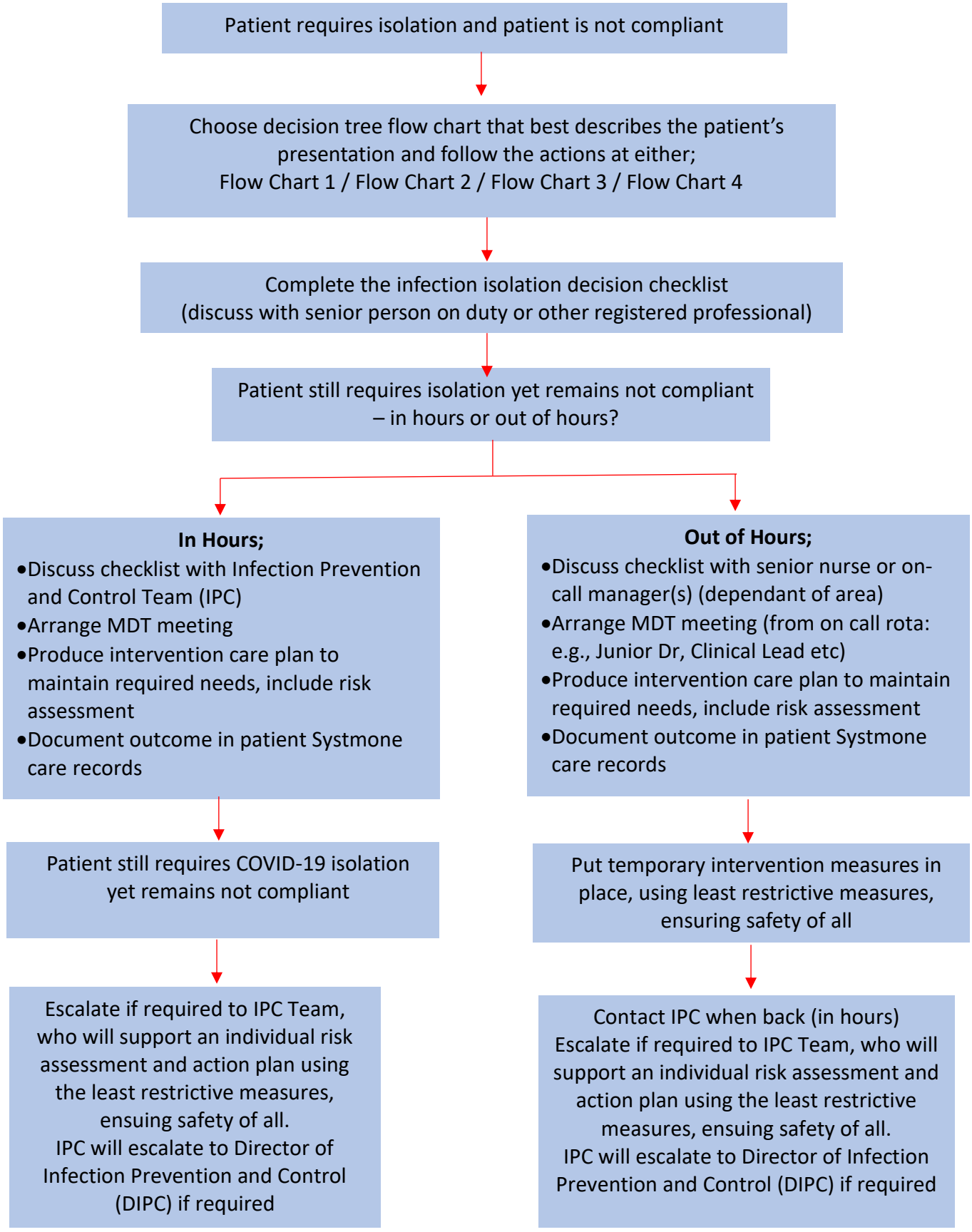
Patient Environment - 2 x Daily Clean

On discharge full terminal clean performed
Responsibility –Domestic services

Date		Time	Signature	Print Name
	• Day 1 • Frequency 1			
	• Frequency 2			
	• Day • Frequency 1			
	• Frequency 2			
	• Day 3 • Frequency 1			
	• Frequency 2			
	• Day 4 • Frequency 1			
	• Frequency 2			
	• Day 5 • Frequency 1			
	• Frequency 2			
	• Day 6 • Frequency 1			
	• Frequency 2			
	• Day 7 • Frequency 1			
	• Frequency 2			

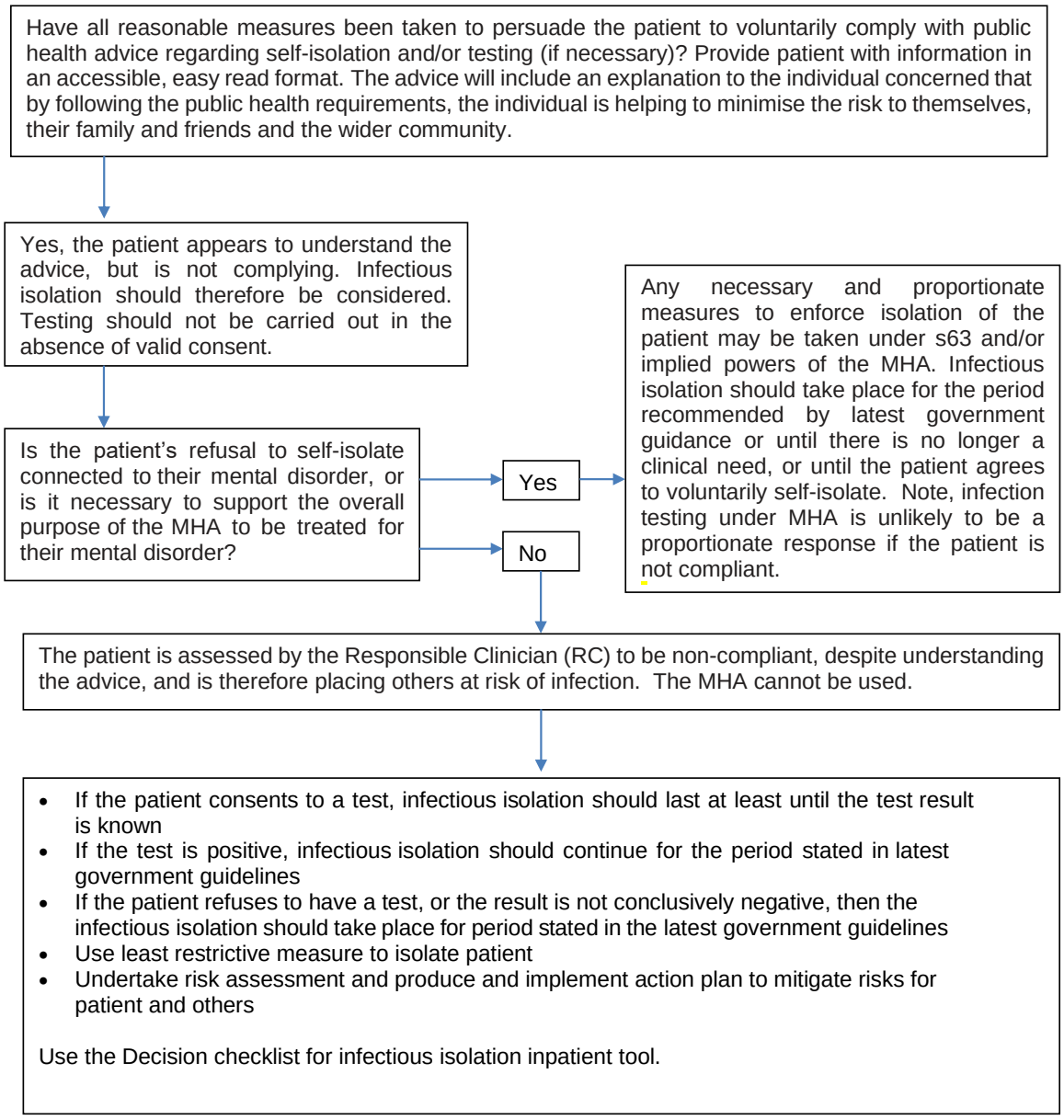
Appendix G – Isolation guidance

Flowchart: Escalation Process for Inpatients that require Isolation

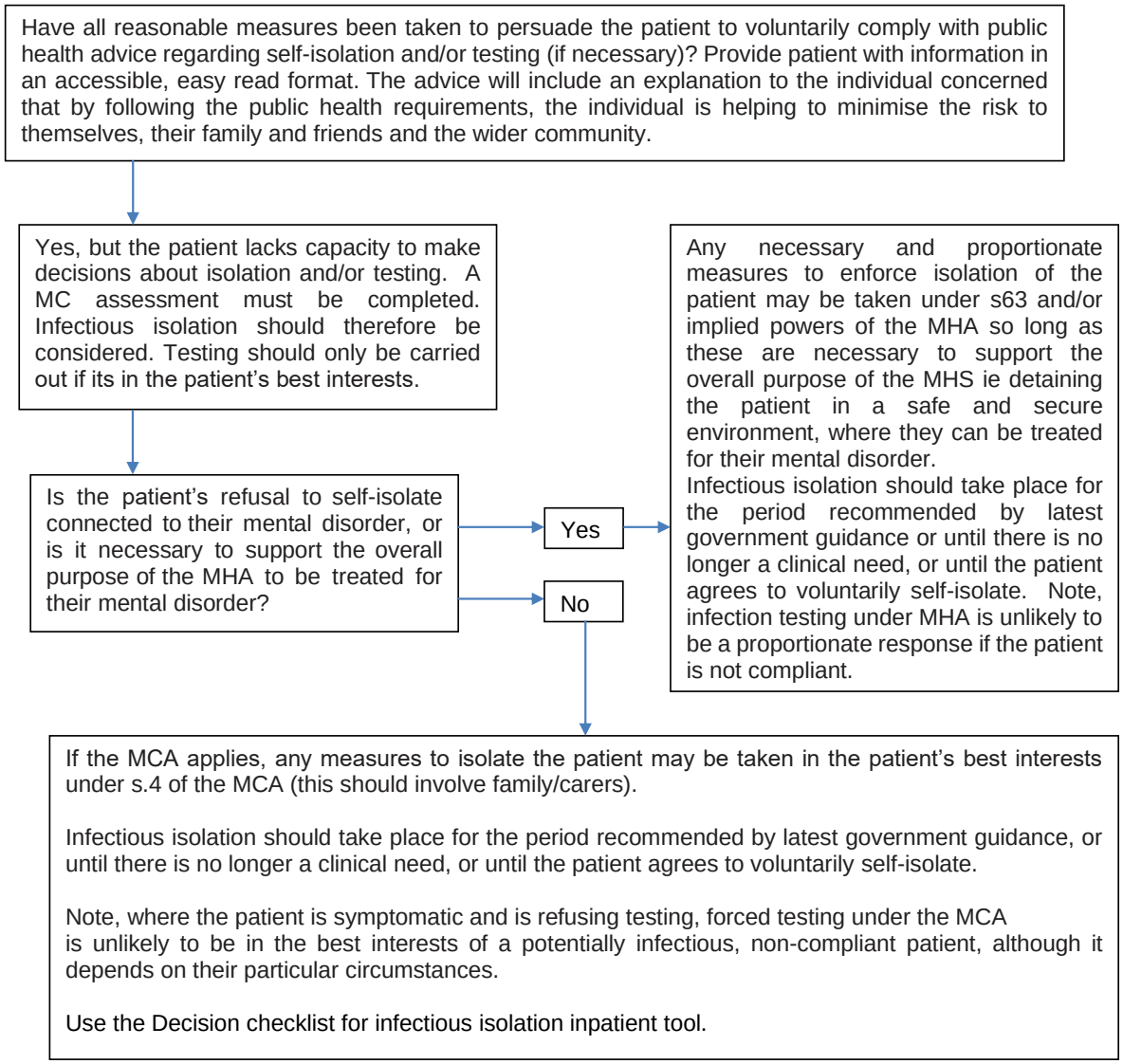


Decision trees on application of infectious isolation

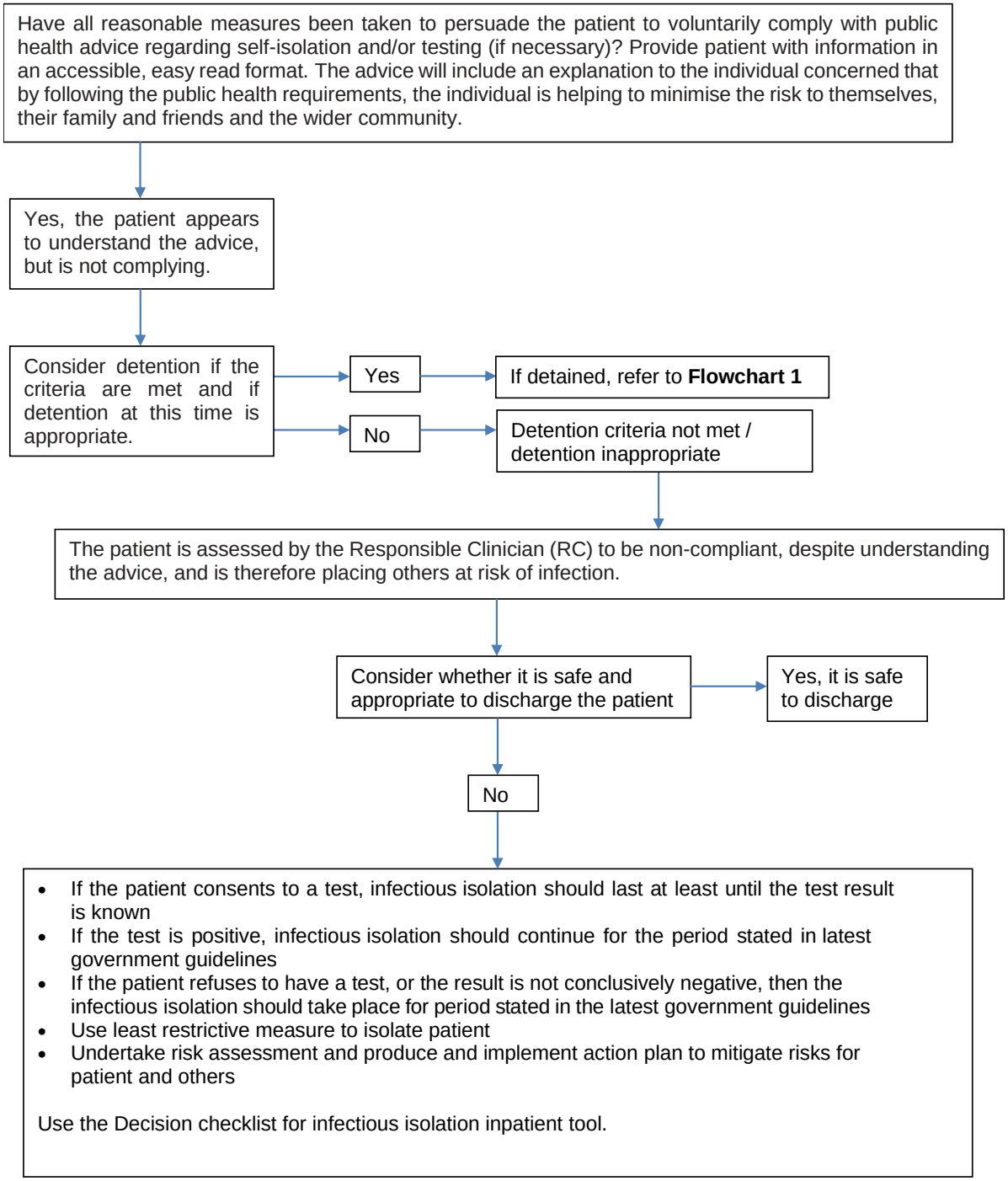
Flowchart 1: Isolating detained patients aged 16 or over who have tested positive or are symptomatic of an infectious organism or require public health isolation (e.g. self-isolation) who have the relevant mental capacity



Flowchart 2: Isolating detained patients aged 16 or over who have tested positive or are symptomatic of an infectious organism or require public health isolation (e.g. self-isolation) who lack the relevant mental Capacity (MC)

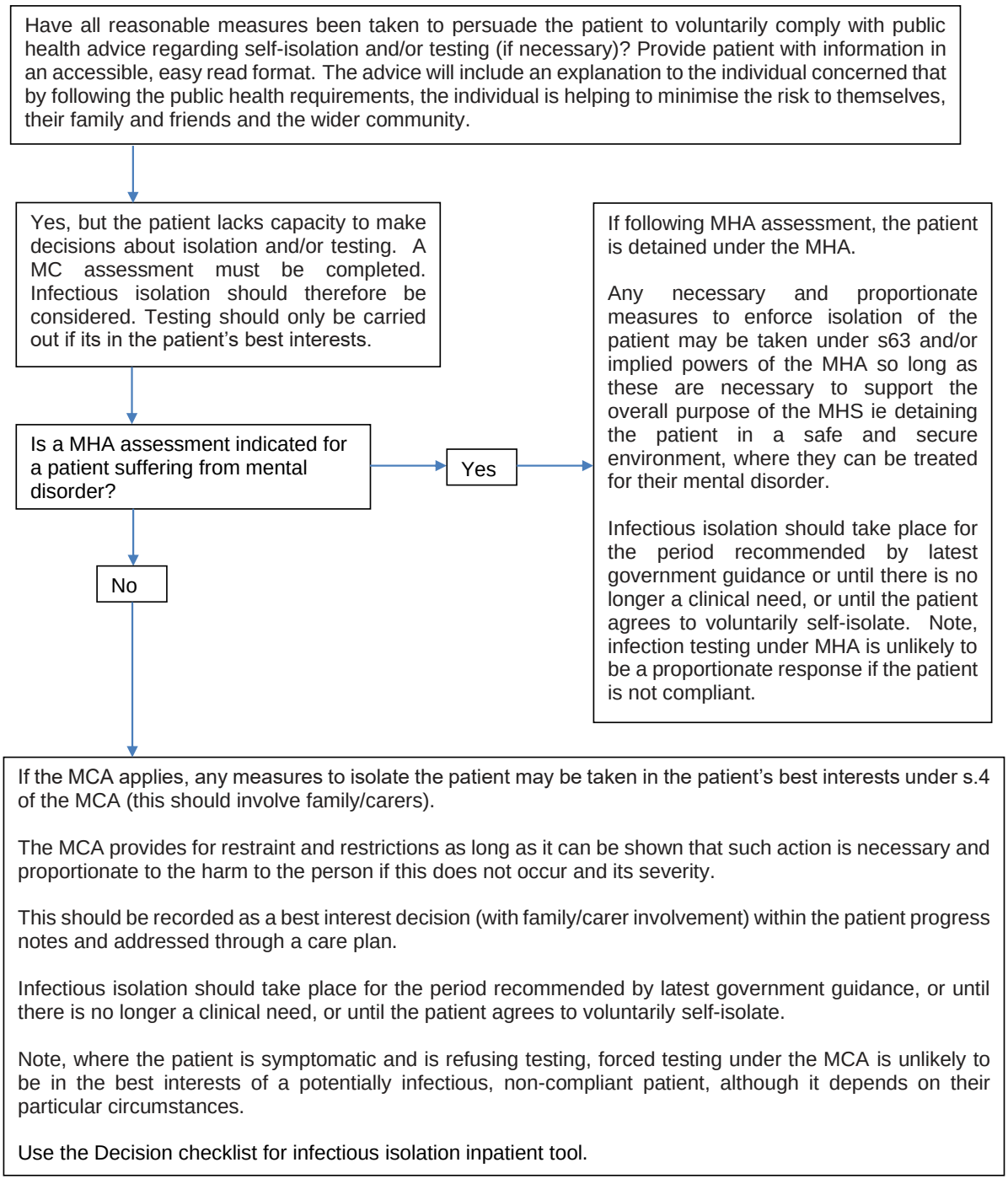


Flowchart 3: Informal patients aged 16 or over who have tested positive or are symptomatic of an infectious organism or require public health isolation (e.g. self-isolation) who have the relevant capacity



Flowchart 4: Isolating informal patients aged 16 or over who have tested positive or are symptomatic of an infectious organism or require public health isolation (e.g. self-isolation) who lack the relevant capacity (MC) and are not complying with requests to self-isolate

The document only provides guidance for those patients who are non-compliant



Decision checklist for infectious isolation of inpatient

Patients

Name……

Patient Unit Number:

……..

Ward:…….....

....

Completed by:

…….....

Date:

…….…….....

Risk factors	**Yes / No**	**Comments**
Does the manifestation of the mental disorder increase the risk of catching and/or spreading infection?		
Has the person been recently exposed to the infectious organism?		
Does the person come from a high-risk area (outbreak ward)?		
Are they from a higher risk group (underlying health condition, age, pregnancy, BAME)?		
Protective factors	**Yes / No**	**Comments**
Are they willing or able to agree to self-isolation, develop infectious isolation care plan?		
Are they willing / able maintain good hygiene?		
Are they willing / able to maintain social distancing?		
Have alternatives to infectious isolation been considered, explored, and reviewed?		
Decision making	**Yes / No**	**Comments**
Has sufficient information been gathered to make an initial decision (from person, family, other professionals etc.)?		
Has the patient received the information they require in an accessible format and timely manner?		
Is there a significant risk to the patient that cannot be reasonably mitigated against?		
Is there a significant risk to other patients that cannot be reasonably mitigated against?		
Is there a significant risk to staff that cannot be reasonably mitigated against?		

Decision	Yes / No	Comments
Does the person require infectious isolation?		
Is this necessary and proportionate?		
Has anything been identified which can lessen the restriction of infectious solation?		
Has an intervention plan been written which identifies how the person's needs are being met, and what the review process will be?		
Has the patient been discussed with infection prevention and control team (in hours) or with senior nurse or on call manager (dependent on area (out of hours)?		
Does the person require MDT meeting to review risk factors, intervention plan and risk assessment?		
Have family/carers been involved/informed of decision to enable them to support the person and reinforce the need for infectious isolation?		
Has a DATIX form been completed?		

MDT Clinical Outcome:

……
……
……
……
……
……

Once completed please add to patients care notes on SystmOne