

Trust Guideline for the Management of Isolation Procedures

For Use in:	All clinical areas within the Norfolk and Norwich University Hospital NHS Trust (NNUH)
By:	All trust staff
For:	Isolation Procedures
Division responsible for document:	Clinical Support Services
Key words:	infection, isolation, precautions, procedures
Name of document author:	Infection Prevention and Control (IP&C) Team
Supported by:	Catherine Tremlett – Infection Control Doctor Erika Denton, Medical Director Nancy Fontaine, Chief Nurse and Director of IP&C (DIPC)
Assessed and approved by the:	Hospital Infection Prevention & Control Committee (HICC) If approved by committee or Governance Lead Chair's Action; tick here <input type="checkbox"/>
Date of approval:	02/08/2022
Ratified by or reported as approved to (if applicable):	Clinical Guidelines Assessment Panel (CGAP) If approved by committee or Governance Lead Chair's Action; tick here <input checked="" type="checkbox"/>
To be reviewed before: This document remains current after this date but will be under review	02/08/2025
To be reviewed by:	Infection Prevention and Control Team (IP&CT)
Reference and / or Trust Docs ID No:	614
Version No:	3
Compliance links: (is there any NICE related to guidance)	None
If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?	N/A

Trust Guideline for the Management of Isolation Procedures

Version and Document Control:

Version No.	Date of Update	Change Description	Author
2.4	16/12/2019	Error in a link to the A-Z guide.	IP&C Team
3	02/08/2022	Standard precautions guidance updated Links and references updated	IP&C Team

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

1. Contents page

Section		Page Number
1	Contents page	2
2	Quick reference	3
3	Definitions of Terms Used / Glossary	4
4	Objectives	4
	4.1 Duties and responsibilities	5
5	Rationale	7
6	Scope	7
7	Processes to be followed	7-22
	7.1 Personal Protective Equipment	7
	7.2 Notifiable Disease	7
	7.3 Escalation strategy	8
	7.4 Transferring patients	8
	7.5 Staff Health	8
	7.6 Visiting	9
	7.7 Visits to other departments	9
	7.8 Risk assessment	9
	7.9 Equipment	9
	7.10 Cleaning of isolation room	10
	7.11 Cohort Isolation	10
	7.12 Symptoms Specific Precautions	11-19
	7.13 Isolation Precautions	20
	7.14 Diagnosis specific precautions A-Z guide	22
8	Clinical audit standards / audit standards / monitor compliance	22
9	Summary of development and consultation process undertaken before registration and dissemination	22
10	References	23
11	Associated Documentation	23
12	Equality Impact Assessment	23

Trust Guideline for the Management of Isolation Procedures

	Monitoring compliance table	24
--	-----------------------------	----

2. Quick reference

Trust Guideline for the Management of Isolation Procedures

Links to Quick Reference Flowcharts and Documents Some of these documents can be printed and displayed for information To open link hold the Ctrl button on your keyboard and click the link with your mouse.
Cleaning Code Chart
Clinical Clean/Standard Clean for Discharge/Transfer of Patients Flowchart
Diagnosis Specific Precautions A-Z Guide
Management of Cohort Isolation audit tool
Priority Guideline for isolation of patients with infection
Unsafe to close single room door - Care Guidance
Unsafe to Isolate - Care Guidance
While you are in Isolation- A guide for patients and visitors
Associated Documents: Policy and Guideline Links
Avoiding Unlawful Deprivation of Liberty (DoLs)
Cleaning and Disinfection
Work Wear Policy
Hand Hygiene
Microbiology user Manual
Needlestick and Sharps Injury Policy
Patient Flow and Escalation Policy
Personnel Protective Equipment
Prion Disease
Smallpox Guidance
Soiled Linen Bagging Procedure
Trust Guideline for Audit and Surveillance, reporting for Infectious Disease, Healthcare Associated Infection and Post Infection Review
Viral Gastroenteritis (e.g. Norovirus, Rotavirus) Management
Viral Haemorrhagic Fever
Waste Management Policy
Posters
Contact Isolation Procedure Poster
Enteric Precautions Poster
Protective Isolation Procedures Poster
Respiratory Isolation Poster
WHO 5 moments – patient in bed
Useful links
UK Health Security Agency (UKHSA) A-Z
UKHSA (previously Public Health England) Guidance- Respiratory Tract Infections

3. Definitions of Terms Used

Infection - The invasion and multiplication of microorganisms such as bacteria, viruses, and parasites that are not normally present within the body.

Trust Guideline for the Management of Isolation Procedures

Pathogen - An agent that causes disease, especially a living microorganism such as a bacterium, virus, or fungus.

Respiratory Precautions - Used as the group term for precautions used to protect against spread by either the droplet or airborne route.

- Droplets from coughing or sneezing remain in the air for a short period and travel 1–2 metres, so physical closeness is required for transmission.
- Airborne particles are smaller droplets that can remain in the air for longer and travel further. Airborne particles may be released during Aerosol generating procedures (AGP).

Personal Protective Equipment (PPE) - The Personal Protective Equipment (PPE) at Work Regulations from 7 April 2022 defines Personal protective Equipment as:-

“All equipment (including clothing affording protection against the weather) which is intended to be worn or held by a person at work and which protects him against one or more risks to his health or safety”.

Please see the Health and Safety link: [Personal Protection Equipment](#) for further information.

Cohort isolation - In the context of this guideline, this term applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. During outbreaks, healthcare personnel may be assigned to a cohort of patients to further limit opportunities for transmission (cohorting staff). All patients considered for isolation cohorting must be discussed with IP&C.

4. Objectives

Patients who have, or who are suspected of having an infection may require isolation precautions to prevent its spread to others. These precautions are designed to stop the transmission of infective agents and should be implemented at the onset of symptoms. Isolation precautions are designed to address the spread of infection with the main objective to contain the potential harmful organisms and to lower the risk to patients, visitors and staff. The importance of early identification of potential risk factors on admission is paramount i.e. hospital transfer, travel history etc.

However, as it is impossible to identify all infected patients, in order to prevent the transmission of pathogens it is recommended that standard infection control precautions be adopted for all patients, at all times, whenever there is a risk of contact with blood or body fluids, e.g. faeces, urine etc. (See Standard Infection Control Precautions For All Patients, page 13).

In the Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) it is essential to remember that all specimens present a risk of infection. Therefore, there is a continuous need to ensure that all specimens are safely contained and transported from the patient to the laboratory. If, however, a specimen is suspected or known to present a

Trust Guideline for the Management of Isolation Procedures

specific infection hazard it is important to ensure, by use of the danger of infection (DOI) label, that laboratory staff can identify the specimen in question, and receive sufficient clinical information about it to enable them to take any appropriate additional precautions.

Please refer to the Microbiology Manual: [Microbiology user Manual](#).

Transmissible Spongiform Encephalopathies (TSE), e.g. variant Creutzfeldt-Jakob disease (vCJD): although patients with suspected prion disease only require standard isolation precautions, there are specific procedures around equipment that are required to minimise spread of prions. Please refer to the Trust Guidelines for the Prevention of transmission of [Prion Disease](#) (Transmissible Spongiform Encephalopathy) (TSE), e.g. vCJD/CJD if suspected.

It is important to remember that the patients in isolation will be both physically and psychologically isolated. Careful explanation must be given to the patient, relatives and visitors on the reason for isolation, the precautions required and the likely duration of isolation. Please offer patient a “[While you are in Isolation- A guide for patients and visitors](#)” leaflet.

Patients must not be neglected whilst in isolation and simple needs such as newspapers, television etc. must in most cases be offered the same as they are to other patients.

4.1 Duties and responsibilities

Chief Executive

- Has overall responsibility for ensuring there are effective procedures and resources in place to enable the implementation of this guideline.

DIPC

- The DIPC is responsible for overseeing the implementation of this guideline, for reporting any concerns and performance in infection prevention and control to the Trust Board, and for challenging inappropriate clinical practice and antibiotic prescribing.

IP&C team (IP&CT)/Infection Control Doctor (ICD)

- To provide advice and support with regards to the management of patients requiring isolation.
- Assist in monitoring the guidelines.
- Oversee surveillance of infection rates.
- Provide appropriate IP&C training to Trust staff.

Microbiology

- To alert the IP&CT and clinical teams of patient result that may have infection control implications.

Trust Guideline for the Management of Isolation Procedures

- To provide help and advice for clinical staff.

Divisional Managers, Operational Directors and Clinical Directors

- Ensure this guideline is disseminated and implemented within areas of responsibility.
- See that the staff responsible has the ability and support to do a good job.

Ward and departmental managers/Matron

- Ensure all staff in areas of responsibility are aware of and comply with this guideline.
- To ensure that staff are up to date with mandatory IP&C training.
- Facilitate isolation of patients with potential/known infections as soon as possible.
- Assist in monitoring this guideline.
- Ensure daily review of patients continuing need for isolation daily in order to free up single rooms that are no longer required for isolation purposes.

Estates

- Responsible for ongoing maintenance of ventilation systems and general environment of the isolation room.

Service Provider for cleaning

- All areas are cleaned accordingly to the agreed standard.

Workplace Health and Wellbeing

- Alerting IP&CT to any infection issues amongst trust employees that may have an impact on patients.

Operations Centre Team

- Facilitate isolation of patients with potential/known infections as soon as possible.

All staff as relevant

- To abide by the information provided in this guideline.
- To ensure they are up to date with mandatory IP&C training.
- Daily review of patients continuing need for isolation daily in order to free up single rooms that are no longer required for isolation purposes.
- Keep the patient informed of their infection status regularly as necessary.

5. Rationale

Trust Guideline for the Management of Isolation Procedures

The aim of this guideline is to ensure that standard infection control precautions and specific isolation procedures can be implemented in a correct and timely manner in order to minimise the risk of cross infection.

The information in this guideline can help ensure staff members have a clear understanding of their roles and responsibilities in preventing the spread on infection. It is important however, that staff **must** ensure standard infection control precautions are used for all patients regardless of their infection status. Further guidance can be obtained from specific IP&C Policies available on the Intranet and from the IP&C Manual.

6. Scope

Guidance is provided under the following headings:

- Categories of **Symptom Specific Precautions** to be adopted as soon as symptoms indicative of infection occur
- **Types of Precautions**
- **Diagnosis Specific Precautions** [Diagnosis Specific Precautions A-Z Guide](#) to be adopted when infection is confirmed clinically or by laboratory result. Includes type of clean and code required

Exceptions to this guideline

There are a small number of specific infections due to dangerous pathogens, e.g. viral haemorrhagic fevers where **isolation is mandatory** and where it is required that the patient is cared for in a high security infectious diseases unit. If Viral Haemorrhagic Fever is suspected, please inform a member of the IP&CT and the on-call consultant virologist. These precautions will not be discussed within this guideline. Please refer to [Viral Haemorrhagic Fever](#) in the IP&C Manual for further guidance.

Smallpox has not been isolated since 1978, for further guidance please refer to UKHSA for guidance [Smallpox Guidance](#).

7. Processes to be followed

7.1 Personal Protective Equipment (PPE)

On entering the room all persons including visitors, porters, physiotherapists, occupational therapists, catering staff and any other staff need to follow the advice displayed on the precaution poster in place at the entrance to a single /cohort room. Before leaving the room PPE is to be disposed of in a clinical waste bin and hand hygiene performed.

7.2 Notifiable Diseases

For diseases with particular public health significance, notification may be necessary. Guidance is given on which diseases are notifiable in the comments section within [Diagnosis Specific Precautions \(A to Z guide\)](#). An [electronic notification](#) should be completed and forwarded to UK Health Security Agency (UKHSA). Please see [Trust](#)

Trust Guideline for the Management of Isolation Procedures

[Guideline for Audit and Surveillance, reporting for Infectious Disease, Healthcare Associated Infection and Post Infection Review.](#)

7.3 Escalation strategy

- Known/probable infectious patients should be isolated promptly.
- When no single room is available in the immediate clinical area, staff should escalate to the Ward Matron/Senior Nurse and relevant bed manager, e.g. medical/surgical site practitioners.

Please also refer to '[Priority Guideline for isolation of patients with infection](#)' and the Trust's [Patient Flow and Escalation Policy](#).

7.4 Transferring patients

Transfer to another ward

All transfers must be restricted unless clinical need dictates. The receiving ward/area must be informed in advance of the nature of the infections, any current or previous treatment given, any screening swabs in progress or re-screening dates and the precautions to be taken.

Transfer to another hospital/healthcare setting

The receiving hospital must be given full information about the patient including any previous treatment and screening swabs taken. The IP&C Nurses (IP&CN) should be advised of intended transfers to other hospitals.

Transfer from another hospital/healthcare setting

Patients transferred or admitted from a UK or overseas hospital or Healthcare setting **must** be placed in single room isolation pending admission screening results. The door should be shut and the appropriate isolation poster in place showing any additional IP&C precautions, e.g. mask. If no single room is available refer to the [priority of isolation procedure](#) to help risk assess the prioritisation on the ward and record clearly if it is deemed acceptable to place them in a multi occupancy room. The operations team/bed manager should advise the IP&CT of any intended transfers of patients with known infections from other hospital via email to IPandCadminstrator@nnuh.nhs.uk or if urgent IP&C nurse on-call. [MRSA Screening guidelines](#), [CPE Guidelines](#)

7.5 Staff Health

Staff with infectious diseases, or who have been in contact with others who have known/suspected infectious disease must seek medical advice from Workplace Health and Wellbeing. IP&CN cannot give staff health advice.

7.6 Visiting

Trust Guideline for the Management of Isolation Procedures

Visitors must report to the nurses' station prior to entering the room. In some circumstances visiting may be restricted. If visiting is allowed, it is usually unnecessary for visitors to wear protective clothing depending on the level of contact with the patient. For certain suspected/confirmed infections or during a pandemic PPE may need to be worn by visitors. Visitors should be advised to wash/clean their hands on entering and leaving the room. Visitors may need to be shown how to do this by staff and if PPE is required how to put it on, take it off and safe disposal of it. Visitors should be advised not to visit other patients but if this is necessary, they should do so before visiting the patient in isolation. They should be advised not to eat or drink whilst in the isolation room or bring in food for the patient unless previously agreed. Visiting by young children should be discouraged. If visitors chose to bring children to the hospital for visits they must be informed of any risks.

7.7 Visits to other departments

- Kept to a minimum, but this guideline should never jeopardise clinical need or investigation.
- Prior arrangements should be made with the receiving department so precautions can be taken and to enable cleaning. Aim for the end of the working session, minimal time in the department, and no waiting in communal waiting area.

7.8 Risk Assessment

The risk assessment can assist staff to prioritise the use of isolation facilities. If a patient cannot be isolated safely (i.e. falls risk) or have their door kept shut and all other options have been exhausted (e.g. special) then the appropriate care plan must be completed and added to the nursing folder.

- [Unsafe to close single room door - Care Guidance](#)
- [Unsafe to Isolate - Care Guidance](#)

7.9 Equipment

In isolation rooms

Patients who have, or who are suspected of having an infection should be allocated dedicated equipment or where possible single patient use. The following list is not exhaustive but should include:

- Stethoscope
- Thermometer
- Disposable tourniquet
- Blood pressure cuff
- Pulse oximeter

This equipment will still require regular cleaning between use and thorough cleaning of shared patient equipment **must** be undertaken between patients and at the end of isolation. Please refer to [Trust Guideline for Cleaning and Disinfection](#) in the IP&C Manual.

Trust Guideline for the Management of Isolation Procedures

Outside the room

- Isolation poster on door or whiteboard so it can be easily seen
- Appropriate PPE in dedicated dispensers
- Masks if required
- Patients nursing records

7.10 Cleaning of isolation rooms

- Should be cleaned and damp dusted at least once daily.
- Kept clean, tidy and free of clutter.
- Specific colour coded cleaning equipment visible in the room
- Minimal stock only to be kept in the room should be taken in the room as required e.g. dressings and linen.
- Service provider for cleaning are responsible for cleaning the environment Trust staff are responsible for cleaning the clinical equipment. Please refer to the [Trust Guideline for Cleaning and Disinfection](#) in the IP&C Manual.

7.11 Cohort Isolation

The ward co-ordinator/ops/bed manager is to explore single room capacity before considering cohort isolation.

If Norovirus is suspected /confirmed

(Please refer to the [Viral Gastroenteritis \(e.g. Norovirus, Rotavirus\) Management](#) guidelines)

- If a single patient is in a multi-occupancy room (bay) they should be moved to a single room on the ward.
- The vacated bed space and any bathrooms where they had symptoms must be clinically cleaned, requesting a code 2a clean is required.
- The bed space **must** remain empty and the bay kept closed until results of the stool specimen have been received or advised by IP&C.
- If after assessment there is more than one symptomatic patient suspected of viral diarrhoea and/or vomiting in a bay/s then that bay/s should be closed.

During cohort isolation staff must follow the specific isolation precautions, in particular:

- Wear PPE which is to be changed and hands decontaminated between caring for each patient, between tasks on the same patient within the bay and when entering and leaving the bay.
 - Use single-patient equipment wherever possible, otherwise equipment must be decontaminated between patients.
 - Dedicated nursing and auxiliary staff should be assigned to cohort areas for each shift.
 - Daily completion of the [Management of Cohort Isolation audit tool](#).

Trust Guideline for the Management of Isolation Procedures

- Weekly hand hygiene audit.

If a bay is closed for cohort isolation than the [Management of Cohort Isolation audit tool](#) must be completed on a daily basis and a scanned copy emailed to: IPandAdministrator@nnuh.nhs.uk.

If a patient in cohort isolation is not suitable due to cognitive function e.g. unable to follow the principals of cohort isolation then measures must be taken to prevent cross contamination to other patients and staff outside of the cohort bay. These measures might include;

- The provision of a one to one nurse (special) for the specific patient/s in the cohort bay.
- Patient/s encouraged to decontaminate hands especially when leaving the cohort bay.

Documentation in the patients care records, advising that the patient is unable to follow the principles of cohort nursing due to reduced mental capacity, cognitive ability.

Escalation to the ward manager/operations manager/site practitioner.

Staff are to be aware of the Deprivation of Liberty (Dols), Code of practice. Please refer to the Trust [Avoiding Unlawful Deprivation of Liberty \(DoLs\)](#) for further information.

Should a patient/s in cohort isolation have other suspected/confirmed organisms/infections then they will require a single room e.g. C. diff, MRSA.

7.12 Symptoms Specific Precautions

It may be necessary to implement isolation precautions, in addition to standard precautions, to eliminate the spread of pathogens that can be transmitted in ways other than direct exposure to blood or body fluids.

Please refer to the table below for guidance as to which precaution is necessary. Also the [Diagnosis Specific Precautions A-Z Guide](#)

Please note that sometimes a combination of two categories may be needed, for example when nursing a patient with oozing skin rash/lesions e.g. indicative of chickenpox, monkeypox, a combination of respiratory and skin contact precautions will be needed.

Examples of symptoms / disease	Types of precautions required in addition to standard precautions
<ul style="list-style-type: none">• Diarrhoea/Vomiting, i.e. <i>Clostridioides difficile</i>• Food poisoning• Norovirus	Enteric Precautions

Trust Guideline for the Management of Isolation Procedures

<ul style="list-style-type: none"> • TB (suspected/confirmed) • Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) • Severe Acute Respiratory Syndrome (SARS) • Middle East Respiratory Syndrome (MERS) • Aerosol Generating Procedures (AGP) • Respiratory infection • Influenza • Rash indicative of mumps, Chicken pox, Rubella or meningococcal disease 	<p>Respiratory Precautions</p> <p>See Public Health England Guidance- Respiratory Tract Infections</p>
<ul style="list-style-type: none"> • Meticillin resistant <i>Staphylococcus aureus</i> (MRSA) • Skin infection • Infected/draining wounds • Leaking skin rash 	<p>Contact Precautions</p>
<ul style="list-style-type: none"> • Severely immunocompromised patients (must be requested by patients' clinician) 	<p>Protective Isolation Precautions</p>

If a number of patients have the same symptoms, contact the IP&CN who will advise whether they can be safely nursed within the same area of a ward (cohort isolation). This advice may require discussion with the Infection, Prevention and Control doctors (Consultant Microbiologist). For information regarding a wider range of infectious diseases, please refer to the UKHSA Topics A-Z website page for information [UK Health Security Agency A-Z](#).

Trust Guideline for the Management of Isolation Procedures

Standard infection control precautions for all patients (SICPs)

Adapted for NNUHFT from NHS England and NHS Improvement V2.1 July 20022

National infection prevention and control manual for England

[NHS England » National infection prevention and control](#)

Standard infection control precautions (SICPs) are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.

SICPs are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection. There may be a requirement to add an additional precaution e.g. respiratory as in the case of COVID.

Sources of (potential) infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

The application of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.

To protect effectively against infection risks, SICPs must be used consistently by all staff. SICPs implementation monitoring must also be ongoing to ensure compliance with safe practices and to demonstrate ongoing commitment to patient, staff and visitor safety as required by the Health and Safety Executive and the care regulators, the Care Quality Commission.

There are 10 elements of SICPs:

1. Patient placement
2. Hand hygiene
3. Respiratory and cough hygiene
4. Personal protective equipment
5. Safe management of the care environment
6. Safe management of care equipment
7. Safe management of healthcare linen
8. Safe management of blood and body fluids
9. Safe disposal of waste (including sharps)
10. Occupational safety / managing prevention of exposure (including sharps)

1.1 Patient placement/assessment for infection risk

Patients must be promptly assessed for infection risk on arrival at the care area, eg inpatient/outpatient/, (if possible, prior to accepting a patient from another care area) and should be continuously reviewed throughout their stay.

This assessment should influence placement decisions in accordance with clinical/care need(s). Patients who may present a cross-infection risk include those:

- with diarrhoea, vomiting, an unexplained rash, fever or respiratory symptoms
- known to have been previously positive with a Multi-drug Resistant Organism (MDRO), eg MRSA, CPE

Trust Guideline for the Management of Isolation Procedures

- who have been an inpatient in any hospital in the UK or abroad or are a known epidemiological link to a carrier of CPE.

1.2 Hand hygiene

Hand hygiene is considered one of the most important ways to reduce the transmission of infectious agents that cause healthcare associated infections (HCAIs).

Clinical hand-wash basins (HWBs) must:

- be used for that purpose only and not used for the disposal of other liquids
- have mixer taps, no overflow or plug and be in a good state of repair
- have wall mounted liquid soap and paper towel dispensers.

Hand hygiene facilities should include instructional posters.

Before performing hand hygiene: expose forearms (bare below the elbow)

To perform hand hygiene:

Wash hands with non-antimicrobial liquid soap and water if:

- hands are visibly soiled or dirty
- caring for patients with vomiting or diarrhoeal illnesses
- caring for a patient with a suspected or known gastrointestinal infection, eg norovirus or a spore-forming organism such as *Clostridioides difficile*.

In all other circumstances, use alcohol-based handrubs (ABHRs) for routine hand hygiene during care. ABHRs must be available for staff as near to the point of care as possible.

Perform hand hygiene:

1. before touching a patient.
2. before clean or aseptic procedures.
3. after body fluid exposure risk.
4. after touching a patient; and
5. after touching a patient's immediate surroundings.

ALWAYS PERFORM HAND HYGIENE BEFORE PUTTING ON AND AFTER REMOVING GLOVES.

Skin care

- dry hands thoroughly after hand washing, using disposable paper towels
- use an emollient hand cream regularly eg during breaks and when off duty
- do not use or provide communal tubs of hand cream in the care setting
- staff with skin problems should seek advice from occupational health or their GP and depending on their skin condition and the severity may require additional interventions or reporting.

Patients should be reminded to clean their hands after using the toilet and before eating, and should be assisted to do so if they are unable to themselves, i.e. offer soap and water or patient wipes.

Please refer to Trust [Hand Hygiene](#) in the IP&C Manual

1.3 Respiratory and cough hygiene

Respiratory and cough hygiene is designed to minimise the risk of cross-transmission of known or suspected respiratory illness (pathogens):

- cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose; if unavailable use the crook of the arm
- dispose of all used tissues promptly into a waste bin
- wash hands with non-antimicrobial liquid soap and warm water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- keep contaminated hands away from the eyes nose and mouth

Staff should promote respiratory and cough hygiene helping those (eg elderly, children) who need assistance with this, eg providing patients with tissues, plastic bags for used tissues and hand hygiene facilities as necessary.

1.4 Personal protective equipment (PPE)

Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.

Please refer to Trust advice, [Personnel Protective Equipment](#) policy in the Health & Safety Manual.

It is important to ensure that PPE is used correctly to ensure patient and staff safety. Avoiding overuse or inappropriate use of PPE is a key principle that ensures this is risk-based and minimizes its environmental impact. Where appropriate, consideration should be given to the environmental impact of sustainable or reusable PPE options versus single-use PPE while adhering to the principles below.

All PPE must be:

- located close to the point of use, stored to prevent contamination in a clean, dry area until required (expiry dates must be adhered to)
- single-use only unless specified by the manufacturer
- changed immediately after each patient and/or after completing a procedure or task
- disposed of after use into the correct waste stream, eg domestic waste, offensive (non-infectious) or clinical waste
- discarded if damaged or contaminated.

NB Reusable PPE such as non-disposable goggles/face shields/visors, must be decontaminated after each use according to manufacturer's instruction.

1.5 Safe management of care equipment

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently, it is easy to transfer infectious agents from communal care equipment during care delivery.

Care equipment is classified as either:

Trust Guideline for the Management of Isolation Procedures

- single use: equipment which is used once on a single patient then discarded. This equipment must never be re-used. The packaging will carry this symbol:
- single patient use: equipment which can be reused on the same patient and may require decontamination in-between use such as nebuliser masks
- reusable invasive equipment: used once then decontaminated, eg surgical instruments
- reusable non-invasive equipment: (often referred to as communal equipment) - reused on more than one patient following decontamination between each use, eg commode, patient transfer trolley.

NB Needles and syringes are single use devices, they should never be used more than once or reused to draw up additional medication. Never administer medications from a single-dose vial or intravenous (IV) bag to multiple patients.

Before using any sterile equipment check that:

- the packaging is intact
- there are no obvious signs of packaging contamination
- the expiry date remains valid
- any sterility indicators are consistent with the process being completed successfully

Decontamination of reusable non-invasive care equipment must be undertaken:

- between each use/between patients
- after blood and/or body fluid contamination
- at regular predefined intervals as part of an equipment cleaning protocol
- before inspection, servicing or repair

Always adhere to COSHH risk assessments, manufacturers' guidance for use and decontamination of all care equipment.

- All reusable non-invasive care equipment must be decontaminated between patients/clients using either approved detergent wipes or detergent solution, in line with manufacturers' instructions, before being stored clean and dry.
- Decontamination protocols must include responsibility for; frequency of; and method of environmental decontamination.
- An equipment decontamination status certificate will be required if any item of equipment is being sent to a third party, eg for inspection, servicing or repair.
- Guidance should be sought from the IPCT prior to procuring, trialling or lending any reusable non-invasive equipment.
- Medical devices and other care equipment must have evidence of planned preventative maintenance programmes.

For decontamination of surgical instruments see HTM01-01 decontamination of surgical instruments.

1.6 Safe management of the care environment

The care environment must be:

- visibly clean, free from non-essential items and equipment to facilitate effective cleaning
- well maintained, in a good state of repair and with adequate ventilation for the clinical

specialty.

Routine cleaning

- The environment should be routinely cleaned in accordance with the National Cleaning Standards.
- Use of detergent wipes are acceptable for cleaning surfaces/frequently touched sites within the care area.
 - A fresh solution of general-purpose neutral detergent in warm water is recommended for routine cleaning. This should be changed when dirty or when changing tasks.
 - Routine disinfection of the environment is not recommended however, 1,000ppm available chlorine should be used routinely on sanitary fittings.
 - Staff groups should be aware of their environmental cleaning schedules for their area and clear on their specific responsibilities.
 - Cleaning protocols should include responsibility for, frequency of, and method of environmental decontamination.

Please refer to Trust guidelines [Cleaning and disinfection](#), IP&C Manual.

1.7 Safe management of linen

Clean linen

- should be stored in a clean, designated area, preferably an enclosed cupboard.
- if clean linen is not stored in a cupboard, then the trolley used for storage must be designated for this purpose and completely covered with an impervious covering/or door that is able to withstand decontamination.

Do not:

- rinse, shake or sort linen on removal from beds/trolleys
- place used linen on the floor or any other surfaces eg a locker/table top
- re-handle used linen once bagged
- overfill laundry receptacles (not more than 2/3 full); or
- place inappropriate items in the laundry receptacle eg used equipment/needles.

Healthcare laundry must be managed and segregated in accordance with HTM 01-04 which categorises laundry as follows:

Used linen (previously known as soiled/fouled linen):

- ensure a laundry receptacle is available as close as possible to the point of use for immediate linen deposit.
- should be placed in an impermeable bag immediately on removal from the bed or before leaving a clinical department.

Infectious linen (this mainly applies to healthcare linen)

- Infectious linen includes linen that has been used by a patient who is known or suspected to be infectious and/or linen that is contaminated with blood and/or other body fluids, eg faeces:
- Linen in this category must not be sorted but should be sealed in a water-soluble bag (entirely water soluble 'alginate' bag or impermeable bag with soluble seams), which is then placed in an impermeable bag immediately on removal from the bed and secured before

Trust Guideline for the Management of Isolation Procedures

leaving a clinical area. Infectious linen bags/receptacles must be tagged (eg hospital ward/care area) and dated.

- Store all used/infectious linen in a designated, safe, lockable area while awaiting uplift. Uplift schedules must be acceptable to the care area and there should be no build-up of linen receptacles.
- All linen that is deemed unfit for re-use, eg torn or heavily contaminated, should be categorised at the point of use and returned to the laundry for assessment and disposal.

Please refer to the Trusts [Soiled Linen Bagging Procedure](#) and the [Work Wear Policy](#)

1.8 Safe management of blood and body fluid spillages

Spillages of blood and other body fluids may transmit blood borne viruses.

Spillages must be treated immediately by staff trained to undertake this safely.

Responsibilities for the treatment of blood/body fluid spills must be clear within each area/care setting.

Please refer to Trust guidelines [Cleaning and disinfection](#), IP&C Manual

1.9 Safe disposal of waste (including sharps)

HTM 07:01 contains the regulatory waste management guidance for all health and care settings (NHS and non-NHS) in England and Wales including waste classification, segregation, storage, packaging, transport, treatment and disposal.

Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to the safe disposal of sharps.

Please refer to Trust policy [Waste Management Policy](#) in the Health & Safety Manual.

1.10 Occupational safety: prevention of exposure (including sharps injuries)

The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 outline the regulatory requirements for employers and contractors in the healthcare sector in relation to: arrangements for the safe use and disposal of sharps; provision of information and training to employees; investigations and actions required in response to work related sharps injuries.

There is a potential risk of transmission of a Blood Borne Virus (BBV) from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place.

There is a legal requirement to report all sharps injuries and near misses to line managers/employers.

Sharps handling must be assessed, kept to a minimum and eliminated, if possible, with the use of approved safety devices.

- Manufacturers' instructions for safe use and disposal must be followed.
- Needles must not be re-sheathed/recapped or disassembled after use.
- Sharps must not be passed directly hand to hand.
- Used sharps must be discarded at the point of use by the person generating the waste.

Trust Guideline for the Management of Isolation Procedures

- Always dispose of needles and syringes as 1 unit.
- If a safety device is being used safety mechanisms must be deployed before disposal.

Please see links to following Trust documents

[Management of Staff Blood and Body Fluid Exposure](#)

[Prevention of Needlestick and Sharps Injuries](#)

[Risk Assessment of Injury from Needles/Sharps](#)

[Safer Sharps equipment available within the Trust](#)

Departmental link for [Workplace Health and Wellbeing](#)

Trust Guideline for the Management of Isolation Procedures

7.13 Isolation Precautions

Please click on the icons pictured below to access the individual precautions procedures and printable posters.


Norfolk and Norwich University Hospitals NHS Foundation Trust

ENTERIC PRECAUTIONS

please speak to a member of staff before entering the room


BEFORE ENTERING ROOM

Apron or Gown




Wear an apron or gown to prevent contact with patient or environment of infection

Face & eye protection if risk of splashing/droplet exposure



Wear face and eye protection if there is a risk of splashing or droplet exposure


Apply gloves



Wear gloves to prevent contact with patient or environment of infection


BEFORE LEAVING ROOM

Remove Apron/Gown




Remove apron and gown before leaving room. Wash hands before removing face & eye protection if used

Place in clinical waste inside room



Place all clinical waste in the clinical waste bin inside the room

Wash hands with soap and water.



Wash hands with soap and water for at least 20 seconds

DOORS

DOOR CLOSED AT ALL TIMES

DOOR OPEN DUE TO CLINICAL RISK (Close door during care activities)

For Care guidance must be completed, placed in bedside folder and as condition changes

Norfolk and Norwich University Hospitals NHS Foundation Trust

ENTERIC ISOLATION PRECAUTIONS

Source Gastro-intestinal body fluid, contaminated equipment and the environment (e.g. soil).

Symptoms Diarrhoea and/or vomiting (D&V). Colonisation with multi drug resistant organisms may not exhibit any symptoms. An A-Z guide of specific organisms is available via the [Isolation procedures](#) policy.

Mode of transmission Faecal/oral (via the mouth)

Isolate the patient in a single en-suite room. An Enteric Isolation Poster must be clearly displayed outside the room or on the door.

Doors to rooms must be kept closed at all times, unless clinical risk assessment indicates patient is at risk if the doors are shut. Follow care plan for 'isolation room doors' within [Care Core Domain 13](#).

PPE Wear an apron or gown (risk assess based on level of exposure and potential for contamination of your clothing) and gloves as a minimum prior to entering the patient's environment. Consider use of a face and eye protection if there is a risk of droplets or aerosols reaching your face, ([epic 3](#)). Hands must be cleaned with soap and water following the removal of PPE.

Hand Decontamination All staff and visitors must wash their hands according to the [WHO 5 moments](#). Hand sanitiser must not be used for patients with enteric precautions as it is ineffective. The use of gloves does not preclude the need for thorough hand decontamination between procedures. Areas of exposed/broken skin should be covered with a waterproof dressing. Patients should be reminded to clean their hands/use hand wipes after using the toilet & before eating. Please refer to the [Hand Hygiene](#) in the IP&C Manual.

Waste disposal All contaminated disposable materials must be placed into a clinical waste bag, please refer to [Waste Management](#) policy for further details.

Laundry All used laundry and linen must be processed as 'infected laundry'. Handle, transport, and process in a manner which minimises cross infection. Follow [Baqing procedure for Laundry and linen](#).

Environment Room/bed space to be cleaned and disinfected at least once daily and damp dusted. On discharge or transfer of the patient, the bed space/room plus en-suite bathroom or toilet/bathroom they were using must have a clinical clean code 2/2a. All mattresses must be checked and thoroughly decontaminated prior to re-using the bed space. Keep clutter and equipment to a minimum to facilitate cleaning. Please refer to [Cleaning and disinfection](#), IP&C Manual.

Medical and other Equipment Use dedicated equipment (BP cuff, thermometer and stethoscope as minimum). Ensure re-usable equipment is appropriately cleaned/ disinfected/ sterilised after use and between patients. Re-usable instruments should be sterilised in the SSD. Do not stock pile equipment in isolation room, e.g. laundry and dressing packs.

Nursing Notes are to be kept outside the room in hanger on door, notes holder or on trolley.

Socialising/Visitors The patient must remain in the room and not mix with other patients. It may be advisable to restrict certain visitors. Visitors should be instructed to follow hand hygiene and PPE usage. Please refer to specific policies.

Trust Guideline for the Management of Isolation Procedures



CONTACT ISOLATION PRECAUTIONS

Source Wound secretions/pus/fluid from skin lesions and excretions, contaminated equipment and the environment.

Symptoms Wound or skin infection i.e. MRSA, Grp A Strep, Shingles. Colonisation with certain organisms may not exhibit any symptoms. An A-Z guide of specific organisms is available via the [Isolation procedures](#) policy.

Mode of transmission Contact via hands or equipment. For all cases of MRSA please refer to [Screening of MRSA](#) and [Management of MRSA](#), IP&C Manual. For all cases of MDR organisms, i.e. ESBL, VRE. Please refer to the [Patients with multi resistant bacteria](#) in the IP&C Manual.

Isolate the patient in a single en-suite room with en-suite toilet. A **Contact Isolation Poster** must be clearly displayed outside the room or on the door.

Doors to rooms must be kept closed at all times, unless clinical risk assessment indicates patient is at risk if the doors are shut. Follow care plan for 'isolation room doors' within [Care Core Domain 13](#).

PPE Wear gloves and apron when dealing with exudates, excreta and for all direct patient contact, e.g. bathing, dressing, wound and catheter care and other like procedures. Risk assess for the use of eye/face protection. Also to be worn for direct contact with contaminated equipment or the environment of colonised/infected MRSA patients. **Hands must be cleaned following the removal of PPE.**

Hand Decontamination All staff and visitors must decontaminate their hands according to the [WHO 5 moments](#). The use of gloves does not preclude the need for thorough hand decontamination between procedures. Cuts or abrasions in any area of exposed skin should be covered with a waterproof dressing. Patients should be reminded to clean their hands after using the toilet and before eating and should be assisted to do so if they are unable to themselves, i.e. offer soap and water or patient wipes. Please refer to the [Hand Hygiene](#) policy in the IP&C Manual.

Waste disposal All contaminated disposable materials must be placed into clinical waste bag, please refer to [Waste Management](#) policy in the Health & Safety Manual.

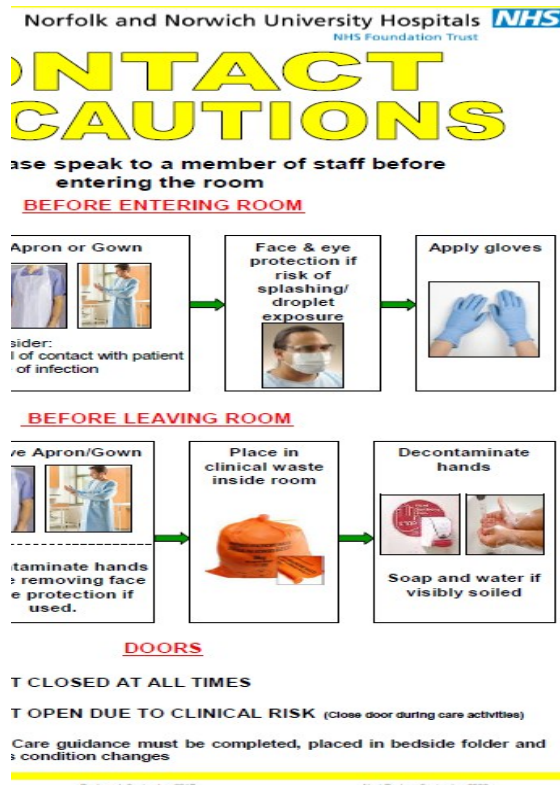
Laundry All used laundry and linen must be processed as 'infected laundry'. Handle, transport, and process in a manner which minimises cross infection. Follow [Bagging procedure for Laundry and linen](#).

Environment Room/bed space to be cleaned and disinfected at least once daily and damp dusted. On discharge or transfer of the patient, the bed space/room plus en-suite bathroom or toilet/bathroom they were using must have a clinical clean code 2. All mattresses must be checked and thoroughly decontaminated prior to re-using the bed space. Keep clutter and equipment to a minimum to facilitate cleaning. Please refer to [Cleaning and disinfection](#), IP&C Manual.

Medical and other Equipment Use dedicated equipment (BP cuff, thermometer and stethoscope as minimum). Ensure re-usable equipment is appropriately cleaned/ disinfected/ sterilised after use and between patients. Re-usable instruments should be sterilised in the SSD. Do not stock pile equipment in isolation room, e.g. laundry and dressing packs.

Nursing Notes are to be kept **outside** the room in hanger on door, notes holder or on trolley.

Socialising/Visitors The patient **must** remain in the room and not mix with other patients. It may be advisable to restrict certain visitors. Visitors should be instructed to follow hand hygiene and PPE usage. Please refer to specific policies.



Trust Guideline for the Management of Isolation Procedures

Norfolk and Norwich University Hospitals NHS Foundation Trust

PROTECTIVE PRECAUTIONS

please speak to a member of staff before entering room

YOU SHOULD NOT ENTER THIS ROOM IF YOU:
 have an infection or are feeling unwell
 or in contact with someone who has been unwell in the last 48 hours

BEFORE ENTERING ROOM

BEFORE LEAVING ROOM

NO PLANTS SHOULD NOT BE TAKEN IN THE ROOM

DOOR MUST BE CLOSED AT ALL TIMES
 DOOR MUST BE OPEN DUE TO CLINICAL RISK (Close door during care activities)

Care guidance must be completed, placed in bedside folder and updated as condition changes

Norfolk and Norwich University Hospitals NHS Foundation Trust

PROTECTIVE ISOLATION PRECAUTIONS

Protective isolation is used to minimise the exposure to infectious agents of patient who are particularly at risk of infection. In particular to reduce the risk of exogenous infection (cross-infection from other people or the environment) in groups who have greatly impaired immune systems. This condition is known as neutropenia and are patients who have compromised immune systems due to a reduced number of white blood cells (neutrophils).

Isolate the patient in a single en-suite room with en-suite toilet. A **Protective Isolation Poster** must be clearly displayed outside the room or on the door. This should indicate the special precautions required while preserving the patients confidentiality.

Doors to rooms must be kept closed at all times, unless clinical risk assessment indicates patient is at risk if the doors are shut. Follow care plan for 'isolation room doors' within [Care Core Domain 13](#).

PPE Ensure that all PPE required is available outside the room. Put on a disposable plastic apron to provide a barrier between the front of the uniform or clothing which is the most likely area to come into contact with the patient.

Hand Decontamination All staff and visitors must decontaminate their hands according to the [WHO 5 moments](#). The use of gloves does not preclude the need for thorough hand decontamination between procedures. Cuts or abrasions in any area of exposed skin should be covered with a waterproof dressing. Patients should be reminded to clean their hands after using the toilet and before eating and should be assisted to do so if they are unable to themselves, i.e. offer soap and water or patient wipes. Please refer to the [Hand Hygiene](#) policy in the IP&C Manual.

Waste disposal Please refer to [Waste Management](#) policy in the Health & Safety Manual.

Laundry Handle, transport, and process in a manner which minimises cross infection. Follow [Bagging procedure for Laundry and linen](#).

Environment Room/bed space to be cleaned and disinfected at least once daily and damp dusted using disposable cleaning cloths and detergent solution, floor also to be mopped daily. On discharge or transfer of the patient, the bed space/room plus en-suite bathroom or toilet/bathroom they were using must have an appropriate clean. All mattresses must be checked and thoroughly decontaminated prior to re-using the bed space. Keep clutter and equipment to a minimum to facilitate cleaning. Please refer to [Cleaning and disinfection](#), IP&C Manual.

Medical and other Equipment Use dedicated equipment (BP cuff, thermometer and stethoscope as minimum). Ensure re-usable equipment is appropriately cleaned/ disinfected/ sterilised after use and between patients. Re-usable instruments should be sterilised in the SSD. Do not stock pile equipment in isolation room, e.g. laundry and dressing packs. Collect all equipment needed before entering the room to avoid entering and leaving the room unnecessarily.

Nursing Notes are to be kept **outside** the room in hanger on door, notes holder or on trolley.

Socialising/Visitors The patient **must** remain in the room and not mix with other patients. It may be advisable to restrict certain visitors. Visitors should be instructed to follow hand hygiene and PPE usage. Please refer to specific policies.

Norfolk and Norwich University Hospitals NHS Foundation Trust

RESPIRATORY ISOLATION PRECAUTIONS

please speak to a member of staff before entering room

BEFORE ENTERING ROOM

BEFORE LEAVING ROOM

DOORS

DOOR MUST BE CLOSED AT ALL TIMES
 DOOR MUST BE OPEN DUE TO CLINICAL RISK (Close door during care activities)

Care guidance must be completed, placed in bedside folder and updated as condition changes

Norfolk and Norwich University Hospitals NHS Foundation Trust

RESPIRATORY ISOLATION PRECAUTIONS

Source Expired breath, chest secretions, oral secretions.

Symptoms Can include any of the following: fever, rhinorrhoea (runny nose), sore throat and cough, limb or joint pain, headache, lethargy, chest pain and breathing difficulty. Can be suggestive of airborne infection, e.g. Tuberculosis, MERS-CoV. An A-Z guide of specific organisms is available via the [Isolation procedures](#) policy.

Mode of transmission Airborne, droplet, in some rare cases also oral/faecal e.g. MERS-CoV (on occasions it may be necessary to display more than 1 precautions poster).

Isolate the patient in a single en-suite room, in some cases in a negative pressure room. A **Respiratory Isolation Poster** must be clearly displayed outside the room or on the door.

Doors to rooms must be kept closed at all times, unless clinical risk assessment indicates patient is at risk if the doors are shut. Follow care plan for 'isolation room doors' within [Care Core Domain 13](#).

Cough Etiquette All patients and staff are encouraged to use cough etiquette, to maintain distance, cover coughs and sneezes with disposable tissues and wash hands (WHO 2007).

PPE Wear an apron or gown (risk assess based on level of exposure, the potential for contamination of your clothing and the organism you are dealing with) and gloves as a minimum prior to entering the patient's environment. Consider use of a face and eye protection if there is a risk of droplets or aerosols reaching your face, (gain this could depend on the organism ([epic 3](#))). **Hands must be cleaned with hand sanitiser following the removal of PPE or soap and water if dealing with diarrhoea.**

Hand Decontamination All staff and visitors must decontaminate their hands according to the [WHO 5 moments](#). Hand sanitiser must not be used for patients with enteric precautions as it is ineffective. The use of gloves does not preclude the need for thorough hand decontamination between procedures. Areas of exposed/broken skin should be covered with a waterproof dressing. Patients should be reminded to clean their hands/use hand wipes after using the toilet & before eating. Please refer to the [Hand Hygiene](#) policy in the IP&C Manual.

Waste disposal All contaminated disposable materials must be placed into a clinical waste bag, please refer to [Waste Management](#) policy in the Health and Safety Manual.

Laundry All used laundry and linen must be processed as 'infected laundry'. Handle, transport, and process in a manner which minimises cross infection. Follow [Bagging procedure for Laundry and linen](#).

Environment Room/bed space to be cleaned and disinfected at least once daily and damp dusted. On discharge or transfer of the patient, the bed space/room plus en-suite bathroom or toilet/bathroom they were using must have a standard clean or clinical clean code 2 depending on the infection, see [Isolation procedures](#). All mattresses must be checked and thoroughly decontaminated prior to re-using the bed space. Keep clutter and equipment to a minimum to facilitate cleaning. Please refer to [Cleaning and disinfection](#), IP&C Manual.

Medical and other Equipment Use dedicated equipment (BP cuff, thermometer and stethoscope as minimum). Ensure re-usable equipment is appropriately cleaned/ disinfected/ sterilised after use and between patients. Re-usable instruments should be sterilised in the SSD. Do not stock pile equipment in isolation room, e.g. laundry and dressing packs.

Nursing Notes are to be kept **outside** the room in hanger on door, notes holder or on trolley.

Socialising/Visitors The patient **must** remain in the room and not mix with other patients. It may be advisable to restrict certain visitors. Visitors should be instructed to follow hand hygiene and PPE usage. Please refer to specific policies.

7.14 Diagnosis Specific Precautions A-Z Guide

Trust Guideline for the Management of Isolation Procedures

Author/s: Infection Prevention and Control

Approved by: HICC Date approved: 02/08/2022 Review date: 02/08/2025

Available via Trust Docs

Version: 3

Trust Docs ID: 614

Page 23 of 26

Trust Guideline for the Management of Isolation Procedures

Please see the following link for full [Diagnosis Specific Precautions A-Z Guide](#), example pictured below.

This guide features an A-Z of infections including information on the type of precautions and clinical clean required.

Diagnosis Specific Precautions A-Z Guide				
Disease	Precautions required in addition to standard precautions	Infective Material	Comments	Type of clinical clean and code required for iSarco
Abscess, aetiology unknown draining	Contact	Pus	Send swab for microscopy, culture and sensitivity (MC&S)	Clinical clean 2
Abscessus (Mycobacterium)	Respiratory	Respiratory secretions	Risk to those with Cystic fibrosis and structural lung disease Segregate on different ward to those with CF	Clinical clean 2
Acinetobacter baumannii	Respiratory Contact	Respiratory secretions, skin & soft tissue	Single en-suite rooms in high risk settings e.g. CCC/NICU/oncology/haematology	Clinical clean 2
Acquired immunodeficiency syndrome (AIDS) (Human immunodeficiency virus, HIV)	None	Blood and body fluids	Isolation only required if uncontrolled blood or body fluid loss.	Standard clean 3 unless widespread blood/body fluid contamination in which case Clinical clean 1 required
Actinomycosis all lesions	None	Oral/gut secretions		Standard clean 3
Adenovirus respiratory infection in infants and young children and immunocompromised	Respiratory Enteric	Respiratory secretions Faeces	Isolate & FFP3 for AGPs	Clinical clean 2
Amoebiasis Dysentery	Enteric	Faeces	Obtain faeces specimen for microscopy.	Clinical clean 2
Liver abscess	Contact if draining	Pus	Send pus for microscopy	
Anthrax Cutaneous	Contact	Pus	Notifiable Disease - Doctor to complete Infectious Diseases form for UKHSA Please refer to Public Health UKHSA Anthrax Guidelines	Clinical clean 1
Inhalation	respiratory	Possibly airborne secretions, seek IP&C advice		

Author/s: Infection Prevention and Control Team
Page 1 of 19
Date approved: May 2022
Review date: May 2025

Diagnosis Specific Precautions A-Z Guide				
Disease	Precautions required in addition to standard precautions	Infective Material	Comments	Type of clinical clean and code required for iSarco
Aspergillosis	None		Not directly transmitted from person to person	Standard clean 3
Avian Influenza	Respiratory	Respiratory secretions	Please refer to the Avian Influenza Guidelines in the Public Health Website. FFP3 masks to be worn	Clinical clean 2
Bacillus anthracis	Respiratory Enteric	Respiratory secretions Gastrointestinal, cutaneous	Notifiable disease - Doctor to complete Infectious Diseases form for UKHSA. Not person to person spread.	Clinical clean 2
Bacillus cereus	Enteric	Contaminated Food	Notifiable Disease - Doctor to complete Infectious Diseases form for UKHSA. Not person to person spread.	Clinical clean 2
Bocavirus	Respiratory	Respiratory secretions	Isolation required for symptomatic immune compromised patients and infants and young children	Clinical clean 2
	Enteric	Faeces	Please refer to the Guidelines for the Diagnosis and Antibacterial Management of Meningococcal	
Botulism Food poisoning	Enteric	Contaminated Food	Notifiable Disease - Doctor to complete Infectious Diseases form for UKHSA. Not person to person	Clinical clean 2
Bronchiolitis , (usually viral) aetiology unknown in infants and young children	Respiratory	Respiratory	Discuss cohort nursing with IP&C if more than one patient	Clinical clean 2
Bronchitis , infective, aetiology unknown Adults, Infants and young children	Respiratory	Possibly respiratory secretions	Discuss cohort nursing with IP&C if more than one patient	Clinical clean 2

Author/s: Infection Prevention and Control Team
Page 2 of 19
Date approved: May 2022
Review date: May 2025

8. Clinical audit standards / audit standards / monitoring compliance

Method and frequency

This guideline will be audited by means of an audit of isolation on an annual basis. The IP&CT will oversee the audit with support in carrying out the audit from matrons/senior nurses, sisters/charge nurses and IP&C link persons (see appendix 3)

Please refer to the attached Monitoring Effectiveness Table (Appendix 4)

9. Summary of development and consultation process undertaken before registration and dissemination

This guideline will be available electronically and will be published in the IP&C Manual on the intranet.

Staff will be notified of the publication on new and revised documents through the Trust weekly communications bulletin and/or communications circulars as appropriate. This version has been endorsed by the Hospital Infection Control Committee.

Trust Guideline for the Management of Isolation Procedures

This guideline was sent out for consultation to the following groups/departments:

Matrons/Senior Nurses	Hospital IP&C Committee Members
Ward Sisters/Charge Nurses	Operations Centre Manager
Health and Safety	Workplace Health and Wellbeing

10. References

Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. The Journal of Hospital Infections. January 2014 Volume 86, Supplement 1, Pages S1–S70

Epidemic and pandemic alert and response-Standard precautions in healthcare-WHO, 2007 <https://www.who.int/docs/default-source/documents/health-topics/standard-precautions-in-health-care.pdf> Accessed 19/07/2022

Guidelines for the management of norovirus outbreaks in acute and community health and social care settings Produced by the Norovirus Working Party: an equal partnership of professional organisations. 2012.

Health and Safety Executive , Health & Safety at Work Act 1974. <https://www.hse.gov.uk/legislation/hswa.htm> accessed:19/07/2022

Health and Safety Executive, 2022 The Personal Protective Equipment (PPE) at Work Regulations from 7 April 2022. <https://www.hse.gov.uk/ppe/ppe-regulations-2022.htm#:~:text=From%206%20April%202022%2C%20you,under%20the%20definition%20of%20worker>. Accessed 19/07/2022

NHS England (2022) National Infection, Prevention and Control Manual and associated documents. <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/> Accessed: 18/07/2022

11. Associated Documentation

Hospital Infection Society www.his.org.uk
Department of Health www.gov.uk

12. Equality Impact Assessment (EIA)

This guideline has been screened to determine equality relevance for the following equality groups: race, gender, age, sexual orientation and religious groups. This guideline is considered to have little or no equality relevance.

Trust Guideline for the Management of Isolation Procedures

Monitoring Compliance / Effectiveness Table					
<i>Element to be monitored</i>	<i>Lead Responsible for monitoring</i>	<i>Monitoring Tool / Method of monitoring</i>	<i>Frequency of monitoring</i>	<i>Lead Responsible for developing action plan & acting on recommendations</i>	<i>Reporting arrangements</i>
Patients are isolated as per isolation guidelines.	Sarah Morter, Senior Nurse IP&C	Trust –wide audit	Annually	Sarah Morter Senior Nurse IP&C Dr Ngozi Elumogo, DIPC	Hospital Infection Control Co