

The management of a patient requiring source isolation precautions policy

This policy describes the processes and procedures to be taken by LPT staff for the management of a patient requiring source isolation precautions within in-patient facilities and the community.

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1.0 Quick Look Summary

The purpose of this policy is to provide staff employed by Leicestershire partnership trust (LPT) with clear and robust infection prevention and control guidelines for the management of a patient requiring source isolation precautions (SIPs). It applies to inpatients and patients cared for in their own home.

The aim of this policy is to ensure that staff are aware of their responsibilities for safe practice and take the appropriate precautions to protect themselves, their co-workers, and their patients.

The management of a patient requiring SIPs applies to all staff employed by Leicestershire NHS Partnership Trust (LPT). It includes staff who work on bank, agency, or honorary contracts either at the community hospitals or within the community services.

All health professionals should ensure they work within the scope of their professional code of conduct, providing evidence-based care which is in accordance with the Health & Social Care Act (2008) (revised 2015) and the latest guidance provided by UK Health and Safety Agency (UKHSA)

LPT has a wide range of teams and services operating from a large number of sites and delivers healthcare to people in their homes, including care homes.

This version of the policy has an added appendix (Appendix 5) which is a post infection clean/terminal clean request sign off form. This is to be completed by the nurse in charge within an inpatient facility once the room has undergone a post infection clean by the domestic services.

1.1 Version Control and Summary of Changes

| Version number | Date | Comments |
|----------------|---------------|--|
| Version 1 | May 2010 | Replaces NO 0186 "Infection Control Policy for the Management of a Patient Requiring Source Isolation in Community Hospitals" Reviewed by U. Willis to incorporate requirements of the Health and Social Care Act 2008, Care Quality Commission and NHSLA Standards. |
| Version 2 | May 2010 | Circulated for comments |
| Version 3 | June 2010 | Comments inserted. Forwarded to Clinical Governance for approval. |
| Version 4 | June 2010 | Policy approved by Clinical Governance Committee |
| Version 5 | August 2011 | Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations) |
| Version 6 | August 2014 | Reviewed to ensure continuing compliance with the Health & Social Care Act (2008) and in line with current guidelines. Document forwarded to policy group for approval. |
| Version 7 | August 2017 | Reviewed and updated in line with latest research and guidelines. Removal of need to use alcohol gel following hand decontamination with soap and water when leaving an area with a patient having source isolation precautions. Addition of 'Post infection clean/ terminal clean request sign off form'. |
| Version 8 | February 2022 | Reviewed and updated in line with latest Guidelines. |
| Version 9 | March 2024 | Reviewed and updated in line with latest Guidelines. |
| Version 10 | February 2025 | RSV and influenza isolation periods updated in line with current guidance on staff guide for optimal placement with a suspected/known infection table. |

1.2 Key individuals involved in developing and consulting on the document.

| Name | Designation |
|----------------------------|--|
| Accountable Director | Anne Scott Director of nursing, AHP'S & Quality, Emma Wallis Deputy director of Nursing & quality. |
| Author(s) | Reviewed by Claire King Infection prevention and control nurse |
| Implementation Lead | Amanda Hemsley Head of infection prevention and control |
| Core policy reviewer group | Infection prevention & control assurance group |
| Wider consultation | Infection prevention & control assurance group members |
| Trust Policy group | Trust policy group members |

1.3 Governance

| Level 2 or 3 approving delivery group | Level 1 Committee to ratify policy |
|--|------------------------------------|
| Infection prevention & Control assurance group | Quality & safety committee |

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

if you would like any public Trust Policy in an accessible format, please email lpt.corporateaffairs@nhs.net and we can send them to you.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

Consent

- *Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.*
- *In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:*
 - *Understand information about the decision.*
 - *Remember that information.*
 - *Use the information to make the decision.*
 - *Communicate the decision.*

1.6 Duties within the Organisation

Duties regarding this policy can be located in the LPT Infection Prevention and Control assurance policy.

1.7 Definitions that apply to this Policy.

| | |
|--|---|
| Due regard | <p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> • Removing or minimizing disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. <p>Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</p> |
| Cohort Nursing | <p>Grouping of patients with the same known infection or symptoms and nursing them within an area of an inpatient facility. It is recommended as a strategy for controlling transmission of healthcare associated infection in the absence of single patient rooms.</p> <p>Cohort nursing is more likely to be used in an increased incident/outbreak situation</p> |
| Disease | <p>An abnormal condition of a part, organ, or system of an organism resulting from various causes, such as infection, inflammation, environmental factors, or genetic defect, and characterized by an identifiable group of signs, symptoms, or both.</p> |
| Increased Incidence | <p>The occurrence of two or more patients displaying the same symptoms, which are thought to be of an infective cause and are linked in time or place or, the situation when the observed number of patients displaying the same symptoms exceeds the number expected.</p> |
| infection | <p>An organism is present at a site and causes an inflammatory response or an organism is present in a normally sterile site.</p> |
| Infectious | <p>Caused by a pathogenic microorganism or agent that has the capability of causing infection</p> |
| Outbreak | <p>The occurrence of two or more cases of the same infection linked in time or place or, the situation when the observed number of cases exceeds the number expected.</p> |
| Organisms | <p>This is defined as any living thing, in medical terms we refer to bacteria and viruses as organisms</p> |
| Personal Protective Equipment (PPE) | <p>Specialized clothing or equipment worn by employees for protection against health and safety hazards.</p> |
| Protective Isolation | <p>Isolation is imposed to protect a patient with a compromised immune system from infection.</p> |
| Source Isolation | <p>Precautions that are taken in the hospital to prevent the spread of an infectious agent from an infected or colonized patient to susceptible persons.</p> |
| Symptomatic | <p>Physical or mental sign of disease</p> |

2.0. Purpose and aim of the policy.

The purpose of this policy is to provide staff employed by Leicestershire partnership trust (LPT) with clear and robust infection prevention and control guidelines for the management of a patient requiring source isolation precautions (SIPs). It applies to inpatients and patients cared for in their own home.

The aim of this policy is to ensure that staff are aware of their responsibilities for safe practice and take the appropriate precautions to protect themselves, their co-workers, and their patients.

2.1 Introduction

The management of a patient requiring SIPs applies to all staff employed by Leicestershire NHS Partnership Trust (LPT). It includes staff who work on the bank, agency, or honorary contracts within all clinical directorates.

All health professionals should ensure that they work within the scope of their professional code of conduct, providing evidence-based care which is in accordance with the Health & Social Care Act (2008) (revised 2015) and the latest guidance provided by UK Health and Safety Agency (UKHSA)

LPT has a wide range of teams and services operating from a large number of sites and also delivers healthcare to people in their homes, including care homes.

The provision of healthcare carries with it inherent risks to the health care worker. The policy provides staff with the information they require to enable them to minimize the risk of transmission of infection.

This policy provides staff with the information that they require to protect themselves, their colleagues, and patients from transmission of organisms from patients with a known or suspected infection.

3.0 The management of a patient requiring source isolation precautions.

In-patient facilities

Standard precautions, which are carried out for all patients at all times, will prevent the potential spread of infection from person to person.

The term source isolation precaution (SIPs) is used to indicate that the patient is the known or potential source of infection. Conversely, patients with a compromised immune system are placed in **protective isolation** to protect them from infection which may be transmitted by staff or others (Appendix 1).

Source Isolation procedure (SIPs)

Patients requiring SIPs should be admitted or transferred to a single room (preferably with en-suite facilities) and the precautions outlined in this policy enforced. In the

event of a single room being unavailable for one of the following reasons, it will be necessary to carry out SIPs in the bay/ shared room and/or facilities:

- Single rooms already contain patients with infections that pose a higher risk than the new patient requiring a single room.
- Following a risk assessment, a patient requiring SIPs is deemed to be unsuitable or unsafe to be nursed in a single room due to their medical/physical or mental health.
- Cohort nursing is required; this is when several patients with the same signs and symptoms require SIPs. This is usually due to an outbreak or an increased incident – refer to LPT infection prevention and control policy for the management of a ward with an increased incidence or outbreak of diarrhoea and/or vomiting.

If a single room is not available or not suitable for one of the reasons outlined above, a risk assessment must be carried out by the clinician or nurse caring for the patient.

The outcome of the risk assessment must be documented in the patient's clinical records. The infection prevention and control team must be informed of the outcome of the risk assessment as soon as possible. The risk assessment will ensure, wherever possible, that only patients presenting the least cross infection risk to others will be cared for in the main ward area using SIPs.

Where SIPs are carried out within the bay the procedure must be followed in the same way as for a patient in a single room.

Source isolation procedures for patients with suspected or confirmed respiratory infections including SARS-COV2

Patients with suspected or confirmed respiratory infections where cohort nursing is being carried out should be provided with a surgical facemask (type II or type IIR) to be worn in the multi-bedded bays and communal areas of the ward if this can be tolerated. If a patient is unable to tolerate wearing a face mask or has a medical condition preventing them from wearing a face mask as recommended, then a risk assessment will need to be undertaken and the outcome documented within the patients' records.

Surgical masks are not required to be worn by patients in single room source isolation unless another person enters, or the room door is required to remain open.

All patients that are transferring to another care area should be encouraged to wear a surgical facemask (if tolerated) to minimize the dispersal of respiratory secretions and reduce the risk of environmental contamination. Patients should be provided with a new surgical mask at least daily or when the mask becomes soiled or damaged.

Where possible physical distancing is recommended to remain at a minimum of 1 meter for patients with suspected or confirmed respiratory infection and patients

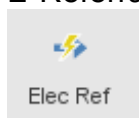
should be encouraged to remain within their bed space. Depending on the patient group it may not be possible to maintain physical distancing at 1 meter in these cases a risk assessment must be undertaken, and the outcome documented in the patients SystemOne records.

The infection prevention and control team must be informed when a patient requires SIPs. This should be done as soon as possible, and the date, time and reason for SIPs being implemented must be documented in the patient's records. The source isolation care plan must also be completed in the patient's system one records.

To Make a New Referral to Infection Prevention and Control Service Choose one of 3 methods below if a patient has an infection / suspected infection or is a known carrier:

□

- Phone: 0116 295 2320 (Answerphone service)
- Staffnet: Send an automated email alert to IPC via Staffnet.
<https://staffnet.leicspart.nhs.uk/support-services/infection-prevention-control/contact-us/ipcform/>
- E-Referral on SystemOne:



The source isolation notice (Appendix 2) must also be completed laminated and displayed in a place clearly visible to staff and visitors. No personal information should be on display within this notification.

The nurse responsible for the patient should explain to the patient and relatives the reason for SIPs, what special measures and procedures will be taken and any patient/visitor restrictions that may be required.

This information should also be recorded in the patient handover document where used also the hotel services/domestics handover document to ensure that all staff are notified of any patients within an inpatient setting that are being isolated to enable them to take necessary precautions.

Environment and equipment

Unnecessary furniture and equipment should be removed from the single room or the bed space before admitting or transferring the patient into that room or bed space.

If a patient is nursed in a single room, the room should contain: -

- Hand wash basin
- Wall mounted liquid soap.
- Paper hand towels in wall mounted dispenser
- A foot operated pedal bin for clinical waste
- Sharps bin, if required and if safe to do so. (If unsafe to leave in the room the outside of the sharps bin should be decontaminated using Chlor clean on removal from the room).

Depending on the patient group it may not be appropriate to have all the items above within the room due to the risk for the patient. In these cases, a risk assessment must be undertaken.

All equipment must be cleaned and decontaminated before and after use using Chlor Clean.

The commode should not be used/left by the patient's bedside whether in a bay or in a single room unless absolutely necessary, in which case a risk assessment must be undertaken and recorded in the patient's record.

Clean and decontaminate commodes with **Chlor clean** after every use, ensuring all surfaces including the frame and underneath are cleaned. This involves removing the seat and arms from the frame. Once clean the commode must be labelled and dated with 'I am clean' tape. Please refer to the LPT infection prevention and control policy for cleaning and decontamination of equipment, medical devices, and the environment, including the management of blood and body fluid spillages).

The patient's charts and notes must not be taken into the room.

If a patient is nursed in a single room, a trolley must be placed outside this room (if appropriate for the area*) containing:

- Clinical waste bag (for double bagging all waste)
- Gloves and aprons (and other PPE if required)
- Alcohol hand sanitiser (unless situated on the wall outside the room)
- Linen bags (red water-soluble inner, white plastic outer). Please refer to the LPT infection prevention and control policy for linen and laundry management.

- Waste tie tags

Additional items should not be stored on the trolley.

*If it is deemed unsafe to leave a trolley outside the source, isolation room equipment must be retrieved from a suitable storage area prior to each patient interaction. The reason for not leaving the trolley outside of the room must be risk assessed and documented in the patient's record.

If the patient is being isolated in a bay area the following equipment must be available at the bedside on a trolley:

- Clinical waste bags (for double bagging all waste)
- Sharps bin if required and safe to do so (if unsafe to leave on the trolley the sharps bin must be decontaminated with Chlor clean after each use on removal from bed space)
- Gloves and aprons (and other PPE if required)
- Alcohol hand sanitiser unless this is situated at the bedside.
- Linen bags (red water-soluble inner, white plastic outer). Please refer to the LPT infection prevention and control policy for linen and laundry management.
- Waste tie tags

The bay must also

contain:

- Hand wash basin
- Wall mounted liquid soap.
- Paper hand towels in wall mounted dispenser

Depending on the patient group it may not be appropriate to have all the items above within the bay due to the risk for the patient or other patients nursed in the bay. In these cases, a risk assessment must be undertaken and documented.

If nursed in a bay, the patient should be allocated a toilet specific for their use whilst they are receiving SIPs.

If a toilet cannot be allocated for the patient, then a commode must be allocated but this is not to be used at the patient's bedside. The commode must be taken to a toilet area. Clean and decontaminate commodes with Chlor clean after every use, ensuring all surfaces including the frame and underneath are cleaned. This involves removing the seat and arms from the frame. Once clean the commode must be labelled and dated with 'I am clean' tape. Please refer to the LPT infection prevention and control policy for cleaning and decontamination of equipment, medical devices and the environment, (including the management of blood and body fluid spillages).

PPE should be removed and disposed of in clinical waste bin/bag at the bedside or in the single room immediately following care delivery. Hands must be washed with soap and water, either in the single room or in the bay and dried thoroughly.

If it is deemed unsafe to have paper towels in the bay or single rooms, and therefore immediate hand washing is prohibited, a risk assessment must be undertaken to indicate this and documented in the patients' notes. In this instance alcohol sanitizer should be used to decontaminate hands at the bedside following the removal of PPE, then hands must be washed with liquid soap and water at the nearest hand-wash basin and dried thoroughly.

All hand wash basins should have elbow operated taps or be operated by sensor motion. In the event that taps are not elbow operated, taps must be turned off using a clean paper hand towel.

Hand hygiene

Please refer to the LPT infection prevention and control policy for hand hygiene

Personal protective equipment (PPE)

Please refer to the LPT infection prevention and control policy for personal protective equipment for use in healthcare.

Waste disposal

Please refer to the LPT Estates and facilities policy for the management of waste.

Sharps

Please refer to the LPT infection prevention and control policy for the management of sharps and exposure to blood borne viruses.

Linen

Please refer to the LPT infection prevention and control policy for linen and laundry management.

Crockery and cutlery

Disposable crockery and cutlery is **not required** providing an automatic dishwasher is utilised to clean the crockery and cutlery.

Crockery and cutlery can be adequately decontaminated in a dishwasher with a final rinse temperature of 80°C. The crockery and cutlery does not need to be washed separately to other crockery and cutlery.

Manual washing of the crockery and cutlery **must not take place**. If an automatic dishwasher is not available then disposable plates, bowls and cutlery etc. must be used.

Food may be delivered to patients in source isolation using a tray. After the meal, the crockery, cutlery, leftovers, and tray are placed directly into the trolley and removed as per ward protocol. PPE must be worn, and hands decontaminated following removal of PPE as per the LPT infection prevention and control PPE policy.

Management of body fluids: -

Disposable bedpans and urinals and vomit bowls

A bedpan carrier should be designated for the sole use of the patient undergoing SIPs and not used for other patients.

The nurse must wear gloves and an apron when handling body waste. When removing the bed pan/commode from the SIPs area ensure that the contents are covered with an authorised cardboard protector/ bag recommended by the supplier. This should then be passed to a second nurse outside the room.

The nurse outside the room/ bed space must don gloves and apron and remove the bed pan to the sluice. Disposable items are placed into the macerator, care being taken not to contaminate the outside of the machine.

(Only items such as Human waste, vomit, faeces, and urine, maceratable wipes and toilet tissue should be placed in a macerator to prevent blockages and break down of the machine)

The bedpan carrier should be cleaned and disinfected with Chlor-clean. Remove PPE, clean and decontaminate hands using soap and water.

If the macerator is not available for use, the contents of the disposable bedpan/urinal should be solidified using a solidifying gel, double bagged and disposed of as clinical waste.

If the macerator is broken it must be escalated to the estates team for repair as an urgent request

Disposal of urinary catheter bags

Disconnect the catheter bag (as per the LPT urinary catheter policy), empty the contents of the bag directly into the toilet if en-suite facilities are available or the patient has been allocated a toilet for their sole use. Appropriate PPE must be worn, including face protection due to the risk of splash back.

Where an en-suite toilet is not available, the contents of the catheter bag must be emptied into a urinal, the procedure as described above for disposable bedpans urinals and vomit bowls must then be followed. The empty catheter bag can then be disposed of directly into the clinical waste bag.

Cleaning of single rooms and bed spaces where source isolation precautions are in place.

All staff are responsible for ensuring that the room or bed space is always kept clean and tidy. The domestic staff **must be** informed that SIPs are required to ensure that they are aware to take the correct precautions. Domestic staff should wear disposable aprons and disposable nitrile gloves when dealing with a bed space or single room where the patient has SIPs in place.

All isolation rooms or bed spaces must have one full clean in the morning and one check-clean in the afternoon to check general cleanliness and waste bins and action accordingly. Chlor-clean must be used to clean and decontaminate the room or bed space and environment.

A designated mop and bucket must be allocated to each patient requiring SIPs, whether in a single room or within the bay. If the patient is nursed in a bay the mop and bucket is for that patient only and should not be used for the bay in its totality. Cleaning cloths must be disposable. Cleaning materials must be in line with the national colour coding requirements (Appendix 3).

Only necessary equipment should be kept inside the room or around the bedside. This will facilitate effective cleaning and decontamination procedures.

If bath/shower rooms cannot be allocated to the patient who is receiving SIPs, then the communal bath/shower rooms must be thoroughly cleaned and disinfected using Chlor-clean immediately after use by a patient with a known or suspected infection.

Discharge/terminal/post infection cleaning of a room or bed space and furniture

Prior to discontinuing source isolation precautions a post infection clean will need to be undertaken in the following circumstances:

- If samples have not been obtained for the individual patient within a single room, or in the case of where a bay is isolated if samples have not been obtained for all those patients who are symptomatic.
- If samples have been obtained and a positive result for an infection has been identified.
- if a single patient has a positive result where a bay is isolated the whole bay will need to undergo a post infection clean.

If a patient or in the case of where a bay is isolated all the patients who are symptomatic within the bay have had samples sent and all those samples have returned a negative result. Then providing the medical staff/ANP are satisfied that the symptoms are not due to an infective cause and have carried out a risk assessment then this can be documented in the patients notes and source isolation precautions can be discontinued without the need for a post infection clean.

If a post infection clean is required, then all staff must wear PPE when undertaking cleaning activities and hands must be decontaminated with soap and water following the removal of PPE.

Before discontinuing SIPs, the area and equipment must be cleaned and decontaminated. If the patient is to remain in the room following the discontinuation of SIPs the room or bed space must still undergo a discharge/terminal/post infection clean prior to discontinuing SIPs.

If a post infection clean cannot be facilitated at the time that the SIPs are able to be discontinued, then the SIPs must remain in place until this has been undertaken. Even if the patient no longer requires SIPs and is no longer themselves thought to be

infectious, their environment will remain contaminated until the discharge/terminal/post infection clean has been completed effectively.

Curtains must be removed and double bagged as infected linen prior to cleaning and disinfecting the room or bed space. Once cleaning and disinfection of the room or bed space is completed clean curtains should be hung.

Clean and disinfect all surfaces with Chlor-clean, the mop handle and bucket must be cleaned and disinfected using Chlor clean and air dry. Cloths used for cleaning must be disposable and be disposed of as clinical waste.

Cleaning or disinfection of walls or ceiling is only required if visibly contaminated or at the discretion of the Infection prevention and Control Team, however when a rapid clean is being undertaken walls will be wiped to reach level (hand height).

Nursing staff are responsible for documenting that cleaning has been completed using the 'Post infection clean/terminal clean request sign off form' (Appendix 4/5). Completed forms must be filed on the ward and not in the patient's notes.

Any dressings, bandages, ward welcome packs, and paper (not an extensive list), left in a patient's room following discharge or discontinuation of SIPs that cannot be cleaned and decontaminated must be double bagged and disposed of as clinical waste.

Unused pharmaceutical products

Unused medications from rooms or bed spaces where SIPs have been undertaken must be placed into a clear disposable plastic bag, labelled "Source isolation" and then returned to Pharmacy in the usual way.

Visits to other departments

When patients who are receiving SIPs need to visit other departments within a community hospital or other area, the ward where the patient is located must contact the receiving department to ensure appropriate precautions can be taken. Arrangements should be made to minimize any delay and possible contact with other patients en route as well as in the visiting department.

When patients are required to visit other departments, they should be encouraged to wear a face covering or surgical masks (type II or IIR) to prevent the transmission of SARS-COV2 and other respiratory infectious agents in health and care settings. However, depending upon the patient group, it may not always be appropriate for them to wear a face mask or face covering, in these cases a risk assessment must be undertaken, and the outcome clearly documented in the patients SystemOne notes.

Any unnecessary equipment must be moved out of the room wherever possible prior to the patient's visit. If not, removable it must be covered with a disposable or washable cover.

Areas where patients with known infections are likely to need to visit should not be used as routine storage areas for equipment.

All equipment within the department, whether used or not by the patient, should be cleaned and decontaminated after the patient has visited the area unless it is covered beforehand.

Porters, nursing, and other staff must wear PPE only when in direct contact with the patient. This is not necessary when escorting the patient through the hospital. After use the trolley, the bed or wheelchair must be cleaned and disinfected with Chlor-clean.

The ambulance liaison officer must be told when patients requiring SIPs are transferred to another hospital for investigations or as potential inpatients and must be informed of the transit precautions required. The receiving hospital department must also be told of the need for SIPs.

The transferring ward will need to complete the Essential Steps Inter-healthcare infection control transfer form (Appendix 6).

Cleaning and decontamination of the environment is essential to prevent transmission of potentially pathogenic organisms. The environment and any equipment within the area, unless covered, must be cleaned, and decontaminated appropriately.

Visiting arrangements

Patients who are undergoing SIPs may continue to be visited by family and friends. **Visitors do not routinely need to wear PPE**; however, advice must be provided by the nursing staff.

For example:

- They should be encouraged to decontaminate their hands before visiting the patient by washing their hands with soap and water and then decontaminating with hand sanitiser after their visit.
- They should be discouraged from visiting other patients whilst the person they are visiting is undergoing SIPs.
- If visitors or relatives are involved with direct patient care, they should then wear disposable nitrile gloves and aprons for this task, removing them after use and placing them into a clinical waste bin, and then wash their hands with soap and water and dry them thoroughly, before further decontaminating them with alcohol sanitiser.

Therapy

Patients who are undergoing SIPs can continue to receive therapy in preparation for their discharge from hospital. However, the following precautions must be taken during any therapy sessions. Therapy assessments are required:

- The patient must be last patient seen for the day by therapy team staff.
- During contact with the patient, staff must ensure that they wear appropriate PPE and that they wash their hands with soap and water before donning and after doffing of PPE.
- If the patient requires to go to a gym for therapy, then the patient will need to be last patient on the list and the only patient in the gym. Once therapy has completed then any equipment or touch points used by the patient will need to be cleaned with Chlo clean solution. The patient will also need to be encouraged to wear a FRSM if safe/able to wear one and encouraged to their wash their hands with soap and water before and after each session.

Patients in their own homes

Patients who are being cared for in their own home do not pose as great a risk to others as within the healthcare environment. This is due to the fact that they are not usually nursed in an environment with other susceptible individuals.

When visiting patients with a known or suspected infection, a high standard of infection prevention and control must be maintained to prevent carriage of organisms between patients.

All practices identified for caring for a patient in an inpatient area including hand hygiene, use of personal protective equipment and cleaning of equipment (belonging to LPT) must also be applied for patients in their own homes. Carers and/or relatives caring for someone with an infection should be advised to wash their hands before and after carrying out care.

For cleaning and decontamination of equipment belonging to LPT please refer to the LPT infection prevention and control policy for cleaning and decontamination of equipment, medical devices, and the environment (including the management of blood and body fluid spillages).

If possible, plan as the last visit of the day for the patient.

Disposal of infected cadavers

Please refer to LPT policy and guidelines for the care of the deceased.

Patients for whom admission to an acute hospital is required:


There may be occasions where the isolation facilities within community inpatient areas are inadequate for a patient's condition (i.e., if the patient requires negative pressure rooms) and the patient requires admission to an acute hospital.

In these situations, the practitioner involved with, and responsible for, the patient must discuss transfer details with the appropriate consultant within the acute hospital. In most cases, although not always, this is likely to be a consultant within the Infectious Diseases Unit at UHL.

Staff guide for optimal placement and isolation precautions for patients with a suspected or known infection table

| Disease or Infecting Agent | Transmission based precautions required | Route of infection | Placement whilst patient is considered infectious & until resolution of symptoms | Period of Isolation required | PPE required |
|--|---|--|--|--|---|
| A | | | | | |
| Abscess Aetiology unknown & draining | None (Unless Microbiological isolate indicates) | | | See advice that is relevant for organism identified. | |
| Acute Infectious hepatitis of unknown Aetiology ACUTE HEPATITIS | Droplet | Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking | Single en-suite room | *Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy* | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| Adenovirus | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Upper+/- lower respiratory tract infection • Conjunctivitis, gastroenteritis | Single room with en-suite room | 5 days or until the patient is well and not displaying any symptoms. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Amoebiasis Dysentery | Contact | <p>Transmitted by oral-faecal route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Diarrhoea | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |

| | | | | infectious' Policy* | |
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| Amoebiasis Liver abscess | No Isolation precaution s required | | | | |
| Bacillus Anthrax Cutaneous | Contact | <p>Transmitted when bacteria enter the body through a cut or sore on skin.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> • Raised itchy bump which develops into a painless sore with black centre.  <ul style="list-style-type: none"> • Swollen lymph nodes • Fever | Single room with en-suite room | Until the patient has completed a successful course of treatment/clinically recovered. Or the patient is discharged home. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Gastrointestinal | Contact | <p>Transmitted when bacteria enter the body through eating undercooked or Raw meats from an infected animal.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> • Fever • Swollen lymph nodes • Sore throat • Pain on swallowing • Hoarsness | Single room with en-suite room. | Until the patient has completed a successful course of treatment/clinically recovered. Or the patient is discharged home | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |


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| Respiratory/inhalation | Contact | <ul style="list-style-type: none"> • Nausea/vomiting (With or without blood) • Diarrhoea • Headaches • Abdominal pain/swelling <p>Can cause patient to experience the following symptoms: Initial symptoms may present to similar to common cold.</p> <ul style="list-style-type: none"> • Fever • Chills • Headache • Muscle aches • Cough <p>In later stages can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> • Chest discomfort • Shortness of breath • Confusion • Dizziness • Nausea/vomiting • Abdominal pains • Drenching sweats | Single room with en-suite room. | | <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Auto Immune Deficiency Syndrome (AIDS) SEE HUMAN IMMUNODEFICIENCY VIRUS (HIV) | | | | <p>*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | |
| Ascariasis | No Isolation Precautions required | | | | |

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| Aspergillosis | No Isolation Precautions required | | | | |
| B | | | | | |
| Botulism | No isolation precautions required | | | | |
| Bronchiolitis | Airborne | Transmitted by airborne route. Can cause patient to experience the following symptoms: <ul style="list-style-type: none"> • Runny nose • Stuffy nose • Fever • Cough • Wheeze • Difficulty breathing • dehydration | Single room with en-suite room. | Until clinically recovered or the patient is discharged home | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Bronchitis Adults & Infants and young children | Airborne | Transmitted by airborne route. Can cause patient to experience the following symptoms: <ul style="list-style-type: none"> • Cough • Unwell • Fever • Muscle aches • Wheeze • Productive cough | Single room with en-suite room. | Until clinically recovered Or the patient is discharged home | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting</p> |

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| | | | | | the patient's room. Ensure that hands are washed using soap and water |
| Brucellosis | No isolation precautions required | | | | |
| C | | | | | |
| Campylobacter Gastroenteritis | Contact | <p>Transmitted by oral-faecal route.</p> <p>Can cause patient to experience the following symptoms.</p> <p>Diarrhoea</p> | Single room with en-suite room. | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or</p> <p>The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| Candida auris | Contact | <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Fever • Chills • Pain | Single room with en-suite room. | <p>Patient will need to source isolate for the duration of their hospital stay or until the patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room</p> |

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| | | | | | entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water. |
| Candidiasis | No isolation precautions required | | | | |
| Carbapenem Resistant Organisms <ul style="list-style-type: none"> • CRO • CRE • CPE • CPO • XDR | Contact | Transmitted through contact: Can cause patient to experience the following: <ul style="list-style-type: none"> • Colonisation • Device infections • Urinary tract infections • Catheter associated bacteraemia | Single room with en-suite room. | Patient will need to source isolate for the duration of their hospital stay or until the patient is discharged home. *Please refer to the LPT 'The management of Carbapenem Resistant Organisms (CRO)' policy* | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water. |
| Cellulitis Intact skin Exudation present | No isolation precautions required, Unless Microbiological isolate indicates | | | | |

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| Cholera Gastroenteritis | Contact | <p>Transmitted by oral-faecal route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Diarrhoea (Stools appear pale and milky) • Fatigue • Nausea/vomiting • Dehydration • Electrolyte imbalance • Low blood pressure • Rapid heartbeat • Weight loss | Single room with en-suite room. | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| Chlamydia pneumoniae | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Fatigue • Fever (Low grade) • Headache • Runny nose • Nasal congestion • Sore throat • Cough | Single room with en-suite room. | Until the patient has completed a successful course of treatment/clinically recovered. Or the patient is discharged home | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that</p> |

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| Chicken pox (Varicella) | Contact Airbourne Droplet | <p>Transmitted by</p> <ul style="list-style-type: none"> • respiratory droplets that are generated by a patient coughing, sneezing, or talking. • Transmitted through contact: • Transmitted by airborne route. <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Cold like symptoms initially • High temperature >38 • Loss of appetite • Maculopapular rash progressing to vesicle formation. • Intense itching  | Single room with en-suite room. | <p>Until all the lesions have dried, or the 5-day infectious period has expired.</p> <p>*Please refer to the LPT 'The Management of Chickenpox/Shingles including screening process' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Clostridium Difficile (CDT) | Contact | Transmitted by oral-faecal route. | Single room with en-suite room. | Patient will need to be 48 hours free | <ul style="list-style-type: none"> • Gloves • Apron |

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| Gastroenteritis | | <p>Can cause patient to experience the following symptoms.</p> <p>Mild to moderate infection:</p> <ul style="list-style-type: none"> • Diarrhoea three or more times a day for 2 or more days. • Mild abdominal cramps and tenderness <p>Severe infection</p> <ul style="list-style-type: none"> • Watery diarrhoea 10-15 times a day • Strong odorous stools • Abdominal cramp and pain • Fever • Nausea and/or vomiting. • Dehydration • Loss of appetite • Weight loss • In severe cases the appearance of blood and/or puss in the stool. | | <p>from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| Common cold Adults | No isolation precautions required | | | | |
| Common cold Infants and Young children | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Nose stuffiness • Runny Nose • Sore throat • Cough | Single room with en-suite room. | Until clinically recovered Or the patient is discharged home | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room</p> |

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| | | <ul style="list-style-type: none"> • Congestion • Headache • Sneezing • Fever | | | entry and Doff PPE appropriately before exiting the patient's room. Ensure that that hands are washed using soap and water |
| Conjunctivitis Neonatal (Not sticky eye) | Contact | <p>Transmitted through contact. Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Pain and tenderness of the eyeball • Conjunctival discharge, purulent, mucoid, or mucopurulent (depending on the cause). • Conjunctival hyperaemia and chemosis usually also with swelling of the eyelids. | Single room with en-suite room | Until they have received 24 hours of appropriate antibiotic therapy. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Covid-19 - | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route. Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • High temperature • New continuous cough • Loss or change to sense of taste/smell. • Shortness of breath • Muscle aches • Headache • Sore throat • Blocked runny nose. • Diarrhoea | Single room with en-suite room | For 5 days from onset of positive result, if on day 5 the patient is well and not had a temperature for 48 hours then they can step down SIPS on day 6. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) • FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that that hands are washed using soap and water</p> |
| Croup | Droplet | Transmitted by respiratory | Single room with | Until clinically | <ul style="list-style-type: none"> • Gloves |

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| | Airborne | <p>droplets that are generated by a patient coughing, sneezing, or talking. Transmitted by airborne route. Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Typical cold symptoms: Sneezing, runny nose, fever, sore throat • Loud barking cough • Heavy breathing • Hoarse voice <p>Severe symptoms</p> <ul style="list-style-type: none"> • High pitched or noisy breathing • Swallowing difficulties • Drooling | en-suite room | <p>recovered</p> <p>Or the patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of infectious events and exclusion from childcare and school for childhood infections Policy'</p> | <ul style="list-style-type: none"> • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) • FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that that hands are washed using soap and water</p> |
| Cryptococcosis | No isolation precautions required | | | | |
| Cryptosporidiosis Gastroenteritis | Contact | <p>Transmitted by oral-faecal route. Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Watery diarrhoea • Dehydration • Stomach pain/cramps • Lack of appetite • Weight loss • Fatigue • Low grade fever • Vomiting | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not</p> |

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| | | | | patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy* | decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections* |
| Cytomegalovirus | No isolation precautions required | | | | |
| D | | | | | |
| Dengue fever | Contact Caused by mosquito bite | Transmitted through contact with body fluids of infected person. Can cause patient to experience the following symptoms. <ul style="list-style-type: none"> • Sudden onset of very high temperature/fever • Severe headache usually at back of eyes • Muscle aches/joint pain • a blotchy rash made up of flat or slightly raised spots – this can affect large areas of body. • Skin rashes • Fatigue • Vomiting • Mild bleeding | Single room with en-suite room | Dependent upon clinical assessment | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p style="color: red;">*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| Diarrhoea and/or vomiting | Contact Airbourne | Transmitted through contact with body fluids of infected person. Transmitted by airborne route. Can cause patient to experience | Single room with en-suite room | Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) |

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| | | the following symptoms. <ul style="list-style-type: none"> • Diarrhoea mild to severe • Vomiting • Temperature • Fatigue • Abdominal cramps/pain • Abdominal swelling • Dehydration • Loss of appetite • Weight loss | | normal for them. Or The patient is discharged home. *Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy* | <ul style="list-style-type: none"> • FRSM to be worn by staff and patients (If safe/able to wear) DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water. *NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections* |
| Dysentery Shigella | Contact | Transmitted by oral-faecal route. Can cause patient to experience the following symptoms. <ul style="list-style-type: none"> • Diarrhoea with blood and sometimes mucous (Clear slime) • Abdominal pain/cramps • High temperature | Single room with en-suite room | Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them. Or The patient is discharged home. *Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy* | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water. *NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections* |

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| Ebola *Please Refer to the HCAID Action cards* | | | | | |
| E-coli Detected in urine | | | | | |
| No isolation precaution required | | | | | |
| E-Coli Causing Diarrhoea and/or vomiting | Contact Airborne | Transmitted by contact oral-faecal route. Transmitted by airborne route. Can cause patient to experience the following symptoms. <ul style="list-style-type: none"> • Diarrhoea and/or vomiting. • Abdominal pain/cramps • Loss of appetite • Dehydration • Weight loss | Single room with en-suite room | Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them. Or The patient is discharged home. *Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy* | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water. *NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections* |
| Encephalitis | | | | | |
| No isolation precautions required | | | | | |
| Enterobiasis | Contact | Transmitted by oral-faecal route. | Single room with | Until the patient has | <ul style="list-style-type: none"> • Gloves |

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| (Thread worm) | | <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Extreme itching Anus/Vagina particularly at night • Irritability and waking up during the night. • Irritated skin around the anus area | en-suite room | completed a successful course of treatment/clinically recovered. Or the patient is discharged home | <ul style="list-style-type: none"> • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Enterovirus D68 | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Stuffy/runny nose • Cough • Fever • Muscle ache/pains • Sore throat • Wheezing • Shortness of breath • Diarrhoea <p>Can cause mild to moderate upper respiratory tract infections, can also cause severe respiratory illness but rarely flaccid myelitis (AFM).</p> | Single room with en-suite room | Dependent upon clinical assessment | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) • FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that that hands are washed using soap and water</p> |
| Epiglottitis | Droplet | Transmitted by respiratory | Single room with | Until they have | <ul style="list-style-type: none"> • Gloves |

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| | Airborne | <p>droplets that are generated by a patient coughing, sneezing, or talking. Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • A severe sore throat • Difficulty/pain when swallowing. • Difficulty with breathing, which may improve when leaning forward. • Breathing that sounds abnormal and high-pitched (Stridor) • A high temperature • Irritability and restlessness • Muffled or hoarse voice • Drooling | en-suite room | received 24 hours of appropriate antibiotic therapy. | <ul style="list-style-type: none"> • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Epstein Barr Virus | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking. Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • A severe sore throat • Difficulty/pain when swallowing. • Difficulty with breathing, which may improve when leaning forward. | Single room with en-suite room | For 2 weeks after onset of symptoms | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |



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| | | <ul style="list-style-type: none"> Breathing that sounds abnormal and high-pitched (Stridor) A high temperature Irritability and restlessness Muffled or hoarse voice Drooling | | | |
| Erysipelas | Contact | <p>Transmitted through contact. Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> Redness Pain High fever Chills Shaking Fatigue Headaches Vomiting | | | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| G | | | | | |
| Gas Gangrene | No isolation precaution required | | | | |
| Gastrointestinal Infections E.g., Salmonella, spp | Contact Airborne | <p>Transmitted by oral-faecal route. Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> Diarrhoea and/or vomiting. Abdominal pain/cramps Loss of appetite Dehydration Weight loss | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) FRSM <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed</p> |

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| | | | | <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <p>using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>German Measles (Rubella Virus)</p> | <p>Droplet</p> | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> The main symptom of rubella is a spotty rash that starts on the face or behind the ears and spreads to the neck and body. The rash takes 2 to 3 weeks to appear after getting rubella. | <p>Single room with en-suite room</p> | <p>For 5 days from the onset of the rash appearing.</p> <p>Or The patient is discharged home</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| <p>Glandular Fever (Infectious Mononucleosis)</p> | <p>Droplet Airborne</p> | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> | <p>Single room with en-suite room</p> | <p>2 weeks after the onset of the symptoms</p> <p>Or The patient is discharged home</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) |

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| | | <p>Glandular fever is most common in people aged 15 to 24 years old.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • high temperature • swollen glands, which may be in the neck, head, armpits, elbows, or groin. • sore throat • a rash, which may be harder to see on black or brown skin. • headache • tiredness | | | <ul style="list-style-type: none"> • FRSM to be worn by staff For Routine care, FFP3 for AGPS <p style="text-align: center;">DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Gonorrhoea | No isolation precautions required | | | | |
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| Haemophilus Influenza (All invasive) | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Haemophilus influenzae type b (Hib) is a type of bacteria that can cause life-threatening</p> | Single room with en-suite room | <p>Until clinically recovered</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS |

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| | | <p>infections. Babies and children are most at risk of getting seriously ill and can get vaccinated against it.</p> <p>A Hib infection can cause serious conditions including:</p> <ul style="list-style-type: none"> • infection of the lining of the brain and spinal cord (meningitis) • a severe immune reaction (sepsis) • infection of part of your windpipe (epiglottitis) • infection of the lungs (pneumonia) <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • a high temperature • difficulty breathing – babies may make grunting noises. • being sleepier than normal or difficult to wake • blue, grey, pale, or blotchy skin, lips, or tongue – on brown or black skin this may be noticeable under the nails or around the eyes. | | | <p>until the patient has been established on appropriate antimicrobial treatment.</p> <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
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| | | <ul style="list-style-type: none"> • a rash that looks like small bruises or bleeding under the skin and does not disappear when you press a glass against it. • a headache • a sore throat • swollen or painful joints | | | |
| Hand, Foot, and Mouth disease | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <p>The 1st symptoms of hand, foot and mouth disease can be:</p> <ul style="list-style-type: none"> • a sore throat • a high temperature • not wanting to eat <p>The 2nd stage usually starts a few days later and symptoms can include:</p> | Single room with en-suite room | <p>Until clinically recovered</p> <p>Or the patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of infectious events and exclusion from childcare and school for childhood infections Policy'</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, <ul style="list-style-type: none"> • FFP3 for AGPS until the patient has been established on appropriate antimicrobial treatment. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | <ul style="list-style-type: none"> • mouth ulcers, which can be painful. • a raised rash of spots on the hands and feet, and sometimes the groin area and bottom • The rash of spots can look pink, red, or darker than the surrounding skin, depending on your skin tone. • The spots can turn into blisters, which might be grey or lighter than surrounding skin and can be painful. • Symptoms are usually mild and are the same in adults and children. <div style="display: flex; justify-content: space-around; margin-top: 10px;">   </div> | | | |
| Head Lice | Contact | <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Itching and/or tickling feeling of something moving in the hair • A pruritic (Itchy eczema like rash) may be | Single room with en-suite room | <p>Until the 24 hours following completion of the initial treatment and the hair has been checked and is clear of any live lice</p> <p>*Please refer to the LPT 'Management</p> | <ul style="list-style-type: none"> • Gloves • Apron <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | <p>apparent at the back of the neck.</p> <ul style="list-style-type: none"> • Secondary bacterial infection may be a complication. • Scratch marks and a sticky weeping scalp may be visible. • Small itchy pink bumps around the edge of the scalp, particularly on the back of the neck. • Enlarged glands in the neck and impetigo (bacterial infection) • Secondary bacterial infection may be a complication. • The only way to be sure someone has head lice is by finding live lice. | | <p>of Head lice Policy*</p> | |
| <p>Hepatitis A (HAV)</p> <p style="color: red;">Risk factors present.</p> <ul style="list-style-type: none"> • Incontinence • Diarrhoea/vomiting | Contact | <p>Hepatitis A is a liver infection that is spread in the faeces of an infected person.</p> <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • a high temperature | Single room with en-suite room | <p>Dependent upon clinical assessment</p> <p style="color: red;">*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS until the patient has been established |

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| | | <ul style="list-style-type: none"> • flu-like symptoms, such as tiredness, headache, and muscle pains • feeling sick or being sick • pain in your upper tummy • diarrhoea or constipation • pale yellow or pale grey poo • dark brown pee • itchy skin – you may also have a raised rash (hives) • yellowing of the skin and the whites of the eyes (jaundice) | | | <p style="text-align: center;">on appropriate antimicrobial treatment.</p> <p style="text-align: center;">If the patient is vomiting</p> <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Hepatitis A (HAV)</p> <p>No risk factors present.</p> | <p>No isolation precautions required</p> | | | <p>*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | |
| <p>Hepatitis B (HBV)</p> <p>Risk factors present.</p> <ul style="list-style-type: none"> • Open wounds • Lesions • Risk of bleeding | <p>Contact</p> | <p>Hepatitis B is a liver infection that is spread through contact with an infected person's blood or body fluids.</p> <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • A high temperature | <p>Single room with en-suite room</p> | <p>Dependent upon clinical assessment</p> <p>*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • Face Visor/goggles if there is a risk of splash from blood/body fluids. |


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| <ul style="list-style-type: none"> Active Bleeding | | <ul style="list-style-type: none"> tiredness pain in your upper tummy feeling sick or being sick patches of raised skin that may be itchy (hives) yellowing of the skin and whites of the eyes (jaundice) | | | <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| <p>Hepatitis B (HBV)</p> <p>No risk factors present</p> | <p>No isolation precautions required</p> | | | <p>*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | |
| <p>Hepatitis C (HBC)</p> <p>Risk factors present.</p> <ul style="list-style-type: none"> Open wounds Lesions Risk of bleeding Active Bleeding | <p>Contact</p> | <p>Many people with hepatitis C don't have any symptoms and are unaware they have the infection. They may develop symptoms later on as their liver becomes increasingly damaged.</p> <p>Hepatitis C is a liver infection that is spread through contact with an infected person's blood or body fluids.</p> <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <p>Early symptoms</p> | <p>Single room with en-suite room</p> | <p>Dependent upon clinical assessment</p> <p>*Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy*</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) Face Visor/goggles if there is a risk of splash from blood/body fluids. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |


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| | | <ul style="list-style-type: none"> • a high temperature of 38C (100.4F) or above • tiredness • loss of appetite • tummy (abdominal) pains • feeling and being sick • Around 1 in 5 people who experiences symptoms will also have yellowing of the eyes and skin. This is known as jaundice. <p>Later symptoms</p> <p>Some of the most common problems experienced by people with chronic hepatitis C include:</p> <ul style="list-style-type: none"> • feeling tired all the time • joint and muscle aches and pain • feeling sick • problems with short-term memory, concentration and completing complex mental tasks such as mental arithmetic – many | | | |
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| | | <p>people describe this as "brain fog".</p> <ul style="list-style-type: none"> • mood swings • depression or anxiety • indigestion or bloating. • itchy skin • abdominal pain | | | |
| Hepatitis C (HBC) No risk factors present | No isolation precautions required | | | *Please refer to the LPT 'Management of sharps and exposure to blood borne viruses' Policy* | |
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| Influenza (Endemic & pandemic strains) | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • a sudden high temperature • an aching body • feeling tired or exhausted | Single room with en-suite room | <p>For 5 days from the onset of a positive result, if on day 5 the patient is well and not had a temperature for 48 hours then they can step SIPS on day 6.</p> <p>If the patient remains symptomatic on day 5 then source</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • a dry cough • a sore throat • a headache • difficulty sleeping • loss of appetite • diarrhoea or tummy pain • feeling sick and being sick | | isolation should continue until the patient is clinically recovered. | |
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| Legionnaires disease | No isolation precautions required | | | | |
| Leprosy Smear Positive | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • light-coloured or red skin patches • Reduced sensation of touch, pins, and needles • Numbness • Weakness in the hands and feet • Pain in the joints • Disfiguring skin sores • Weight loss | Single room with en-suite room | <p>Until Negative smear</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • Eye damage (dryness, reduced blinking) • Hair loss | | | |
| Leprosy Smear Negative | No isolation precautions required | | | | |
| Leishmaniasis (Parasitic disease transmitted by sand flies) | No isolation precautions required | | | | |
| Leptospirosis (Weil's Disease) | No isolation precautions required | | | | |
| Listeriosis (Listeria) | No isolation precautions required | | | | |
| Lyme disease | No isolation precautions required | | | | |
| M | | | | | |
| Malaria | No isolation precautions required | | | | |
| Measles virus (Rubeola) | Droplet Airborne | Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking. | Single room with en-suite room | For 5 days from the onset of the rash appearing. Or | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) |

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| | | <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <p>Cold-like symptoms the first symptoms of measles include:</p> <ul style="list-style-type: none"> • a high temperature • a runny or blocked nose • sneezing • a cough • red, sore, watery eyes • Small white spots may appear inside the cheeks and on the back of the lips a few days later. These spots usually last a few days.  <ul style="list-style-type: none"> • A rash usually appears a few days after the cold-like symptoms. The rash starts on the face and behind the | | <p>The patient is discharged home</p> | <ul style="list-style-type: none"> • FFP3 to be worn by staff. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
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| | | <p>ears before spreading to the rest of the body.</p>  | | | |
| <p>Meningitis Confirmed or suspected Viral/Bacterial</p> | <p>Droplet Airborne</p> | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • a high temperature • cold hands and feet • vomiting • confusion • breathing quickly • muscle and joint pain • pale, mottled, or blotchy skin (this may be harder to see on brown or black skin) • spots or a rash (this may be harder to see on brown or black skin) • headache | <p>Single room with en-suite room</p> | <p>Any patients that are newly diagnosed/suspected of having meningitis should be referred to acute Emergency services by dialling (9)999.</p> <p>24 hours of appropriate antibiotic treatment (Bacterial)</p> <p>Length of acute illness.</p> <p>*Please refer to the LPT 'Management of Meningitis' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FFP3 to be worn by staff. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | <ul style="list-style-type: none"> • a stiff neck • a dislike of bright lights • being very sleepy or difficult to wake • fits (seizures) <p>Babies may also:</p> <ul style="list-style-type: none"> • refuse feeds. • be irritable. • have a high-pitched cry. • have a stiff body or be floppy or unresponsive. • have a bulging soft spot on the top of their head. | | | |
| <p>Methicillin Resistant Staphylococcus Aureus (MRSA)</p> <p>Risk factors present.</p> <ul style="list-style-type: none"> • Productive cough • Heavily exudating wounds • Heavily exfoliating skin conditions. • Indwelling catheter | contact | <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms.</p> <p>Symptoms of MRSA depend on the area of body infected, and include:</p> <ul style="list-style-type: none"> • Affected area is warm to touch. • Fever • Chills • Low blood pressure • Severe headache • Shortness of breath • Wounds that are slow/difficult to heal | Single room with en-suite room | <p>Whilst displaying one or more of the risk factors and until 3 negative screens achieved.</p> <p>*Please refer to the LPT 'The Management of Patients with MRSA Policy'</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| <ul style="list-style-type: none"> Indwelling devices | | | | | |
| Methicillin Resistant Staphylococcus Aureus (MRSA) No Risk factors present. | No isolation precautions required | | | *Please refer to the LPT 'The Management of Patients with MRSA Policy' | |
| Molluscum Contagiosum (Common skin infection caused by a poxvirus. This causes round, firm, painless bumps and may appear anywhere on the body) | No isolation precautions required | | | | |
| Monkey pox (MPOX) *Please Refer to the HCAID Action card* | | | | | |
| Multi-Resistant Gram-Negative Bacteria (MRGNB) | Contact | Transmitted through contact: Gram-negative bacteria (germs) | Single room with en-suite room | For the duration of the patient hospital admission. | <ul style="list-style-type: none"> Gloves Apron |

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| <p>MRGNO ESBL</p> | | <p>are often found living naturally in the bowel (gut) and are part of our 'good bacteria' (normal flora). 'Multi-resistant Gram-negative bacteria' (MRGNB) is a term which covers several types of bacteria such as E. coli, Klebsiella and Pseudomonas.</p> <p>In some people, these MRGNB bacteria have become resistant to antibiotics. They do this by producing an enzyme (substance), such as ESBL and CPE, which prevent certain antibiotics from working. This means that some of the commonly used antibiotics will not be effective for treating an infection caused by MRGNB and, therefore, may be more difficult to treat.</p> <p>Most commonly MRGNB are detected in the urine, however they may also be found in other sites such as sputum and wounds.</p> <p>They can cause infections such as a urinary tract infection (UTI), wound, chest infection, blood poisoning (septicaemia) or pneumonia.</p> | | <p>Or The patient is discharged home</p> | <ul style="list-style-type: none"> • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| <p>Mumps</p> | <p>Droplet Airbourne</p> | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or</p> | <p>Single room with en-suite room</p> | <p>10 days from onset of symptoms</p> | <ul style="list-style-type: none"> • Gloves • Apron |

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| | | <p>talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <p>The symptoms of mumps usually develop 12 to 25 days after becoming infected with the mumps virus (this delay is known as the incubation period). The average incubation period is around 17 days.</p> <ul style="list-style-type: none"> • Swelling of the parotid glands is the most common symptom of mumps. The parotid glands are a pair of glands responsible for producing saliva. They're located in either side of your face, just below your ears. • Both glands are usually affected by the swelling, although sometimes only one gland is affected. The swelling can cause pain, tenderness, and difficulty with swallowing. | | | <ul style="list-style-type: none"> • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
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| | |  <p>More general symptoms often develop a few days before the parotid glands swell. These can include:</p> <ul style="list-style-type: none"> • headache • joint pain • feeling sick • dry mouth • mild abdominal pain • feeling tired • loss of appetite • a high temperature | | | |
| Mycobacteria (Atypical) | No isolation precautions required | | | | |
| Mycobacterium Tuberculosis complex Pulmonary or Laryngeal diseases Smear negative. | Airborne | Transmitted by airborne route. Tuberculosis (TB) is an infection that usually affects the lungs. It can be treated with antibiotics but can be serious if not treated. Can cause patient to experience the following symptoms. | Single room with en-suite room until arrangements have been made to transfer patient to UHL for treatment. Please refer to: | Dependent upon clinical assessment *Please refer to the LPT 'The management of the infection Prevention and | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be |

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| <p>Smear Positive Multi drug Resistant TB</p> | | <p>Common symptoms include:</p> <ul style="list-style-type: none"> • a cough that lasts more than 3 weeks – you may cough up mucus (phlegm) or mucus with blood in it. • feeling tired or exhausted • a high temperature or night sweats • loss of appetite • weight loss • feeling generally unwell • Children may also have difficulty gaining weight or growing. <p>If TB has spread to another part of body such as glands (lymph nodes), bones or brain, may also have other symptoms, including:</p> <ul style="list-style-type: none"> • swollen glands • body aches and pains • swollen joints or ankles • tummy or pelvic pain • constipation • dark or cloudy pee • a headache | | <p>Control risk of patients with TB within LPT' policy*</p> | <p>worn by staff for AGP'S.</p> <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
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| | | <ul style="list-style-type: none"> • being sick • feeling confused • a stiff neck • a rash on the legs, face or other part of the body | | | |
| Mycoplasma pneumoniae | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Cough • Fever • Sore throat • Fatigue • Headache | Single room with en-suite room | Dependent upon clinical assessment | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
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| Necrotising Fasciitis Strep pyogenes | contact | <p>Transmitted through contact:</p> <p>Necrotising fasciitis, also known as the "flesh-eating disease", is a rare and life-threatening infection that can happen if a wound gets infected.</p> <p>At first you may have:</p> <p>Can cause patient to experience the following symptoms.</p> | Single room with en-suite room | Until 24 hours of appropriate antibiotic treatment has been administered. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • Goggles/visor (Only if risk of splash from blood/body fluids). <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure</p> |

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| | | <ul style="list-style-type: none"> • intense pain or loss of feeling near to a cut or wound – the pain may seem much worse than would usually be expect from a cut or wound. • swelling of the skin around the affected area • flu-like symptoms, such as a high temperature, headache, and tiredness <p>Later symptoms can include:</p> <ul style="list-style-type: none"> • being sick (vomiting) and diarrhoea • confusion • black, purple, or grey blotches and blisters on the skin (these may be less obvious on black or brown skin) <p>Necrotising fasciitis is very rare. The symptoms are similar to more common skin infections like cellulitis</p> | | | that hands are washed using soap and water |
| Nocardia | No isolation precautions required | Source isolation will be required for Oncology or Transplant patients | | | |

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| Norovirus | Contact | <p>Transmitted through contact:</p> <p>Norovirus, also called the "winter vomiting bug", is a stomach bug that causes vomiting and diarrhoea. It can be very unpleasant, but usually goes away in about 2-3 days.</p> <p>Can cause patient to experience the following symptoms.</p> <p>The main symptoms of norovirus are:</p> <ul style="list-style-type: none"> • feeling sick (nausea) • diarrhoea • being sick (vomiting) <p>Symptoms can also include:</p> <ul style="list-style-type: none"> • a high temperature • a headache • aching arms and legs | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and/or vomiting and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
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| Paratyphoid fever & carriers | Contact faecal-oral | <p>Transmitted by oral-faecal route.</p> <p>Typhoid fever and paratyphoid fever are systemic illnesses caused by <i>Salmonella</i> Typhi and <i>Salmonella</i> Paratyphi, respectively.</p> <p>Can cause patient to experience the following symptoms.</p> | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and/or vomiting and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. |

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| | | <ul style="list-style-type: none"> • Fever • Headache • Constipation or diarrhoea • Malaise • Chills • Myalgias • Vomiting | | <p>The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Pertussis (Whooping Cough)</p> <p>*Please refer to the Pertussis action card*</p> | <p>Droplet Airbourne</p> | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Whooping cough (pertussis) is an infection of the lungs and breathing tubes. It spreads very easily and can be serious. It's important for babies, children, and anyone who's pregnant to get vaccinated against it.</p> <p>Can cause patient to experience the following symptoms.</p> <p>The first signs of whooping cough are similar to a cold, such as a runny nose and sore throat (a high temperature is</p> | <p>Single room with en-suite room</p> | <p>Until clinically recovered</p> <p>Or the patient is discharged home.</p> <p>*Please refer to the LPT 'The management of infectious events and exclusion from childcare and school for childhood infections' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | uncommon). After about a week symptom can develop into: <ul style="list-style-type: none"> • coughing bouts that last for a few minutes that are worse at night. • making a "whoop" sound – a gasp for breath between coughs (young babies and some adults may not "whoop") • Difficulty breathing after a coughing bout and may turn blue or grey (young infants) • may bring up a thick mucus, which can cause vomiting. • may become very red in the face (more common in adults) *Cough may last for several weeks or months* | | | |
| Pharyngitis Adults | No isolation precautions required | | | | |
| Pharyngitis | Droplet | Transmitted by respiratory | Single room with | Until clinically | <ul style="list-style-type: none"> • Apron |

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| Infants and young children | Airbourne | <p>droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Sore or scratchy throat • Fever / chills • Difficulty in swallowing • Swollen lymph glands • Loss of appetite • Headache • Joint pain, body aches • Cough • Sneezing • Skin rashes • Hoarse or muffled voice • Fatigue | en-suite room | recovered Or the patient is discharged home | <ul style="list-style-type: none"> • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Pneumonia Adults | No isolation precautions required | | | | |
| Pneumonia Children | Droplet Airbourne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Cough with mucus or phlegm | Single room with en-suite room | Until discharged home, unless advised by microbiology/infection control team. <i>*Please refer to the LPT 'The management of infectious events and exclusion from</i> | <ul style="list-style-type: none"> • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE</p> |

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| | | <ul style="list-style-type: none"> • Fever usually of high grade with chills • Fast breathing • Shortness of breath • Chest pain while coughing • Fast heartbeat • Feeling very tired or very weak • Nausea and vomiting • Diarrhoea • Loss of appetite • Body pain • Severely affected patients may cough up blood or show cyanosis (have a blue colour around the mouth due to lack of oxygen) | | <p>childcare and school for childhood infections' Policy*</p> | <p>appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| <p>Poliomyelitis (Polio)</p> | <p>Contact</p> | <p>Transmitted through oral-faecal route.</p> <p>Polio is a serious infection that's now very rare because of the vaccination programme. It's only found in a few countries and the chance of getting it in the UK is extremely low.</p> <p>Most people who get polio do not have symptoms.</p> <p>However, it can cause patient to experience the following symptoms.</p> | <p>Single room with en-suite room</p> | <p>7 days from the onset of diarrhoea symptoms.</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <p>Some people get mild, flu-like symptoms, such as:</p> <ul style="list-style-type: none"> • a high temperature • extreme tiredness (fatigue) • headaches • being sick (vomiting) • a stiff neck • muscle pain | | | <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Pseudomonas aeruginosa</p> <p>(Pneumonia, bacteraemia, wound or surgical site infections, Catheter associated urinary tract infections, conjunctivitis in neonates.)</p> | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Pseudomonas aeruginosa is an infection that can affect your skin, blood, lungs, GI tract and other parts of your body. Pseudomonas bacteria are common in the environment, especially water, soil and can produce Symptoms that will vary according to where the infection is in the body.</p> <p>Can cause patient to experience the following symptoms, however this would depend upon where the infection is located:</p> <p><u>Blood stream infection</u></p> | Single room with en-suite room | Until they have completed appropriate antibiotic therapy and have had a negative sample result received from the infected area. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • Chills. • Feeling very tired (fatigue). • Fever. • Joint pain. • Low blood pressure (hypotension). • Muscle pain. <p><u>Ear infection</u></p> <ul style="list-style-type: none"> • Earache. • Fluid that comes out of your ear (discharge). • Itching. • Swelling. • Hearing loss. <p><u>GI tract infection</u></p> <ul style="list-style-type: none"> • Headache. • Diarrhoea. • Nausea and vomiting. <p><u>Eye infection</u></p> <ul style="list-style-type: none"> • Inflammation • Pain • Pus • Red eyes • Swelling • Sudden vision loss <p><u>Lung infection</u></p> <ul style="list-style-type: none"> • Chills. • Cough. • Difficulty breathing. | | | |
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| | | <ul style="list-style-type: none"> • Fever. <p><u>Skin infection</u></p> <ul style="list-style-type: none"> • Discoloured (red, brown, or purple) bumps. • Foul-smelling, clear, or pink fluid that drains from a wound (draining wound). • Itchiness. • White or yellow pus-filled bumps (abscess). <p><u>Urinary tract</u></p> <ul style="list-style-type: none"> • Having to pee suddenly or uncontrollably (urge incontinence). • Leaking pee when you don't mean to (urinary incontinence). • Pain around your pelvic area. • Pain when you pee (dysuria). • Peeing more than usual (frequent urination). | | | |
| Psittacosis | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route. Psittacosis is an infection that is</p> | Single room with en-suite room | 7 days from the onset of symptoms. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) |

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| | | <p>found in birds caused by bacterium c psittaci.</p> <p>Transmission of the disease from birds to humans mainly occurs through the inhalation of airborne particles from respiratory secretions, dried faeces, or feather dust.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Fever • Cough • Muscle pain • Headache • Nausea & Vomiting | | | <ul style="list-style-type: none"> • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Puerperal Sepsis | Contact | <p>Transmitted through contact:</p> <p>Puerperal sepsis, also known as postpartum infection, is a bacterial infection that can occur after childbirth. It is a complication that affects a significant number of women, and if left untreated, it can lead to serious health issues.</p> <p>Can cause patient to experience the following symptoms.</p> <ul style="list-style-type: none"> • Fever above 38°C • Abnormal vaginal discharge with a foul Odour | Single room with en-suite room | <p>Until 24 hours of appropriate antibiotic treatment has been administered.</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • Severe pain or tenderness in the abdomen or pelvis • Chills and shivering • Rapid heartbeat • Excessive fatigue | | | |
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| Rabies | Contact | <p>Transmitted through contact:</p> <p>Rabies is a rare but serious infection that's usually caught from a bite or scratch of an infected animal. Its almost always fatal once symptoms appear, but vaccination and early treatment can prevent it</p> <p>Can also be passed on through contact with secretions/body fluids.</p> <p>The Incubation period for rabies may be as short as two days or as long as 6 years.</p> <p>Can cause patients to experience the following symptoms:</p> <p>The first are flu-like symptoms.</p> <ul style="list-style-type: none"> • Fever • Headache and anxiety • Sore throat and cough <p>Then follows a neurologic period.</p> <ul style="list-style-type: none"> • Aggression | Single room with en-suite room | <p>Dependent upon clinical assessment</p> <p>(Patient will need to remain isolated until a decision by infection control, doctor/infectious disease consultant is recommended)</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • Convulsions • Hypersalivation and hydrophobia • Hallucinations • Paralysis • Hyperventilation <p>The final stage is coma which leads to death.</p> | | | |
| Respiratory Syncytial Virus (RSV) | Droplet Airborne | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted by airborne route.</p> <p>Respiratory syncytial virus (RSV) is a common cause of coughs and colds. RSV infections usually get better by themselves but can sometimes be serious for babies and older adults.</p> <p>Symptoms of an RSV infection usually start within a few days of getting infected.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • a runny or blocked nose • a cough | Single room with en-suite room | <p>For 5 days from the onset of a positive result, if on day 5 the patient is well and not had a temperature for 48 hours then they can step SIPS on day 6. If the patient remains symptomatic on day 5 then source isolation should continue until the patient is clinically recovered.</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM for routine care and FFP3 to be worn by staff for AGP'S. <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <ul style="list-style-type: none"> • sneezing • tiredness • a high temperature – signs include your back or chest feeling hotter than usual, sweatiness and shivering (chills) <p>Babies with RSV may also be irritable and feed less than usual.</p> <p>If RSV leads to a more serious infection (such as pneumonia or bronchiolitis) it may also cause:</p> <ul style="list-style-type: none"> • a cough that gets worse • shortness of breath • faster breathing or long gaps between breaths • difficulty feeding (in babies) or loss of appetite. • noisy breathing (wheezing) • confusion (in older adults) | | | |
| Ringworm | No isolation precautions required | | | | |
| Rubella Acquired | Droplet | Transmitted by respiratory droplets that are generated by a | Single room with en-suite room | For at least 5 days from the onset of | <ul style="list-style-type: none"> • Gloves • Apron |


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| | | <p>patient coughing, sneezing, or talking.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> The main symptom of rubella is a spotty rash that starts on the face or behind the ears and spreads to the neck and body. The rash takes 2 to 3 weeks to appear after getting rubella. | | <p>Rash.</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> Gown (Only if risk of splash from blood/body fluids) FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Rubella Congenital | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Congenital rubella syndrome (CRS) affects newborns and can cause several health problems, like congenital heart disease and intellectual disability.</p> <p>It is passed onto babies if the mother contracts rubella during pregnancy. CRS is preventable with rubella vaccination before pregnancy.</p> <p>Can cause patient to experience the following symptoms:</p> <p>Initial signs of CRS right after</p> | Single room with en-suite room | For at least 1 month after delivery | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed</p> |

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| | | <p>birth may include:</p> <ul style="list-style-type: none"> • Low birth weight. • Multiple blue or purple circle-shaped marks or bumps in their skin (often called a blueberry muffin rash). • Purple, red, or brown spots and patches on their skin (purpura). • Small head size (microcephaly). <p>Other features of CRS that may become apparent later after birth include:</p> <ul style="list-style-type: none"> • Congenital cataracts and glaucoma. • Congenital heart disease, like patent ductus arteriosus, peripheral pulmonary artery stenosis, ventricular septal defects, and atrial septal defects. • Developmental delay. • Enlarged liver or spleen (hepatosplenomegaly). • Hearing loss. • Haemolytic anaemia. • Intellectual disability. • Pneumonia. • Meningoencephalitis. • Pigmentary retinopathy. • Bone disease. | | | <p>using soap and water</p> |
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| | | <ul style="list-style-type: none"> Swollen lymph nodes. <p>Babies born with congenital rubella syndrome also have an increased risk of developing insulin-dependent diabetes and thyroid disease later in life.</p> | | | |
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| Sudden Acute Respiratory Syndrome (SARS) | Droplet Contact | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>SARS is a serious viral pneumonia that can rapidly progress into respiratory failure which can be fatal.</p> <p>Patients diagnosed with SARS require. Immediate transfer of patient required to infectious Diseases unit.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> Fever Chills/shaking. Dry cough Shortness of breath Muscle aches/pains Diarrhoea Nausea Vomiting Runny Nose | Single room with en-suite room | <p>Until clinically recovered</p> <p>Or the patient is discharged home</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Salmonella | Contact | Transmitted contact through | Single room with | Patient will need to | <ul style="list-style-type: none"> Gloves |

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| | | <p>oral-faecal route.</p> <p>Salmonella infection (salmonellosis) is a common bacterial disease that affects the intestinal tract. Salmonella bacteria typically live in animal and human intestines and are shed through stool (faeces). Humans become infected most frequently through contaminated water or food.</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> • Diarrhea • Stomach (abdominal) cramps • Fever • Nausea • Vomiting • Chills • Headache • Blood in the stools | en-suite room | <p>be 48 hours free from diarrhoea and/or vomiting and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Scabies</p> <p>Classical (Atypical)</p> <p>Norwegian (Crusted)</p> | Contact | <p>Transmitted through contact:</p> <p>Can cause patient to experience the following symptoms:</p> <ul style="list-style-type: none"> • Presents with itchy red papules (occasionally vesicles and pustules); itching is worse at night. | Single room with en-suite room | <p>Until completion of 2 courses of treatment have been administered 2 weeks apart.</p> <p>Repeat treatment may be necessary and will need to be</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting</p> |

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| | | <ul style="list-style-type: none"> • Sites where rashes are observed are palms and soles, wrists and axilla, umbilicus and in between web spaces. • itchy lumps or nodules in the armpits and groin are highly suggestive of scabies. • Linear or curved skin burrows in which mites might live are observed. | | <p>discussed with a dermatologist.</p> <p>*Please refer to the LPT 'Management of patients with scabies' policy</p> | <p>the patient's room. Ensure that hands are washed using soap and water.</p> |
| Scarlet fever | Droplet Contact | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Transmitted through contact:</p> <p>Scarlet fever is a contagious infection that mostly affects young children. It's easily treated with antibiotics.</p> <p>The first signs of scarlet fever can be flu-like symptoms, including a high temperature, a sore throat and swollen neck glands (a large lump on the side of your neck).</p> <p>A rash appears 12 to 48 hours later. It looks like small, raised bumps and starts on the chest and tummy, then spreads. The rash makes your skin feel rough,</p> | Single room with en-suite room | <p>Until 24 hours of appropriate antibiotic treatment has been administered.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The management of infectious events and exclusion from childcare and school for childhood infections' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | <p>like sandpaper.</p>  <p>Can cause patients to experience the following symptoms:</p> <p>Common symptoms associated with scarlet fever are:</p> <ul style="list-style-type: none"> • Red rashes that start on the face or neck and spread onto arms, trunk, and legs. • Red lines around knees, groin, armpit, and elbows • Flushed face • Strawberry tongue (white tongue with red spots) <p>Other symptoms:</p> <ul style="list-style-type: none"> • High fever with chills • Sore and red throat • Difficulty in swallowing • Enlarged glands in the neck (lymph nodes) that is tender to touch. • Nausea or vomiting • Headache | | | |
| Shingles (Herpes zoster) | Contact | <p>Transmitted through contact:</p> <p>Shingles is an infection that</p> | Single room with en-suite room | Until all lesions are dried/crusted, or the 5-day infectious | <ul style="list-style-type: none"> • Gloves • Apron |

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| | | <p>causes a painful rash.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • Headache • Fever and chills • Malaise • Nausea • Body aches • Swollen lymph glands • Burning, Itching, or tingling sensation • Red patches • Fluid-filled blisters that break easily. • Rash on the face and ears • Itching • Muscle weakness • Fatigue • Stomach upset. | | <p>period has expired.</p> <p>Or the patient is discharged home.</p> <p>Patient should not be cared for by staff who have no immunity to chickenpox or who are pregnant.</p> <p>*Please refer to the LPT 'The Management of Chickenpox/Shingles, including screening process' Policy</p> | <ul style="list-style-type: none"> • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| Shigella | Contact | <p>Transmitted contact through oral-faecal route.</p> <p>Shigella infection is an illness that affects the intestine. Another name for it is shigellosis. It's caused by a group of germs called shigella bacteria.</p> <p>The germs that cause it spread easily through an infected person's stool. The germs can get on fingers, on surfaces, or</p> | Single room with en-suite room | <p>Patient will need to be 48 hours free from diarrhoea and/or vomiting and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or The patient is discharged home.</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

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| | | <p>into food or water. Infection happens after the germs are swallowed.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • Bloody diarrhoea • Frequent watery stools which are greenish in colour • Abdominal pain • Tenesmus (Feeling the need to pass stool even after having emptied the bowel) • Fever | | <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Streptococcus pneumoniae</p> <p>Pneumonia</p> | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Symptoms may include:</p> <ul style="list-style-type: none"> • cough • breathing difficulties • rapid breathing • chest pain | Single room with en-suite room | <p>Until course of appropriate antibiotic treatment has been administered.</p> <p>Or The patient is discharged home.</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff For Routine care, FFP3 for AGPS <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |

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| | | <ul style="list-style-type: none"> • confusion • fever or chills | | | |
| Streptococcus pneumoniae <i>Bacteraemia, meningitis, wound infection, or infection in other normally sterile site.</i> | Contact | <p>Transmitted through contact:</p> <p>Symptoms would be dependent upon where the infection is located and the area of body that is affected.</p> | Single room with en-suite room | <p>Until course of appropriate antibiotic treatment has been administered.</p> <p>Or The patient is discharged home.</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water</p> |
| Strep Pyogenes (Group A Streptococcal infection) | contact | <p>Transmitted through contact:</p> <p><i>Streptococcus pyogenes</i> are also called group A <i>Streptococcus</i> (group A strep bacteria).</p> <p>Group A strep bacteria can cause both non-invasive and invasive disease.</p> <p>The bacteria are contagious and usually spread via respiratory droplets.</p> <p>Transmission is most often direct person-to-person spread through respiratory droplets. It can also occur through contact with secretions</p> | Single room with en-suite room | <p>Until 24 hours of appropriate antibiotic treatment has been administered.</p> <p>Or The patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

| | | | | |
|--|---|--|--|--|
| | <p>(e.g., saliva, wound discharge, nasal secretions) from an infected person.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • flu-like symptoms, such as a high temperature, swollen glands, or an aching body • sore throat (strep throat or tonsillitis) • a rash that feels rough, like sandpaper (scarlet fever) • scabs and sores (impetigo) • pain and swelling (cellulitis) • severe muscle aches • nausea and vomiting <p>Strep A infections are more common in children, but adults can also sometimes get them.</p> <p>Most strep A infections are not serious and can be treated with antibiotics.</p> <p>But rarely, the infection can cause serious problems. This is called invasive group A strep</p> | | | |
|--|---|--|--|--|

| | | | | | |
|-----------------|---------|---|--------------------------------|---|---|
| | | (iGAS). | | | |
| Syphilis | Contact | <p>Transmitted through contact.</p> <p>Syphilis is a highly contagious sexually transmitted bacterial infection characterised by painless sore on the genitals, rectum, or mouth.</p> <p>The symptoms of syphilis are often mild and hard to notice. They tend to change over time and may come and go.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • small sores (ulcers) on penis, vagina, or around bottom (anus) – these are usually painless and may only have one of them. • sores in other areas, including in mouth or on lips, hands, or bottom. • white or grey warty growths most commonly on penis, vagina or around anus | Single room with en-suite room | Until lesions have dried and are not wet/weepy. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

| | | | | | |
|-------------------|--|---|--|--|--|
| | | <ul style="list-style-type: none"> • a rash on the palms of hands and soles of feet that can sometimes spread all over body – this is not usually itchy. • white patches in mouth • flu-like symptoms, such as a high temperature, headaches, and tiredness • swollen glands • patchy hair loss on the head, beard, and eyebrows <p>It can take 3 weeks or more for the symptoms of syphilis to appear after being infected.</p> | | | |
| T | | | | | |
| Tapeworm | No isolation precautions required | | | | |
| Tetanus | No isolation precautions required | | | | |
| Threadworm | No isolation precaution | | | | |

| s required | | | | | |
|---------------------------------|---------|--|--------------------------------|---|--|
| Tonsillitis Children | Droplet | <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> <p>Tonsillitis is an infection of the tonsils which are situated at the sides of the throat.</p> <p>Tonsillitis can feel like a bad cold or flu. The tonsils at the sides of the throat will become red and swollen.</p> <p>Can cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • a sore throat • problems swallowing • a high temperature • coughing • a headache • feeling and being sick • earache • feeling tired <p>Sometimes the symptoms can be more severe and include:</p> | Single room with en-suite room | <p>Until clinically recovered</p> <p>Or the patient is discharged home.</p> <p>*Please refer to the LPT 'The management of infectious events and exclusion from childcare and school for childhood infections' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) FFP3 for AGP'S <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |

| | | | | | |
|---|---|--|--------------------------------|--|---|
| | | <ul style="list-style-type: none"> swollen, painful glands in your neck (feels like a lump on the side of your neck) pus-filled spots or white patches on your tonsils bad breath | | | |
| Toxoplasmosis | No isolation precautions required | Pregnant staff members should be advised to avoid contact with body fluids of affected patients. | | | |
| Transmissible Spongiform Encephalopathy (TSE) | No isolation precautions required. However, care for specific invasive procedures required (Refer to policy) | | | *Please refer to the LPT 'Transmissible Spongiform Encephalopathy (TSE) including Creutzfeldt-Jacob Disease (CJD) Variant CJD (VCJD)' Policy* | |
| Typhoid Fever & Carriers | Contact | <p>Transmitted contact through oral-faecal route.</p> <p>Typhoid fever is a bacterial infection that can spread throughout the body, affecting many organs.</p> <p>Can cause patients to</p> | Single room with en-suite room | <p>Until clinically recovered</p> <p>Or the patient is discharged home,</p> <p>*Please refer to the LPT 'The Management of</p> | <ul style="list-style-type: none"> Gloves Apron Gown (Only if risk of splash from blood/body fluids) FRSM to be worn by staff and patients (If safe/able to wear) <p>FFP3 for AGP'S</p> |

| | | | | | |
|--|-----------------------|---|---------------------------------------|--|--|
| | | <p>experience the following symptoms:</p> <ul style="list-style-type: none"> • a persistent high temperature that gradually increases each day • headache • general aches and pains • extreme tiredness (fatigue) • cough • constipation <p>As the infection progresses, patient may lose appetite, feel sick, and have a stomach ache and diarrhoea. Some people may develop a rash.</p> | | <p>patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| V | | | | | |
| <p>Vancomycin Resistant Enterococci (VRE)</p> <p>With Risk factors</p> <p>Wounds</p> <p>Urinary catheter</p> | <p>Contact</p> | <p>Transmitted through contact.</p> <p>Vancomycin Resistant Enterococci is commonly referred to as VRE. Enterococci are a type of bacteria (germs) that live in the gastrointestinal tract (bowels/gut) of most people and do not cause illness.</p> | <p>Single room with en-suite room</p> | <p>For the duration of the patient hospital admission.</p> <p>Or</p> <p>The patient is discharged home</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting</p> |

| | | | | | |
|--|--|---|---------------------------------------|---|---|
| Indwelling devices | | <p>This is called colonisation. Sometimes these bacteria can cause infection if they get into an area of the body where they are not normally found such as a wound, urinary tract, heart valves and bloodstream.</p> <p>Vancomycin is a type of antibiotic used to treat enterococci. When enterococci become resistant to vancomycin, which means this antibiotic will no longer treat these bacteria, we refer to this as resistant. Bacteria are finding new ways to become resistant to antibiotics commonly used to treat infections.</p> | | | <p>the patient's room. Ensure that hands are washed using soap and water.</p> |
| Vancomycin Resistant Enterococci (VRE) With No Risk Factors | No isolation precautions required | | | | |
| Viral Gastroenteritis | Contact | <p>Transmitted contact through oral-faecal route.</p> <p>Viral Gastroenteritis is a very common condition that causes diarrhoea and vomiting. It's usually caused by a bacterial or</p> | <p>Single room with en-suite room</p> | <p>Patient will need to be 48 hours free from diarrhoea and have passed a normal formed stool or a stool that is normal for them.</p> <p>Or</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FRSM to be worn by staff and patients (If safe/able to wear) |

| | | | | | |
|---|------------------------|---|---------------------------------------|--|--|
| | | <p>viral tummy bug.</p> <p>It affects people of all ages but is particularly common in young children.</p> <p>Can Cause patients to experience the following symptoms:</p> <ul style="list-style-type: none"> • sudden, watery diarrhoea • feeling sick • vomiting, which can be projectile. • a mild fever <p>Some people also have other symptoms, such as a loss of appetite, an upset stomach, aching limbs and headaches</p> | | <p>The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <p>FFP3 for AGP'S</p> <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> <p>*NB Please do not decontaminate hands with hand sanitiser as this can be ineffective against diarrhoea causing infections*</p> |
| <p>Viral Haemorrhagic Fever</p> <p>(Lassa fever, Marburg Fever, Ebola fever, Crimean)</p> | <p>Contact Droplet</p> | <p>Transmitted through contact.</p> <p>Transmitted by respiratory droplets that are generated by a patient coughing, sneezing, or talking.</p> | <p>Single room with en-suite room</p> | | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) • FFP3 to be worn by staff for routine care and also FFP3 for AGP'S |

| | | | | | |
|--|--|-------------------------------------|---------------------------------------|---|---|
| <p>*Patients diagnosed with Viral haemorrhagic fever require. Immediate transfer of patient required to infectious Diseases unit*</p> | | | | | <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| <p>Vomiting (If thought to be infective)</p> | <p>Contact</p> | <p>Transmitted through contact.</p> | <p>Single room with en-suite room</p> | <p>Patient will need to be 48 hours free from Vomiting.</p> <p>Or The patient is discharged home.</p> <p>*Please refer to the LPT 'The Management of patients with Diarrhoea and/or vomiting suspected or confirmed as infectious' Policy*</p> | <ul style="list-style-type: none"> • Gloves • Apron • Gown (Only if risk of splash from blood/body fluids) <p>DON PPE before room entry and Doff PPE appropriately before exiting the patient's room. Ensure that hands are washed using soap and water.</p> |
| <p>y</p> | | | | | |
| <p>Yellow Fever</p> | <p>No isolation precautions required.</p> | | | | |

Please contact the infection prevention and control team if you require any advice regarding this. Telephone: 0116 295 2320

(Answerphone service)

4.0 Monitoring Compliance and Effectiveness

Compliance with this policy is outlined in the LPT infection prevention and control policy.

5.0 References & Bibliography

DH (2010) Health Protection Legislation (England). Guidance 2010. Health Protection Regulations, London <https://www.legislation.gov.uk>

DH Essential Steps to Safe Clean Care (2007)

Health and Safety at Work etc. Act 1974

Health and Social Care Act 2008; Code of practice on the Prevention and Control of Infections and related guidance (updated July 2015). DH

LPT Estates and facilities Waste Management Policy (2024)

LPT Infection Prevention and Control Cleaning and Decontamination of Equipment, Medical Devices, and the Environment, (including the Management of blood and body fluid spillages) Policy (2022)

LPT The management of the infection prevention and control risks of patients with TB within LPT policy (2024)

LPT Infection Prevention and Control Management of patients with Scabies (2024)

LPT Infection Prevention and Control Management of patients with diarrhea and/or vomiting that is of a suspected or confirmed infectious nature including the clinical management of patients nursed as inpatients within LPT with an increased incidence or outbreak of diarrhea and/or vomiting policy. (2023)

LPT Infection Prevention and Control Management of Transmissible Spongiform Encephalopathy (TSE) including Creutzfeldt-Jacob Disease (CJD) Variant CJD (vCJD) (2023)

LPT Infection Prevention and Control Personal Protective Equipment for use in Healthcare Policy (2023)

LPT Infection Prevention and Control Staff Health relating to a Communicable Disease Policy (2022)

NHS England (2023) National infection prevention and control manual for England V2.4

Infection Prevention and Control Team

Protective Isolation

The purpose of protective isolation is to provide a safe environment for patients who have an increased susceptibility to infection because of immunosuppression (a reduction in the efficiency of the immune system which increases their risk of acquiring an infection).

Such patients may be:

- those with prolonged neutropenia (as a result of chemotherapy for example)
- patients who have undergone bone-marrow transplantation
- patients with excessive burns
- infection with HIV
- some genetic disorders, such as cystic fibrosis
-

(Note this list is not extensive)

If these patients contract an infection, it can be life-threatening. Many patients whilst in their acute stage will be managed in specialist units.

For those patients who are immune-compromised and nursed within a community hospital it is imperative that good standard infection prevention and control measures are employed. Ideally, they should be nursed in a single room. If this is not possible a risk assessment should be undertaken to take into account, the other patients in the bay they will be nursed with.

Immunocompromised individuals should never be placed in the same room or adjacent to people with a known infection.

If patients with suspected or known infections are nursed in a bay due to lack or inappropriateness of single rooms a risk assessment must include whether any immunocompromised patients are also nursed in the same bay and therefore put at risk.

Consideration must be given with regards to moving the immuno-compromised patient if the patient with the suspected or known



Leicestershire Partnership
NHS Trust

Standard Precautions

A set of measures used to prevent the spread of infectious diseases transmitted through the air

Anyone entering this room must wear the following Personal Protective Equipment (PPE):

Gloves



Apron



Fluid Resistant
Face Mask (FRSM)



PPE applies whether or not contact with the patient or patient's environment is anticipated.



Patient Visitors

Please do not enter until you have spoken with the nursing team who will inform you of any precautions that may be required during your visit.



Leicestershire Partnership
NHS Trust

Droplet Precautions

A set of measures used to prevent the spread of infections that are transmitted through respiratory droplets

Anyone entering this room must wear the following Personal Protective Equipment (PPE):

Gloves



Apron



Fluid Resistant
Face Mask (FRSM)



PPE applies whether or not contact with the patient or patient's environment is anticipated.



Patient Visitors

Please do not enter until you have spoken with the nursing team who will inform you of any precautions that may be required during your visit.



Leicestershire Partnership
NHS Trust

Airborne Precautions

A set of measures used to prevent the spread of infectious diseases transmitted through the air

Anyone entering this room must wear the following Personal Protective Equipment (PPE):

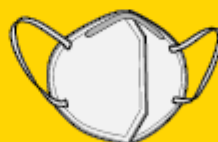
Gloves



Apron



FFP3 mask



PPE applies whether or not contact with the patient or patient's environment is anticipated.



Patient Visitors

Please do not enter until you have spoken with the nursing team who will inform you of any precautions that may be required during your visit.



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NHS Trust

Contact Precautions

A patient with a known or suspected infection that can be spread through direct or indirect contact

Anyone entering this room must wear the following Personal Protective Equipment (PPE):

Gloves



Apron



PPE applies whether or not contact with the patient or patient's environment is anticipated.



Patient Visitors

Please do not enter until you have spoken with the nursing team who will inform you of any precautions that may be required during your visit.

National colour coding scheme for hospital cleaning materials and equipment

All NHS organisations should adopt the colour code below for cleaning materials. All cleaning items, for example, cloths (re-usable and disposable), mops, buckets, aprons and gloves, should be colour coded. This also includes those items used to clean catering departments.



Red

Bathrooms, washrooms, showers, toilets, basins and bathroom floors



Blue

General areas including wards, departments, offices and basins in public areas



Green

Catering departments, ward kitchen areas and patient food service at ward level



Yellow

Isolation areas

Your local contact for hospital cleaning is:

Appendix 4

Guidance on how to use the Post infection Clean/Terminal Clean request sign off form.

This sign off form has been developed to give assurance that the post infection clean/terminal clean is completed to a standard that is acceptable and all elements are carried out to a satisfactory level. It has been developed following concerns from a number of ward staff around the standards of cleaning and decontamination of the environmental area following the discontinuation of source isolation precautions.

Who should complete the form?

The member of nursing staff that is requesting the post infection/terminal clean should complete the form relating to the request.

The member of nursing staff that is checking the elements to ensure that the post infection/terminal clean is undertaken to an acceptable standard should complete those elements of the form.

If any elements are not deemed to be to an acceptable standard this should be rectified at the time and before any source isolation precautions are discontinued if the patient is remaining in the bed space, or a new patient is transferred into that bed space.

If the area consists of several bed spaces (i.e. a bay or dormitory) then all elements of that area need to be cleaned to an acceptable standard before the form is signed off

The elements that are to be cleaned and decontaminated by nursing staff also need to be completed correctly prior to the form being signed off.

The elements of the form can be completed by a healthcare assistant; however, the form must be signed off by a qualified nurse who has overall responsibility for ensuring the elements have been completed satisfactorily.

When should the form be completed?

The form should be completed each time a post infection clean/terminal clean is requested. Source isolation precautions need to be continued until the post infection clean/terminal clean has been carried out in its entirety.

Where should the form be stored?

These forms should be stored locally; a suggestion is that they are stored within the assurance folder, but this is not mandatory. The important factor to be considered is that they need to be available for audit purposes and to be checked during matron walk rounds/IPC walk rounds.

Who should be form escalated to?

If there are any issues with the cleaning and decontamination of the environment, they need to be escalated at the time. The issues also need escalating to the ward manager/matron so that trends can be monitored through the service directorate IPC meeting and the cleaning forum.

Infection Prevention and Control Team

Post infection clean/terminal clean request sign off form.

HospitalWard

| | Yes/No/comment |
|---|-----------------|
| Person requesting clean | |
| Date clean requested | |
| Time clean requested | |
| Bed space or area required for clean | |
| Person accepting task | |
| Date clean commenced | |
| Time clean commenced | |
| Chlor clean used | |
| Domestics wearing appropriate PPE | |
| Yellow coded cleaning equipment | |
| All areas checked as clean: | |
| Building: Floor Windowsill etc. | |
| Fixtures and Fittings: Light fittings Switches Curtain Rails Shelving Door handles radiators etc. | |
| Furniture: Table Wardrobe/cupboard Chair Bed frame etc. | |
| En-suite: toilet Fixtures and fittings Floor | |
| Bin: Outside New bin liner | |
| Hand Wash sink Deb dispensers Paper towel dispenser | |
| Any other items specific to the area | |
| | Yes/No/Comments |
| Wardrobes and cupboards emptied and cleaned inside | |

Items to be cleaned and decontaminated by nursing staff.

Nursing Duties

| | |
|--|--|
| Air mattress sent to Medstrom for decontamination, or non-air mattress cleaned at ward level using chlor clean | |
| All sundry items removed and disposed of | |
| All nursing equipment cleaned and decontaminated using chlor clean | |
| All beds within bay/area/room that were. in areas receiving source isolation precautions made with clean linen | |
| Any other items (please specify) | |

Signed as completed by qualified nurse.

Name

Designation

Date Time

| Transfer Letter/Inter-Healthcare Transfer Form | |
|--|-----------------------------|
| From: To: Date: Transferring facility e.g., ward, care home etc.: Receiving facility e.g., hospital, ward, care home, district nurse etc.: | |
| PATIENT DETAILS | G.P. |
| Name: Address: Date of birth NHS number | |
| NEXT OF KIN: - | REASON FOR ADMISSION |
| Aware of admission: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| PAST MEDICAL HISTORY/ ALLERGIES | CURRENT MEDICATIONS |
| | |
| GP/DOCTOR/CONSULTANT- CLINICAL SUMMARY OF TREATMENT | |
| | |
| Print Name on completion: Contact No: | Date: |
| NURSING SUMMARY: - | |
| (Activities of daily living) | |

Print name on completion:

Contact No:

Date:

| MULTIDISCIPLINARY TEAM ONGOING ACTIONS AND PLANS | | | |
|--|------|-----------|--------------------------|
| (Aids/ equipment used) | | | |
| DETAILS OF CURRENT CARE PACKAGE | | | |
| | | | |
| Who | When | Frequency | Contact |
| | | | |
| | | | |
| | | | |
| | | | |
| Medication Aid: Yes <input type="checkbox"/> No <input type="checkbox"/> Type:..... | | | |
| Approximate Weight: - | | | |
| DNAR order in place within LPT Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Form sent with patient: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 100% Continuing Health Care Funding Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Waterlow Score: - | | | |
| INTER-HEALTH INFECTION CONTROL INFORMATION: - | | | |
| Is this patient an infection control risk? <i>(Please tick the most appropriate box and give confirmed or suspected organism)</i> | | | |
| Confirmed Organism..... | | risk | <input type="checkbox"/> |
| | | | |
| Suspected Organism:..... | | risk | <input type="checkbox"/> |
| | | | |
| No known Organism..... | | risk | <input type="checkbox"/> |
| | | | |
| Patient exposed to others with infection (e.g.: D&V) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If patient has diarrheal illness, please indicate bowel history for last week: - (Assessed with Bristol Stool Chart) | | | |
| | | | |
| Is the diarrhoea thought to be of an infective nature? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| | | | | |
|---|--|--|-------------|--|
| Relevant specimen results (including admission screens – MRSA, glycopeptide-resistant enterococcus SPP, <i>C. Difficile</i> , multi-resistant <i>Acinetobacter</i> SPP) and treatment information, including antimicrobial therapy: | | | | |
| Specimen: | | | | |
| Date: | | | | |
| Result: | | | | |
| Treatment information: | | | | |
| Other information: | | | | |
| Is the patient aware of their diagnosis / risk of infection? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Does the patient require isolation? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(Please inform the receiving area in advance)</i> | | | | |
| Is the Infection Control Nurse aware of the transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> If no why not? | | | | |
| Is EMAS aware of the transfer? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Print Name on completion: _____ : | | | | |
| Contact No: _____ | | | Date: _____ | |

Transmission Based Precautions

Transmission based precautions are the second tier of basic infection control and are to be used in addition to standard precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent further infection transmission.

| Type of precaution | Definition/when to be used | Isolation | PPE | Transport/movement of patient |
|--------------------|---|---|---|---|
| Contact | Patients with known or suspected infections that represent an increased risk for contact transmission such as CDT, CRO or MRSA. | <ul style="list-style-type: none"> • Appropriate patient placement • Single room with en-suite if available | <ul style="list-style-type: none"> • Gloves • Apron • Gown (only if risk of splash from blood/bodily fluids) <p><i>Don PPE before room entry and doff appropriately before exiting the patient's room. Ensure hands are washed using soap and water.</i></p> | <p>Risk assessments must be completed for any activities outside the patient's room.</p> <p>Areas visited outside the patient room must be cleaned after use.</p> |
| Droplet | Patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient | <ul style="list-style-type: none"> • Appropriate patient placement • Single room with en-suite if available | <ul style="list-style-type: none"> • Gloves • Apron • Gown (only if risk of splash from blood/bodily fluids) • FRSM to be worn by staff and patient (if able to) | <p>Risk assessments must be completed for any activities outside the patient's room.</p> |

| | | | | |
|-----------------|--|---|---|---|
| | who is coughing, sneezing or talking. | | <i>Don PPE before room entry and doff appropriately before exiting the patient's room. Ensure hands are washed using soap and water.</i> | Areas visited outside the patient room must be cleaned after use. |
| Airborne | Patients known or suspected to be infected with pathogens transmitted by the airborne route such as Tuberculosis, Measles, Chickenpox, disseminated herpes zoster. | <ul style="list-style-type: none"> • Appropriate patient placement • Single room with en-suite if available • Restrict susceptible healthcare personnel from entering room of patients known or suspected to have Measles, Chickenpox, disseminated zoster or Smallpox if other immune healthcare professionals are available. | <ul style="list-style-type: none"> • Gloves • Apron • Gown (only if risk of splash from blood/bodily fluids) • FRSM/FFP3 to be worn by staff dependent on infection type* <p>*Discuss with the IPC team</p> <p><i>Don PPE before room entry and doff appropriately before exiting the patient's room. Ensure hands are washed using soap and water.</i></p> | <p>Risk assessments must be completed for any activities outside the patient's room.</p> <p>Areas visited outside the patient room must be cleaned after use.</p> |

Prioritize cleaning and disinfection of the rooms of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient at least daily or prior to use by another patient. If outpatient settings Focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient. Full post infection clean to take place once source isolation has been stepped down and curtains will require changing

Appendix 1 Flowchart(s)

Appendix 2 Training Requirements

Training Needs Analysis

| | | |
|---|---|-------------------------|
| Training topic: | The management of a patient requiring source isolation precautions policy | |
| Type of training: (see study leave policy) | <input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role Essential (must be on the Role Essential Training register) <input type="checkbox"/> Desirable | |
| Directorate to which the training is applicable: | <input type="checkbox"/> Adult Mental Health <input type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children / Learning Disability/ Autism Services <input type="checkbox"/> Hosted Services | |
| Staff groups who require the training: | Clinical staff involved in direct patient care | |
| Regularity of Update requirement: | 2 yearly | |
| Who is responsible for delivery of this training? | E-learning level IPC training Level 1 & 2 | |
| Have resources been identified? | Yes E-learning packages | |
| Has a training plan been agreed? | Yes | |
| Where will completion of this training be recorded? | <input checked="" type="checkbox"/> ULearn <input type="checkbox"/> Other (please specify) | |
| How is this training going to be monitored? | | |
| Signed by Learning and Development Approval name | | Date: April 2024 |

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

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|---|---|
| Shape its services around the needs and preferences of individual patients, their families and their carers | x |
| Respond to different needs of different sectors of the population | x |
| Work continuously to improve quality services and to minimise errors | x |
| Support and value its staff | x |
| Work together with others to ensure a seamless service for patients | x |
| Help keep people healthy and work to reduce health inequalities | x |
| Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance | x |

Appendix 3 Due Regard Screening Template

| Section 1 | |
|---|---|
| Name of activity/proposal | The Management of a patient requiring source isolation precautions policy |
| Date Screening commenced | 07-03-2024 |
| Directorate / Service carrying out the assessment | Enabling Infection prevention and control team |
| Name and role of person undertaking this Due Regard (Equality Analysis) | Claire King Infection prevention and control nurse |
| Give an overview of the aims, objectives, and purpose of the proposal: | |
| <p>AIMS:</p> <p>The aim of this policy is to provide staff employed by LPT with a clear and robust infection prevention and control guidelines for the management of a patient requiring source isolation precautions (SIPS). This policy applies to both inpatients and patients who are cared for in their own homes.</p> | |
| <p>OBJECTIVES:</p> <p>The objective of this policy is to ensure that staff are aware of their responsibilities for safe practice and take the appropriate precautions to protect themselves, their co-workers, and their patients.</p> | |
| Section 2 | |
| Protected Characteristic | If the proposal/s have a positive or negative impact, please give brief details |
| Age | None identified |
| Disability | None identified |
| Gender reassignment | None identified |
| Marriage & Civil Partnership | None identified |
| Pregnancy & Maternity | None identified |
| Race | None identified |
| Religion and Belief | None identified |
| Sex | None identified |
| Sexual Orientation | None identified |
| Other equality groups? | None identified |
| Section 3 | |
| Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below. | |
| Yes | No |
| High risk: Complete a full EIA starting click here to proceed to Part B | Low risk: Go to Section 4. <input checked="" type="checkbox"/> |
| Section 4 | |
| If this proposal is low risk, please give evidence or justification for how you reached this decision: | |
| | |

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|--|-------------|------|------------|
| | | | |
| Signed by reviewer/assessor | Claire King | Date | 07-03-2024 |
| <i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i> | | | |
| Head of Service Signed | Emma Wallis | Date | April 2024 |

Appendix 4 Data Privacy Impact Assessment Screening

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| <p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p> | | | |
| Name of Document: | The management of a patient requiring source isolation precautions policy | | |
| Completed by: | Claire King | | |
| Job title | Infection prevention and control nurse | Date 07-03-2024 | |
| Screening Questions | Yes / No | Explanatory Note | |
| 1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document. | N | | |
| 2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document. | N | | |
| 3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document? | N | | |
| 4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used? | N | | |
| 5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics. | N | | |
| 6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them? | N | | |
| 7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private. | N | | |
| 8. Will the process require you to contact individuals in ways which they may find intrusive? | N | | |

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|---|-----|
| If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy. | |
| Data Privacy approval name: | n/a |
| Date of approval | |

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust