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Review Lead: Lead Infection, Prevention and Control Nurse

NHS
Calderdale and Huddersfield
NHS Foundation Trust

Section K - Isolation Policy

Version 9

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Document Summary Table		
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Committee Name	**Committee Chair**	**Date**
Infection, Prevention and Control Committee	Consultant Microbiologist/Director of Infection Prevention and Control	January 2019
Other Stakeholders Consulted		

Does this document map to other Regulator requirements?	
Regulator details	*Regulator standards/numbers etc*

Document Version Control	
Version 9	Updates to: door signage; SOP for isolation of diarrhoea; isolation priorities guide and policy content in relation to the changes
Version 8	References reviewed and updated, appendices reviewed and updated and EPR elements added where applicable.
Version 7	The full appendices have been added to the policy as they were inaccessible.
Version 6	A quick guide for prioritising who to isolate is available in Appendix 1. Respiratory protection guidance is now available in Appendix 14 and not via a hyperlink. All appendices are available via a PDF quick link.
Version 5	The new isolation signage is available in Appendix 8 – Contact Precautions; Appendix 9 – Respiratory Precautions; Appendix 10 – Protective Isolation. The new Nursing Assessment Tool regarding isolation of patients and the new Transfer of Patients form have been referred to. Carbapenemase Producing Enterobacteriaceae **(**CPE) has been added to the Infectious Diseases Chart. A hyperlink to the IPC intranet page is available for the breakdown of FFP3 mask usage. The location and availability of pressure rooms is updated – Appendix 5
Version 4	The document has been reviewed and Appendix 1 - Standard Isolation and Appendix 3 - Respiratory Isolation have been removed and replaced with an Infectious Diseases Chart now under Appendix 1. All references to swine flu have been removed and referred to as seasonal flu. An additional appendix has been added as a summary of this document. Community information and a summary of the policy have also been added as Appendix 14 and 15 respectively.

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1. Introduction

Isolation is a key measure in the control of infections, alongside hand hygiene, personal protective equipment and effective cleaning. Through the correct and timely placement of infected patients (suspected or confirmed) into single rooms or cohort bays, it is possible to control the spread and minimise the impact of infectious diseases such as Norovirus, Influenza, and health-care associated infections (HCAIs) such as MRSA and Clostridium *difficile*.

The Health and Social care Act 2008 requires providers delivering in-patient care to ensure that it is able to make available adequate isolation precautions and facilities as appropriate for their patients.

1.1 Key points

- Prompt isolation is essential to control the spread of infection.
- Staff should ensure they are clear on the precautions required for the specific infection they are managing.

2. Purpose

The purpose of this policy is to ensure the correct employment of isolation procedures in order to minimise the risk of cross infection. It sets out Trust guidance regarding the isolation and care of patients with known or suspected colonisation or infection by multi-resistant or pathogenic micro-organisms and provides information regarding the following:

- Why isolation is necessary
- When should isolation precautions be implemented
- Who should be isolated
- How to prioritise the need for isolation
- Where should patients be isolated
- Staff responsibility
- Movement of patients

The policy also aims to:

- Identify isolation needs of colonisation, infection or infectious disease that may be a risk to others ensuring safe placement, management and care of patients

- Ensure timely action to prevent the spread of infection by appropriate isolation of the source patient and appropriate use of personal protective equipment

3. Definitions

Isolation, the placement of a patient within a single room and the implementation of additional precautions for specific conditions, effective in reducing the spread of

infection within a hospital environment to patients, staff and visitors. The allocation of single rooms must be based on a clinical risk assessment with infection control requirements given priority over bed management/capacity issues.

There are four categories of isolation used in the Trust. Three are source isolation which **contains** an infection and the other **protects** a patient from infection:

Contact Isolation (red or amber signage depending on the organism) is necessary for patients who are known or suspected of being colonised or infected with pathogenic micro-organisms spread through contact.

- **Direct contact** is the physical transfer from body surface to body surface between an infected or colonised person and a susceptible host. This can be between patients or from staff to patient when performing patient care activities

- **Indirect contact** involves the susceptible host having contact with an intermediate object, such as contaminated instruments, the environment, or care equipment such as commodes, beds, hoists

Respiratory Isolation (green signage) is necessary for specific respiratory infections that are spread by the respiratory route through aerosol or droplet transmission.

- **Droplets** are generated from the source patient through coughing, sneezing, talking or singing, as well as certain procedures such as bronchoscopy. Transmission occurs when droplets containing micro-organisms generated from the infected person are propelled a **short distance** through the air and reach someone's conjunctivae, nasal mucosa or mouth

- **Airborne** transmission occurs by dissemination of microorganisms suspended in the air for long periods of time in aerosols or dust.

High level isolation (yellow signage) is necessary for patients who are known or suspected of being infected with a significant pathogenic micro-organisms i.e. MERS CoV, Viral Haemorrhagic Fever etc.

Protective isolation (blue signage) is necessary if the patient is immuno-compromised - consequently vulnerable to infection arising from other patients or from the environment. The aim is to protect such infection-susceptible patients from both exogenous (cross-infection) and endogenous (self-infection)

See appendix 2 for a guide to the signage available to support source and protective isolation. All signage is available via the IPC pages of the intranet. See appendix 3 for the site and procedure for negative pressure rooms.

4. Duties

The Chief Executive is responsible for ensuring that there are effective infection control arrangements in the Trust.

Managers' responsibilities are to ensure that:

- All staff understand how organisms spread in order to apply correct isolation procedures
- Staff are aware of, have access to and comply with this policy
- Staff are adequately trained in all aspects of this policy

Ward / Department Staff responsibilities are to ensure that they:

- Understand how organisms spread in order that they can apply correct isolation procedure
- Comply with the requirements of this policy
- Attend training as required
- Isolate patients promptly to reduce the risk of spread of infection/protect the immune-compromised patient

All staff working on Trust premises, including contractors' staff, agency, locum staff and Allied Health Professionals are responsible for adhering to this policy and those listed below.

5. Scope

This policy applies to all health care workers working within the Trust and should be used in conjunction with other relevant sections of the Infection Control Policy Manual, including:

Section A:	Infection Prevention and Control Arrangements
Section B:	Notifiable Diseases Policy
Section C:	Standard Precautions
Section D:	Meningococcal Disease
Section E:	Major Outbreaks of Infection Policy
Section F:	Decontamination and Disinfection Policy
Section H/I:	Hand Hygiene Policy
Section J:	Multi Resistant Organisms including CPE, VRE, PRP, ESBL
Section N:	Viral Haemorrhagic Fever Policy (Ebola)
Section P:	Care of the Deceased patient
Section S:	Tuberculosis Policy
Section T:	Multi-Resistant Policy MRSA, PVL
Section U:	MERS-COv Policy
Section W:	Bed Management and Movement of Patients Policy
Section Y/Z:	Control of Management of Clostridium *difficile* Policy.

Also the following policies:

- Laundry Policy (general policy)
- Disposal of Waste (general policy)
- Principles for Uniform and Non-Uniform Staff (general policy)

6. When should isolation precautions be implemented?

Ward staff may be informed by the Infection Prevention and Control Team (IPCT), Laboratory staff, the patient or via an alert flag on the Electronic Patient Record (EPR) of the presence of an infectious condition or antimicrobial resistant organism. This policy and the appendix herein support staff in identifying the isolation requirements for their patients.

The IPCT are available to liaise with ward staff to aid risk assessment and prioritisation of isolation, the necessary precautions that should be taken and advice regarding the appropriate placement of patients depending upon demand, capacity and epidemiology.

If appropriate isolation facilities are not immediately available, the Bed Team needs to be notified (see SOP at Appendix 5). If the patient continues to be nursed in a bay area, the appropriate isolation sign must be displayed above the patient's bed in order to alert staff of the need to implement infection control precautions. The ward staff are to complete a clinical incident form via Datix and notify the IPCT who will document the isolation breach (call during office hours and leave a message on the answer phone out of hours)

The movement of isolated patients for **non-clinical reasons** should be minimised.

7. How to prioritise the need for isolation

Isolation priority depends on a number of factors: the patient and their risk factors; the infection; the sight of the infection; current symptoms; and ward and other patient risk factors. **Please refer to Appendix 1.**

There are situations where isolation may create a risk to the patient e.g. falls risk etc. **Interventions should be in place to ensure the safety and wellbeing of the isolated patient.**

8. Where should patients be isolated?

The most effective form of isolation is in a single room with ensuite facilities and this should always be the first choice for the placement of infected patients. **The door to the room must be kept closed** to provide physical separation from other patients. If this is not possible, e.g. falls risk, then this must be documented in the patient's notes.

If single room capacity is exceeded, cohorting may be implemented for patients with the same organism or who display similar signs and symptoms of infection (e.g. diarrhoea and/or vomiting). **This should be discussed with the IPCT.** Where patients are being cohorted the doors should be kept closed to provide physical separation from other patients. **Designated staff** should care for patients who are cohorted within an area of the ward**.** Toileting/bathing facilities should also be designated.

Whether cohorted or isolated in a single room, appropriate isolation door signage must be displayed (Appendix 3).

9. Staff responsibility:

- Provide affected patients and visitors with an explanation of their infection, the need for isolation precautions and treatment, without breaking confidentiality and document in the notes. The Infection Prevention and Control Nurses can be contacted if patients, relatives or visitors require further information
- Ensure that rooms, bays and areas used for isolated patients have dedicated hand hygiene and toileting facilities
- Ensure that there is clear signage to alert staff and visitors to infection control precautions
- Ensure that the doors are kept closed
- Adhere to and ensure colleagues adhere to the associated policies in section 5 including **bare below the elbow**; no stoned rings or jewellery other than a plain wedding band; no long nails, false nails or nail varnish
- Ties should be tucked into shirts or an apron worn; hands must be decontaminated before and after every episode of patient care and/or contact and/or with the patient's immediate environment
- Appropriate PPE must be worn (See Section C, Infection Control Policy)
- The number of staff entering the side room should be kept to a minimum, including during ward rounds
- Where patients are identified as an infection risk and require isolation, but cannot be accommodated in a side room, this must be escalated to the bed team, the IPCNs and then reported as a clinical incident via Datix (see appendix 5)
- If patients with multi-resistant organisms are moved out of a side room when isolation is still appropriate, the area should be cleaned as detailed in the bed space cleaning guidance; an online clinical incident form via Datix must be completed stating the rationale for the move and IPCNs informed
- Fans should not be used and care should be taken when stripping beds to minimise environmental contamination from disturbed organisms
- Any hard copy charts should be kept outside of the side room.
- Laptops on wheels (LOWs) must not be taken into isolation rooms.
- If used, hand held devices must be cleaned down on leaving the room
- Ensure HPV cleaning is undertaken to all side rooms that have had a patient with: **Confirmed Clostridium *difficile toxin positive* (C. Diff), Clostridium *difficile* toxin gene detected, Cabapenemase-Producing**

Enterobacteriaceae (CPE), Vamcomycin-Resistant Enterococci (VRE), Panton-Valentine Leukocidin (PVL) and MDR MRSA

Also patients who have a history of C. Diff and/or gene detected and are symptomatic on current admission will require a discussion/risk assessment with an IPCN regarding appropriate cleaning.

Patient placement is an important factor in helping to reduce the risk of cross-infection. If a patient cannot be isolated, consideration should be given to where they are nursed within the ward area:

- Consider a bed space where there is least 'traffic' of other staff/patients. Point of care alcohol gel should be available at all times. This placement is not a substitute for a single side room, and should only be considered as a last resort
- Contact Precautions sign should be displayed above the patient's bed
- Other patients within the bay/immediate vicinity should not have wounds or indwelling devices
- Adherence to hand hygiene and contact precautions must be maintained
- Wound dressing changes for the patient should not be carried out during periods of high ward activity e.g. cleaning or bed-making

Please liaise with the IPCT if clarification is required

The IPCT is responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation and assisting with risk assessment where complex decisions are required. The IPCT is also responsible for ensuring this policy remains consistent with the evidence-base for safe practice and for reviewing the policy on a regular basis.

10. Movement of patients

The transfer and movement of patients **should be kept to a minimum** to reduce the risk of infection spreading and should only be undertaken for clinical reasons. (DH 2011).

- If transfer to another ward, e.g. ICU or CCU becomes necessary, the receiving ward must be notified and the Patient Transfer Form (available in the clinical documents repository) must be completed

- If an investigation is necessary and cannot be performed on the ward, **the receiving area must be informed** so that appropriate infection control measures can be taken

- Arrangements need to be made to minimise contact with other patients, therefore, the investigations for isolated patients should be performed 'last on the list' with the exception of blood borne viruses. When this cannot be achieved, there should be no delays encountered by waiting in the department

- Equipment used to transfer the patient and non-single use equipment used within the department must be **decontaminated** after use, in accordance with Trust policy (Section F: Decontamination and Disinfection Policy)

- Patients transferred to another ward should be provided with a clean bed on their arrival; their previous bed space and bed should be thoroughly cleaned as per the bed space cleaning guidelines and the green **I am clean** sticker placed in a conspicuous space until admission of a new patient

- Staff should ensure that the following issues are addressed prior to transfer to another ward or healthcare setting:

    - Urinary catheter bags should be emptied before transfer
    - Wound dressings should be intact and checked for visible exudate – if exudate has breached the dressing it should be changed
    - If patients are expectorating sputum, staff should ensure that clean tissues are provided when the patient is being transported
    - Patients with suspected or confirmed but untreated pulmonary TB or a known or suspected infection spread via the respiratory route (e.g. influenza, chickenpox, RSV) should wear a theatre mask when being transported through public or patient areas

11. Statutory Notification

Notifiable diseases, including suspected food poisoning must be reported to the proper officer by completing the statutory notification form available in the Notifiable Diseases policy Section B of the Infection Prevention and Control Policies, Appendix 1 for Kirklees patients and Appendix 2 for Calderdale patients.

12. Psychological effects of isolation

Patients isolated in side-rooms may experience higher levels of anxiety and/or depression (Wilson, 2006). Staff should be sensitive to actions that increase anxiety, such as lack of communication, use of PPE or inconsistencies in care displayed amongst medical and nursing staff.

13. Trust Equalities Statement

Calderdale and Huddersfield NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. We therefore aim to ensure that in both employment and services no individual is discriminated against by reason of their gender, gender reassignment, race, disability, age, sexual orientation, religion or religious/philosophical belief, marital status or civil partnerships.

This policy has been through the Trust's EQUIP (Equality Impact Assessment Process) to assess the effects that it is likely to have on people from different protected groups, as defined in the Equality Act 2010.

14. Training and Implementation

All staff should understand how organisms spread in order to apply isolation procedures. Each staff member is accountable for his/her own practice and should always act in a way as to promote and safeguard the wellbeing and interest of patients. Training and information will be provided from a number of sources:

- Trust Induction
- Mandatory Training (e-Learning, Right from the Start and Beyond the Basics)
- Via Trust Intranet
- Ward/Department Managers
- Link practitioners
- Infection Prevention and Control Team

15. Monitoring Compliance with Procedural Document

Compliance is audited on an annual basis by the IPCT with further audits on an ad-hoc basis. These are reported to the individual Wards, Ward Managers, Matrons and Divisions.

16. References and further reading

Department of Health (2015). The Health and Social Care Act 2008: Code of Practice of the prevention and control of infections and related guidance

Department of Health (2011). Isolating patients with healthcare associated infection; A summary of best practice.

Hawker J et al (2012). Communicable Disease Control and Health Protection Handbook (3rd Edition) Wiley-Blackwell publishing Ltd. Chichester.

Public Health England (2016). Infection control precautions to minimise transmission of Respiratory Tract Infections in healthcare settings. Version 2

Loveday HP et al (2103) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014) S1-S70

Wilson J (2006). *Infection Control in Clinical Practice (3rd Edition).* Bailliere-Tindall

Guide for prioritising side room isolation

If unable to isolate, escalate to the Site Commander and ensure that a clinical incident form is completed by ward / department staff.

Transfer only if there is a CLINICAL NEED and inform the IPCT and receiving area.

For individual patients who have a learning disability, dementia, mental health, delirium, additional physical or sensory needs, they should be assessed individually in close conjunction with family and carers to ensure we meet their needs while providing the correct clinical environment to manage infection risks.

PRIORITY 1: Patients with these conditions (suspected or proven) MUST be isolated		**Level of precautions required**
Diarrhoea – possible infectious cause	Diarrhoea Bristol stool chart type 5-7. (See appendix 4/IPC intranet pages for viral gastroenteritis algorithm)	Side-room isolation within 2 hours **Contact precautions**
Clostridium difficile	Diarrhoea due to *C.difficile* (either confirmed or pending test results) Diarrhoea in a patient with C-diff gene detected (current or history)	Side-room isolation within 2 hours **Contact precautions**
Chicken Pox	With blisters or weeping lesions	Side-room isolation within 15 minutes **Respiratory & contact precautions**
Shingles	With blisters or weeping lesions that cannot be covered	Side-room isolation **Contact precautions**
ESBL-producing micro-organisms	E.g. E-coli, Klebsiella	Side-room isolation **Contact precautions**
MRSA	MRSA infection or colonisation within the previous 3 years or longer if three clear screens not recorded (nose, groin plus wounds/CSU/sputum if applicable)	Side-room isolation **Contact precautions**
Multi-drug resistant GNB	Suspected or confirmed Carbapenemase-producing Enterobacteriaceae (CPE) Vancomycin Resistant Enterococci (VRE)	Side-room isolation **Contact precautions** Side-room isolation **Contact precautions**

Respiratory infections – *see mask use guidelines for organism specific directions*	Pulmonary TB suspected / confirmed and still infectious	Negative pressure isolation **Respiratory precautions**
	Influenza	Side-room isolation **Respiratory** precautions
	Diphtheria – note lesions are a significant source of infection	Side-room isolation **Respiratory & contact** precautions
	Respiratory Syncytial Virus (RSV)	Side-room isolation **Respiratory** precautions
	Whooping Cough (pertussis)	Side-room isolation **Respiratory** precautions
Skin rashes	Rash of unknown origin	Side-room isolation **Contact precautions**
	Scabies (crusted variant)	Side-room isolation **Contact precautions**
	Suspected or known Measles, rubella,	Side-room isolation **Respiratory & contact** precautions
Travel related infection	Respiratory infection acquired abroad e.g. suspected / confirmed MERS-CoV (Middle East Respiratory Syndrome Coronavirus)	Negative pressure isolation and **HIGH LEVEL Respiratory & contact** precautions
	Poliomyelitis	Admit to designated area as per policy / SOP (*see* CHFT intranet)
	Viral Haemorrhagic Fever (including Ebola)	**HIGH LEVEL Contact** precautions
	Fever related to foreign travel – not considered to be those above	Side-room isolation **Contact** precautions plus respiratory if indicated

Other infections	Meningococcal meningitis / septicaemia (Less than 48 hr antibiotics)	Side-room isolation **Respiratory precautions**
	Group A Streptococcal Infection (including non-respiratory sites and having had less than 48 hr of appropriate antibiotics) Toxin producing Staphylococcus aureus (e.g. Panton Valentine Leukocidin - PVL)	Side-room isolation **Contact precautions** Side-room isolation **Contact precautions**
Protective isolation	For the protection of patients with conditions such as neutropenia	**Protective isolation** Isolation room with **POSITIVE PRESSURE** if available, if not **NEUTRAL**
End of Life (dying phase)	For privacy and dignity to support patients and their families for a dignified death (unless the patients states they don't want to be isolated by a side room)	Side room
Dementia /Learning disability /Mental Health patients	Family and carers who are required/wish to stay to provide care and support with consideration to EMSA e.g. where the carer is the opposite sex to the patient. Patient who come into hospital with 1:1 or 2:1 as part of their package of care	Side room
Patient who present with challenging behaviour	For example patients with delirium, alcohol withdrawal etc. To maintain patient safety, safety of other patients and others. Support any specialised care pathways for example special needs dental pathway. Maintain privacy and dignity of the patient.	Side room
Patient requiring sensory support ie autism	Where noise and a busy surrounding cause senory overload and a side room is required to reduce stress to the patient.	Side room
Patient is subject to Mental Health Act or police detention and requires constant supervision	Where the patient's level of need requires1:1 monitoring as part of their treatment under Mental Health Act such as a sucide risk, or they are supported on the ward by a police officer and to minimise the distress to other patients. Ultimately ensuring patient confidentiality and privacy.	Side room

PRIORITY 2: Patients with these conditions could be managed in main ward after discussion with IPCT	
Gastrointestinal Infections	Previous *C.difficile* / gene detected (GDH positive) – if the patient is asymptomatic Campylobacter
Infectious diseases	Parvovirus
Respiratory infections	Pulmonary TB (not MDRTB), responding to treatment after 2 weeks treatment
Shingles	If covered/crusted

Other infection (not mentioned above) should not require isolation.

Contact the IPCT for advice if there is any doubt about a patient's status or to discuss stepping down isolation.

Discuss with relevant ward manager or matron in the instance of a non-infection related need for a side room

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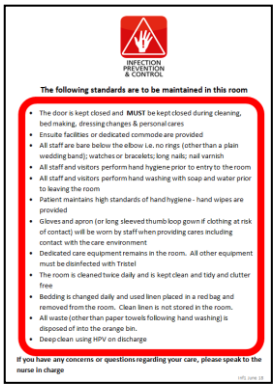
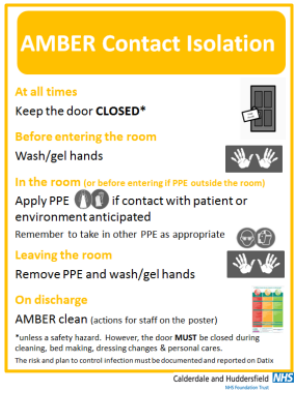
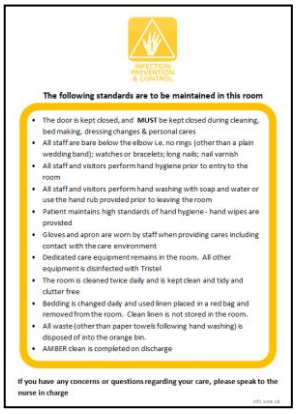
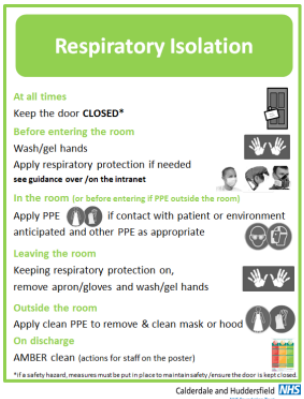
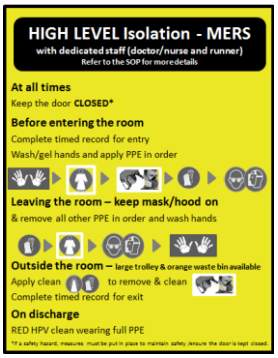
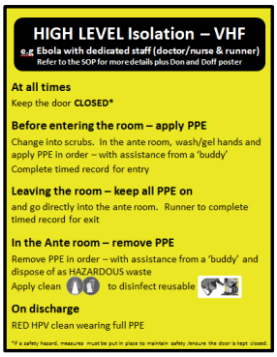
APPENDIX 2 - Isolation signage guide

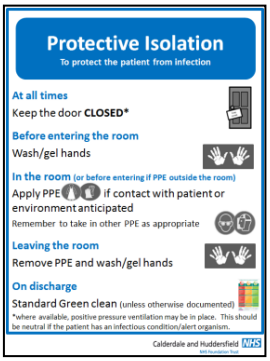
The isolation signage gives different levels of contact isolation (red/amber) and identifies the relevant infectious conditions/microorganisms on the reverse of each sign. The posters are all on the IPC pages of the intranet.

Organisms	Display outside the room on the door	Display inside the room on the wall
Cdifficile – gene & toxin – NEW Cdifficile – history with current diarrhoea VRE CPE Pen resistant Strep pneumoniae		
MRSA ESBL Norovirus Group A streptococcus General GI infections MDR MRSA *(will need HPV clean)* PVL *(will need HPV clean)* ….etc		
Influenza Pulmonary TB MDR TB Chicken pox Measles Mumps/Rubella Meningitis Other respiratory tract infection *(Inc. RSV Adenovirus, Rhinovirus, Paraflu).*		

Also available are the following signs for suspected or confirmed MERS, VHF and protective isolation for neutropenic patients.







APPENDIX 3

Pressure room locations and procedures

Note: not all rooms are available as they may be in closed areas

Wards CRH	Section	Room Code
Ward 1	D	G-074
Ward 2	C	1-073 *(currently an assessment room)*
	D	1-072
Ward 3	C	2-005
Ward 4	C	3-071 *(currently an examination room)*
	D	3-075 *(currently an examination room)*
	D	3-094
Ward 5	C	G-068
	C	G-054
	C	G-072
	C	G-058
	D	G-073
	D	G-069
Ward 6	C	1-074
	D	1-075
Ward 7	C	2-072
	D	2-073
Ward 8	C	3 -074
	D	3-073
SCBU	-	2-015
	-	2-016
ICU/HDU	-	3-006
	-	3-013
	-	3-015
	-	3-025
CCU	-	CC -013
Wards HRI	**Section**	
Ward 12	-	SR1
	-	SR7
	-	SR14
	-	SR19

PROCEDURE FOR CHANGE FROM NEGATIVE TO POSITVE PRESSURE (NB. All pressure rooms are set centrally to negative pressure)

MONDAY - FRIDAY 8am - 5pm

- Clinical Lead to contact Infection Control Nurse with request
- Infection Control Nurse to contact Engie Help Desk on Ext: 4634 to request change in pressure AND complete form for switch to take place
- Engie personnel to complete form
- Switch to be completed and checks made to ensure pressure change

Out of hours (MONDAY - FRIDAY 5pm - 8am and WEEKENDS/BHs)

- Clinical Lead to contact ISS Duty Manager
- ISS Duty Manager to contact Infection Control Nurse on Call
- ISS Duty Manager to commence completion of form for switch to take place
- Infection Control Nurse to authorise Matron on Call or Site Co-Ordinator to sign form
- ISS Duty Manager to contact Engie on Call
- Engie on Call to complete form
- Switch to be completed and checks made to ensure pressure change

NB: please ensure that a form is completed for the return of a room to negative pressure when positive pressure is no longer required e.g. on discharge of patient or transfer to another area.

All forms to be retained in file at main reception.

SWITCH +/- PRESSURE

Room Number: …… **Ward: …….**

Date: ……....

Requested By (Clinical Lead) **Name: ……**

Title: …….....

Authorised By Infection Control Nurse (Mon – Fri 8am - 5pm)
Or Duty Matron or Site Coordinator (5pm - 8am Mon – Fri and Weekends)

Name: ……... **Signature: ……**

Title: …….....

Tick Relevant Box

Switch from + to - ☐

Switch from - to + ☐

Concept Task Number: ……..

Carried out by

Name: …….... **Signature: ……..**

Date: …….... **Time: ……**

Confirmation of Pressure status: ……

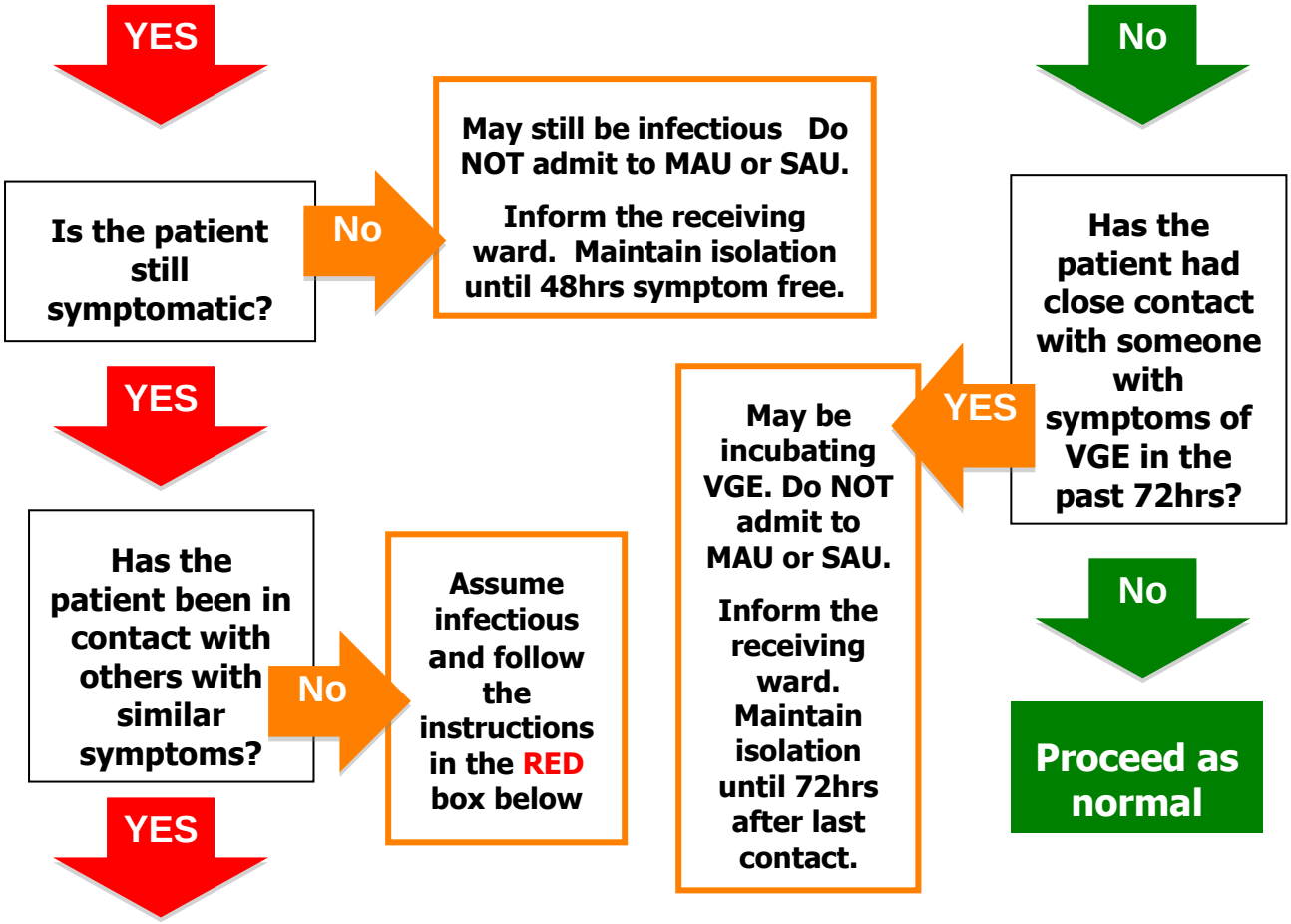
APPENDIX 4

Viral Gastroenteritis (VGE) screening tool
Risk Assessment for admission to Hospital

Use this tool to assess anyone being admitted to hospital to minimise the risk of cross-infection and service disruption. Document response in the IPC assessment tool in EPR and actions to take in general documentation.

ASK THE PATIENT/CARER ON ASSESSMENT IN A&E OR GP PRIOR TO ADMISSION TO MAU OR SAU.

Is there a history of one or more of the following VGE symptoms: Diarrhoea, vomiting & abdominal cramps now or in the last 48hrs?



Probable VGE.

Do NOT admit to MAU or SAU

Inform the receiving ward and implement:

- ✓ **Isolation – ideally ensuite, following contact precautions**
- ✓ **Stool Specimen**
- ✓ **Stool/fluid balance Chart**
- ✓ **Notify the IPCT**

Appendix 5

Standard Operating Procedure
Isolation of Patients with Diarrhoea Symptoms

Scope of Document

The purpose of the document is to:

- Provide a framework to the Patient Flow Team (Clinical Site Commanders 07.00 - 20.30 and Night Matrons 20.00 – 07.15), across both sites to isolate patients with diarrhoea symptoms within 2 hours of request, or follow a process to escalate and inform when this cannot be achieved
- Create a process which will be supported by ward staff and the IPC Team. This will support and inform systems and processes with the aim of ensuring safe and consistent practice

Vision Statement

To provide clear guidelines to the Clinical Site Commanders, Night Matrons and ward staff to ensure a consistent service to isolate patients with diarrhoea symptoms and to ensure a clear escalation and reporting process

Aims and Objectives

- There is a clear process to follow to deliver a safe service for all patients
- The Patient Flow Team, Infection Prevention Control (IPC) Team and the ward staff will work together to provide side room isolation facilities for patients with symptoms of loose stools
- Ward staff, Patient Flow Team and the IPC Team will be proactive in reducing the spread of infection and risk to other patients, visitors and staff.

Process

- Patient Flow Team will maintain a list of all patients in side rooms on the patient flow drive
- Patient Flow Team with ward staff, will review (daily) the need for patients to be in side rooms and update the list, highlighting where side rooms could be made available
- Ward staff to request a side room from the Patient Flow Team when they are unable to isolate patients utilising the side rooms available on the ward
- The Patient Flow Team must record the time of request see appendix i and follow the process in appendix ii

When there are no side rooms available because patients cannot be transferred due to an infection risk

- The Patient Flow Team will discuss with the IPC Team in order to identify patients who may be suitable to move out
- The Patient Flow Team will escalate to the Matron for the area (on call Matron out of hours) to discuss at the Bed Flow Cross Site meetings
- Where delay is over 2 hours as specified a DATIX must be completed by ward staff

Responsibilities

This Standard Operating Procedure has been developed following an SI outbreak for Clostridium difficile. It has been produced to support staff in order to ensure close working between the Patient Flow Team, ward staff and IPC Team. This is in order to work together to prevent a further outbreak, isolate patients in a timely manner and ensure that all staff are using the correct reporting process and escalating when a side room is not readily available.

Ward Staff must ensure they:

- collect a stool sample from all patients with diarrhoea symptoms
- complete a Bristol Stool Record for all patients with diarrhoea symptoms
- review all patients in side wards and the need for the side room on a daily basis
- follow the process in the flow chart for isolation of patients and reporting procedure.
- complete DATIX when isolation within 2 hours is not achieved
- document in EPR notes

Patient Flow Team must ensure they:

- keep an up to date list of all patients in the side rooms, utilising staff information, cap man, ICENET
- review the list daily and make available for Patient Flow Team members
- clarify with ward staff need for isolation and ensure ward staff are reviewing the need for side rooms daily
- follow the process outlined in the flow chart when isolation of a patient is required and record time requested
- discuss with IPC Team if no side rooms available and report and escalate at the bed meetings utilising the assistance of the matrons/on call matrons
- record time of request for side room for patient with diarrhoea symptoms and complete form (appendix 2)

Infection Prevention & Control Team must ensure they:

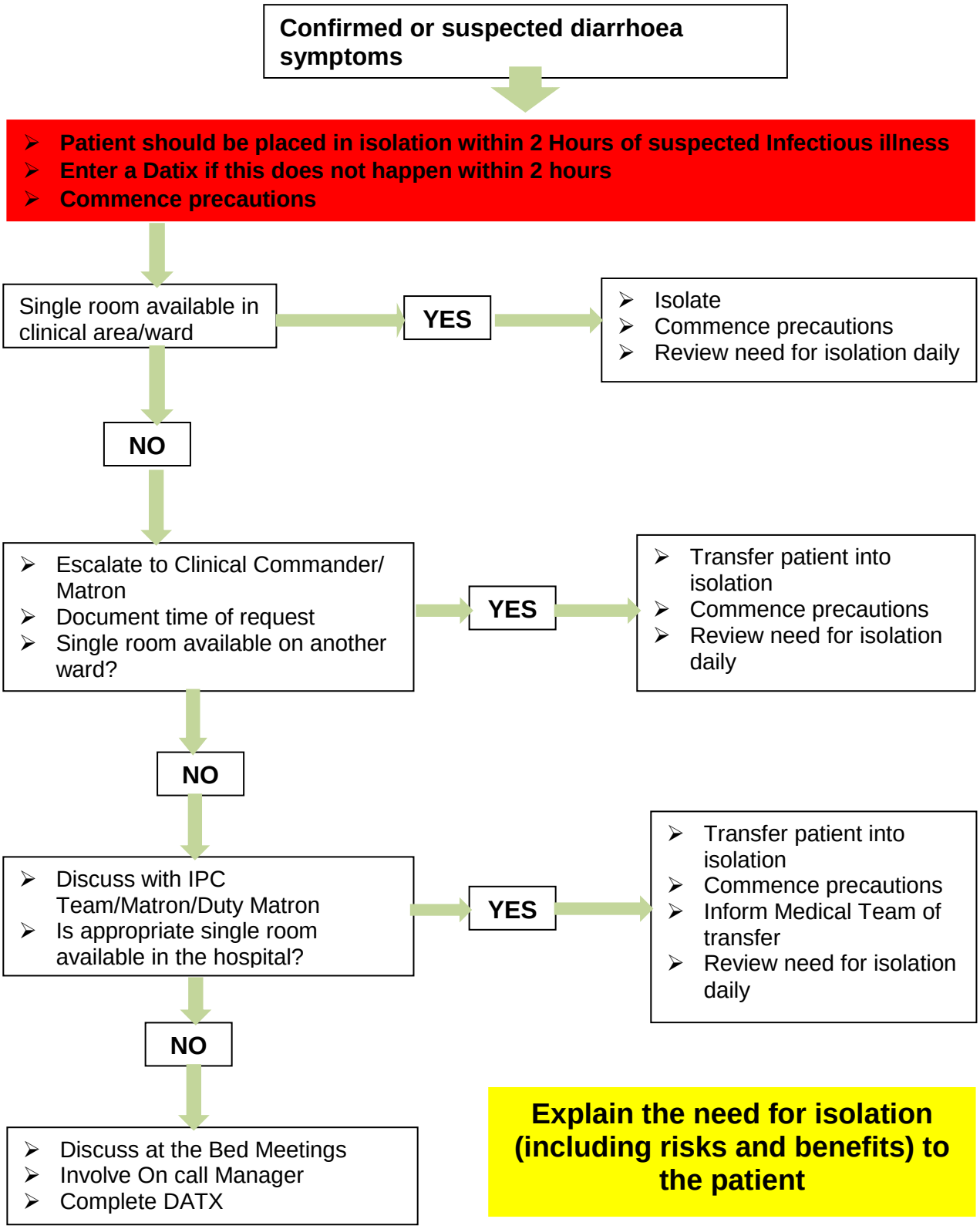
- support ward staff and flow team with enquiries re isolation needs of patients
- give clear guidelines if nursing patient s with an infection in main bays.

On Call Matrons (12.00 – 20.00 midweek, 10.00-18.00 weekends and bank holidays) must ensure they:

- support ward staff and Patient Flow Team to identify a side room when isolation is required

Ward Patients with Diarrhoea Symptoms requiring a Sideroom When a Side Room is not available

(Follow Escalation Flowchart)

Date & Time	Ward	Hosp No	Name	2 Hr Breech Time	Outcome including escalation

Flowchart Isolation Escalation Process for Patients with Diarrhoea Symptoms