SECTION 6

ISOLATION POLICY

ISLE OF WIGHT HEALTHCARE NHS TRUST

INFECTION CONTROL MANUAL

June 2001

Review date: June 2003

This document replaces previous versions of Infection Control policies.
## ISOLATION POLICY

### SECTION 6 INDEX

<table>
<thead>
<tr>
<th>Category</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories of isolation</td>
<td>6.1</td>
</tr>
<tr>
<td>Source standard isolation</td>
<td>6.2</td>
</tr>
<tr>
<td>Strict isolation</td>
<td>6.9</td>
</tr>
<tr>
<td>Protective isolation</td>
<td>6.14</td>
</tr>
</tbody>
</table>
ISOLATION POLICY

CATEGORIES OF ISOLATION

In addition to universal precautions other isolation measures may be required for hospital patients with infectious diseases or colonised by multi-resistant bacteria.

SOURCE (STANDARD) ISOLATION

Source isolation is the most usual form of isolation to prevent transmission of infection in hospital.

STRICT ISOLATION

A special category of source isolation, requiring specialist isolation facilities, usually in a regional infectious diseases unit.

PROTECTIVE ISOLATION

Only for profoundly immunosuppressed patients such as those undergoing transplantation.

Where an infected or colonised patient is a potential source of infection to staff or other patients. The aim is to prevent the transfer of micro-organisms to others, hence the patient is in a side room and appropriate precautions taken (see page 6.2).

When a patient is known or suspected to have an infection, which may be highly transmissible and dangerous, potentially spread by both aerosol and contact (micro-organisms present in blood, body fluids and/or oral secretions). [e.g. Lassa fever & Viral haemorrhagic fevers, Pneumonic Plague, pharyngeal diphtheria etc. See ‘Patients returning from Overseas with fever’ (section 16) and ‘A-Z’ of infectious diseases (section 7)].

When a severely immunocompromised patient is susceptible to infection. The aim is to protect the patient from acquiring infection, hence the patient is in a side room, ideally with positive pressure ventilation, and appropriate precautions taken (see page 6.14). Note that most infections acquired by immunosuppressed patients are endogenous in origin and, unless falling into a category for which protective isolation is indicated, single room isolation is of doubtful value.
There are 3 types of source (standard) isolation:

- **Respiratory** (e.g. tuberculosis, Varicella)
- **Contact** (e.g. MRSA)
- **Enteric** (e.g. diarrhoea, Salmonella, *C. difficile*)

In practice, the measures to be taken for each are similar, so for simplicity, practice guidelines are given under the single heading of Source (standard) isolation. Where there are indications for special measures to be taken during the care of patients with particular infections this will be indicated and, additionally, specified in the relevant section of the manual (see sections 12-16). Although we have considered source isolation guidance under a single heading, it always helps to think about the type of source isolation (respiratory, contact or enteric) in order to have a clear understanding of the modes of transmission and the rationale behind the isolation precautions and infection control measures.
Patients requiring source (standard) isolation are infected or colonised by micro-organisms which do not normally pose any risk to healthcare staff, assuming routine standards of hygiene and good practice are adhered to.

### Outside Room
- Alcohol handrub (‘Hibisol’) – with working pump dispenser
- Plastic aprons, gloves, masks (if indicated).
- Eye protection, masks – not necessary unless likely to be aerosol (see ‘universal precautions’).
- Red (laundry) bags
- ’Danger of Infection’ stickers or ‘Biohazard’ tape
- Patient charts & dedicated pen.

### Inside Room
- Disposable gloves
- Handwash basin, liquid soap & paper towels
- Clinical waste bin
- Alcohol handrub (‘Hibisol’) – with working pump dispenser
- Alginate (water soluble) bags
- Small sharps bin
- Pillow and mattress must have impervious covers – check intact.

### Staff
No exclusions, with the following exceptions:

- Only staff with immunity to varicella (i.e. who have had chicken pox) should care for patients in isolation because of varicella zoster infection (See ‘A-Z of infectious diseases’, section 7).
- Staff who have skin lesions (dermatitis) should not care for patients with MRSA. Such staff should seek advice from Occupational Health and Safety.

If a member of staff believes they are immuno-compromised or at special risk of infection they should seek advice from Occupational Health & Safety.

6.3
Hand hygiene

Handwashing is essential to prevent transfer of microorganisms (see ‘hand hygiene’, section 3). Hands must be decontaminated and dried using disposable paper towels:

- after direct contact with the patient
- after touching contaminated equipment or environment
- after removing gloves or protective clothing.
- always before leaving the room (hands and forearms).
- in addition, alcohol handrub should be applied outside the room after leaving it, before contact with another patient.

Protective wear

Staff entering room do not need to wear protective clothing unless giving hands-on care, or cleaning the environment. (See ‘universal precautions’, section 4).

Gloves

- Wear close fitting non-sterile single use disposable gloves for all hands-on care activities, contact with any item likely to be contaminated and for cleaning the environment. (Follow glove selection chart for vinyl/nitrile choice if latex allergy is a problem)
- Remove gloves before leaving the room and dispose of into yellow bag clinical waste bin.
- Decontaminate hands after removing gloves.
- Visitors do not need to wear gloves. (See ‘visitors’).
Plastic Aprons

- Plastic aprons should be worn for all hands-on care activities, for contact with infective material, blood or body fluids and for cleaning the environment.
- Dispose of into yellow bag as clinical waste bin before leaving room.

Masks

- **Not necessary** unless patient has proven or suspected TB (see 'tuberculosis policy') or unless to protect mucous membranes if there is likely to be aerosol (see ‘universal precautions’).
- See ‘A-Z of Infectious Diseases’ (section 7) for additional advice.

Equipment

- Dispose of single use products as clinical waste.
- When possible reusable equipment should be designated for the infected patient. After use items should be thoroughly cleaned appropriately (see ‘decontamination of equipment’) or preferably returned to TSSU.

Crockery and Cutlery

- Use normal utensils. Return these to kitchen in normal way. It is not necessary to wash utensils in the room.

Visitors

- Visitors should report to the nurse in charge for advice before entering the room. Visitors do NOT normally need to wear protective clothing when visiting (this includes visiting patients with MRSA and *Clostridium difficile*).
- Advise visitors to wash their hands when they leave the room.
Laundry

- Process according to laundry policy. (See 'laundry policy', section 18). All soiled/infected linen must be placed into a water-soluble liner INSIDE the room and the bag sealed.

- Place liner into red linen bag outside the room.

Disposal of Waste

- Treat all waste as clinical waste and dispose of as recommended in waste policy (see section 18).

- Yellow bags and sharps bins should be sealed in a yellow bag inside the room. The bag can then be disposed of as clinical waste in the normal way.

Transportation & patient visits to other departments

No restriction*, provided for genuine clinical reasons or investigations.

- Normal universal infection control precautions and hand hygiene practice should be adhered to.

- Portering or ambulance staff do not need to wear protective clothing (unless specifically advised by Infection Control team)

*except patients in ‘respiratory’ source isolation: patient with TB (please refer to section 14 or seek advice from Infection Control Nurse or Doctor).

Laboratory specimens

Samples should always be handled with care, firmly fastened, correctly labelled and placed in sealed plastic bag before sending to the laboratory (see section 5).

‘Danger of Infection’ or Biohazard sticker (on specimen bag & request form) is recommended for specimens from patients who may have pathogens listed under certain categories of biohazard (e.g. TB, Salmonella, Shigella etc).
In case of death

- Follow normal Procedure After Death.

Daily Cleaning

- Nurse in charge to inform cleaning staff that the patient requires source isolation and ensure they are aware of the correct precautions to take.

- Cleaning staff should wear a plastic apron and disposable non-sterile gloves to clean the room in the usual way. Aprons and gloves should be discarded as clinical waste and hands washed before leaving the room.

- Separate cleaning equipment must be used for isolation rooms. Items should be washed and dried after each use. Cloths should be disposed of after use.

- Mops should either have disposable heads or should be laundered after use as normal (see ‘Cleaning, Disinfection and Sterilisation policy’, section 11).

Duration of isolation

As advised by Infection Control Doctor or Nurse, or as recommended in 'A – Z’ of Infections (see section 7).

Terminal cleaning of room

Indicated when patient in source isolation is discharged or transferred to another area.

- Domestic staff follow same procedure as for daily cleaning (see above).

- Discard any disposable items or equipment as appropriate.

- Place all linen, including curtains, into appropriate bags (see ‘Laundry Policy’, section 18). Bags must be closed before leaving room or area.
• Wipe bed frame and mattress with warm water and detergent and dry thoroughly.

• Dust high ledges, window frames and curtain tracks. Vacuum clean fixtures, fittings and floor.

• Wet clean all ledges, fixtures and fittings including taps and door handles.

• Wash sink with cleanser, rinse.

• Wash floor and spot clean.

Room may be used again as soon as all surfaces are clean and dry.

Rooms used for isolation care should not have carpets. Where patients requiring isolation care have been in carpeted rooms, the carpet should be steam cleaned.

**Psychological Aspects of Care**

People nursed in single room isolation often suffer negative experiences. They may feel psychologically isolated, stigmatised or ignored. Good care and communication can help prevent a lot of these negative feelings and reduce the impact on the person. It is always important to explain the reasons for isolation and give reassurance. This will help to reduce anxiety and gain the patient’s co-operation.

It is also important to adopt a flexible approach to isolation, based on an assessment of the risk factors and the individual patient’s needs and patterns of behaviour. (A good example is the difference between a confused wandering patient who is incontinent of faeces, and an asymptomatic, fully aware patient who both have Salmonella carriage in faeces). For this reason, the precautions needed to manage patients safely may vary and the guidance in this manual cannot take all factors into account.
If diagnosis of illness requiring strict isolation is known or suspected, patient should not be admitted to St Mary’s but sent directly to regional unit.

Display **RED** card outside room

### STRICT ISOLATION

Patients requiring strict isolation must be admitted directly to or transferred to a regional Infectious Diseases unit in an ambulance with special precautions.

- Contact the Infection Control Doctor (Consultant Medical Microbiologist) or deputy immediately (out of hours via switchboard)

- Arrangements for such admission or transfers must be made in conjunction with the Infection Control Doctor and/or Consultant in Communicable Disease Control (Public Health).

*See also ‘Viral Haemorrhagic Fevers’ in section 16.*

### Single Room

Single room, with negative pressure and ante room with wash hand basin and en suite toilet facilities, is required for strict isolation*.

*only location of single room with negative pressure is in ITU. May need to be used pending transfer.

- Door must be kept closed (except to enter and leave).
- Patient must not leave room.

### Outside room

- Alcohol handrub (‘Hibisol’) – with working pump dispenser
- Spare yellow clinical waste bags
- Spare water soluble liners
- Disposable gloves
- Masks/eye protection (see universal precautions)
- Red laundry bags
- ‘Danger of Infection’ stickers or ‘Biohazard’ tape
- Patient charts & dedicated pen must be kept outside room.

### Inside room

- Essential patient equipment. Remove non-essential equipment prior to isolation.
- Mattress and pillows must have non-permeable covers – check intact.
- Disposable gloves
- Liquid soap, paper towels and alcohol handrub (‘Hibisol’) with working pump dispenser
- Large waste bin (foot operated) with yellow bags, small sharps bin
- Alginate (water soluble) bags
Staff

- Staff numbers caring for patients in strict isolation should be restricted.
- Limit staff contact to essential care only.
- Nurse in charge (or manager) must keep a list of all staff who have contact with patient in strict isolation.

Follow advice of Infection Control Team

Protective wear

- *Disposable gowns* with sleeves must be used and worn before entering room. Gown should be removed after use and discarded into clinical waste bag before leaving room.

- *Gloves*: well-fitting non-sterile single use gloves (latex, or nitrile if latex allergy) must be worn before entering room. The glove must cover the cuff of the sleeve of the gown. They should be carefully removed and discarded into clinical waste bag after use, before leaving room.

- *HEPA Masks* (high filtration mask covering nose and mouth) should be worn where indicated. It must be put on before entering the room and used according to manufacturer’s instructions. After use, must be discarded into clinical waste bag before leaving the room.

- *Eye protection and masks* must be worn for any procedure which may cause splashes of blood or body fluids.

- *Other protective clothing* may be indicated (see ‘universal precautions’ in section 4).
Hand hygiene hand decontamination must be performed (see ‘hand hygiene’)

- After patient contact,
- After touching potentially contaminated items or equipment
- After removing protective clothing (gloves, gowns, masks etc)
- Before leaving the room.
- After leaving the room, apply alcohol hand rub/gel.

Crockery/cutlery

Use disposable items or seek advice from Infection Control Team

Visitors

- Visitors may need to be restricted & must always report to nurse in charge.
- Admit only in accordance with infection control advice (visitors will need to follow same precautions as staff).

Laundry

- Treat as infected linen (see Laundry policy). All linen must be put into a soluble liner INSIDE the room and the bag sealed immediately. Place linen into red linen bag outside the room and seal the bag immediately.
- Grossly contaminated linen should be disposed of as clinical waste (double bag).
Disposal of Waste

- All waste from the room must be treated as clinical waste. Yellow bags and sharps bins must be sealed inside the room.

- Double bag if any risk of leakage or if advised by Infection Control Team. Sharps bins may need to be placed into a second, larger sharps bin outside the room and immediately sealed and labelled.

Transportation of patient; visits to other departments

- Must not take place without prior discussion with Infection Control Doctor or CCDC. Seek advice (out of hours contact via switchboard).

Laboratory specimens & investigations

- Samples must not be sent to the laboratory without prior discussion with Consultant Pathologist (patients with suspected Viral Haemorrhagic Fever) – seek urgent advice from Consultant Microbiologist or deputy or CCDC (out of hours via switchboard).

- Laboratory specimens must be correctly labelled and bagged with ‘DANGER OF INFECTION’ sticker or tape on both request form and plastic bag. The Laboratory must be given advance warning they are to receive a specimen from a highly infectious patient.

Body fluid spills

- Refer to ‘spillages’ in section 4 (universal precautions).

- Seek advice from Infection Control Nurses if needed.
In case of death/last offices

- Continue same infection control measures as during life. Only minimal handling of the body by trained staff. Any area with leakage of blood or body fluids must be covered with an occlusive dressing.

- A cadaver bag will be required.

- Consultant Microbiologist and/or CCDC will advise if those who will handle body need to be aware of special precautions.

- Relatives who wish to view body may need to be advised of precautions. Seek advice from Infection Control Team.

Cleaning

Daily cleaning - as advised by Infection Control Team.

Terminal room cleaning – normally to the same standard as isolation rooms used for ‘Source’ (Standard) isolation. See pages 6.7-6.8. Seek advice from Infection Control team.
Patients requiring protective isolation are usually in tertiary centres.

Display **WHITE** card outside room:

**ISOLATION CARE**

**PLEASE SEE NURSE IN CHARGE BEFORE ENTERING ROOM**

**Outside Room**
- Alcohol handrub (*Hibisol*) with working pump dispenser
- Plastic aprons, gloves
- Eye protection, masks not necessary unless likely to be aerosol (see ‘universal precautions’).
- Red (laundry) bags
- ‘Danger of Infection’ stickers or ‘Biohazard’ tape
- Patient charts & dedicated pen.

**Inside room**
- Hand soap
- Paper towels
- Alcohol hand rub (*Hibisol*)
- Disposable gloves
- Patient equipment (wash bowl, sphygmomanometer, etc)

**Protective wear**

**Apron**

Remove white coats and outer jacket/coat prior to entry and wash hands.

Put on a plastic apron if contact with the patient. (This is to prevent the transmission of organisms from clothing to the patient.)
Gloves

Not necessary, except, with plastic apron, for aseptic procedures and contact with blood/body fluids.

Masks

Not necessary. There is little evidence to indicate that masks protect patients from communicable respiratory infections.

Other protective wear as for ‘universal precautions’ (refer to section 4).

Hand hygiene

Handwashing is essential to remove organisms and prevent transmission to the susceptible patient.
Always wash hands before entering the room. Inside the room, disinfect hands with alcohol handrub.

Repeat the handwash before carrying out aseptic procedures. (See Hand Hygiene, section 3).

Staff

Exclude staff with infections. Staff who are nursing patients with infections must not nurse patients in protective isolation during the same span of duty (to minimise the risk of transferring infection to the susceptible patient on the hands/clothing of staff).

Visitors

Must report to nurse in charge. Limit to close family/other members who have no infections. Exclude those with infections. Instruct them to wash hands before entering the room. Instruct visitors who will have direct close contact with the patient to wear a plastic apron.

Equipment

Clean thoroughly with detergent and hot water before use. Where possible reserve for patient and leave inside room (to prevent transfer of organisms to the patient).

6.15
Crockery

Use normal utensils. Return to the kitchen in the usual way.

Laundry

Change daily and when soiled.

Treat laundry in normal way. See ‘Laundry policy’.

Cleaning

Ensure that the room is clean prior to admission of the patient and that a good standard of cleanliness is maintained for the duration of isolation. Empty rubbish bins frequently. Nurse in charge must explain to domestic/cleaning staff to report if they have a cold or other infection before entering room.

Food hygiene

Good personal hygiene is essential when handling food - in particular handwashing.

Food must be served from the distribution trolley without delay and meals must not be retained for later consumption.

If a microwave is used ensure that the manufacturer’s instructions for cooking and standing time are followed. Check temperature of food to ensure it has reached 75°C throughout and serve immediately.

Fruit should be washed and peeled. Only boiled water should be used (cool before use).

Relatives should be discouraged from preparing meals for the patient, but if unavoidable, the importance of food hygiene must be stressed.

Foods to be avoided: salads, “take away” food, soft boiled or scrambled eggs, and soft ripened cheese (e.g. Brie, Camembert, blue vein) (soft cheese and ‘ready meals’ may be contaminated by Listeria).

END OF SECTION