**Infection Prevention and Control Care Checklist - Group A Streptococcus**

This Care checklist should be used with patients who are suspected of or are known to have Group A Streptococcus, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked √ if in place or X if not, the checklist should be then initialled after completion, daily.

**Date Isolation commenced:** .................................................................

<table>
<thead>
<tr>
<th>Patient Placement / Assessment of Risk</th>
<th>Daily check (v/x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient isolated in a single room with en suite facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) Stop isolation after 48hrs of appropriate antibiotic treatment and shown clinical improvement.</td>
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<tr>
<td>Place yellow isolation sign on the door to the isolation room</td>
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</tr>
<tr>
<td>Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed.</td>
<td></td>
</tr>
</tbody>
</table>

**Hand Hygiene (HH)**

- All staff must use correct 6 step technique for hand washing at 5 key moments
- HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basic/ wipes where applicable)

**Personal Protective Clothing (PPE)**

- Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste.
- HH must follow removal of PPE.

**Safe Management of Care Equipment**

- Single-use items are used where possible OR equipment is dedicated to patient while in isolation.
- There are no non-essential items in room. (eg. Excessive patient belongings)
- Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)

**Safe Management of Care Environment**

- Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm Actichlor plus (or equivalent). A terminal clean will be arranged on day of discharge/end of isolation.

**Laundry and Clinical/Healthcare waste**

- All laundry is placed in a water soluble bag, then into a clear plastic bag(brown bag in mental health areas), then into a laundry bag.
- Clean linen must not be stored in the isolation room.
- All waste should be disposed of in the isolation room as clinical/ Healthcare waste.

**Information for patients and their carers**

- The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available.
- If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL.
  (NB. Personal laundry is placed into a water soluble bag and then into a patient clothing bag before being given to carer to take home)

**HCW Daily Initial :**

**Date Isolation ceased/ Terminal Clean completed:** ...........................................  
**Signature:** .................................................................  
**Date:** .................................................................

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**IPCT Document Control:** Date of Issue: May 2017  
Date of Review: May 2019
Appendix 1: Infection Prevention and Control Risk Assessment
(for patients with known or suspected infection that cannot be isolated)

Daily Assessment / Review Required

<table>
<thead>
<tr>
<th>C O M M E N T S</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
<th>DATE</th>
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<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily Assessment Performed by</td>
<td><strong>Initials</strong></td>
<td></td>
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<tr>
<td>Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, C. difficile, Influenza, pulmonary tuberculosis.</td>
<td>Please state</td>
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<tr>
<td>Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room.</td>
<td>Please state</td>
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</tr>
<tr>
<td>Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition.</td>
<td>Please state</td>
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<tr>
<td>Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space.</td>
<td>Please state</td>
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</tr>
<tr>
<td>Infection Prevention and Control have been informed of patient’s admission and are aware of inability to adhere to IPC Policy?</td>
<td>Yes / No</td>
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</tbody>
</table>

Summary Detail of Resolution

Daily risk assessments are no longer required

Signed: ________________________________
Date: ________________________________