**Patient Placement / Assessment of Risk**

- 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 daily. (see Appendix 1).
- Stop isolation when patient is 48hrs asymptomatic of coryzal or flu like symptoms. (Re isolation: if patient is ventilated, seek advice from a consultant microbiologist).
- Place yellow isolation sign on the door to the isolation room.
- 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 (Appendix 1).

**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 or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/ 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.
- Staff are wearing face protection i.e goggles/mask where there is a risk of body fluid splashing onto the face or when within 1m of patient.
- Staff are wearing appropriately fitting FFP3 masks during Aerosol Generating Procedures (AGPs). (See Table 1 below for list of AGPs).
- Visitors participating in patient care should be offered appropriate 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).

---

**Table 1**

<table>
<thead>
<tr>
<th>List of AGPs:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Intubation, extubation and related procedures eg. Manual Ventilation</td>
</tr>
<tr>
<td>- Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>- Bronchoscopy</td>
</tr>
<tr>
<td>- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract</td>
</tr>
<tr>
<td>- Dental procedures</td>
</tr>
<tr>
<td>- Non invasive ventilation (NIV) eg. Bi-level positive airway pressure ventilation (BiPAP), continuous positive airway pressure ventilation (CPAP)</td>
</tr>
<tr>
<td>- Hi Frequency oscillatory ventilation</td>
</tr>
<tr>
<td>- Induction of sputum</td>
</tr>
</tbody>
</table>

---

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>Comments</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
</table>

Daily Assessment Performed by

*Initials*

Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis.

*Please state*

Infection Control Risk, e.g. unable to isolate, unable to close door of isolation room.

*Please state*

Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition.

*Please state*

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. *Please state*

Infection Prevention and Control have been informed of patient’s admission and are aware of inability to adhere to IPC Policy?

*Yes / No*

Summary Detail of Resolution

Daily risk assessments are no longer required

Signed ________________________________

Date  ________________________________