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. Isolation required from the onset of symptoms until 48 hours of antibiotic treatment has been completed or for 21 days from onset of symptoms if they have not received appropriate antibiotic treatment.

Place yellow isolation sign on the door to the isolation room.

Door to isolation room is closed. If for any reason this is not appropriate then an IPCT risk assessment is completed (Appendix 1). See over the page

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 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. HH must follow removal of PPE.

Staff should risk assess the need for face protection i.e. goggles/Fluid resistant surgical mask (FRSM)/visor where they feel there is a risk of body fluid splashing onto the face or staff are within 1 metre of the patient.

Staff are wearing fit tested 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 e.g. 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 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), tied then into a hamper style laundry bag.

Clean linen must not be stored in the isolation room.

All waste generated in the room should be disposed of as clinical waste.

Information for patients/carers

The patient has been given information on their infection/ isolation and provided with a patient fact sheet if available.

If taking soiled clothing home, carers have been issued with a Washing Clothes at Home Patient Information Leaflet. (NB. Personal laundry into a water soluble bag, then a patient clothing bag before being given to carer to take home)

HCW Daily Initial:

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

<table>
<thead>
<tr>
<th>Patient Placement/Assessment of Risk</th>
<th>Daily check (✓/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 daily. Isolation required from the onset of symptoms until 48 hours of antibiotic treatment has been completed or for 21 days from onset of symptoms if they have not received appropriate antibiotic treatment.</td>
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HCW Daily Initial:

Date Isolation ceased/ Terminal Clean Requested: ................................................................. Signature: ................................................................. Date: ............................

Table 1

List of AGPs

- Intubation, extubation and related procedures e.g. Manual Ventilation
- Cardiopulmonary resuscitation
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BiPAP), continuous positive airway pressure ventilation (CPAP)
- Hi-frequency oscillatory ventilation
- Induction of sputum
### 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>
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</thead>
<tbody>
<tr>
<td><strong>Daily Assessment Performed by</strong></td>
<td><strong>Initials</strong></td>
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<tr>
<td><strong>Known or suspected Infection</strong> e.g. unexplained loose stools, MRSA, Group A Strep, <em>C. difficile</em>, Influenza, pulmonary tuberculosis.</td>
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<td><strong>Infection Control Risk</strong>, e.g. unable to isolate, unable to close door of isolation room.</td>
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<td><strong>Reason unable to isolate</strong> / close door to isolation room, e.g. falls risk, observation required, clinical condition.</td>
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<tr>
<td><strong>Additional Precautions</strong> 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>
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<td><strong>Infection Prevention and Control have been informed</strong> of patient’s admission and are aware of inability to adhere to IPC Policy?</td>
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<td><em>Yes / No</em></td>
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</table>

#### Summary Detail of Resolution

Daily risk assessments are no longer required

Signed

______________________________

Date

______________________________