

Infection Prevention and Control Care Checklist - Enteric Infections

Patient Name: _____

CHI: _____

This Care checklist should be used with patients who are suspected of or are known to have an enteric infection, such as Salmonella, E. Coli O157, Campylobacter, 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:

| | Patient Placement/ Assessment of Risk | Daily check (v/x) | | | | | | |
|---|---|-------------------|--|--|--|--|--|--|
| Patient Placement / Assessment of risk | Patient isolated in a single room with <i>en suite</i> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) See Table 1 for guidance on when isolation can be stopped. | | | | | | | |
| | 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 | | | | | | | |
| | A Bristol stool chart is in use and is up to date | | | | | | | |
| Standard Infection Control & Transmission Based Precautions | Hand Hygiene (HH) | | | | | | | |
| | All staff must use correct 6 step technique for hand hygiene 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. (e.g. Excessive patient belongings) | | | | | | | |
| | Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of chlorine based detergent with 5 minute contact time before rinsing off and drying. | | | | | | | |
| | Safe Management of Care Environment | | | | | | | |
| | Twice daily clean of isolation room is completed by Domestic services, using a solution of 1,000 ppm chlorine based detergent with 5 minute contact time. 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/carers | 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:

Table 1

| Condition | Asymptomatic |
|------------------------------|---------------------------------------|
| Amoebic dysentery | 48hrs after 1st normal stool |
| Cryptosporidium | On discharge of patient |
| <i>E. coli</i> O157 | 2 negative stools 24 hrs apart |
| <i>Salmonella</i> sp. | 48 hrs after 1st normal stool |
| <i>S. typhii/ paratyphii</i> | 3 negative stools at weekly intervals |
| <i>Shigella</i> | 2 negative stools 24 hrs apart |

| | |
|---------------|-----------------------------|
| Campylobacter | Asymptomatic for >48 hours. |
|---------------|-----------------------------|

Appendix 1: Infection Prevention and Control Risk Assessment
 (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:
 Patient Name and DOB/CHI:



Daily Assessment / Review Required

| | COMMENTS | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|---|----------|------|------|------|------|------|------|------|
| Daily Assessment Performed by <p style="text-align: right;"><i>Initials</i></p> | | | | | | | | |
| Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| Infection Control Risk , e.g. unable to isolate, unable to close door of isolation room. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. <p style="text-align: right;"><i>Please state</i></p> | | | | | | | | |
| 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. <i>Please state</i> | | | | | | | | |
| Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? <p style="text-align: right;"><i>Yes / No</i></p> | | | | | | | | |
| Summary Detail of Resolution | | | | | | | | |

Daily risk assessments are no longer required

Signed _____
Date _____