

Infection Prevention Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

20/12/2024

Removed appendix 21 aide memoir for HCID

Updated HCID policy link

Added Coxsackievirus to page 50

Updated Chickenpox RPE to page 52

Updated COVID isolation period to 5 days page 64

31/05/2024

New Bare below the elbow poster added Appendix 2

Updated Appendix 19 measles action card

Updated and linked infection prevention pathways to appendix 18 (measles and pertussis)

All insite links removed and updated with UHL Connect

November 2023

This policy has been extensively and completely reviewed to reflect the UK national Infection Prevention manual ([NHS England » National infection prevention and control manual \(NIPCM\) for England](#)) and therefore the following infection prevention policies are required be

Archived:

- Influenza (Flu) and Viral Respiratory Tract Infection - Testing and Isolation Precautions for Adults UHL Guideline B38/2006
- Diarrhoea or Viral Gastroenteritis UHL Guideline B38/2006
- Hand Hygiene UHL Policy B32/2003
- Guideline for the Infection Prevention Management of Patients with Known or Suspected Blood Borne Viruses B4/2006
- Isolation precautions UHL policy B62/2011
- Influenza (Flu) and Viral Respiratory Tract Infection - Testing and Isolation Precautions for Adults UHL Guideline B35/2017

KEY WORDS

Infection prevention

Infection prevention and control

Infection control

Cohort nursing

Standard infection Control Precautions

Isolation

Transmission Based Precautions

INTRODUCTION AND OVERVIEW

- 1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for Infection prevention.
- 1.2 Prevention and control of healthcare associated infections and transmission of infectious agents is part of the overall clinical governance and risk management strategy within the healthcare setting. University Hospitals of Leicester (UHL) is committed to improving the quality of care throughout the Trust and promoting high standards of infection prevention practice.
- 1.3 All registered care providers must demonstrate compliance with the Health and Social Care Act 2008: [Code of practice on the prevention and control of infections and related guidance](#) which outlines ten criteria which care organisations must demonstrate compliance against
- 1.4 Transmission of infectious agents within a healthcare setting requires three elements: a source or reservoir; a susceptible host with a portal of entry and a mode of transmission. There are several measures that affect the transmission of infectious agents: cultural behaviour, the construction of the hospital & facilities available and clinical practice. People are the primary source of infectious agents in a hospital setting although inanimate environmental sources are implicated in transmission.
- 1.5 Many different types of pathogens can cause infection, modes of transmission vary by type of organism and some may be transmitted by more than one route. Transmission can be

avoided by interrupting the mode of spread by using standard precautions in conjunction with isolating the patient and minimising the exposure to other patients by the use of single rooms or cohort nursing.

2 POLICY SCOPE

- 2.1 This policy applies to all staff employed within UHL NHS Trust in a permanent or temporary capacity, volunteers and staff working in a contracted capacity and anyone working in a training capacity. This policy sets out the roles and responsibilities of staff for the prevention of infection within the Trust.
- 2.2 Support and advice is available to all Trust staff and members of the public through the Infection Prevention Team. UHL staff can contact the team during office hours (0800 - 1600, Monday - Friday) call extension 15448.
- 2.3 For urgent advice outside office hours (evenings, nights, weekends, and bank holidays) contact the on-call microbiologist via the duty manager.
- 2.4 Shared email address is: InfectionPrevention@uhl-tr.nhs.uk Questions can be submitted by visiting the Staffroom IP Forum. The public can source information via the Trust External website.

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 Airborne transmission: small particles containing infectious agents that can be breathed in are carried in the air. They may be dispersed over long distances by air currents and may be inhaled by individuals who have not come face to face or even shared the same room with the infected person.
- 3.2 Contact transmission
 - 3.2.1 Direct: micro-organisms are transferred to a person from an infected person without an intermediate contaminated person or object.
 - 3.2.2 Indirect: micro-organisms are transferred to a person through a contaminated person or object. Examples of this are via hands of healthcare workers, patient equipment and instruments or the environment.
- 3.3 Droplet transmission: Respiratory droplets carrying infectious organisms transmit infection when they travel directly from the respiratory tract from the infectious person to the mucosal surfaces of the recipient such as during coughing, sneezing or respiratory suction. The size of the droplets and therefore the length of time they are suspended in the air may also affect infectivity.
- 3.4 Strict isolation refers to high consequence infectious diseases (HCIDs) that are categorised separately because they have a high case fatality rate, can be easily disseminated environmentally and/or transmitted from person to person and have the potential for major public health impact; might cause public panic or social disruption; and require special action for public health preparedness.
- 3.5 Standard Infection Control Precautions (SICPs) are the basic infection prevention and control measures necessary to reduce the risk of transmitting infectious agents from both recognised and unrecognised sources of infection.
- 3.6 The clinical environment is where any person receives medical treatment, care or has any testing in a given area. This includes (but is not limited to) inpatient wards, outpatient areas, clinics, vaccination centres.

ABBREVIATIONS

ABHR: Alcohol-Based Handrub
ANTT: Aseptic Non Touch Technique
BAF: Board Assurance Framework
BBVs: Blood Borne Viruses
CMG: Clinical Management Group

CMG IPOG: Clinical Management Group Infection Prevention Operational Group
CRO: Carbapenem Resistant Organisms
DIPAC: Director of Infection Prevention and Control
FRSM: Fluid Repellent Surgical Mask
FFP3: Filtering Face Piece type 3
HCW: Health Care Workers
HIV: Human immunodeficiency
HBV: Hepatitis B Virus
HCV: Hepatitis C virus
IPT: Infection Prevention Team
MDR: Multi Drug Resistant
TBPs: Transmission based precautions
TIPAC: Trust Infection Prevention Assurance Committee
TIPOG: Trust Infection Prevention Operational Group
SICPs: Standard Infection Control Precautions
XDR: Extreme Drug Resistant

4 ROLES

Infection prevention is the business of every employee within the Trust. Specific roles and responsibilities are described below.

- 4.1 **Chief Executive** is the accountable officer and devolves responsibility for infection prevention to the Trust's DIPAC.
- 4.2 **Chief Nurse/DIPAC** is responsible for the Trust's infection prevention strategy, implementation of the annual infection prevention programme and for providing assurance on infection prevention to the Trust board, the integrated care board and the general public. The DIPAC is the focal point for the integration of infection prevention into the Trust's clinical governance systems and for ensuring the safety of patients from infection is not forgotten. The DIPAC will chair the Trust Infection Prevention Assurance Committee. The DIPAC is directly accountable to the Chief Executive and to the board and they will be responsible for the implementation and monitoring of the Trust's infection prevention programme and will also be responsible for producing an annual report on Infection Prevention within the Trust. The Chief Nurse is responsible for the professional performance of nursing and midwifery staff within the Trust ensuring that they know what is expected of them with regard to infection prevention and to ensure that they fulfil their responsibilities as part of their duty of care.
- 4.3 **Medical Director** is responsible for the professional performance of medical staff within the Trust ensuring that they know what is expected of them with regard to infection prevention and to ensure that they fulfil their responsibilities as part of their duty of care.
- 4.4 **Director of Estates and Facilities** is accountable for the quality of the domestic and estate services across the Trust. The post holder is required to work in close co-operation with the DIPAC and Lead Nurse Infection Prevention to ensure a safe clean patient care environment.
- 4.5 **CMG Clinical Directors** is accountable for the CMG's infection prevention performance. The CMG Clinical Director is expected to set a good example and ensure that others do the same by complying with infection prevention policies.
- 4.6 **CMG Medical Lead for Infection Prevention** is accountable to the CMG Director for performance in relation to infection prevention within the CMG. The medical lead is expected to set a good example and ensure that others do the same by complying with infection prevention policies. The CMG Medical Lead may devolve the lead for infection prevention to another member of the CMG consultant medical team. The CMG Medical lead is also expected to reinforce the importance of good infection prevention practice and

challenge poor practice.

- 4.7 **CMG Infection Prevention Lead Clinician** is responsible for the development and implementation of the CMG annual infection prevention programme. It is expected that the Lead Clinician will represent the CMG at the Trust Infection Prevention Committee. The CMG Infection Prevention Lead Clinician is also expected to promote infection prevention policies and guidelines and challenge poor infection prevention and medical practice. They have a key role in persuading their clinical colleagues when there is a need to change their behaviour, for example. Hand washing, antimicrobial prescribing and dress code compliance. A list of Clinical Leads is kept by each CMG.
- 4.8 **CMG Head of Nursing** is responsible for ensuring that nursing and midwifery staff within the CMGs are compliant with infection prevention policies and guidelines. The CMG Head of Nursing is expected to participate in infection prevention audits and observations of practice. They are responsible for ensuring that High Impact Intervention audits are carried out within the CMG. The CMG Head of Nursing is also expected to reinforce the importance of good infection prevention practice and challenge poor practice.
- 4.9 **Matrons** have a particular role in ensuring that the environment in which care is provided meets expected standards. They are responsible at a local level for leading and driving a culture of cleanliness in clinical areas and for monitoring, recording and reporting compliance with standards. The Matron is responsible for ensuring that audits such as hand hygiene, environmental audits and High Impact Intervention audits are carried out within their area of responsibility.
- 4.10 **Ward Sisters/Charge Nurses/Departmental Managers** are accountable for the standards of infection prevention within their clinical area. Ward Sisters/Charge Nurses/Department Managers are expected to audit, observe and report compliance with infection prevention policies and to personally demonstrate and promote compliance within their ward/department. Ward Sisters/Charge Nurses/Department Managers are expected to promote good infection prevention practice in their area of clinical responsibility and identify through appraisal and observation the development needs of team members and to make appropriate arrangements to have these training needs met in co-operation with the IP Team and CMG Education Team.
- 4.11 **Managers/employers of all services** are aware of and have access to infection prevention guidance, including the measures required to protect themselves and their employees from infection risk. All managers/employers have had instruction/education on infection prevention and control by attending events and/or completing training; (Criteria 1 and 9, Health and Social Care Act Code of Practice). Managers/employers of all services must ensure that staff refer to infection prevention and control in all job descriptions.
- 4.12 **Patient Safety Leads** are responsible for co-ordination of root cause analyses of serious untoward incidents reported on DATIX relating to infection prevention. This includes facilitating the investigation, action planning and reporting.
- 4.13 **Infection Prevention Link Staff** Ward sister/charge nurse/department manager is responsible for nominating a staff member as the liaison person between the Infection Prevention Team and the ward/department. Link staff act as a link between the clinical area and the specialist nurse supporting that area by dissemination of education sessions to their colleagues.
- 4.14 **Infection prevention Assistants** that are employed specifically by CMGs are to provide infection prevention advice, support and training in accordance to the Trust's infection prevention policies and guidelines.
- 4.15 **Healthcare Professionals** all healthcare professionals on a professional register are personally accountable for their standards of practice which must include compliance with the Trust's infection prevention policies and guidelines. In addition, all registered practitioners are expected to challenge non-compliance when observed to protect patients and promote patient safety. Local clinical leaders have a responsibility to maintain an organisational culture of vigilance through their role in supervising other staff.
- 4.16 **Clinical and Non-clinical Staff Groups** all staff must possess an appropriate awareness of their role in the prevention and containment of infection in their area of work. Not only is

this part of their professional duty of care to the patients with whom they are involved, but it is also their responsibility to themselves and to other patients and staff members under the Health and Safety at Work Act 1974. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 requires actions to be taken to control the risk from hazardous substances, including biological agents.

- 4.17 **Contracted staff** are expected to comply fully with the Trust's infection prevention policies.
- 4.18 **Volunteers** will receive basic infection prevention training as part of their induction, and they are expected to observe good hand hygiene practice when visiting clinical areas.
- 4.19 **Infection Prevention Team (IPT)** will have suitably qualified infection prevention and control staff who will provide expert advice on applying infection prevention in all care settings and on individual risk assessments ensuring action is taken as required and will provide a specialist role in the provision of a quality infection prevention service for patients and staff. The team will provide infection prevention advice on the management of patients to prevent the spread of infection and provide training and education as detailed in Section 6. The IPT will provide advice on infection prevention during building works and refurbishments. The IPT will maintain competence, knowledge and skills in infection prevention and control practices.
- 4.20 **Infection Prevention Doctor** will provide microbiological support to the Trust with specific emphasis on infection prevention.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

- 5.1 Standard infection control precautions (SICPs) are to be used by all staff, in all care settings, at all times, for all patients whether infection is known to be present or not, to ensure the safety of those being cared for, staff and visitors in the care environment.
- 5.2 Sources of (potential) infection include blood and other body fluids, secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.
- 5.3 The risk of transmission of BBVs following a single percutaneous exposure is estimated to be: HBV 1 in 3, HCV 1 in 30, HIV 1 in 300 and the incubation period for HBV between 2 and 3 months, although it may be as long as 6 months, HCV Up to 3 months and HIV 3 months. All staff must use SICPs when dealing with blood or body fluids from any patient irrespective of their BBV status.
- 5.4 The use of SICPs during care delivery is determined by assessing risk to and from individuals. This includes the task, level of interaction and/or the anticipated level of exposure to blood and/or other body fluids.
- 5.5 There are 10 elements of SICPs:
 - 5.5.1 **1: Patient assessment and placement**
 - Patients must be promptly assessed for infection risk on arrival and should be continuously reviewed throughout their stay.
 - Cross infection can be prevented by **identifying** patients who are potential sources of infection- see [Appendix 1](#) A-F risk assessment.
 - Patients that are identified as potential/known sources of infection must not be outlied to other departments as this can cause outbreaks to spread. Refer to Outlying Adults Policy [B18/2018](#)
 - Once infection prevention risk has been identified, patient to be **isolated** appropriately, while waiting for the results of **investigations**, **inform** colleagues (e.g., IPT) and **initiate** appropriate treatment if required.
 - 5.5.2 **2: Hand Hygiene**

Clinical hand wash basins must:

- only be used for the purpose of hand washing and not the disposal of other liquids
- Have mixer taps, no overflow or plug and be in a good state of repair
- Have wall mounted liquid soap and paper towel dispensers

Before performing hand hygiene:

- All staff that has patient contact or handling medicines (dispensaries, treatment rooms): will be bare below the elbow, [see appendix 2](#). Clothing must have short sleeves or long sleeves rolled up as cuffs can become heavily contaminated: All staff should be prepared to challenge their colleagues if they are not complying with being bare below the elbow. Disposable sleeves are not supported in UHL.
- Remove all hand/wrist jewellery (a single, plain metal finger ring or ring dosimeter (radiation ring) is permitted but should be removed (or moved up) during hand hygiene); bracelets or bangles such as the metal Kara which are worn for religious reasons should be able to be pushed higher up the arm and secured in place to enable effective hand hygiene which includes the wrists
- ensure fingernails are clean and short, and do not wear artificial nails or nail products
- Cover all cuts or abrasions with a waterproof dressing
- All clinical and non-clinical staff in patient care areas are to be bare below the elbows
- Wash hands with liquid soap and water if:
 - Patient is in isolation
 - Hands are visibly dirty or soiled
 - Caring for patients with vomiting or diarrhoeal illness
 - Caring for a patient with a suspected or known gastrointestinal infection e.g. norovirus, *Clostridioides difficile*
 - Before handling food
 - After using the toilet
- In all other instances use alcohol based hand rubs (ABHRs) for routine hand hygiene during care.
- ABHRs must be available at the point of care.
- The use of ABHR containing synthetic alcohol does not fall within the Muslim prohibition against natural alcohol (from fermented fruit or grain) therefore there should be no concerns regarding their use on religious grounds.(WHO 2009)
- Always use the correct technique when performing hand hygiene.
- For how to hand wash refer to [Appendix 3](#).
- For how to hand rub refer to [Appendix 4](#).
- Always perform hand hygiene before putting on and after removing gloves.
- Perform hand hygiene as per the 5 moments: 1-before touching a patient, 2-before clean or aseptic procedures, 3-after body fluid exposure risk, 4-after touching a patient, 5-after touching a patient's immediate surroundings (Refer to [Appendix 5](#)).
- Surgical hand antisepsis Surgical scrubbing/rubbing (this applies to those undertaking surgical and some invasive procedures): perform surgical scrubbing/rubbing before donning sterile theatre garments or at other times, e.g. before inserting central vascular access devices.

- Refer to [B7/2014](#) Scrubbing, gowning and gloving policy for further information.
- Hand hygiene training forms part of the infection prevention mandatory on line (Helm) training. Compliance with infection prevention mandatory training will be monitored through the ward manager and presented at the monthly CMG IPOG meeting. Annual competency in hand hygiene technique is required to be completed in the clinical area and documented at time of appraisal. (Hand Hygiene Competency is [Appendix 6](#)).
- Use of a Trust approved hand cream regularly which should be preferably water-based and contain an effective preservative, dispensed from sealed units, and should not be refilled.
- If it is not dispensed from an appropriate dispenser it should be for individual staff use.
- Any member of staff who is unable to use the appropriate hand hygiene agents due to the development of a skin condition/allergy must seek advice from the Occupational Health Department.
- Annual skin assessments must be completed for all staff on a yearly basis and forms a part of the appraisal process.
- Any member of staff wearing a cast or splint or a hand/finger/wrist splint/bandage will not be bare below the elbow. In such cases re-assignment of the staff member's clinical duties may be required. Please liaise with Occupational Health for further specific advice if required.
- Cuts and abrasions must be covered with an occlusive, waterproof dressing.
- All healthcare staff are expected to comply with hand hygiene, bare below the elbow and other infection prevention practices and (e.g. wearing personal protective equipment (PPE) and it is the line managers responsibility to monitor and act on any noncompliance (refer to [appendix 7](#)).
- Refer to UHL Connect infection prevention pages for further evidence on [hand hygiene](#).

5.5.3 3: Respiratory and cough hygiene

- During months of increased respiratory viruses circulating, fluid resistant surgical face masks (FRSM) or FFP3 respirators will be required to be worn by all staff in all clinical areas as a means of source control.
- Symptomatic patients should be encouraged to wear FRSM if able.
- The infection prevention team will communicate when FRSMs/FFP3 masks must be worn which will be dependent on amount of outbreaks of seasonal viral infections.
- Refer to [Appendix 8](#) for mask wearing area poster.
- Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping and blowing the nose, if unavailable use the crook of the arm and turn head away from other persons.
- Dispose of all used tissues promptly into a waste bin.
- Perform hand hygiene after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Keep contaminated hands away from the eyes nose and mouth.
- Display cough etiquette poster during appropriate seasons, see [Appendix 9](#).

5.5.4 4: Personal protective equipment (PPE)

- Uniforms; All elements of the washing process contributes to the removal of

micro-organisms on fabric. Detergents (washing powder or liquid) and agitation release any soiling from the clothes, which is then removed by sheer volume of water during rinsing. Temperature also plays a part and uniforms and clothing worn at work should be washed at the hottest temperature suitable for the fabric.

- Arm protectors are not used within UHL. Staff can wear a long-sleeved top under their uniform but must be bare below the elbow in the clinical environment.
- Before undertaking any procedure, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin or mucous membranes and wear personal protective equipment (PPE) that protects adequately against the risks associated with the procedure.
- PPE must be located close to the point of use and ideally stored in a dispenser with ABHR adjacent to the dispenser.
- PPE must be transported in a clean receptacle if used in the community setting
- PPE is:
 - Single-use only unless specified by the manufacturer
 - Changed immediately after each patient and/or after completing a procedure or task
- Reusable PPE such as non-disposable goggles/face shields/visors, must be decontaminated after each use according to manufacturer's instruction.
- Refer to ANTT guideline [B20/2013](#) .
- Refer to [Appendix 10](#) PPE When applying Standard Infection Control Precautions.
- Gloves must be:
 - Worn with exposure to chemicals, blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely
 - Changed immediately after each patient and/or after completing a procedure/task even on the same patient
 - Changed if a perforation or puncture is suspected.
 - Never decontaminate with ABHR or soap between use
 - Sterile when worn in operating theatres and for insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures
- Double gloving is **NOT** recommended for routine clinical care. However, it may be required for some exposure prone procedures.
- Gloves are **NOT** required to carry out near patient administrative tasks, e.g. when using the telephone, using a computer or tablet, writing in the patient chart; giving oral/IM medications or taking routine observations.
- Aprons must be:
 - Water repellent
 - Worn to protect uniform or clothes when contamination is anticipated or likely.
 - Changed between patients and/or after completing a procedure or task.
- Full body gowns must be:
 - Worn when there is a risk of extensive splashing of blood and/or body fluids.
 - Worn when caring for patients colonised with Carbapenem Resistant Organisms (CRO) or Extreme Drug Resistant (XDR) Organisms for routine

care even when no bodily fluid splashes are expected.

- Worn when a disposable apron provides inadequate cover for the procedure or task being performed.
- Changed between patients and removed immediately after completing a procedure or task.
- Sterile when worn in operating theatres and for insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures.
- Eye or face protection (including full-face visors) must:
 - Be worn if blood and/or body fluid contamination to the eyes or face is anticipated or likely; regular corrective spectacles are not considered eye protection.
 - Must not be touched when being worn
- Fluid resistant surgical face masks (FRSM) must be type IIR and are required as a means of source control, to:
 - Protect the patient from the wearer during sterile procedures such as surgery
 - Protect the wearer when there is a risk of splashing or spraying of blood, body fluids, secretions or excretions onto the respiratory mucosa
 - Protect the wearer and patient during seasonal respiratory virus increases
- FRSM must be:
 - Worn (with eye protection) if a full-face visor is not available and spraying or splashing of blood, body fluids, secretions or excretions onto the respiratory mucosa (nose and mouth) is anticipated or likely.
 - Worn to protect patients from the operator as a source of infection, e.g. when performing surgical procedures or epidurals or inserting a central vascular catheter
 - Fit for purpose, fully covering the mouth and nose
 - Removed or changed:
 - at the end of a procedure/task
 - if the mask's integrity is breached, e.g. from moisture build-up
 - after extended use or from gross contamination with blood or body fluids
 - in accordance with manufacturers' specific instructions.
- FFP3 Respirator should be worn by HCW when caring for patients with an infectious pathogen spread by the airborne route; and/or undertake aerosol generating procedures (AGPs) such as:
 - awake* bronchoscopy (including awake tracheal intubation)
 - awake ear, nose, and throat (ENT) airway procedures that involve respiratory suctioning
 - awake upper gastro-intestinal endoscopy
 - Awake including 'conscious' sedation (excluding anaesthetised patients with secured airway)
 - All aerosol generating procedures for patients who have respiratory tract infections.
 - dental procedures (using high speed or high frequency devices, for example ultrasonic scalers/high speed drills)

- induction of sputum
- respiratory tract suctioning-only open suctioning beyond the oro-pharynx is currently considered an AGP
- Surgery or post-mortem procedures (like high-speed cutting / drilling) likely to produce aerosol from the respiratory tract (upper or lower) or sinuses.
- tracheostomy procedures (insertion or removal)
- All staff that are required to wear an FFP3 respirator **MUST** have a fit test prior to use to ensure that the respirator is suitable for the individual user.
- Mask fit testing **MUST** be repeated every 2 years or when mask supplier is changed or if the HCW face shape changes (whichever is sooner).
- Mask fit testing is available to be booked via HELM under 'mask fit testing' in the course catalogue.
- All staff having a mask fit test will be shown how to perform a fit check each time they don an FFP3 respirator.
- Mask fit testing record cards will be given to staff stating the mask they are fitted with for their own records.
- FFP3 respirators must never be worn by an infectious patient(s) due to the nature of the respirator filtration of incoming air not expelled air.
 - Patients with suspected infectious or confirmed pulmonary / laryngeal TB will need to wear a FRSM in the hospital whenever they leave the room. This generally applies to the first 2 weeks of treatment in drug sensitive cases.
 - MDR TB patients should wear a FFP3 non-valved mask when they are transported through the hospital and to clinical areas.
 - Refer to Tuberculosis UHL policy [B45/2005](#).
- FFP3 respirators are to be removed outside of the single room.
- Footwear must be:
 - Visibly clean, non-slip and well-maintained, and support and cover the entire foot to avoid contamination with blood or other body fluids or potential injury from sharps.
 - Removed before leaving a care area where dedicated footwear is used, e.g. theatres.
- Headwear is not routinely required in clinical areas unless part of theatre attire.
- Headwear worn for religious reasons such as headscarves must not compromise patient care and safety.
- These must be washed and/or changed daily or immediately if contaminated and comply with additional attire in theatres.
- Complete a competency assessment for donning/doffing PPE as necessary or as suggested by the IP team, for further information refer to [Appendix 11](#).
- Refer to Uniform and Workwear Policy [B30/2010](#) .
- Refer to PPE at Work UHL Policy [BP/2004](#) .

5.5.5 5: Safe management of care equipment

- Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents-
- Care equipment is classified as either:

- **Single use:** equipment which is used once on a single patient then discarded. This equipment must never be re-used or re-cleaned
- **Single patient use:** equipment which can be reused on the same patient and may require decontamination in-between use such as nebuliser masks
- **Reusable invasive equipment:** used once then decontaminated, e.g. surgical instruments
- **Reusable non-invasive equipment:** (often referred to as communal equipment) - reused on more than one patient following decontamination between each use, e.g. commodes
- Needles and syringes are single use devices; they should never be used more than once or reused to draw up additional medication.
- Decontamination of reusable non-invasive care equipment must be undertaken:
 - Between each use/between patients.
 - After blood and/or body fluid contamination.
 - At regular predefined intervals as part of an equipment cleaning protocol
 - Before inspection, servicing or repair
- Upon patient discharge, all foam and hybrid mattresses are to be unzipped and checked for visual marking on patient contact areas (excluding along zip line). Follow the [mattress inspection flow chart](#) for further details.
- Any mattress from a rented service provider must be decontaminated prior to return.
- All reusable non-invasive care equipment must be decontaminated between patients using either Chlor-clean or Clinell wipes in line with manufacturers' instructions, before being stored clean and dry.
- All items must be stored off the floor or on wheeled plinths to allow easy movement of items.
- Refer to Cleaning & Decontamination for Infection Prevention policy [B5/2006](#).

5.5.6 **6: Safe management of the care environment**

- The care environment must be:
 - Visibly clean, free from non-essential items and equipment as not to clutter the environment to facilitate nursing and cleaning procedures.
 - Well maintained, in a good state of repair and with adequate ventilation for the clinical specialty.
 - The environment should be routinely cleaned in accordance with the National Healthcare Cleanliness Standards.
 - Refer to [Appendix 12](#) what cleaning do you require.
- Staff groups should be aware of their environmental cleaning schedules for their area and clear on their specific responsibilities.
- Patients and their families should be informed to bring in minimal personal items as not to clutter the environment to facilitate nursing and cleaning procedures.
- Refer to Healthcare Environment Cleaning Policy and Procedures [B36/2010](#) .
- Refer to Food Hygiene for Ward/Department Kitchens Policy [B27/2004](#) .
- Refer to Animals in Hospital Guideline [B14/2006](#) .
- Refer to ANTT UHL Guideline [B20/2013](#) .

5.5.7 **7: Safe management of linen**

- Clean linen must be stored in a clean, designated area, preferably an enclosed

cupboard or the trolley used for storage must be designated for this purpose and completely covered with an impervious covering/or door that is able to withstand decontamination.

- Do not: Rinse, shake or sort linen on removal from beds/trolleys; place used linen on the floor or any other surfaces e.g. a locker/table top; re-handle used linen once bagged; overfill laundry receptacles (not more than 2/3 full); or place inappropriate items in the laundry receptacle e.g. used equipment/needles.
- Ensure a lidded laundry receptacle (foot operated) is available as close as possible to the point of use for immediate linen deposit.
- Refer to Hospital Linen Infection Prevention Principles [B14/2012](#).
- Refer to [Appendix 13](#) Linen bag poster.

5.5.8 **8: Safe management of blood and body fluid spillages**

- Spillages of blood and other body fluids may transmit blood borne viruses.
- Spillages must be treated immediately by staff trained to undertake this safely.
- Small blood spillages must be cleaned with sodium hypochlorite 1% (e.g. Milton).
- Large blood spillages must be cleaned with chlorine releasing granules (HazTabs or Presept).
- Refer to Cleaning and Decontamination for Infection Prevention UHL Policy [B5/2006](#).
- Refer to [Appendix 14](#) Blood and body fluid spill management flow chart.

5.5.9 **9: Safe disposal of waste (including sharps)**

- Clinical Waste means waste from a healthcare activity that contains viable micro-organisms or their toxins which are known or reliably believed to cause disease in humans or other living organisms.
- Contains or is contaminated with a medicine that contains a biologically active pharmaceutical agent.
- Is a sharp, or a body fluid or other biological material (including human and animal tissue) containing or contaminated with a dangerous substance.
- Black waste bags are for the disposal of household/domestic waste e.g. no PPE, chemicals or medicines.
- Offensive (yellow/black tiger stripe) waste bags for disposal of **non-infectious** clinical waste e.g. FRSM disposal at hospital entrances, nappy/sanitary waste.
- Orange **infectious** clinical waste for disposal of waste from isolated patients with a known or suspected infection.
- Yellow clinical waste for the disposal of plaster casts, anatomical waste.
- Refer to [B36/2010](#) Healthcare Environmental Cleaning Policy and Procedures for further details on waste disposal.
- Sharps handling must be assessed, kept to a minimum and eliminated, if possible, with the use of approved safety devices.
- Sharps must be disposed of at the point of use into a designated sharps bin.
- Sharps must **not** be 'stabbed' into furniture/mattresses during procedures, even during an emergency.
- Sharps bin closure to be left in the partial closed position when being transported and when not in use, especially if it is in an accessible patient / visitor area.
- Refer to [Appendix 15](#) Sharps bin your responsibility poster.
- When transporting sharps boxes for community and across clinical areas, these

must be transported safely with the use of temporary closures.

- Refer to [B8/2013](#) Sharps Safety Policy for further information.
- Refer to policy [B39/2024](#) Waste Management Policy and Guidance.

5.5.10 10: Occupational safety: prevention of exposure

- There is a potential risk of transmission of BBVs from a significant occupational exposure and staff must understand the actions they should take when a significant occupational exposure incident takes place.
- All staff has a responsibility and accountability to understand how to maintain their own safety and that of their colleagues to prevent occupational exposures. These include the use of SICPs for all patients, safe sharps handling of sharps and correct management of exposures.
- Any staff member who has or is suspicious that they may have a BBV exposure or infection can contact the OH service in confidence for advice, support and assessment of their fitness for their role. Refer to UHL policy for the management of occupational exposure incidents to blood borne viruses [B42/2007](#).
- All Staff members must disclose all relevant health information when asked as part of a confidential health questionnaire administered by the Occupational Health Service, and have a professional responsibility to do so.
- Refer to Sharps Safety Policy [B8/2013](#) for in-depth information.

5.6 Transmission based precautions (TBPs)

- 5.6.1 SICPs may be insufficient to prevent cross transmission of specific infectious agents and additional precautions called “Transmission Based Precautions” (TBP) may be required when caring for patients with known / suspected infection or colonisation. Refer to [appendix 16](#) .
- 5.6.2 TBPs are categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route).
- 5.6.3 Clinical judgement and decisions should be made by staff on what additional precautions are required and this will be based on:
- a) suspected/known infectious agent
 - b) Severity of the illness caused
 - c) Transmission route of the infectious agent
 - d) Care setting and procedures undertaken
- 5.6.4 **Contact precautions:** Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient’s immediate care environment (including care equipment) and is the most common route of cross-infection transmission.
- 5.6.5 **Droplet precautions:** Measures used to prevent, and control infections spread over short distances (at least 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.
- 5.6.6 **Airborne precautions:** Measures used to prevent, and control infection spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.
- 5.6.7 **Enhanced isolation precautions:** Additional contact precautions measures used for extremely resistant organisms such as XDR/CRO patients.
- 5.6.8 Applications of TBPs should be considered within the framework of the hierarchy of controls. Refer to [Appendix 17](#).

5.6.9 **Strict precautions:** These patients require strict management and a single room on Infectious Diseases Unit. Patients suspected or confirmed with HCIDs will require strict isolation. More than one room may be required depending on the type of infection ([Refer to the High Consequence Infectious Disease \(HCID\) Policy and Response Plan](#))

- Any patient suspected of a HCID must be informed to the infection prevention team as soon as possible to ensure correct policies and strict procedures are followed and staff remain safe.

5.6.10 Refer to [Appendix 18](#) Transmission based precautions isolation poster.

5.6.11 Refer to [Appendix 11](#) PPE donning and doffing competency assessment.

5.7 Patient placement / assessment of infection risk

5.7.1 The potential for transmission of infection must be assessed when a patient enters a care area- refer to [appendix 1](#) i-five and associated A to F assessment tools

5.7.2 The assessment should influence patient placement decisions in line with clinical/care need(s) [appendix 19](#)

5.7.3 Early detection of patients infection prevention risk along with appropriate samples sent will also inform the need for isolation.

5.7.4 Isolation will be required until results are available.

5.7.5 Patients who may present a cross-infection risk in any setting includes those:

- a) Patients who have been hospitalised in the UK or **A**board in the last 12 months or are a known carrier of CRO/XDR refer to the appropriate [Infection Prevention Pathways](#)

Patients with known or suspected to have other High consequence infectious diseases (HCIDs) refer to [HCID policy and response plan](#)

- b) Patients with **B**lood borne infection do not require isolation BUT clinical specimens from patients known/ suspected to have a blood borne virus must be labelled as high risk (refer to page 12 of the [Clinical Microbiology User Handbook](#)).

- c) Patients known/**C**olonised to have been previously positive with multidrug-resistant organisms (MDR) e.g. MRSA, CRO.

- d) Patients with **D**iarrhoea and/or vomiting of unknown cause Refer to [Appendix 21](#) for modified Bristol stool chart and the diarrhoea assessment flow chart

- e) Patients **E**xpectorating; symptoms of respiratory infections (including COVID) Refer to respiratory viruses priority table [Appendix 23](#).

Screening of contacts in bays for respiratory viruses e.g. COVID-19 is not required unless patients in that bay are symptomatic.

- f) Patients with an unexplained **F**unny looking rash, fever or respiratory symptoms refer to [appendix 20](#).

5.7.6 All patients in TBPs will have the appropriate [Infection Prevention Pathways](#) to assist staff in correct isolation procedures for the organism.

5.7.7 The use of FRSMS (including FFP3 respirators) has a role in protecting staff, patients and visitors provided they are used correctly in conjunction with other Infection prevention measures.

5.7.8 All patients in isolation must be informed by the ward staff why they are being moved into isolation and appropriate notification sent to the infection prevention team.

- a) [Infection prevention information leaflets](#) for patients are available on a number of infection prevention topics

5.6.9 Isolation facilities should be prioritised depending on the known/suspected infectious

agent refer to [Appendix 19](#) and the associated aide memoire

This is NOT an exhaustive list, for clarification or further advice, contact the infection prevention team:

- Patients experiencing two or more episodes of diarrhoea in a 4 hour period of unknown origin should be isolated in a single room with an en-suite
- Patients with diarrhoea will have their stool output documented on Nervecentre
- Refer to UHL Connect infection prevention page for further information on [Outbreak Management](#)
- For isolating patients with infestations, refer to [Appendix 22](#)
- Refer to Notifying Suspected or Known Infectious Diseases Policy [B10/2006](#)
- Refer to Meticillin Resistant *Staphylococcus aureus* (MRSA) Policy [B12/2015](#)
- Refer to Multi Drug Resistant (MDR) Bacteria UHL IP Guideline [B63/2019](#)
- Refer to Carbapenem Resistant Organisms (CRO) and Extensively Drug Resistant Organisms (XDR) UHL IP Guideline [B64/2019](#)
- Refer to Bacterial meningitis and meningococcal septicaemia in adults [B9/2017](#)
- Refer to Transmissible Spongiform Encephalopathy (TSE) including Creutzfeldt-Jakob Disease (CJD) and Variant CJD UHL Policy [B11/2008](#)
- Refer to Tuberculosis UHL Policy [B45/2005](#)
- Refer to [High Consequence Infectious Disease Policy and Response Plan](#)

5.7 Single room isolation

5.7.1 The single room ideally will have en-suite facilities.

Where this is not possible a dedicated toilet or commode must be identified. The toilet or commode must be designated and labelled for the individual patient.

5.7.2 Ward staff must inform the IPT of patients that are in isolation as soon as practicable using the appropriate IT system.

- If patients are unable to be isolated in a single room, ward staff must complete a DATIX report and ensure infection prevention box is ticked under 'further information.'

5.7.3 Appropriate isolation poster to be visible on the doors/areas to communicate isolation requirements and prevent entry of unnecessary visitors, non-essential staff. Patient confidentiality must be maintained.

- Refer to [transmission based precautions](#) isolation signs on UHL Connect infection prevention page.

5.7.4 Patients suspected or known to have an infection should only be transferred to other departments if clinically necessary. If the patient has an infectious agent transmitted by the airborne/droplet route, then if possible/tolerated the patient should wear a FRSM in communal areas during transfer.

- Patients being transferred on a bed MUST be placed onto a clean bed for the transfer.

5.7.5 PPE is not to be worn when transporting patients; PPE can be taken if suspected patient contact is anticipated during the route.

5.7.6 Receiving department/hospital and transporting staff must be notified of the necessary isolation precautions required.

5.7.7 PPE is to be worn in the receiving area with patient contact.

5.7.8 Isolation room doors must remain closed, if this is not possible, document the risk assessment on the appropriate [infection prevention pathways](#) (available on UHL Connect infection prevention page) and complete a Datix report.

- 5.7.9 Notes and charts to be kept outside the room.
- 5.7.10 Disposable crockery is not required. Food may be delivered to patients in isolation in the normal way using a tray. If food tray has not been placed back into the trolley, the crockery, leftovers and tray are placed into a clear plastic bag in the ward kitchen and hands cleaned.
- 5.7.11 If ward does not have a dishwasher, these jug and beaker may be taken in a clear plastic bag to the ward kitchen for washing. They must be washed separately. Particular care must be taken to ensure that they are washed in detergent and hot water, rinsed in hot water and dried thoroughly.
- 5.7.12 The room kept tidy to facilitate nursing and cleaning procedures.
- 5.7.13 All PPE to be removed in the patient's room.
 - Apart from FRSM/FFP3 respirators and eye/face protection which must be removed outside the isolation/cohort area.
- 5.7.15 Visitors to any patient ideally should be restricted to a maximum of 2 per bed space; this is to allow appropriate infection prevention measures to continue.
- 5.7.16 Ward staff are to advise the visitors of PPE requirements:
 - When providing personal care for the patient
 - FRSM to be worn if patient is in droplet TBP
 - Explain to visitor to remove mask outside of room
 - FFP3 to be worn if patient is in airborne TBP
 - Explain to visitor how to put on and perform a fit check and to remove mask outside of room
 - Visitors should be informed and encouraged to perform hand hygiene on entering the ward and upon leaving the isolation room.
 - Visitors should be advised not to eat or drink in the isolation room.

5.8 Cohort nursing

The decision to open a cohort bay must be discussed with the infection prevention team to be able to provide appropriate advice and support.

- 5.8.1 If there is a cohort bay for respiratory infections/bronchiolitis then the whole ward's staff must wear FRSMs.
- 5.8.2 Patients with respiratory infections/bronchiolitis should be encouraged to wear FRSMs.
- 5.8.3 Patients that are cohorted in a bay area with the same infection/organism or those displaying similar signs and symptoms e.g. bronchiolitis must be separated by at least 3 feet (1 metre).
- 5.8.4 Physical separation from other patients should be implemented by using bays with doors, if possible.
- 5.8.5 Appropriate isolation poster must be visible in the area.
 - Refer to [transmission based precautions](#) on UHL Connect infection prevention page.
- 5.8.6 Assign a dedicated team of staff to care for patients in cohort bays as an additional infection control measure during outbreaks/incidents.
 - a) This can only be implemented if there are sufficient levels of staff available
 - b) Ward maybe closed to admissions if unable to sufficiently staff the cohort/bronchiolitis bays.
 - c) Ward staff must complete a DATIX report if patients in cohort/bronchiolitis bays

cannot be isolated in a single room.

- 5.8.7 Fans must not be used in a cohort/bronchiolitis bays.
- 5.8.8 PPE is single use between each patient in cohort/bronchiolitis bay except for FRSM which is sessional.
- 5.8.9 If patients are nursed in a cohort area and deemed no longer infectious, they must be moved out of the cohort area and put in a clean bed.
- 5.8.10 No further patients should be admitted to the cohort area unless they have the same infection/organism and admitted onto a clean bed.
- 5.8.11 Once all patients are moved/discharged from the cohort area, all curtains must be changed and the area to have an amber clean unless otherwise specified by the IPT.
- 5.8.12 Refer to Managing Increased Incidence and Outbreaks of Infections in Hospitals Policy [B11/2006](#).
- 5.8.14 Refer to [Appendix 24](#) cohort/bronchiolitis guidance.

5.9 Before discontinuing isolation

- 5.9.1 Individual patient risk factors should be considered (e.g. there may be prolonged shedding of certain microorganisms in immunocompromised patients).
- 5.9.2 For MDR organisms, ensure patient has had one negative screen from all risk sites and continue weekly screening for as long as risk factors present.
- 5.9.3 Patients who have been asymptomatic for 48 hours and have had formed stools can stop isolation and go to discharge lounge.
- 5.9.4 Ensure patient is moved into a clean bed to facilitate appropriate cleaning.
- 5.9.5 Refer to IPT ext.15448 if further advice is required.
- 5.9.6 Upon discharge ensure appropriate discharge clean of room or area is booked via ext. 17888.

5.10 Safe management of patient care equipment in an isolation room/cohort area

- 5.10.1 Use single-use items whenever possible.
- 5.10.2 Reusable non-invasive care equipment should be dedicated to the isolation room/cohort area and decontaminated prior to use on another patient.
- 5.10.3 An increased frequency of decontamination should be considered for reusable non-invasive care equipment when used in isolation/cohort areas. Refer to Cleaning and Decontamination for IP UHL Policy [B5/2006](#).

5.11 Safe management of the care environment during isolation

- 5.11.1 Patient isolation/cohort rooms/area must be decontaminated at least daily; this may be increased on the advice of infection prevention team.
- 5.11.2 On discharge, curtains must be changed as part of the discharge amber or red clean refer to [Appendix 12](#).
- 5.11.3 Refer to policy [B36/2010](#) Healthcare Environmental Cleaning Policy and Procedures.

5.12 Protective isolation

- 5.12.1 Patients that are immuno-compromised can be nursed in the same environment as other patients. It is the decision of the medical team in charge of the patient to confirm whether the patient requires a protective environment.
- 5.12.2 Place a purple protective isolation card on the outside of the door.
 - The room door should remain closed at all times.
- 5.12.3 Patients in [protective isolation](#) must be informed by the ward staff why they are

being moved into isolation.

- 5.12.4 Patients be admitted to a single room containing a wash-hand basin with elbow-operated or non-touch taps, en-suite or a toilet/allocated commode.
- 5.12.5 Unnecessary furniture and equipment should be removed from the single room before admitting the patient.
- 5.12.6 All necessary equipment should be kept inside the room and the room kept tidy to facilitate nursing and cleaning procedures.
- 5.12.7 Dedicated equipment should be provided for patients nursed in protective isolation.

5.13 Infection prevention and control when caring for the deceased

- 5.13.1 The principles of SICPs and TBPs continue to apply while deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients.
- 5.13.2 Refer to Care of the deceased patient 'last offices' policy [B28/2010](#) .
- 5.13.3 Patients that have died with the following infections must be dressed and placed into a standard body bag:
 - a) Anthrax
 - b) Known or suspected blood borne infection(Hepatitis B/C and HIV)
 - c) Diphtheria
 - d) Tuberculosis where patients have not successfully completed treatment
 - e) MDT Tuberculosis
 - f) Plague (pneumonic and bubonic)
 - g) Relapsing fever
 - h) Meningococcal septicaemia
 - i) Invasive Group A Streptococcal infection
 - j) Typhoid
 - k) Transmissible spongiform encephalopathies e.g. vCJD
 - l) SARS
 - m) Where there is leakage of blood or body fluids
 - n) Viral Haemorrhagic fevers
- 5.13.4 Do not Wash and/or dress the deceased patient if known or suspected to have the following infections:
 - a) Invasive Group A Streptococcal infection
 - b) Plague (pneumonic and bubonic)
 - c) Anthrax
 - d) Yellow fever
 - e) Typhoid
 - f) Rabies
 - g) Viral Haemorrhagic fevers
- 5.13.5 Deceased patients with known or suspected High consequence infectious diseases must be placed in a sealed double body bag with absorbent material placed between each bag (obtained from the mortuary) and with both ID bands clearly visible. The body bag must not be opened to allow relatives to view the body.
- 5.13.6 The following deceased patient's body should not be viewed:

- a) Anthrax
- b) Viral Haemorrhagic fevers

5.13.7 For further information refer to [UKHSA National Infection Prevention Manual addendum on high consequence infectious diseases \(HCIDs\) PPE](#).

6. EDUCATION AND TRAINING REQUIREMENTS

- 6.1 The Health and Social Care Act (2008) – Code of practice on the prevention and control of infections requires that all staff are suitably educated in the prevention and control of healthcare associated infection.
- 6.2 All clinical staff who join UHL are required to complete an induction that includes Infection Prevention; thereafter all clinical staff are required to complete annual mandatory training. Refer to: Core Training Policy For Statutory, Mandatory and Essential to Job Role Training [B21/2005](#).
- 6.3 Annual infection prevention training is mandatory for all clinical staff. There are a number of methods of delivering infection prevention training available for use within UHL including e-learning via HELM, workbooks, formal group sessions and practical demonstrations. Each CMG can utilise one or more to provide a blended approach of practical and theoretical information delivery in agreement with the IPT.
- 6.4 The IPT provide essential training delivery service in accordance with Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance. Requests for further training are supported for all departments and all staff groups requests can be emailed to InfectionPrevention@uhl-tr.nhs.uk.
- 6.5 The UHL Connect **infection prevention** pages are reviewed and updated on a regular basis and is a resource for education and learning.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 The audit lead for this policy will be the Lead Infection Prevention nurse as part of the annual Infection prevention Programme.

7.2 Policy monitoring table

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Quality Committee - assurance reports from Trust Infection Prevention and Assurance Committee (TIPAC)	Lead IP Nurse	Report	Monthly	TIPAC
CMGs report to TIPAC using infection prevention BAF	CMG IP leads	Report	Quarterly	TIPAC
Sharps Bin safety Audit	Lead Nurse IP	Daniels audit report	Yearly	CMG'S IPOG Meetings TIPOG TIPAC
Infection Prevention incident reporting	Lead IP Nurse	DATIX Repot	Quarterly	TIPAC
Hand hygiene and bare below the elbow	CMG IP Leads	Scorecard Report	Monthly	5.6.2 CMG'S IPOG Meetings 5.6.2 TIPOG

				5.6.2 TIPAC
5 moments for hand hygiene	Lead IP Nurse	Infection Prevention Combined Audit Report	Twice Yearly	5.6.2 CMG'S IPOG Meetings 5.6.2 TIPOG 5.6.2 TIPAC
Infection prevention quarterly audits	Lead IP Nurse	Report	Quarterly	5.6.2 CMG'S IPOG Meetings 5.6.2 TIPOG 5.6.2 TIPAC
Patients in TBPs isolated appropriately	Lead IP Nurse	Infection Prevention Combined Audit Report	Twice Yearly	CMG'S IPOG Meetings TIPOG TIPAC
Cohort nursing during outbreaks	Lead IP Nurse	Cohort Audit	If required during outbreaks	CMG'S IPOG Meetings Recorded as part of outbreak

8 EQUALITY IMPACT ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

- [Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](http://www.gov.uk)
- National infection prevention and control manual for England [NHS England » National infection prevention and control manual \(NIPCM\) for England](#)
- [NHS England » Addendum on high consequence infectious disease \(HCID\) personal protective equipment \(PPE\)](#)
- [NHS England » \(HTM 01-01\) Decontamination of surgical instruments](#)
- [NHS England » National Standards of Healthcare Cleanliness 2021](#)
- [Healthcare-associated infections: prevention and control in primary and community care \(nice.org.uk\)](http://nice.org.uk)
- R.J. Pratt, C.M. Pellowe, J.A. Wilson, H.P. Loveday, P.J. Harper, S.R.L.J. Jones, C. McDougall, M.H. Wilcox (2007) epic2: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection (2007) 65S, S1–S64.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. - [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) \(cdc.gov\)](#)
- [High Consequence Infectious Disease Policy and Response Plan](#)

- High consequence infectious diseases (HCID) - GOV.UK (www.gov.uk)
- Viral haemorrhagic fever: ACDP algorithm and guidance on management of patients - GOV.UK (www.gov.uk)
- The National Institute for Occupational Safety and Health (NIOSH) [Hierarchy of Controls | NIOSH | CDC](#)

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system.

Plans for Implementation and Dissemination include:

- Via CMG infection prevention operational groups
- Via Trust Infection Prevention Operational Group (TIPOG)
- Via dissemination by Infection prevention team
- Dissemination to link staff
- News on Insite



Have you i-fived your patients today?

Infection Prevention Patient Assessment & Placement Tool

1 Identify A to F - Risk assessment

If YES

A Abroad / Admission

- Overnight stay in hospital abroad or received dialysis or IVF treatment abroad within the last 12 months.
- Overnight stay in any UK hospital (including UHL) within the last 12 months.

B Blood borne virus

Known/suspected.

C Colonised

Patients with known or newly isolated multidrug resistant (MDR) bacteria, MRSA, or Extensively Drug Resistant (XDR) organism.

D Diarrhoea and / or vomiting symptoms

Consider non-infectious reasons e.g. laxative use. If in doubt, consider infectious.

E Expectorating / respiratory symptoms

Acute onset cough and fever?
Take a travel history.
Consider: TB, influenza, COVID-19 (SARS-CoV-2), whooping cough, MERS Co-V.

F Funny looking rash

New onset, erythematous or purpuric vesicles. Take travel history (last 3 months) or any contact with a returned traveller (consider VHF/EBOLA/Lassa fever).

2 Isolate

3 Investigate

4 Inform

5 Initiate treatment

See 'i-five' on Infection Prevention INsite page for detailed assessment and actions:

<http://insite.xuhl-tr.nhs.uk/homepage/clinical/infection-prevention/i-fived-campaign>

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We are bare below the elbows



In clinical areas this means

- No wristwatches
- No rings with jewels
- No bracelets
- No false nails or varnish
- No fitness trackers
- It is OK to wear a plain wedding band and a metal Kara

Give hygiene a helping hand to create a
#SaferUHL for patients and colleagues.

#SaferUHL

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We are bare below the elbows



In clinical areas this means

- ✘ No wristwatches
- ✘ No rings with jewels
- ✘ No bracelets
- ✘ No false nails or varnish
- ✘ No fitness trackers
- ✔ It is OK to wear a plain wedding band and a metal Kara

Give hygiene a helping hand to create a
#SaferUHL for patients and colleagues.

#SaferUHL

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How to wash hands?

WITH SOAP AND WATER  40-60 secs



1 Wet hands

2 Apply one shot of soap to hands

3 Rub hands palm to palm

4 Rub back of each hand with the palm of other hand with fingers interlaced

5 Rub palm to palm with fingers interlaced

6 Rub with backs of fingers to opposing palms with fingers interlocked

7 Rub each thumb clasped in opposite hand using rotational movement

8 Rub tips of fingers in opposite palm in a circular motion

9 Rub each wrist with opposite hand

10 40 - 60 seconds duration

11 Rinse hands thoroughly

12 Dry hands thoroughly

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How to sanitise hands?

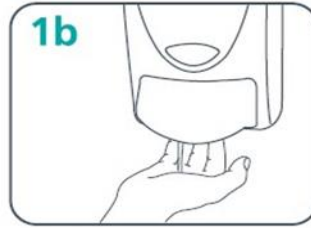
WITH ALCOHOL SANITISER



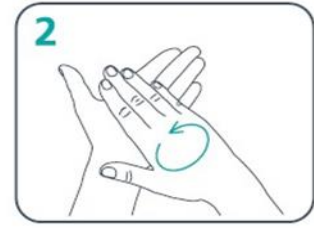
20-30 secs



1a Apply one shot of the product in a cupped hand

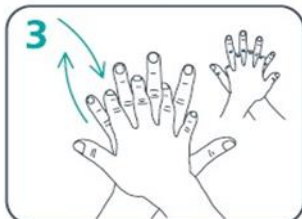


1b



2

Rub hands palm to palm



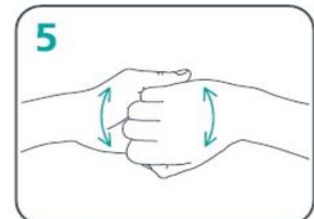
3

Rub back of each hand with the palm of other hand with fingers interlaced



4

Rub palm to palm with fingers interlaced



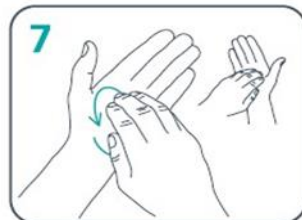
5

Rub backs of fingers to opposing palms with fingers interlocked



6

Rub each thumb clasped in opposite hand using rotational movement



7

Rub tips of fingers in opposite palm in a circular motion

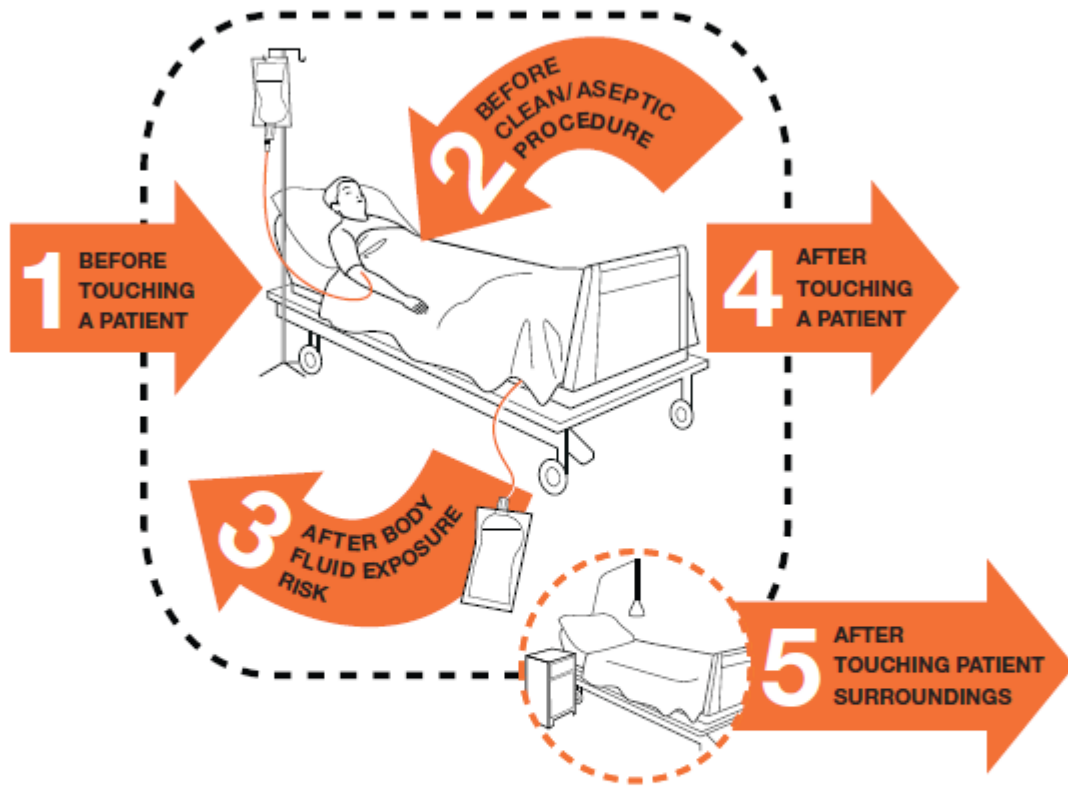


8

Rub each wrist with opposite hand

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Your 5 Moments for Hand Hygiene



1	BEFORE TOUCHING A PATIENT	WHEN?	Clean your hands before touching a patient when approaching him/her.
		WHY?	To protect the patient against harmful germs carried on your hands.
2	BEFORE CLEAN/ASEPTIC PROCEDURE	WHEN?	Clean your hands immediately before performing a clean/aseptic procedure.
		WHY?	To protect the patient against harmful germs, including the patient's own, from entering his/her body.
3	AFTER BODY FLUID EXPOSURE RISK	WHEN?	Clean your hands immediately after an exposure risk to body fluids (and after glove removal).
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
4	AFTER TOUCHING A PATIENT	WHEN?	Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.
5	AFTER TOUCHING PATIENT SURROUNDINGS	WHEN?	Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving – even if the patient has not been touched.
		WHY?	To protect yourself and the health-care environment from harmful patient germs.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. WHO acknowledges the Université de Genève (UNIGE), in particular the members of the Infection Control Commission, for their active participation in developing this material.

Sample only-






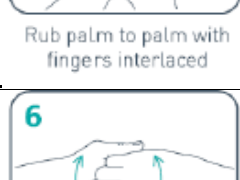
Refer to poster which is available on infection prevention UHL Connect

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Hand Hygiene Competency Form

APPENDIX 6

Before Assessment check staff are bare below the elbow and they only one plain ring or plain bangle may be worn for cultural or religious reasons. All other jewellery, including watches/fit bits and stone rings are not worn. Fingernails are short, clean and free from nail polish. No false nails or nail extensions are worn. Cuts and abrasions on hands are covered with a waterproof dressing.

Healthcare worker		Observer	Max Score	Mark
 <p>1 Wet hands with water</p>	Turn on the taps and wet your hands with warm or cold water	HCW wet hands with water (warm or cold).	1	
 <p>2 Apply one shot of soap</p>	Apply liquid soap to all surfaces of your hands.	HCW applied liquid soap to all surfaces of their hands.	1	
 <p>3 Rub hands palm to palm</p>	Rub hands palm to palm.	HCW rubbed palm to palm.	1	
 <p>4 Rub back of each hand with the palm of other hand with fingers interlaced</p>	Rub the back of your left hand with your right palm with interlaced fingers. Repeat with the other hand.	HCW rub the back of their left hand with their right palm with interlaced fingers. Then repeat the process with their other hand.	1	
 <p>5 Rub palm to palm with fingers interlaced</p>	Rub your palms together with fingers interlaced	HCW rub their palms together with fingers interlaced	1	
 <p>6 Rub backs of fingers to opposing palms with fingers interlocked</p>	Rub the backs of your fingers against your palms with fingers interlocked.	HCW rub the backs of their fingers against their palms with fingers interlocked.	1	

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 <p>Rub each thumb clasped in opposite hand using rotational movement</p>	<p>Clasp your left thumb with your right hand and rub in rotation. Repeat with your left hand and right thumb.</p>	<p>HCW clasped their left thumb in their right hand and rub in rotation. Then repeated the process with their left hand and right thumb.</p>	<p>1</p>	
 <p>Rub tips of fingers in opposite palm in a circular motion</p>	<p>Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.</p>	<p>HCW rubbed the tips of their fingers in the other palm in a circular motion, going backwards and forwards. Then repeated the process with the other hand.</p>	<p>1</p>	
 <p>Rub each wrist with opposite hand</p>	<p>Rub each wrist with the opposite hand</p>	<p>HCW Rubbed each wrist with the opposite hand</p>	<p>1</p>	
 <p>Rinse hands with water</p>	<p>Rinse hands with water (warm or cold).</p>	<p>HCW rinsed hands with water</p>	<p>1</p>	
 <p>Use elbow to turn off tap</p>	<p>Turn taps off with your elbow or disposable hand towel</p>	<p>HCW Used their elbow to turn off taps or disposable hand towel.</p>	<p>1</p>	
 <p>Dry thoroughly with a single-use towel</p>	<p>Dry each hand thoroughly, with a disposable towel and dispose the paper hand towel into a foot operated clinical waste bin</p>	<p>HCW Dried each hand thoroughly, with a disposable towel and disposed the paper hand towel into a foot operated clinical waste bin</p>	<p>1</p>	

are observed performing the following technique and can answer the questions: (record '1' if criteria achieved, '0' if not achieved)

Questions	Max Score	Mark
1. Staff member can identify when alcohol handrub and soap and water should be used	1	
2. Staff member can correctly identify the 5 moments for hand hygiene	1	
3. Staff member is aware of the audit process for hand hygiene	1	
4. Staff can identify appropriate times to wear gloves as PPE	1	
5. Staff member is aware of which department should be contacted in case of skin irritation	1	
Total (including observation and Knowledge)	17	

OVERALL PASS/FAIL

Name: Signed: Date: __ / __ / __

Assessor: Signed: Date: __ / __ / __

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**PROTECTING YOU,
PROTECTING OUR HOSPITALS**



SURGICAL MASKS MUST BE WORN IN THIS AREA

- **Clean your hands before putting on mask**
- **Hold by ear loops when putting on and taking off**
- **Avoid touching your face once mask is on**

Please observe all other safety guidance



Cover coughs & sneezes



Regular handwashing



Don't come to visit if unwell

Dispose of masks in marked PPE DISPOSAL points

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CATCH IT

Germs spread easily. Always carry tissues and use them to catch your cough or sneeze.



BIN IT

Germs can live for several hours on tissues. Dispose of your tissue as soon as possible.



KILL IT

Hands can transfer germs to every surface you touch. Clean your hands as soon as you can.



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Before undertaking any procedure or task, staff should assess any likely exposure to blood and/or other body fluids, non-intact skin, mucous membranes or any equipment or items in the care environment that could be contaminated and wear personal protective equipment (PPE) if required. PPE must protect adequately against the risks associated with the procedure or task.

Hand hygiene must be performed before putting on and after removal of PPE

SICPs	Gloves	Apron	Gown (ambulance staff use coveralls)	Fluid resistant surgical mask (FRSM)	Eye/face protection
No anticipated exposure to blood or body fluid, mucous membranes, or non-intact skin.	✗	✗	✗	✗	✗
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated but NO risk of splashing or spraying.	✓	✓	✗	✗	✗
Exposure to blood or body fluid, mucous membranes, or non-intact skin is anticipated AND risk of spraying or splashing.	✓	✓	✗ Unless in place of an apron if extensive spraying or splashing is anticipated.	✓	✓

Where to put on and remove PPE

If required as above, PPE should be put on within the patient room/care area.

Gloves are not an alternative to hand hygiene. Gloves must always be removed after each task on the same patient and hand hygiene performed as per the 5 moments for hand hygiene.

All PPE must be removed and disposed of before leaving the patient room/care area on completion of care episode.

NB. Universal masking using FRSM may be indicated as a source control measure during outbreaks of respiratory infectious agents.

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University Hospitals of Leicester NHS



PPE Donning and Doffing Competency Assessment

Before assessment check that the Health Care Worker (HCW):

- understands the different routes/modes of transmission (droplet, contact and airborne)
- performs hand hygiene use alcohol-based hand rub or soap and water before putting on gloves
- are not wearing any jewellery, bracelets, watches or stoned rings

Staff are observed performing the following technique and can answer the following questions: (record '1' if criteria achieved, '0' if not achieved)










HCW Donning	Observer	Max Score	Mark
	Wash / clean hands before donning PPE	1	
	Apron or long sleeved gown	1	
	Fluid resistant Surgical mask (FRSM) type IIR or FFP3 respirator (Only wear the FFP3 mask you have been fit tested on)	1	
	Eye/Face protection	1	
	Put on gloves	1	

Questions Donning / Doffing	Max Score	Mark
1. Staff member can identify when to wear a FRSM or an FFP3 Respirator	1	
2. Staff member can verbalise the FFP3 mask fit check and name the type/brand passed on	1	
3. Staff member can correctly identify the order of donning PPE (clean hands, apron, mask eye protection and then put on gloves)	1	
4. Staff member is aware of when to wear and apron or gown	1	
5. Staff member can verbalise why and when to wear eye/face protection	1	
6. Staff member can verbalise which is the most likely contaminated part of their PPE	1	
7. Staff member can correctly identify the order of doffing PPE(gloves, clean hands apron eye protection clean hands mask clean hands)	1	
8. Staff member can correctly identify type of hand hygiene post removal of PPE	1	
Total (including observation and knowledge)	20	

1 Identify 2 Isolate 3 Investigate 4 Inform 5 Initiate



IPT V2 2022

Healthcare worker (HCW) Doffing		Observe the HCW	Max Score	Mark
	Gloves	Removing gloves using dirty to dirty / clean to clean procedure <ul style="list-style-type: none"> Pinch outside of dirty glove and pull off Place clean finger inside of dirty glove and push glove off Place in a clinical waste bin 	1	
	Wash / clean hands	<ul style="list-style-type: none"> Make sure the correct technique is used 	1	
	Apron	<ul style="list-style-type: none"> Snap neck of apron and pull down Hold front of apron and pull away from body Pull sides together and roll, enclosing dirty side Place in a clinical waste bin 	1	
	Gown	<ul style="list-style-type: none"> Undo side ties of the gown Pull the gown down and away at the hips Roll the gown inner to outer handling the clean side only Place in a clinical waste bin 		
	Eye/face protection	<ul style="list-style-type: none"> Bend head forwards, close eyes and mouth Remove away from the face, never over the head 	1	
	Wash / clean hands	<ul style="list-style-type: none"> Make sure the correct technique is used 	1	
	Surgical mask	If HCW wearing a tied surgical mask observe <ul style="list-style-type: none"> Untie the bottom strap and hold under chin Remove top strap over the head and away from the face keeping eyes and mouth closed 	1	
	FFP3	If HCW wearing a FFP3 Respirator mask observe <ul style="list-style-type: none"> Bend head forwards keeping eyes and mouth closed Pull bottom band overhead and anchor under the chin Remove top band over the head and away from face keeping eyes and mouth closed 		
	Wash hands	<ul style="list-style-type: none"> Make sure the correct technique is used 	1	

OVERALL PASS/FAIL

Name: Signed: Date: __ / __ / __

Assessor: Signed: Date: __ / __ / __

- 1
- Identify
- 2
- Isolate
- 3
- Investigate
- 4
- Inform
- 5
- Initiate

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University Hospitals
of Leicester
NHS Trust

What cleaning do you require?

RED CLEAN Chlor-clean and Hydrogen Peroxide or UV Light where available Required following the discharge of patients infected with: NB A red clean must only be downgraded after consultation with Infection Prevention or Microbiology	AMBER CLEAN Chlor-clean Required following the discharge of patients colonised/infected with:	GREEN CLEAN Chlor-clean Required following the discharge of all in – patients.
<ul style="list-style-type: none"> Clostridium difficile (Confirmed) CRO- Carbapenemase Resistant organisms XDR- Extensively Drug Resistant Organisms Multi Drug resistant TB Highly Pathogenic Influenza (as defined by Infection Prevention) All Cystic fibrosis siderooms Suitable for use in EMPTY siderooms routinely and other areas as directed by Infection Prevention 	<p>All patients in source isolation e.g.:</p> <ul style="list-style-type: none"> MRSA- In source isolation Multidrug resistant organisms (MDR) Viral gastroenteritis Norovirus Diarrhoea (not Clostridium difficile) Tuberculosis Influenza – Seasonal strains COVID-19 	<ul style="list-style-type: none"> No known infections
NURSING STAFF RESPONSIBILITIES		
<p>NB: for rooms where patients with respiratory infections have been nursed, they should be left to settle for 20mins before cleaning and a surgical mask & appropriate PPE should be worn whilst carrying out the cleaning.</p> <ul style="list-style-type: none"> Staff Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) Nurse to clean air mattress, deflate and place in red bag for removal by Medstrom if applicable Unzip and check foam and replace if necessary. Mattress must be cleaned and HP fogged before removing from ward. Check patient locker is empty including drug pods. Ensure personal possessions are kept safely and dispose of any unwanted items Dispose of any unused patient consumables Clean patient call bell and suction unit Clean any nursing/medical equipment 	<ul style="list-style-type: none"> Strip bed and remove dirty linen (DO NOT REMAKE BED PRIOR TO CLEAN) Nurse to clean air mattress, deflate and place in red bag for removal by Medstrom if applicable Unzip and check foam and replace if necessary. Mattress must be cleaned before removing from ward. Check patient locker is empty including drug pods. Ensure personal possessions are kept safely and dispose of any unwanted items Dispose of any unused patient consumables Clean patient call bell and suction unit Clean any nursing/medical equipment 	<ul style="list-style-type: none"> Remove dirty linen Nurse to clean air mattress, deflate & place in red bag for removal by Medstrom. Unzip and check foam and replace if necessary. Mattress must be cleaned before removing from ward. Dispose of any unused patient specific consumables Clean patient bed mattress, pillows and frame including extending cot sides Clean patient call bell, oxygen and suction unit, locker, bed table, chair, foot stool, wash bowl if bed specific Discard Hospedia ear phones, clean screen and hand set IF APPLICABLE Clean surfaces in the room/ bedspace Clean equipment in the room/ bedspace Mop Floors
Post-Process	Post-Process	Post-Process
<ul style="list-style-type: none"> Remake Bed with fresh linen Replace Ear Phones if applicable 	<ul style="list-style-type: none"> Remake Bed with fresh linen Replace Ear Phones if applicable 	<ul style="list-style-type: none"> Remake Bed with fresh linen Replace Ear Phones
CLEANING RESPONSIBILITIES		
<ul style="list-style-type: none"> Remove curtains Clean surfaces in the room using chlorine solution Clean ledges Curtain Tracks Window Clean equipment in the room Clean blinds if applicable Remove dust from high surfaces Clean toilet and sink Mop Floors Remove waste 	<ul style="list-style-type: none"> Remove curtains Clean surfaces in the room using chlorine solution Clean ledges Curtain Tracks Window Clean equipment in the room Clean blinds if Applicable Remove dust from high surfaces Clean toilet and sink Mop Floors Remove waste 	
Post-Process	Post-Process	
<ul style="list-style-type: none"> Re-hang curtains & restock paper towels/ consumables Nurse in charge to sign off clean before domestic team leaves ward 	<ul style="list-style-type: none"> Re-hang curtains & restock paper towels/ consumables Nurse in charge to sign off clean before domestic team leaves ward 	
CARRIED OUT BY		
Rapid provision 24/7 on site 30-40 minutes chlor-clean 3 hours Hydrogen peroxide process/UV 20-30 mins dependant on the room size (this is only available in identified areas)	Rapid provision 24/7 on site 30-40 minutes	Ward-based staff 20-30 minutes
ADDITIONAL INFORMATION		
<p>Daily Cleaning: for Single rooms where patients with respiratory infections have been nursed, staff carrying out the cleaning should wear appropriate PPE which is dependent on the procedures undertaken.</p> <p>Discharge cleaning: Where aerosol generating procedures have been taking place on patients with respiratory infections the room must be left empty for one hour on a general ward and 20 minutes where there is mechanical ventilation such as ITU single rooms, theatres or infectious diseases single rooms</p>		
<p>To Request a Clean contact the Help Desk on 7888</p>		



USED LINEN HIRE ITEMS
E.g. Sheets, Pillowcases, Towels, Scrubs & Nightwear etc



White Elis Bag

REJECTED LINEN



Rejected / Return Items Only
Pink Elis Bag

SURGEONS' GOWNS, THEATRE DRAPES - NO SCRUBS



Green Elis Reusable Surgical Bag

HOSPITAL OWNED ITEMS INCLUDES CURTAINS



Blue Elis Bag Includes Curtains



INFECTED ITEMS

INFECTED HOSPITAL OWNED ITEMS INCLUDES CURTAINS



Dissolvable Red Bag Inside Blue Elis Bag

INFECTED LINEN HIRE ITEMS
E.g. Sheets, Pillowcases, Towels, Scrubs & Nightwear etc



Dissolvable Red Bag Inside White Elis Bag

INFECTED SURGEONS' GOWNS, THEATRE DRAPES - NO SCRUBS

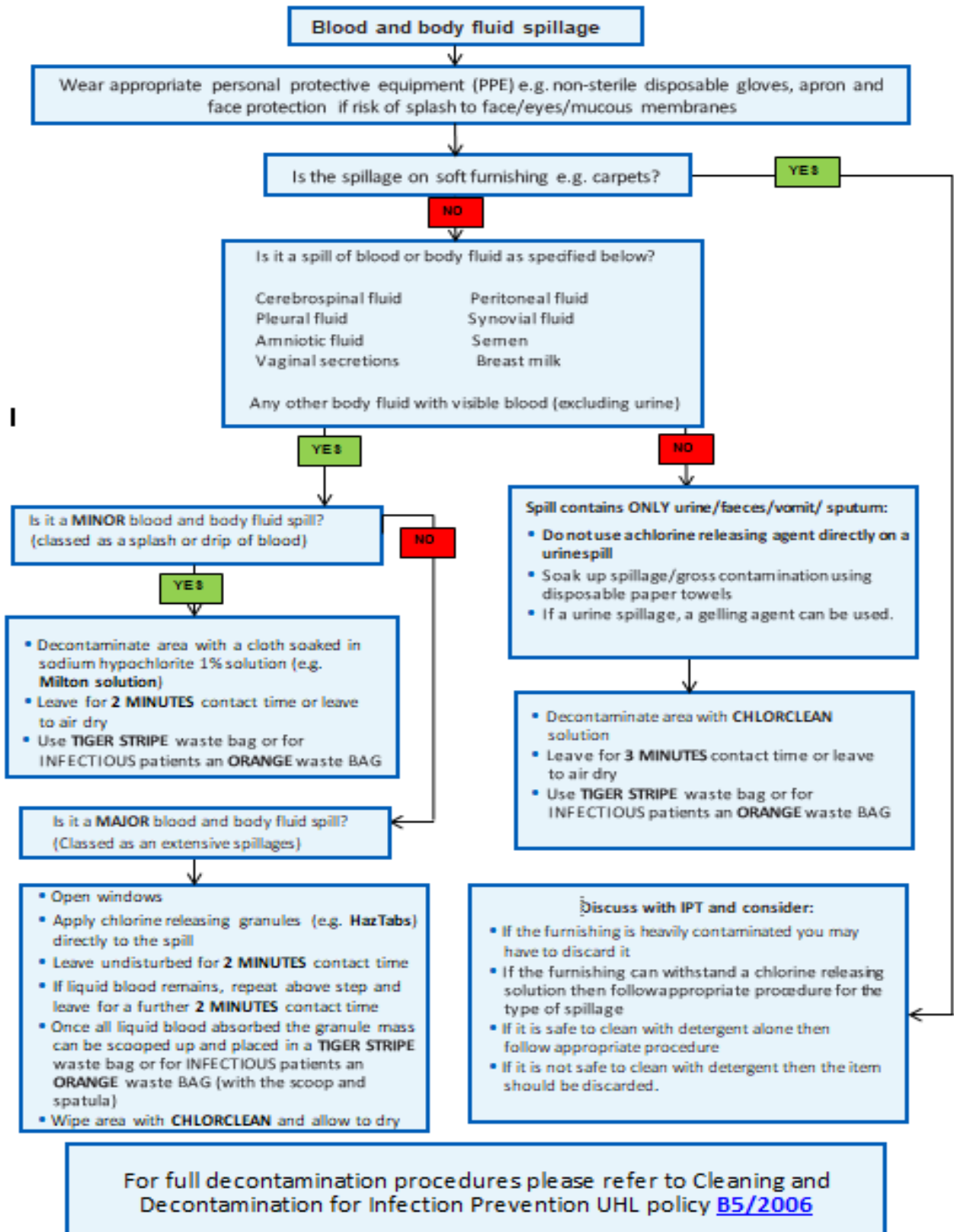


Inner Dissolvable Red Bag Outer Green Elis Bag

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UHL Management of blood and body fluid spills



V1 July 2023

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Assemble correctly. "Click" the lid on all around firmly and fill in the label details.

Place on bracket or take to point of use in a POUDS® tray.

Ensure container door is in open position before use (as shown below).

Lock the door when contents reach the fill line.

Complete the label and/or tag the container.



Remember always dispose of sharps at the points of use!

Dispose of containers in your nearest sharps wheeled bin or designated storage area. Under no circumstances mix sharps containers with clinical waste bags.

If you have questions or need further information, please contact your local Area Manager or our Customer Service Team on +44 1706 754980 or info.healthcareuk@mauserpackaging.com and visit our website www.daniels.co.uk.



REDEFINING SUSTAINABILITY

www.daniels.co.uk



info.healthcareuk@mauserpackaging.com

Unless otherwise stated, the information contained herein is at the specific request of the user and has been made available by Daniels Healthcare.

Year: Response by 01.2023

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CONTACT PRECAUTIONS FOR ISOLATED PATIENTS

STOP!

Visitors:

- Report to nurse who will advise on what you need to do before entering this room

Staff:

- Hand Hygiene:** Decontaminate hands before entering this room
- Personal Protective Equipment:** Wear disposable apron and gloves before entering the room
- Door - Keep closed:** Risk assessed please lock door required to remain open. Initial: Date:
- Before leaving:** Decontaminate equipment prior to removal from room. Discard gloves and apron in correct waste bin. Decontaminate hands.

DROPLET PRECAUTIONS FOR ISOLATED PATIENTS

STOP!

Visitors:

- Report to nurse who will advise on what you need to do before entering this room

Staff:

- Hand Hygiene:** Decontaminate hands before entering this room
- Personal Protective Equipment:** Wear disposable apron, fluid resistant surgical mask and face protection if required and gloves before entering this room
- Door - Keep closed:** Risk assessed please lock door required to remain open. Initial: Date:
- Before leaving:** Decontaminate equipment prior to removal from room. Discard gloves, apron, surgical mask and face shield in correct waste bin. Decontaminate hands.

AIRBORNE PRECAUTIONS FOR ISOLATED PATIENTS

STOP!

Visitors:

- Report to nurse who will advise on what you need to do before entering this room

Staff:

- Hand Hygiene:** Decontaminate hands before entering this room
- Personal Protective Equipment:** Wear disposable apron, surgical mask or FFP3 respirator if aerosol generating procedure being undertaken, eye/face protection and gloves before entering this room
- Door - Keep closed**
- Before leaving:** Decontaminate equipment prior to removal from room. Discard gloves, apron and eye/face protection or clinical waste bin. Decontaminate hands.
- After leaving:** Remove respiratory respirator and discard in clinical waste bin. Decontaminate hands.

ENHANCED ISOLATION PRECAUTIONS

STOP!

Visitors:

- Please see nurse in charge before entering this isolation area
- Clear your hands before entering isolation area by the door and when leaving the isolation area
- Wear gloves and gown and face mask as necessary check one as entering rooming
- Do not bring other visitors into rooming area to help of the isolation area unless fully decontaminated

Staff:

- Clear hands
- Put on a long sleeved gown
- Consider a mask and eye protection if risk of exposure to blood or body fluids or other risk factors to be used
- Remove mask, gown and eye protection in rooming area and discard in appropriate clinical waste bin
- Put on clear gloves
- REMOVE GLOVES:** Remove gloves from your hands and discard in appropriate clinical waste bin
- DO NOT REMOVE THE ROOMING:** Lock door and hand

STRICT ISOLATION

DO NOT ENTER THIS ROOM

Please speak to the nurse in-charge

PROTECTIVE ISOLATION

STOP!

Visitors:

- Please see nurse in charge before entering this isolation area
- Do not enter this area if you are not fully decontaminated or wearing
- Clear your hands before and after patient contact with visitor
- Remove mask and gloves before entering the room
- Wear protective gown and eye or face protection

Staff:

- Clear hands
- Clear inside the room you MUST:
- Put on clear gloves
- Put on a clear apron
- BEFORE LEAVING THE ISOLATION AREA YOU MUST:** Remove protective clothing. Remove mask and eye or face
- AFTER LEAVING THE ROOM:** Discard your hands

CLEAN

Keep your hands clean

Help prevent the spread of infection, follow the WHO 5 Moments

1. Before touching a patient
2. Before clean/sterile procedures
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings

MRSA
MDR
CDI

Influ A/B
COVID
Bronchilotitis
Measles

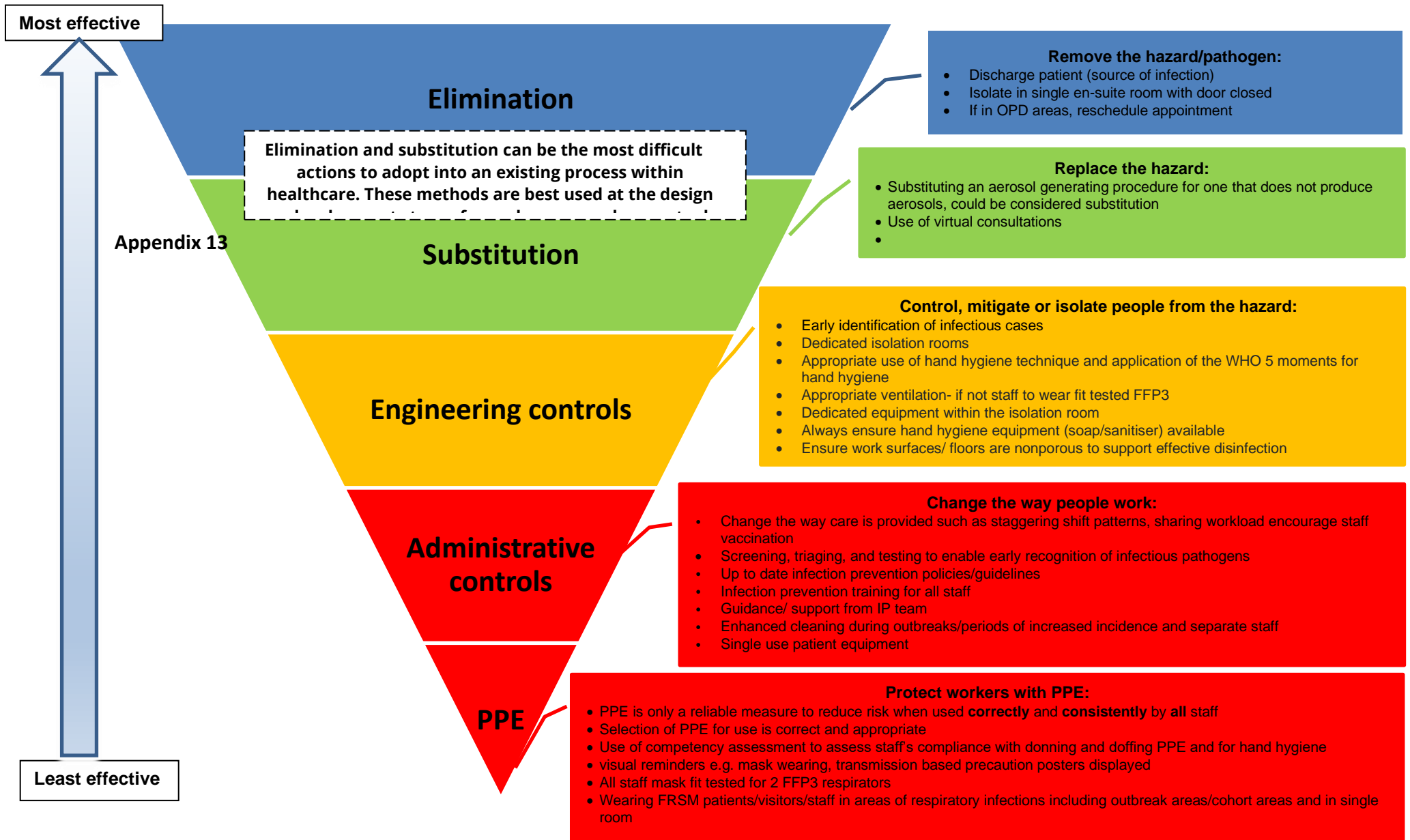
AGPs for patients with respiratory infections
MDR TB
MERS CoV
Varicella

XDR
CRO

HCIDs e.g. VHF
EBOLA

To protect patients with lower immunity

To display for those single rooms that are not being used for isolation



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PPE for Transmission Based Precautions - A Visual Guide

For your safety and the safety of others, always follow the principles of standard precautions

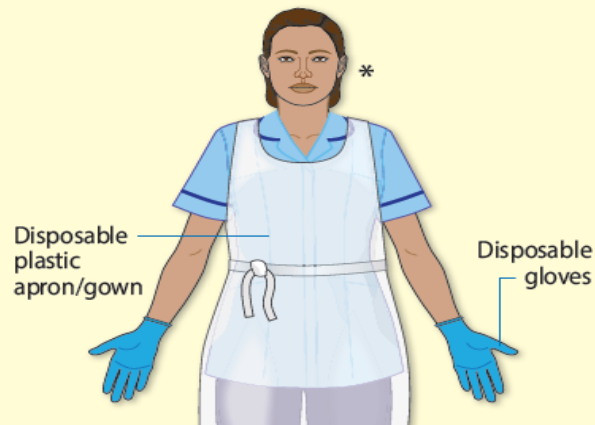
CONTACT ISOLATION PRECAUTIONS

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patients immediate care environment (including care environment).

Examples of alert conditions include:

- MRSA
- MDR (VRE/MGNO)
- Diarrhoea & Vomiting
- C. diff

*If risk of blood/body fluid spray or splash consider using face protection and visor.



DROPLET ISOLATION PRECAUTIONS

Measures used to prevent and control infections spread over short distances (at least 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level. For all symptomatic patients who are isolated in a single room or cohorted. Patients who are exposed to a respiratory virus, risk assess the requirement for transmission based precautions.

Examples of alert conditions include:

- Influenza
- COVID-19
- RSV
- Bordetella pertussis
- Mumps
- Rubella virus
- Neisseria meningitides

*If risk of blood/body fluid spray or splash consider using a visor.



AIRBORNE ISOLATION PRECAUTIONS

The spread of infection from one person to another by airborne particles (aerosols) containing infectious agents. Airborne particles can be released when a person coughs or sneezes, and during AGPs.

The list of medical procedures that are considered to be aerosol generating or associated with an increased risk of respiratory transmission can be found in the 'Infection Prevention Policy': Trust Reference B4/2005 V5.

Examples of alert conditions include:

- Tuberculosis
- Chicken pox
- Influenza (if aerosol generating procedure)
- Covid-19 (if aerosol generating procedure)

*If risk of anticipated extensive splashing use long sleeved gown.



Enhanced Isolation Precautions are to be used for patients with a known XDR alert and for patients that have been in hospital abroad in the last 12 months and require a CRO screen. PPE includes a long sleeved gown, gloves and fluid-resistant surgical mask. Hand hygiene is required before putting on and removing PPE.

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The following table (taken from the national IP manual) outlines the TBPs required for several infectious agents / diseases which will minimise cross transmission events from and between patients, and healthcare workers. The details included in the table below are drawn from published evidence from a number of validated sources, for example, WHO, CDC, and UKHSA. **The table is intended to function as a quick reference guide, is not exhaustive, and is not intended to replace appropriate risk assessment and clinical judgement or formal assessments.** The table summarises:

- Optimal patient placement while the patient is considered infectious; and
- The recommended RPE (recognising other PPE is required) to minimise risk of cross infection to staff, patients and visitors
- Decisions made by staff regarding use/non-use of RPE will depend on the completion of clinical risk assessment, considering presenting symptoms, available treatments, the risk of acquisition, the level of interaction, task to be performed, and / or the anticipated level of exposure to blood and / or other body fluids.
- Patients with suspected or confirmed respiratory symptoms should, whenever possible, be placed in a single room, ideally with en-suite facilities. If a single / isolation room is not available, cohort patients with confirmed respiratory infection with other patients confirmed to have the **same** infectious agent.
- Patients with suspected or confirmed respiratory infection should be provided with a surgical facemask (Type II or Type IIR) to be worn in multi- bedded bays and communal areas if this can be tolerated, and where the patient cannot be isolated in a single room.
- **Note:** * The distinction between droplet and aerosol transmission is not always clearly defined. A clinical risk assessment should be performed using the hierarchy of controls to inform the assessment and should include evaluation of the ventilation in the area, operational capacity, and prevalence of infection in the local area. Staff should be provided with training on the correct use of RPE. Current guidance is that an FFP3 respirator must be worn by staff when caring for patients with a suspected or confirmed infection spread by the airborne route, when performing AGPs on a patient with a suspected or confirmed infection spread by the droplet or airborne route, and when deemed necessary after risk assessment.

Aide Memoire for patient placement or those in transmission based precautions

Suspected or confirmed Pathogen	Disease and/or symptoms	Transmission based precautions required	Type of clean required	Optimal placement while patient symptomatic and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
<i>Acinetobacter baumannii</i>	Pneumonia, bacteraemia, skin and soft tissue infections.	Contact	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE
Acute infectious hepatitis of unknown aetiology	Acute hepatitis	Contact	AMBER	Single en-suite room	Fluid Repellent Surgical Mask (FRSM) If vomiting is present.
Adenovirus ¹	Upper +/- lower respiratory tract infection see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs
	Conjunctivitis, gastroenteritis	Contact	AMBER	Single en-suite room	No requirement for RPE
Abscess	Aetiology unknown & draining	None (SICPs)	GREEN	Contact Precautions are required if organism is an MDR	
Amoebiasis	Dysentery	Contact	AMBER	Single en-suite room	Clinical recovery-48 hours free of diarrhoea and a formed stool
Ascariasis	Roundworm	None SICPs	GREEN		
Aspergillosis	Fungal infection	None SICPs	GREEN		
<i>Bacillus anthracis</i>	Respiratory, gastrointestinal or cutaneous Anthrax	Contact	AMBER	Single en-suite room	No requirement for RPE
<i>Bacillus cereus</i>	Gastroenteritis, sepsis, pneumonia, endocarditis, central nervous system (CNS) and ocular infections	Contact	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE Back to contents page

NB: Paper copies of this document may not be most recent version. The definitive version is held on Insite Documents

Suspected or confirmed Pathogen	Disease and/or symptoms	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
<i>Bordetella pertussis</i>	Whooping Cough see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs until patient has been established on appropriate antimicrobial treatment ⁴
<i>Borrelia burgdorferi</i>	Lyme borreliosis, Lyme disease, or Borreliosis	None SICPs	GREEN		
<i>Burkholderia Cepacia</i>	Patients with chronic lung diseases, particularly cystic fibrosis may be more susceptible to infections with B. cepacia.	Contact Only usually required in specific circumstances e.g. patients with B. cepacia complex from other cystic fibrosis patient in inpatient	AMBER	Single en-suite room	No requirement for RPE
<i>Bronchiolitis</i>	Upper +/- lower respiratory tract infection	Droplet	AMBER	Single en-suite room or cohort bay	FRSM for routine care and FFP3/ Hood for AGPs*
<i>Brucellosis</i>	Bacterial infection with Brucella Species	None SICPs	GREEN		
<i>Campylobacter</i>	Gastroenteritis see IPP	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	FRSM if vomiting is present.
<i>Candida auris</i>	Ear, wound and bloodstream infection	Contact	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/ NICU, oncology/ haematology	No requirement for RPE
<i>Candidiasis</i>	Fungal infection	None SICPs	GREEN	Back to contents page	

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
Carbapenemase producing Enterobacterales (CPE/CRO)	A group of bacteria that have become resistant to many antibiotics see IPP	Enhanced	RED HPV	Single en-suite room	No requirement for RPE
<i>Chlamydia pneumoniae</i>	Pneumonia	Droplet	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/ NICU, oncology/ haematology	FRSM for routine care and FFP3 /Hood for AGPs*
<i>Clostridium perfringens</i>	Common cause of foodborne illness as well as gas gangrene and clostridial necrotizing enteritis	None SICPs	GREEN		
<i>Clostridium botulinum</i>	Botulism can cause flaccid paralysis and can be foodborne, wound or intestinal	None SICPs	GREEN		
<i>Clostridioides difficile</i> (CDI)	Causes diarrhoea commonly associated with antibiotics see IPP	Contact	RED HPV	Single en-suite room	No requirement for RPE
<i>Clostridium tetani</i>	Tetanus	None SICPs	GREEN		
Coronavirus ¹ (Seasonal) including SARS- CoV-2	Respiratory symptoms including asymptomatic presentations COVID-19 see IPP	Droplet/ Airborne*	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs* please see note above
<i>Corynebacterium diphtheria</i> or <i>Corynebacterium ulcerans</i>	Diphtheria – Cutaneous, Pharyngeal (toxigenic strains)	Contact, Droplet (If Pharyngeal)	AMBER	Single en-suite room	FRSM for routine care and FFP3 /Hood for AGPs* (if pharyngeal)
<i>Cellulitis</i>	Intact skin	None SICPs	GREEN		
	Exudating	None SICPs	GREEN	Contact Precautions are required if organism is an MDR Back to contents page	

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious³
<i>Cholera</i>	severe acute watery diarrhoea	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
<i>Common cold (Adults, Infants & young children)</i>	Symptomatic infection only see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3 /Hood for AGPs*
<i>Conjunctivitis (neonatal)</i>	Eye discharge	Contact	AMBER	Single en-suite room Isolate until 24 hours after appropriate antibiotics commenced	No requirement for RPE
<i>Coxsackievirus</i>	Hand, foot and mouth disease	Contact	AMBER	Single en-suite room until resolution of symptoms for diapered or incontinent children	FRSM if
<i>Creutzfeldt Jacob Disease (CJD)</i>	Caused by an abnormal isoform of a cellular glycoprotein known as the prion protein	None SICPs	GREEN		
<i>Croup</i>	Viral infection usually parainfluenza	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3 /Hood for AGPs*
<i>Cryptococcosis</i>	Fungal infection	None SICPs	GREEN		
<i>Cryptosporidiosis</i>	Parasite causing gastroenteritis	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
<i>Cytomegalovirus</i>	Common virus	None SICPs	GREEN		
<i>Dengue</i>	viral infection that spreads from mosquitoes	None SICPs	GREEN	Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations are required	
<i>Diarrhoea and / or Vomiting</i>	Suspected Infectious cause see IPP	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	FRSM for routine care if vomiting
<i>E-coli 0157</i>	Shigatoxigenic Escherichia coli (STEC)	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE Back to contents page

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers
<i>Enterobiasis</i>	Pinworms	Contact	AMBER	Until completion of first treatment	No requirement for RPE
Enterovirus D68	Mild to moderate upper respiratory tract infections. Can cause severe respiratory illness and rarely acute flaccid myelitis	Droplet	AMBER	Single en-suite room until resolution of symptoms	FRSM for routine care and FFP3 or Hood for AGPs*
Epstein Barr Virus	Infectious mononucleosis	NONE SICPs	GREEN		
Group A streptococcus	Respiratory	Droplet	AMBER	Single en-suite room until patient has been established on appropriate antimicrobial treatment ⁴	FRSM for routine care and FFP3/ Hood for AGPs
	Meningitis	Contact	AMBER	Single en-suite room Isolate until 24 hours after appropriate antibiotics commenced	FRSM for routine care if vomiting or when changing dressings
	Scarlet fever				
	Erysipelas				
	Peritonsillar abscess				
	Impetigo				
necrotising fasciitis					
Giardia Lamblia	Giardiasis- Parasite that colonises the small intestine	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
Haemophilus influenza (all invasive*)	Epiglottitis Meningitis Pneumonia bacteraemia	Droplet	AMBER	Single en-suite room Isolate until 24 hours after appropriate antibiotics commenced	FRSM for routine care and FFP3 or Hood for AGPs*
Hepatitis A/E virus	Gastroenteritis	Contact/ Droplet	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	FRSM If vomiting is present. Back to contents page
Hepatitis B / Hepatitis C	a virus that infects the liver	None SICPs	GREEN	Transmission occurs through inoculation via sharps, broken skin, or through contact with mucous membranes, there is no evidence of transmission through social contact e.g. shaking hands/touching skin/sharing phones	

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
Herpes simplex virus	Primary infection (cold sores), disseminated, genital, neonatal herpes	Contact <u>Only</u> for neonatal, disseminated or primary severe lesions	AMBER	Single en-suite room until lesions are dry and scabbed	No requirement for RPE
Hookworm	Parasitic worms that live in the small intestines	None SICPs	GREEN		
Human Immuno-deficiency virus (HIV)	A retrovirus that causes AIDS by infecting helper T cells of the immune system.	None SICPs	GREEN		
Herpes zoster (Shingles) varicella-zoster ²	Shingles	Contact	AMBER	Single en-suite room If lesions cannot be covered	No requirement for RPE
	Disseminated zoster or Chickenpox	Airborne	AMBER	Single en-suite room	FFP3 / Hood for routine care
Haemolytic uremic syndrome (HUS)	Most causes of HUS are due to E. coli O157 causes diarrhoea/upper respiratory symptoms	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
		Droplet		Single en-suite room	FRSM for routine care and FFP3 / Hood for AGPs*
Infectious Mononucleosis	Acute viral infection causing glandular fever	Contact	AMBER	Single en-suite room	
Influenza virus	Influenza (Endemic strains) see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/Hood for AGPs
	Highly pathogenic Avian / Pandemic Influenza	Droplet/ Airborne	AMBER/ RED	Single en-suite room	FRSM for routine care and FFP3/Hood for AGPs
Legionella	Acute bacterial disease causing Pontiac fever	None SICPs	GREEN	Not transmissible from person to person	
Leprosy	Chronic bacterial infection of skin (Hansen disease)	None SICPs	GREEN	Transmission can occur with prolonged, close contact with someone with untreated leprosy over many months ; once treatment started person is no longer infectious	
Leishmaniasis	parasitic disease	None SICPs	GREEN	No person to person transmission Back to contents page	

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
Leptospirosis	A number of zoonotic bacterial diseases (weil disease)	None SICPs	GREEN	No person to person transmission	
Listeriosis	Bacterial foodborne disease	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	FRSM if vomiting is present.
Lyme disease	Tick-borne disease	None SICPs	GREEN	No person to person transmission	
Malaria	Parasitic disease	None SICPs	GREEN	No person to person transmission	
Multi Drug Resistant (MDR) Bacteria (Multi resistant gram negative organisms (MGNO) and Glycopeptide/ vancomycin Resistant Enterococci(GRE/VRE))	With risk factors see IPP	Contact	AMBER	Single en-suite room until 1 negative screen from all risk factors	No requirement for RPE
	Without risk factors see IPP	None SICPs	GREEN	Only where there are no risk factors	
Measles virus ² (SEE APPENDIX 20 ACTION CARD)	Highly contagious viral disease (rubeola) see IPP	Droplet/ Airborne	AMBER	Single en-suite room	FFP3/ Hood for routine care and AGPs
Meticillin resistant <i>Staphylococcus aureus</i> (MRSA)	Colonisation, or clinical infection see IPP	Contact	AMBER	Single en-suite room until 3 consecutive negative screens from all risk factors	FFP3 or Hood for AGPs only if pneumonia
Molluscum contagiosum	Viral skin infection	None SICPs	GREEN	No person to person transmission	
Mumps virus ²	Mumps (infectious parotitis)	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3 or Hood for AGPs Back to contents page

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
<i>Mycobacterium tuberculosis complex</i>	Extra pulmonary Tuberculosis	None SICPs	GREEN	Only where laryngeal/pulmonary TB is excluded	
	Pulmonary or laryngeal disease see IPP	Airborne	AMBER	Isolation room/suite until patient has been established on appropriate antimicrobial treatment ⁴	FFP3/ Hood for routine care and AGPs until patient has been established on appropriate antimicrobial treatment ⁴
	MDR OR XDR Pulmonary or laryngeal disease	Airborne	RED HPV	Single negative pressure room	FFP3/ Hood for all routine care
<i>Mycoplasma pneumoniae</i>	Pneumonia	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs
<i>Neisseria meningitides</i>	Bacterial meningitis Meningitis – meningococcal (Or presentation of clinical meningitis of unknown origin), septicaemia	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs until patient has been established on appropriate antimicrobial treatment ⁴
Nocardia	Bacterial infection in those with weak immune system	None SICPs	GREEN	No person to person transmission	
Norovirus	Winter vomiting disease see IPP	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	Fluid resistant surgical facemask (FRSM) if vomiting is present.
Panton Valentine Leukocidin (PVL) – positive <i>Staphylococcus aureus</i>	Skin and soft tissues infection, necrotising pneumonia, necrotising fasciitis, osteomyelitis, septic arthritis and pyomyositis, purpura Fulminans	Contact	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs (only if pneumonia) Back to contents page

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
Parainfluenza virus ¹	Upper +/- lower respiratory tract infection see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3/ Hood for AGPs
Parvovirus B19 – (Erythema infectiosum – Erythrovirus B19)	Slapped cheek syndrome	Droplet	AMBER	Single en-suite room until the rash+/- arthralgia has developed	FRSM for routine care and FFP3 or Hood for AGPs (Not required if the rash+/- arthralgia has developed)
<i>Pneumocystis jirovecii</i>	Pneumonia	Droplet	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE
Poliomyelitis	Viral infection causing flaccid paralysis	Contact	AMBER	Single en-suite room	No requirement for RPE
<i>Pseudomonas aeruginosa</i>	Pneumonia, bacteraemia, wound or surgical site infections, catheter-associated urinary tract infections, conjunctivitis in neonates	Droplet	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE
Psittacosis	Bacterial lung infection caused by chlamydia <i>psittaci</i> transmitted by birds	None SICPs	GREEN	Person to person transmission is rare, if patient coughing to wear a FRSM	
Respiratory syncytial virus (RSV) ¹	Upper +/- lower respiratory tract infection see IPP	Droplet	AMBER	Single en-suite room	FRSM for routine care and FFP3 or Hood for AGPs
Ringworm	Fungal infection of the dermis (athletes foot, skin infection)	Contact	AMBER	Single en-suite room	No requirement for RPE
Rotavirus	Gastroenteritis see IPP	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
Rubella virus ²	Viral infection (German Measles)	Droplet	AMBER	Single en-suite room	Fluid resistant surgical facemask (FRSM) for routine care and FFP3 or Hood for AGPs Back to contents page

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Suspected or confirmed Pathogen	Disease	Transmission based precautions required	Type of clean required	Optimal placement while patient is considered infectious and until resolution of symptoms	Respiratory protection (RPE) for healthcare workers while patient is considered infectious ³
Salmonella	Gastroenteritis (enteric fever) caused by <i>S.typhi</i> , <i>S.typhi</i> A, <i>S.paratyphi</i> B & C see IPP	Contact	AMBER	Single en-suite room Clinical recovery-48 hours free of diarrhoea and a formed stool	No requirement for RPE
Scabies	Parasitic infection of the skin; can be atypical or crusted (Norwegian)	contact	AMBER	Single en-suite room Isolate until 24 hours after the start of effective treatment	No requirement for RPE
<i>Serratia marcescens</i>	Pneumonia, bacteraemia, urinary tract infections, wound infections	Contact	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE
Shigella	Bacterial infection (shigellosis) causing diarrhoea	Contact	AMBER	Single en-suite room Isolate until 24 hours after the start of effective treatment	No requirement for RPE
<i>Staphylococcus aureus</i>	Impetigo, Gastroenteritis, scalded skin syndrome	Contact	AMBER	Single en-suite room (not required if lesions can be covered)	No requirement for RPE
<i>Stenotrophomonas maltophilia</i>	Bacteraemia, respiratory infections, urinary tract and surgical-site infections	Contact	AMBER	Single en-suite room in high risk settings e.g. ICU/PICU/NICU, oncology/haematology	No requirement for RPE
<i>Streptococcus pneumoniae</i>	Pneumonia	Droplet	AMBER	Single en-suite room until patient has been established on appropriate antimicrobial treatment ⁴	FRSM for routine care and FFP3/ Hood for AGPs until patient has been established on appropriate antimicrobial treatment ⁴
Tapeworm & Threadworm	Parasitic worm infection	None SICPs	GREEN	No person to person transmission Back to contents page	

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Footnote 1 In routine clinical practice HCW do not commonly wear masks when dealing with patients presenting with the “common cold” or “influenza – like illness”. However, in a patient with undiagnosed respiratory illness where coughing and sneezing are significant features, or in the context of known widespread respiratory virus activity in the community or a suspected or confirmed outbreak of a respiratory illness in a closed or semi-closed setting, the need for appropriate respiratory and facial protection to be worn should be considered.

Footnote 2 In relation to childhood illnesses and use of RPE, no vaccine offers 100% protection and a small proportion of individuals acquire/become infected despite vaccination or known IgG immunity (previous infection). Vaccination is still the best protection against many infectious diseases. If staff are uncertain of their immunisation status, they should discuss this with their occupational health provider. It is recommended that vaccinated individuals wear RPE as detailed in this appendix to minimise any residual risk, and to promote consistency in practice across all staff groups.

Footnote 3 The ocular route of transmission for pathogens spread by the droplet/airborne route while plausible lacks scientific evidence. This lack of evidence includes having very little certainty about what the incremental benefit of using eye protection routinely when using a FRSM/FFP3 respirator. Eye protection is considered to be necessary and worn if there is a risk of spraying or splashing of blood/body fluids from patient contact or procedure, and always when used with respirators during the performance of AGPs. This is in line with published infection control guidance.

Footnote 4 Appropriate antimicrobial treatment will include the choice of treatment, dose, frequency and number of days of treatment. It will vary by organism and should be determined by the clinical team and informed by local and national prescribing guidance where available.

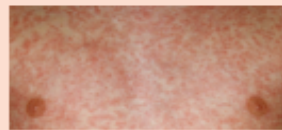
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UHL Measles Action Card



Think Measles!

Measles is a serious illness that can be unpleasant and lead to complications, especially in vulnerable, immunocompromised or pregnant patients. It is highly infectious to anyone who is not immune - being in the same room as someone with measles for more than 15 minutes is a significant exposure.



Measles symptoms can include:

- High fever
- Sore, red, watery eyes
- Coughing and/or runny nose
- Small red spots with bluish-white centres inside the mouth
- A red-brown blotchy rash, which appears after several days



The rash looks brown or red on white skin. It may be harder to see on brown and black skin.

On suspicion of a measles case:

Offer the patient a surgical mask and place the patient in isolation

Staff wear the correct PPE and ensure the FFP3 mask is the **correctly tested** FFP3 mask

Inform the IP Team of the suspected case and identified contacts via email infectionprevention@uhl-tr.nhs.uk

If the **Suspected** case is on the ward and not already in a side room, a review of the contacts needs to be undertaken to determine whether isolation and/or treatment is required

Isolation IS NOT required for the following identified contacts:

- Born before 1970 and not immuno compromised
- Has a history of a known measles infection and is not immuno compromised
- Has had 2 measles containing vaccines (MMR) and is not immuno compromised

Isolation IS required for the following identified contacts:

- Unknown vaccine status
- Incomplete course of 2 doses of measles vaccines (MMR)
- Immuno compromised

ISOLATION PERIOD

SUSPECTED CASES
The duration of isolation **WILL** be applied until the resolution of symptoms and/or 4 full days after onset of rash

CONTACT CASES
The duration of isolation **WILL** be 21 days from the date of exposure **OR** if informed that the index case is negative
During the 21 days the patient should be observed for symptoms - if develop screen for measles (green viral swab and written request stating measles)

Infection Prevention, Feb 24, Version 4 Photos courtesy of NHS website www.nhs.uk/conditions/measles/ and URHSA (22414554) ©UHL Medical Illustration

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UHL Measles Action Card

SUSPECTED OR KNOWN INFECTIOUS AGENT

Isolate and refer to Transmission Based Precautions Airborne Isolation

STAFF EXPOSURE:

If staff were not wearing the full PPE at the time of exposure or there was a breach in the PPE, the 'Flow Chart Risk Assessment' should be used and then if required complete the 'Outbreak Pack' and send to ohadmin@uhl-tr.nhs.uk titled 'Urgent Action Required regarding Measles exposure/outbreak on ward**'






* If an FFP3 respirator cannot be worn due to facial hair or a previous failed fit test on the FFP3 respirator available, a respirator hood can be used as an alternative.

** If risk of anticipated extensive splashing of blood/body fluid use a long sleeved gown.

If a HCW is a contact of a person who has suspected or confirmed measles outside of work, discuss with line manager and contact OH on 0116 258 5307 for further advice and management

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Modified Bristol Stool Chart

<p>Type 1</p> <p>Type 2</p> <p>Type 3</p> <p>Type 4</p> <p>Type 5</p>		<p>Not necessarily an infection prevention problem. No need to inform IP Team</p>
<p>Type 6</p>		<p>If 2 episodes in 4 hours</p> <p>Infectious cause suspected Isolate patient (contact) Investigate (complete assessment tool) Inform (Infection Prevention)</p>
<p>Type 7</p>		

Assessment for Diarrhoea and/or vomiting

PATIENT I.D. LABEL	Diarrhoea Assessment Type 6 or 7 Adult Patients (2 episodes within 4 hours) (See Stool chart on reverse of chart)
--------------------	---

Name: Signature:	Job Title: Date:
----------------------------	----------------------------

Tick all that apply:

Patient admitted with diarrhoea and/or vomiting or developed any time after admission

Contact with anyone experiencing diarrhoea and/or vomiting within the last 72 hour

Yes

**Suspect Norovirus?
(tick all that apply)**

Sudden onset of vomiting/diarrhoea

Projectile vomiting

Vomiting precedes watery diarrhoea

Known local Norovirus outbreak

No

**Fully Explained by
(tick which apply)**

Laxatives

Constipation

Underlying medical condition

Patient's regular bowel pattern/habit

Yes

Manage as:
Non-infective diarrhoea,

Document in notes
Inform Doctors

No

**Do you think this is an infective cause?
(tick all that apply)**

New onset of watery diarrhoea +/-

Fever

Blood/mucus in stool

Abdominal cramps

Diarrhoea after travel or antibiotics

Actions

Notify IPT (in hours, ICE referral)

Notify On-call Microbiologist (out of Hours)

Send stool sample for Virology (UHL PCR) and/or CDT/MC&S if might be infective cause

Close bay use source isolation precautions if suspected Norovirus or isolate in single room if CDT/Food poisoning considered

Maintain accurate stool/fluid chart

Notify Duty Manager and Matron

Management of Infestations

Appendix 22

Pests (animals or insects that cause damage or annoyance and may present a risk of infection) can infest healthcare premises. These include; cockroaches, flies, ants, fleas, birds, rodents and cats. If you have any pest sightings/concerns within your area follow the procedure below:

If the parasite is not able to be identified and identification is required send the parasite to microbiology in a universal container. The request form will state Ova, cysts and Parasites.

Issue Identified	Isolation Type & Transmission	Cleaning Requirement	Action
<p>Environment is infested with insects, cockroaches, flies ,ants, fleas, birds or rodents and cats are apparent in the ward /department area</p>	<p>Standard infection control Precautions (SICPs)</p>	<p>Amber clean</p> <p>Contact estates and facilities on 17888 who will contact pest control for further advice</p>	<p>Report and log call on 1788</p>
<p>Flea infestation is usually with dog, cat or bird fleas, which will bite humans in the absence of the Preferred host.</p>	<p>SICPs</p>	<p>Amber clean</p> <p>Contact estates and facilities on 17888 who will contact pest control for further advice</p>	<p>Remove all the patient's clothing and bedding and seal in pink alginate bag and white outer bag.</p>
<p>Human head Lice are whitish to grey-brown in colour, and smaller than the size of a pinhead when first hatched. When fully grown they're about the size of a sesame seed.</p> <p>They can't fly, jump or swim and are spread by head-to-head contact, climbing from the hair of an infected person to the hair of someone else.</p> <p>A head lice infestation isn't the result of dirty hair or poor hygiene. All types of hair can be affected, regardless of its length and condition.</p> <p>Head lice only affect humans and can't be passed on to animals or be caught from them</p>	<p>Contact transmission based precautions (TBPs) for 24 hours following appropriate treatment.</p> <p>Transmission via direct head contact for one minute or more with someone who is already infested. Head Lice will generally not survive more than 24hours away from human heads.</p> <p>UHL Local formulary should be followed and advice sought from the Pharmacy department if required.</p> <p>Following treatment it is recommended that wet combing should be used weekly as a preventative measure.</p> <p>If repeated treatment with the first line on the formulary does not clear infestation alternative methods of treatment will have to be considered.</p> <p>Please check head for lice before stopping precautions to check that the treatment has been effective.</p>	<p>Amber clean</p> <p>Contact estates and facilities on 17888 who will contact pest control for further advice</p>	<p>Report clean on 17888</p> <p>Remove all the patient's clothing and bedding and seal in pink alginate bag and white outer bag.</p> <p>Under no circumstances should hospital linen be disposed of as clinical waste.</p> <p>Back to contents page</p>

<p>Human body lice</p> <p>Humans are the body louse's only host and lice will die within five to seven days if they fall off of a person. Good hygiene and regularly washing clothing and bed linens are generally enough to treat and prevent infestations of body lice. The body louse is more accurately called the clothing louse because it is the only one of the three types of louse that does not actually live on the skin, preferring the cooler temperature of adjacent clothing. It is found mainly in clothing especially along the seams but also on the body surface particularly in the axillae and around the waist. It only affects people who are unable to change their clothing or bedding regularly e.g. vagrants and people living on the streets.</p>	<p>Contact TBPs on admission ONLY and can be ceased after removal and double bagging of clothing.</p> <p>No treatment of the skin is necessary.</p> <p>If there is heavy infestation of the patient; staff to wear head covering and long sleeved gowns.</p> <p>The patient should be advised and assisted to remove clothing (including underwear).</p> <p>The clothing is to be double bagged as clinical waste (for disposal if the patient consents).</p> <p>If the patient is going to take the clothes home; double bag the patient's property using a patient's property bag.</p> <p>Relative's friends or carers should be advised to remove the patient's property from the hospital at the earliest opportunity. The patient should be advised to shower, and be provided with alternative clothing.</p>	<p>Amber clean</p>	<p>Report clean on 17888</p> <p>Remove all the patient's clothing and bedding and seal in pink alginate bag and white outer bag.</p> <p>Under no circumstances should hospital linen be disposed of as clinical waste.</p>
<p>Human pubic lice are sometimes called crab lice because they look similar to crabs.</p> <p>Adult lice are about 2mm long and are yellow-grey or dusky red in colour.</p> <p>The lice attach their eggs (or nits) to the base of hairs.</p> <p>The lice do not transmit HIV or other sexually transmitted infections (STIs).</p> <p>Pubic lice are not the same as head lice and do not live in the hair on your scalp.</p>	<p>Contact TBPs</p>	<p>Amber clean</p>	<p>Report clean on 17888</p> <p>Remove all the patient's clothing and bedding and seal in pink alginate bag and white outer bag.</p> <p>Under no circumstances should hospital linen be disposed of as clinical waste.</p>
<p>Bedbugs are small insects that often live on furniture or bedding. Their bites can be itchy, but do not usually cause other health problems.</p>	<p>SICPs</p> <p>There's no evidence they can spread disease to people. But their bites can be itchy and uncomfortable.</p>	<p>Amber clean</p>	<p>Report clean on 17888</p> <p>All Hospital Linen and bed sheets should be sent to the laundry as infected linen</p> <p>Under no circumstances should hospital linen be disposed of as clinical waste</p>

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Respiratory illness isolation priority table

APPENDIX 23

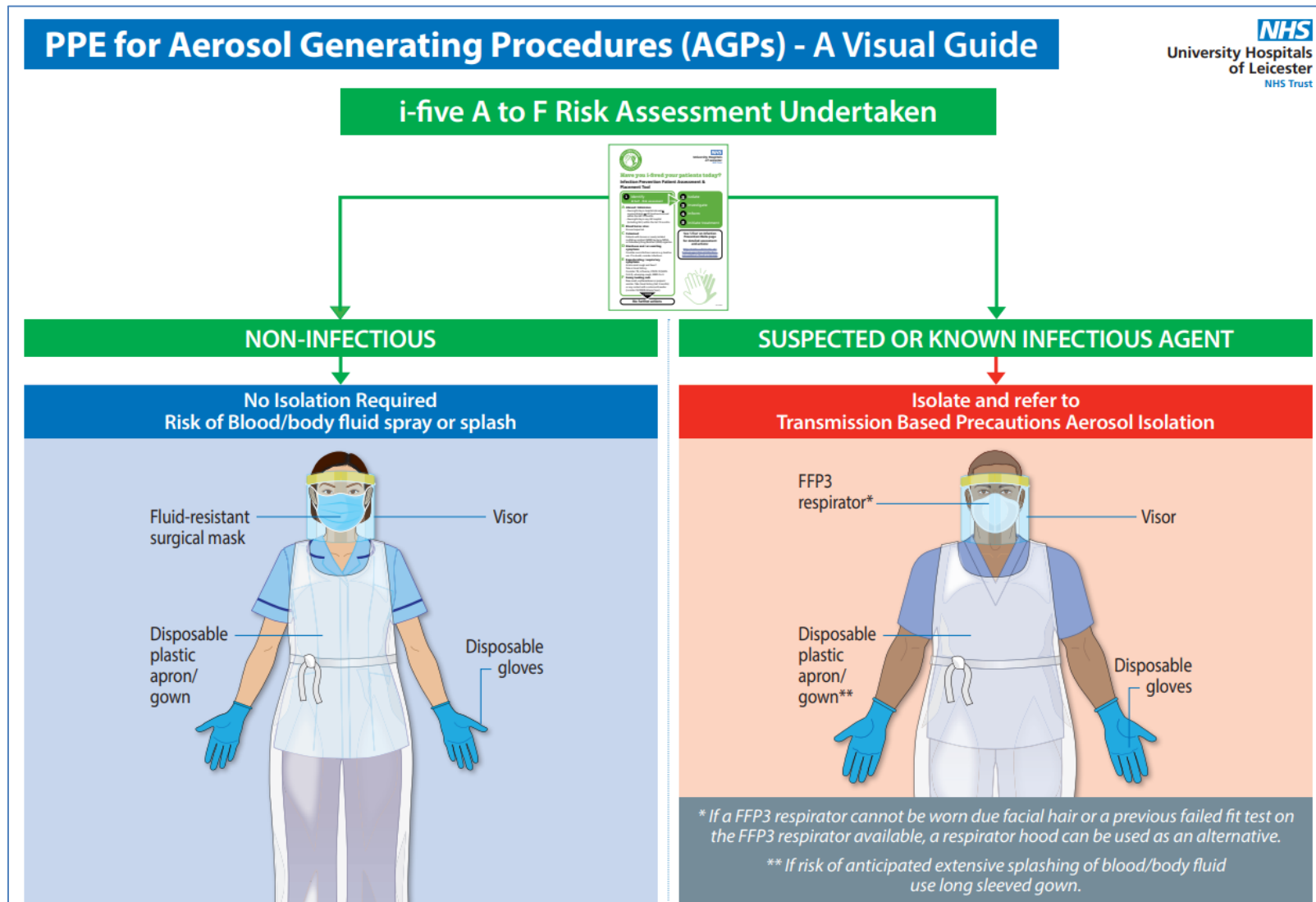
Priority of Isolation	Respiratory Pathogen	Incubation Period (time from exposure to symptom onset)	TBP	Duration of Isolation	Comments
1	SARS –CoV-2 (COVID)	3-5 days	Droplet/Airborne if AGP being performed Or cohorted	5 days	Must be asymptomatic to discontinue isolation (not including residual cough) No further testing required
2	Influenza A/B	1-4 days (mean 2)	Droplet/Airborne if AGP being performed Or cohorted	whilst Symptomatic 5 days (shorter in adults, longer in young children)	Up to 10 days for patients with immunosuppression Must be asymptomatic to discontinue isolation (not including residual cough) No further testing required
3	Respiratory Syncytial Virus (RSV)	2-8 days (mean 5)	Droplet/Airborne if AGP being performed Or cohorted	Whilst symptomatic 5 days	Whilst symptomatic Must be asymptomatic to discontinue isolation (not including residual cough) No further testing required
4	Parainfluenza	2-6 days	Droplet/Airborne if AGP being performed Or cohorted	Whilst symptomatic 5 days	
5	Human Metapneumovirus	5-9 days	Droplet/Airborne if AGP being performed Or cohorted	Whilst symptomatic 5 days ADULTS - isolation not routinely required as common cold. CHILDREN -causes Bronchiolitis - same precautions as RSV be aware of clinically vulnerable patients	Shedding for weeks – SICP standard once asymptomatic
6	Enterovirus	3-5 days (variable by serotype)	Droplet/Airborne if AGP being performed Or cohorted	Whilst symptomatic 5 days	Shedding for weeks – SICP standard once asymptomatic
7	Rhinovirus Adenovirus Coronavirus (NOT COVID) Parechovirus	3-5 days (variable by serotype)	Droplet/Airborne if AGP being performed Or cohorted	Whilst symptomatic 5 days	Shedding for weeks – SICP standard once asymptomatic

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SET UP OF COHORT/BRONCHIOLITIS BAY APPENDIX 24

Considerations	Be Aware
<p>Is there a need to set up a Cohort/branch bay?</p> <p>Consider:</p> <ul style="list-style-type: none"> • Single room/Cubicle shortage • Are single rooms/cubicles being used appropriately across the floor 	<p>Decision need to be made by:</p> <ul style="list-style-type: none"> • Bleep Holder/ward manager CMG lead • Consultant (On Call if at night) • Infection prevention team • Microbiology on call (weekends/nights/evenings) <p>Inform the Infection Prevention Team x15448. Complete ICE referrals and SIRA stickers as usual.</p>
<p>Is there an area to create a Cohort/branch bay?</p>	<ul style="list-style-type: none"> • Inform ward staff of need of bay • Will need help creating this bay • Re-allocating all patients will need support • Bay <u>must have</u> a hand wash sink in the bay • At LRI the preferred bay for a bronchiolitis bay is Badger on ward 11
<p>Green clean of non- infected single rooms/cubicles/bays. Amber clean of infected single rooms/cubicles/bays.</p>	<ul style="list-style-type: none"> • Inform domestics of this ASAP to ensure quick service • Inform domestics of the location of the infected bay and which will require additional cleaning.
<p>Ensure appropriate equipment is available e.g. saturation monitor</p>	<ul style="list-style-type: none"> • Ensure equipment are working, clean and plugged in • Have appropriate sized probes
<p>Check bed spaces at least every shift changeover</p>	<ul style="list-style-type: none"> • Ensure emergency/nurse call bell are in working order • Ensure all O2/suction points are equipped and working.
<p>Ensure each bed space is being treated with appropriate isolation precautions and sign displayed at the entrance to the cohort/bronchiolitis bay.</p>	<ul style="list-style-type: none"> • Droplet precautions required (apron, gloves, mask) • Alcohol Sanitizer per bed space • Follow 5-MOMENTS for hand hygiene
<p>Stock up bed space only with appropriate and necessary equipment to prevent waste</p>	<ul style="list-style-type: none"> • Not to overstock items as they may be discarded
<p>At entrance to the bay</p>	<ul style="list-style-type: none"> • Red alginate bags for linen disposal at bay entrance • PPE available • Limited stock items • Linen not to be stored in this area
<p>Discontinuation of Cohort/branch bay</p>	<ul style="list-style-type: none"> • All linen used/unused will be classed as infected • All curtains to be changed • All waste to be treated as infectious waste • Area to have an AMBER clean • RED clean may be required depending on infection
Staffing and Visiting:	
<ul style="list-style-type: none"> • Staff not to be moved from cohort/branch area during shift • Visitors to be informed and advised not to visit • Suggested minimal visiting- preferably no children/siblings • All visitors to clean hands on entering and exiting bay • Visitors will be informed of PPE requirements and must wear a fluid resistant surgical mask (FRSM) • Visitors only need to wear apron/gloves if providing clinical care • Visitors will be reminded not to visit any other areas on the ward 	

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