Cheshire and Wirral Partnership
NHS Foundation Trust

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Patient Isolation Policy

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Type of document	Policy
Target audience	All CWP staff
Document purpose	*This policy has been produced for all Trust staff to refer to regarding all aspects of isolation facilities. It should be read in conjunction with other key Trust Infection Prevention and Control (IPC) policies including hand hygiene Standard Operating Procedure (SOP), MRSA and Clostridium Difficile policies. The guidance in this policy will minimise the risk of transmission of pathogenic organisms if it is followed correctly.* *Whenever possible nursing care should be planned for individual patients, using the necessary precautions to prevent the spread of infection.* *It is essential that the Infection Prevention and Control Team (IPCT) are notified by the nurse in charge of the ward when it becomes necessary to commence isolation procedures.*

Approving meeting	Infection Prevention and Control Sub Committee (IPCSC)	Date 22-Jan-20
Implementation date	22-Jan-20	

CWP documents to be read in conjunction with	
IC1	Trustwide Infection Prevention and Control Operational Policy
IC2	Hand Hygiene SOP
IC4	Methicillin Resistant Staphylococcus Aureus (MRSA) Policy
IC5	Clostridium difficile Policy
IC6	Contingency plans for the control of infectious outbreaks/incidents
SOP23	Policy for handling of linen and clothing
HS1	Waste Management policy
GR30	Decontamination and disinfection policy
CP17	Guidelines for best practice following unexpected death of patient

Document change history	
What is different?	Quick reference flow chart has been added at start. Isolation and cohort facilities have been updated in line with ward changes, new builds and movement across the Trust.
Appendices / electronic forms	Appendix 1 isolation and cohort facilities has been updated in line with ward changes, new builds and movement across the Trust. Appendix 2 has replaced appendix 1. Information contained in previous appendix 1 is now included in the quick reference flow chart.
What is the impact of change?	Minimal

Training requirements	Yes - Training requirements for this policy are in accordance with the CWP Training Needs Analysis (TNA) with Education CWP.

Document consultation	
Clinical Services	via policy discussion forum
Corporate services	via policy discussion forum
External agencies	N/A

Financial resource implications	None

External references

1. Department of Health (2008) Health and Social Care Act: Code of Practice for the NHS on the 2. Prevention and control of healthcare associated infections and related guidance. Criterion 2 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf

2. Department of Health (2003) NHS Standard Service Level Specifications. Service specific specification – linen.
Available from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/527542/Mgmt_and_provision.pdf

3. Department of Health (2013) Health Building Note 00-09 Infection Control in the Built Environment Available from:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/170705/HBN_00-09_infection_control.pdf

4 .Ayliffe GAK Nann KR Taylor LJ (2001) Hospital Acquired Infection – Principles and Prevention) Butterworth Heinemann, third edition. P168.

5. Northamptonshire Healthcare NHS Foundation Trust; Isolation Procedure; Appendix 2; Available from : https://www.nhft.nhs.uk/download.cfm?doc=docm93jijm4n1411

Equality Impact Assessment (EIA) - Initial assessment	**Yes/No**	**Comments**
Does this document affect one group less or more favourably than another on the basis of:		
- Race	No	
- Ethnic origins (including gypsies and travellers)	No	
- Nationality	No	
- Gender	No	
- Culture	No	
- Religion or belief	No	
- Sexual orientation including lesbian, gay and bisexual people	No	
- Age	No	
- Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
N/A		
Is the impact of the document likely to be negative?	No	
- If so can the impact be avoided?	N/A	
- What alternatives are there to achieving the document without the impact?	N/A	
- Can we reduce the impact by taking different action?	N/A	

Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Comments
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted. If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the human resource department.		
Was a full impact assessment required?	No	
What is the level of impact?	Low	

Contents

Quick reference guidance for management of infections 5

1. Introduction 9
2. Categories of patient isolation 10
2.1 Source isolation 10
2.2 Protective isolation 10
3. Procedure 10
3.1 Principles of source isolation 10
3.2 Personal Protective Equipment (PPE) 10
3.3 Cleaning the environment 10
3.4 Care of the deceased 11
3.5 Patient movement 11
3.6 Specimens 11
3.7 Table of infections and their management 11
3.8 Mycobacterium Tuberculosis (TB) 11
3.9 Disease notification 12
4. Duties and responsibilities 12
4.1 Inpatient staff 12
4.2 Facilities in Service Lines 12
4.3 Infection prevention and control team 13

Appendix 1 - Isolation and cohorting facilities trust wide 14

Quick reference guidance for management of infections
For quick reference the guide below is a summary of actions required.

DISEASE (*= Incubation Period)	ROUTE OF TRANSMISSION	PERIOD OF INFECTIVITY	MANAGEMENT OF CONTACT	COMMENTS
HIV/AIDS (Acquired Immune Deficiency Syndrome/Human Immunodeficiency virus ***Can be up to 10 years**	- Inoculation of infected blood/body fluids - Unprotected sex - From infected mother to baby in utero and breast milk	- Vary according to the stage of infection. - Infectivity will be greatest when viral load is highest.	Main risk to healthcare staff is from contaminated sharps. Contact Occupational Health immediately for sharps injuries advice.	Routine Isolation of patients is not required. But protective isolation required for AIDS sufferers
Chickenpox *** 10 - 21 days**	Droplet inhalation/direct contact with vesicular fluid or respiratory secretions.	2 days before rash and 5-7 days after onset of rash and until all lesions are crusted.	If contact is a pregnant woman, seek advice from Doctor/Midwife.	Isolation required Exclude non-immune staff and visitors.
Clostridium Difficile	Faecal oral route following direct/indirect contact with faeces.	Until 48 hours without diarrhoea.	No special precautions unless symptomatic.	Isolation required Encourage good personal hygiene, especially hand washing. Environmental cleaning especially toilet areas.
Diarrhoea of unknown origin - suspected infectious. **Includes:-** • Campylobacter • Dysentery • E.coli 0157 • Cryptosporidiosis • Food poisoning • Giardiasis • Salmonellosis *** A few hours to a few days**	Contaminated food Contaminated water Direct/indirect Faecal oral	While having symptoms of diarrhoea and or vomiting (usually not infectious after 48 hours with normal stools) For some of these infections, the organism may be excreted in stools for a prolonged period even when asymptomatic.	None unless symptomatic. Food handlers particularly, should be excluded from work until 48 hours symptom free. In some cases Environmental Health clearance may be required and this will be advised accordingly.	**Notifiable for food poisoning.** Isolation required if symptomatic, until 48 hours of normal stools. Encourage good personal hygiene. Ensure good environmental cleaning, especially toilet areas.

DISEASE (*= Incubation Period)	ROUTE OF TRANSMISSION	PERIOD OF INFECTIVITY	MANAGEMENT OF CONTACT	COMMENTS
Hepatitis A *** 2 - 6 weeks**	Faecal –oral route Food contaminated by infected food handler. Contaminated water	Maximum infectivity immediately prior to and for 7 days after onset of jaundice.	Hepatitis A vaccine/immunoglobulin may be given to protect close family contacts.	**Notifiable disease** - Isolation not necessary - Encourage good personal hygiene. - Don't share towels - Good environmental cleaning especially toilet area - Hand hygiene before food preparation and eatin
Hepatitis B *** 2 - 6 months**	Sexually transmitted Inoculation of infected blood (needle-stick injury or via open wound) From mother to baby	Virus carried in blood for years and infectivity of carriers varies. HBeAg positive carriers of hepatitis B virus in their blood are most likely to transmit infection.	Vaccine and or immunoglobulin available for close contacts. Vaccine available and offered to health care workers.	**Notifiable disease** Isolation not necessary however; Follow standard precautions - Deal with all blood spills promptly and safely. - Careful disposal of sharps - Biohazard labels on specimens - Keep all cuts covered - Encourage not to share personal hygiene items such as a tooth brush and shavers.
Hepatitis C *** 1 - 6 months**	-Sexually transmitted -Inoculation of infected blood -From mother to baby	May persist indefinitely as carrier state	No vaccine available	**Notifiable disease** As hepatitis B

DISEASE (*= Incubation Period)	ROUTE OF TRANSMISSION	PERIOD OF INFECTIVITY	MANAGEMENT OF CONTACT	COMMENTS
Herpes simplex (cold sores) * 2 - 12 days	Direct contact with lesions, exudate or saliva (usually during close contact such as kissing).	Once someone has the herpes virus it does not completely disappear but remains dormant and can re-activate.	None	- Isolation not necessary - Antivirals now available for treatment - Wash hands after touching sores and before touching eyes. - Those with cold sores should avoid kissing newborn babies -Avoid sharing items such as lipstick.
Herpes Zoster (Shingles) *10 - 21 days	Direct contact with lesions	Until lesions have crusted (approximately 7 – 10 days after onset)	Varicella immunoglobulin for non-immune immuno-compromised neonatal and pregnant contacts.	Isolation may be required (Depends if those in contact have had chicken pox previously).
Influenza *1 – 5 days	Airborne spread from respiratory droplets and can also be transmitted by direct contact on contaminated hands.	Approximately 3 -5 days from clinical onset	None	**Isolation required** The influenza virus can persist for hours in dried mucus. Dispose of used tissues and wash hands, cover mouth and nose when coughing or sneezing.
Lice (Body Lice)	Clothing or intimate body contact	Until successfully treated	None unless infected	Clothing and bedding should be laundered on a hot wash.
Lice (Head Lice)	Direct contact	Until successfully treated	All close contacts should be checked and treated if necessary	Avoid close head contact until treated
Lice (Pubic Lice)	Direct contact with pubic hair and less commonly axillae, beards and eyebrows.	Until successfully treated	Sexual and recent close contacts should be treated	Avoid close contact until treated

DISEASE (*= Incubation Period)	ROUTE OF TRANSMISSION	PERIOD OF INFECTIVITY	MANAGEMENT OF CONTACT	COMMENTS
Methicillin Resistant Staphylococcus Aureus (MRSA)	Direct contact Surfaces and objects Sharing towels, sheets and clothes with someone with MRSA.	Can remain on the skin for hours, days, weeks or months. Could cause an infection if gets deeper into the body.	Seek advice from IPCT.	MRSA lives harmlessly on an individual's skin and will not make them ill. Often referred to as colonisation. Commonly found in the nose, armpits, groin or buttocks.
Scabies ***1 days - 6 weeks depending on previous exposure**	Close skin to skin contact	Until mites destroyed by treatment	Family members and contacts should be checked and treated accordingly.	Isolation not required. Avoid close contact until 24 hours following treatment

Information obtained from: Northamptonshire Healthcare NHS Foundation Trust; Isolation Procedure; Appendix 2; Available from : https://www.nhft.nhs.uk/download.cfm?doc=docm93jijm4n1411

1. Introduction

There are several documents that set the standards for or suggest best practice in the provision of isolation facilities in the NHS.

These include, but are not exclusive to the, Guide to Best Practice: Isolation of Patients (2008) DH, Health and Social Care Act (2015), Infection Control in the Built Environment (DoH, 2013) NHS Estates, Safe Clean Care (2008).

In relation to this policy, the term isolation will refer to a single room with hand washing and en-suite toilet facilities and cohort facilities will refer to a bay area with the same facilities.

The document Infection Control in the Built Environment recommends the minimum hand washing facilities that must be available in a mental health inpatient setting. This document also gives guidance on how isolation facilities should be categorised and this is discussed further in the Isolation policy. The Health and Social Care Act (2008) criterion 7 states a healthcare registered provider delivering in-patient care should ensure that it is able to provide, or secure the provision of, adequate isolation precautions and facilities, as appropriate, sufficient to prevent or minimise the spread of infection.

Advice should be sought from the Infection Prevention and Control Team (IPCT) on the appropriateness of isolating patients. Before deciding to isolate a patient careful consideration must be given to the following:

- Patients clinical conditions e.g. mental health
- Mode of transmission of the infection e.g. air-borne, faecal-oral route
- The availability of facilities
- The environment
- The susceptibility of others to infection
- Evidence-based practice

The decision to isolate a patient must not be taken lightly, the risk to the individual, other patients and staff should be assessed first. Isolating a confused or distressed individual could be detrimental to their wellbeing and if isolation precautions are required they should be tailored to the need of the patient. The use of standard precautions is all that is required for the majority of infections.

For advice out of hours including weekends and bank holidays, please contact Public Health England on call on 0151 434 4819.

At times it may not be possible to use a single room with an en-suite; however, arrangements must be made to ensure the individual has their own designated toilet facilities. This may include the use of a commode, but a risk assessment must be completed locally to assess disposal of waste, cleaning and/or macerating facilities. Where commodes are indicated, an allocated toilet would suffice for affected individuals with any diarrhoeal infection.

The policy for contingency plans for the control of infectious outbreaks incidents is also available to support this document.

The Isolation policy assigns each common infectious disease to an appropriate category of isolation to prevent the spread of infection. The risk assessment is based on the assessment by the IPCT and standard guidance (DH 2013, 2015). It must be recognised that this list is not exhaustive and if staff encounter any potentially infectious diseases that are not listed in this documentation, then appropriate advice must be sought from the IPCT immediately.

This policy has been produced for all CWP staff to refer to regarding all aspects of patient isolation. It should be read in conjunction with other key Trust infection prevention and control policies including

hand hygiene SOP, MRSA and Clostridium Difficile policies. If followed correctly, this guidance will minimise the risk of transmission of pathogenic organisms to individuals, staff and visitors.

Nursing care should be planned for individuals using the necessary precautions to prevent the spread of infection.

2. Categories of patient isolation

2.1 Source isolation

This refers to where the individual is the potential source of infection. It is important to recognise that it is the microorganism which is being isolated (e.g. Source) rather than the patient. This category can be further sub-divided into three sections:

2.2 Protective isolation

Refers to when the individual is at risk of acquiring infection from others and the general ward environment. Such isolation is required for severely immunocompromised people who are unlikely to be cared for within the Trust therefore this category of isolation will not be discussed further in this policy.

3. Procedure

3.1 Principles of source isolation

Individuals should be nursed in a single room, preferably with en-suite facilities e.g. diarrhoea of unknown cause. If a single room is not immediately available then please contact the IPCT so an appropriate risk assessment can be carried out. Individuals should be encouraged and assisted where necessary to wash their hands after using the toilet. The door to the room should be kept closed whenever the individual's psychological needs allow.

Isolation procedures are more likely to be adhered to if the individual is cared for in a single room. A single room is advisable because of the risk of environmental contamination for example, if the individual has diarrhoea and / or vomiting. However, single rooms are not always necessary for individuals with an infection that can be transmitted by direct contact. The mode of transmission of a particular infection must always be considered when instigating isolation precautions.

Individuals may need to leave their rooms to attend appointments elsewhere in the hospital such as occupational therapy. The IPCT recognises the value of such therapies; however, there may be occasions when this is not possible due the nature of their illness / infection. The risk posed by an individual needing to leave their room will be discussed between the IPCN and the nurse in charge of the ward following which the appropriate IPC advice will be given and documented.

3.2 Personal Protective Equipment (PPE)

When providing personal care PPE must be worn i.e. plastic disposable apron and unsterile gloves. Once an episode of care is completed the PPE must be removed and disposed of as per the CWP waste management policy and hands decontaminated as per the Trust's hand hygiene SOP. Visitors should be encouraged to wash their hands before and after visiting. It is not necessary for those staff or visitors who merely had social contact with the individual to wear PPE. However, good hand decontamination must be adhered to at all times.

3.3 Cleaning the environment

Daily routine domestic cleaning as per the domestic schedule is required. Hypochlorite solution 1,000 PPM should be used on all horizontal services except floors.

- **Linen –** treat as infected – refer to the CWP policy for the handling of linen and clothing;
- **Waste –** refer to the CWP waste management policy;
- **Equipment –** any equipment, including beds, that require servicing and / or repair must first be cleaned as per the CWP decontamination and disinfection policy.

3.4 Care of the deceased

Refer to the CWP Guidelines for best practice following the unexpected death of a patient.

3.5 Patient movement

If it is necessary to move an individual requiring isolation to another ward or care facility then advice from the IPCT must be sought before any movement takes place.

3.6 Specimens

From patients with a known blood borne pathogen must be labelled with a "Danger of Infection" sticker, in accordance with the host laboratories policy.

3.7 Table of infections and their management

Full details can be found in the quick reference guide at the start of this policy.

3.8 Mycobacterium Tuberculosis (TB)

Open pulmonary Tuberculosis is the only form of Tuberculosis that is considered to be a risk in terms of spread to others. Open Tuberculosis is defined as producing sputum that is microscopically positive. Having commenced the necessary antibiotic treatment an individual is still considered to be infectious until 2 weeks after treatment has been commenced. Individuals with multi-drug resistant TB (MDR-TB) may be infectious for a longer period of time.

It is the responsibility of the nurse in charge of the ward to ensure that the IPCT is informed as soon as possible if an individual with known or suspected open Pulmonary Tuberculosis is admitted to the ward. The IPCT can be contacted on 01244 397700.

Individuals who require medical care and / or are newly diagnosed with open pulmonary TB and require subsequent medical intervention will usually be transferred to an acute NHS Trust. However, if their mental health is such that it is deemed necessary for them to remain in the Trust then the following precautions must be taken:

Procedure

- The individual should be nursed in a single room with en-suite facilities with the door kept closed as much as possible until the first two weeks of treatment have been completed;
- Under no circumstances should contact with other individuals be allowed during this period;
- If it is necessary for the individual to leave their room then they are required to use the appropriate particulate filter face mask;
- PPE and a particulate filter face mask must be worn by all staff, including domestic staff that enter the room;
- All PPE must be removed and disposed of as infectious waste on leaving the room and hands washed as per the CWP hand hygiene SOP. Hands must be washed before and after every episode of care;
- Visitors may visit the individual but visits should be limited to household contacts only until the individual is deemed non-infectious. They are not required to wear PPE but should be advised to wash their hands before and after visiting;
- The room should be cleaned as per CWP decontamination and disinfection policy or on advice from the IPCT;
- The individual must be encouraged to use sputum pots and disposable tissues when expectorating sputum and these should be disposed of in an orange infectious waste bag, enclosed in a foot operated cleanable bin;
- Linen should be treated as infected and handled as advised in the CWP policy for the handling of linen and clothing;
- The individual may use ordinary eating utensils and crockery;
- All specimens must be labelled as "Danger of Infection" and Microbiology advice is available from the appropriate Microbiology laboratory.

3.9 Disease notification

Written notification of certain infections is a legal requirement of the clinician looking after the individual. The appropriate notification books should be kept on the ward. If a book cannot be located then please contact the IPCT.

The following diseases are deemed notifiable under the Public Health (Control of Diseases) Act 1984:

- Cholera;
- Food poisoning;
- Plague;
- Relapsing fever;
- Smallpox;
- Typhus.

The following diseases are deemed notifiable under the Public Health (Infectious Diseases) Regulations 1988:

- Acute encephalitis;
- Acute poliomyelitis;
- Anthrax;
- Diptheria;
- Dysentery;
- Leprosy;
- Leptospirosis;
- Malaria;
- Measles;
- Meningitis;
- Meningococcal septicaemia;
- Mumps;
- Ophthalmia neonatorum;
- Paratyphoid fever;
- Rabies;
- Rubella;
- Scarlet fever;
- Tetanus;
- Tuberculosis;
- Typhoid fever;
- Viral haemorrhagic fever;
- Viral hepatitis;
- Whooping cough;
- Yellow fever.

4. Duties and responsibilities

For general duties and responsibilities in IPC refer to the Trustwide IPC operational policy. For additional and specific duties and responsibilities relating to this policy please see below.

4.1 Inpatient staff

All inpatient staff should contact the IPCT and follow the guidance in this policy should they consider individuals meet the criteria set above regarding the need for isolation.

4.2 Facilities in Service Lines

In any instance where isolation or cohorting is needed, the guidance set out in the Appendix 1 should be followed; this also applies to staff on call who may be guided by Public Health England on call service. In any event the IPCT should by informed by telephone. If cohorting is required across more than one ward, the 2nd tier on call should be notified directly.

4.3 Infection prevention and control team

Infection prevention and control nurses will advise staff where required in the implementation of this policy.

Appendix 1 - Isolation and cohorting facilities trust wide

Ward / Unit	Number of beds	Number of bays / male and female / beds	Number of rooms	Number of en-suite rooms	Ability to isolate/cohort to standards
Brackendale	20	All single rooms	20	20	Yes
Meadowbank	13	All single rooms	13	11 (Rm 10 + 11 share shower and toilet)	Yes
Lakefield	24	All single rooms	24	24	Yes
Brooklands	10	All single rooms	10	10	Yes
Oaktrees	14	All single rooms	14	4	Yes in en-suite rooms
Beech	22	All single rooms	22	22	Yes
Cherry	11	All single rooms	11	11	Yes
Juniper	24	All single rooms	24	24	Yes
Maple	18	All single rooms	18	18	Yes
Rosewood	18	All single rooms (includes 2 flats)	18	18	Yes
Willow	6	All single rooms	6	6	Yes
Coral	12	All single rooms (plus 2 flexi rooms shared between Coral & Indigo)	12	12	Yes
Indigo	12	All single rooms	12	12	Yes
Mulberry	26	All single rooms	26	26	Yes
Silk	15	All single rooms	15	15	Yes
Saddlebridge (LSU)	15	All single rooms	15	15	Yes
Thorn Heyes (Respite)	6	All single rooms	6	6 with basins shared bathroom	Would need commodes for rooms. Could possibly isolate one shower room.
Eastway (A&T)	9	All single rooms	9	6	Could isolate in 6 rooms
Greenways (A&T)	12	All single rooms	12	12	Yes
Alderley Unit (LSU)	15	All single rooms	15	15	Yes
Crook Lane (Respite)	6	All single rooms	6	0 - All have hand washing facilities	Could isolate one bathroom and utilize commodes.

* Eating Disorder