



Community Infection Prevention and Control Guidance for General Practice

(also suitable for adoption by other healthcare providers,
e.g. Dental Practice, Podiatry)

Isolation

ISOLATION

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Contents

Page

1.	Introduction.....	4
2.	Risk assessment	4
3.	Isolation.....	4
4.	Requirements for isolation	5
5.	Patient transfer between health and social care settings	5
6.	Standard precautions.....	6
7.	Decontamination of equipment and the environment	6
8.	Infection Prevention and Control resources, education and training.....	7
9.	References	8
10.	Appendices.....	8
Appendix 1:	Inter-Health and Social Care Infection Control Transfer Form	9
Appendix 2:	Correct order for putting on and removing Personal Protective Equipment	10

ISOLATION

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1. Introduction

Isolation precautions are essential infection prevention and control practices to prevent the spread of communicable disease within General Practice. The type of isolation used is known as 'Source Isolation'.

Source Isolation is used to minimise the risks of micro-organisms being transferred from an affected person to other patients, staff and visitors. It is important to recognise that it is the micro-organism, which is being isolated, e.g. source, rather than the patient.

2. Risk assessment

The implementation of standard precautions will reduce the risk of the transmission of infection in General Practice. However, patients with specific infections such as chicken pox, measles or influenza during an outbreak of Pandemic Influenza, should be segregated so that the risk of infection to others in waiting or communal areas is minimised.

Where possible, if isolation is required, arrangements should be made to see the affected patient in their own home or in a separate area or room away from other patients. When a room is not available, the epidemiology of the suspected infection should be considered when determining patient placement.

Before deciding to isolate a patient the following should be considered:

- The availability of facilities
- The risk of spread to other patients and staff, e.g. air-borne, faecal/oral route
- The susceptibility of others to the infection
- The patient's clinical condition
- Decontamination of the isolation facilities

3. Isolation

- On arrival at the Practice, the patient should be taken immediately to the isolation room or designated area. If a room is used, the door should remain closed.

- The clinician should ensure the patient has a complete understanding of why they are being isolated and the precautions required.
- Appropriate personal protective equipment (PPE) should be worn following a risk assessment. The routine wearing of masks is usually not required, however, for certain infections, e.g. Ebola, Pandemic Influenza, national guidance should be followed. See Appendix 1 for the correct order for putting on and removing PPE.

4. Requirements for isolation

- An identified room or designated area to be used for isolation.
- A notice should be displayed on the door stating 'Isolation area – no unauthorised entry'.
- The room should be free from clutter and, where possible, equipment not required for the consultation should be removed from the room before the patient enters.
- Ensure appropriate PPE is available, e.g. disposable aprons and gloves.
- Eye protection is only required if there is a possibility of splashing of body fluids to the eyes.
- Masks are not required routinely and should only be worn on the advice of your local Community Infection Prevention and Control (IPC) or local Public Health England (PHE) Team, e.g. during an outbreak of Pandemic Influenza.
- Ensure hand hygiene facilities are available, e.g. wall mounted liquid soap, paper towels, wall mounted alcohol handrub or in a pump dispenser.
- A foot operated lidded waste bin should be available and waste disposed of as infectious waste.
- Medical equipment used in the room should be disposable. If reusable equipment is used, it should be appropriately decontaminated before removal from the room (see Section 7).
- Do not use linen pillow cases and 'modesty' blankets, couch roll should be used. If a pillow is used, it should be encased in a cleanable plastic case.

5. Patient transfer between health and social care settings

To help reduce the risk of healthcare associated infection (HCAI):

- Staff preparing to transfer a patient from the Practice to another health and social care provider should complete the Inter-Health and Social Care Infection Control Transfer Form (see Appendix 1). This should accompany

the patient. Refer to your 'Inter-health and social care infection control transfer guidance'

- Standard infection prevention and control precautions should be followed whenever transferring a patient, whether they have a known infection or not. Additional precautions may be required for some known infections (see Section 6)
- Ensure that equipment used to transfer the patient, e.g. wheelchair, is decontaminated in accordance with the 'Decontamination of equipment guidance'
- Isolated patients in a care home should only be transferred to another healthcare environment if admission or essential investigations or treatment is required. The ambulance/transport service and receiving area must be notified of the patient's infection status in advance and arrangements put in place to minimise waiting time and contact with other patients

6. Standard precautions

Please read in conjunction with your 'Standard precautions guidance'.

Whilst additional precautions may need to be taken with some communicable diseases, e.g. the wearing of masks for Pulmonary TB and Pandemic Influenza, the use of standard precautions is usually all that is required for the majority of infections.

For patients who are isolated, all staff providing hands on care in the room must wear disposable apron and gloves.

Apron and gloves should be changed between tasks, removed in the room, disposed of as infectious waste and hands washed with liquid soap and warm running water or alcohol handrub used before leaving the room.

7. Decontamination of equipment and the environment

- The isolation room or area used for isolation should be decontaminated after use. If the room cannot be decontaminated immediately, a notice should be displayed stating 'Isolation area – awaiting deep clean'.
- Wearing appropriate PPE, e.g. disposable apron and gloves, the immediate environment and equipment, such as couch, chair, work surfaces, stethoscope, should be cleaned with a detergent wipe and then disinfected as below. Cleaning cloths should be disposed of after use.

- An appropriate disinfectant, e.g. a hypochlorite solution at a strength of 1,000 parts per million or disinfectant wipes suitable for bacteria and viruses should be used (see your 'Decontamination of equipment policy').
- The use of a chlorine-based disinfectant solution or granules may cause damage when dealing with a spillage on carpets or soft furnishings. Therefore, the use of detergent and water alone is advised, a carpet cleaning machine or steam cleaner can be used where practicable.
- Some disinfectant products, e.g. Chlor-Clean, Actichlor Plus tablets, Clinell Universal wipes, contain both detergent and disinfectant this reduces the need to clean the area and equipment before disinfection.
- Carpets should be shampooed or steam cleaned. Non-carpeted floors should be decontaminated as above or steam cleaned.
- PPE should be removed in the correct order, i.e. gloves off first then apron (see Appendix 2).
- All waste should be disposed of as infectious waste.
- Fabric curtains should be removed and laundered. If disposable curtains are used, these should be replaced.

8. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Practice in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 20 IPC Guidance documents (Policies) for General Practice
- 'Preventing Infection Workbook for General Practice'
- 'IPC CQC Inspection Preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Advice Bulletin for GP Practice Staff'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

9. References

Department of Health (2015) *The Health and Social Care Act 2008. Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2007) *Essential Steps to Safe, Clean Care Inter-healthcare service user infection risk assessment form*

Department of Health (2007) *Saving Lives: reducing infection, delivering clean and safe care. Isolating service users with healthcare-associated infection*

10. Appendices

Appendix 1: Inter-Health and Social Care Infection Control Transfer Form

Appendix 2: Correct order for putting on and removing Personal Protective Equipment



Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that “suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion”. This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient’s notes.

Patient Name: Address: NHS number: Date of birth: Patient’s current location:	GP Name and contact details:		
Receiving facility, e.g., hospital ward, hospice:			
If transferred by ambulance, the service has been notified: Yes <input type="checkbox"/> N/A <input type="checkbox"/>			
Is the patient an infection risk: Please tick most appropriate box and give details of the confirmed or suspected organism			
<input type="checkbox"/> Confirmed risk Organisms:			
<input type="checkbox"/> Suspected risk Organisms:			
<input type="checkbox"/> No known risk			
Patient exposed to others with infection, e.g., D&V, Influenza: Yes <input type="checkbox"/> No <input type="checkbox"/> Unaware <input type="checkbox"/>			
If yes, please state:			
If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):			
Is diarrhoea thought to be of an infectious nature? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>			
Relevant specimen results if available			
Specimen:			
Date:			
Result:			
Treatment information:			
Is the patient aware of their diagnosis/risk of infection?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the patient require isolation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If the patient requires isolation, phone the receiving facility in advance:		Actioned <input type="checkbox"/> N/A <input type="checkbox"/>	
Additional information:			
Name of staff member completing form:			
Print name:			
Contact No:		Date:	



Correct order for putting on and removing Personal Protective Equipment (PPE)

Order for putting on PPE



Pull apron over head and fasten at back of waist.



Secure mask ties at back of head and neck. Fit flexible band to nose bridge.



Place eye protection over eyes.



Extend gloves to cover wrists.

Order for removing PPE



Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.



Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.



Handle eye protection only by the headband or the sides.



Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.

Personal protective equipment should be removed in the above sequence to minimise the risk of cross/self-contamination. Hands must be decontaminated following the removal of PPE.

(HP Loveday et al., epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospital in England *Journal of Hospital Infection* 86S1 (2014) S1-S70)

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