Clinical

Isolation: Standard Operating Procedure

Document Control Summary

<table>
<thead>
<tr>
<th>Status:</th>
<th>Replacement.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Replaces: Isolation Policy</td>
</tr>
<tr>
<td>Version:</td>
<td>v1.0</td>
</tr>
<tr>
<td>Date:</td>
<td>November 2015</td>
</tr>
<tr>
<td>Author/Title:</td>
<td>Judy Carr - Lead Infection Prevention and Control Nurse</td>
</tr>
<tr>
<td>Owner/Title:</td>
<td>Kenny Laing - Deputy Director of Nursing</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Policy and Procedures Committee</td>
</tr>
<tr>
<td>Date:</td>
<td>17/12/15</td>
</tr>
<tr>
<td>Ratified:</td>
<td>Policy and Procedures Committee</td>
</tr>
<tr>
<td>Date:</td>
<td>17/12/15</td>
</tr>
<tr>
<td>Related Trust Strategy and/or Strategic Aims:</td>
<td>Provide high quality services, built on best known practice and evaluated through clear process and outcome measures.</td>
</tr>
<tr>
<td>Implementation Date:</td>
<td>December 2015</td>
</tr>
<tr>
<td>Review Date:</td>
<td>December 2018</td>
</tr>
<tr>
<td>Key Words:</td>
<td>Infectious diseases, barrier nursing</td>
</tr>
</tbody>
</table>

Associated SOP or Standard Operating Procedures

- Infection Prevention Control and Decontamination Policy
- Hand Decontamination SOP
- Standard Precautions and personal Protective Equipment SOP
- Glove usage in Clinical Practice SOP
- Cleaning and Disinfection of non-sterile equipment SOP
- Movement of patients between wards, departments and transfer/discharge to other care organisations
- Mental Capacity Act
Contents

1. Introduction .................................................................................................................. 3
2. Purpose .......................................................................................................................... 3
3. Scope ............................................................................................................................ 3
4. Isolation ....................................................................................................................... 3
  4.1 Aims .......................................................................................................................... 4
  4.2 Documentation ......................................................................................................... 4
  4.3 Contact the Infection Prevention and Control Team .............................................. 4
5. Room preparation / equipment – general guidelines .................................................... 4
  5.1 Equipment .............................................................................................................. 5
  5.2 Isolation Room ....................................................................................................... 5
  5.3 Procedure to be followed prior to entering the room ............................................ 5
  5.4 Procedure to be followed prior to exiting the room ............................................. 5
  5.5 Crockery, cutlery, water jugs and glasses ............................................................. 6
  5.6 Patient Hygiene ...................................................................................................... 6
  5.7 Charts ...................................................................................................................... 6
  5.8 Linen and waste ...................................................................................................... 6
  5.9 Visitors ..................................................................................................................... 6
  5.10 Laboratory specimens .......................................................................................... 6
6. Transfer of Patients to other Departments and Organisations .................................... 7
  6.1 Ambulance Transport of Patients ........................................................................... 7
7. Guidance on Communicable Diseases ........................................................................ 8
8. How to notify a notifiable disease .............................................................................. 15
9. Cleaning procedures for patient isolation areas ......................................................... 16
   Daily Cleaning of an Isolation Room ........................................................................ 16
   Terminal Cleaning of Isolation Rooms ..................................................................... 16
10. Monitoring Compliance ............................................................................................... 17
11. References .................................................................................................................. 18

Appendix 1 Isolation room sign ...................................................................................... 19

Appendix 2 Notification of Infectious Disease or Contamination(NOIDS)Form ............ 20

Change Control – Amendment History

<table>
<thead>
<tr>
<th>Version</th>
<th>Dates</th>
<th>Amendments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. Introduction

The aim of patient isolation is to control and prevent the spread of potential or known pathogenic or epidemiologically important organisms in order to reduce the risk of transmission of infection to and from patients, visitors or staff.

The need to isolate patients in the mental health care setting is rare. In most cases of communicable disease, single room care and the application of standard infection control precautions may be all that is required.

The decision to isolate patients should always be taken after assessing the risk to the individual, other patients and staff. When isolation precautions are required they should be tailored to meet the needs of each patient.

In cases where it is deemed unsafe to isolate a patient or when isolation or segregation is not possible, a risk assessment must be carried out and documented.

Decisions to isolate should be take into account the individual's capacity and adhere to the capacity act and ensure compliance with deprivation of liberties safe guards.

Patients who are identified as colonised or infected with the same organism may share a room. (Cohort nursing).

2. Purpose

Some patients will have infections, or be suspected of having infections that require extra precautions to prevent their spread. The Purpose of the SOP is to provide basic advice about standard isolation in the clinical setting.

3. Scope

This document applies to all employees of the South Staffordshire and Shropshire Foundation Trust SSSFT (SSSFT) and all those visiting SSSFT premises such as contractors, agency/bank/locum staff, students and volunteers where patients are cared for and who have or are suspected of having an infectious disease or organism.

4. Isolation

Check guidance on communicable disease, (page 9) to find out whether isolation is necessary. If you require further advice contact the infection prevention and control team.

Occasionally the need to ensure isolation may necessarily have to outweigh the diverse needs of the patient and their carers/family, for a limited period of time. The reasons for this, the precautions required and the likely duration should be clearly given to the patient and, with consent, relatives, in a format or language they can understand and, if necessary, a professional interpreter should be used. This should be recorded on the patient’s clinical records. Staff should endeavour to meet these needs at the earliest opportunity.

Remember: Standard precautions must be used with all patients including those in isolation.
It is important to remember that the patient will not only be physically isolated but may also feel psychologically isolated and therefore must not be neglected. Access to telephones, newspapers and televisions must be provided.

As with any other diagnosis confidentiality must be maintained for the infected patient. Whilst nursing and medical staff on the ward will be aware of the patient’s diagnosis, other health care workers only need to know the risk of infection and precautions to be taken. This does not breach confidentiality.

4.1 Aims

1. To prevent the transmission of infective organisms from an infected patient to others.
2. To give psychological support and reassurance to the patient whilst he/she is in isolation.
3. To ensure all staff (including Hotel service staff) are aware of the correct precautions to take.

4.2 Documentation

- The date a patient is placed in isolation and the reason must be clearly recorded in the nursing records.
- The psychological and physical well being of the patient should be evaluated daily.
- Ensure the patient has any relevant Infection Prevention and Control information leaflets.
- It is a requirement that an isolation door card is used. Appendix 1
- The date the patient is removed from isolation must be clearly recorded in the nursing records.
- There may be occasions where isolation is not possible. In these instances the reasons must be clearly documented and advice gained from the Infection Control Team.

4.3 Contact the Infection Prevention and Control Team

- When placing a patient in isolation.
- If requiring further advice or clarification.

5. Room preparation / equipment – general guidelines

It must be remembered that all of the guidelines below are subject to risk assessment, and ability to achieve this will be assessed by the clinical team. Please discuss care planning with the Infection Prevention and Control Team and the wider Multi Disciplinary Team.

- Any equipment that is not needed must be removed prior to admission of the patient. Any equipment remaining in the room must be washable e.g. vinyl covered chairs, not fabric.
- A supply of personal protective equipment should be close at hand, subject to risk assessment. Ensure that there is adequate access to hand hygiene facilities.
- Place the completed Isolation Door Card on the outside of the door, which is shown in Appendix 1.
- Ensure that a foot operated bin for infectious clinical waste (orange bag) is inside the room, and facilities for disposing of used linen.
- Equipment such as sphygmomanometers, stethoscopes and thermometers should remain in the room with the patient (when safe to do so) and be cleaned on discharge, or cleaned and removed after use.
- Any equipment moved out of the isolation room (e.g. hoists) must be decontaminated appropriately prior to storage or use by another patient. The hoist sling should remain with the patient for the duration of their stay whilst in isolation, or until it needs laundering.
• Any equipment, which requires repair or maintenance, must be accompanied by a “Decontamination form”.
• Any instruments used must be either single use or returned to sterile services for reprocessing in a soluble bag and then placed in the appropriate container.
• Ensure mattresses and pillows are intact and encased completely in an impervious waterproof cover. These must be cleaned regularly.
• In addition to routine cleaning, specialist pressure relieving mattresses e.g. Nimbus may require decontamination by the supplier. Seek advice from Infection Prevention and Control or liaise directly with the manufacturers.

5.1 Equipment

• Single room with wash basin (elbow action mixer taps) and preferably en-suite lavatory and bath/shower.
• All non-essential equipment must be removed from the room before the patient is isolated.
• Patients suffering from enteric infections should have designated toilet facilities provided if an en-suite bathroom is not available.

5.2 Isolation Room

Inside room, if safe for patient after risk assessment

• Soap and alcohol system
• Disposable gloves
• Paper towels
• Clinical waste orange bag and holder
• Holder for water soluble bag-infected linen
• Patient’s equipment – washbowl, sphygmomanometer, tourniquet, stethoscope, etc.
• Plastic aprons

Outside the Room

• Trolley or dispenser with plastic aprons and gloves. Supply of clinical waste and red outer bags (to double bag those used in isolation room).
• Display the standard isolation card at the entrance of the room.
• It is essential that the door is kept closed for infections transmitted by respiratory secretions and skin scales and for those involving vomiting.
• Patients with a suspected tropical fever other than malaria and patients with diarrhoea and/or vomiting require en-suite toilet facilities.
• Keep room door closed.

5.3 Procedure to be followed prior to entering the room

• Acquire any equipment that may be required (e.g. dressing pack, waste bags, linen bags etc) to prevent unnecessary movement in and out of the room.
• Wash hands or use alcohol hand rub.
• Put on apron and gloves or other personal protective equipment as required.

5.4 Procedure to be followed prior to exiting the room

• Dispose of any aprons and gloves into the clinical waste bin inside the room.
• If hands are visibly dirty, and following ‘dirty’ procedures, wash with soap and water at the sink, dry hands thoroughly. On exiting the room, always use alcohol hand rub.
• If leaving the room with body fluids/excreta to dispose of in sluice, ensure protective clothing is worn until task is complete, dispose of immediately into clinical waste. Wash hands thoroughly.

5.5 Crockery, cutlery, water jugs and glasses

• Must be washed using dishwasher.
• No item of crockery or cutlery used by a patient with an infectious disease is to be washed by hand.
• There is no requirement for any disposable crockery & cutlery to be used, unless specifically advised by the Infection Prevention and Control Team.

5.6 Patient Hygiene

• Bathing and showering are preferable to bed baths to prevent the redistribution of microorganisms on the skin, and should be encouraged.
• Baths and showers must be cleaned thoroughly after use, as they would with all patients
• Clean towels and flannels should be used daily

5.7 Charts

• Must be kept outside the room.

5.8 Linen and Waste

• All linen should be classed as infected.
• Place in a soluble bag and then into red outer plastic bag as SOP.
• Leave closed bag at the usual linen collection point.
• All waste should be placed into orange clinical waste bag and taken directly to the areas designated waste collection point.
• Wash hands after dealing with any waste or contaminated linen.
• Patients own clothing to be over wrapped in plastic bag and kept in room until visitors collect and take home. Visitors advised to wash this clothing separately.

5.9 Visitors

• Under certain circumstances some restrictions may be placed on visitors so as to prevent the spread of infection.
• Children (<12 years), pregnant women and immunocompromised people may be at particular risk from some infections, always take advice from the Infection Prevention and Control Team.
• The nurse in charge should discuss with the patient what visitors must do to protect themselves from infection and whether there are any visitors who may be at particular risk of infection.
• Visitors rarely need to wear aprons or gloves; hand washing/using hand rub on leaving an isolation room is usually adequate.

5.10 Laboratory Specimens

• Label specimen pots before entering the room.
• Leave request cards outside the room.
• Ensure that there is no leakage of the specimen and the outside of the pot is free from contamination.
• Specimen placed into the appropriate compartment of specimen bag.

6. Transfer of Patients to other Departments and Organisations

• If the patient requires transferred to organisation suitable and sufficient information on the patients infection status must be given to the organisation receiving the patient. Complete an inter-healthcare patient infection risk assessment form, See the movement of patients between wards, departments and transfer/discharge to other care organisations, Infection Prevention and Control SOP.

• Only in exceptional circumstances would the patient’s infectious status prevent investigations or procedures being undertaken in other departments.
• The nurse in charge is responsible for advising the receiving department e.g. X-Ray, ECG of any necessary precautions to be taken.
• If the patient requires surgery, the receiving operating theatre must be informed of the patient’s infection, preferably 24 hours notice should be given.
• Any staff transporting patients must be advised of any precautions to be taken.
• Porters are not required to wear gloves or aprons unless they are physically moving a patient and contact with blood or body fluid is likely.
• Wash hands or use alcohol hand rub following a task involving any patient in isolation.
• Following transport of an isolated patient, trolleys/ chairs should be wiped down with detergent or alcohol based wipes, paying particular attention to armrests.
• Spillages of blood or body fluids should be cleaned as per SOP.

6.1 Ambulance Transport of Patients

• It is the responsibility of the nurse in charge to notify the ambulance service in advance of any precautions they need to take.
• Requiring ambulance transport will not be a barrier to a patients’ discharge. The ambulance services have their own guidelines of how to manage infected patients.
### 7. Guidance on Communicable Diseases

<table>
<thead>
<tr>
<th>Disease or Organism</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired immune deficiency syndrome (AIDS)</td>
<td>Isolation in a single room is not necessary unless actively bleeding. Gloves and aprons must be worn for handling blood, serum and other body fluids and for dealing with excreta. Eye protection must be worn where there is the possibility of body fluids splashing in the eye. Particular care must be taken when handling sharps. Inoculation incidences must always be reported. Label all specimens with a Danger of Infection sticker. Treat all used instruments as infected. There is no requirement for special crockery or cutlery unless there is bleeding from the mouth. The patient may mix freely with and dine with other patients. All soiled linen to be treated as infected linen. Confidentiality is of considerable importance for this group of patients.</td>
</tr>
<tr>
<td>Antibiotic multi-resistant organisms</td>
<td>Refer to SOP for the management of Antibiotic Resistant Isolate as per SOP. Contact Consultant Microbiologist.</td>
</tr>
<tr>
<td>Body lice*</td>
<td>Refer to SOP for the management of Parasitic Infestations Isolate as per SOP until treated. See SOP for the management of Parasitic Infestations For infestations, gloves must be worn for direct patient contact until the first treatment has been completed. Long sleeve protective gowns may be needed.</td>
</tr>
<tr>
<td>Campylobacter Notifiable if a food-poisoning</td>
<td>Isolation in a single room is not necessary. Separate toilet facilities advised</td>
</tr>
<tr>
<td>Candida (Thrush Moniliasis)</td>
<td>Isolation in a single room is not necessary</td>
</tr>
<tr>
<td>Disease or Organism</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chickenpox.</td>
<td>Isolate as per SOP until 5 days after onset / or vesicles are dry. Only staff known to be immune should be in contact with these patients. Pregnant staff should be excluded. Gloves and apron to be worn for all direct patient contact. Immunoglobulin is available from the Consultant Microbiologists to treat at-risk contacts of Varicella-zoster, rubella and measles (Contact the Infection Prevention and Control Team for information). Diagnosis, on suspicion, must be reported to the Consultant Microbiologist.</td>
</tr>
<tr>
<td>Chlamydial conjunctivitis</td>
<td><strong>Keep The Door Closed.</strong> Isolation in a single room is not necessary</td>
</tr>
<tr>
<td>Chlamydial conjunctivitis</td>
<td><strong>Notifiable if patient is a neonate</strong> Isolation in a single room is not necessary</td>
</tr>
<tr>
<td>Clostridium Difficile</td>
<td>Isolate as per SOP until at least 48hr symptom free</td>
</tr>
<tr>
<td>Refer to Clostridium Difficile SOP</td>
<td></td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Isolation in a single room is not necessary.</td>
</tr>
<tr>
<td>Notifiable if the neonate</td>
<td></td>
</tr>
<tr>
<td>Coxsackie virus (Hand foot and Mouth)</td>
<td>Isolate until recovered</td>
</tr>
<tr>
<td>Creutzfeldt-Jakob Disease (CJD)</td>
<td>Isolation in a single room is not necessary unless actively bleeding. Gloves and aprons must be worn for handling blood, serum and other body fluids and for dealing with excreta. Eye protection must be worn where there is the possibility of body fluids splashing in the eye. Particular care must be taken when handling sharps. Inoculation incidences must always be reported. Label all specimens with a Danger of Infection sticker Treat all used instruments as infected. There is no requirement for special crockery or cutlery unless there is bleeding from the mouth. The patient may mix freely with and dine with other patients. All soiled linen to be treated as infected linen. If any reusable surgical instrument is used on these patients it is imperative that the Consultant Microbiologist is contacted immediately</td>
</tr>
<tr>
<td>Refer to CJD SOP</td>
<td></td>
</tr>
<tr>
<td>Cryptosporidium diarrhoea</td>
<td>Isolate as per SOP until 48 hours symptom free</td>
</tr>
<tr>
<td>Disease or Organism</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cytomegalovirus infections (CMV)</td>
<td>There may be a need to isolate these cases when present in certain clinical areas. Infection Prevention and Control team will advise</td>
</tr>
</tbody>
</table>
| Diarrhoea of unknown cause                       | Isolate as per SOP until 48 hours symptom free  
Notifiable if food-poisoning.  
Send specimen MC&S as soon as possible. |
| Escherichia coli 0157 (Notifiable)               | Isolate as per SOP until symptom free for 48 hours  
Requires own toilet facilities |
| ESBL (extended spectrum beta lactamase producers) Refer to SOP for the management of Antibiotic Resistant strains of Enterococci and Gram negative Bacilli | Isolate as per SOP  
These are antibiotic resistant organisms.  
Infection Prevention and Control will advise |
<p>| Fleas                                            | Isolation in a single room is not necessary, Contact Infection Prevention and Control                                                  |
| Flu (Avian) (Notifiable)Refer to Pandemic Flu SOP | Isolate as per SOP until recovered                                                                                                   |
| Flu (normal)                                     | Isolate as per Pandemic Flu SOP until recovered.                                                                                     |
| Food poisoning (Notifiable)                      | Isolate as per SOP until symptom free for 48 hours                                                                                   |
| Genital herpes                                   | Isolation in a single room is not necessary                                                                                           |
| Giardiasis                                       | Isolate until symptom free for 48 hours                                                                                               |
| Glandular fever                                  | Isolation in a single room is not necessary                                                                                           |
| Gonorrhoea                                       | Isolation in a single room is not necessary                                                                                           |
| Hand, foot &amp; mouth (Coxsackie virus)             | Isolate as per SOP until recovered                                                                                                    |
| Head lice                                        | Isolation in a single room is not necessary , Discuss treatment with pharmacists                                                       |
| Hepatitis A* (Notifiable)                        | Isolate as per SOP until 5 days after the onset of jaundice                                                                         |</p>
<table>
<thead>
<tr>
<th>Disease or Organism</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>Hepatitis C</td>
<td></td>
</tr>
<tr>
<td><strong>Notifiable if an acute case of hepatitis</strong></td>
<td>Isolation in a single room is not necessary unless actively bleeding. Gloves and aprons must be worn for handling blood, serum and other body fluids and for dealing with excreta. Eye protection must be worn where there is the possibility of body fluids splashing in the eye. Particular care must be taken when handling sharps. Inoculation incidences must always be reported. Label all specimens with a Danger of Infection sticker Treat all used instruments as infected. There is no requirement for special crockery or cutlery unless there is bleeding from the mouth. The patient may mix freely with and dine with other patients. All soiled linen to be treated as infected linen. Confidentiality is of considerable importance for this group of patients.</td>
</tr>
<tr>
<td>Hepatitis acute, infectious, cause unknown (Notifiable)</td>
<td>As Hepatitis B and C</td>
</tr>
<tr>
<td><strong>Hepatitis E</strong> (Notifiable)</td>
<td>Isolate until 5 days after onset of jaundice</td>
</tr>
<tr>
<td>Herpes simplex</td>
<td>Isolation in a single room is not necessary. Care should be taken to prevent neonates coming into contact with these lesions.</td>
</tr>
<tr>
<td>(Cold Sore)</td>
<td></td>
</tr>
<tr>
<td>HIV antibody positive</td>
<td>As Acquired immune deficiency syndrome (AIDS)</td>
</tr>
<tr>
<td>Impetigo</td>
<td>Isolate until lesions are healed. Gloves and apron to be worn for all direct patient contact.</td>
</tr>
<tr>
<td>Legionnaires Disease</td>
<td>Isolation in a single room is not necessary. Not spread by person to person contact</td>
</tr>
<tr>
<td><strong>Measles</strong> (Notifiable)</td>
<td>Isolate until 4 days after onset of the rash Diagnosis, on suspicion, must be reported to the Consultant Microbiologist Only staff known to be immune should be in contact these patients. Pregnant staff should be excluded. Gloves and apron to be worn for all direct patient contact. Immunoglobulin is available from the Consultant Microbiologists to treat at-risk contacts of rubella and measles. Keep The Door Closed.</td>
</tr>
<tr>
<td><strong>Meningitis</strong> <em>(haemophilus / meningococcal / viral or other - Notifiable)</em></td>
<td>Isolate as per SOP for 48 hrs after start of treatment. Antibiotic prophylaxis required for household and kissing contacts of patient. Contact Health Protection Agency.</td>
</tr>
<tr>
<td>Disease or Organism</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>MRSA</strong>&lt;br&gt;Methicillin Resistant Staphylococcus Aureus**&lt;br&gt;Refer to MRSA SOP</td>
<td>There may be a need to isolate these cases when present in certain clinical areas. Risk assess each patient and care plan accordingly.</td>
</tr>
<tr>
<td><strong>Mumps (Notifiable)</strong>&lt;br&gt;Infectious parotitis</td>
<td>Isolate for 5 days from the onset of the swelling Diagnosis, on suspicion, must be reported to the Consultant Microbiologist Only staff known to be immune should be in contact these patients. Pregnant staff should be excluded. Gloves and apron to be worn for all direct patient contact.</td>
</tr>
<tr>
<td><strong>Norovirus enteritis, Diarrhoea and vomiting, Winter Vomiting Disease</strong>&lt;br&gt;Refer to Management of an Outbreak or other Infection Control Incidents</td>
<td>Isolate as per SOP for 48 hours after recovery</td>
</tr>
<tr>
<td><strong>Ophthalmia neonatorum (Notifiable)</strong></td>
<td>Isolate as per SOP for 24hrs after onset of treatment</td>
</tr>
<tr>
<td>Parvovirus, Erythema infectiosum, Slapped Cheek, Fifth Disease</td>
<td>Isolate as per SOP. Pregnant women should avoid contact</td>
</tr>
<tr>
<td>Pubic lice</td>
<td>Isolation in a single room is not necessary. For infestations, gloves must be worn for direct patient contact until the first treatment has been completed.</td>
</tr>
<tr>
<td>Pyrexia of Unknown origin. PUO</td>
<td>Isolate as per SOP. Contact Consultant Microbiologist</td>
</tr>
<tr>
<td>RSV Respiratory Syncytial Virus</td>
<td>Isolate as per SOP until recovered</td>
</tr>
<tr>
<td>Disease or Organism</td>
<td>Notes</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| **Rubella (Notifiable) German Measles** | Isolate until 5 days after onset of the rash  
Diagnosis, on suspicion, must be reported to the Consultant Microbiologist  
**Only staff known to be immune should be in contact these patients.**  
Pregnant staff should be excluded.  
Gloves and apron to be worn for all direct patient contact.  
**Immunoglobulin is available from the Consultant Microbiologists to treat at-risk contacts of rubella and measles**  
**Keep The Door Closed.** |
| **Salmonella food poisoning (Notifiable)** | Isolate as per SOP until symptom free for 48 hours |
| Scabies | Isolation in a single room is not necessary.  
For infestations, gloves must be worn for direct patient contact until the first treatment has been completed.  
Treatment of all contacts on the same evening |
| **Shigella infections (Notifiable)** | Isolate as per SOP until symptom free for 48 hours |
| Shingles | Isolation not required as long as blisters are covered e.g. clothing |
| **Small Round Structured Virus (SRSV)** | Isolate as per SOP for 48 hours after recovery |
| Streptococcus – haemolytic group A (GAS) | Isolate as per SOP until 48hrs antibiotic therapy.  
Gloves and apron to be worn for all direct patient contact. |
| Streptococcus - haemolytic group B | Neonatal infection may need isolation. |
| Syphilis | Wear gloves for contact with any lesions |
| **Threadworms**  
**Refer to SOP for the management of Parasitic Infestations** | Isolation in a single room is not necessary.  
The management of threadworm infestation requires meticulous care and the synchronous treatment of all household contacts. Particular care is needed in areas such as long-stay hospitals. |
<p>| Tonsillitis (Group A streptococcus) | Isolate as per SOP until 48 hours of antibiotic therapy |</p>
<table>
<thead>
<tr>
<th>Disease or Organism</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><em>Tuberculosis (pulmonary open)</em> (Notifiable)</em>* Refer to TB SOP</td>
<td>Isolate until 2 weeks after therapy started. Diagnosis, on suspicion, must be reported to the Consultant Microbiologist For mask use refer to the TB guidelines. Multi drug resistant TB will be transferred to a specialist unit Only staff known to be immune should have contact with these patients. Pregnant staff should be excluded. Gloves and apron to be worn for all direct patient contact. <strong>Keep The Door Closed.</strong> Refer to SOP</td>
</tr>
<tr>
<td>Vancomycin Resistant Enterococci (VRE)</td>
<td>Isolate as per SOP</td>
</tr>
<tr>
<td>Viral conjunctivitis</td>
<td>Isolate as per SOP until recovered</td>
</tr>
<tr>
<td>Viral infections (general systemic)</td>
<td>Isolate as per SOP until recovered</td>
</tr>
<tr>
<td>Viral rashes</td>
<td>Isolate as per SOP</td>
</tr>
<tr>
<td><strong>Whooping cough, Pertussis, (Notifiable)</strong></td>
<td>Isolate as per SOP for 5 days after starting treatment</td>
</tr>
<tr>
<td>Wound infected, cause unknown</td>
<td>There may be a need to isolate these cases when present in certain clinical areas.</td>
</tr>
</tbody>
</table>
8. How to notify a notifiable disease

Health protection legislation in England has been updated to give public authorities new powers and duties to prevent and control risks to human health from infection or contamination, including by chemicals and radiation. The revised measures are contained within the amended Public Health (Control of Disease) Act 1984 and its accompanying Regulations. The new Regulations for clinical notifications came into force on 6 April 2010, and those relating to laboratory notifications start on 1 October 2015. The new legislation adopts an all hazards approach, and, in addition to the specified list of infectious diseases, there is a requirement to notify cases of other infections or contamination which could present a significant risk to human health.

The new 2010 regulations for clinical notifications requires Registered Medical Practitioners to notify the ‘Proper Officer’ of the relevant Local Authority delegated to the CCDC of the local Health Protection Unit (HPU) of any notifiable infectious diseases, infection or contamination in patients, orally by phone for urgent cases e.g. EColi O157, Typhoid etc. (West Midlands North PHE Team on 0844 225 3560 option 2, option 2) and for non-urgent cases on the electronic reporting form. (Appendix 2) which can be emailed with password protection to PHE at hpawmn@phe.gov.uk or faxed to the confidential fax number 01785 255432.

http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/NotificationsOfInfectiousDiseases/ListOfNotifiableDiseases/

Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:

<table>
<thead>
<tr>
<th>Acute encephalitis</th>
<th>Malaria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute meningitis</td>
<td>Measles</td>
</tr>
<tr>
<td>Acute poliomyelitis</td>
<td>Meningococcal septicaemia</td>
</tr>
<tr>
<td>Acute infectious hepatitis</td>
<td>Mumps</td>
</tr>
<tr>
<td>Anthrax</td>
<td>Plague</td>
</tr>
<tr>
<td>Botulism</td>
<td>Rabies</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Rubella</td>
</tr>
<tr>
<td>Cholera</td>
<td>SARS</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Scarlet Fever</td>
</tr>
<tr>
<td>Enteric fever (typhoid or paratyphoid fever)</td>
<td>Smallpox</td>
</tr>
<tr>
<td>Food poisoning</td>
<td>Tetanus</td>
</tr>
<tr>
<td>Haemolytic uraemic syndrome (HUS)</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>Infectious bloody diarrhoea</td>
<td>Typhus</td>
</tr>
<tr>
<td>Invasive group A streptococcal disease and scarlet fever</td>
<td>Viral haemorrhagic fever (VHF)</td>
</tr>
<tr>
<td>Legionnaires’ Disease</td>
<td>Whooping cough</td>
</tr>
<tr>
<td>Leprosy</td>
<td>Yellow fever</td>
</tr>
</tbody>
</table>

As of April 2010, it is no longer a requirement to notify the following diseases: dysentery, ophthalmia neonatorum, leptospirosis, and relapsing fever.
9. Cleaning Procedures for Patient Isolation Areas

Daily Cleaning of an Isolation Room

The hotel services supervisor will ensure that all shifts of domestic staff are aware of the isolation room and the agreed procedure:

1. All domestic staff must report to the nursing station before entering the isolation room.
2. Wash hands before entering and on leaving the isolation room.
3. Wear the protective clothing advised by the nurse in charge.
4. Use the cleaning equipment specially designated for use only in the isolation room.
5. The equipment will comprise: floor mop (string with detachable head), mop bucket, wash bowl, dry floor mop (with disposable head), disposable cleaning cloths, neutral detergent and yellow clinical waste bags. For patients suffering from gastro-intestinal infections, a solution of sodium hypochlorite (1 in 1000ppm) should be used to clean sanitary areas at least twice daily.
6. The methods of cleaning will be the same as those used in non-isolation areas. Commence cleaning at the door and work in towards the patient, clean sanitary areas last. Damp wipe surfaces, ledges, furniture and fittings. Discard cloth after use into a clinical waste bag. Clean floor with dust control mop with disposable head. Throw the cloth part away. Damp mop floor area daily and remove the mop heads for disposal or washing. Return the mops and buckets to the cleaner's room.
7. Thoroughly clean the cleaning equipment after use in the isolation room.
8. Mechanical cleaning equipment should not be used in isolation areas, scrubbing machines with tanks are a particular problem. If use is unavoidable, a separate machine brush or head should be reserved for the isolation area. Decontaminate the brush or head by autoclaving and wipe the outside of the machine with neutral detergent before use in other areas.

Terminal Cleaning of Isolation Rooms

1. Consult nurse in charge as to whether there are any changes to the schedule below e.g., sodium hypochlorite solution to be used for sanitary areas when patients have had gastro-intestinal infections.
2. Gather together all materials needed for cleaning as before
3. Wear the protective clothing advised by the nurse in charge.
4. Wash hands or use alcohol hand rub before entering and on leaving the isolation room.
5. Send bed linen to laundry as infected linen and clean the bed, mattress and room furniture in its entirety. They will also have ensured that all medical equipment used on or by the patient has been decontaminated as recommended in the Cleaning, Disinfection and Sterilisation SOP.
6. Place all refuse (magazines, unused tissues, toilet paper, hand towels etc.) into a yellow clinical waste bag.
7. Unused disposable, medical sundries should be discarded into clinical waste bag.

8. Curtains should be changed.

9. Using detergent and water or detergent wipes, damp wipe fittings including the bed frame rest and any horizontal surfaces on the bed, the refuse sack holder, pedal bin, door handles and light switches. Do not rinse cloths in cleaning solution - dispose of each used cloth. Thoroughly clean all sanitary areas, toilet, wash basin, bidet, soap dispenser, toilet brush and holder.

10. Use dry dust control mop to remove debris from floor area and dispose of the mop head. Damp mop floor, remove all mop heads for washing or disposal.

11. Leave all surfaces as dry as possible. Open windows to facilitate drying. Replenish supplies of toilet roll, soap and paper towels.

12. Seal, label and remove all clinical waste bags and laundry bags, remove and dispose of protective clothing. Wash hands. Take all clinical waste bags and laundry bags to the collection point. **The room should not be used for another patient until completely dry.**

### 10. Monitoring Compliance

This SOP will be reviewed three yearly or earlier in light of new national guidance or other significant change in circumstances.

Compliance with this SOP will be monitored through the mechanisms detailed in the table below. Where compliance is deemed to be insufficient and the assurance provided is limited then remedial actions will be drawn together through an action plan. This progress against the action plan will be monitored at the specified committee/group. The results of the annual audit will be escalated to the appropriate committee/group where appropriate.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Individual or department responsible for the monitoring</th>
<th>Frequency of the monitoring activity</th>
<th>Group/committee/forum which will receive the findings/monitoring report</th>
<th>Committee/individual responsible for ensuring that the actions are completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff compliance with Isolation SOP</td>
<td>Infection Control annual audits</td>
<td>Infection Control team</td>
<td>Yearly</td>
<td>Infection Control committee</td>
<td>Manager and individual</td>
</tr>
<tr>
<td>Organisation’s expectations in relation to staff training, as identified in the training needs analysis</td>
<td>Training Reports</td>
<td>Learning and Development Department</td>
<td>Monthly</td>
<td>HRODE Committee</td>
<td>HRODE Committee</td>
</tr>
</tbody>
</table>
11. References


### Isolation Source/Protective

**What you need to do Before Entering this Room**

<table>
<thead>
<tr>
<th>Staff</th>
<th>Visitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash or foam sanitiser (If diarrhoea and/or vomiting you must wash hands)</td>
<td>Wash or foam sanitiser (If diarrhoea and/or vomiting you must wash hands)</td>
</tr>
<tr>
<td>![Staff Wash Sanitiser Image]</td>
<td>![Visitors Wash Sanitiser Image]</td>
</tr>
<tr>
<td>![Staff Apron Image]</td>
<td>![Visitors Apron Image]</td>
</tr>
<tr>
<td>![Staff Gloves Image]</td>
<td>![Visitors Gloves Image]</td>
</tr>
<tr>
<td>![Staff Mask Image]</td>
<td>![Visitors Mask Image]</td>
</tr>
</tbody>
</table>
### NOTIFIABLE DISEASES

- Acute Encephalitis
- Acute Meningitis
- Acute Poliomyelitis
- Acute Infectious Hepatitis
  - A
  - B
  - C
  - D
  - E
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric Fever
  - Typhoid
  - Paratyphoid
- Food Poisoning
  - Campylobacter
  - Salmonella
  - Unknown or other
- Haemolytic Uraemic Syndrome (HUS)
- Infectious Bloody Diarrhoea
  - Shigella
  - E.Coli O157
  - Other
- Invasive Group A Streptococcal disease
- Legionnaires’ disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet Fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral Haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

### BRIEF CLINICAL HISTORY

- Date of Onset of Symptoms: 
- Date of Diagnosis: 
- Date of Death: 

### CASE DETAILS (please PRINT clearly)

- First Name: 
- Surname: 
- Gender: M ☐ F ☐ DOB: 
- Ethnicity: 
- NHS number: 
- Home Address: 
- Post code: 
- Patient contact number: 
- Current residence (if not home address): 
- Post code: 
- Occupation (particularly if GI disease): 
- Work/Education Address (if relevant): 
- Post code: 
- Work contact number: 
- Overseas travel, if relevant (destination & dates): 
- GP Details:
  - Name: 
  - Address: 
  - Post code: 
  - GP Tel: 

### OTHER DISEASE OR CONTAMINATION

Add further details or tick a box above:

### DOCTOR REPORTING THE CASE

- Name: 
- Address/Hospital: 
- Contact number: 
- Date of Notification: 

---

Please CALL West Midlands North PHE Team on 0344 225 3560 Option 2, Option 2
(Out of hours please contact First Response on 01384 679031 and ask for the)
Consultant on call for West Midlands North PHE Team) ALSO please fax/post the completed form ASAP (& within 3 days) to West Midlands North PHE Team and file in patient’s notes.
Fax: 01785 255432 West Midlands North PHE Team, Stonefield House, St Georges Hospital, Corporation Street, Stafford ST16 3SR

---

NOTIFICATION OF INFECTIOUS DISEASE OR CONTAMINATION (NOIDs) FORM

CONFIDENTIAL
Health Protection (Notification) Regulations 2010
Notification to the Proper Officer of the Local Authority

Page 20 of 20