

ISOLATION OF PATIENTS

KEY POINTS

Know how infections spread

Use Standard Precautions to prevent contact with bodily fluids

Does the patient need Source Isolation or Protective Isolation?

Are visitors a risk or at risk?

Explain the need for isolation to the patient

Counsel the visitors

Use Information Leaflets

INTRODUCTION

In order to prevent the spread of micro-organisms, it is often necessary to isolate patients.


There are two types of isolation:

1. **Source Isolation** aims to confine the infectious agent and prevent its spread (see separate policy for Source Isolation).
2. **Protective Isolation** aims to protect an immunocompromised patient who is at special risk from environmental organisms or those carried by attending staff and visitors (see separate policy for Protective Isolation).

Occasionally a staff member may be found to be an asymptomatic carrier of a potentially pathogenic organism and may be considered to be a potential source of infection. In these cases it may be necessary to treat staff in order to eradicate carriage of the organism, using a systemic antibiotic (e.g. for Group A *Streptococcus pyogenes*) or by topical preparations (e.g. for methicillin-resistant *Staphylococcus aureus*). An infectious staff carrier of a blood-borne virus such as HIV or HBV will not be allowed to perform invasive ("exposure prone") procedures.

A basic understanding of the way in which particular organisms are spread will enable staff to apply a common sense approach to isolation, thus providing a safe environment and avoiding unnecessary psychological trauma to patients and relatives. Information and detailed protocols on various specific diseases are given in www.infectioncontrolservices.co.uk/table_infections.htm.

The decision to isolate a patient is taken by the medical team caring for the patient, in consultation with the nursing staff and Infection Control Team. Isolation is usually carried out in single rooms with hand washing facilities and with the door closed. Occasionally, a group of patients with a particular infection may be cohort nursed together in a defined ward area. A patient or groups of patients (a cohort) can be successfully barrier nursed in a ward, but this should only be done as a last resort.

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Patients with certain illnesses ***should be isolated immediately*** when facilities are available, for example:

- Diarrhoea and vomiting
- Undiagnosed rashes and fevers
- Newly diagnosed or suspected “open” tuberculosis
- Suspected Group A streptococcal infection (i.e. acute sore throat or cellulitis)
- Patients shedding methicillin-resistant *S. aureus* (MRSA), glycopeptide-resistant enterococci (GRE), aminoglycoside-resistant Gram-negative organisms, etc
- Inter-hospital transfers known to be colonised with resistant bacteria

For further advice, contact a member of the Infection Control Team

It is the responsibility of ALL members of staff to comply with Isolation and Infection Control procedures. Remember that nosocomial infections are generally transmitted by health care workers. One failure to comply with simple procedures may negate the diligence of the rest of the team.

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