



SOURCE ISOLATION

KEY POINTS

Do a risk assessment and prepare the room & patient

Plan equipment for the room

Print out a notice to stick on the door (see www.infectioncontrolservices.co.uk/forms.htm)

Source Isolation Procedure:

- Use plastic aprons (yellow) and gloves
- Clean hands or gloves before you touch the patient
- Discard protective clothing into the yellow sack in the room
- Clean hands when you leave
- Arrange special cleaning of the room or bed space

Inform the Infection Control Team

Check if the disease needs to be Notified (see policy for Notification of Infectious Diseases)

Highly infectious diseases (see policies on Dangerous Pathogens and Travellers with Respiratory or Rash Illness)

PLANNING

Perform a risk assessment to decide whether it is necessary to source isolate a patient for the protection of others. Record this in the patient's notes and clearly state the reasons. You may ask for and the patient may request a visit from a member of the Infection Control Team for a fuller explanation.

RISK ASSESSMENT

If the number of side rooms is limited, then the following hierarchy of risk should be used when deciding who should go into a side room.

1. Fever of unknown origin from sub-Saharan Africa (see VHF policy)
2. Tuberculosis, chicken pox, measles, mumps and rubella (see policies for Tuberculosis, Varicella-Zoster Virus, Rubella)
3. Diarrhoea (see policies for Food Poisoning and Antibiotic Associated Diarrhoea)
4. Patients with alert organisms (*Streptococcus pyogenes*, MRSA, GRE). Patients with MRSA in wounds and respiratory tract should take precedence over those colonised in carrier sites only (see MRSA policy)

Issued by Infection Control Services Ltd.

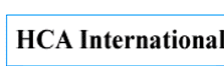
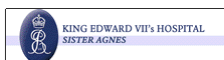
For more policies and information visit:

www.infectioncontrolservices.co.uk

Publication Date: April 2007

Page 1 of 8

Review Date: April 2009



Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.



5. Patients with undiagnosed rash illness, cellulitis

It may be necessary to cohort nurse all patients with a particular condition (eg diarrhoea) in a section of the ward or whole ward. A decision then has to be made as to whether to close a ward because of an unacceptable risk to new admissions.

PROCEDURE

Prior to moving the patient into a single room:

- Explain the need for isolation to the patient
- Remove all unnecessary equipment from room
- Ensure that mattress and pillows have protective covers
- Place a Source Isolation notice on the door of the room
- Consider whether people entering the room should be immune to the patient's disease (important for rubella, chicken pox and tuberculosis)
- Record in the nursing care plan the reason for isolation, the date started and any special precautions necessary to prevent the spread of infection
- Inform the Infection Control Nurse
- If appropriate, inform household and catering departments

EQUIPMENT REQUIRED

Outside room	<ul style="list-style-type: none"> • Coat hook • Source isolation notice (yellow) or equivalent • Disposable aprons (yellow) • Patient's charts (except ICU) • Clear plastic bags (for double-bagging linen) • Alcohol gel or alcoholic chlorhexidine hand rub
Inside room	<ul style="list-style-type: none"> • Unsterile disposable gloves • Skin disinfectant for handwashing (e.g. chlorhexidine gluconate in a proper dispenser) • Paper towels • Yellow plastic bag for all waste in a foot-operated sack holder • Red alginate-stitched plastic bags (for linen)

Issued by Infection Control Services Ltd.

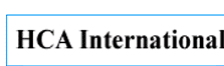
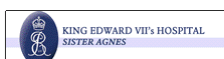
For more policies and information visit:

www.infectioncontrolservices.co.uk

Publication Date: April 2007

Page 2 of 8

Review Date: April 2009



Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.



	<ul style="list-style-type: none"> • “Sharps” disposal box, preferably wall-mounted • Dedicated cleaning equipment (if space available)
In the ward	<ul style="list-style-type: none"> • Have available on the ward the appropriate chemical disinfectant for decontamination of equipment and for dealing with spillages (eg hypochlorite 2% or chlorine-releasing agent). • Contact domestic/patient support staff for designated cleaning equipment.
Outside room	<ul style="list-style-type: none"> • Coat hook • Source isolation notice (yellow) or equivalent • Disposable aprons (yellow) • Patient's charts (except ICU) • Clear plastic bags (for double-bagging linen) • Alcohol gel or alcoholic chlorhexidine hand rub

Note: For some diseases (e.g. viral haemorrhagic fever) all waste and linen will be put into disposal sealable bins for incineration.

SOURCE ISOLATION PROCEDURE

STAFF

Before entering room	<ul style="list-style-type: none"> • Remove white coats or outside clothing (preferably leave on hook outside room) • Remove wrist watch and jewellery and roll up sleeves • Put on a yellow apron
Staff should:	
Inside the room (or visiting bed space)	<ul style="list-style-type: none"> • If the patient is to be examined or before any procedure, wash and dry hands thoroughly or, if hands are clean, use alcohol gel and put on non-sterile examination gloves • Perform patient task (change disposable gloves if they become soiled during the procedure) • Do not touch the patient or anything else in the room unnecessarily • Do not sit on the bed • Sharps must be disposed of in the sharps box inside the isolation room

Issued by Infection Control Services Ltd. For more policies and information visit: www.infectioncontrolservices.co.uk	Publication Date: April 2007 Review Date: April 2009	Page 3 of 8
<p>Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.</p>		



Before leaving the room or bed space	<ul style="list-style-type: none"> • Remove gloves and apron and discard into yellow bag • Bag linen in red alginate bag • Wash hands in antiseptic hand wash and dry thoroughly
Outside room	<ul style="list-style-type: none"> • Close the door after leaving the room • Place red linen bag in a clear plastic bag • Wash hands again in antiseptic hand wash <p>OR</p> <ul style="list-style-type: none"> • rub hands using alcohol gel, alcoholic chlorhexidine hand rub or equivalent
Before entering room Staff should:	<ul style="list-style-type: none"> • Remove white coats or outside clothing (preferably leave on hook outside room) • Remove wrist watch and jewellery and roll up sleeves • Put on a yellow apron
Inside the room (or visiting bed space)	<ul style="list-style-type: none"> • If the patient is to be examined or before any procedure, wash and dry hands thoroughly or, if hands are clean, use alcohol gel and put on non-sterile examination gloves • Perform patient task (change disposable gloves if they become soiled during the procedure) • Do not touch the patient or anything else in the room unnecessarily • Do not sit on the bed • Sharps must be disposed of in the sharps box inside the isolation room
Before leaving the room or bed space	<ul style="list-style-type: none"> • Remove gloves and apron and discard into yellow bag • Bag linen in red alginate bag • Wash hands in antiseptic hand wash and dry thoroughly



VISITORS

- The risks to visitors should be assessed (low for MRSA, high for chicken pox): if in doubt, ask the infection control team before allowing visits. Visits by children should be discouraged.
- They should be reassured by staff as to the risks of catching infection
- Visitors should remove outdoor clothing before entering the room
- There is usually no need for visitors to wear protective clothing
- They should not sit on the patient's bed
- They should not eat in the patient's room
- They should be encouraged to wash their hands or use alcohol gel before leaving the room and not to do tasks for other patients

EQUIPMENT

If equipment is removed from the room it must be decontaminated according to the disinfection policy. If it is to be serviced, a **'Permit to Work'** certificate, to ensure safety of the maintenance staff is required.

Decontamination of the room

General notes

The nursing staff should:

- Deal with any spillages of blood and body fluid, and clean and remove used equipment
- Discard any rubbish, disposables into a yellow sack
- Patient support (Domestic) staff can then proceed with cleaning

Issued by Infection Control Services Ltd. For more policies and information visit: www.infectioncontrolservices.co.uk		Publication Date: April 2007	Page 5 of 8
		Review Date: April 2009	
<p>Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.</p>			



DOMESTIC CLEANING OF ROOMS USED FOR SOURCE ISOLATION

Domestic staff should wear protective clothing (yellow plastic apron and domestic rubber gloves).

Daily cleaning

Should be done by ward Domestic staff *after* cleaning the rest of the ward. Disposable cloths will be used and discarded. Domestic staff should use Marigold gloves or equivalent, not clinical gloves.

- If it is necessary to remove equipment, this should be wiped down with general purpose detergent and then with disinfectant (see below).
- If it is necessary, strip bed of all linen. Linen should be placed in a red alginate stitched bag and tied, before being brought out and 'double bagged' in a clear plastic bag.
- Surfaces, ledges, furniture and bed locker will be damp-dusted using hot water and general purpose detergent. Room surfaces should be done first, then bathroom fittings, then toilets
- Vacuum cleaning may be necessary to remove dust from behind fixtures and fittings e.g. pipes and radiators. .
- The floor should be damp-cleaned with detergent solution using a mop with a head which can be discarded or laundered.
- Carpeted areas should be vacuum cleaned after surfaces have been dusted.

Issued by Infection Control Services Ltd. For more policies and information visit: www.infectioncontrolservices.co.uk		Publication Date: April 2007	Page 6 of 8
		Review Date: April 2009	
<p>Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.</p>			



ADDITIONAL ACTION ON DISCHARGE OF THE PATIENT

- **Special disinfection** (see policies for Disinfection and Cleaning)
- After discharge of patients harbouring methicillin-resistant *Staphylococcus aureus* (MRSA), glycopeptide-resistant enterococci (GRE) and *Streptococcus pyogenes* or other diseases at discretion of Infection Control Team, special cleaning will be performed.
- Curtains will be taken down and sent for laundering in a red alginate bag. Paper curtains will be disposed of in a yellow sack.
- When the surfaces have been cleaned with detergent, all hard surfaces must be wiped with phenolic (eg Hycolin 2%) or fresh chlorine-releasing solution @ 10,000 ppm free chlorine and allowed to dry.
- On completion of the cleaning, the bucket must be cleaned and the mop head disposed of or sent for laundering. The Domestic should then remove the plastic apron and discard into the yellow bag. The bag must be secured before sending for incineration.
- Domestic rubber gloves should be washed whilst still wearing them and then placed with the mop bucket. Throw them away if they are perforated. Thorough handwashing should then be carried out before leaving the room and again after disposing of the yellow bag. Later, return and replenish soap, paper towels, replace curtains etc. Inform local nursing staff and supervisor that the task is complete.
- For further details, see notes later in this policy and the Domestic Cleaning Policies held in the Domestic Departments. If a room is carpeted, seek advice from the Infection Control Nurse.

Issued by Infection Control Services Ltd. For more policies and information visit: www.infectioncontrolservices.co.uk	Publication Date: April 2007	Page 7 of 8
	Review Date: April 2009	
<p>Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.</p>		



REFERENCES

UK Department of Health. A Matron's Charter: an Action Plan for Cleaner Hospitals. 2004. Available at www.dh.gov.uk/assetRoot/04/09/15/07/04091507.pdf

NHS Estates. Providing single rooms for patients: a study of the benefits to patients and staff within the NHS in England (November 2004). Available at <http://knowledge.nhsestates.gov.uk>

NHS Estates. HBN 4 Supplement 1: Isolation facilities in acute settings (28 February 2005). Available at <http://knowledge.nhsestates.gov.uk>

Ayliffe GAJ, Fraiese AP, Geddes AM, Mitchell K. Control of hospital infection. A Practical Handbook. 4th Edition 2000 Oxford: Butterworth and Heinemann

Issued by Infection Control Services Ltd. For more policies and information visit: www.infectioncontrolservices.co.uk	Publication Date: April 2007	Page 8 of 8
	Review Date: April 2009	
<p>Legal disclaimer. Care has been taken to confirm the accuracy of the information presented and to describe generally accepted practices. However, the author, is not responsible for errors or omissions in these Guidelines and make no warranty, express or implied, with respect to the contents of the publication. We do not accept any liability whatsoever for any loss or damage arising from applying, following or using any interpretation of information contained in this document.</p>		