


ISOLATION PROCEDURE

VERSION No	4	
REVIEWED BY	Mariana Philipova	
NUMBER OF PAGES	2	

Policy Statement

The Code of Practice for health and social care on the prevention and control of infections and related guidance issued in July 2015, Criterion 7- 7.4 states that Care Homes are not expected to have dedicated isolation facilities for individuals but are expected to implement isolation precautions when an individual is suspected or known to have a transmissible infection

The aim is to prevent the spread of infection from person to person by isolation, i.e. to block the route of spread of infection and confine the organism. There are two types of isolation:





- 1. Source Isolation:** The isolation of infected Individuals to prevent transfer of infection to others.
- 2. Reverse (Protective) Isolation:** For individuals at special risk from infection from others (e.g. those who are immunosuppressed, leukaemia, major post-operative, poor nutritional states, etc. Assessment is an essential to determine the source of infection and its route of spread.

There are five main routes of transmission:




- a) Contact** - the most common route of transmission of infection is via direct (hands) or indirect (instruments or equipment) contact.
- b) Respiratory** - the infection is spread via respiratory secretions generated by coughing and sneezing.
- c) Airborne** - micro-organisms are transferred by droplet nuclei (minute particles) or by dust particles. Air currents will carry these particles and disperse them in the environment
- d) Food or waterborne** - some infections can be transmitted via the ingestion of contaminated food or water resulting in gastro-intestinal symptoms.
- e) Vector-borne** - diseases can be transmitted by vectors such as lice, mosquitoes and tick

The Policy

Once a communicable infection is suspected the GP must be notified who will as necessary notify the local Health Protection Agency of a communicable disease.

-  Isolation procedures are put in place as soon as possible and if required advice should be sought from the local Health Protection Agency
-  Signage is used on doors to prevent people entering by mistake.
-  All staff are made aware that isolation procedures are being used and that they understand their responsibilities.
-  Correct hand washing is an essential and the organisations hand washing procedure must be followed.

1. Protective Personal Equipment (PPE)

-  **Apron:** A disposable plastic apron should be used once only and discarded after use to avoid cross-infection.
-  **Gloves:** Disposable gloves (not sterile) must be worn by all persons having contact with body fluids or dealing with excreta. Remember correct hand washing procedure even when using gloves.
-  **Gowns and Face Mask:** If the infection is likely to be spread by breathing in the micro-organisms causing the infection that are causing the infection then staff will wear masks.

2. **Crockery and Cutlery:** Hot wash cycle is sufficient.
3. **Equipment:** To be left in Individual's room, Including laundry skip and clinical waste bin. On discharge, Hypochlorite, detergent solution 1.2% to be used for wiping down all surfaces including mattress, bed and equipment.
4. **Needles and Syringes:** To be disposed of in Sharps box provided in the Individuals room.
5. **Excreta:** Gloves and plastic apron to be worn. Bed pans, commode pots and urinals to be covered during transport. Between use the bed pan, commode pot or urinal should be wiped with a 1% hypochlorite solution.
6. **Dressings:** To be placed in a yellow sealed bag in the room prior to incineration.
7. **Linen:** Linen from Individuals with low risk infection to be placed in coloured washable soiled linen bag. Linen from Individuals with high risk infection to be placed in coloured dissolvable bag or alginate stitched bag and outer nylon bag.
8. **Hand Hygiene:** Wash hands immediately after examining the individual and before leaving the room, even if you have worn gloves. Following effective hand washing procedures.
9. **On leaving the room:**
 - ❗ discard disposable clothing correctly in yellow clinical bags
 - ❗ remove gowns, gloves & masks before leaving the room
 - ❗ wash your hands
 - ❗ close the door after leaving
10. All furniture, fittings and surfaces to be cleaned with 1.10 hypochlorite solution.
11. **Terminal cleaning of all articles** should be by the use of 1% hypochlorite solution. If articles are visible contaminated with blood or body fluids, these should be disinfected with a 10% hypochlorite solution.
 - 🚫 If the Individual needs to visit hospital or is admitted they must be informed of the infection prior to admission.
 - 🚫 **Visitors must check with the nurse / person in charge before entering the room.**
 - 🚫 It is not advisable for babies or visitors who are sick to visit as they are at risk of picking up or passing on an infection themselves.
 - 🚫 Visitors are required to wash their hands when entering and leaving the isolation room or bay by using either the alcohol gel or liquid soap, running water and disposable towel or driers provided.
 - 🚫 It is important that visitors do not sit on the bed as this can also be a cause of cross infection.
 - 🚫 When visitors are required to take further precautions they must be informed before entering the room and given the necessary instructions before leaving the room

Further guidance: Prevention and control of healthcare-associated infections: Quality improvement guide NICE guidelines [PH36] Published date: November 2011

Training Statement

Isolation care is incorporated in to Infection Control training at induction, Care Certificate training and in all regular updates. When it is required staff are updated on procedures and any specific requirements

Related policies
Communicable Infections Management
Infection Control
Notifications
Waste management