Whittington Health NHS

Isolation Precautions

Subject:	Isolation Precautions with Healthcare Associated Infections
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Contents

Version Control Sheet

Version	Date	Author	Status	Comment
1	Feb 2010	IPC Team	In-active	
2	Feb 2013	IPC Team	In-active	
2.1	October 2014	IPC Team	Active	New transmission precautions sign (appendix 5) and reference to single use equipment in side rooms following statement from Department of Health.

1. Introduction

Infection prevention and infection control are an important part of the risk management programme to improve the quality of patient care and safeguard the occupational health of staff. In addition to the need to prevent avoidable infection, which arises from ethical consideration, the Whittington Integrated Care Organisation (ICO) has a legal obligation to take appropriate steps to protect staff, patients and visitors from harm whilst in our care and/or receiving care from our staff as listed in the Care Quality Commissions judgement framework; Outcome 8, Regulation 12 and, additionally as listed in legislation; Health and Social Care Act 2009.

As health services evolve, care is being provided in a greater variety of settings, each presenting its own challenges to the application of the principles of infection control.

This policy is intended to ensure that there is guidance that ensures:

- Cross infection does not occur between patient/clients;
- Staff do not acquire infections from their patients/clients;
- Staff do not pass on their own (known or unknown) or acquired infections to their patients/clients;

The content of this document should be regarded as a guide to best practice but it does not cover all eventualities and may need to be modified in certain circumstances locally. In this case, practitioners are urged to seek further specialist advice from the Infection Prevention and Control Team (IPCT).

The correct and timely placement of infected patients (suspected or proven) into single rooms can be very effective in reducing the overall numbers of infected patients; it can also reduce the risk of colonisation in other patients within a ward/department/healthcare setting. Isolation practices known as cohorting can also be carried out within healthcare areas for some infectious conditions. Through such measures, it is possible to control the spread and minimise the impact of infections such as MRSA, *C. difficile* and other healthcare associated infections (HCAI).

Different tiers of precaution measures are in place within the ICO that enable effective isolation and cohorting practices.

Standard precautions are designed to reduce the risk of transmission of pathogens from both recognised and unrecognised sources in the organisation. These precautions must be followed by all staff and applied to all patients/clients/inmates at all times.

Transmission based precautions are applied to patients who are known or suspected of being infected or colonised with transmissible or epidemiologically important pathogens.

Reverse or protective isolation refers to the use of a side room with positive pressure ventilation for the protection of vulnerable patients such as those with neutropenia. Health care workers and others who are acutely ill with an infection must not enter the room of these patients.

2. Purpose

The purpose of this policy is to assist Whittington Health staff in meeting their legal obligation concerning the control of infections and to ensure that every staff member is aware of their individual responsibilities in relation to the prevention and control of infections.

It will ensure any patient/client/inmate or staff member suspected of having an infection, infectious disease or are colonised will be dealt with in a timely manner to prevent further spread of infectious conditions. Appropriate isolation and use of personal protective equipment is highly recommended.

It should be read and applied in conjunction with the ICO's policies on MRSA management, personal protective equipment, hand hygiene and outbreak management as well as other initiatives and documents such as the training needs analysis. This policy sets the standards required of all staff at all times while undertaking contracted work and will be the basis for audit and measuring compliance.

3. Duties

3.1 Duties within the Organisation

Chief Executive

The Chief Executive has ultimate responsibility to ensure the control of infection is addressed according to Department of Health directives. This responsibility is delegated to the Director of Infection Prevention and Control (DIPC). The Trust Board is responsible for ensuring that a robust system is in place and there is a clear line of accountability. The DIPC reports directly to the Chief Executive on infection control matters.

Infection Prevention and Control Team

The IPCT are responsible for the provision of an effective infection control service to the ICO; they are responsible for the preparation and implementation of infection control policies and guidelines and are responsible for giving expert advice and training related to all infection control practices. They are responsible for ensuring this policy is raised and reviewed at the Infection Prevention and Control Committee (IPCC) to ensure evidence based guidelines are available for all staff, that audits demonstrate compliance with policies and action plans set out support and collaborative working with services to ensure very high standards are implemented at all times.

Director of Infection Prevention and Control

The DIPC is responsible for developing an organisational strategy for infection control and ensuring the IPCT deliver a comprehensive, timely infection prevention and infection control response to all areas with the ICO.

Heads of Services, Departments/Team Leads/Service Managers

Heads of Services, Department/Team Leads/Service Managers are responsible for ensuring that their staffs are familiar with the policy.

All Clinical Staff

All clinical staff must read and understand the policy and incorporate the guidance to help reduce the risk of healthcare associated infections.

Non-Clinical Staff

Non-Clinical staff should ensure that they are familiar with the policy and be aware of their role in the prevention of HCAI in their working environment.

3.2 Consultation and Communication with Stakeholders

This policy has been produced in conjunction with relevant stakeholders and they have been provided the opportunity to participate in the consultation process.

3.3 Approval of Policy

The IPCC and the Policy Approval Group.

4 Definitions

Isolation - measures taken to prevent infections from being spread between patients, clients, staff and visitors. Various forms of isolation exist, some of which contact procedures are modified and others in which the patient is kept away from all others.

Transfer - movement of patient/client/inmate from one healthcare setting to another (eg. ward to x-ray department).

Fomite - an inanimate object capable of carrying infectious organisms associated with healthcare associated infections, for example neckties and stethoscopes.

Cohort - a group of patients being placed together in a bay with the same organism (or displaying similar signs and symptoms of infection).

5 Development of the Policy

5.1 Prioritisation of Work

This policy has been updated so it can be referred to by all staff working in the ICO.

5.2 Responsibility for Document Development

The Infection Prevention and Control Team.

5.3 Equality Impact Assessment

Under the Race Relation (Amendment) Act 2000 the ICO is required to undertake equality impact assessments on all policies/guidelines and practices. This obligation has been expanded to include equality and human rights with regard to disability, age, gender and religion.

The Equality Impact Assessment Tool (Appendix 2) is designed to help the author to consider the needs and assess the impact of this policy/guideline and practice.

6. Isolation

6.1 Standard Precautions

Standard precautions are used by staff when caring for **any** patient. Standard precautions (previously known as universal precautions) include the following:

- Effective hand hygiene (please refer to Hand Hygiene Policy on Whittington Health intranet).
- Safe handling and disposal of sharps (please refer to Sharps Policy on Whittington Health intranet).
- Correct disposal of clinical waste (please refer to Waste Policy on Whittington Health intranet).
- Using gloves and aprons when required (please refer to Personal Protective Equipment in a Clinical Setting for Infection Prevention and Control Purposes Policy).

6.2 Transmission Based Precautions

These precautions are used when patients are colonised (or have been in the past) or infected with epidemiologically or easily transmissible organisms. Examples of when transmission based precautions may be applied include patients with active pulmonary mycobacterium tuberculosis, measles, varicella zoster (chicken pox), MRSA or diarrhoea.

The type of transmission-based precautions used depends on the route of transmission of the organism which can be either airborne, droplet or contact. Transmission based precautions must always be used in addition to standard precautions.

6.3 Risk Assessment

A risk assessment should be performed by the Bed Management Team within the hospital setting and other areas should liaise with the IPCT.

Transmission based precautions required and the degree to which the precautions are complied with will depend on the following:

- The patient's known or suspected condition;
- The organism;
- The risk of transmission of infection.

Often patients with syndromes or conditions will present a risk of infection before a definitive diagnosis can be made. These patients need to be assessed to determine what precautions are required. This may depend on:

- The ability of the patient to understand and carry out the personal actions that are required to limit the spread of a particular infection;
- Assessment of the patient's continence;
- The site and nature of infective lesions;

A risk assessment is performed by the Bed Management Team using the Lewisham Isolation Priority System (LIPS) score (Appendix 4). The Bed Management Team in collaboration with the IPCT when necessary will determine placement of patients.

Some general rules that bed management follow may include:

- Patients with diarrhoea or vomiting have a greater need for a single room rather than a patient with MRSA colonisation;
- Priority must be given for patients with or suspected of having a multiple antibiotic resistant organisms e.g. CPE (Carbapenemase-Producing Enterobacteriaceae, *Acinetobacter baumannii, ESBL(*Extended-spectrum beta-lactamases)
- Patients with MRSA in sputum who are coughing or have exfoliating skin conditions have a greater need for a side room than a MRSA patient who is colonised without these features;
- Surgical patients with MRSA have a greater need for a side room than most medical patients with MRSA.

If any staff member throughout the ICO suspects a patient/client may have an infectious condition please discuss it with the Clinical Team and/or the IPCT.

6.4 Single Rooms (side rooms/isolation rooms)

The most effective form of isolation is a single occupancy room. If there are single rooms available this should always be the first choice for placement of an infected patient.

Isolation in a side room is mandatory for patients with airborne transmissible infections. Please refer to the LIPS score (Appendix 4).

Isolation in a side room is highly desirable in cases of droplet transmissible infections. However, if there are multiple cases of the same infection on the ward, cohort nursing in a bay can be an alternative.

Isolation in a side room is highly desirable for patients with contact transmissible infections. However, if single rooms are not available then patients with the same infection can be nursed in a cohort bay.

Prioritisation for use of side rooms is determined by the Bed Management Team using the LIPS score, please refer to Appendix 4.

In other healthcare settings within the ICO, if an infectious patient presents either known/unknown please use the LIPS score and contact the IPCT who will advise.

Single rooms used for isolation purposes must have:

- Dedicated hand hygiene facilities;
- Dedicated toileting facilities (en-suite or shared facilities for patients with the same condition or a commode should be used in room);
- Clear signage on the outside door/wall to alert staff and visitors to infection control and prevention precautions, please refer to Appendix 5;

- Doors should be closed at all times to reduce the potential risk of spreading infection, if there is a need for the door to be left open, e.g. patient liable to fall, the IPCT should be contacted;
- Disposable gloves and yellow aprons must be readily available;
- Notes and charts should be kept outside the room;
- Side rooms must be equipped with Blood Pressure monitoring equipment, Stethoscopes, wash bowls. This equipment must be cleaned at the terminal clean and signed off on the Terminal clean SOP. Disposable clinical thermometers and long leads for the dynamaps for the recording of oxygen saturations so that the dynamaps need not be brought into the room. These leads must be cleaned with detergent wipes after each use.
- A clinical waste bin must be available in the room. To change the clinical waste bin a staff member inside the room should remove the bag and tie it securely, a second staff member outside the room wearing gloves and apron should immediately take the bag to the designated waste store. A new bag should be placed in the bin immediately.

Other considerations:

- Patients and visitors must be given an explanation of infection status, isolation procedures and treatment;
- Visitors must sit on the chairs provided for visitors and not on beds;
- Only equipment required should be taken into the room;
- Linen should be treated as infected in line with the ICO Linen and Laundry Policy (please refer to the Whittington Health ICO intranet);
- Daily cleaning or terminal cleaning of infected patient side rooms should be applied in line with the ICO Hospital Environment Cleaning Policy (please refer to the Whittington Health ICO intranet); Terminal clean SOP must be completed and signed off by the senior nurse on ward.
- When exiting a room, the staff member must remove apron and gloves and place them in a clinical waste bag and wash their hands with soap and water. Immediately after exiting, they must use the sanitising hand rub as door handles may be contaminated;
- Strict hand hygiene must be adhered to in line with the ICO Hand Hygiene Policy.

6.5 Cohort Bay

- A cohort refers to a group of patients being placed together in a bay with the same organism (or displaying similar signs and symptoms of infection) should single room capacity be exceeded;
- Cohort patients should only be cared for by designated staff;
- These patients need to be nursed in close proximity to a sink, preferably at one end of the ward in order to minimise the focus of infection to other patients;
- Patients adjacent to the cohort bay should preferably not be immunocompromised, have open wounds or intravascular devices;
- On the care of the older patient (COOP) ward, when five patients are in a cohort bay this bay should be closed to admissions;
- Any patient without the condition that the cohort bay has been set up for should NOT be nursed in that bay unless by prior arrangement with the IPCT.

As with side rooms, cohort bays require:

- Dedicated hand hygiene facilities;
- Dedicated toileting facilities (shared facilities with patients who have the same condition or a commode should be used in bay);
- A clean, stainless steel trolley at end of each bed in cohort;
- Clear signage on the trolley to alert staff and visitors to infection prevention and control precautions;
- Disposable gloves and yellow aprons on each trolley;
- Bed spaces must be equipped with Blood Pressure monitoring equipment, Stethoscopes, wash bowls. This equipment must be cleaned at the terminal clean and signed off on the Terminal clean SOP. Disposable clinical thermometers and long leads for the dynamaps for the recording of oxygen saturations so that the dynamaps need not be brought into the room. These leads must be cleaned with detergent wipes after each use.
- A clinical waste bin must be situated within the bay;
- Linen should be treated as infected in line with hospital policy;
- Cleaning of infected patient cohort bays should be the same as cleaning side rooms;
- Patients and visitors must be given an explanation of infection status, isolation procedures and treatment.

6.6 Airborne Transmission Based Precautions

In addition to standard precautions, **airborne precautions** should be enforced for patients known or suspected to be infected with micro-organisms transmitted by airborne nuclei (small particle residue) suspended in air. These include *Mycobacterium tuberculosis, Varicella zoster and measles virus.*

Patient Placement

- In a negative pressure side room;
- The side room door must be kept closed and the patient must remain inside the room.

Respiratory Protection/PPE

- Dust mist (particulate) FFP3 respirators may be required when entering the room of a patient with known or suspected infectious pulmonary tuberculosis. Please refer to the Control of Tuberculosis Policy and Personal Protective Equipment (PPE) in a Clinical Setting for Infection Prevention and Control Purposes Policy;
- Susceptible persons must not enter the room of patients known or suspected to have measles, rubella, or chicken pox if other immune caregivers are available;
- Aprons and gloves should also be worn.

Patient Transport

- Limit the movement and transportation of the patient from the room to essential purposes only;

- The presence of an infectious disease should not delay urgent clinical investigations. Therefore if movement or transport of the patient is necessary, minimise patient dispersal of droplet nuclei by placing a surgical mask on the patient;
- The receiving area must be informed prior to transfer to ensure all appropriate precautions and facilities are in place;
- Patients with known/suspected infections should be seen at the end of the list and not left in waiting areas. This also allows adequate cleaning of the environment and equipment therefore reducing the risk to other patients.

Equipment

- Equipment and furniture in the patient's vicinity should be reduced to an absolute minimum;
- Dedicated equipment must be available and decontaminated at terminal clean;

Visitors

Visitors should be aware of the isolation precautions but are not required to wear gloves and aprons unless they are assisting with patient care or are visiting other patients in the hospital. However, they should be advised to decontaminate hands with alcohol gel when leaving.

Visitors must sit on the chairs provided for visitors and not on beds.

Visitors to patients with known or suspected infectious tuberculosis must be limited to previous household contacts only as they will be followed up by contact tracing (please refer to the Control of Tuberculosis Policy available on the intranet). http://whittnet/document.ashx?id=7379

Discourage visitors with symptoms of infections or known exposure to infections, for example chicken pox.

6.7 Droplet Precautions

In addition to standard precautions, droplet precautions should be enforced for patients known or suspected to be infected with micro-organisms transmitted by droplets (large particle droplets) that are generated when the patient coughs, sneezes, talks, or when certain procedures are performed. Examples include Respiratory Syncitial Virus (RSV) and Influenza Virus.

Patient Placement

In a side room ideally (or cohort bay if single room capacity exceeded) with the door of the side room shut. There are no special air handling or ventilation requirements.

Respiratory Protection/PPE

Surgical masks (plus eye goggles if risk of mucous membrane contamination) are advised when working within 1 metre (3ft) of the patient particularly when performing higher risk procedures such as taking nose swabs, suctioning or performing respiratory physiotherapy. Use of surgical masks also prevents staff

from touching contaminated fomites and then touching their own mucous membranes.

FFP3 respirators, eye goggles and long gowns (kept in Emergency Department (ED), Critical Care Unit, Mary Seacole and Nightingale Wards) may be required for patients with certain respiratory droplet conditions such as swine flu, SARS etc. The IPCT will advise on a case-by-case basis if enhanced respiratory protection is required.

Patient Transport

- Limit the movement and transport of the patient from the room to essential purposes only;
- The presence of an infectious disease should not delay urgent clinical investigations, therefore if movement or transport of the patient is necessary, minimise patient dispersal of droplet nuclei by placing a surgical mask on the patient. Ensure the patient is kept informed of rationale for wearing mask when transferred;
- The receiving area must be informed prior to transfer to ensure all appropriate precautions and facilities are in place;
- Patients with known/suspected infections should be seen at the end of the list and not left in waiting areas. This also allows adequate cleaning of the environment and equipment therefore reduces the risks to other patients.

6.8 Contact Transmission Precautions

In addition to standard precautions, contact precautions should be used for patients known or suspected to be infected or colonised with epidemiologically important micro-organisms that can be transmitted by **direct contact** with the patient (hand or skin to skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or **indirect contact** (touching) with environmental surfaces or patient care items in the patient's environment. Examples include MRSA and *Clostridium difficile.*

Patient Placement

Place patient in a side room ideally, if there are no side rooms available nurse patient in a cohort bay with other patients who have the same condition.

Personal protective equipment

Gloves and aprons are required if contact with patient or patients environment. Refer to personal protective equipment policy and hand hygiene policy.

Patient Transport

Limit the movement and transport of the patient from the room to essential purposes only.

The presence of an infectious disease should not delay urgent clinical investigations, therefore if movement or transport of the patient is necessary,

minimise the risk of transmission of micro-organisms to others and contamination of environmental surfaces or equipment.

The receiving area must be informed prior to transfer to ensure all appropriate precautions and facilities are in place.

Patients with known/suspected infections should be seen at the end of the list and not left in waiting areas. This also allows adequate cleaning of the environment and equipment afterwards therefore reducing the risk to other patients.

Patient-care Equipment

Where possible, dedicate the use of non-critical patient-care equipment to a single patient to avoid sharing between patients. If the use of equipment or items is unavoidable, then clean and disinfect the items thoroughly before use on another patient.

7. Training

Training delivered by the IPCT:

- Monthly localised training for all clinical and non clinical staff.
- Twice yearly link workers study days.
- Junior doctors at their induction into the ICO.
- And any other approved bespoke training as required.

All training undertaken by members of staff will be recorded on Electronic Staff Record (ESR).

8. Consultation, Approval, and Ratification Process

8.1 Consultation process

This policy is based on previous ratified policies, which have been approved by the relevant Stakeholders, and will be circulated to the Infection Prevention and Control Committee (IPCC) members for comments.

8.2 Policy Approval and Ratification Process

Approval and ratification by members of the IPCC and Policy Approval Group. Please refer to Appendix 3.

9 Dissemination and Implementation

This policy will be available to staff working in the ICO electronically via the intranet, which will be communicated at Infection Prevention and Control training events to reinforce its availability and enhance the accessibility.

10 Process for Monitoring Compliance and Effectiveness

Compliance with this policy will be audited using the Isolation Audit Tool shown in Appendix 6.

This policy's implementation is audited in the following ways:

Quarterly by the Visible Leadership Team (VLT) where applicable.

On ward rounds undertaken by the IPCT

10.1 Standards/Key Performance Indicators

Compliance is monitored quarterly by VLT and on IPCT ward rounds which are reported quarterly as part of the Infection Prevention and Control Performance Dashboard to the IPCC, Divisional Patient Safety Meetings and Quality Committee.

10.2 Responding To Issues Relating to Policy Implementation

Actions

The DIPC and the IPCC are expected to read and interrogate any monitoring report presented to identify issues/deficiencies and act upon them. Required actions will be identified and completed within a specified timeframe. All agreed actions pertaining to the above will be recorded in the minutes of the IPCC.

Changes to Practice

Required changes in practice will be identified and actioned within a specific timeframe. The DIPC will take each change forward where appropriate. Lessons learnt will be shared with all the relevant stakeholders. All agreed actions pertaining to the above will be recorded in the minutes of the IPCC.

11 References

Isolating patients with HCAI. A summary of best practice, saving lives programme. Department of Health website http://webarchive.nationalarchives.gov.uk/20120118164404/http://hcai.dh.gov.uk/whatdoido/isolation/

Health & Social Care Act 2008 https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

12 Associated Documentation

Appendix 1 – Monitoring Arrangements for Policies
Appendix 2 – Equality Impact Assessment tool
Appendix 3 – Ratification Document
Appendix 4 – Lewisham Isolation Priority System
Appendix 5 – Sample of Door Signage
Appendix 6 - Audit tool for measuring compliance with Isolation of Patients and Personal Protective Equipment

Appendix 1

Tool to Develop Monitoring Arrangements for Policies

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others be if any.	What tool will be used to monitor/check/observe/Assess/inspect/authenticate that everything is working according to this key element from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	What committee will the completed report go to?
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**
Compliance with appropriate isolation of patients	IPCT	Forms A & B - Audit Tool Measuring Compliance with Isolation of Patients and Personal Protective Equipment (Appendix 6)	Quarterly by Visible Leadership Team Weekly ward rounds undertaken by IPCT	IPCC

Appendix 2

Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval

		Yes/No	Comments
1.	**Does the procedural document affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the procedural document likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the procedural document without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Director of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Director of Human Resources.

Appendix 3

Checklist for the Review and Approval of Procedural Document

To be completed and attached to any procedural document when submitted to the relevant committee for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Is it clear that the relevant people/groups have been involved in the development of the document?	Yes	
	Are people involved in the development?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
5.	**Evidence Base**		
	Are key references cited in full?	N/A	
	Are supporting documents referenced?	N/A	
6.	**Approval**		
	Does the document identify which committee/ group will approve it?	Yes	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
8.	**Document Control**		
	Does the document identify where it will be held?	Yes	
9.	**Process to Monitor Compliance and**		

	Title of document being reviewed:	Yes/No	Comments
	Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	

Executive Sponsor Approval			
If you approve the document, please sign and date it and forward to the author. Procedural documents will not be forwarded for ratification without Executive Sponsor Approval			
Name		Date	
Signature			
Relevant Committee Approval			
The Director of Nursing and Patient Experience's signature below confirms that this procedural document was ratified by the appropriate Governance Committee.			
Name		Date	
Signature			
Responsible Committee Approval – only applies to reviewed procedural documents with minor changes			
The Committee Chair's signature below confirms that this procedural document was ratified by the responsible Committee			
Name		Date	
Name of Committee		Name & role of Committee Chair	
Signature			

Lewisham Isolation Priority System (LIPS)

LIPS score

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LIPS score

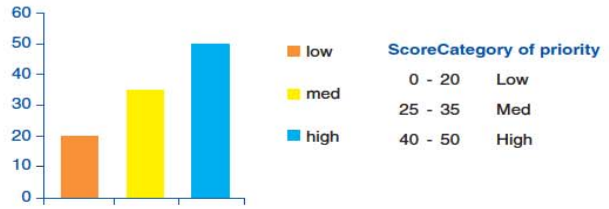
Step 1 Identify infection or disease.

Step 2 Use score card to score ACDP classification, route of transmission, evidence for transmission. Assess prevalence of infection in the hospital and score, determine antibiotic resistance and score, assess susceptibility of other patients and score, assess dispersal characteristics of patient and score.

Step 3 Add all scores and compare total to chart to determine priority for isolation..

Annette Jeanes & Gopal Rao 10/99

Criteria	*Classification*	*Score*	*Comments*
ACDP	2 3 4	5 10 40	
Route	Air-borne Droplet Contact Blood-borne	15 10 5 0	includes faeco-oral
Evidence of transmission	Published or strong Consensus or Moderate Poor Nil	10 5 0 -10	
Significant Resistance	Yes No	5 0	Such as MRSA, VRE etc.
High Susceptibility of other patients with serious consequences	Yes No	10 0	Specific for various infections and patient populations
Prevalence	Sporadic Endemic Epidemic	0 -5 -5	This reflects the burden of infection in the hospital and cohort measures may be more applicable See above
Dispersal	High risk Med. risk Low risk	10 5 0	Only for contact and droplet transmission, eg. eczema, faecal incontinence, tracheostomy ,etc.
TOTAL SCORE			



Condiion or Infection	*ACDP cat*	*Mode of Transmission*	*Evidence for nosocomial pt to pt spread*	*Specific guidance*
Acute viral encephalitis incl. HSV	2	faeco-oral/contact	poor	
AIDS	3	Blood borne	nil	AIDS patients with specific infections see specific guidance.
Body lice	2	Contact	strong	Bedding and clothing should also be treated.
Campylobacter	2	Faeco-oral	poor	
Chickenpox (Varicella)	2	Air borne	strong	More infectious than Shingles. Usually infectious for up to five days following first crop of vesicles - longer in the immunocompromised.
Clostridium difficile	2	Faeco-oral	mod	Isolate only in the presence of diarrhoea and until there has been no
				diarrhoea for 48 hours.
Cryptococcus	2	nil	nil	
Gentamicin resistant, extended spectrum beta-lactamase resistant and quinolone resistant Gram negative rods	2	Contact	strong	Dependant on site of body and where patient is sited in the hospital. External site eg catheter is more likely to spread. Greater risk of spread in Intensive care.
Head lice	2	Contact	poor	Transmission is difficult unless there is head to head contact. Some lice are resistant to treatment and these cases should be isolated.
Hepatitis (undiagnosed)	2 or 3	Faeco-oral/blood	poor	Only Hepatitis A requires isolation. This borne should be for the first week following the onset of jaundice
Hepatitis B & C	3	Blood borne	nil	
Hepatits A&E	2 or 3	Faeco-oral	poor	Only for first 7 days after jaundice
HIV	2	Blood borne	nil	Without other infections
Infectious mononucleosis(glandular fever)	2	droplet	poor	
Influenza (Clinical diagnosis)	2	Droplet	strong	Not usually practicable to isolate during epidemics
Intestinal parasites (incl. protozoans	2	Faeco-oral	poor	
Legionellosis (legionnaires disease)	2	airborne	nil	
Measles	2	droplet	strong	
Meningitis undiagnosed (viral or bacterial)	2 or 3	droplet/faeco-oral	mod	All meningitis cases should be isolated until cause is established. Meningococcal meningitis requires isolation until patient has received 48hours of treatment
Meningococcal septicaemia	2	droplet	mod	Remain in isolation until 48hours of treatment given.
Methicillin resistant Staphylococcus aureus	2	contact	strong	Major dispersers ie. dry or flaky skin, expectorating infected sputum = high. Surgical orthopaedic, ITU and SCBU = high. Others =low
Mumps	2	droplet	poor	
Penicillin-resistant Streptococcus pneumoniae	2	droplet	strong	
Pubic lice	2	contact	poor	
Respiratory syncytial virus	2	droplet	strong	
Rotavirus	2	faeco-oral/droplet	strong	
Rubella	2	droplet	mod	
Salmonella or Shigella	2	faeco-oral	strong	
Scabies (Confirmed)	2	contact	strong	
Scarlet fever	2	droplet	mod	
Shingles (Herpes Zoster)	2	contact	mod	Less infectious than Chickenpox.
SRV/SRSV	2	faeco-oral/droplet	strong	
Streptococcus pyogenes	2	droplet/contact	strong	For 24 hours following treatment
Suspected infective diarrhoea & or vomiting including dysentery	2	faeco-oral/droplet	strong	
TB open pulmonary	3	air-borne	strong	Isolated for period of 10-14 days following commencement of treatment. HIV positive/ suspected MDRTb patients should remain in isolation throughout hospital stay
TB closed pulmonary or non pulmonary	3	air borne/contact	nil	
Atypical Mycobacteria (MAI, M.kansasii etc.,)	3	air borne	weak	
Typhoid fever	3	faeco-oral	weak	
Vancomycin resistant enterococcus	2	contact	strong	
Verotoxin producing strains of Escherichia coli (e.g. E. Coli 0157)	2 or 3	faeco-oral	poor	Only in the presence of diarrhoea
Viral Haemorrhagic Fever	4	Blood Borne	Refer Immediately to INF DIS CTRE	blood and body fluids are highly infectious

The following three examples illustrate how the system is used

Example One. 20 year old female in labour with chickenpox

Criteria	*Classification*	*Score*
ACDP	2	5
Route	Air-borne	15
Evidence of transmission	Strong	10
Significant Resistance	No	0
High Susceptibility of other patients with serious consequences	Yes	10
Prevalence	Sporadic	0
Dispersal	(not applicable)	0
TOTAL SCORE		*40 (High priority)*

Example One. A 78 year old man unconscious with head lice

Criteria	*Classification*	*Score*
ACDP	2	5
Route	Contact	5
Evidence of transmission	Poor	0
Significant Resistance	No	0
High Susceptibility of other patients with serious consequences	No	0
Prevalence	Sporadic	0
Dispersal	Low	0
TOTAL SCORE		*10 (Low priority)*

Example Three. A 60 year old female with MRSA in a wound site on a surgical ward in a hospital with endemic MRSA

Criteria	*Classification*	*Score*
ACDP	2	5
Route	Contact	5
Evidence of transmission	Strong	10
Significant Resistance	Yes	5
High Susceptibility of other patients with serious consequences	Yes	10
Prevalence	Endemic	-5
Dispersal	Medium risk	5
TOTAL SCORE		*35 (Top end of priority)*

Whittington Health NHS

TRANSMISSION PRECAUTIONS

	**Hands**	**Wash hands or use alcohol gel outside before entering and leaving the side room.**
	**Aprons** **Gloves**	**Wear gloves and a yellow apron if you have direct or indirect contact with the patient or the environment.**
	**Door**	**Please keep the door closed**
	**Before Leaving**	**Discard your gloves and apron wash your hands before you leave the room and use alcohol hand gel after you exit**

VISITORS

Please report to the Nurse-In-Charge or seek advice from the Nursing Staff before entering this room.

Infection Prevention and Control
September 2014

Appendix 6

Audit tool for measuring compliance with Isolation of patients and Personal Protective equipment policies

This audit tool has been designed for use on an **entire ward** and is in three parts: Observational (10 observations required).

Form A: side room audit (1 form required for **each** occupied side room)
Form B: patient subject to transmission based precautions (STTP) nursed on the open ward (1 form for each patient)

Ward:
Date:
Audit carried out by:

Number of side rooms **(a)**		Fill out **audit form A** for each patient in a side room
Number of bays **(b)**		
Number of beds in each bay (**c**)		
Number of patients STTP on the open ward		Fill out **audit form B** for each patient subject to transmission based precautions nursed out of a side room
Total number of beds on ward (a + bc)		

Observational audit
Aim to watch 10 members of staff enter a side room and have contact with patient and/or environment. Tick for compliant and cross for not.

Form A: Side room audit

Observation	A. Compliant on way in - used alcohol gel (and apron and gloves if required)	B. Compliant in room - apron and gloves off in room and wash hands with soap and water in room (if used)	C. Compliant on way out - alcohol gel after leaving room	Fully compliant with PPE policy (tick for A, B and C)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
				Total out of 10

Ward:
Date:
Audit completed by:
Side room number:
Hospital number of patient:

	Answer	**Comments/choices**
1. Is patient in the side room subject to transmission based precautions? Yes/no		If Q1 No proceed to Q2 then stop If Q1 Yes proceed to Q3 and continue rest of audit
2. Why in side room if not for transmission based precaution reasons?	Answer then stop audit	• Agitated • End of life pathway • To protect from infection (haem-oncology patient) • To protect from infection (surgical patient) • Other • No obvious reason for side room
3. What transmission based precaution condition is patient in side room for?		• TB • Measles/chicken pox/mumps • RSV/Influenza • Diarrhoea/vomiting including *C. difficile* • VRE/Acinetobacter • Multiresistant Gram negative • Cellulitis first 24 hours • Meningitis first 24 hours • Other
4. LIPS score of patient		See enclosed guide to work out
Compliance with side room part of isolation policy (score out of 10)	**Yes (Score 1)**	**No and comment (Score 0)**
Door shut		
Source isolation sign on the outside door/wall		
Dedicated aprons available for side room use		
Dedicated gloves available for side room use		
Room has dedicated hand hygiene facility		
Room has dedicated		

toileting facility (for use by patients with same conditions only) or patient commode used within room		
Clinical waste bin within room		
Single patient use equipment (stethoscope, blood pressure cuff etc) available in room		
Notes and charts outside of the room		
Alcohol gel available outside room		
Score out of 10		

Form B: Audit for patients subject to transmission based precautions (STTP) managed on open ward
1 form per patient STTP please

Ward:
Date:
Audit form filled in by:
Hospital number:
Bed number:

What STTP condition has patient got		• MRSA • Diarrhoea/vomiting including *C.difficile* • VRE/Acinetobacter • Multidrug resistant Gram negative • Other
How many patients in same bay are also subject to STTP		
Have the other patients in the bay got same STTP condition		
If 4 patients subject to STTP has bay been shut and 2 beds free		
Has patient got own stainless steel trolley		
Has trolley got own sign		
Has trolley got own aprons		
Has trolley got own gloves		
Alcohol gel easily available		
Easy access to clinical waste bag		