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Cumbria County Council

Community Infection Prevention and Control Guidance for Health and Social Care

Isolation

ISOLATION

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1. Introduction

The terms ‘isolation’ and ‘isolation nursing’ are used in preference to ‘barrier nursing’. There are two reasons for isolating service users for infection prevention and control purposes:

- to protect the service user, this is known as ‘Protective Isolation’
- to protect other service users this is known as ‘Source Isolation’.

This Guidance will only deal with Source Isolation.

Source isolation is used to minimise the risks of micro-organisms being transferred from an affected person to other service users, staff and visitors. It is important to recognise that it is the micro-organism, which is being isolated, e.g., source, rather than the service user.

2. Risk assessment

The decision to isolate a service user in any setting should not be taken lightly and should always be taken after assessing the risk to the individual, other service users and staff and the decision documented.

Advice should be sought from your local Community Infection Prevention and Control (IPC) or Health Protection England (HPE) team on the appropriateness of isolating a service user. The following should be taken into consideration:

- how the infection is spread, e.g., air-borne, faecal-oral route
- the environment
- the susceptibility of others to the infection
- the service user’s clinical condition, e.g., mental health
- evidence-based practice.

If an outbreak of diarrhoea and/or vomiting is suspected service users with symptoms of diarrhoea and/or vomiting should be considered as infectious and isolated where possible until 48 hours symptom free.

Any service user with confirmed *Clostridium difficile* infection must remain in isolation until they are symptom free for 48 hours and a formed stool passed (type 1-4 on the Bristol Stool Form Scale).

3. Isolation

The most effective form of isolation of an affected service user is in a single room with en-suite facilities. If en-suite facilities are not available, a designated commode should be provided.

4. Information for service users and visitors

Service users and visitors should be informed of the reason for isolation and the infection prevention and control measures required to prevent the spread of infection.

Health and Social Care establishments should provide:

- alcohol handrub at the entrance to the premise
- display appropriate notices and hand hygiene posters for service users and visitors
- advice to visitors on visiting restrictions.

5. Movement of service users and transfer between health and social care settings

To help reduce the risk of healthcare associated infection (HCAI):

- staff preparing to transfer a service user between one health and social care provider to another must complete the Inter-Health and Social Care Infection Control Transfer Form. This must accompany the service user. Refer to your Inter-Health and Social Care Infection Control Transfer Guidance
- isolated service users should not be transferred within or to another healthcare environment unless essential investigations/treatment is required
- where service users need to attend departments for essential investigations, they should be scheduled 'last on the list' where possible, unless earlier investigation is clinically indicated. The ambulance/transport service and receiving area must be notified of the service user's infection status in advance and arrangements put in place to minimise waiting time and contact with other service users
- standard infection prevention and control precautions should be followed when transferring service users, whether they have a known infection or not. Additional precautions may be required for some known infections, see Section 6

- ensure that equipment used to transfer the service user, e.g., wheelchair, is decontaminated in accordance with Decontamination, Cleaning and Disinfection Guidance.

6. Standard precautions

Please read in conjunction with your Standard Precautions Guidance.

Whilst additional precautions may need to be taken with some communicable diseases, e.g., the wearing of masks for Pulmonary TB and Pandemic Influenza, the use of Standard Precautions is usually all that is required for the majority of infections.

For service users who are isolated, all staff providing hands on care must wear disposable gloves and an apron when entering a service user's room. For advice regarding the wearing of personal protective equipment (PPE) for service user's with *Clostridium difficile*, please refer to *Clostridium difficile* Guidance.

Apron and gloves should be changed between tasks, removed in the room and hands washed with liquid soap and warm water before leaving the room.

7. Requirements for isolation

- If en-suite facilities are not available, a designated toilet/commode must be identified for the affected service user. If a commode is used, it must be kept in the isolation room.
- Notice for the door (if applicable) with advice to see nurse in charge before entering.
- Alcohol handrub except for isolated service users with diarrhoea and/or vomiting.
- Disposable aprons and gloves.
- Eye protection – only required if there is a possibility of splashing of body fluids to the eyes.
- A red water soluble (alginate) bag for infected linen.
- A fabric laundry bag or disposable laundry bag designated for infected linen for transportation to the laundry.
- Waste bin pedal operated with a lid and lined with appropriate waste bag for infected waste, e.g., orange - this may depend on your waste contractor.
- Liquid soap in a pump dispenser (preferably wall mounted).

- Paper towels (preferably in a dispenser and wall mounted).
- Bedpan/commode pan cover.

Masks are not required routinely and should only be worn on the advice of your local Community IPC team or local PHE team, e.g., during an outbreak of Pandemic Influenza.

8. Isolation procedure

- When entering a service user's room who is isolated, disposable apron and gloves should be worn if there is physical contact with the service user or their environment, e.g., helping a service user get out of bed, help with feeding or cleaning of the room.
- If there is no physical contact with the service user, e.g., taking a cup of tea into the room, disposable apron and gloves are not required except for service users with *Clostridium difficile*.
- Eye protection, e.g., goggles/visor is only required if there is a risk of splashing to the eyes with body fluids.
- Masks are only required if there is a risk of splashing of body fluids to the face/mouth or for certain respiratory infections when advised to do so, e.g., TB or Pandemic Influenza.
- On completion of the episode of care, apron and gloves should be removed in the service user's room (gloves should be removed first see appendix 1) and disposed of in the room as infectious clinical waste in a foot operated lidded waste bin.
- Hands should be washed in the service user's room with liquid soap and warm water and dried with paper towels immediately before leaving the room. On exiting the room, hands should be washed again or an alcohol handrub used.
- Where possible, the door to the room should be kept closed.
- A notice should be placed on the door to the service user's room requesting visitors seek advice from staff before entering. This may not be required in a care home if staff explain the procedure to visitors/relatives on arrival.
- Where possible, medical equipment used in the room should be disposable. If reusable equipment is used, it should be appropriately decontaminated on removal from the room before use on another service user.

PRECAUTIONS FOR VISITORS

In most cases, visitors do not need to wear personal protective equipment, e.g., apron and gloves when visiting an infected service user except:

- if they are providing/assisting in the physical care of a service user
- if they are visiting a service user with *Clostridium difficile*. Disposable gloves and apron should be worn for all contact with the service user and

the service user's environment. Hands should be washed with liquid soap and warm water after the removal of gloves and before leaving the room

- if they are visiting a service user with Pulmonary TB or Pandemic Influenza (see appropriate Guidance/Policies).

To prevent the spread of viral gastroenteritis, visitors with a history of diarrhoea and or vomiting should be advised not to visit until they are symptom free for 48 hours.

Consideration should be given to the appropriateness of children visiting and advice on a case-by-case basis can be sought from your local Community IPC Public Health England team.

DISPOSAL OF FAECES/URINE

Standard Precautions should be used when disposing of faeces and urine (see Standard Precautions Guidance).

Where bed/commode pans or urinals are to be taken to the dirty utility room/ sluice, the following procedure should be followed:

- hands should be washed with liquid soap and warm water and gloves and apron worn
- cover the bed/commode pan or urinal with paper or a lid before leaving the room
- on entering the sluice, dispose of the contents carefully in order to avoid splashing in either a slop hopper or bed pan washer/disinfector
- dispose of the paper cover as infectious waste or decontaminate lid appropriately
- remove personal protective equipment and dispose of as infectious waste
- wash hands with liquid soap and warm water and dry with paper towels before leaving the room.

Commodes should be left in the service user's room for their use only, and should be cleaned after each use with warm water and detergent or a detergent wipe and then be wiped with a chlorine-based disinfectant solution, e.g., Milton at a dilution of 1,000 parts per million. Refer to your Decontamination, Cleaning and Disinfection Guidance.

DISPOSAL OF WASTE

All waste generated in a service user's room who is isolated, should be disposed of as infectious waste, e.g., orange waste stream, this may vary dependant on the waste contractor. Clear or white bags can be used inside the foot operated lidded bin, on removal the bag should then be placed in the correct colour waste bag for infectious waste, e.g., orange.

Waste bags should be disposed of when no more than 2/3 full or if odourous remove immediately and securely tie the neck of the bag.

Infectious waste bags do not require 'double bagging' unless the outside of the bag is torn or visibly contaminated.

CROCKERY AND CUTLERY

There are no specific precautions for crockery and cutlery. Used crockery and cutlery should be washed as usual in the dishwasher, there is no need to wash them separately from other service user's crockery and cutlery. Water jugs and drinking glasses should also be washed in a dishwasher.

Disposable crockery and cutlery are not required.

LINEN

All linen should be treated as infectious and placed in a red water soluble (alginate) bag and either placed in a fabric or disposable laundry bag for infected linen.

Laundry bags should be removed immediately after use from the service user's room.

MANAGEMENT OF SPILLAGES

Staff should following the Standard Precautions Guidance.

DAILY ROOM CLEANING

The standard of cleanliness in a service user's room who is isolated is important to prevent the spread of infection, therefore, the room should be cleaned at least twice daily.

Cleaning staff should follow the National Colour Coding Scheme for Cleaning Materials and Equipment. All cleaning items, e.g., mops, cloths and buckets, should be colour coded yellow for cleaning isolation areas.

Cleaning surfaces with detergent and warm water is usually adequate unless the service user has diarrhoea and/or vomiting (enteric illness), e.g., viral gastroenteritis or *Clostridium difficile*. If so, a chlorine-based disinfectant, e.g., Milton, should be used at a concentration of 1,000 ppm (1 in 20, e.g., 50mls in 1 litre of water).

Disposable cloths should be used and disposed of after each use as infectious waste.

For floors which are not carpeted, a designated/colour coded mop and bucket should be used. The bucket should be washed and dried after each use and stored inverted in the sluice/utility room. Mop heads should be single use or laundered after each use.

If the room is carpeted, any spillage should be washed with detergent and hot water (do not use a hypochlorite solution as this will damage the carpet). Daily routine cleaning of the carpet is not required.

Soft furnishings, e.g., upholstered chairs, should be washed with detergent and hot water (do not use a hypochlorite solution as this will damage the fabric).

Detergent or cream cleaner should be used for hand basins.

Medical equipment in the room should be cleaned daily or after contamination with body fluids, refer to the Decontamination, Cleaning and Disinfection Guidance.

DEEP CLEAN

Deep cleaning is a more enhanced programme of environmental cleaning. A deep clean is required when the service user no longer requires isolation or on discharge, transfer or death of the service user.

Cleaning should always be undertaken by working from the cleanest area toward the dirtiest area and from top to bottom.

All vertical and horizontal surfaces in the room including walls, windows, light fittings, bed frame, mattress, table, furniture, toilet seat and commode, should be cleaned using a disposable cloth with hot water and detergent. Once surfaces have dried this should be followed by a hypochlorite solution at 1,000 ppm. A sanitiser should be used for hand basins and toilet bowl.

Non-carpeted floors should be washed as above or steam cleaned. Carpets should be shampooed or steam cleaned.

Window curtains and soft furnishings, e.g., cushions, should be steam cleaned or laundered.

If used, mop heads should be laundered on a hot wash cycle, if disposable, discard as infectious waste. The bucket should be cleaned thoroughly with hot water and detergent and dried with paper towels or stored inverted to air dry.

Unused disposable items, e.g., gloves and aprons that have been stored inside the isolation room, should be disposed of as infectious waste.

PROTECTIVE ISOLATION

Service users who are particularly susceptible to infection, such as those with neutropenia, leukaemia or on immunosuppressive drugs, etc., may require isolation nursing to prevent acquisition of infection from other service users, staff or the environment.

It is unlikely that a service user in a care home setting would have a level of susceptibility that would require protective isolation. Further advice on protective isolation can be obtained from your local Community IPC or PHE team.

9. A-Z of infections

The A-Z listing covers the majority of infections and communicable diseases which may affect service users in a community setting. It is not an exhaustive list and the advice of your local Community IPC or PHE team should be sought for conditions not listed. This listing provides brief guidance on the management in community health and social care settings.

INDIVIDUAL DISEASES A–Z

Anthrax	
Incubation period	2 to 7 days
Communication	Urgent. Notifiable to Public Health England
Type of isolation	Isolation not required. No person-to-person spread

Botulism	
Incubation period	Hours to days
Type of isolation	No isolation procedures required

Brucellosis	
Incubation period	5 days to months
Communication	Notifiable to Public Health England
Type of isolation	Isolation only required if any open lesion present. Use isolation notice
Duration of isolation	Until lesion stops draining
Main infection source	Infectious/clinical waste from draining lesion
Pathology specimens	Use 'High Risk' labels
Personal Protective Equipment	Disposable apron and gloves for wound treatment
Disposal of faeces/urine	No special precautions
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	If soiled with wound exudate, red soluble (alginate) bag inside red laundry bag
Room cleaning	Separate equipment

Campylobacter enteritis (Food poisoning)	
Incubation period	2 to 5 days
Communication	Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces

Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Use en-suite toilet or designated commode. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including water jugs
Medical equipment	Normal equipment
Linen	If soiled, red soluble (alginate) bag inside red laundry bag
Room cleaning	Separate equipment

Chicken Pox (varicella zoster)	
Incubation period	10 to 21 days
Comment	To be cared for by staff known to be immune against Chicken Pox
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room. Isolation usually not required in a care home setting as most elderly people have been exposed to the chickenpox virus and will, therefore, have immunity
Duration of isolation	If required - until lesions are crusted
Main infection source	Respiratory secretions, vesicle secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Standard
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment – disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Chlamydia	
Type of isolation	No isolation procedures required

Cholera	
Incubation period	Up to 5 days
Communication	Notifiable to Public Health England
Type of isolation	Single room
Duration of isolation	Length of illness
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta

Disposal of faeces/urine	Use en-suite toilet or designated commode. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Service user's own. Disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Clostridium difficile
Refer to *'Clostridium difficile'* Guidance/Policy

CPE (Carbapenemase-producing Enterobacteriaceae) including E.coli, Klebsiella, Enterobater	
Communication	Contact Public Health England or local Community Infection Prevention and Control team for further advice if required

Cryptosporidium	
Incubation period	7 to 12 days
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode bedpan. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside red laundry bag
Room cleaning	Separate equipment

Diphtheria	
Incubation period	2 to 5 days
Communication	Urgent. Notifiable to Public Health England
Type of isolation	Single room. Door closed where possible. Service user must not leave room. Attending staff should have been immunised, if vaccination status unknown, contact Occupational Health Department

	or GP
Duration of isolation	Until bacteriologically negative, usually after 3 days of antibiotic therapy
Main infection source	Upper respiratory secretions. Discharge from cutaneous lesions
Pathology specimens	Normal procedure
Personal Protective Equipment	Apron, gloves and surgical mask when handling service user, bedding or if stay in room is prolonged
Disposal of faeces/urine	Use en-suite toilet or designated commode bedpan
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Service user's own. Disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Dysentery – shigellosis	
Incubation period	1 to 7 days
Communication	Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room.
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside red laundry bag
Room cleaning	Separate equipment

E-coli (Escherichia coli) verocytotoxin producing (0157, VTEC, STEC)	
Incubation period	3 to 8 days
Comment	This infection may be complicated by haemorrhagic colitis and haemolytic-uraemic syndrome, both of which should be managed as below. The presentation may mimic gastrointestinal haemorrhage
Communication	Urgent. Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control (IPC) team if diagnosed or suspected.
Type of isolation	Single room. Use notice
Duration of isolation	Whilst symptomatic. Until symptom free for 48 hours, in either case, contact local IPC or PHE team

	before discontinuing isolation
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

ESBL (Extended Spectrum Betalactamase)
Antibiotic resistant strains of bacteria, e.g., *Escherishia Coli, Klebsiella, Proteus, Pseudomonas, Enterobacter* and *Acinetobacter* species. (These bacteria are known as Gram-negative bacilli-GNB.) Not only are they antibiotic resistant, but they can also pass on this resistance to other species of bacteria. Refer to MRGNB Guidance

Food poisoning	
Incubation period	30 minutes to 72 hours
Communication	Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team if suspected or confirmed
Comment	Known organism - see relevant section. Unknown organism - see Infectious Diarrhoea - unknown but possible infective cause

Giardiasis	
Incubation period	5 to 25 days
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until 48 hours symptom free
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Use en-suite toilet or designated commode bedpan
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Glandular fever (infectious mononucleosis)	
Incubation period	4 to 6 weeks
Type of isolation	No isolation procedures required

Hepatitis A	
Refer to Blood-borne Viruses Guidance and Sharps Management and Inoculation Injuries Guidance	
Incubation period	15 to 50 days
Communication	Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room. If incontinent or unable to perform adequate hygiene
Duration of isolation	One week after onset of jaundice or 10 days from start of symptoms if no jaundice
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Hepatitis B	
Refer to Blood-borne Viruses Guidance and Sharps Management and Inoculation Injuries Guidance	
Incubation period	45 to 180 days
Type of isolation	Isolation not required

Hepatitis C	
Refer to Blood-borne Viruses Guidance and Sharps Management and Inoculation Injuries Guidance	
Incubation period	45 to 180 days
Type of isolation	Isolation not required

Herpes simplex	
Incubation period	2 to 12 days
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until vesicles completely dried up
Main infection source	Vesicle fluid. If lesions in mouth, sputum/saliva. If in cervix, vaginal secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves when handling lesions
Disposal of faeces/urine	Standard

Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Service user's own and disinfect before removal
Linen	White bag
Room cleaning	Separate equipment

Herpes zoster
See Shingles section

Infectious diarrhoea. See Viral Gastroenteritis Guidance/Policy, e.g., Norovirus, Rotavirus	
Comment	Service users with diarrhoea should be immediately isolated unless staff are confident that there is a non-infectious cause, e.g., ulcerative colitis. Personal protective equipment and precautions should be used as soon as symptoms develop. Some cases of infectious diarrhoea may present as gastrointestinal haemorrhage or rectal bleeding – if there has been a history of diarrhoea, the service user should be isolated and stool specimen obtained
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode bedpan, and macerate. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm. For babies and children, use disposable nappies
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside red laundry bag
Room cleaning	Separate equipment

Influenza, including viral respiratory infections	
Incubation period	24 to 72 hours
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Single room
Duration of isolation	Until one week after onset
Main infection source	Respiratory secretions

Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves when handling lesions
Disposal of faeces/urine	Standard
Disposal of infectious/ clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal - disinfect before removal
Linen	White bag
Room cleaning	Separate equipment

Legionnaire's disease	
Communication	Notifiable to Public Health England
Type of isolation	No isolation procedures required

Leptospirosis – Weils disease	
Incubation period	4 to 19 days
Communication	Notifiable to Public Health England
Type of isolation	No isolation required

Malaria	
Incubation period	12 to 30 days (occasionally up to a year)
Communication	Notifiable to Public Health England
Type of isolation	No isolation procedures required

Measles	
Incubation period	8 to 15 days
Comments	To be cared for by staff known to have had or been vaccinated against measles
Communication	Notifiable to Public Health England
Type of isolation	Single room
Duration of isolation	For 5 days after onset of rash
Main infection source	Respiratory secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Mask (surgical) if non-immune. Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Standard
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment - disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Meningitis	
Communication	Urgent. Notifiable to Public Health England

Mumps	
Incubation period	14 to 21 days
Comment	To be cared for by staff known to have had or been vaccinated against mumps
Communication	Notifiable to Public Health England

Type of isolation	Single room
Duration of isolation	5 to 7 days after date of onset
Main infection source	Respiratory secretions, urine
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for prolonged service user contact
Disposal of faeces/urine	Use en-suite toilet or designated commode bedpan
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal - disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Norovirus – viral gastroenteritis (previously known as Norwalk)
Refer to Viral Gastroenteritis/Norovirus Guidance

Parvovirus, fifth disease, erythema infectiosum	
Incubation period	4 to 20 days
Comment	Pregnant healthcare workers must not care for service users with Parvovirus. Note: infectious period has passed by the time rash appears
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required
Type of isolation	Isolation not required

Pertussis (Whooping Cough)	
Incubation period	7 to 10 days (maximum 21 days)
Communication	Notifiable to Public Health England
Type of isolation	Single room
Duration of isolation	3 weeks after onset of paroxysmal cough or 5 days after treatment started
Main infection source	Upper respiratory tract secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron for direct service user contact. Plus disposable gloves when handling secretions
Disposal of faeces/urine	Use en-suite toilet or designated commode
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Pneumonia pneumococcal	
Incubation period	1 to 3 days
Type of isolation	No isolation procedures required

Psittacosis	
Incubation period	4 to 15 days
Type of isolation	No isolation procedures required

Rheumatic Fever	
Incubation period	1 to 3 weeks
Type of isolation	No isolation procedures required

Rubella (German Measles)	
Incubation period	14 to 23 days
Communication	Notifiable to Public Health England
Type of isolation	Single room
Duration of isolation	4 days after onset of rash
Main infection source	Respiratory secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Surgical face mask and eye protection required to protect against droplet transmission. Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Use en-suite toilet or designated commode
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Salmonellosis	
Incubation period	6 to 72 hours
Communication	Contact your local Public Health England (PHE) or Community Infection Prevention and Control (IPC) team for further advice if required
Type of isolation	Single room
Duration of isolation	Whilst symptomatic. Until symptom free for 48 hours, in either case, contact local IPC or PHE team before discontinuing isolation
Main infection source	Faeces
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode. If washer/disinfector not available, pans should be washed with detergent and warm water and wiped with hypochlorite disinfectant, e.g., Milton solution at 1,000 ppm
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

SARS (Severe Acute Respiratory Syndrome)	
Communication	Urgent. Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team for further advice if required

Scabies
Refer to Scabies Guidance

Shingles	
Incubation period	10 to 21 days
Communication	Contact your local Public Health England or Community Infection Prevention and Control team for further advice if required. Shingles is a reactivation of a person's dormant varicella virus. Virus from the lesions can be transmitted to susceptible people to cause chickenpox
Type of isolation	Single room. Isolation usually not required in a Care home setting as most elderly people have been exposed to the chickenpox virus and will, therefore, have immunity
Duration of isolation	If required - until lesions are crusted
Main infection source	Respiratory secretions, vesicle secretions
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact
Disposal of faeces/urine	Standard
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment – disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

Staphylococcal infections including PVL	
Incubation period	4 to 10 days
Comment	MRSA - see separate Meticillin-Resistant *Staphylococcus Aureus* Guidance

Streptococcal infections	
1. Group A Streptococcus	
Incubation period	1 to 5 days
Comment	Tonsillitis or skin lesions
Communication	Only invasive Group A strep is notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control (IPC) team for further advice if required
Type of isolation	Single room
Duration of isolation	Until completion of 48 hours appropriate antibiotic treatment

Main infection source	Respiratory secretions, skin
Pathology specimens	Normal procedure
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and bed making
Disposal of faeces/urine	Standard - use en-suite toilet or designated commode
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Normal equipment. Disinfect before removal
Linen	Red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment
2. Other groups of strep infections (B, C and G.)	
Type of isolation	No isolation procedures required. In suspected outbreaks contact local Community IPC team or local PHE team

Tetanus	
Incubation period	1 day to several months
Comment	No isolation procedures required. Single room - for medical reasons
Communication	Urgent. Notifiable to Public Health England

Tuberculosis	
Communication	Notifiable to Public Health England (PHE). Contact your local PHE or Community Infection Prevention and Control team for advice

Typhoid and paratyphoid fevers including carriers	
Incubation period	7 to 21 days
Communication	Urgent. Notifiable to Public Health England
Type of isolation	Single room
Duration of isolation	Until 3 consecutive negative faeces/urine produced, 24 hours between specimens
Main infection source	Faeces, urine
Pathology specimens	Use 'High Risk' labels and procedures
Personal Protective Equipment	Disposable apron and gloves for direct service user contact and disposal of excreta
Disposal of faeces/urine	Use en-suite toilet or designated commode
Disposal of infectious/clinical waste	Dispose as infectious/clinical waste in orange waste stream as per Waste Management Guidance
Cutlery/crockery	Normal issue - machine wash, including jugs
Medical equipment	Designated equipment. Disinfect before removal
Linen	If soiled, red soluble (alginate) bag inside a red laundry bag
Room cleaning	Separate equipment

10. References

Department of Health (2010) *The Health and Social Care Act 2008. Code of Practice on the prevention and control of infections and related guidance*

Department of Health (2009) *Clostridium difficile infection: How to deal with the problem*

Department of Health (2007) *Essential Steps to Safe, Clean Care Inter-healthcare service user infection risk assessment form*

Department of Health (2007) *Saving Lives: reducing infection, delivering clean and safe care. Isolating service users with healthcare-associated infection*

National Patient Safety Agency (2010) *The national specifications for cleanliness: Guidance on setting and measuring performance outcomes in care homes*

11. Appendices

Appendix 1: Order for putting on and removing Personal Protective Equipment

11 Appendix 1: Order for putting on and removing Personal Protective Equipment

Infection. Prevention. Control.
You're in safe hands

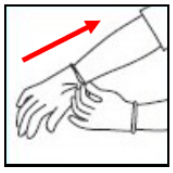
NHS

Order for putting on
Personal Protective Equipment

Pull apron over head and fasten at back of waist.

Secure mask ties at back of head and neck. Fit flexible band to nose bridge.

Place eye protection over eyes.



Extend gloves to cover wrists.

Order for removing
Personal Protective Equipment

Grasp the outside of the glove with opposite gloved hand, peel off. Hold the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off.

Unfasten or break apron ties. Pull apron away from neck and shoulders lifting over head, touching inside of the apron only. Fold or roll into a bundle.

Handle eye protection only by the headband or the sides.

Unfasten the mask ties—first the bottom, then the top. Remove by handling ties only.