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Cumbria County Council

Community Infection Prevention and Control Policies for Care Home settings

Isolation

ISOLATION

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ISOLATION

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ISOLATION

ISOLATION

1. Introduction

The terms ‘isolation’ and ‘isolation nursing’ are used in preference to ‘barrier nursing’.

SOURCE ISOLATION

The reason for isolating residents for infection prevention and control purposes is to protect other residents, this is known as ‘source isolation’.

Source isolation is used to minimise the risks of micro-organisms, such as bacteria, viruses and fungi, being transferred from an affected person to other residents, staff and visitors.

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

PROTECTIVE ISOLATION

Residents who are particularly susceptible to infection, such as those with neutropenia, leukaemia or on immunosuppressive drugs, etc., may require isolation nursing to prevent acquiring infections from other residents, staff or the environment.

It is unlikely that a resident 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 Infection Prevention and Control (IPC) or Public Health England (PHE) Team.

OUTBREAKS

An outbreak or incident may be defined as:

- An incident in which two or more people experiencing a similar illness are linked in time or place
- A greater than expected rate of infection compared with the usual background rate for the place and time where the outbreak has occurred

2. Risk assessment

The decision to isolate a resident should not be taken lightly and should always be taken after assessing the risk to the individual, other residents and staff and the decision documented.

Advice should be sought from your local Community IPC or PHE Team on the appropriateness of isolating a resident. 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 resident's clinical condition, e.g. mental health
- Evidence-based practice

3. Duration of isolation

- If an outbreak of diarrhoea and/or vomiting is suspected, residents with symptoms of diarrhoea and/or vomiting should be considered as infectious and isolated where possible until 48 hours symptom free. Details of a 'Viral gastroenteritis Outbreak management Pack' can be found at www.infectionpreventioncontrol.co.uk.
- Any resident with suspected or confirmed *Clostridioides difficile* infection should 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 - see Appendix 1) or their bowel habit has returned to their normal type.
- **Any resident with suspected or confirmed COVID-19, please refer to national guidance.**
- See 'A-Z of infections' (Appendix 4) for further examples of duration required.

4. Standard infection control precautions

Please read in conjunction with the 'Standard infection control precautions Policy for Care Home settings'.

For isolation of residents in relation to COVID-19 or any other new emerging infections, staff should refer to national infection prevention and control guidance. In the first instance, contact your local Community IPC or PHE Team.

The use of standard infection control precautions is usually all that is required for the majority of infections. Additional precautions may need to be taken with some communicable diseases:

- *Clostridioides difficile (C. difficile)*, applying personal protective equipment (PPE) on entering the room
- Infections spread by respiratory secretions, e.g. COVID-19, pulmonary TB, pandemic influenza, Rubella, measles, wearing a type IIR fluid resistant face mask and eye protection to protect against droplet transmission

For residents who are isolated, all staff providing hands on care in the room must

wear disposable gloves and apron.

Fans, including handheld ones, should not be used:

- In rooms where residents are isolated due to a known or suspected infection, or *C. difficile* (refer to the *'Clostridioides difficile* Policy for Care Home settings)
- In rooms where residents are isolated due to COVID-19 or have been in close contact of a confirmed case (refer to *'Heat-health risks and COVID-19: Actions to prevent harm'*)

Fans used in other situations must be cleaned and disinfected before and after use (refer to the *'Heatwave plan for England: Supporting vulnerable people before and during a heatwave – advice for care home managers and staff'*)

5. Requirements for isolation

The most effective form of isolation of an affected resident is in a single room with en-suite facilities. The requirements for isolation include:

- A notice for the door with advice to see the person in charge before entering. (This may be omitted if it can be assured that all relatives/visitors are made aware of the actions they need to take whilst visiting the resident and when leaving the room)
- A designated toilet/commode must be identified for the affected resident if en-suite facilities are not available. If a urine bottle or commode is used, it must be kept in the resident's room for their sole use and a disposable cover or reusable lid should be used when transporting the urine bottle or commode pan for emptying/cleaning in a sluice room
- Disposable apron and gloves
- Eye protection is only required if there is a possibility of splashing of body fluids to the eyes, nose or mouth. In relation to COVID-19 or any other new infection, staff should refer to national infection prevention and control guidance
- Face masks are not required routinely and should only be worn if there is a risk of splashing of body fluids to the face/mouth, or on the advice of your local Community IPC or local PHE Team. In relation to COVID-19 or any other new infection, staff should refer to national infection prevention and control guidance
- For linen, refer to page 9.
- 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
- Hand washing facilities, including a wall mounted liquid soap dispenser with a disposable soap cartridge (not refillable) and paper towels in a wall mounted dispenser

- The room should be free from clutter and, where possible, equipment not required should be removed
- 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 and before use on another resident

6. Isolation procedure

- Where possible, the door to the room should be kept closed. If for safety reasons the door needs to remain open, the reason must be included on the risk assessment and recorded in the resident's records.
- When entering the room of an isolated resident, disposable apron and gloves should be worn if there is physical contact with the resident, e.g. helping a resident get out of bed, help with feeding, if the resident has *Clostridioides difficile*. Refer to the '*Clostridioides difficile* Policy for Care Home settings'.
- When dealing with blood and/or body fluids and when having physical contact with the isolated resident, disposable apron and gloves should be worn.
- If there is no physical contact with the resident, e.g. taking a cup of tea into the room, disposable apron and gloves are not required.
- Gloves and apron should be changed between tasks, removed in the room (see Appendix 2) and disposed of as infectious waste. Hands should be cleaned with liquid soap, warm running water and dried with paper towels, or alcohol handrub applied to all areas of the hands, after removing each item of personal protective equipment (PPE), e.g. pair of gloves, apron. Hand hygiene must be undertaken before leaving the room and **again** after exiting the room. Alcohol handrub should **not** be used when caring for residents with viral gastroenteritis, e.g. Norovirus, or a spore forming bacteria, such as *Clostridioides difficile*.
- Where possible, windows should be opened regularly in resident's rooms.

PRECAUTIONS FOR VISITORS

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 Infection Prevention and Control (IPC) or Public Health England (PHE) Team.

In most cases, visitors do not need to wear PPE, e.g. apron and gloves, when visiting an isolated resident except:

- If they are providing/assisting in the physical care of a resident
- If they are visiting a resident with *Clostridioides difficile* and providing personal care or advised by care home staff. Disposable apron and gloves

should be worn for all contact with the resident and the resident's environment. Before leaving the room gloves and apron should be removed (gloves should be removed first, see Appendix 2), hands should be washed with liquid soap and warm running water, after removing each item of PPE, pair of gloves, apron, and again **after** exiting the room

DISPOSAL OF FAECES/URINE

Standard infection control precautions should be used when disposing of faeces and urine. Refer to the 'Standard infection control precautions Policy for Care Home settings'.

Where bed/commode pans or urine bottles are to be taken to the sluice, the following procedure should be followed:

- Hands should be washed with liquid soap and warm running water and apron and gloves worn
- Cover the bed/commode pan or urine bottle with paper or a lid before leaving the room
- On entering the sluice, dispose of the contents carefully in either a slop hopper or bed pan washer/disinfector to avoid splashing. Note: Where these are not available, the contents should be disposed of in the nearest toilet and, if a communal toilet is used, this should be cleaned and disinfected to reduce the risk of the spread of infection
- Dispose of the paper cover as infectious waste or clean and disinfect the reusable lid appropriately
- If a bedpan washer disinfector is not available, clean the urine bottle or pan using detergent wipes or a disposable cloth and pH neutral detergent, e.g. Hospec, and warm water, and then disinfect by wiping with disinfectant wipes effective against bacteria and viruses or a chlorine-based disinfectant solution, e.g. Milton at a dilution of 1,000 parts per million (ppm), 50 ml of Milton in 1 litre of cold water. If the resident has *Clostridioides difficile* and disinfectant wipes are used, they should be sporicidal and effective against *Clostridioides difficile* spores. Refer to the 'Safe management of care equipment Policy for Care Home settings'
- Remove gloves then apron and dispose of as infectious waste. Wash hands with liquid soap and warm running water and dry with paper towels, after removing each item of PPE, e.g. pair of gloves, apron, before leaving the room

Commodes should be left in the resident's room for their use only, and the frame (including all underneath surfaces) be cleaned after each use, using detergent wipes or a disposable cloth and pH neutral detergent, e.g. Hospec, and warm water, and then disinfected by wiping with disinfectant wipes effective against bacteria and viruses or a chlorine-based disinfectant solution, e.g. Milton at a dilution of 1,000 parts per million, 50 ml of Milton in 1 litre of cold water. If the resident has *Clostridioides difficile* and disinfectant wipes are used, they should be sporicidal and effective against *Clostridioides difficile* spores. Refer to the 'Safe management of care equipment Policy for Care Home settings'.

DISPOSAL OF WASTE

All waste generated from an isolated resident should be disposed of as infectious waste, e.g. orange waste bag, this may vary dependant on the waste contractor. Refer to the 'Safe disposal of waste Policy for Care Home settings'.

Waste bags should either be disposed of when no more than 3/4 full and no more than 4 kg in weight, or if odorous, removed immediately. Securely tie the neck of the bag and label with the care home address and date prior to removal.

For waste from a resident with suspected or confirmed COVID-19, please refer to national infection prevention and control guidance.

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 crockery and cutlery used by other residents. Water jugs and drinking glasses should also be washed in a dishwasher.

LINEN

All linen should be placed in a red water soluble (alginate) bag. The alginate bag should then be placed in a white waterproof or fabric/nylon/polyester bag. Additionally, the outer bag must be labelled as 'infectious linen'. If a fabric bag is used, it should be laundered after each use. If a lidded solid plastic laundry bin designated for transportation of the red water soluble bag to the laundry is used, it should be cleaned and disinfected inside and out after removing the red bag. Refer to the 'Safe management of linen Policy for Care Home settings'.

For linen from a resident with suspected or confirmed COVID-19, please refer to national infection prevention and control guidance.

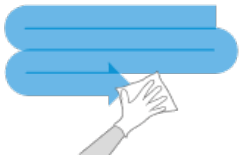
7. Daily cleaning

Refer to the 'Safe management of care equipment Policy for Care Home settings' and 'Safe management of the care environment Policy for Care Home settings'.

- In an isolated resident's room, the standard of cleanliness is important to prevent the spread of infection. Therefore, the room should be cleaned and disinfected at least daily, or twice daily for resident's affected with viral gastroenteritis or *Clostridioides difficile*.
- Personal protective equipment should be worn when cleaning the room, e.g. disposable apron and gloves. Facial protection should be worn if there is a risk of splashing to the eyes, nose or mouth.
- When cleaning, staff should follow the 'National colour coding scheme for cleaning materials and equipment in care homes'. All cleaning items, e.g.

mops, cloths and buckets, should be colour coded yellow for cleaning isolation areas. Refer to the 'Safe management of the care environment for Care Home settings'.

- Clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the amount of micro-organisms that may be transferred from a dirty area to a clean area.



- Clean surfaces using a disposable cloth with pH neutral detergent and warm water, followed by the appropriate disinfectant, such as:

Table 1: Disinfectant products

Infection type	Disinfectant product
Gastroenteritis (viral)	A virucidal chlorine-based disinfectant solution, such as Milton, should be used at a concentration of 1,000 parts per million (ppm), 1 in 20, e.g. 50 mls of Milton in 1 litre of cold water
MRGNB and MRSA (bacteria)	A bactericidal chlorine-based disinfectant solution, such as Milton, should be used at a concentration of 1,000 parts per million (ppm), 1 in 20, e.g. 50 mls of Milton in 1 litre of cold water
Clostridioides difficile (spores)	A sporicidal chlorine-based disinfectant solution, such as Milton, should be used at a concentration of 1,000 parts per million (ppm), 1 in 20, e.g. 50 mls of Milton in 1 litre of cold water
COVID-19	A virucidal chlorine-based disinfectant solution, such as Milton, should be used at a concentration of 1,000 parts per million (ppm), 1 in 20, e.g. 50 mls of Milton in 1 litre of cold water, or virucidal product compliant with EN14476 testing

- Note: Chlorine-based disinfectant solutions may damage soft furnishings and some equipment. A risk assessment of using such solutions on surfaces should be made and where deemed unsuitable to use, pH neutral detergent and warm water, steam cleaner or carpet cleaning machine, should be used.
- Disposable cloths should be used and disposed of as infectious waste after each use.
- For hard surface floors, a designated yellow colour coded mop and yellow bucket should be used. Mop buckets should be cleaned after use, dried with paper towels, then disinfected and stored inverted to air dry in the housekeeping/cleaners equipment store where available.
- Mop heads should preferably be disposable. Reusable mop heads should be laundered on a hot wash after each use.
- If the room is carpeted, daily routine cleaning of the carpet is not required. Any spillage onto the carpet should be dealt with by washing with pH neutral detergent and warm water. A carpet cleaning machine or steam cleaner can be used where practicable. A chlorine-based disinfectant solution is not recommended as it may damage the carpet.

- Reusable medical equipment in the room should be cleaned daily or after contamination with body fluids. Refer to the 'Safe management of care equipment Policy for Care Home settings'.
- On completion of cleaning, dispose of cleaning cloths and, if used, disposable mop heads.
- Remove gloves then apron and dispose of as infectious waste. Clean hands after removing each item of PPE, e.g. pair of gloves, apron, before leaving the room.
- Document the process.

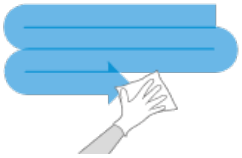
8. Deep cleaning

Refer to the 'Safe management of care equipment Policy for Care Home settings' and 'Safe management of the care environment Policy for Care Home settings'.

- Deep cleaning is a more enhanced programme of environmental cleaning, which compliments the routine daily cleaning in a care home. It includes the thorough cleaning of all surfaces, floors, soft furnishings and reusable equipment either within the whole environment or in a particular area, e.g. resident's room.
- A deep clean should be undertaken following:
    - An outbreak of suspected viral gastroenteritis when the outbreak has been declared over, i.e. when there have been no new cases and all residents have been symptom free for 48 hours. A deep clean should be undertaken on all affected resident's rooms and all communal areas prior to re-opening of the care home
    - Completion of a resident's isolation period, e.g. *Clostridioides difficile.* The resident's room should be deep cleaned when they have been symptom free for 48 hours and passed a formed stool (type 1-4 on the Bristol Stool Form Scale) or their bowel habit has returned to their normal type
    - Isolation of a resident with suspected or confirmed COVID-19, please refer to national infection prevention and control guidance
    - See 'A-Z of infections' (Appendix 4) for further examples of duration required
    - Discharge, transfer or death of a resident
- Personal protective equipment should be worn when cleaning the room, e.g. disposable apron and gloves. Facial protection should be worn if there is a risk of splashing to the eyes, nose or mouth.
- When cleaning, staff should follow the 'National colour coding scheme for cleaning materials and equipment in care homes'. All cleaning items, e.g. mops, cloths and buckets, should be colour coded yellow for cleaning isolation areas. Refer to the 'Safe management of the care environment for

Care Home settings'.

- Clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the amount of micro-organisms that may be transferred from a dirty area to a clean area.



- Clean surfaces using a disposable cloth with pH neutral detergent and warm water, followed by the appropriate disinfectant, see Table 1 on Disinfectant products.
- Note: Chlorine-based disinfectant solutions may damage soft furnishings and some equipment. A risk assessment of using such solutions on surfaces should be made and where deemed unsuitable to use, pH neutral detergent and warm water, steam cleaner or carpet cleaning machine, should be used.
- Disposable cloths should be used and disposed of as infectious waste after each use.
- For hard surface floors, a designated yellow colour coded mop and yellow bucket should be used. Mop buckets should be cleaned after use, dried with paper towels, then disinfected and stored inverted to air dry in the housekeeping/cleaners equipment store where available.
- Mop heads should preferably be disposable. Reusable mop heads should be laundered on a hot wash after each use.
- Consumable items, e.g. paper towels or toilet rolls not in a covered dispenser, flowers, chocolates, waste, should be removed and disposed of as infectious waste. Unused disposable items, e.g. gloves, aprons, waste bags, that have been kept inside the isolation room, should be disposed of as infectious waste.
- Open windows to facilitate drying and prevent build-up of fumes from chlorine-based disinfectant solutions.
- Clean reusable medical equipment and all surfaces, including curtain tracks, picture rails, ledges, dado rails, windows, sills and frames, light fittings, door knobs, bed frame, mattress, radiators and covers, table, furniture (if wipeable), toilet seat and commode, using disposable cloths with pH neutral detergent and warm water and then wipe with the appropriate disinfectant product (see Table1).
- A red water soluble (alginate) bag for infected linen. The alginate bag should then be placed in a white waterproof or fabric/nylon/polyester bag. Additionally, the outer bag must be labelled as 'infectious linen'. If a fabric bag is used, it should be laundered after each use. If a lidded solid plastic laundry bin designated for transportation of the red water soluble bag to the laundry is used, it should be cleaned and disinfected inside and out after removing the red bag. Refer to the 'Safe management of linen Policy for Care Home settings'.
- Curtains and soft furnishings, e.g. cushions, should be steam cleaned or

laundered. Upholstered chairs should be steam cleaned.

- All waste generated from an isolated resident should be disposed of as infectious waste, e.g. orange waste bag, this may vary dependant on the waste contractor. Refer to the 'Safe disposal of waste Policy for Care Home settings'.
- On completion of the 'Deep clean', dispose of cleaning cloths and, if used, disposable mop head, remove gloves then apron, clean hands after removing each item of PPE, e.g. pair of gloves, apron, make the bed and hang curtains (if they have been removed).
- Document the process.

9. Referral or transfer to another health or social care provider

- Prior to a resident's transfer to and/or from another health and social care facility, an assessment for infection risk must be undertaken. This ensures appropriate placement of the resident.
- Transfer documentation, e.g. an Inter-Health and Social Care Infection Control (IHSCIC) Transfer Form (see Appendix 3) or patient passport, must be completed for all transfers, internal or external and whether the resident presents an infection risk or not. Refer to the 'Patient placement and assessment for infection risk Policy for Care Home settings'.
- Isolated residents in a care home should only be transferred to another healthcare environment if admission or essential investigations or treatment is required. The ambulance/transport service and receiving area must be notified of the resident's infection status in advance and arrangements put in place to minimise waiting time and contact with other residents.

10. A-Z of infections

The A-Z listing (Appendix 4) covers the majority of infections and communicable diseases which may affect residents in a care home. It is not an exhaustive list and the advice of your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team should be sought for conditions not listed.

Refer to relevant Policies, e.g. 'Personal protective equipment Policy for Care Home settings', 'Safe disposal of waste Policy for Care Home settings' and 'Safe management of linen Policy for Care Home settings'.

11. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 29 IPC Policy documents for Care Home settings
- 'Preventing Infection Workbook: Guidance for Care Homes'
- 'IPC CQC Inspection Preparation Pack for Care Homes'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for Care Homes'

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and 'Mock IPC CQC Inspections'. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

12. References

Department of Health (2015) *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*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

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

NHS England and NHS Improvement (March 2019) *Standard infection control precautions: national hand hygiene and personal protective equipment policy*

Public Health England (2020) *Beat the Heat: Coping with heat and COVID-19*

Public Health England (2020) *Heat-health risks and COVID-19: Actions to prevent harm*

Public Health England (2014) *Communicable Disease Outbreak Management: Operational guidance*

Public Health England and NHS England (2019) *Heatwave plan for England: Protecting Health and reducing harm from severe heat and heatwaves*

Public Health England and NHS England (2015) *Heatwave plan for England: Supporting vulnerable people before and during a heatwave – advice for care home managers and staff*

13. Appendices

Appendix 1: Bristol Stool Form Scale

Appendix 2: Correct order for putting on and removing personal protective equipment

Appendix 3: Inter-Health and Social Care Infection Control Transfer Form

Appendix 4: A-Z of infections

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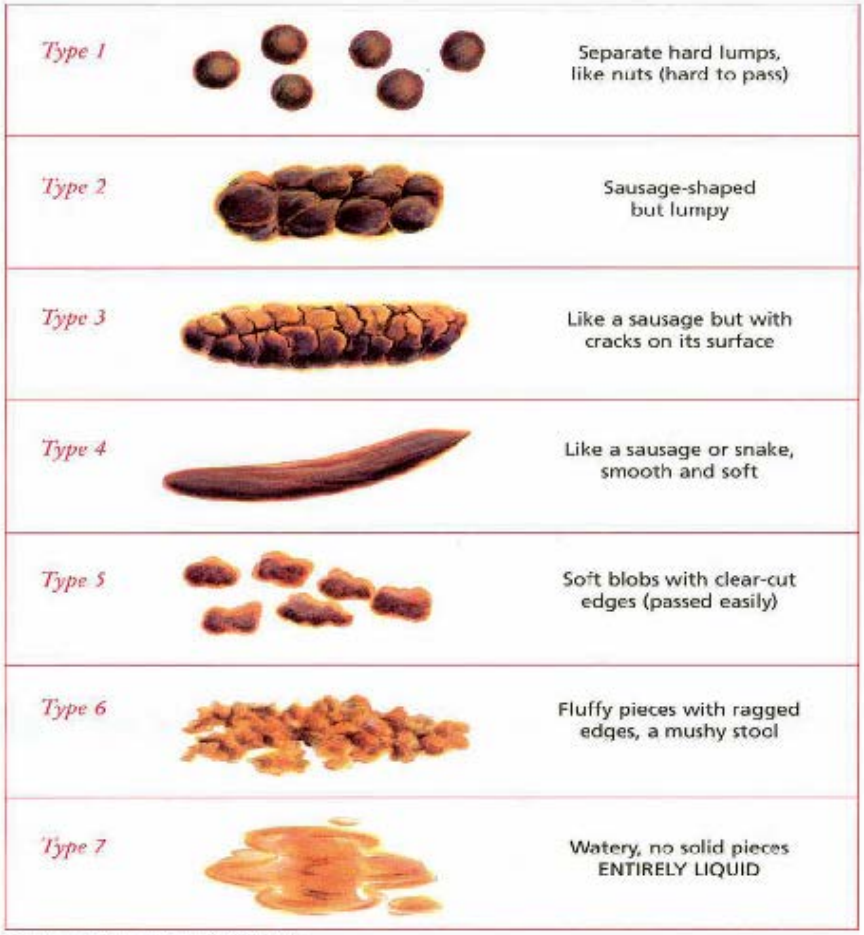
The Bristol Stool Form Scale

Please refer to this chart when completing a bowel history on the Inter-Health and Social Care Infection Control Transfer Form

Definition of diarrhoea: an increased number (two or more) of watery or liquefied stools, i.e. types 5, 6 and 7 only, within a duration of 24 hours. Please remember, hands must be washed with liquid soap and warm water when caring for service users with diarrhoea.

NB: Hands must be decontaminated after glove use.

THE BRISTOL STOOL FORM SCALE



Appendix 2: Correct order for putting on and removing personal protective equipment

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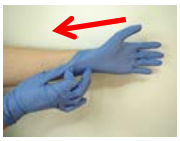
Correct order for putting on and removing Personal protective equipment (PPE)

Order for putting on PPE	Order for removing PPE
 Ensure you are 'Bare Below the Elbows' and hair is tied back. Clean your hands. Pull apron over your head and tie at back of your waist.	 Grasp the outside of the glove with opposite gloved hand, peel off, holding the removed glove in the gloved hand. Slide the fingers of the ungloved hand under the remaining glove at the wrist and peel off. Discard. Clean hands.
 **Elasticated masks:** Position loops behind ears. **Tied masks:** Position upper straps on the crown of your head, lower straps at the nape of your neck. **For both masks:** With both hands, mould the flexible band over the bridge of your nose.	 Break apron strap at the neck, allow the apron to fold down on itself. Break waste straps at your back and fold apron in on itself. Fold or roll into a bundle taking care not to touch the outside surface. Discard. Clean hands.
 Holding the eye protection by the sides, place over your eyes.	 Handle eye protection only by the headband or the sides. Discard disposable eye protection. Reusable eye protection must be decontaminated. See note below. Clean hands.
 Put on gloves and extend to cover your wrists.	 **Elasticated masks:** Pull loops over ears. **Tied masks:** Untie or break lower straps followed by upper straps. **Both masks:** Holding only by the loops or straps, discard. Clean hands.

Note:

- PPE should be removed in the above sequence to minimise the risk of cross/self-contamination.
- Hands should be cleaned before putting on PPE. All PPE should be changed between tasks and disposed of as soon as the task is completed and as per local policy. Always perform hand hygiene appropriately after removing and disposing of each item of PPE, e.g. pair of gloves, mask, facial protection.
- After use, reusable eye protection must be decontaminated appropriately, refer to your local decontamination guidance

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust
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Appendix 3: Inter-Health and Social Care Infection Control Transfer Form

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Inter-Health and Social Care Infection Control Transfer Form

The *Health and Social Care Act 2008: Code of Practice on the prevention and control of Infection and related guidance* (Department of Health 2015), states that "suitable accurate information on infections be provided to any person concerned with providing further support or nursing/medical care in a timely fashion". This form has been developed to help you share information with other health and social care providers. The form should accompany the patient and, where possible, a copy filed in the patient's notes.

Patient Name: ..... Address: ..... NHS number: ..... Date of birth: ..... Patient's current location:	GP Name and contact details:

Receiving facility, e.g., hospital ward, hospice: .....

If transferred by ambulance, the service has been notified: Yes ☐ N/A ☐

Is the patient an infection risk:
Please tick most appropriate box and give details of the confirmed or suspected organism

☐ Confirmed risk Organisms: .....

☐ Suspected risk Organisms: .....

☐ No known risk

Patient exposed to others with infection, e.g., D&V, Influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the patient has a diarrhoeal illness, please indicate bowel history for last week, if known, (based on Bristol Stool Form Scale):

.....

Is diarrhoea thought to be of an infectious nature? Yes ☐ No ☐ Unknown ☐

Relevant specimen results if available

Specimen:				
Date:				
Result:				

Treatment information:

Is the patient aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the patient require isolation? Yes ☐ No ☐

If the patient requires isolation, phone the receiving facility in advance: Actioned ☐ N/A ☐

Additional information:

Name of staff member completing form: .....

Print name: .....

Contact No: ..... Date .....

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust April 2017
www.infectionpreventioncontrol.co.uk

Campylobacter enteritis (food poisoning)	
Incubation period	2 to 5 days
Comment	Environmental Health will make contact on notification of case
Communication	Contact your local Community Infection Prevention and Control (IPC) or Public Health England (PHE) Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces
Chickenpox (varicella zoster)	
Incubation period	10 to 21 days
Comment	To be cared for by staff known to have had or been vaccinated against chickenpox
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until lesions are crusted
Main infection source	Respiratory secretions, vesicle (fluid filled blister) secretions
Clostridioides difficile (C. difficile)	
Comment	Refer to the '*Clostridioides difficile* Policy for Care Home settings'
Communication	Contact your local Community IPC or PHE Team for further advice if required
COVID-19 (Coronavirus)	
Communication	Urgent. Notifiable to PHE. Contact your local Community IPC or PHE Team for further advice if required. Follow national infection prevention and control guidance
CPE (Carbapenemase-producing Enterobacteriaceae) including E. coli, Klebsiella, Enterobacter	
Comment	Refer to the 'MRGNB including ESBL and CPE Policy for Care Home settings'
Communication	Contact your local Community IPC or PHE Team for further advice if required
ESBL (Extended-Spectrum Beta-Lactamase)	
Comment	Refer to the 'MRGNB including ESBL and CPE Policy for Care Home settings'
Communication	Contact your local Community IPC or PHE Team for further advice if required
Food poisoning	
Incubation period	30 minutes to 72 hours
Comment	Known organism (cause) - see relevant section, e.g. campylobacter. Unknown organism (cause) - see relevant section, e.g. Infectious diarrhoea
Communication	If suspected food poisoning, contact your local Community IPC or PHE Team
Giardiasis	
Incubation period	5 to 25 days
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until 48 hours symptom free
Main infection source	Faeces

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Hepatitis A	
Incubation period	15 to 50 days
Communication	Notifiable to PHE. Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room (if incontinent or unable to perform adequate hygiene)
Duration of isolation	1 week after onset of jaundice or 10 days from start of symptoms if no jaundice
Main infection source	Faeces
Hepatitis B	
Incubation period	45 to 180 days
Comment	Refer to the 'Blood-borne viruses Policy for Care Home settings' and the 'Safe management of sharps and inoculation injuries Policy for Care Home settings'
Type of isolation	Isolation not required
Main infection source	Blood and blood stained body fluids
Hepatitis C	
Incubation period	45 to 180 days
Comment	Refer to the 'Blood-borne viruses Policy for Care Home settings' and the 'Safe management of sharps and inoculation injuries Policy for Care Home settings'
Type of isolation	Isolation not required
Main infection source	Blood and blood stained body fluids
Herpes simplex (oral)	
Incubation period	2 to 12 days
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until blisters completely dried up
Main infection source	Vesicle (fluid filled blister) secretions, e.g. cold sores
Herpes zoster	
Comment	See shingles section
High consequence infectious diseases, e.g. SARS (Severe Acute Respiratory Syndrome)	
Communication	Urgent. Notifiable to PHE. Contact your local Community IPC or PHE Team for further advice if required. Follow national Infection Prevention and Control guidance
Infectious diarrhoea. See 'Viral gastroenteritis/Norovirus Policy for Care Home settings', e.g. Norovirus, Rotavirus	
Comment	Residents 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 resident should be isolated and stool specimen obtained
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until symptom free for 48 hours
Main infection source	Faeces

Influenza, including viral respiratory infections	
Incubation period	24 to 72 hours
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	Until 1 week after onset
Main infection source	Respiratory secretions
Legionnaire's disease	
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 as highly infectious
Communication	Contact your local PHE Team for further advice if required
Type of isolation	Single room
Duration of isolation	For 5 days after onset of rash
Main infection source	Respiratory secretions
MRGNB (Multi-resistant Gram-negative bacteria)	
Comment	Refer to the 'MRGNB including ESBL and CPE Policy for Care Home settings'
Communication	Contact your local Community IPC or PHE Team for further advice if required
MRSA (Meticillin resistant *Staphylococcus aureus)*	
Incubation period	4 to 10 days
Comment	Refer to 'MRSA Policy for Care Home settings'
Parvovirus, fifth disease, erythema infectiosum	
Incubation period	4 to 20 days
Comment	Pregnant healthcare workers who may have been exposed to Parvovirus should seek medical advice as soon as possible
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Isolation not required
Main infection source	Respiratory secretions
Pertussis (whooping cough)	
Incubation period	7 to 10 days (maximum 21 days)
Type of isolation	Single room
Duration of isolation	3 weeks after onset of paroxysmal cough, e.g. frequent and violent coughing, or 5 days after treatment started
Main infection source	Respiratory secretions
Pneumonia pneumococcal	
Incubation period	1 to 3 days
Type of isolation	No isolation procedures required
Main infection source	Respiratory secretions
Psittacosis	
Incubation period	4 to 15 days
Type of isolation	No isolation procedures required
Main infection source	Bird droppings and respiratory secretions from infected birds

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Rheumatic fever	
Incubation period	1 to 3 weeks
Type of isolation	No isolation procedures required
Main infection source	Autoimmune response following a bacterial throat infection
Rubella (German measles)	
Incubation period	14 to 23 days
	Pregnant healthcare workers who may have been exposed to Rubella and who have not been vaccinated against Rubella should seek medical advice as soon as possible
Type of isolation	Single room
Duration of isolation	4 days after onset of rash
Main infection source	Respiratory secretions
Scabies	
Comment	Refer to the 'Scabies Policy for Care Home settings'
Shingles (herpes zoster)	
Incubation period	10 to 21 days
Comment	Shingles is a reactivation of a person's dormant varicella virus. Virus from the lesions can be transmitted to susceptible people to cause chickenpox
Communication	Contact your local Community IPC or PHE Team for further advice if required
Type of isolation	Single room. If the rash can be covered, isolation is not required in a care home setting
Duration of isolation	If required - until lesions are crusted
Main infection source	Vesicle (fluid filled blisters) secretions
Streptococcal infections	
1. Group A streptococcus	
Incubation period	1 to 5 days
Comment	Tonsillitis or skin lesions
Communication	Contact your local Community IPC or PHE 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
2. Other groups of streptococcus infections (B, C and G)	
Comment	In suspected outbreaks, contact your local Community IPC or PHE Team for further advice if required
Type of isolation	No isolation procedures required
Tuberculosis	
Communication	Contact your local Community IPC or PHE Team for further advice if required
Viral gastroenteritis, e.g. Norovirus, Rotavirus	
Comment	Refer to the 'Viral gastroenteritis/Norovirus Policy for Care Home settings'