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Cumberland Council

Community Infection Prevention and Control Policy for Care Home settings

Isolation

ISOLATION

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CH 11

ISOLATION

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1. Introduction

In care home settings, the use of 'Standard infection control precautions' (SICPs) is usually all that is required for the majority of infections. SICPs may, however, be insufficient to prevent transmission of specific infections, therefore, isolation or additional 'Transmission based precautions' (TBPs) may need to be taken when caring for residents with a confirmed or suspected infection or colonisation.

2. What are TBPs?

TBPs are categorised by the route of transmission of the infection (some infections can be transmitted by more than one route). Application of TBPs may differ depending on the confirmed or suspected infection.

Contact precautions

These are used to prevent and control infections that are spread via direct contact with the resident, or indirectly via contact with the resident's immediate care environment and equipment. This is the most common route of infection transmission.

Contact precautions require staff to wear a disposable apron and gloves for direct contact with the resident, their environment and/or their equipment, e.g. helping a resident get out of bed, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the face or mouth, eye protection and a fluid resistant surgical mask (FRSM) should also be worn.

Droplet precautions

Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they can cause infection. Droplets remain in the air for a short period and can travel about 1 metre. They can land on surfaces and equipment and can infect others when these are touched and the person then touches their eyes, nose, mouth.

Predominantly droplets are spread:

- Person-to-person, e.g. the droplets land directly on the mucous membranes of a person's eyes, nose or mouth, and the infection then enters their body
- Indirectly, e.g. the droplets land on surfaces, such as a bed, table or person. Hands that then come into contact with that surface become contaminated. If the hands are not cleaned and the person touches their eyes, nose or mouth, the infection enters their body

Droplets can penetrate the respiratory system to above the alveolar level.

Droplet precautions require staff to wear a disposable apron, gloves, eye protection and a FRSM for entering an isolation room and for all routine care.

Airborne precautions

These are used to prevent and control infections that are spread without necessarily having close contact with a resident, via aerosols.

- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract, when treating someone confirmed or suspected with a virus. During an AGP, smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre.
- Procedures within care homes which are categorised as AGPs include respiratory tract suction beyond the oro-pharynx (not oral/pharyngeal suction) and/or cough assisted procedures and tracheostomy tube insertion/removal.
- Procedures such as taking a diagnostic throat/nose swab, administration of humidified oxygen, the use of nebulisers to administer medication, are not considered an AGP.
- Airborne transmission is spread by travelling from the respiratory tract of one individual directly onto a mucous membrane, e.g. eyes, nose, mouth, of another individual. Aerosols can travel deeper into the respiratory system than droplets, to the endpoint (alveoli).
- For advice on additional PPE requirements for staff who undertake AGPs, contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Appendix 1 provides an A-Z listing of the infections and communicable diseases which are most likely to affect residents in a care home. It specifies the type of precautions, optimal resident placement, isolation and personal protective equipment (PPE) requirements.

For isolation 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 UKHSA Team.

3. Risk assessment

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

Advice should be sought from your local Community IPC or UKHSA Team. The decision should consider:

- The confirmed or suspected infectious agent - how it is spread and the severity of the illness caused
- The environment
- The susceptibility of others to the infection
- The resident's clinical condition, e.g. mental health
- Evidence-based practice
- In the unlikely event of a resident with a 'High consequence infectious disease' (HCID), the UKHSA and local Community IPC Team will provide guidance on an individual basis

4. 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 72 hours symptom free. Refer to the 'Viral gastroenteritis/Norovirus Policy for Care Home settings'. Details of a 'Viral gastroenteritis outbreak management Pack' can be found at www.infectionpreventioncontrol.co.uk.
- Any resident with confirmed or suspected *Clostridioides difficile (C. 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 2, or their bowel habit has returned to their normal type. Refer to the '*C. difficile* Policy for Care Home settings'.
- See 'A-Z of infections' (Appendix 1) for further examples of duration required.

5. Requirements for isolation

The most effective form of isolation provides the resident with a single room with ensuite 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 for the affected resident if ensuite facilities are not available or inappropriate. 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 aprons and gloves
- Eye protection and FRSMs are required for droplet and airborne transmission based precautions (TBPs), if there is a risk of splashing of body fluids to the

eyes, nose or mouth, and/or on the advice of your local Community IPC or UKHSA Team. See 'A-Z of infections' (Appendix 1)

- Red water-soluble (alginate) linen bags and outer white waterproof or fabric/nylon/polyester linen bags
- 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
- Handwashing 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
- Fans, including handheld ones, should not be used:
    - In rooms where residents are isolated due to a confirmed or suspected *C. difficile*, refer to the *'C. difficile* Policy for Care Home settings'
    - In rooms where residents are isolated and require droplet or airborne TBPs

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 a resident with a confirmed or suspected infection requiring contact precautions, a disposable apron and gloves should be worn for direct contact with the resident, their environment and/or their equipment, e.g. helping a resident get out of bed, help with toileting, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the eyes, nose or mouth, eye protection and a FRSM should also be worn.
- When contact TBPs are in place and there is no physical contact with the resident, their environment and/or equipment, e.g. taking a cup of tea into the room, disposable apron and gloves are not required.
- When entering the room of a resident with a confirmed or suspected infection requiring airborne or droplet TBPs, irrespective of the procedure to be undertaken, a disposable apron, gloves, eye protection and a FRSM should be worn, see 'A-Z of infections' (Appendix 1).
- Gloves and apron should be changed between tasks, removed in the room (gloves should be removed first, and disposed of as infectious waste). Refer to the 'PPE Policy for Care Home settings'.
- Hands should be cleaned with liquid soap, warm running water and dried

thoroughly with paper towels, or alcohol handrub applied to all areas of the hands, after removing PPE. 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*.

- Eye protection and FRSMs should be removed in a safe area outside the room. After removal, hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels, or alcohol handrub applied to all areas of the hands.
- Where possible, windows should be opened regularly in resident's rooms, e.g. 10 minutes every hour.

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 IPC or UKHSA 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 with hands on care of a resident
- If they are visiting a resident with *Clostridioides difficile* and providing personal care or advised by care home staff

When required, disposable apron and gloves should be worn for all contact with the resident and the resident's environment. Before leaving the room, visitors should be advised to remove gloves and apron (gloves should be removed first), and hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels, or alcohol handrub applied to all areas of the hands, after removing PPE, and again **after** exiting the room. Alcohol handrub should **not** be used when visiting residents with viral gastroenteritis, e.g. Norovirus, or a spore forming bacteria, such as *Clostridioides difficile*.

DISPOSAL OF FAECES/URINE

SICPs should be used when disposing of faeces and urine. Refer to the 'SICPs and TBPs 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, warm running water and dried thoroughly with paper towels, 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 general purpose 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 at a dilution of 1,000 parts per million (ppm), or equivalent product as per manufacturer's instructions. 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 PPE, before leaving the room

Commodes should be left in the resident's room for their use only, and the frame, (including all underneath surfaces) cleaned after each use, using detergent wipes or a disposable cloth and general purpose 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 at a dilution of 1,000 parts per million, or equivalent product as per manufacturer's instructions. Alternatively a combined '2 in 1' detergent and disinfectant solution can be used. 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, including sharps 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.

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. After handling used crockery and cutlery hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels, or alcohol handrub applied to all areas of the hands.

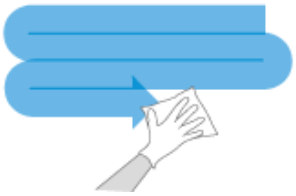
LINEN

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, including uniforms and workwear Policy for Care Home settings'.

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 residents affected with viral gastroenteritis.
- PPE 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 and/or droplet or airborne TBPs are in place.
- As per the 'National colour coding scheme for cleaning materials and equipment in care homes', yellow colour coded cleaning equipment should be allocated for use only in the isolation room and should be removed from the room after each period of cleaning.
- 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 microorganisms that may be transferred from a dirty area to a clean area.



- Clean surfaces using a disposable cloth with general purpose neutral detergent and warm water, followed by the appropriate disinfectant, refer to Table 1:

Table 1: Disinfectant products

Infection type	Disinfectant product
Gastroenteritis (viral)	A virucidal chlorine-based disinfectant solution should be used at a concentration of 1,000 ppm (parts per million), or equivalent product as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used
MRGNB, including CPE, and MRSA (bacteria)	A bactericidal chlorine-based disinfectant solution should be used at a concentration of 1,000 ppm, or equivalent product as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used
C. difficile (spores)	A sporicidal chlorine-based disinfectant solution should be used at a concentration of 1,000 ppm, or equivalent product as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used

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, general purpose neutral detergent and warm water, steam cleaner or carpet cleaning machine, should be used. Grossly contaminated that cannot be cleaned should be disposed of.

- 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 general purpose 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 PPE, 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 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. This decision will taken with the local Community IPC or UKHSA Team. Whenever possible, control measures should be maintained for 72 hours after the last episode of vomiting and/or diarrhoea in the last known case. 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, see Appendix 2) or their bowel habit has returned to their normal type
    - See 'A-Z of infections' (Appendix 1) for further examples of duration required
    - Discharge, transfer or death of a resident
- The requirements for deep cleaning are the same as daily cleaning (section 7 above) for use of PPE, colour coded cleaning materials and equipment, cleaning method, detergent and disinfectant, disposal and/or decontamination of cleaning equipment. In addition:
    - 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 general purpose neutral detergent and warm water and then wipe with the appropriate disinfectant product (see Table1)

- Use 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, including uniforms and workwear 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, including sharps 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 PPE, 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 or 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 'Resident 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. Infection Prevention and Control resources, education and training

See Appendix 4 for the 'Isolation: Quick reference guide'.

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:

- 30 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 IPC educational training events in North Yorkshire.

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

11. References

Department of Health (Updated December 2022) *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 and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

NHS England (2022, updated April 2023) *National infection prevention and control manual (NIPCM) for England*

NHS England (2022) *National Standards of Healthcare Cleanliness: healthcare cleaning manual*

NHS England and NHS Improvement (2021) *National Standards of Healthcare Cleanliness 2021*

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 (2022) *Heatwave plan for England: Protecting Health and reducing harm from severe heat and heatwaves*

Public Health England and NHS England (2022) *Heatwave plan for England:*

Supporting vulnerable people before and during a heatwave – advice for care home managers and staff

12. Appendices

Appendix 1: A-Z of infections

Appendix 2: Bristol stool form scale

Appendix 3: Inter-health and social care infection control transfer form

Appendix 4: Isolation: Quick reference guide

CH 11 Appendix 1: A-Z of infections

Suspected or confirmed pathogen	Disease	TBPs required	Optimal resident placement	PPE	Duration of isolation/TBPs
Bordetella pertussis	Whooping cough	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	3 weeks after onset of paroxysmal cough or 5 days after treatment commenced
Campylobacter	Gastroenteritis	Contact	Single ensuite room	Gloves and apron	Until symptom free for 48 hours
Chlamydia psittaci	Psittacosis	TBPs not required	Isolation not required	SICPs	N/A
CPE (Carbapenemase-producing Enterobacterales) and CPO (Carbapenemase producing organisms)	Colonisation of bowel, urinary infection, catheter associated sepsis	Contact	Single ensuite room	Gloves and apron	Until active infection and/or diarrhoea resolves. Refer to 'MRGNB, including CPE Policy for Care Home settings'
Clostridioides difficile	*Clostridioides difficile* infection or colonisation	Contact	Single ensuite room	Gloves and apron	Refer to '*C. difficile* Policy for Care Home settings'
COVID-19	Respiratory	Droplet/airborne	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Refer to national IPC guidance
Gastrointestinal infections, e.g. salmonella/food poisoning	Gastroenteritis	Contact	Single ensuite room	Gloves, apron, eye protection and FRSM if vomiting present	Until symptom free for 48 hours
Giardiasis	Gastroenteritis	Contact	Single ensuite room	Gloves, apron, eye protection and FRSM if vomiting present	Until symptom free for 48 hours
Hepatitis A virus	Hepatitis, gastroenteritis	Contact	Single ensuite room	Gloves, apron, eye protection and FRSM if vomiting present	1 week after onset of jaundice or 10 days from start of symptoms if no jaundice
Hepatitis B or hepatitis C virus	Hepatitis	TBPs not required	Isolation not required	SICPs	Refer to 'BBVs Policy for Care Home settings'
Herpes simplex (oral)	Cold sores	Contact	Single ensuite room	Gloves and apron	Until blisters completely dried up
Herpes zoster (varicella-zoster)	Shingles	Contact	Single ensuite room (only if rash cannot be covered)	Gloves and apron	If required - until lesions are crusted
	Chicken pox	Airborne	Single ensuite	Gloves,	Until lesions are crusted

Suspected or confirmed pathogen	Disease	TBPs required	Optimal resident placement	PPE	Duration of isolation/TBPs
			room	apron, eye protection and FRSM for routine care. FFP3 for AGPs*	
Influenza virus	Influenza	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Refer to 'Respiratory illnesses Policy for Care Home settings'
Legionella	Legionnaires disease	TBPs not required	Isolation not required	SICPs	N/A
Measles virus	Measles	Droplet/airborne	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Until 5 days after onset of rash
MRGNB (Multi-resistant Gram-negative bacteria)	Colonisation of bowel, urinary infection, catheter associated sepsis, wound infection	Contact	Single ensuite room	Gloves and apron	Until active infection or diarrhoea resolves. Refer to 'MRGNB, including CPE Policy for Care Home settings'
MRSA (Meticillin resistant *Staphylococcus aureus)*	Colonisation or infection (skin, wound, pneumonia, osteomyelitis, UTI, sepsis)	Contact	Single ensuite room	Gloves and apron	Until active infection resolves. Refer to 'MRSA Policy for Care Home settings'
Mycobacterium tuberculosis	Extrapulmonary TB (Tuberculosis)	Contact	Isolate the infected site only, e.g. urine if TB kidney	Gloves and apron	Seek advice from local Community IPC or UKHSA Team
	Pulmonary TB	Airborne	Single ensuite room	Gloves, apron, eye protection and FFP3 for routine care and AGPs*	Seek advice from local Community IPC or UKHSA Team
Norovirus	Gastroenteritis	Contact	Single ensuite room	Gloves, apron, eye protection and FRSM if vomiting present	Refer to 'Viral gastroenteritis/Norovirus Policy for Care Home settings'
Parainfluenza virus	Respiratory tract infection	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for	Until 1 week after onset. Refer to 'Respiratory illnesses Policy for Care Home settings'

CH 11 Appendix 1: A-Z of infections

Suspected or confirmed pathogen	Disease	TBPs required	Optimal resident placement	PPE	Duration of isolation/TBPs
				AGPs*	
Parvovirus B19	Slapped cheek syndrome	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Until rash and/or arthralgia has developed. Refer to 'Respiratory illnesses Policy for Care Home settings'
RSV (Respiratory syncytial virus)	Respiratory tract infection	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Refer to 'Respiratory illnesses Policy for Care Home settings'
Rotavirus	Gastroenteritis	Contact	Single ensuite room	Gloves and apron	Refer to 'Viral gastroenteritis/Norovirus Policy for Care Home settings'
Rubella virus	German measles	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Until 5 days after onset of rash
Scabies mite	Crusted scabies	Contact	Single ensuite room	Gloves and apron	Refer to the 'Scabies Policy for Care Home settings'
	Classical scabies	Contact	Isolation not required	Gloves and apron for close contact	Refer to the 'Scabies Policy for Care Home settings'
Streptococcus pneumoniae	Pneumonia	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Until established on appropriate antibiotic treatment
	Wound infection	Contact	Single ensuite room	Gloves and apron	
Streptococcus pyogenes (Group A Strep)	Respiratory tract infection	Droplet	Single ensuite room	Gloves, apron, eye protection and FRSM for routine care. FFP3 for AGPs*	Until completion of 48 hours of appropriate antibiotic treatment
	Wound infection	Contact	Single ensuite room	Gloves and apron	
Varicella virus See Herpes Zoster above					

* AGPs (aerosol generating procedures) in a care home setting are rare, but include respiratory suctioning beyond the oropharynx and tracheostomy tube insertion/removal.

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NHS

Bristol stool form scale

Please refer to this chart when completing a bowel history, i.e. stool chart record or transfer documentation, e.g. an 'Inter-health and social care infection control transfer form' or patient passport.

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, after removing gloves, hands must be washed with liquid soap and warm running water when caring for service users with diarrhoea.

Bristol stool form scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped, but lumpy
Type 3		Like a sausage, but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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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 and Social Care, updated December 2022), states that "The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care 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 service user and, where possible, a copy filed in their notes.

Service user name:..... Address: ..... NHS number: ..... Date of birth: ..... Service user'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 service user 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

Service user exposed to others with infection, e.g. diarrhoea and/or vomiting, influenza: Yes ☐ No ☐ Unaware ☐

If yes, please state: .....

If the service user 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 service user aware of their diagnosis/risk of infection? Yes ☐ No ☐

Does the service user require isolation? Yes ☐ No ☐

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

Additional information:

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

Print name: .....

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

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Isolation
Quick reference guide

Risk assessment

The decision to isolate a resident should not be taken lightly. Do seek advice from your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Key practice points

- Keep door to room closed where possible.
- Use correct PPE.
- Wash hands after removing PPE and before leaving the room and again after leaving the room.
- Clean and disinfect designated care equipment after each use.
- Clean and disinfect the room at least daily (twice daily when dealing with viral gastroenteritis).
- Dispose of waste as infectious.
- Manage used linen as infected.

A-Z of infections

Appendix 1 provides an A-Z listing of the infections and communicable diseases which are most likely to affect residents in a care home. It specifies the type of precautions, optimal resident placement, isolation and personal protective equipment (PPE) requirements.

TBPs

When SICPs are insufficient to prevent transmission of infection, isolation and/or additional 'Transmission based precautions' (TBPs) may be required. TBPs are based on the route of transmission of infection; and may be:

Contact precautions

- Used to prevent the spread of infections via direct contact with the resident and/or their immediate care environment and equipment. A disposable apron and gloves should be worn for tasks requiring contact with the resident or their care environment or equipment. Eye protection and a fluid resistant surgical face mask (FRSM) should be worn if there is a risk of splashing of body fluids to the face

Droplet/airborne precautions

- Used to prevent the spread of infections via droplets (remain in the air for a short period and can travel about 1 metre) and aerosols (smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre)
- As well as wearing a disposable apron and gloves, a fluid resistant surgical mask (FRSM) should be worn when entering the room

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Harrogate and District NHS Foundation Trust
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For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/