Isolation Policy

The term “Isolation” is the use of infection prevention and control precautions aimed at controlling and preventing the spread of infection. There are two types of isolation – Source Isolation (barrier nursing), where the service user is the source of infection, and Protective Isolation (reverse barrier nursing), where the service user requires protection i.e., they are immunocompromised.

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1. Summary

Prevention

This policy is intended to provide some general principles of isolation precautions, when they may be required, and the rationale behind their use. Isolation precautions should be used for service users who are either known or suspected to have an infectious disease, are carrying a multi-resistant organism or are particularly vulnerable to infection. It is important however, that staff ensure that standard Infection Prevention control precautions are used for all service users regardless of their status. These include the use of gloves, aprons, masks and visors following a risk assessment to identify the risks of exposure to blood, body fluids and micro-organisms.

Business Management

This policy allows the Registered Care Manager to introduce staff ways of working that reduce the risk or spread of infection.

1. Working from home policy – If it is felt necessary to safeguard staff working with vulnerable people the service may introduce a working from home policy.
2. Cancellation of all staff Holiday request to ensure staff care numbers
3. Cancellation of all unnecessary meetings
4. Cancellation of all Training and Development
5. Vital sign testing with scores of 3 and higher – MEWS being sent home.
6. Increased PPE
7. Avoided crowded rooms and environments
8. Introduction round Robbins Calls

2. Introduction

The term “Isolation” is the use of Infection Prevention and Control precautions aimed at controlling and preventing the spread of infection. There are two types of isolation – Source Isolation (barrier nursing), where the service user is the source of infection, and Protective Isolation (reverse barrier nursing), where the service user requires protection i.e., they are immunocompromised.

3. General Principles

3.1 Source Isolation

Source isolation is designed to prevent the spread of pathogens from an infected service user to other service users, hospital personnel and visitors. This has previously been known as barrier nursing. The need for isolation is determined by the way the organism or disease is transmitted. Source isolation can be achieved by placing service users in:

- Single rooms in the care home, and single access to people.
- Isolation units with isolation rooms with negative pressure ventilation with an anteroom and ensuite facilities.

Examples of organisms requiring source isolation may include:

- Pulmonary Tuberculosis Chickenpox
- Extended Spectrum Beta Lactamase (ESBL) producing coliforms Meticillin Resistant Staphylococcus aureus (MRSA)
- Viral diarrhoea and vomiting Other multi resistant organisms H1N1 influenza

When single rooms or isolation rooms are not available and where several service users with the same confirmed organism have been identified, these service users may be nursed together in a bay or ward. This is called **Cohort nursing**. Examples may include diarrhoea and vomiting, clostridium *difficile* diarrhoea, norovirus and influenza. This will be done with the advice of a member of Sunlight Management

Certain specific organisms will require negative pressure side rooms or specialised care from the Infectious Disease Unit (Wards 28) i.e. Drug resistant pulmonary tuberculosis.

Other service users may be nursed in single side rooms on general wards. Occasionally it may be necessary to nurse these service users within a main bay (only following discussion with the Infection Prevention Control team) when the use of a side room would be detrimental to the service user's clinical condition.

It is acknowledged that there are constraints to placing every service user, who is either colonised with a pathogen or who is showing clinical signs of transmissible disease, into a side room. However, a Risk Assessment must be carried out in conjunction with the Infection Prevention and Control Team (see Section 4 below).

Where a service user is isolated within a main bay, the appropriate information relating to the risk assessment must be documented in the service user's notes.

An ongoing daily review must be undertaken by the Nurse in Charge to ensure that the side rooms are being utilised appropriately and to prevent service users remaining in isolation unnecessarily i.e. *Clostridium difficile* service user who has had no further diarrhoea for 48 hours etc.

3.2 Criteria for Source Isolation

Service users admitted with the following symptoms must be isolated on admission:

- Known or suspected communicable infection /disease e.g. Pulmonary Tuberculosis, Chicken Pox
- Unexplained rash, if considered to be of an infectious cause
- Multi-Resistant organisms e.g. MRSA, ESBL producing coliforms Multi resistant Acinetobacter baumannii (MRAB)
- Diarrhoea and/or vomiting, until microbiologically proven negative or symptoms subside
- Clostridium difficile
- Symptomatic of influenza
- Coronavirus

If this is not possible because the service users would be at a greater risk by being isolated, please contact the Infection Prevention and Control Team for further advice.

The following are examples of common organisms or conditions requiring source isolation. This is not a comprehensive list, and advice should be sought from the Infection Prevention and Control team if in doubt.

Mode of Spread	Example Conditions	Example Pathogen
Contact	Diarrhoea, infectious rashes, antibiotic resistant organisms, skin and soft tissue infections	Clostridium difficile, Escherichia coli 0157, Staphylococcus Aureus including Methicillin resistant strains, Viral Diarrhoea and Vomiting (Can also spread by aerosol's), Streptococcus A, (until 48 hours of antibiotics)
Droplet	Meningitis, infectious rashes, respiratory tract infections	Respiratory Syncytial virus *Haemophilus* Influenza, Influenza virus, Mumps, Rubella virus
Airborne	Infectious rashes, respiratory tract infections	Varicella virus (chicken pox), Respiratory Syncytial virus (RSV), *Mycobacterium tuberculosis*

If there are no available side rooms, the Infection Prevention and Control Team must be contacted, and further discussion can take place with the Bed Management Team. Service users with certain suspected diseases, such as Pulmonary Tuberculosis, **must** be isolated until **microbiologically proven to be negative**. For further information on Tuberculosis, refer to the Tuberculosis Policy.

4. Risk Assessment

4.1 All service users identified with infectious diseases or alert organisms will be risk assessed for the need for isolation. This will take place between the Infection Prevention and Control Team and the clinical team.

4.2 Risk assessment is the assessment of the factors that influence the transmission of a pathogen and its impact. It enables staff to prioritise the use of isolation facilities.

4.3 However, the need for isolation of specific infections inside rooms does not take into account the limited resources available which may lead to inconsistent decisions.

4.4 In order to minimise inconsistent decisions, a risk assessment must be undertaken. A discussion **must** take place between the clinical team and Infection Prevention and Control Team. This Risk Assessment **must** be clearly documented in the service user's medical records. The Infection Prevention and Control Team will document advice provided on the Telepath system.

The following factors will be considered:

- The classification of the pathogen and the ability to protect against or treat individual infections
- The probable route of transmission and evidence of transmission
- Susceptibility of the other service users near to the infected service user in the same bay i.e. do the other service users have open wounds or an invasive device
- Whether the organism is antibiotic resistant
- Possible detrimental effects of isolation to the service user i.e. risk of falls, confusion or depression weighed against severity of the risk of transmission to other service users

5. Effective Communication

5.1 Effective communication must be cascaded to other members of the team both verbally, by documentation and through appropriate signs/door labels etc. ensuring that service user confidentiality is maintained.

5.2 All isolation rooms, bays and bed spaces must be identified by the Trust Isolation door sign informing staff and visitors of the need for Isolation precautions.

If isolated in bay, a reminder sign must be placed above the service user's bed.

5.3 The service user must be informed as to the reasons why they require isolation. A full explanation as to procedures and precautions must be provided. Information for the service user and relatives can be printed from the internet.

5.4 If nursing and medical staff have discussed the reasons why the service user needs isolation, and when they have additional questions that cannot be answered, the Infection Prevention and Control Team can be contacted to discuss these issues with the service user.

6. Procedure for Source Isolation

Preparation of the isolation room/bed space

Action	Rationale
Place an isolation sign outside the door or a reminder sign over the bed space.	To inform anyone intending to enter the room, or approaching the bed space, of the situation and the precautions required.
Consider what equipment and supplies are required for the area and the service user's care.	To decrease entries and exits to the area.
Remove all non-essential furniture. The remaining furniture should be easy to clean and should not conceal or retain dirt or moisture either within or around it.	To minimize the risk of furniture harbouring microbial spores or growth colonies.
Ensure that the hand basin has sufficient soap and paper towels for staff use. Ensure Alcohol hand gels are full.	Facilities for hand decontamination within the infected area are essential for effective barrier nursing.
Ensure all Staff have Alcohol hand gels.	Facilities for hand decontamination within the infected area are essential for effective barrier nursing.
Place yellow clinical waste bags in the room on a foot-operated bin. The bag must be sealed before it is removed from the room. For service users isolated in main bays, clinical waste should be placed into a small yellow waste bag and taken to the nearest clinical waste bin.	To comply with clinical waste regulations. Yellow is the recognized colour for clinical waste.
Keep the service user's personal property to a minimum. All belongings should be washable, cleanable or disposable. Please refer to section 8	The service user's belongings may become contaminated and cannot be taken home unless they are washable or cleanable. Anything else may have to be destroyed.
As far as is reasonably possible, provide the service user with his/her own equipment i.e. commodes, sphygmomanometer etc., and all items necessary for attending to personal hygiene. Use disposable items whenever possible i.e. disposable hoist sling, disposable blood pressure cuffs, wash bowls. Reusable equipment must be thoroughly decontaminated before being used for another service user	Equipment used regularly by the service user should be kept within the infected area to prevent the spread of infection.

Keep dressing solutions, creams and lotions etc., to a minimum and store them within the room. These must be single service user use only.	All partially used materials must be discarded when isolation ends (sterilisation is not possible); therefore, unnecessary waste should be avoided.
A Danicentre or Glove and Apron dispensers on a ward, be stocked with gloves and yellow aprons at the entrance to the isolation room. Avoid the use of trolleys as they collect dust and can be easily contaminated. If a trolley is used this must be emptied daily and cleaned with Chlorclean.	Staff are more likely to use the equipment if it is readily available.
Face masks – Ensure that you have necessary face masks; these must be single service user use only. Once used, they should be placed in a yellow clinical waste bag. Face Masks – should NOT be worn for more than 20 minutes at a time, as they become ineffective.	The face mask should fit the face, it may be necessary to remove facial hair; the mask is simply to avoid someone passing droplets of bodily fluids. ICP – Respiratory Hygiene (Cough Etiquette) & Waste Disposal
Ensure every member of staff has a poster regarding barrier nursing so they fully understand their duty of care.	It is necessary to give staff Information, Advice and Guidance around Nursing interventions.

Entering the room

Action	Rationale
Collect all equipment needed.	To avoid entering and leaving the infected area unnecessarily.
Remove any outer clothing and roll up long sleeves to the elbow.	To allow hand washing to take place.
Put on a disposable plastic **yellow** apron before entering the room.	A plastic apron is inexpensive, quick to put on and protects the front of the uniform, which is the most likely area to come into contact with the service user.
If advised, to put on a disposable, impermeable gown 'when heavy contamination is anticipated'. Advice will be given by the Infection Prevention and Control Team when this is deemed necessary.	To protect clothing from contamination to shoulders, arms and back.
Put on a disposable well-fitting mask if there is a risk of airborne contamination, i.e. **(a)** Tuberculosis: For further guidance on TB, refer to the TB guidelines **(b)** SARS: For further guidance on SARS, refer to the SARS guidelines **(c)** Influenza: For further guidance on influenza, refer to the Influenza guidelines	To reduce the risk of inhaling organisms and to comply with safe techniques and practices.
Safety glasses, visors or goggles must be available and must be worn when there is a risk of splashing of blood and body fluids.	To give protection to the conjunctiva from blood and body fluid splashes.
Wash hands with soap and water or use alcohol hand rub before entering the room. **N.B. Gel must not be used when C.diff or viral diarrhoea is known or suspected**	Hands must be cleaned before and after service user contact to reduce the risk of cross-infection.
Put on disposable gloves **only** if you are intending to deal with blood, excreta or contaminated material. Gloves **do not** need to be worn for routine entry into the isolation room.	To reduce the risk of hand contamination and to protect the wearer from exposure to blood borne viruses.
Enter the room, shutting the door behind you.	To reduce the risk of airborne organisms leaving the room.

Attending to the Service User

Action	Rationale
The service user and relatives must be informed of the reasons as to why they require isolation. A full explanation of the procedures and precautions must be provided. Information for the service user and relatives can be printed from the internet. When needed, the Infection Prevention and Control Team can be contacted to discuss these issues with the service user. **Ensure the service users are fully aware of the Trust hand hygiene policy and that they feel comfortable to ask staff and visitors to decontaminate their hands if this has not taken place.**	To ensure the service user is informed and to reduce anxiety.
Meals – Whenever possible the service user's meal/water jug should be passed to another member of staff looking after the service user to take into the barrier room. If this is not possible, staff serving meals/delivering water jugs should organise the delivery to deliver the meal/jug last. The meal apron can then be disposed of and hands washed on leaving the room. ***The service user must be offered the facilities to decontaminate their hands before eating.*** Trays from isolation rooms should be collected last and placed directly onto the trolley. The apron must be removed after the tray is returned and hands **MUST** be washed. Gloves are **NOT** required for tray removal. ***Crockery and cutlery*** must be washed in a dishwasher with a hot disinfecting cycle. They must not be hand washed.	This will prevent unnecessary time delay in the meal delivery, caused by staff having to change their apron before entering the room. Water at 80°C for 1 minute in a dishwasher will disinfect crockery and cutlery.

Excreta. Ideally, a toilet should be kept solely for the service user's use. If neither this nor disposable items are available, a separate bedpan or urinal and commode should be left in the service user's room. Gloves and aprons must be worn by staff when dealing with excreta. Bedpans and urinals should be covered and taken immediately to the sluice. Providing the apron and gloves are not physically soiled, the same PPE can be worn to go directly to the sluice. Staff **must** avoid touching door handles or other surfaces or items. PPE must be removed in the sluice and hands washed before returning to the isolation room where clean PPE should be worn. Commodes must be decontaminated using Chlorclean solution.	To minimize the risk of infection being spread from excreta, e.g. via a toilet seat or a bedpan.
Accidental spills. Any suspected contaminated fluids must be dealt with immediately, according to the Decontamination Policy, using hypochlorite.	Damp areas encourage microbial growth and increase the risk of spread of infection.
Bathing. If ensuite facilities are not available, an infected service user must be bathed/showered last on the ward. Clean and dry the bath or shower cubicle after the previous service user and after the infected service user.	Leaving the bath or shower dry after disinfection reduces the risk of microbes surviving and infecting others. Bacteria will not easily grow on clean, dry surfaces.
Dressings. Aseptic techniques must be used for changing all dressings. Waste materials and dirty dressings should be discarded in the appropriate yellow clinical waste bag inside the room. Used lotions, creams, etc., must be kept in the room and not used for other service users). Sterile packs must be stored safely to protect them from contamination and damage. Please refer to the Trust ANTT Policy	Aseptic procedures minimise the risk of cross-infection. Lotions and creams can become easily contaminated. Micro-organisms can survive on unopened sterile packs.

Linen. Place infected linen in a red alginate polythene bag, which must be secured tightly before it leaves the room. Just outside the room, place this bag into a red linen bag which must be secured tightly and not used for other service users. These bags should await the laundry collection in a safe area.	Placing infected linen in a red alginate polythene bag confines the organisms and allows staff handling the linen to recognize the potential hazard.
Waste. Yellow clinical waste bags should be kept in the room or bay for disposal of the entire service user's rubbish. The bag's top should be sealed before leaving the room.	Yellow is the international colour for clinical waste.

Leaving the room

Action	Rationale
If wearing gloves, remove and discard them in the yellow clinical waste bag.	To remove pathogenic organisms acquired during contact with service user before removing gown, so preventing contamination of uniform.
Remove apron and discard it in the appropriate bag. Wash hands or use Alcohol hand rub	Hands may be contaminated by a dirty gown or when removing gloves.
Leave the room, shutting the door behind you.	To reduce the risk of airborne spread of infection.
Wash hands with soap and water or rub hands with alcohol hand rub.	To remove pathogenic organisms acquired from items such as the door handle.

Daily Cleaning of the Room

NB. It is of paramount importance that the room, bay or bed space is cleaned daily. Domestic staff must be given access to the room or bay and ward staff must facilitate this process by working with domestic services to achieve high standards of cleanliness**.**

Action	**Rationale**
Domestic staff must understand why isolation is required and should be instructed on the correct procedure. Nursing staff must work in close collaboration with the domestic staff to ensure correct procedures are followed.	To reduce the risk of mistakes and to ensure that barrier nursing is maintained.
The area where isolation is being carried out must be cleaned last.	To reduce the risk of the transmission of organisms.
Separate cleaning equipment must be kept for this area. The yellow colour coding system must be used when cleaning isolation rooms, bays or bed spaces. This will include disposable cloths, mops and buckets.	Cleaning equipment can easily become infected. Cross-infection may result from shared cleaning equipment.
Members of the domestic services staff must wear gloves and yellow plastic aprons while cleaning and handling waste within the isolation room/bay or bed space.	Gloves will protect the domestic from exposure to cleaning chemicals and the potential contamination from blood and body fluids.
Floor (hard surface). These must be washed daily with a disinfectant (Chlorclean) as appropriate. All excess water must be removed. **Buckets should be filled in the domestic room or sluice. They must not be filled from the clinical hand basin.** **Cleaning solutions must be changed after each room, or bed space as a minimum.**	Daily cleaning will keep bacterial count reduced. Organisms, especially Gram-negative bacteria multiply quickly in the presence of moisture and on equipment

Cleaning solutions/disinfectant must be freshly diluted to the correct dilution following the manufacturer's instructions. **Under no circumstances, should products other than those agreed by Infection Prevention and Control and the Domestic services, be used.**	To ensure maximum efficiency of the solution.
After use, the bucket must be washed and dried and returned to the domestic cupboard (not the sluice).	Bacteria will not easily survive on clean, dry surfaces.
Mop heads if not disposable should be removed after use with isolation service users and laundered in a hot wash daily.	Mop heads become contaminated easily.
Furniture and fittings should be damp dusted using disposable yellow cloths and Chlorclean solution.	To remove any organisms.
The toilet, shower and bathroom area must be cleaned at least once a day.	
Cloths must be disposed of in the clinical waste bin within the room.	

Transporting Infected Service Users outside the Isolation Area to Other Departments

Action	Rationale
Service users with infectious conditions should only leave the ward for essential reasons.	To reduce the risk of infection to others.
Inform the receiving department concerned about the diagnosis. Good communication is vital to prevent risks to others.	To allow other departments time to make their own arrangements and to reduce the risk of cross infection to others.
Arrange for the service user to have the last appointment of the day whenever possible, and ensure the receiving department are aware of the service user's impending arrival.	The department concerned, the hospital corridors, lifts, etc., will be less busy and will allow more time for special cleaning and disinfecting.
Any porters involved must be instructed carefully on any precautions required, ensuring that the service user's confidentiality is maintained.	Protection and reassurance of porters are necessary to allay fear and to minimise the risk of the infection being spread to them.
Porter staff entering the isolation room should put on a yellow apron. It **is not** necessary for porters to wear gloves unless it is anticipated that they may be exposed to the service user's blood or body fluids. The apron should be removed once the service user is settled in the chair/bed or trolley and hands must be washed or decontaminated using alcohol gel on leaving the room. **Aprons and gloves must NOT be worn to transfer service users through the hospital.**	An apron will protect the front of the uniform, the area most likely to be contaminated. Gloves are only required as previously stated. They may also reduce the frequency of hand decontamination
It may be necessary for the nurse to escort the service user.	To ensure the necessary precautions are maintained.
In some circumstances, for example tuberculosis, the service user should wear a mask when leaving the room.	To prevent airborne cross-infection.
On entering the department, the service user must be taken straight to the procedures room and must not wait in the general waiting area.	To avoid the risk of cross infection to other service users who may still be in the department.

All staff including porters must wear a plastic apron to move or handle the isolation service user while they are in the department. Hands must be washed after any contact with the service user, including the clothing, bedding etc.	To protect their uniforms from contamination.
All equipment used in the room must be cleaned thoroughly after the service user has left the department. The trolley or chair should be cleaned after use. Detergent wipes will be sufficient for this process.	To prevent the risk of cross infection

Discharging the Service User – Terminal Cleaning of the Room

Action	Rationale
Nursing staff should inform the Infection Prevention and Control Team when the service user is due for transfer to another hospital.	The Infection Prevention and Control Team may need to provide advice on any special precautions.
Nursing staff must inform the domestic team that the room will need to be terminally cleaned using steam or Sterinis. In the case of C.diff, the room must be cleaned and then the hygiene technicians' team contacted to arrange the best time to use the Sterinis machine. Chlorclean should not be used prior to using Sterinis.	In order to prepare equipment and schedule adequate time to clean the room.
Nursing staff should strip the bed and clean all medical and nursing equipment with a Chlorclean solution. This should then be removed from the room by nursing staff to allow the domestic staff to clean. If curtains are to be changed (See section 7.5) these should be taken down before the room is cleaned.	Curtains readily become colonised with bacteria.
Impervious surfaces, e.g. Tables and chairs, windowsills etc., should be cleaned with **Chlorclean**. Service users' lockers must be cleaned thoroughly, including the inside.	Wiping of surfaces is the most effective way of removing contaminants. Relatively inaccessible places, e.g. ceilings, may be omitted; these are not generally relevant to any infection risk.
The floor must be washed and dried thoroughly. The bed should be pulled out to ensure the space behind the bed is cleaned thoroughly.	To remove any organisms present.
The room can be reused as soon as it has been correctly and thoroughly cleaned. Open windows and allow room to dry thoroughly before use.	Most organisms will survive in the environment for long periods of time. Effective cleaning will remove these organisms. Once cleaning has been completed, the room is ready to admit another service user.

7. Curtains

7.1 Curtains must be changed on termination of isolation following service users who have had the following infections:

- Pulmonary Tuberculosis (TB) & Multi Drug Resistant Tuberculosis (MDRTB)
- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Clostridium difficile.
- Viral Diarrhoea and Vomiting

7.2 The contaminated curtains should be removed before the room is cleaned. The clean curtains should be hung after the room has been cleaned.

7.3 If in doubt, contact the Infection Prevention and Control Nurses.

8. Service User Clothing and Soiled Laundry

8.1 In order to ensure that relatives/ friends are not exposed to contaminated /infected items, all items of service user clothing that is either contaminated (i.e. soiled) or from a service user with an infection must be bagged in the service user laundry bag with alginate (water soluble) strip designated for personal service user clothing (different type of alginate bag from that used for infected/ soiled linen on the ward)

8.2 Further information is available in the Guidance for Home laundering of Soiled/Infected Service User Clothing.

9. Protective Isolation

9.1 Protective isolation is intended to prevent a more susceptible service user acquiring infection e.g. service users with lowered immune systems.

9.2 This is best achieved in a positive pressure side room i.e. on Ward 19 at BHH, although a general side room may be used with the door remaining closed.

9.3 Staff/visitors with infections including colds, flu like symptoms and active cold sores should not care for or visit the service user.

9.4 The room/ furniture should be cleaned with detergent and water prior to admitting the service user.

9.5 Staff must ensure that they decontaminate their hands and put on a clean apron before entering the room.

9.6 Local protocols/polices will apply and determine exact practice when caring for service user in protective isolation in specific areas such as ward 19 BHH.

9.7 Compliance with this policy can be monitored via exception only which may be reported via associated standing agenda items for committees, (i.e. increased outbreaks of MRSA of C Diff, may prompt a further investigation of compliance with Infection Prevention Control Policies).

10. Responsibilities

10.1 Trust management are responsible for:

- The provision of a safe environment within health-care premises. This included the provision of adequate isolation facilities. This is a statutory obligation and must form part of the Trust Risk Management strategy (Code of Practice for Infection Control 2008).
- Ensuring that the environment in which service users are nursed is designed so that the risks of transmission of infection are minimised.
- Ensuring that the Infection Prevention and Control Team are involved in design of new or refurbished clinical facilities from an early stage such that sufficient isolation facilities can be provided.
- Funding additional resources necessary to prevent/control an outbreak as appropriate (see Outbreak Policy).
- Ensure that the provision of existing isolation facilities or single rooms are not compromised by future service developments and ward reconfigurations.

10.2 The Infection Prevention and Control Team are responsible for:

- Providing education to clinical staff on the early detection of possible infectious conditions and possible outbreaks.
- Providing training on the Isolation policy.
- Communicating up to date information relating to isolation issues and outbreaks to appropriate personnel within the Trust, Health Protection Unit and Strategic Health Authority.
- Advising and co-ordinating the appropriate action to be taken to isolate service users and prevent/limit hospital outbreaks.
- Liaising with Bed Management, On Site Practitioners and clinical teams to risk access and assist in the appropriate isolation or placement of infectious service users.

The Infection Prevention and Control Team should be informed about:

- Individual service users needing isolation, where a side room is not deemed appropriate for the service user i.e. detrimental to the service user's condition e.g. confusion, risk of falls, psychological effect etc.
- Infectious service users and / or staff members where contact tracing will be required e.g. chickenpox, shingles, pulmonary Tuberculosis etc.
- Potential outbreaks so that advice about appropriate isolation of service users can be given
- Where side rooms are not available for service users requiring isolation.

10.3 The Occupational Health Team are responsible for:

- Alerting the Infection and Prevention Control Team of any infectious conditions amongst Trust employees that could be transmitted during the course of their work.
- Participating in the contact tracing of staff members exposed to infectious conditions as applicable.
- Co-ordinating staff treatment of any infectious disease. Reporting of staff symptoms during an outbreak.

10.4 Managers/Senior Sisters are responsible for:

- Ensuring dissemination of this policy.
- Ensuring compliance with this policy and ensuring service user safety is maintained. Facilitating the delivery of education provided by the Infection Prevention and Control Team.
- Ensuring staff in their area have the knowledge and skills to work safely. Ensuring correct equipment e.g. gloves, aprons, alcohol hand gels are available.
- Co-ordinating staff, linen and glove supplies etc., during an outbreak following the outbreak policy.
- Take action when staff fail to follow the principles of this policy.

Clinical teams are responsible for:

- The prompt notification of Infectious diseases (See Section 9).
- Communicating to Infection Prevention and Control details of service users known or suspected of infectious disease.
- Ensuring that they comply with this policy.

10.5 All staff are responsible for:

- Implementing standard infection prevention and control precautions for all service users and abiding by the guidance of this policy.
- Providing the special requirements for the management of service users with specific infections that are either known or suspected by:
  - Ensuring that prompt action is taken, and the Isolation policy followed whenever a service user is suspected or known to be infectious
  - Undertaking a risk assessment on suspected or known infectious service users and moving service users to a side room as appropriate
  - Ensuring effective communication to other members of the team both verbally and through appropriate signs service user care plans etc. (See appropriate policies relating to MRSA, Varicella, Tuberculosis etc.)
  - Ensuring the appropriate PPE is readily available and easily accessible
  - Liaising, as appropriate, with the Infection Prevention and Control Team and the bed manager when a side room is not available so that a risk assessment can be undertaken
  - Ensuring that the room/ bed space is cleaned to the appropriate standard after the discharge/ transfer of the service user
  - Ensuring that they report to Occupational Health/Line manager prior to attending work if they have an infectious illness such as diarrhoea and vomiting, flu like symptoms or a rash of unknown origin.

10.6 Estates Departments are responsible for:

- Ensuring the ongoing maintenance of ventilation systems for isolation rooms.
- Informing the Infection Prevention and Control Team of any outstanding problems relating to the ventilation systems for the negative or positive pressure side rooms.

10.7 Cleaning Contractors are responsible for:

- Ensuring that all rooms and bed spaces used for service users with known or suspected infections are cleaned according to the daily and terminal clean specifications (See Appendices 1 and 2).
- Ensuring that all staff have the knowledge and skills required to undertake daily and terminal cleaning of isolation rooms.
- Ensuring that all staff comply with this policy.

11. Monitoring Arrangements

11.1 Regular Monitoring

The policy will be monitored using an audit tool. Results will be reported to the Infection Control Executive Committee who will review compliance and if necessary, nominate a manager to develop an action plan to achieve the standards / process set out in the document. This action plan will also be monitored via this Committee.

Where appropriate the Risk Register will be updated.

11.2 Monitoring through exceptions

Compliance with this policy can be monitored via exception only which may be reported via associated standing agenda items for committees' (i.e. increased outbreaks of MRSA of C diff, may prompt a further investigation of compliance with Infection Prevention and Control Policies).

12.0 Treatment for Infection

About flu

Flu (influenza) is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but you'll usually begin to feel better within about a week.
You can catch flu all year round, but it's especially common in winter, which is why it's also known as seasonal flu.

Flu isn't the same as the common cold. Flu is caused by a different group of viruses and the symptoms tend to start more suddenly, be more severe and last longer.
Flu symptoms:

- Some of the main symptoms of flu include:
- a high temperature (fever) of 38C (100.4F) or above
- tiredness and weakness
- a headache
- general aches and pains
- a dry, chesty cough

Cold-like symptoms, such as a blocked or runny nose, sneezing, and a sore throat, can also be caused by flu, but they tend to be less severe than the other symptoms you have.

Flu can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better.

What to do

If you're otherwise fit and healthy, there's usually no need to see your GP if you have flu-like symptoms.

The best remedy is to rest at home, keep warm and drink plenty of water to avoid dehydration. You can take paracetamol or ibuprofen to lower a high temperature and relieve aches if necessary.

Stay off work or school until you're feeling better. For most people, this will take about a week.

- When to see your GP
- Consider visiting your GP if:
- you're 65 years of age or over
- you're pregnant
- you have a long-term medical condition – such as diabetes, heart disease, lung disease, kidney disease or a neurological disease
- you have a weakened immune system – for example because you're having chemotherapy or have HIV you develop chest pain, shortness of breath, difficulty breathing or start coughing up blood your symptoms are getting worse over time or haven't improved after a week In these situations, you may need medication to treat or prevent complications of flu.

Your GP may recommend taking antiviral medicine to reduce your symptoms and help you recover more quickly.

How long does flu last and is it serious?

If you have flu, you generally start to feel ill within a few days of being infected.
You should begin to feel much better within a week or so, although you may feel tired for much longer.

You'll usually be most infectious from the day your symptoms start and for a further 3 to 7 days. Children and people with weaker immune systems may remain infectious for longer.

Most people will make a full recovery and won't experience any further problems, but elderly people and people with certain long-term medical conditions are more likely to have a bad case of flu or develop a serious complication, such as a chest infection.

Management Action Plan: - for an Outbreak

(All Management action plans will run for a minimum of 3 days and reviewed every 24 hours)

Task	Rationale
1: Identify all staff and service users at risk, and put in priority order	It is necessary to identify staff at risk and put them in order to ensure people can still be basic care.
2: Priority Visits Only – People without family, or in supported living.	It is necessary to deploy care staff to staff at risk, and work down the list.
3: Reduction in calls – It may be necessary to reduce the number of calls to a staff member, again, this should be risk assessed.	It may be necessary to reduce any calls that are not necessary to support life.
4: Public Transport – Staff to avoid enclosed spaces	Team up a driver and care worker -
5: Universal barrier nursing Controls	Staff to be provided with PPE, to support standard precautions, Hand hygiene and Respiratory Hygiene.
6: Staff Risk Assessment: - Staff that are at high risk to infection such as, COPD, Asthma and Pregnancy will be removed from Care duty's	Staff that are High risk will be placed on Office duties or Welfare duties. – or driving duty's
7: Working from Home Policy	All unnecessary visits to the office to stop, PPE and other equipment will be taken to your first call. Or delivered to your home.
8: All staff with signs of infection to be provided with own equipment for taking vital signs	Vital signs to be taken and reported directly to duty manager to talk to the MDT or GPS
9: Homely Remedy Policy to be provided	Homely Remedies should be made available that could commonly be available in any household this includes: • Paracetamol for Fever • Ibuprofen to treat, Pain, inflammation • Dioralyte – to reduce dehydration • Cold Compression to help with Fever
10: Staff should be placed on a Fluid balance sheet – on first symptoms	To avoid the risk of dehydration, you will need to record input and out put
11: Staff with Respiration Difficulties	See Appendix 1 Respiration Difficulties
12: Self Isolate Services	Management has the right to Self-Isolate Services and will notify family of this, we will provide IT solutions to ensure family can still talk to service users or staff.

13: Clinical Waste Sites	It may be necessary to put clinical waste sites in each home or areas of business to reduces the spread of infection
14: Suspend – Holidays and Training	Due to staff shortages it may be necessary to suspend Holidays and training to ensure staff staffing levels.
15: Staff Testing: Staff May be required to have their vital signs taken each day to ensure they are fit and well to work	To ensure our Staff wellbeing, we may require you to have your temperature and vital signs taken before the start of your shift to ensure you are staff to work.

Appendix 1 Respiration Difficulties

Resting positions

The following positions may help if you are breathless at rest or if you are feeling very tired or exhausted from breathlessness.

High side lying

Make sure you are fully over on your side. Resting your upper arm on a pillow may also help.

Side lying with pillows with your lower shoulder brought slightly forward. Head and knees should be comfortably supported.

Knees should be slightly bent, and you may find it comfortable to position a pillow between your knees.

Forward lean positions

Forward lean in bed

Place one or two pillows on your lap in front of you, lean forward folding your arms across and resting your head onto the pillows. You may turn your head to one side.

Relax down onto the pillows as much as possible. Having your legs apart or bent may also help.

You can also do this sitting in a chair and placing the pillows on a table in front of you.

Forward lean sitting at the edge of the bed

Place your feet flat on the floor and rest your hands on the edge of the bed.

You can also place your forearms onto your legs so that you are leaning forward whilst sat in a chair or at the edge of the bed.

Leaning against a wall in standing

In standing lean your hips against a wall and rest your hands on your thighs.

Try to avoid raising shoulders or tightening your neck muscles.

How they work

Forward lean positions fix the shoulders still to support the breathing accessory muscles so they can pull on your ribs to help draw the air in. Leaning forward may also improve the movement of your diaphragm.

When to use

Use a forward lean position to help you recover from breathlessness after activity.

When using these positions, try to keep your back straight but let your head drop so your neck is relaxed. Also, try to relax your wrists.

If you have any adverse reaction such as your breathlessness getting worse or you are experiencing a new onset of breathlessness stop using these positions and seek medical advice.

11. References

Department of Health (2008) The Health Act Code of Practice for the Prevention and Control of Health Care Associated Infections

Damani D (2003) Manual of Infection Control Procedures. 2nd Edition. Greenwich Medical Media: London.

Department of Health (2006) The Health Act 2006 Code of Practice for the prevention and Control of Health Care Associated Infections.

Joint Working Group (2001) Review of Hospital Isolation and Infection Control Related Precautions.

National Audit Office (2000) The Management and Control of hospital acquired infection in acute NHS Trusts' in England.

Plowman R, Graves N, Griffin N et al. (2000) Socioeconomic burden of hospital acquired infection. PHLS: London.

The Royal Marsden Hospital (2004) Manual of Clinical Nursing Procedures

Appendix 1

Daily procedure for cleaning an isolation room or a bed space of an infected service user.

For equipment and Health and Safety issues, please see Cleaning Checklist for Isolation Rooms in the Trust's Cleaning Manual.

Method

- Wash hands and put on disposable gloves and apron. A yellow apron must be worn when entering any isolation room or isolation bed space in a Bay. Masks should only be worn when instructed to by the nurse in charge. Disposable gloves should be worn for cleaning to prevent exposure to chemicals and if there is a potential exposure to blood and body fluids. **It is not necessary to wear gloves just to enter the room or remove water jugs.**
- Display the warning signs in the area, ensuring all signs are visible.
- High dust the area i.e. high ledges, window frames, curtain tracks light fittings etc. (refer to the High Dusting method statement in the Trust's Cleaning Manual.)
- Only yellow disposable cloths and mops should be used. The cloths and mops should be used for one bed space only and disposed of after use. Under no circumstances should J-cloths be re-used from one bed space or room to another.
- Prepare the cleaning solution (Chlorclean solution) in a well-ventilated area (refer to manufacturer's instructions.) Ensure the correct diluter bottle is used and the solution made as per manufactures instructions (see Appendix 4).
- Damp dust all ledges, surfaces and fixed equipment; lamps, chairs, lockers, bedside table/ desk, radiator, door handles with Chlorclean (refer to the Damp Dust method statement in the Trust's Cleaning Manual.
- If visibly soiled, hand wash the wall to hand height (refer to the Wall Washing method statement in the Trust's Cleaning Manual).
- Clean the wash basin, taps and ensuite if applicable moving from clean to dirty surfaces

- Dust control the floor area (refer to the Dust Controlling method statement in the Trust's Cleaning Manual).

  If vacuum cleaners are used in isolation rooms or bays, they must be HEPA filter vacuums suitable for high risk areas. In high risk area such as ITU, ward 27 and 28 a vacuum may be used providing it is Hepa filtered to a standard suitable for very high-risk areas and staff are trained in the appropriate use and changing of filters etc.

- Damp mop the floor area (refer to the Damp Mopping method statement in the Trust's Cleaning Manual).

  Any blood or body fluid spills / splashes should be dealt with by the nursing staff unless this has been agreed locally that domestics undertake this duty.

- Dispose of the cloth when the task is completed. Cloths should be disposed of into yellow clinical waste bag.
- Place mop into plastic bag for separate laundering in basement (see Trust Policy).
- Remove and dispose of gloves and apron. On completion of task into the yellow clinical waste bag. Seal bag before removing from the room.
- Wash hands.

Appendix 2

Procedure for the Terminal Clean of a Vacated Room following discharge of all service users that have been source isolated

Prior to the commencement of a terminal clean, nursing staff should ensure that all medical items and equipment have been removed from the room to the dirty utility for cleaning and decontamination. The bed should be stripped, and pillows and bed mattress cleaned with detergent and water and dried thoroughly. All service users belonging should be removed.

For equipment and Health and Safety issues, please see Terminal Clean of Vacated Room in the Trust's Cleaning Manual.

Method

- Wash hands and put on disposable gloves and apron.
  A yellow apron must be worn when entering any isolation room or isolation bed space in a Bay. Masks should only be worn when instructed to by the nurse in charge.
  Single use disposable gloves should be worn for cleaning to prevent exposure to chemicals and if there is a potential exposure to blood and body fluids.

- Display the warning signs in the area, ensuring all signs are visible.

- High dust the area i.e. high ledges, window frames, curtain tracks light fittings etc., (refer to the High Dusting method statement in the Trust's Cleaning Manual).
  Only yellow disposable cloths and mops should be used. The cloths and mops should be used for one bed space only and disposed of after use. Under no circumstances should J-cloths be re-used from one bed space or room to another.

- Prepare the cleaning solution (Chlorclean solution), in a well- ventilated area (refer to manufacturer's instructions). Ensure the correct diluter bottle is used and the solution made as per manufactures instructions (see Appendix 4).

- Strip the beds (or speak to Nurse in Charge if not done).

- Dispose of waste correctly. *Place any remaining rubbish into the yellow clinical waste bag. Seal waste bag before removing from the room. Dispose of according to Trust clinical waste policy.*

- *If curtains are to be changed (see section 7.5) these must be removed prior to the commencement of cleaning. Gently place into a red alginate inside a red plastic laundry bag, or if disposable, into a yellow clinical bag. Seal bag before removal from the room or area.*

- Dampen or rinse a cloth in the cleaning solution and wring out well*. Only yellow disposable cloths and mops should be used. The cloths and mops should be used for that side room or bed space only and disposed of after use. Under no circumstances should J-cloths or mops be re-used.*

- Damp dust the bed, table/desk, chair, lamps, radiator, bedside lock (inside, outside and base) and any other furniture, fixtures and fittings including door handles (refer to the Trust's Damp Dust method statement in the Trust's cleaning manual)

- *Ensure all clinical equipment has been removed from the area for cleaning and disinfecting by nursing staff.*

- Damp dust all ledges, surfaces and fixed equipment*. Include all high ledges, window frames, curtain tracks light fittings etc.* Refer to the Damp Dust and High Dust method statement in the Trust's Cleaning Manual.

- Remove furniture and equipment from the room (as applicable to allow efficient cleaning of surfaces and floors).

- Clean wash basin, taps and ensuite if applicable moving from clean to dirty surfaces

- Damp mop the floor area (refer to the damp mopping method statement in the Trust's Cleaning Manual).
  If vacuum cleaners are used in isolation rooms or bays, they must be HEPA filter vacuums suitable for high risk areas. In high risk area such as ITU, ward 27 and 28 a vacuum may be used providing it is HEPA filtered to a suitable standard for use in very high-risk areas and staff are trained in the appropriate use and changing of filters etc.

- *If visibly soiled, hand wash the wall to hand height as per wall washing method statement in the Trust's cleaning manual.*

- Damp mop the floor area (refer to the Damp Mopping method statement in the Trust's Cleaning Manual). *Any blood or body fluid spills / splashes should be dealt with by the nursing staff unless this has been agreed locally that domestics undertake this duty.*

- Replace all furniture. Dispose of the *cloth into yellow clinical waste bag, place mop in plastic bag for separate laundering in basement (see Trust Policy).*

- *Open windows to facilitate drying of surfaces and to allow the room to ventilate.*
- *Before handing clean curtains, remove apron and gloves and wash hands. Rehang clean curtains when the room is dry.*
- Inform ward staff that the room is ready for occupation.

Appendix 3

Infection Prevention and Control Team
Alert Organism Risk Assessment for the Use of Isolation Rooms

All service users suspected or known to be colonised or infected with an infectious disease or condition must be isolated, in line with Trust's Isolation Policy. However, due to limited isolation facilities, it is recognised that at times, single rooms will need to be prioritised. The following information is intended to assist Senior Nursing staff, Bed Management teams and Ward Managers in this process.

Code	
3	**High priority for a single room or isolation room with negative pressure. Inform Infection Prevention and Control Team (ICT) if single room or isolation room not available.**
2	**Single room required. Assess service users currently inside rooms. If single room not available, contact Infection Prevention and Control to discuss further. Where side room n/a, nurse in main bay, providing other service users in the bay are not deemed vulnerable i.e. with open wounds or invasive devices, immunocompromised etc. Move to single room ASAP.**
1	**Low risk. Single room or cohort bay required, but may be nursed in bay providing other service users in the bay is not deemed vulnerable i.e. with open wounds or invasive devices, immunocompromised etc**
0	**Does not require Isolation**
*****	**May require contract tracing**

Alert Organism		level	Comment
MRSA	Colonised in screening site i.e. nose, invasive devices, i.e. PVC	2	Check no other service users in bay with open wounds or invasive devices
MRSA	Sputum positive and Productive cough	2	Staff to wear masks when suctioning
	Open oozing wound?	2	
	Dry surgical wound?	2	
Infectious diarrhoea and vomiting could include: -, Campylobacter, Salmonella, Rota and Noro virus	Suspected/Confirmed	3	Until asymptomatic for 48 hours or confirmed non-infectious.

Vomiting only, thought to be infectious in nature		3	Vomiting should take precedence over diarrhoea if single rooms are limited
C. Difficile	Diarrhoea	3	Service users with loose (6) or Watery (7) stools
	Asymptomatic	0	Providing 48 hours since last symptom and has passed a formed stool
Chickenpox	Rash developed within previous 10 days	3*	Only staff with a history of Chicken Pox should have contact with service user
	Rash still wet	3*	As above
	Rash dry, longer than 10 days old	0	
Shingles	Rash in an exposed area	2*	As above
	Rash covered	1*	As above
Tuberculosis	Confirmed pulmonary	3*	Until 14 days of treatment (Neg prevent)
	Suspected pulmonary TB	3*	Isolate until three sputum samples are negative on microscopy
	Suspected or confirmed Drug Resistant Pulmonary TB	3*	Requires negative pressure ventilation on ward 28
	Non-Pulmonary TB	0	Unless aerosolising procedures are being undertaken or draining wounds

Multi resistant/ESBL producing organisms in Urine	Continent service user	2	If service user self-caring, encourage to clean toilet seat with detergent wipe after use
	Catheterised service user	3	
	Incontinent service user	3	
Multi resistant/ESBL producing organisms in other sites		2	Discuss with ICT
Scabies		0	Unless Norwegian scabies when isolation required
Blood borne virus Hep B, C, HIV		0	Unless there is a high risk of blood or blood-stained body fluid splashing
Group A Strep		3	Until 48 hours of appropriate antibiotics
Head Lice		0	
Suspected Meningitis – meningococcal		3*	Until 24 hours of antibiotics. Inform Infection Prevention and Control if in direct contact with respiratory secretions during resuscitation
Influenza (including swine flu)		3*	Until 4 days after start of treatment or until clear of symptoms (for critical care or immunocompromised service user discuss with infection control)

Measles		3*	Until 5 days after onset of rash
Mumps		2*	Until 9 days after onset of swelling
Viral haemorrhagic Fever		3*	Inform infection Prevention and Control or Microbiologist on call **immediately** if diagnosis is suspected
SARS/Avian Flu		3*	Inform Infection Prevention and Control or Microbiologist on call **immediately** if diagnosis is suspected (Neg pres. ventilation required)
Respiratory Syncytial Virus (RSV)		3	May be cohort nursed when on paediatric wards if known RSV +
CJD		0	Inform Infection Prevention and Control or Microbiologist on call **immediately** if diagnosis is suspected
Fever of unknown cause		3	If recently returned from foreign travel Discuss with Infection Prevention and Control/Consultant Microbiologist on call

Appendix 4: Equality and Diversity - Policy Screening Checklist

Policy/Service Title: Isolation	Directorate: Laboratory Medicine
Name of person/s auditing/developing/authoring a policy/service: Infection Prevention and Control Team	

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

	Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
1.1	Age?		✓				
1.2	Gender (Male, Female and Transsexual)?		✓				
1.3	Disability?		✓				
1.4	Race or Ethnicity?		✓				
1.5	Religious, Spiritual belief (including other belief)?		✓				
1.6	Sexual Orientation?		✓				
1.7	Human Rights: Freedom of Information/Data Protection		✓				

If yes is answered to any of the above items, the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:							
Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
2.1	Age?		✓				
2.2	Gender (Male, Female and Transsexual)?		✓				
2.3	Disability?		✓				
2.4	Race or Ethnicity?		✓				
2.5	Religious, Spiritual belief (including other belief)?		✓				
2.6	Sexual Orientation?		✓				
2.7	Human Rights: Freedom of Information/Data Protection		✓				
If yes is answered to any of the above items, the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =							
3. Check for DIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
3.1	Age?		✓				
3.2	Gender (Male, Female and Transsexual)?		✓				
3.3	Disability?		✓				
3.4	Race or Ethnicity?		✓				
3.5	Religious, Spiritual belief (including other belief)?		✓				
3.6	Sexual Orientation?		✓				
3.7	Human Rights: Freedom of Information/Data Protection		✓				

If yes is answered to any of the above items, the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:		**Response**		**Action required**		**Resource implication**	
		Yes	**No**	**Yes**	**No**	**Yes**	**No**
4.1	Age?		✓				
4.2	Gender (Male, Female and Transsexual)?		✓				
4.3	Disability?		✓				
4.4	Race or Ethnicity?		✓				
4.5	Religious, Spiritual belief (including other belief)?		✓				
4.6	Sexual Orientation?		✓				
4.7	Human Rights: Freedom of Information/Data Protection		✓				

If yes is answered to any of the above items, the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =

Signatures of authors / auditors:

Date of signing:
Equality Action Plan/Report

Directorate: Laboratory Medicine
Service/Policy: Isolation Policy
Responsible Manager: Diane Tomlinson
Name of Person Developing the Action Plan:
Consultation Group(s):
Review Date: March 2022

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by:

Action:	**Lead:**	**Timescale:**
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews		
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager: Date:

Appendix 5 **Approval/Ratification Checklist**

Title	Isolation Policy

	Ratification checklist	**Details**
1	Is this a: Policy	
2	Is this: Revised	
3*	Format matches Policies and Procedures Template (Organisation-wide)	Yes
4*	Consultation with range of internal /external groups/ individuals	Infection Prevention and Control Team/Virologists
5*	Equality Impact Assessment completed	All Infection Prevention and Control policies are based on National Guidelines and are in place to protect service users and staff.
6	Are there any governance or risk implications? (e.g. service user safety, clinical effectiveness, compliance with or deviation from National guidance or legislation etc)	No
7	Are there any operational implications?	No
8	Are there any educational or training implications?	No
9	Are there any clinical implications?	No
10	Are there any nursing implications?	No
11	Does the document have financial implications?	No
12	Does the document have HR implications?	No
13*	Is there a launch/communication/implementation plan within the document?	
14*	Is there a monitoring plan within the document?	Yes
15*	Does the document have a review date in line with the Policies and? Procedures Framework?	Yes
16*	Is there a named Director responsible for review of the document?	DIPC

17*	Is there a named committee with clearly stated responsibility for approval monitoring and review of the document?	ICEC

Document Author / Sponsor

Signed …… ……..……

Title……

Date……..……..……..……

Approved by (Chair of Trust Committee or Executive Lead)

Signed …… ……..……

Title……

Date……..……..……..……

Ratified by (Chair of Trust Committee or Executive Lead)

Signed …… ……..……

Title……

Date……..……..……..……

Appendix 6: Launch and Implementation Plan

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Action	***Who***	***When***	***How***
Identify key users / policy writers	Not appropriate		
Present Policy to key user groups	Not appropriate		
Add to Policies and Procedures intranet page / document management system.	IPCT Administrator		Access share point and Infection Prevention and Control website. Archive previous version and add revised document
Offer awareness training / incorporate within existing training programmes	Not appropriate		
Circulation of document(paper)	Not appropriate		
Circulation of document(electronic)	IPCT Administrator	March 10	SharePoint and Infection Prevention and Control Website

Dissemination Record - to be used once document is approved
(This dissemination record is not mandatory)

Date put on register / library of procedural documents	March 2020	**Date due to be reviewed**	March 2022

Disseminated to: (either directly or via meetings, etc)	**Format (i.e. paper or electronic)**	**Date Disseminated**	**No. of Copies Sent**	**Contact Details / Comments**
Not appropriate				