



## Isolation Practice Standard

**This is a step by step guide to managing isolated patients who require 'enhanced' precautions i.e.**

- Requiring greater level of Personal Protective Equipment (PPE)
- Disposal of linen as infected
- Disposal of waste as infected
- Disinfection of reusable equipment
- Disinfection of the patients environment

An **Enhanced** door notice must be displayed at the entrance to the side room/ area (e.g. cubicle) or cohort facility by the nursing staff to alert clinical and non clinical staff that the patient/s are in isolation





## Hand hygiene - staff

- **During isolation using 'enhanced' precautions all hand decontamination within the patient's room/area must be with liquid soap and water.**
- Hand decontamination is required in the following circumstances:
  - Immediately before putting on gloves
  - Immediately after removing gloves and apron (e.g. following a procedure or any contact with a patient or their immediate environment)
  - Immediately before donning gloves and apron if these are replaced whilst in the room (e.g. following a procedure, between patients)
  - Immediately before leaving the room
  - Immediately after leaving the room



## Before entering the room

- **Clean hands by washing or by using gel**
- Don a fluid repellent apron or full length gown - the choice will depend on either;
  - The type of organism involved or the level of soiling likely to occur (Infection Prevention (IP) will advise)
- Glove use is determined upon whether the Health Care Worker (HCW) is likely to be exposed to blood/body fluids or chemical cleaning products, **if yes** then gloves are indicated, always decontaminate hands by washing or gelling before putting gloves on (see Control of Substances Hazardous to Health COSHH risk assessment on Staffroom)
- Do not take equipment into the room that -
  - Cannot be fully cleaned using a disinfectant such as Chlor clean before bringing out of the room
  - That cannot stay in the room with the patient for the duration of their stay
  - **Do not** overstock as all consumables will have to be thrown away after the patient has vacated the room
- Use 'single use/single patient use' equipment if possible, dispose of as infected waste when the patient is discharged.



## When in room decontaminate hands

- Immediately after removing apron and gloves (e.g. following a procedure or any contact with a patient or their immediate environment)
- Immediately before donning gloves and apron if these are replaced whilst in the room (e.g. following a procedure, between patients)



## Before leaving the room

- Remove apron - being careful not to touch the high contact areas at the front of the apron – dispose of it in the infected waste bin in the room
- Remove gloves turning them inside out from the cuff as you do so to prevent contamination of your hands with body fluids or chemicals – dispose of in the infected waste bin, clean hands as above
- Do not leave the room wearing PPE unless you are going **directly** to the sluice to dispose of infective waste. The exception to this would be respiratory masks, these must be removed and disposed of as infected waste into a bin with a lid kept directly **outside** the patients room (please refer to Respiratory Guidelines on Staffroom)



## Waste disposal

For waste that cannot be left in the room in the patients bin i.e. offensive smelling waste;

- Take a small orange bag into the isolation room
- Dispose of waste into this bag
- Tie the top
- Use your elbow to depress the door handle to open the door
- It is best practice to have a 'runner' wearing gloves and apron waiting outside the room to take the waste to the sluice, if there is no available member of staff...
- Keep the PPE on and take the waste to the sluice **directly** and place in the large infected waste bin with lid
- Remove gloves and apron in the sluice and dispose of as infected waste
- Decontaminate hands **immediately**
- If removing a bedpan from the room always ensure that the contents are covered using the authorised cardboard protector (for slipper pans use the bag recommended by the supplier)



## Linen disposal

- Leave the linen skip with the clean white linen bag **outside** the patients room
- Take a red water soluble bag into the patients room
- Put the soiled linen into the into water soluble bag and tie the top to secure the linen
- Open the door as above and place the tied water soluble bag into the white linen bag
- Either a runner should wait outside the isolation room to tie up the white bag and label with 'infected linen' tape; if they are not available...
- Dispose of your PPE in the patients room and decontaminate your hands before you come out of the room and label the white linen bag as above then decontaminate your hands **again**



## How to decontaminate the isolation room on a daily basis

- Isolation rooms, bed spaces or cohort facilities should be cleaned after the other rooms, bays and general areas on the ward
- Put on single apron before entering the isolation room, area or cohort facility
- Put on gloves prior to contact with chemicals
- Damp dust all surfaces using a single use disposable cloth. After use, dispose of cloth as infected waste into the orange bag in the patients room
- All areas that are touched frequently must be cleaned, disinfected and dried thoroughly e.g. door handles, taps, toilet handles/pulls, and push plates and nurse call bell
- Mop the floor using a disinfectant cleaning agent as advised by IP
- When the cleaning process is finished remove apron and gloves, dispose of into the infected waste bags and wash and dry hands thoroughly with soap and water **before** leaving the isolation room, area or cohort facility



# Environmental decontamination after the patient has vacated the room

- The bed space vacated by the infected patient on the ward must be cleaned effectively and thoroughly
- The bed, mattress, bed rails, locker, chair and table must be cleaned and disinfected by nursing staff, this must be recorded on the bed space cleaning record
- Single patient use equipment must be disposed of in clinical waste when no longer required
- Remove bed linen and **all unused** linen and dispose of as above
- Clean all surfaces of the bed; bed frame and mattress/pillow/s with a single use cloth and a disinfectant solution
- Clean each mattress as per local protocol. Specialist mattresses must be cleaned as above and returned to the equipment library/store
- If any further environmental clean is required e.g. HPV for C.diff IP will advise
- **Curtains** - if the room is going to have HPV leave the curtains up and pulled out to allow the vapour to reach all areas. In all other instances the curtains must be changed

**NB The mattress cover should be carefully inspected at each cleaning. If damaged or torn then the mattress should be disposed of as an infection risk.**