### Patient Placement/Assessment of Risk

<table>
<thead>
<tr>
<th>Patient Placement/Assessment of Risk</th>
<th>Daily check (√/x)</th>
</tr>
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<tbody>
<tr>
<td>Patient isolated in a single room with <em>en suite</em> facilities / own commode. If a single room is not available, an IPCT risk assessment is completed daily. Stop isolation when patient is asymptomatic / back to normal respiratory function for at least 24 hours OR patient has completed a course of antiviral medication. (If patient is ventilated, seek advice from a consultant microbiologist)</td>
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<tr>
<td>Place yellow isolation sign on the door to the isolation room</td>
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<tr>
<td>Door to isolation room is closed when not in use. If for any reason this is not appropriate then an IPCT risk assessment is completed (Back page).</td>
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### Hand Hygiene (HH)

- All staff must use correct 6 step technique for hand washing at 5 key moments
- HH facilities are offered to patient after using the toilet or during coughing/sneezing episodes and prior to mealtimes etc. (clinical wash hand basin/ wipes where applicable)

### Personal Protective Clothing (PPE)

- Disposable gloves and yellow apron are worn for all direct contact with the patient and their equipment/environment, removed before leaving the isolation area and discarded as clinical waste. HH must follow removal of PPE.
- Staff are wearing face protection i.e goggles/mask where there is a risk of body fluid splashing onto the face or when within 1m of patient.
- Staff are wearing appropriately fitting FFP3 masks during Aerosol Generating Procedures (AGPs). (See Table 1 below for list of AGPs)
- Visitors participating in patient care should be offered appropriate PPE.

### Safe Management of Care Equipment

- Single-use items are used where possible or equipment is dedicated to patient while in isolation.
- There are no non-essential items in room. (eg. Excessive patient belongings)
- Twice daily decontamination of the patient equipment by HCW is in place using 1,000 ppm solution of Actichlor Plus (or equivalent)

### Safe Management of Care Environment

- Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm Actichlor Plus (or equivalent). A terminal clean will be arranged on day of discharge/ end of isolation.

### Laundry and Clinical/Healthcare waste

- All laundry is placed in a water soluble bag, then into a clear plastic bag (brown bag in mental health areas), then into a laundry bag
- Clean linen must not be stored in the isolation room.
- All waste should be disposed of in the isolation room as clinical/ Healthcare waste

### Information for patients and their carers

- The patient has been given information on their infection/ isolation and provided with a patient information leaflet (PIL) if available
- If taking soiled clothing home, carers have been issued with a Washing Clothes at Home PIL. (NB. Personal laundry is placed into a water soluble bag and then into a patient clothing bag before being given to carer to take home)

### Table 1 of AGPs:

- Intubation, extubation and related procedures eg. Manual Ventilation
- Cardiopulmonary resuscitation
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non invasive ventilation (NIV) eg. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation
- Hi frequency oscillatory ventilation
- Induction of sputum
Appendix 1: Infection Prevention and Control Risk Assessment  
(for patients with known or suspected infection that cannot be isolated)

**Daily Assessment / Review Required**

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<tr>
<th>Comments</th>
<th>Date</th>
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**Daily Assessment Performed by**

*Initials*

**Known or suspected Infection** e.g. unexplained loose stools, MRSA, Group A Strep, *C. difficile*, Influenza, pulmonary tuberculosis.

*Please state*

**Infection Control Risk**, e.g. unable to isolate, unable to close door of isolation room.

*Please state*

**Reason unable to isolate / close door to isolation room**, e.g. falls risk, observation required, clinical condition.

*Please state*

**Additional Precautions** put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space.

*Please state*

**Infection Prevention and Control have been informed** of patient’s admission and are aware of inability to adhere to IPC Policy?

*Yes / No*

**Summary Detail of Resolution**

Daily risk assessments are no longer required

Signed

Date

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