SOP Objective
To ensure that patients with specific environmental organisms in high risk areas are cared for appropriately and actions are taken to minimise the risk of cross-infection.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP
• New SOP

Document Control Summary

<table>
<thead>
<tr>
<th>Approved by and date</th>
<th>INTERIM Document – pending approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Publication</td>
<td>INTERIM Document – pending approval</td>
</tr>
<tr>
<td>Developed by</td>
<td>Infection Prevention and Control SOP Sub-Group</td>
</tr>
<tr>
<td>Related Documents</td>
<td>National IPC Manual</td>
</tr>
<tr>
<td></td>
<td>NHS GGC Decontamination SOP</td>
</tr>
<tr>
<td></td>
<td>NHS GGC Hand Hygiene SOP</td>
</tr>
<tr>
<td></td>
<td>NHS GGC SOP Cleaning if Near Patient Equipment</td>
</tr>
<tr>
<td></td>
<td>NHSGGC SOP Twice Daily and Terminal Clean of Isolation Rooms</td>
</tr>
<tr>
<td></td>
<td>NHS GGC SOP Terminal Clean of Ward</td>
</tr>
<tr>
<td></td>
<td>NHS GGC Waste Management Policy</td>
</tr>
<tr>
<td>Distribution/ Availability</td>
<td>NHSGGC Infection Prevention and Control Web site</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/">www.nhsggc.org.uk/your-health/infection-prevention-and-control/</a></td>
</tr>
</tbody>
</table>

Implications of Race Equality and other diversity duties for this document
This SOP must be implemented fairly and without prejudice whether on the grounds of race, gender, sexual orientation or religion.

Lead
Lead Infection Control Doctor

Responsible Director
Board Infection Control Manager
CONTENTS

1. Responsibilities.......................................................................................................................... 3
2. General Information on Environmental organisms ................................................................. 4
3. Transmission Based Precautions for Environmental organisms in high risk areas ...5
4. Evidence base
The most up-to-date version of this SOP can be viewed at the following website:
www.nhsggc.org.uk/your-health/infection-prevention-and-control/

### Responsibilities

**Health Care Workers (HCW) must**
- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.

**Senior Charge Nurses (SCN) / Managers must:**
- Support HCWs and IPCTs in following this SOP.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

**IPCTs must**
- Keep this SOP up-to-date.
- Audit compliance with this SOP.
- Provide education opportunities on this SOP.

**Occupational Health Service (OHS) must:**
- Provide staff with advice as appropriate
- Support an Incident Management Team (IMT) with necessary investigations as required
General Information on Environmental organisms and high risk clinical areas

<table>
<thead>
<tr>
<th>Environmental organisms in high risk areas</th>
<th>High Risk Clinical Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For the purposes of this SOP, ‘high risk clinical areas’ includes the following: NICUs, PICU, ICUs and all haematologic–oncology units.</td>
</tr>
<tr>
<td></td>
<td>Environmental organisms</td>
</tr>
<tr>
<td></td>
<td>Appendix 13 of the National Infection Prevention and Control Manual lists organisms generally found within the environment and which have been associated with increased morbidity and mortality in those patients at high risk of infection. The organisms include:</td>
</tr>
<tr>
<td></td>
<td><em>Pseudomonas aeruginosa,</em></td>
</tr>
<tr>
<td></td>
<td><em>Acinetobacter spp,</em></td>
</tr>
<tr>
<td></td>
<td><em>Stenotrophomonas maltophilia,</em></td>
</tr>
<tr>
<td></td>
<td><em>Serratia marcescens</em></td>
</tr>
<tr>
<td></td>
<td>This list is not exhaustive and the IPCT may choose to act on other novel environmental organisms as they occur.</td>
</tr>
<tr>
<td></td>
<td>If multi-drug resistant, please refer to IPC MDRO SOP</td>
</tr>
</tbody>
</table>

Clinical Condition

Patients may be colonised or infected with these organisms. Infections may vary but include bloodstream infections, device-related infections, pneumonia and wound infections.

Mode of Spread

These organisms can be spread by both contact and droplet depending on the type of colonisation/infection. They could potentially also be spread via the airborne route during aerosol-generating procedures.

Incubation period

No specific incubation period.

Period of Communicability

As long as the organism is isolated.

Triggers

The IPCTs will monitor high risk areas for these organisms. A single case will be managed with standard infection control precautions. Where a trigger is reached in a single ward, the IPCT will undertake a problem assessment to determine further action. Triggers are:

- Single HAI bacteraemia
- Two infections other than BSI in a 2-week period
- Three colonisations in a 2 week period
- General increase in environmental Gram negative organisms i.e. mixed organisms, on advice of ICD

The most up-to-date version of this SOP can be viewed at the following website:

1. Transmission Based Precautions (TBPs)

<table>
<thead>
<tr>
<th>Accommodation (Patient Placement)</th>
<th>A single case does not normally require isolation in a single room. A decision may be taken to isolate cases where the trigger is met and where there is ongoing cross transmission. Where isolation facilities are unavailable, contact a member of the IPCT who will provide advice on the most appropriate placement.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care plan / checklist</td>
<td>The IPCT may agree an individual care plan for patients if isolated</td>
</tr>
<tr>
<td>Clinical / Healthcare Waste</td>
<td>If patients isolated: Non-sharps waste should be designated as clinical/healthcare waste and placed in an orange healthcare waste bag. Please refer to the NHSGCC Waste Management Policy.</td>
</tr>
<tr>
<td>Contacts</td>
<td>Contacts may be screened on the advice of a member of the IPCT.</td>
</tr>
</tbody>
</table>
| Domestic Advice | If patient isolated:  
- Patients room/bedspace should be cleaned twice daily (at least 4 hours apart) as per NHSGGC Twice Daily Clean of Isolation Rooms SOP  
- Chlorine based detergents should be used for routine and terminal cleaning of the area.  
- Blood and/or body fluid contamination of the environment should be dealt with as per the NHSGGC Decontamination SOP.  
The room must be terminally cleaned if the patient no longer requires isolation / is discharged home as per NHS GGC Terminal clean of a ward / isolation room |
| Equipment | If patient isolated:  
Patient equipment must be dedicated as far as possible. Patient equipment should be cleaned twice daily or immediately if visibly contaminated with 1,000 ppm chlorine based detergent.  
Where possible equipment such as commodes, washbowls, chairs, hoist slings, cuffs, thermometers etc should be kept for use by individual patients. If equipment is taken out of the room/bedspace it must be cleaned with 1000ppm chlorine based detergent.  
Please also refer to the NHSGGC Decontamination SOP. |

The most up-to-date version of this SOP can be viewed at the following website: www.nhsggc.org.uk/your-health/infection-prevention-and-control/
**Hand Hygiene**

Hand hygiene (HH) is the single most important measure to prevent cross-infection. Hands must be decontaminated before and after each direct patient contact, after contact with the patient environment, after exposure to blood/body fluids and before any aseptic procedure. Patients should be encouraged/assisted to use the HH facilities after using the toilet and before meals. Hand wipes must be provided to those patients who cannot access the HH facilities. Refer to the NHSGGC Hand Hygiene SOP.

**Linen**

If patient isolated: Treat used linen as soiled/infectious, i.e. place in a water soluble bag then a secondary plastic bag tied and then into a laundry bag. Please refer to NHSGGC Laundry guidance.

**Moving between wards, hospitals and departments (including theatres)**

If patient isolated: The patient should only be transferred to another department for essential procedures and investigations. All patient movement should be kept to a minimum. Prior to transfer, the ward should inform the receiving area. If required, the receiving area, should apply the TBPs as per this SOP as far as possible.

**Notice for Door**

If patient isolated: Yes, yellow IPC notice and door kept closed.

**Patient Clothing**

If isolated or patient clothing is soiled: If relatives or carers wish to take personal clothing home, staff must place soiled clothing into a domestic water soluble bag and then into a Patient clothing bag. Staff must ensure that a Home Laundry Information Leaflet is provided.

**Patient Information**

Inform the patient/parent/guardian/next-of-kin (as appropriate) of the patient’s condition and the necessary precautions. Answer any questions and concerns they may have.

**Personal Protective Equipment (PPE)**

If patient is isolated: To prevent spread through direct contact a disposable yellow apron and gloves must be worn for all direct contact with the patient or the patient’s environment/equipment. If there is a risk of splashing/spraying of blood or body fluid a fluid resistant surgical face mask and eye protection should be worn.

**Precautions Required until**

Please contact your local IPCT for advice on when/if transmission based precautions can be discontinued.

The most up-to-date version of this SOP can be viewed at the following website: [www.nhsggc.org.uk/your-health/infection-prevention-and-control/](http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/)
Specimens Required | Please contact your local IPCT for advice on which specimens are required and when (including readmission).
---|---
Terminal Cleaning of Room | If patient isolated: Follow [NHSGGC SOP for Terminal Clean of Ward / Isolation Rooms](#).
Visitors | No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.

Reference