Infection Prevention and Control Care Checklist - Group A Streptococcus

This Care checklist should be used with patients who are suspected of or are known to have Group A Streptococcus, while the patient is considered infectious and then signed off at end of the isolation period / discharge. Each criteria should be ticked \( \checkmark \) if in place or \( X \) if not, the checklist should be then initialed after completion, daily.

### Date Isolation commenced:

<table>
<thead>
<tr>
<th>Patient Placement/ Assessment of Risk</th>
<th>Daily check (V/x)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient isolated in a single room with en suite facilities / own commode. If a single room is not available, an IPCT risk assessment is completed (see Appendix 1) Stop isolation after 48hrs of appropriate antibiotic treatment and shown clinical improvement.</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.</td>
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### Hand Hygiene (HH)

- All staff must use correct 6 step technique for hand hygiene at 5 key moments
- HH facilities are offered to patient after using the toilet and prior to mealtimes etc. (clinical wash hand basic/ 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. A fluid repellent surgical mask and eye protection are worn when there is a risk of blood / body fluid splash. An FFP3 mask and eye protection are worn during AGPs.
- HH is carried out on removal of 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 chlorine based detergent.

### Safe Management of Care Environment

- Twice daily clean of isolation room is completed by Domestic services, using of a solution of 1,000 ppm chlorine based detergent. 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 patient fact sheet 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)

**HCW Daily Initial:**

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<table>
<thead>
<tr>
<th>Date Isolation ceased/ Terminal Clean Requested:</th>
<th>Signature:</th>
<th>Date:</th>
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**List of AGPs**

- Intubation, extubation and related procedures e.g. Manual Ventilation, open succioning
- Tracheostomy/tracheotomy procedures
- Bronchoscopy
- Surgery and post mortem procedures in which high speed devices are used to open respiratory tract
- Dental procedures
- Non-invasive ventilation (NIV) e.g. Bi-level positive airway pressure ventilation (BIPAP), continuous positive airway pressure ventilation (CPAP)
- 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

<table>
<thead>
<tr>
<th>Daily Assessment Performed by</th>
<th>Initials</th>
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</table>

**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**

<table>
<thead>
<tr>
<th>Summary Detail of Resolution</th>
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**Daily risk assessments are no longer required**

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
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