



# Guidance for isolating a resident for infection prevention purposes

**Updated to reflect additional precautions for COVID-19**

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## Introduction

The purpose of this policy is to assist carers in care homes to manage residents who may need isolating for infection prevention purposes. Isolation principles are activated to reduce the transfer of microbes from an infected resident to other residents, staff and visitors. It must always be emphasised that it is the microbe which is being isolated, rather than the resident.

The reasons for this may include, but not restricted to:

- Diarrhoea +/- vomiting (including *Clostridium difficile* infection [CDI]);
- Multi-drug resistant organisms;
- Influenza;
- Streptococcus A wound infections; and
- COVID-19.

## Risk assessment

Advice should be sought from Lancashire County Council Infection Prevention team ([infectionprevention@lancashire.gov.uk](mailto:infectionprevention@lancashire.gov.uk)) or Public Health England ([cl.hpt@phe.gov.uk](mailto:cl.hpt@phe.gov.uk) Tel 0344 225 0562) on the appropriateness of isolating a resident.

The resident's other care needs must always be taken into account and infection prevention precautions may need to be modified.

Residents with diarrhoea +/- vomiting should be considered as infectious and isolated until 48 hours symptom free.

The decision to isolate a resident should only be taken after assessing the risk to the individual, other residents, and staff; this must be documented. The following should be taken into consideration:

- how the infection is spread, e.g., air-borne, faecal-oral route, aerosols;
- the environment;
- the susceptibility of others to the infection;
- the resident's clinical condition, e.g., mental health; and
- evidence-based practice.

## Information for residents

Residents must be informed of the reason for isolation and the measures required to prevent the spread of infection. Care homes should provide appropriate notices and hand hygiene posters for residents.

Information leaflets are available for residents colonised with multi-drug resistant organisms and CDI see <https://www.lancashire.gov.uk/practitioners/health/infection-prevention-and-control/infection-prevention-practice-and-principles/>

## Precautions for visitors

Visitors should be informed of the reason for isolation and the infection prevention and control measures required to prevent the spread of infection.

Health and Social Care establishments should provide:

- alcohol hand rub at the entrance to the premise
- display appropriate notices and hand hygiene posters for residents and visitors
- advice to visitors on visiting restrictions

In most cases, visitors do not need to wear personal protective equipment, e.g., apron and gloves when visiting an infected resident except:

- if they are providing/assisting in the physical care of a resident
- if they are visiting a resident with *Clostridium difficile* when disposable gloves and apron should be worn for all contact with the resident and the resident's environment
- restrictions are in place for visiting homes during the COVID-19 pandemic and further information is available.

Hands should be washed with liquid soap and warm water after the removal of gloves and before leaving the room.

If they are visiting a resident with Pulmonary TB, Pandemic Influenza or COVID-19 see appropriate guidance.

To prevent the spread of viral gastroenteritis, visitors with a history of diarrhoea and or vomiting should be advised not to visit until they are symptom free for 48 hours.

Consideration should be given to the appropriateness of children visiting and advice on a case-by-case basis can be sought from your local Community IPC / Public Health England team.

### **Isolation procedure**

Isolating residents with diarrhoea +/- vomiting and some resistant bacteria should ideally be in a single room with en-suite facilities; if this is not available, a designated commode should be provided.

Where possible, the door to the resident's room should be kept closed with a notice on the door requesting visitors to seek advice before entering. A trolley with the required resources should be kept outside the room.

Disposable apron and gloves should be worn if there is physical contact with the resident or their environment. If there is no physical contact with the resident or their environment, such as taking a cup of tea into the room, disposable apron and gloves are not required. Eye protection (goggles/visor) is only required if there is a risk of splashing to the eyes with body fluids. Masks are only required when advised for certain respiratory infections such as TB, Influenza or COVID-19.

On completion of the episode of care, apron and gloves should be removed in the resident's room (gloves should be removed first) and disposed of in the room as infectious clinical waste in a foot operated lidded waste bin.

Hands should be washed in the resident's room with liquid soap and warm water and dried with paper towels immediately before leaving the room. On exiting the room, hands should be washed again or an alcohol hand rub used.

### **Equipment required for isolation**

Where possible, medical equipment used in the room should be disposable. If reusable equipment is used it should be appropriately decontaminated, following manufacturers' guidance or using a chlorine based product, on removal from the room before use on another resident.

Other equipment includes:

- a notice for the bedroom door.
- personal protective equipment stored on a trolley outside the bedroom. This may include:
  - disposable aprons
  - gloves
  - eye protection (if there is a risk of splashing to the eyes),
  - masks (if advised)
- a red water soluble (alginate) bag for infected linen.
- A red fabric laundry bag designated for infected linen for transportation to the laundry.
- pedal operated waste bin with a lid and lined with appropriate waste bag for infected waste.
- liquid soap in a pump dispenser (preferably wall mounted).
- paper towels (preferably in a dispenser and wall mounted).
- alcohol hand rub **may** be appropriate to manage some infections, but seek advice prior to its use and store it on the trolley.
- bedpan/commode pan cover.

## Standard precautions

Standard Precautions is usually all that is required for the majority of infections.

- for residents who are isolated, all staff providing hands on care must wear disposable gloves and an apron when entering a resident's room. For advice regarding the wearing of personal protective equipment (PPE) for residents with *Clostridium difficile*, please refer to *Clostridium difficile Guidance*.
- apron and gloves should be changed between tasks, removed in the room and hands washed with liquid soap and warm water before leaving the room.

## Disposal of faeces/urine

Standard Precautions should be used when disposing of faeces and urine (see *Standard Precautions Guidance*).

Gloves and aprons must be worn when dealing with body fluids.

Where bed/commode pans or urinals are to be taken to the dirty utility room/ sluice, the following procedure should be followed:

- hands should be washed with liquid soap and warm water and gloves and apron worn
- cover the bed/commode pan or urinal with paper or a lid before leaving the room
- disposable bedpans and urinals should be bagged in the room prior to disposal – they should not be emptied prior to disposal, unless the contents are being measured
- on entering the sluice, dispose of the contents carefully in order to avoid splashing in either a sluice hopper or bed pan washer/disinfector
- dispose of the paper cover as infectious waste or decontaminate lid appropriately
- any spillages must be cleaned up immediately.
- remove personal protective equipment and dispose of as infectious waste
- wash hands with liquid soap and warm water and dry with paper towels before leaving the room.

Commodes should be left in the resident's room for their use only, and should be cleaned after each use with warm water and detergent or a detergent wipe and then be wiped with a chlorine-based disinfectant solution, e.g. Milton at a dilution of 1,000 parts per million. Refer to your *Decontamination, Cleaning and Disinfection Guidance*.

## **Disposal of waste**

All waste generated in a resident's room who is isolated, should be disposed of as infectious waste, e.g., orange waste stream, this may vary dependant on the waste contractor. Clear or white bags can be used inside the foot operated lidded bin, on removal the bag should then be placed in the correct colour waste bag for infectious waste, e.g., orange.

Waste bags should be disposed of when no more than 2/3 full or if odourous remove immediately and securely tie the neck of the bag.

Infectious waste bags do not require 'double bagging' unless the outside of the bag is torn or visibly contaminated.

### **Crockery and cutlery**

There are no specific precautions for crockery and cutlery. Used crockery and cutlery should be washed as usual in a dishwasher with a final rinse of 80°C for 1 minute or 71°C for 3 minutes. There is no need to wash them separately from other resident's crockery and cutlery. Water jugs and drinking glasses should also be washed in a dishwasher.

Disposable crockery and cutlery are not required.

### **Linen**

All linen should be treated as infectious and placed in a red water soluble (alginate) bag and either placed in a fabric or disposable laundry bag for infected linen.

Laundry bags should be removed immediately after use from the resident's room.

### **Management of spillages**

Staff should following the *Standard Precautions Guidance*.

### **Daily room cleaning**

The standard of cleanliness in a resident's room who is isolated is important to prevent the spread of infection, therefore, the room should be cleaned at least twice daily.

Cleaning staff should follow the *National Colour Coding Scheme for Cleaning Materials and Equipment*. All cleaning items, e.g., mops, cloths and buckets, should be colour coded yellow for cleaning isolation areas.

Cleaning surfaces with detergent and warm water is usually adequate unless the resident has diarrhoea and/or vomiting (enteric illness), e.g., viral gastroenteritis or *Clostridium difficile*. If so, a chlorine-based disinfectant, e.g., Milton, should be used at a concentration of 1,000 ppm (1 in 20, e.g., 50mls in 1 litre of water).

Disposable cloths should be used and disposed of after each use as infectious waste.

For floors which are not carpeted, a designated/colour coded mop and bucket should be used. The bucket should be washed and dried after each use and stored inverted in the sluice/utility room. Mop heads should be single use or laundered after each use.

If the room is carpeted, any spillage should be washed with detergent and hot water (do not use a hypochlorite solution as this will damage the carpet).

Daily routine cleaning of the carpet is not required.

Soft furnishings, e.g., upholstered chairs, should be washed with detergent and hot water (do not use a hypochlorite solution as this will damage the fabric).

Detergent or cream cleaner should be used for hand basins.

Medical equipment in the room should be cleaned daily or after contamination with body fluids, refer to the *Decontamination, Cleaning and Disinfection Guidance*.

## **Deep clean**

Deep cleaning is a more enhanced programme of environmental cleaning. A deep clean is required when the resident no longer requires isolation or on discharge, transfer or death of the resident.

Cleaning should always be undertaken by working from the cleanest area toward the dirtiest area and from top to bottom.

All vertical and horizontal surfaces in the room including walls, windows, light fittings, bed frame, mattress, table, furniture, toilet seat and commode, should be cleaned using a disposable cloth with hot water and detergent. Once surfaces have dried this should be followed by a hypochlorite solution at 1,000 ppm. A sanitiser should be used for hand basins and toilet bowl.

Non-carpeted floors should be washed as above or steam cleaned. Carpets should be shampooed or steam cleaned.

Window curtains and soft furnishings, e.g., cushions, should be steam cleaned or laundered.

If used, mop heads should be laundered on a hot wash cycle, if disposable, discard as infectious waste. The bucket should be cleaned thoroughly with hot water and detergent and dried with paper towels or stored inverted to air dry.

Unused disposable items, e.g., gloves and aprons that have been stored inside the isolation room, should be disposed of as infectious waste.

## **Transfer of residents between health and social care settings**

To help reduce the risk of healthcare associated infection (HCAI):

- staff preparing to transfer a resident between one health and social care provider to another must complete the *Inter-Health and Social Care Infection Control Transfer Form*. This must accompany the resident. Refer to your *Inter-Health and Social Care Infection Control Transfer Guidance*
- isolated residents should not be transferred within or to another healthcare environment unless essential investigations/treatment is required where residents need to attend departments for essential investigations, they should be scheduled 'last on the list' where possible, unless earlier investigation is clinically indicated. The ambulance/transport service and receiving area must be notified of the resident's infection status in advance and arrangements put in place to minimise waiting time and contact with other residents standard infection prevention and control precautions should be followed when

transferring residents, whether they have a known infection or not. Additional precautions may be required for some known infections.

- ensure that equipment used to transfer the resident, e.g., wheelchair, is decontaminated in accordance with *Decontamination, Cleaning and Disinfection Guidance*.