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University Health Board

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CF Special Infection Patient Consultation Room/Outpatient Review Procedure

Introduction and Aim

Special Infection CF patients do not currently receive equity of care to those CF patients without a special infection. Special infection patients are predominantly those colonised with *Mycobacterium abscessus* or *Burkholderia cenocepacia* (ET12). Previously these patients would be reviewed in main outpatients due to the potential risk of cross-infection to other CF patients. However, the lack of available outpatient clinic space has highlighted the inequity of care between those with a special infection to those without; especially for ad hoc clinical reviews and additional clinical review needs, often at short notice when it is more difficult to locate outpatient clinical review space/accommodation.

Special Infection CF patients, may be excluded from clinical trials due to difficulty in securing regular outpatient consultation rooms. Equally, it has become impossible to gain timely outpatient accommodation in main outpatients for these patients when they require urgent unplanned clinical review due to increased symptoms and infective exacerbations. Non-Special infection CF patients are seen at the point of need and the majority offered same day appointments if requiring unplanned outpatient review. Inequity of care to these special infection patients has been a long-standing problem within the service, previously with no perceived operational ability or capacity to change the delivery of their outpatient care. In addition, special infection patients are unable to access the CF Patient gym for exercise, accessible to all non-special infection patients.

Following hand-over of the new ground floor extension to the CF Centre and a review of demand and capacity within this space. It became apparent that the first room in the extension would make a suitable special infection consultation and exercise room. A meeting was therefore arranged with IP&C to assess whether the first room, as outlined above, built as part of the new extension to the CF Centre in 2021, could be used as a special infection consultation room.

Approval was subsequently given by IP&C on the basis that these patients could access the room directly from the side door of the CF centre extension, giving direct access into the first room in the extension planned for the conversion, mitigating any perceived risk associated with use by CF special infection patients. Confirmation was given by Facilities/Estates, that air flow was not shared between the rooms in the extension enabling use by special infection patients. Following this advice, this room was subsequently converted to a special infection patient consultation room, with gym equipment also provided enabling these patients to exercise in the same capacity as non-special infection patients would, in the other two CF gym rooms.

The aim of the procedure is to provide guidance and management for special infection CF patients; accessing care within the extension to the ground floor CF Centre and affording

them equitable care at the point of need, when attending the CF Centre for outpatient reviews. Appropriate participation in clinical trials and the ability to exercise on an inpatient/outpatient basis.

Objectives

The Objectives of the procedure are to -:

- Enable equitable care to CF Special Infection patients by utilising the first room in the CF Extension as a special infection patient consultation and exercise room.
- To provide guidance on ensuring safe patient flow in this area to minimise any potential risk of cross infection.
- To optimise the use of all spaces within the Adult Cystic Fibrosis Centre to the benefit of patients.

Scope

This procedure applies to all of our staff within the service, including those with Honorary Contracts and students on placement within the service.

Cardiff & Vale UHB accepts its responsibility under the Health & Safety at Work Act etc 1974, to take all reasonable precautions to prevent exposure to Burkholderia cenocepacia and Mycobacterium abscessus, plus any other as yet unknown special infections, which may potentially cause clinical decline to other non-infected CF patients if cross contamination were to occur.

In order to prevent the possible spread of such infections amongst non-infected CF patients it is recognised that the service and UHB requires a procedural document to ensure effective management of patients infected with such organisms. This is especially necessary in the case of any potential outbreaks occurring and to minimise such risks of occurrence.

Equality Impact Assessment	An Equality Impact Assessment has not been completed. This is because equitable care will be provided to all patients within the service with the utilisation of a special infection consultation room being provided within the CF Centre.
Documents to read alongside this Procedure	Any relevant policies listed here. Cystic Fibrosis Infection Control Guidelines C&V UHB CF Trust Infection Control Standards of Care
Approved by	Medicine Clinical Board, Specialised Medicine
Accountable Executive or Clinical Board Director	
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Disclaimer

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Summary of reviews/amendments

Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	21/11/2023	31/01/2024	First procedure to ensure timely access and interventions to all patients within the CF service, providing clear guidance and information on the review of CF special infection patients within the CF Centre special infection consultation room.

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1.0 Introduction

- Historically all special infection CF patients, would receive their outpatient care in main outpatients to ensure any potential risk of cross infection to other non-infected CF patients was reduced.
- However, due to pressures on main outpatient clinic capacity, impacting on the ability to request additional outpatient consultation rooms, for these patients, often at short notice has become untenable. Therefore IP&C were approached to assess whether they would be willing to enable the service to convert one patient gym room to a special infection consultation room within the extension area of the CF Centre, whilst also minimising any potential risk of cross-infection between patients accessing this area.
- Approval was given, on the proviso that these patients accessed the consultation room via an entrance door adjacent to the consultation room. Facilities/Estates further confirmed there was no shared air-flow between the three existing gym rooms, further enabling conversion to a special infection consultation and exercise room.
- To date patients with special infections within the service have received inequitable care and at times are unable to have a clinic review at the point of need. Having a special infection consultation room within the service will enable equitable care to all patients within the service, irrespective of infection status.
- Other Specialist CF Centres across the UK, provide outpatient care within the same outpatient space irrespective of infection status, but in-keeping with Local Guidance on patient flow to avoid cross infection incidences occurring.
- Currently, there are two patient groups within the service deemed as 'special infections' these being Burkholderia cenocepacia and Mycobacterium abscessus. Both of these organisms are known to cause clinical decline and poor post lung transplant outcomes, to such an extent that no UK transplant centre will transplant patients colonised with either organism. The mode of transmission of Mycobacterium abscessus in cross-infection outbreaks is unclear and therefore general infection control measures should be adhered to at all times with at least 1 hour between patients using the same room with different infections to allow for dispersion of possible airborne contamination and then cleaned as per C&V UHB Prevention and Control Procedure in CF Patients (Adult and Paediatric).
- Whilst the introduction of providing a special infection consultation room within the CF service is essential in providing equitable and timely outpatient review, it does require planning to ensure the potential risk of cross infection is minimised.
- Good communication is vital amongst the MDT to ensure patient flow is appropriate in any shared area or space, with interventions in place to prevent cross infection risk.

2.0 Roles and Responsibilities

- Cardiff & Vale UHB is responsible for the approval of Procedural Documentation for the safe management of outpatient care delivery; ensuring adherence to such documented is implemented and used as a Standard Operating Procedure within the service.
- The Specialised Medicine Directorate within the Medicine Clinical Board will be responsible for implementation of the procedural document within the Adult Cystic Fibrosis Centre.
- The Cystic Fibrosis clinical and multidisciplinary team will be responsible for ensuring safe standards of patient care are provided by following the procedural document into daily routine care provision of all patients attending the outpatient areas of the centre.
- All patients having an outpatient review in the Special Infection Consultation Room, must be pre-booked an appointment by the administrative CF staff, to ensure an audit trail is available at all times and staff are available to timely review the patient. This is irrespective of whether it is a routine review, annual review, individual MDT clinic i.e. CNS, physiotherapy, dietetic, psychological review, youth worker or social worker review.
- Appointment times ideally should be arranged when there is less footfall in shared areas; also considering patient personal needs/distance patients with special infections need to travel. Although it should be noted that any perceived risk is minimal, given the special infection patient would only be in a shared access area for <30 seconds and all patients in this area would be asked to wear a disposable face mask.
- No 'drop-in' patients should be reviewed in the special infection consultation room unless pre-agreed with the clinical, physiotherapy and management team with clear communication between staff to ensure continuity of gym use. If any such activity occurs an appointment should be made to ensure an audit trail can be followed.
- A visible diary will be placed on the consultation room door to raise the visibility of patients using the room at set times of the day and further reduce the risk of any potential cross infection. In terms of confidentiality it has been agreed to name the special infection consultation room as 'Room A.'
- All patients sharing communal space in the extension to the CF Centre should be asked to wear a mask whilst in the communal space, irrespective of infection. Equally any special infection patient should be asked to wear a mask in all shared internal areas outside of the special infection consultation room.
- CF Special Infection patients, if needing to use toilet facilities whilst within the CF Centre, should use the shower room toilet, immediately accessible through the double doors leading from the extension into the CF outpatient clinical area.

This shower room is located just to the right of the double doors. A face mask should be worn to reduce any potential associated risk, appreciating approximate time spent in the clinical space would be <30 seconds each way.

- Any special infection patient requiring other investigations during a consultation, should have these pre-arranged for just before their consultation time, where possible or in the event of a clinical decision being made during a consultation, the special infection patient should exit the CF Centre through the entry door they came through and walk up the pathway to the new entrance of the CF Centre and out onto the main corridor and return via the same route; ensuring a mask is worn at all times when within the CF Centre and outside of the special infection consultation room. This does not apply to these patients when in other departments of the hospital unless it is a personal choice. Where possible the special infection patient should be accompanied to their investigations.
- If a special infection patient is required to collect medications from Pharmacy, an accompanying relative/friend should collect the medications. If the patient attends alone this will be collected by a staff member and delivered to the special infection consultation room.
- The normal cleaning procedures between patients using consultation rooms as per the C&V UHB CF Patient SOC document should be adhered to. However, patients with different special infections should be reviewed on different days where possible. Where this is not possible the room should be deep cleaned (HPV) between different infection patient use e.g If a B. cenocepacia patient is reviewed in the morning a deep clean should take place if a M. abscessus patient needs to be reviewed the same day in the afternoon.
- There is no requirement to deny access to any patients who would use the two gym rooms at the same time as a planned special infection patient review. However, as outlined above, they should be asked to wear a mask in any shared area.
- There is no requirement to change air cycles in the shared area before other patients can gain access to the rooms in the immediate area as any perceived risk is minimal and will be closely monitored. However, as the mode of transmission in M. abscessus cases remains unclear robust monitoring is required with strict adherence to preventative measures being in place to ensure continued safety of all patients accessing this area.
- Within the special infection consultation room, infection control measures should be adhered to at all times with 1 hour between patients if different infection status or in patients with same infection, but no positive isolates for >1 year; this will allow for dispersion of any airborne contamination. Windows should be opened in the consultation room and the room well ventilated both during and after the consultation. Ideally, patients should be reviewed on different days.

- All equipment used, must be cleaned, disinfected and dried between uses.

3.0 Training

- All staff within the service should be familiar with the procedural document and ensure good communication between team members is in place to safely manage patient access/flow and care provision within the gym and special infection consultation room area.
- All staff should be familiar with Infection Control lists on the shared access CF Folder and more pertinently to those patients on the Burkholderia cenocepacia and Mycobacterium abscessus lists. These lists should be regularly checked for changes to infection status.
- All staff within the CF Service should be up to date with their Infection Control Mandatory Training (updated every 3 years).
- All staff to be aware of and follow local Standard Infection Control Measures for the care of CF patients.
- Ensure continued close liaison with Microbiology for early warnings of new special infection patient cases.
- Assist in any investigations in the event of any potential cross infection cases in conjunction with Microbiology and IP&C.

4.0 Implementation

- The document will be available on the Service Shared Drive. All staff within the service will be responsible for the implementation within the CF Clinical outpatient areas.

5.0 Further Information

- Further information and guidance can be obtained from IP&C. The CF Trust Standards of Care for Infection Control are a good source of further information as is the C&V UHB Infection Prevention and Control Procedure in Cystic Fibrosis Patients (Adult and Paediatric).

6.0 Audit

- Audit of compliance with the procedural document, will be carried out by service management as part of the ongoing audit of the delivery of care within the CF service and in conjunction with IP&C.

7.0 Review

- This procedure will be reviewed in one year to enable audit of effectiveness, infection control measures and any changes required to ensure continued

patient safety. Thereafter, every three years or sooner if National Guidelines are updated for the delivery of outpatient care to special infection CF patients.

8.0 References

- CF Trust Infection Control SOC
- The Cardiff and Vale University Health Board Infection Prevention and Control Procedure in Cystic Fibrosis Patients (Adult and Paediatric).