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Transmission Based Precautions Infection Prevention and Control Procedure

Introduction and Aim

This procedure provides guidance to all those involved in care provision and should be adopted for infection prevention and control practices and procedures.

The practice recommendations set out are drawn as far as possible from appraisals of the available professional literature on infection prevention and control, conducted by colleagues at Health Protection Scotland which can be found via the link to the Health Protection Scotland (HPS) web site on:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=30427> (intranet)

<http://www.wales.nhs.uk/sites3/page.cfm?orgid=379&pid=38960> (internet)

Objectives

The procedure aims to:

- Embed the importance of infection prevention and control into everyday practice
- Reduce variation in infection prevention and control practice and standardise care processes
- Improve the application of knowledge and skills in infection prevention and control
- Help reduce the risk of Healthcare Associated Infection (HCAI) particularly cross-infection/contamination
- Help align practice, monitoring, quality improvement and scrutiny

Scope

Cardiff And Vale University Health Board (UHB) accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to prevent exposure to MRSA in patients, staff and other persons working at or using its premises.

This policy does not address laboratory safety or laboratory waste disposal. This document may be used in conjunction with existing specialist guidance in some settings e.g. decontamination in dental practice: HTM 01 – 05. This document does not include Viral Haemorrhagic Fevers or Middle East Respiratory Syndrome – Coronavirus (MERS-CoV). Guidance for these can be accessed via the UHB Intranet and by contacting the IP&C Team (or Microbiology on call out of hours). Other diseases/agents may emerge that are out of scope of for this document

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Acknowledgement

This work is based, in part, on the National Infection Control Manual developed by HPS and further developed with their permission by the Welsh Healthcare Associated Infection Programme of Public Health Wales. Cardiff and Vale UHB are grateful for permission to reproduce the content with local amendments for use across the Health Board.

Responsibilities

Organisations must ensure that:

- systems and resources are in place to facilitate implementation and compliance monitoring with infection prevention and control amongst all staff, including all agency or external contractors

Managers of all services must ensure that staff:

- are aware of and have access to infection prevention and control procedural documents
- have had instruction/education on the elements of infection prevention and control
- have adequate support and resources available to implement, monitor and take corrective action to ensure compliance with infection prevention and control procedures.
- with health concerns or who have had an occupational exposure, are referred to the relevant agency e.g., General Practitioner or Occupational Health
- undertaking Exposure Prone Procedures (EPP) have undergone the required health checks/clearance; and

Staff providing care must ensure that they:

- understand and apply the principles of infection prevention and control;
- understand their responsibility for their own practice;
- maintain competence, skills and knowledge in infection prevention and control through attendance at education events and/or completion of on-line training modules;
- communicate the infection prevention and control practices to be taken by colleagues, those being cared for, relatives and visitors without breaching confidentiality;
- have up to date occupational immunisations/health checks/clearances as required;
- are responsible for including infection prevention and control as an objective in their Personal Development Plans (or equivalent)
- report to line managers and document any deficits in knowledge, resources,

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<p>equipment and facilities or incidents that may result in transmission of infection; and</p> <ul style="list-style-type: none"> do not provide direct care while at risk of potentially transmitting infectious agents to others. If in any doubt they must consult with their line manager, Occupational Health Department and / or Infection Prevention and Control Team (IPCT) <p>Infection Prevention and Control Teams (IPCTs) must:</p> <ul style="list-style-type: none"> engage with staff to develop systems and processes that lead to sustainable and reliable improvements in relation to the application of infection prevention and control; provide expert advice on the application of infection prevention and control in the care setting and on individual risk assessments as required 	
Equality Impact Assessment	<i>An Equality Impact Assessment has/has not been completed. (please delete as necessary) Where it has not been completed indicate why e.g. 'This is because a procedure has been written to support the implementation the Policy. The Equality Impact Assessment completed for the policy found here to be a negative/positive/no impact.</i>
Documents to read alongside this Procedure	<p>The following C&V UHB Infection Prevention and Control Procedures</p> <p>MRSA Procedure (updated 2014)</p> <p>Clostridium Difficile Procedure 2014</p> <p>Viral Hepatitis</p> <p>Varicella Zoster (Chicken Pox)</p> <p>CJD</p> <p>VRE</p> <p>Infection Control Protocol for Needlestick and Similar Sharps Injuries</p> <p>Viral Gastroenteritis</p> <p>Ectoparasitic Infections</p> <p>Mycobacterium Tuberculosis (TB) 2014</p> <p>Decontamination</p> <p>Standard Precautions Procedure 2014</p> <p>Infectious Incidents & Outbreaks Procedure</p> <p>Hand Decontamination Procedure</p> <p>C&V UHB Waste Management</p> <p>Waste Management Policy</p>
Approved by	Infection Prevention and Control Group
Accountable Executive or Clinical Board Director	<i>Director of Infection Prevention & Control</i>

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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	23/06/2015	27/07/2015	New document

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Transmission Based Precautions (TBPs) Procedure

1. Introduction

Standard Infection Control Precautions (SICPs) may be insufficient to prevent cross transmission of specific infectious agents.

Therefore additional precautions (TBPs) are required to be used by staff. SICPS must still apply with these additional considerations.

In particular: Hand Hygiene as per the WHO ‘Your 5 Moments for Hand Hygiene’ is an essential part of TBPs as with all care activities (see C & V UHB Hand Decontamination Procedure.

[Hand Decontamination Procedure](#)

The principles of TBPs apply in all care settings.

TBPs should be applied when caring for:

- Patients¹ with symptoms of infection;
- asymptomatic patients who are suspected or incubating an infection; or
- patients colonised with a pathogenic infectious agent e.g. MRSA or other resistant organisms.

TBPs are categorised by the route of transmission of infectious agents/diseases (some infectious agents can be transmitted by more than one route):

- **Contact** precautions: Used to prevent and control infections that spread via direct contact with the patient’s skin/mucous membranes or indirectly from the patient’s immediate care environment (including care equipment). This is the most common route of cross-infection transmission.
- **Droplet** precautions: Used to prevent and control infections spread over short distances (less than 3 feet (1 metre)) via droplets (>5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.
- **Airborne** precautions: Used to prevent and control infections spread without necessarily having close patient contact via aerosols (<5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

¹ The use of the word ‘Persons’ can be used instead of ‘Patient’ when using this document in non-hospital settings

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2. Patient Placement/Assessment for Infection Risk

Patients must be promptly assessed for infection risks on arrival at the care area and if possible, prior to accepting a patient from another care area.

The clinical judgement and expertise of the staff involved in a patient's management and the Infection Prevention and Control Team (IPCT) should be sought particularly for patient placement decisions such as isolation prioritisation when single rooms are in short supply.

Patient assessment factors that increase the potential risk of cross-infection transmission are:

- The patients presenting symptoms e.g. a productive cough, rash, vomiting and/or diarrhoea, and pyrexia (fever).

Patients who should be prioritised for immediate isolation in single rooms preferably with en-suite facilities include those:

- With a history of admission to hospital (in the last 12 months) in another country (outside the UK)
 - In particular, a history of admission in a country or UK region with a known high prevalence of Carbapenemase Producing Enterobacteriaceae (CPE)
- Known to have previously been positive for (CPE) (or a confirmed contact)
- Presenting with symptoms of diarrhoea and/or vomiting for which an infectious cause cannot be definitively excluded
- Known or suspected to have an infectious agent that is transmitted via the airborne route (see *Appendix 8*)

All patient placement decisions and assessment of infection risk must be clearly documented in the patient notes.

For patients with a suspected/known infectious agent *Appendix 8* provides details of the route of transmission, optimal patient placement, duration of isolation and type of precautions required.

Patient/Staff cohorting

If multiple patient cases of the same infection are confirmed or if single rooms are unavailable, cohorting of patients may be appropriate. Patients should be separated by at least 3 feet (1m) if cohorted. Please seek advice from the Infection Prevention and Control Team (Or on-call Microbiology via switch if out-of-hours).

Consider assigning a dedicated team of care staff to care for patients in isolation/cohort rooms/areas as an additional infection control measure (staff cohorting). This can only be implemented if there are sufficient levels of staff available (so as not to have a negative impact on non-affected patients' care).

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Rooms with controlled ventilation

Rooms with controlled ventilation will be available in some facilities. These rooms are designed to prevent transmission of infection via the airborne route; from the room occupant to others outside the room. Where these facilities exist they must be prioritised for patients with infectious agents spread by the airborne route. Rooms suitable for airborne precautions will either be at negative pressure to the surrounding space or will be of a positive pressure lobby design (see Health Building Note 4, Supplement 1: Isolation facilities in acute settings –Wales).

Rooms designed to protect the occupant from infection by preventing ingress of air from outside the room via positive pressure are not suitable for Transmission Based Precautions.

Duration of isolation/cohort

Patient(s) should remain in isolation/cohort with the door closed whilst they remain symptomatic and/or are considered infectious.

Before discontinuing isolation; individual patient case risk factors should be considered (e.g. there may be prolonged shedding of certain microorganisms in immunocompromised patients); and the clinical judgement of those involved in the patients management should be sought.

Avoid unnecessary movement of patients between care areas.

3. Management of Patient Care Equipment in an Isolation/Cohort Area

- Use single-use items if possible.
- Reusable non-invasive communal equipment should be dedicated to the isolation/cohort area and decontaminated prior to use on another patient.
- An increased frequency of decontamination should be considered for reusable non-invasive communal equipment when used in isolation/cohort areas.

For how to decontaminate non-invasive reusable patient care equipment see Appendix 5

4. Control of the Environment

Environmental decontamination

Patient isolation/cohort rooms/area must be decontaminated **twice daily at regular intervals** using either:

- a combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (1000 ppm available chlorine (av.cl.)) e.g. Actichlor Plus dissolved in cold water; or
- a general purpose neutral detergent in a solution of warm water followed by disinfection (1,000ppm av.cl.)

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Increased frequency of decontamination should be incorporated into the environmental decontamination schedules for areas where there may be higher environmental contamination rates e.g.:

- toilets/commodos particularly if patients have diarrhoea; and
- “frequently touched” surfaces such as door/toilet handles and locker tops, over bed tables and bed rails.

Environmental decontamination equipment must be single-use, colour coded as per policy, dedicated to the affected area or decontaminated e.g. mop and bucket.

Waste (managed as hazardous waste in accordance with C&V Waste Management Policy) and used linen (managed as infectious linen) must be contained in an appropriate bag in line with C&V before removal from the isolation room/cohort area. Infectious linen must be placed in an alginate bag and secured and then placed into a red linen bag.

Terminal environmental decontamination

Following patient transfer, discharge, or once the patient is no longer considered infectious:

Remove from the isolation/cohort area:

- all healthcare waste and any other disposable items (bagged before removal from the room);
- bedding, screens/curtains and manage as infectious linen (bagged before removal from the room); and
- patient care equipment (decontaminated in the room prior to removal).

The room should be decontaminated using:

- a combined detergent disinfectant solution at a dilution (1,000ppm av.cl.) e.g. Actichlor Plus
- It is recommended that rooms are Hydrogen Peroxide Vapour (HPV) cleaned following occupation by an infectious patient. Please contact the Housekeeping Supervisors to arrange. The Infection Prevention and Control Team can be contacted for advice.

The room must be cleaned from the highest to lowest point and from the least to most contaminated point.

Manufacturers’ guidance and recommended product “contact time” must be followed for all cleaning/disinfection solutions.

5. Personal Protective Equipment (PPE)

In addition to SICPs, when contact or droplet precautions are required (including when in combination with airborne precautions) single-use gloves and aprons must be worn for all care and cleaning activities in the patient room/cohort area.

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Hand Hygiene must be performed before and after donning and removing PPE

Gloves must be:

- changed immediately after each patient and/or following completion of a procedure or task;
- changed if a perforation or puncture is suspected; and
- appropriate for use, fit for purpose and well fitting to avoid excessive sweating and interference with dexterity.

Aprons must be:

- changed between patients and/or following completion of a procedure or task

Respiratory Protective Equipment (RPE) and facial protection must be:

- considered when a patient is admitted with a known/suspected infectious agent/disease spread wholly or partly by the airborne or droplet route and when carrying out aerosol generating procedures (AGPs).

For guidance on when Respiratory Protective Equipment (RPE) and facial protection should be worn see Appendix 7

All tight fitting RPE i.e. FFP3 respirators must be:

- fit tested on all healthcare staff that may be required to wear a respirator to ensure an adequate seal/fit according to the manufacturers' guidance.
- fit checked (according to the manufacturers' guidance) every time a respirator is donned to ensure an adequate seal has been achieved.
- compatible with other facial protection used i.e. protective eyewear so that this does not interfere with the seal of the respiratory protection. Regular corrective spectacles are not adequate eye protection.
- donned and removed in a safe area (e.g. outside the isolation/cohort room/area).

Further information regarding fitting and fit checking of respirators can be found on the Health and Safety Executive at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_110792

Powered respirator hoods are an alternative to tight-fitting FFP3 respirators for example when fit testing cannot be achieved.

FFP3 respirator or powered respirator hood must be:

- considered for use by visitors if there has been no previous exposure to the infected person or infectious agent; but
- never worn by an infectious patient(s) due to the nature of the respirator filtration of incoming air not expelled air.

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Glossary:

Abrasion – A graze. A minor wound in which the surface of the skin or a mucous membrane has been worn away by rubbing or scraping.

Aerosols – See Airborne Particles.

Aerosol Generating Procedures (AGPs) – Certain medical and patient care activities that can result in the release of airborne particles (aerosols). AGPs can create a risk of airborne transmission of infections that are usually only spread by droplet transmission.

Airborne particles (aerosols) – Very small particles that may contain infectious agents. They can remain in the air for long periods of time and can be carried over long distances by air currents. Airborne particles can be released when a person coughs or sneezes, and during aerosol generating procedures (AGPs).

Airborne (aerosol) transmission – The spread of infection from one person to another by airborne particles (aerosols) containing infectious agents.

Alcohol based hand rub (ABHR) – A gel, foam or liquid containing alcohol that is rubbed into the hands as an alternative to washing hands with soap and water.

Alert organism – An organism that is identified as being potentially significant for infection prevention and control practices. Examples of alert organisms include Meticillin Resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* (C.diff) and Group A *Streptococcus*.

Antimicrobial – An agent that kills microorganisms, or prevents them from growing. Antibiotics and disinfectants are antimicrobial agents.

Asymptomatic – Not showing any symptoms of disease but where an infection may be present.

Body fluids – Fluid produced by the body such as urine, faeces, vomit or diarrhoea.

Blood Borne Viruses (BBV) – Viruses carried or transmitted by blood, for example Hepatitis B, Hepatitis C and HIV.

Carbapenemase Producing Enterobacteriaceae (CPE) - A group of bacteria that have become extremely resistant to antibiotics including those called carbapenems.

Care areas/environment – Any place where care is carried out. This includes hospital wards, treatment rooms, care homes and care at home.

Care staff – Any person who cares for patients, including healthcare support workers and nurses.

Chlorine – A chemical that is used for disinfecting, fumigating and bleaching.

Cleaning – The removal of any dirt, blood, bodily fluid, etc by use of an appropriate cleaning agent such as detergent.

Clinical setting – Any area where a patient is observed or treatment is carried out such as a treatment room or hospital ward.

Clinical wash hand basin – A sink designated for hand washing in clinical areas.

***Clostridium difficile* (C.diff)** – An infectious agent (bacterium) that can cause mild to severe diarrhoea which in some cases can lead to gastro-intestinal complications and death.

Cohorting – Placing a group of two or more patients (a cohort) with the same confirmed infection in the same room or area.

Cohort area – A bay or ward in which two or more patients (cohort) with the same confirmed infection are placed. A cohort area should be physically separate from other patients.

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Cohort nursing – A dedicated team of healthcare staff who care for a cohort of patients, and do not care for any other patients.

Colonisation – The presence of bacteria on a body surface (such as the skin, mouth, intestines or airway) that does not cause disease in the person or signs of infection.

Conjunctivae – Mucous membranes that cover the front of the eyes and the inside of the eyelids.

Contact transmission – The spread of infectious agents from one person to another by contact. When spread occurs through skin-to-skin contact, this is called direct contact transmission. When spread occurs via a contaminated object, this is called indirect contact transmission.

Contaminated – May be visible e.g. dirty, soiled or stained or invisible e.g. microbial

Cross-infection/Cross-transmission – Spread of infection from one person to another.

Decontamination – Removing, or killing pathogens on an item or surface to make it safe for handling, re-use or disposal by cleaning, disinfection and/or sterilisation.

Detergent – A chemical cleansing agent that can dissolve oils and remove dirt.

Diarrhoea – Two or more loose or liquid bowel movements in 24 hours or more often than is normal for the individual.

Direct contact transmission – Spread of infectious agents from one person to another by direct skin-to-skin contact.

Disinfectant – A cleaning chemical used to remove infectious agents from objects and surfaces.

Disinfection – A process, for example using a chemical disinfectant, to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to your health.

Domestic waste – Waste produced in the care setting that is similar to waste produced in the home.

Droplet – A small drop of moisture, larger than airborne particle, that may contain infectious agents. Droplets can be released when a person talks, coughs or sneezes, and during some medical or patient care procedures such as open suctioning and cough induction by chest physiotherapy. It is thought that droplets can travel around 1 metre (3 feet).

Droplet transmission – The spread of infection from one person to another by droplets containing infectious agents.

En-suite – A room containing a sink and toilet and sometimes a shower/wetroom or bath.

Excretions – Waste products produced by the body such as urine and faeces (bowel movements).

Exposure – The condition of being exposed to something that may have a harmful effect such as an infectious agent.

Exposure Prone Procedures (EPPs) – Certain medical and patient care procedures where there is a risk that injury to the healthcare worker may result in exposure of the patient's open tissues to the healthcare worker's blood e.g the healthcare worker's gloved hands are in contact with sharp instruments, needle tips or sharp tissues inside a patient's body.

Fit testing – a method of checking that a tight-fitting facepiece respirator fits the wearer and seals adequately to their face. This process helps identify unsuitable facepieces that should not be used

FFP3 – Respiratory protection that is worn over the nose and mouth designed to protect the wearer from inhaling hazardous substances, including airborne particles (aerosols).

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FFP stands for filtering facepiece. There are three categories of FFP respirator: FFP1, FFP2 and FFP3. An FFP3 respirator or hood provides the highest level of protection, and is the only category of respirator legislated for use in UK healthcare settings.

Fluid repellent – Does not absorb liquid.

Hand Hygiene – The process of cleaning your hands by using either alcohol based hand rub or liquid soap and water.

Health Protection Team (HPT) – A team of healthcare professionals whose role it is to protect the health of the local population and limit the risk of them becoming exposed to infection and environmental dangers.

Healthcare Associated Infection (HCAI) – Infections that occur as a result of medical care, or treatment, in any healthcare setting.

Healthcare Waste – Waste produced as a result of healthcare activities for example soiled dressings, sharps.

Hygiene Waste – Waste that is produced from personal care. In care settings this includes feminine hygiene products, incontinence products and nappies, catheter and stoma bags. Hygiene waste may cause offence due to the presence of recognisable healthcare waste items or body fluids. It is usually assumed that hygiene waste is not hazardous or infectious.

Hypochlorite – A chlorine-based disinfectant such as bleach.

Immunisation – To provide immunity to a disease by giving a vaccination.

Immunocompromised patient/individual – Any person whose immune response is reduced or deficient, usually because they have a disease or are undergoing treatment. People who are immunocompromised are more vulnerable to infection.

Impervious – Cannot be penetrated by liquid.

Indirect contact transmission – The spread of infectious agents from one person to another via a contaminated object.

Infection – Invasion of the body by a harmful organism or infectious agent such as a virus, parasite or bacterium.

Infectious agent – Any organism, such as a virus, parasite, or bacterium, that is capable of invading body tissues, multiplying, and causing disease

Invasive device – A device which penetrates the body, either through a body cavity or through the surface of the body. Central Venous Catheters (central line), Peripheral Arterial Lines and Urinary Catheters are examples of invasive devices.

Invasive procedure – *A medical/healthcare procedure that penetrates or breaks the skin or enters a body cavity.*

Isolation – Physically separating patients to prevent the spread of infection.

Isolation suite/room – An isolation suite comprises a single-bed room, en-suite facilities and a ventilated entry lobby.

Microorganism (microbe) – Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses and some parasites are microorganisms.

Mode of transmission – The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

MRSA – Strains of the infectious agent (bacterium) *Staphylococcus aureus* that are resistant to many of the antibiotics commonly used to treat infections.

Mucous membranes/mucosa – The surfaces lining the cavities of the body that are exposed to the environment such as the lining of the mouth and nose.

Needle safety device – Any device designed to reduce the risk of injury from needles. This may include needle-free devices or mechanisms on a needle, such as an automated resheathing device, that cover the needle immediately after use.

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Nitrile – A synthetic rubber material used to make non-latex gloves.

Non-sterile procedure – Care procedure that does not need to be undertaken in conditions that are free from bacteria or other microorganisms.

Occupational exposure – Exposure of healthcare workers or care staff to blood or body fluids in the course of their work.

Organism – Any living thing that can grow and reproduce, such as a plant, animal, fungus or bacterium.

Outbreak – When there are two or more linked cases of the same confirmed infection or illness or when there are more cases than the number expected.

Pathogen – Any disease-producing infectious agent.

Percutaneous injury – An injury caused by a sharp instrument or object such as a needle or scalpel, cutting or puncturing the skin.

Personal Protective Equipment (PPE) – Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections e.g. disposable gloves and disposable aprons.

Respiratory droplets – A small droplet, such as a particle of moisture released from the mouth during coughing, sneezing, or speaking.

Respiratory Protective Equipment (RPE) – There are two main types of RPE: respirators and breathing apparatus. Respirators are devices worn over the nose and mouth or head and are designed to filter the air breathed in to protect the wearer from inhaling hazardous substances, including airborne particles (aerosols). Breathing apparatus provides a supply of breathing quality air from an external source such as a cylinder or an air compressor. The most commonly used item of RPE in healthcare settings is an FFP3 respirator.

Re-sheath – To put a needle or other sharp object back into its plastic sheath.

Sanitary fittings – Pieces of furniture that are in a bathroom, such as a toilet, bath etc.

Secretions – Any body fluid that is produced by a cell or gland such as saliva or mucous.

Segregated – Physically separating or isolating from other people.

Sharps – Sharp instruments used in healthcare settings such as needles, lancets and scalpels.

Sharps injury – See **percutaneous injury**.

Spore – A form that some types of bacteria take under certain environmental conditions. Spores can survive for long periods of time and are very resistant to heat, drying and chemicals.

Sterile – Free from live bacteria or other microorganisms.

Sterile procedure – Care procedure that is undertaken in conditions that are free from bacteria or other microorganisms.

Sterilisation – The procedure of making some object free of all germs, live bacteria or other microorganisms (usually by heat or chemical means).

Surgical face mask – A disposable fluid repellent mask worn over the nose and mouth to protect the mucous membranes of the wearer's nose and mouth from splashes and infectious droplets and also to protect patients.

Swan-neck – Way of closing bag by tying in a loop and securing with a zip tie to make a handle.

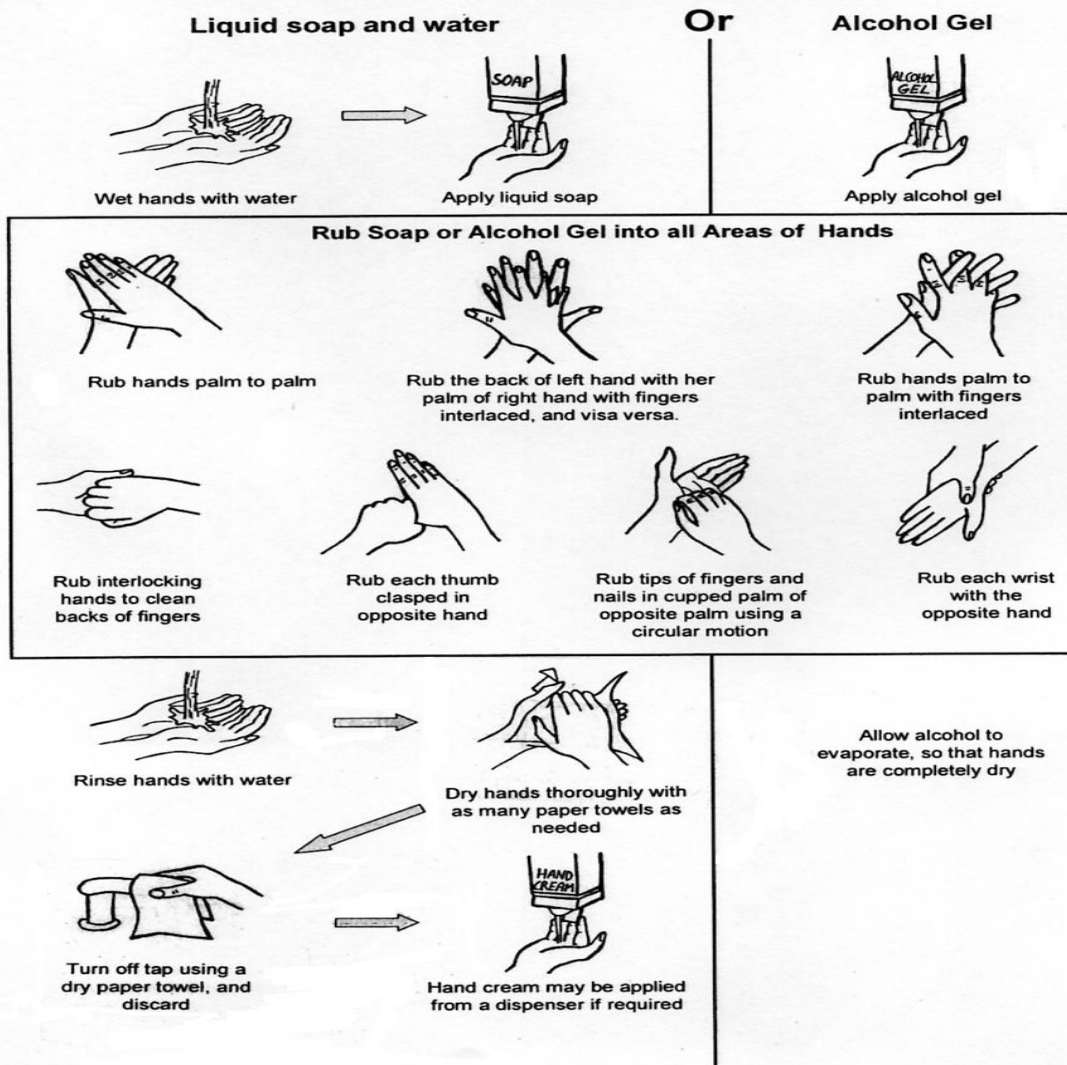
Terminal decontamination – Cleaning/decontamination of an area or room following transfer/discharge of patient or when they are no longer considered infectious to ensure the area is safe for the next patient

7. Appendices

Appendix 1: How to hand wash/ hand rub- step by step images

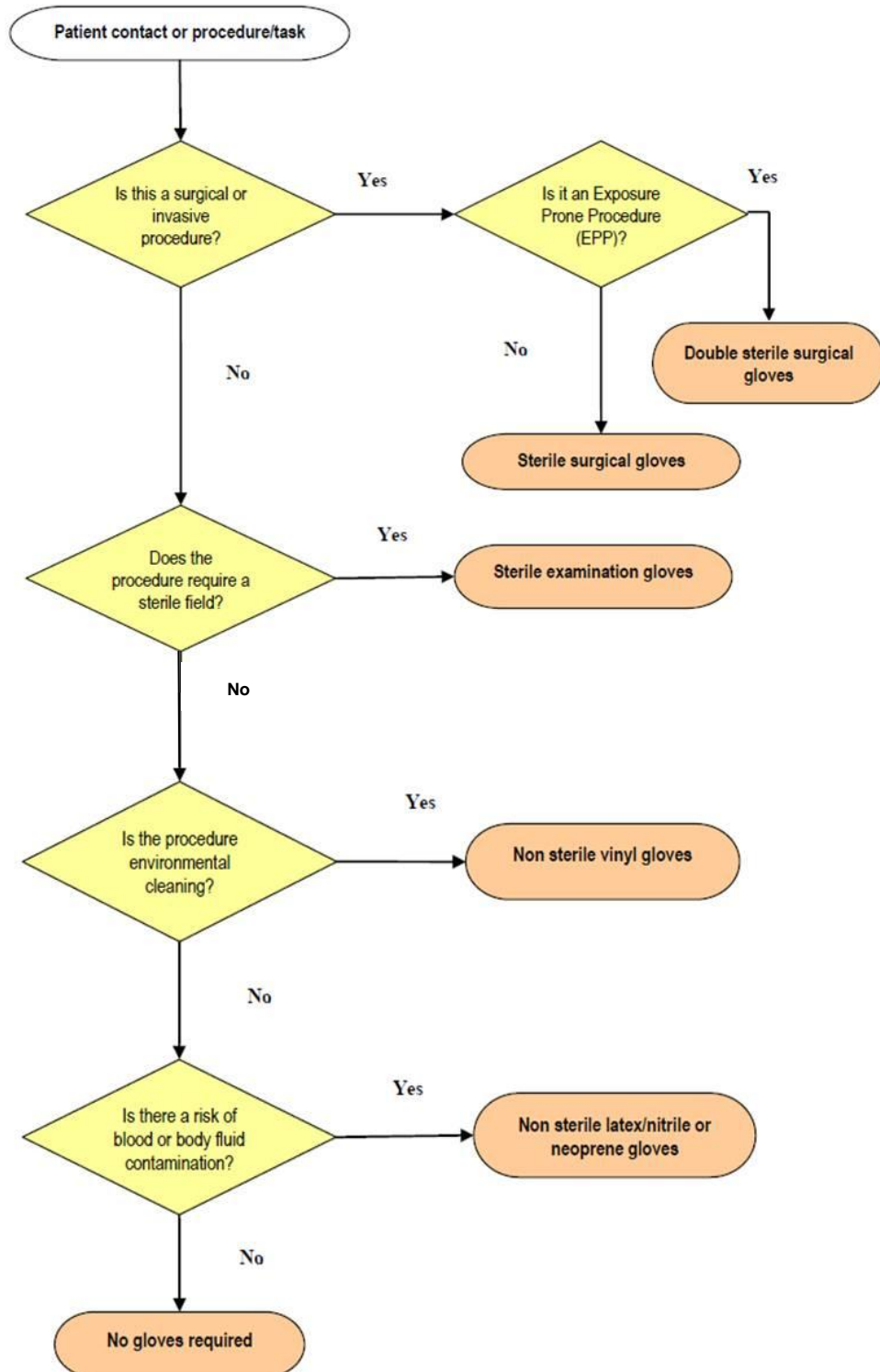
9. TECHNIQUE/FLOW CHART

General Hand Decontamination Technique



Steps 2 – 7 should take at least 15 seconds

Appendix 2: Glove use and selection

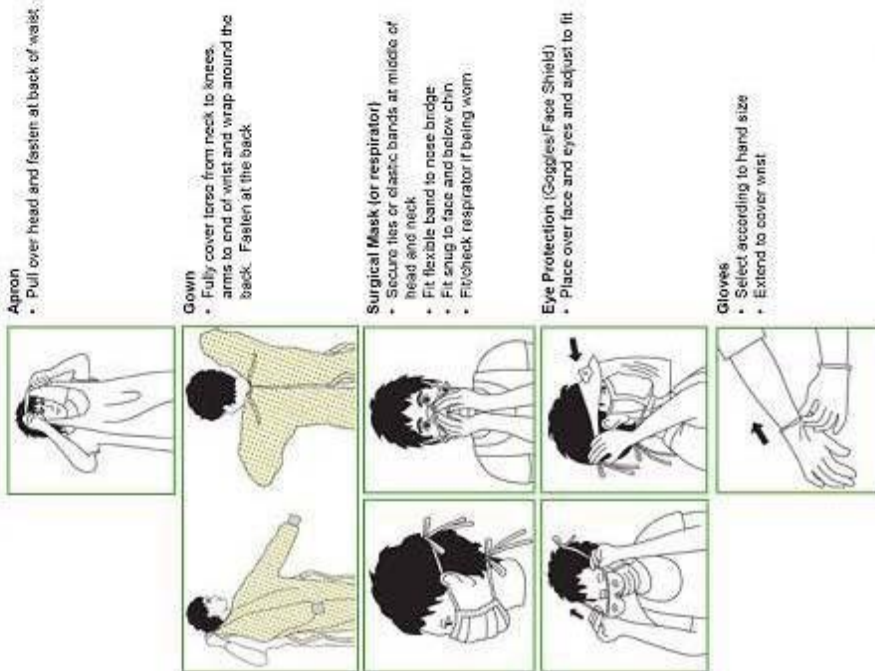


Appendix 3: Putting on and removing PPE

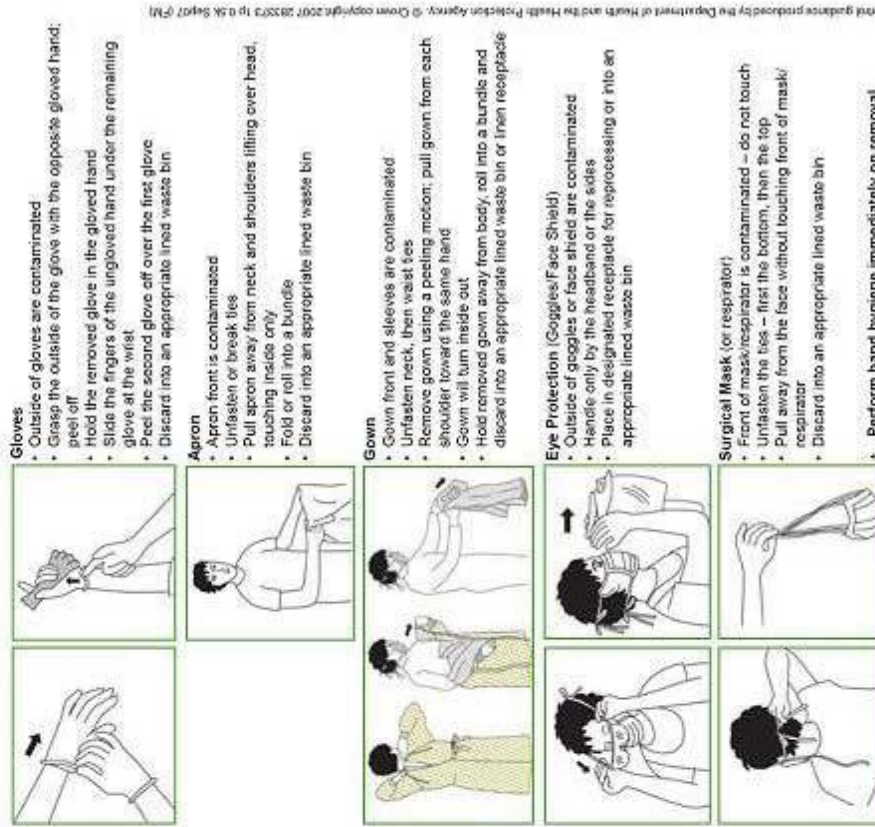
The type of PPE used will vary based on the type of exposure anticipated, and not all items of PPE will be required. The order for putting on PPE is Apron or Gown, Surgical Mask, Eye Protection (where required), and Gloves.

1. Putting on Personal Protective Equipment (PPE)

- Perform hand hygiene before putting on PPE



2. Removing Personal Protective Equipment (PPE)



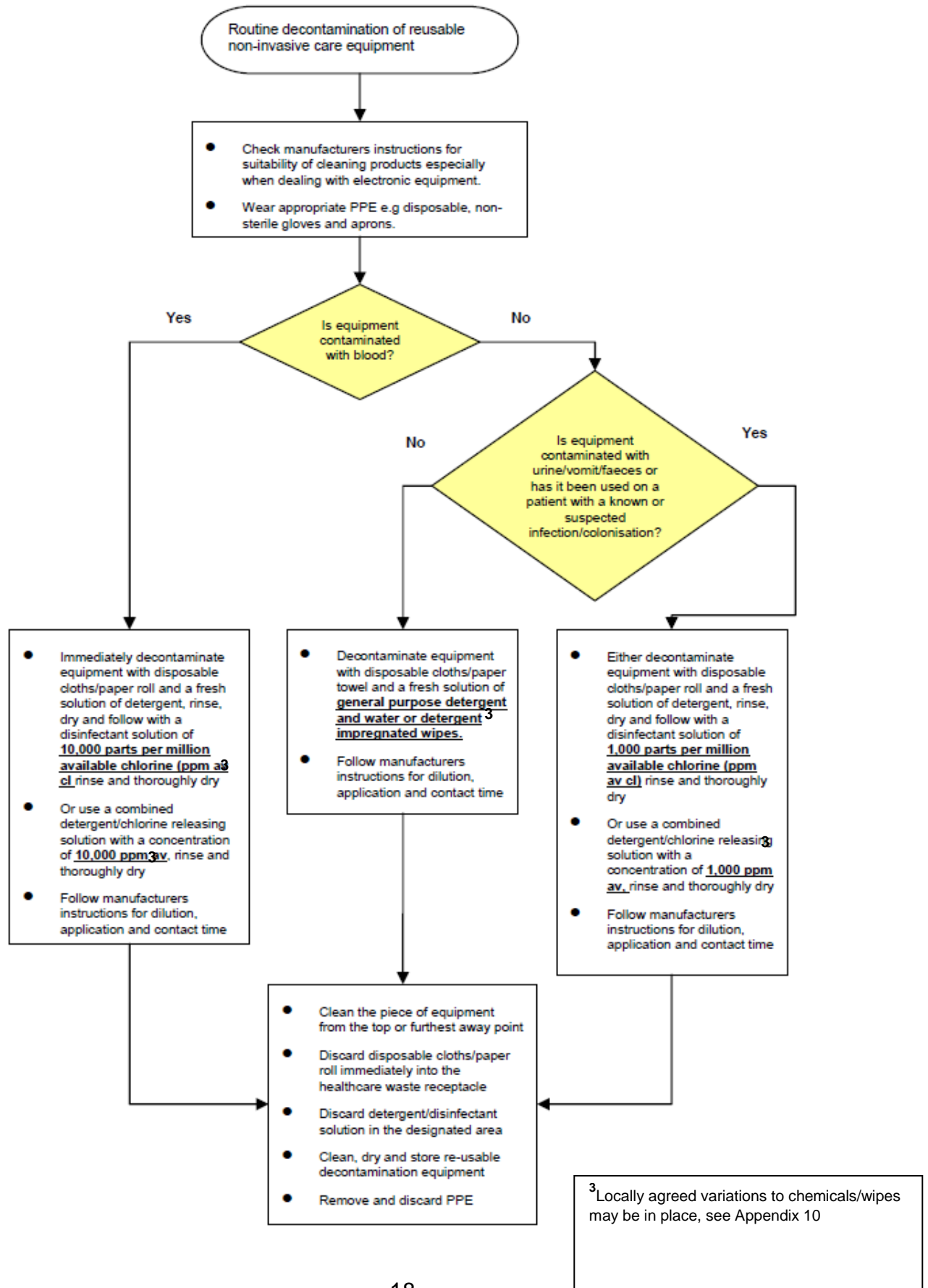
Based on infection control guidance produced by the Department of Health and the Health Protection Agency. © Crown copyright 2007 282573 1p 0 5K 8497 (7/11)

Use safe work practices to protect yourself and limit the spread of infection

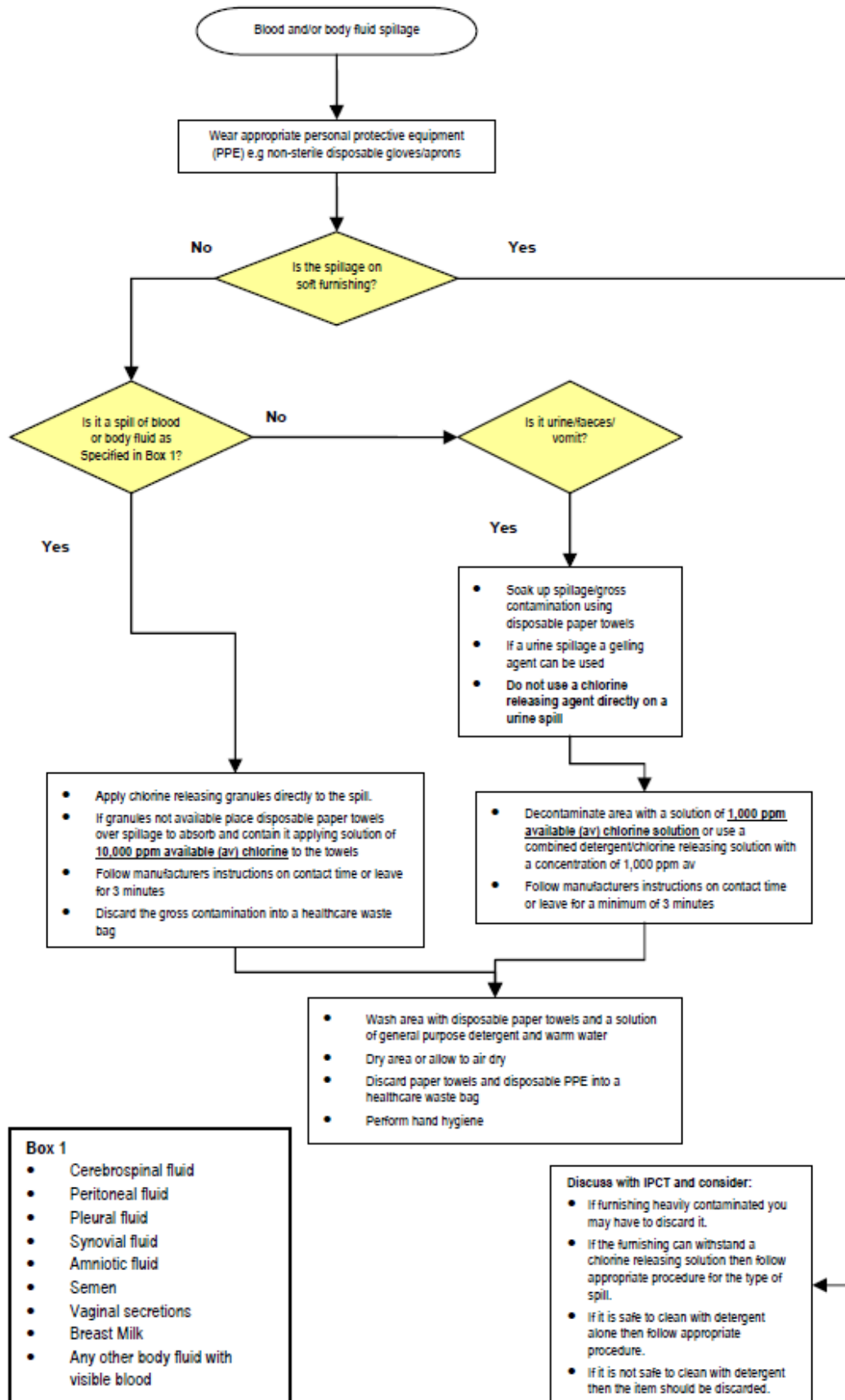
- Change gloves when torn or heavily contaminated
- Regularly perform hand hygiene

NE Masks and goggles are not routinely recommended for contact precautions. Consider the use of these under standard infection control precautions or if there are other routes of transmission.

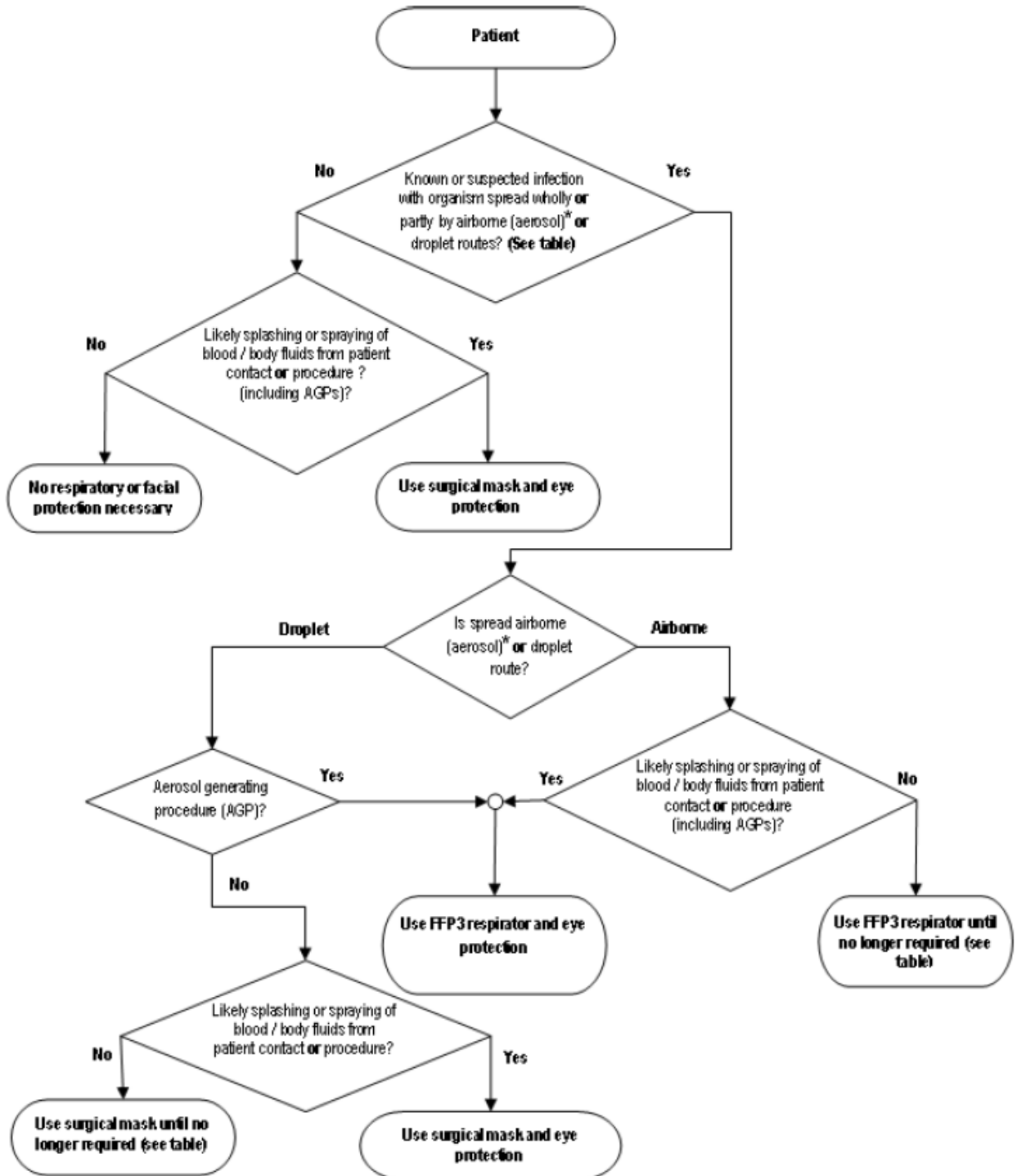
Appendix 4: Routine decontamination of reusable non-invasive patient care equipment



Appendix 5: Management of blood and body fluid spillages



Appendix 6 – Do I need facial and/or respiratory protection



Source: Healthcare Infection Society Working Group on Respiratory and facial Protection Equipment Guidance 2013

Note: Viral Haemorrhagic Fevers and MERS-CoV are not covered here, see scope

STOP

Contact isolation KEEP DOOR CLOSED
unless ward sister/charge nurse instructs otherwise

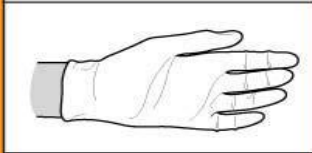


Instructions for all staff and visitors

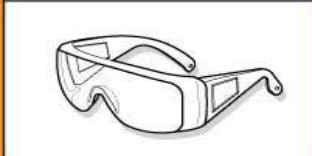
Hands must be washed
when entering and before leaving room



Wear orange plastic apron
when entering the room



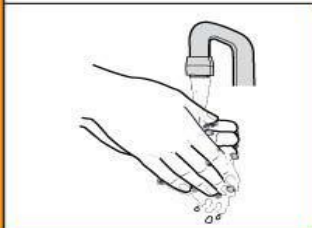
Wear gloves when risk of contamination
from blood, body fluids or secretions



Wear Goggles/Visor
if there is a risk of splashing from blood or body fluids



PPE disposal:
Dispose of gloves, apron and face protection
into orange labelled waste bin before leaving room.



Wash your hands before leaving room



STOP



RESPIRATORY ISOLATION

Follow instructions for contact isolation

Please ask nursing staff for a
Mask or Visor



APPENDIX 8 – Organisms and diseases of HCAI Importance and appropriate TBPs – PLEASE SEE FOOTNOTES AT THE END OF THE TABLE

Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Adenovirus	Respiratory tract infection	Droplet	√		√	For AGP ^e only		<p>CDC Information http://www.cdc.gov/adenovirus/hcp/prevention-treatment.html</p> <p>Requirements of precautions may be extended due to prolonged shedding¹ of virus, generally until 48 hours following cessation of symptoms</p>
	Conjunctivitis	Contact						
<i>Bordatella Pertussis</i>	Whooping cough	Droplet	√		√ Until patient has completed 5 days of antibiotics	For AGP ^e Only	√	<p>PHE guidance https://www.gov.uk/government/collections/pertussis-guidance-data-and-analysis</p> <p>Until 5 days of the commencement of antibiotic therapy. If untreated patient infectious for up to 3 weeks. Post exposure prophylaxis for household contacts and in rare circumstances may be indicated for HCWs following prolonged exposure to respiratory secretions.</p>
<i>Chlamydia pneumoniae</i>	Pneumonia	Droplet	√		√	For AGP ^e only		

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
<i>Clostridium difficile</i>	<i>Clostridium difficile</i> Infection	Contact	√					<p>Cardiff and Vale UHB Procedure: http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Clostridium%20difficile%20Procedure%202014%20%282%29.pdf</p> <p>Precautions remain until patient is 48 hours symptom free and has passed a formed (BSC 1-4) stool (seek advice from IP&C if unsure).</p> <p>Specimens are not required for clearance</p>
<i>Corynebacterium diphtheria / ulcerans</i>	Cutaneous diphtheria	Contact	√				√	
	Pharyngeal diphtheria	Droplet	√		√	For AGP ^e only	√	<p>PHE guidance https://www.gov.uk/government/publications/diphtheria-public-health-control-and-management-in-england-and-wales</p> <p>Until negative. Patient considered negative when two cultures (Nasal Pharyngeal Aspirate) are taken 24 hours apart.</p>

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
GI infections E.g. Salmonella Campylobacter		Contact	√				√*	<p>C&V UHB Procedure: http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Viral%20Gastro%20procedure%202014%20approved%20JAN.pdf</p> <p>C&V Diarrhoea Resource Pack: http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,109318508,253_109318509&_dad=portal&_schema=PORTAL</p> <p>*All suspected food poisoning and enteric fever cases are notifiable. For notifiable diseases see footnote d</p>
Haemophilus influenza type B	Epiglottitis Meningitis	Droplet	√		√ Until patient has completed 24 hours of antibiotics	For AGP ^e only		<p>PHE guidance https://www.gov.uk/government/collections/haemophilus-influenzae-guidance-data-and-analysis</p> <p>Until 24 hours into the course of corrective antibiotic therapy.</p>

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Hepatitis, viral. Types A&E	Hepatitis	Contact	√				√	Refer to C&V UHB Procedure PHE Guidance: https://www.gov.uk/government/collections/hepatitis-a-guidance-data-and-analysis https://www.gov.uk/government/collections/hepatitis-e
Herpes Simplex (HSV1 and 2)	Oral herpes, genital herpes, neonatal disseminated herpes	Contact	√					Can infect oral mucosa (HSV1) or genital tract (HSV 2). Primary and recurrent infections can occur and duration of precautions will vary but usually until lesions or cold sores disappear. Risk to exposed infants delivered vaginally or by C- section and if mother has active infection and membranes have been ruptured for more than 4-6 hours

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Herpes Zoster (Varicella zoster virus)	Shingles – skin	Contact	√ If lesions cannot be covered					Refer to C&V UHB Procedure. PHE Guidance: https://www.gov.uk/government/collections/shingles-vaccination-programme Infectious until vesicles are dry usually 5-7 days this may be extended for immunocompromised individuals. Disseminated disease may require an increase in the duration of the precautions. Susceptible health/social care workers should not give direct care if immune care givers are available. Immune caregivers no additional precautions, non immune may require surgical mask in disseminated disease
	Shingles – respiratory tract	Droplet/airborne	√		√	For AGP ^e only		

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Influenza virus	Seasonal Influenza ^f	Droplet	√		√	For AGP ^e only		Refer to C&V UHB Guidance PHE guidance https://www.gov.uk/government/collections/seasonal-influenza-guidance-data-and-analysis#management-and-treatment 5 days except in immunocompromised persons. Use of vaccine or antiviral drugs may be considered. Avoid placing infected individuals with immunocompromised patients.
Measles virus	Measles	Droplet / airborne		√	√	For AGP ^e only	√	PHE Guidance https://www.gov.uk/government/publications/national-measles-guidelines NICE Clinical Knowledge Summary: http://cks.nice.org.uk/measles#!topicsummary Precautions remain until 4 days after onset of rash. For immunocompromised individuals this is increased for the duration of illness. Susceptible health/social care workers should not enter the room if immune care givers are available. Exposed susceptible care givers may require post exposure vaccine

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Multi drug resistant organisms (MDROs) – (bacterial) infection or colonisation ^g	Infection or colonisation	Contact	√					C&V UHB Guidance in process – due for completion 2015. PHE CPE Toolkit: https://www.gov.uk/government/publications/carbapenemase-producing-enterobacteriaceae-early-detection-management-and-control-toolkit-for-acute-trusts Welsh CPE guidance due for publication 2015.
Mumps virus	Mumps	Droplet	√		√	For AGP ^e only	√	NICE Clinical Knowledge Summary: http://cks.nice.org.uk/mumps Until approximately 9 days following appearance of symptoms in hospital. Some evidence that this can be reduced to 5 days in community settings for previously healthy individuals. Non immune HCW should not provide direct care

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Mycobacterium tuberculosis	Pulmonary/laryngeal TB	Airborne		√ Until patient has received 14 days effective treatment OR If patient has MDR or XDR TB		For AGP ^e only. Until patient has received 14 days effective treatment OR For all patient contact if patient has MDR or XDR TB.	√	C&V UHB Guidance: http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Mycobacterium%20Tuberculosis%20%28TB%29%20Procedure%202013%20updated.pdf Discontinue precautions only when patient is on effective therapy, condition is improving and has 3 negative sputum smears for acid fast bacilli (AFB) collected on 3 consecutive days. MDR TB cases always seek guidance when suspected/confirmed cases further information There are some exceptions to precaution requirements and local Infection Control/Health Protection/ TB teams must be consulted
	Extra pulmonary TB	SICPs					√	
Mycoplasma	Pneumonia	Droplet	√		√	For AGP ^e only		PHE Guidance: https://www.gov.uk/mycoplasma Precautions remain for duration of hospital stay or until symptoms resolve. Patients can be infectious for up to 13 weeks.

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
<i>Neisseria meningitidis</i>	Meningitis Meningococcal septicaemia	Droplet	√ Until patient has completed 24 hours of antibiotics		√ Until patient has completed 24 hours of antibiotics	For AGP ^e only	√	PHE guidance https://www.gov.uk/government/collections/meningococcal-disease-guidance-data-and-analysis Until 24 hours into the course of appropriate antibiotic therapy. Post exposure chemoprophylaxis based on local risk assessments for exposed HCW as per Infection Control Team / Health Protection Team advice. Household contacts are given prophylactic antibiotics to eliminate carriage and prevent clinical illness,
Norovirus	Diarrhoea and vomiting	Contact/droplet	√					C&V UHB Procedure: http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/Viral%20Gastro%20procedure%202014%20approved%20JAN.pdf C&V Diarrhoea Resource Pack: http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,109318508,253_109318509&_dad=portal&_schema=PORTAL
Parainfluenza virus	Respiratory tract infection	Droplet	√		√	For AGP ^e only		PHE Guidance https://www.gov.uk/respiratory-viruses

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			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Parvovirus B19	Erythema infectiosum/ 'slapped cheek' syndrome	Droplet	√		In acute setting, up to 7 days from onset of symptoms	For AGP ^e only		NICE Clinical Knowledge Summary: http://cks.nice.org.uk/parvovirus-b19-infection A common childhood infection lasting 2- 3 days followed by the rash on the cheeks. In adults can be associated with athralgia Non-infectious when the rash appears. If the patient has a chronic disease or is immunocompromised maintain precautions for the duration of illness or whilst patient is hospitalised. Advice should be sought from an Infection Control/Disease/ Public Health Physician or Consultant Microbiologist when this disease is identified or suspected in pregnancy
Respiratory syncytial virus (RSV)	Respiratory tract infection	Droplet	√		√	For AGP ^e only		PHE guidance https://www.gov.uk/government/collections/respiratory-syncytial-virus-rsv-guidance-data-and-analysis Duration of symptoms (whilst in acute care setting specifically) Particularly affects young children, infants and immunosuppressed patients. Highly transmissible in Paediatrics.
Rotavirus	Gastroenteritis	Contact	√					

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
Rubella virus	Rubella 'German measles'	Droplet	√		√	For AGP ^e only	√	NICE Clinical Knowledge Summary: http://cks.nice.org.uk/rubella Until 7 days after onset of rash. Susceptible HCW should not provide direct clinical care
<i>Staphylococcus aureus</i>	Scalded skin syndrome	Contact	If lesions cannot be covered					
Meticillin resistant <i>Staphylococcus aureus</i> (MRSA)	Infection/ Colonisation	Contact	√					C&V UHB Procedure: http://nww.cardiffandvale.wales.nhs.uk/pls/portal/docs/PAGE/POLICY_PAGEGROUP/OTHER_DOCS/MRSA%20PROCEDURE%20DEC%202014%20FINAL%20VERSION.PDF

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
<i>Streptococcus pyogenes</i> (Group A Strep)	Respiratory	Droplet	√ Until patient has completed 24 hours of antibiotics		√ Until patient has completed 24 hours of antibiotics	For AGP ^e only	√	PHE guidance https://www.gov.uk/government/collections/group-a-streptococcal-infections-guidance-and-data Invasive GAS disease and Scarlet Fever are notifiable
	Wound, bacteraemia, meningitis, other metastatic infection	Contact	√ Until patient has completed 24 hours of antibiotics					
<i>Streptococcus pneumoniae</i>	Respiratory	Droplet	√		√ Until patient has completed 24 hours of antibiotics	For AGP ^e only		PHE guidance https://www.gov.uk/government/collections/pneumococcal-disease-guidance-data-and-analysis

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Pathogen	Clinical condition	Precaution category	Optimal placement while patient is considered infectious ^a		Recommended respiratory precaution while patient is considered infectious		Notifiable ^d	Useful links/additional comments
			Single room (ideally with En-suite)	Isolation Room ^b	Type IIR Fluid repellent surgical mask (in addition to SICPs) ^c	FFP3		
	Wound, bacteraemia, meningitis, other metastatic infection	Contact	√					
Varicella virus	Chickenpox	Droplet/air borne		√	√	For AGP ^e only		<p>Refer to C&V UHB Procedure.</p> <p>PHE Guidelines https://www.gov.uk/government/collections/chickenpox-public-health-management-and-guidance#clinical-management</p> <p>Viral rash in Pregnancy https://www.gov.uk/government/publications/viral-rash-in-pregnancy</p> <p>Until all lesions are dry and crusted. In immunocompromised individuals with varicella pneumonia prolonged precautions may be required. Susceptible health/social care workers (e.g. those who are pregnant or immunocompromised) should not enter the room if immune care givers are available.</p>

Footnotes

- a. Risk assessment and risk prioritisation may be required for allocation of single room facilities/use of cohorting

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- b. A room at negative pressure to the surrounding areas or with a positive pressure lobby suitable for source isolation (Health Building Note 4 Supplement 1 In-patient accommodation: Options for choice Supplement 1: Isolation facilities in acute settings – Wales <http://www.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=64096>)
- c. Fluid repellent surgical facemask for any situation where there may be splashing of body fluids to the face and for droplet precautions as indicated, those with evidence of immunity to vaccine preventable diseases may dispense with facemask use following risk assessment
- d. Only diseases and syndromes listed in Schedule 1 (notifiable by a registered medical practitioner) are noted here, for laboratory notifiable (Schedule 2) and full list see <http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=48544>
- e. Aerosol Generating Procedures (see glossary)
- f. Seasonal influenza only, separate UK guidance is available for avian and pandemic influenza
- g. Includes Vancomycin (Glycopeptide) resistant Enterococci (VRE, GRE), Extended Spectrum Beta-Lactamase (ESBL) producing organisms, see separate guidance for Carbapenemase Producing Enterobacteriaceae (CPE)

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Appendix 9: Local Contacts for Infection Prevention and Control

Please see IP&C Intranet page for up to date contact list:

http://nww.cardiffandvale.wales.nhs.uk/portal/page?_pageid=253,839075,253_839079&_dad=portal&_schema=PORTAL