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Community Infection Prevention and Control Policy for Domiciliary Care staff

Isolation

ISOLATION

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Organisation:

Signed:

Job Title:

Adoption Date:

Review Date:

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ISOLATION

ISOLATION

1. Introduction

Where personal care is provided by a domiciliary care provider to a person in their own home, it is unlikely that this Policy will be applicable. However, this Policy will apply if the domiciliary care provider provides personal care to a group of service users in a supported living or sheltered housing complex.

In these multiple occupancy settings, the use of 'Standard infection control precautions' (SICPs) is usually all that is required for the majority of infections. SICPs may, however, be insufficient to prevent transmission of specific infections, therefore, isolation or additional 'Transmission based precautions' (TBPs) may need to be taken when caring for service users with a confirmed or suspected infection.

2. Transmission based precautions

The type of 'Transmission based precautions' (TBPs) required depends on the route of transmission of the confirmed or suspected infection (some infections can be transmitted by more than one route).

Contact TBPs

These are used to prevent and control infections that are spread via direct contact with the service user, or indirectly via contact with the service user's immediate care environment and equipment. This is the most common route of infection transmission.

Contact precautions require staff to wear a disposable apron and gloves for direct contact with the service user, their environment and/or their equipment, e.g. helping a service user get out of bed, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the mucous membranes, e.g. eyes, nose, mouth, eye protection and a fluid resistant surgical mask (FRSM) should also be worn.

Droplet TBPs

Droplets are generated during coughing, sneezing, talking. If droplets from an infected person come into contact with the mucous membranes, e.g. eyes, nose, mouth, of another person, they can cause infection. Droplets remain in the air for a short period and can travel about 1 metre.

Predominantly droplets are spread directly from person-to-person, e.g. the droplets land directly on the mucous membranes of a person's eyes, nose or mouth, and the infection then enters their body.

Droplets can travel through the respiratory system to just before the alveoli (tiny branches of air tubes in the lungs).

Droplet precautions require staff to wear a disposable apron, gloves, eye protection and a FRSM when entering an isolation room and for all routine care.

Airborne TBPs

Airborne precautions are rarely required in domiciliary care settings. These are used to prevent and control infections that are spread without necessarily having close contact with a service user, via aerosols.

- Aerosol transmission is usually associated with an aerosol generating procedure (AGP). An AGP is a procedure that can result in the release of aerosols (airborne particles) from the respiratory tract of someone confirmed or suspected with a virus. During an AGP, smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre.
- Procedures within domiciliary care which are categorised as AGPs include respiratory tract suction beyond the throat (not oral/pharyngeal suction) and tracheostomy tube insertion/removal.
- Procedures such as taking a diagnostic throat/nose swab, administration of humidified oxygen, the use of nebulisers to administer medication, are not considered an AGP.
- Airborne transmission is spread by travelling from the respiratory tract of one individual directly onto a mucous membrane, e.g. eyes, nose, mouth, of another individual. Aerosols can travel deeper into the respiratory system than droplets, to the endpoint (the alveoli).
- For advice on additional personal protective equipment (PPE) requirements for staff who undertake AGPs, contact your local Community Infection Prevention and Control (IPC) or UK Health Security Agency (UKHSA) Team.

Infections and communicable diseases

Appendix 1 provides an A-Z listing of the infections and communicable diseases which are most likely to affect service users. It specifies the type of TBPs, isolation and PPE requirements.

When caring for service users in relation to any other new emerging infection, staff should refer to national infection prevention and control guidance.

3. Risk assessment

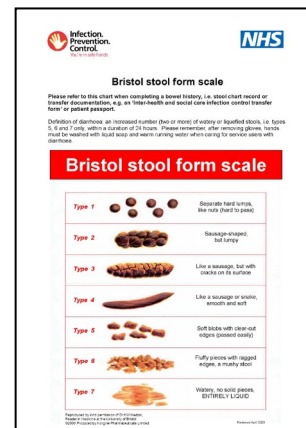
Isolation can have a negative impact on a service user's mental health and wellbeing. To ensure that the benefits outweigh potential harm, a risk assessment should be undertaken with your local Community IPC, UKHSA or multi-disciplinary Team. The decision to isolate or use TBPs will consider:

- The confirmed or suspected infectious agent - how it is spread and the severity of the illness caused
- The environment
- The susceptibility of others to the infection
- The service user's clinical condition, e.g. mental health
- Evidence-based practice

In the unlikely event of a service user with a 'High consequence infectious disease' (HCID), the UKHSA and local Community IPC Team will provide guidance on an individual basis.

4. Duration of isolation

- If an outbreak of diarrhoea and/or vomiting is suspected, service users in supported living or a sheltered housing complex with symptoms of diarrhoea and/or vomiting should be considered as infectious and isolated where possible until 72 hours symptom free, or as advised by your local Community IPC or UKHSA Team. Refer to the 'Viral gastroenteritis/Norovirus Policy'.
- Any service user with confirmed or suspected *Clostridioides difficile* (*C. difficile*) infection should remain in isolation until they are symptom free for 48 hours and a formed stool passed (type 1-4 on the Bristol stool form scale, available to download at www.infectionpreventioncontrol.co.uk/resources/bristol-stool-form-scale-poster/), or their bowel habit has returned to their normal type. Refer to the '*C. difficile* Policy'.
- See 'A-Z of infections' (Appendix 1) for further examples of duration required.



5. Isolation procedure

- Where possible, the door to the service user's room or accommodation should be kept closed.
- Before entering the room or accommodation of a service user with a confirmed or suspected infection requiring **contact TBPs**, a disposable apron and gloves should be worn for direct contact with the service user, their environment and/or their equipment, e.g. helping a service user get out of bed, help with toileting, help with feeding, cleaning the room. When there is a risk of splashing of body fluids to the mucous membranes, e.g. eyes, nose, mouth, eye protection and a FRSM should also be worn.
- On entering the room or accommodation of a service user with a confirmed

or suspected infection requiring **airborne or droplet TBPs**, irrespective of the procedure to be undertaken, a disposable apron, gloves, eye protection and a FRSM should be worn, see 'A-Z of infections' (Appendix 1).

- Gloves and apron should be changed between tasks, removed in the room (gloves should be removed first, and disposed of). Refer to the 'PPE Policy' and 'Safe disposal of waste, including sharps Policy'.
- After removing PPE, hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels or kitchen roll. Alternatively, apply alcohol handrub to all areas of the hands. Hand hygiene must be undertaken before leaving the area and **again** after exiting the area. Alcohol handrub should **not** be used when caring for service users with *C. difficile* or viral gastroenteritis.
- Eye protection and FRSMs should be removed in a safe place outside the area. After removal, hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels or kitchen roll. Alternatively, apply alcohol handrub to all areas of the hands.
- Where possible, windows should be opened regularly in service user's rooms, e.g. 10 minutes every hour.

Precautions for visitors

Visitors should be informed of the confirmed or suspected infection and of the appropriate precautions that need to be taken as advised by your local IPC or UKHSA Team.

Cleaning and disinfection

- As far as possible, the room should be free from clutter and care equipment not required should be removed.
- When carers provide household cleaning services, thorough cleaning and disinfection should be undertaken daily, or twice daily when caring for a service user with confirmed or suspected viral gastroenteritis.
- Cleaning should be undertaken at least daily using detergent wipes or warm water and a general purpose neutral detergent, e.g. washing up liquid, and single use disposable cloths. Following cleaning, surfaces must also be disinfected, e.g. 10 ml of household bleach in 1 litre of cold water or an alternative product, as per manufacturer's instructions. Alternatively, a combined '2 in 1' detergent and chlorine-based disinfectant solution can be used.
- Diluted chlorine-based disinfectant solutions, such as household bleach, become less effective after 24 hours. When a solution is made, the date and time should be recorded and the solution disposed of after 24 hours.
- To ensure that microorganisms are killed, always leave chlorine-based disinfectant solutions for the contact time as per manufacturer's instructions.
- If using other products containing bleach for disinfection, e.g. liquids or sprays, it is important to check that they are effective against the specific confirmed or suspected infection.

- Chlorine-based disinfectant solutions may damage soft furnishings and some equipment. A risk assessment of using such solutions should be made and where deemed unsuitable to use, general purpose neutral detergent, e.g. washing up liquid, and warm water, steam cleaner or carpet cleaning machine, should be used. Grossly contaminated furnishing and equipment that cannot be cleaned should be disposed of.
- If the service user has diarrhoea and/or vomiting, after use of a toilet or commode, all surfaces, e.g. assistance rails, raised toilet seat, flush handle/button, toilet, commode, (including underneath the seat and any frame), should be cleaned and disinfected thoroughly after each use.
- When using mobility aids for service users, e.g. hoists, frames, wheelchairs, these should be cleaned and disinfected at least daily and whenever visibly soiled.
- In a supported living or sheltered housing complex, to reduce the risk of transmission of infection between different areas, best practice is to adopt the 'National colour coding scheme for cleaning materials and equipment':
 - Red for bathrooms, showers, toilets, basins and bathroom floors
 - Blue for general areas
 - Green for kitchen areas
 - Yellow for isolation areas
- Clean all surfaces using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms, e.g. bacteria and viruses, that may be transferred from a dirty area to a clean area.
- Mop buckets should be cleaned after use, dried with paper towels, then disinfected and stored upside down to air dry.
- Mop heads should preferably be single use. Reusable mop heads should be laundered on a hot wash after each use.
- If the room is carpeted, daily routine cleaning of the carpet is not required. Any spillage onto the carpet should be dealt with by washing with general purpose neutral detergent, e.g. washing up liquid, and warm water. A carpet cleaning machine or steam cleaner can be used where practical.
- Refer to the 'Safe management of blood and body fluid spillages Policy', 'Safe management of care equipment Policy' and the 'Safe management of the care environment Policy'.



Laundry

- Wear a disposable apron and gloves for all contact with used laundry.
- All linen and clothing soiled with diarrhoea should be handled with care.
- At no time should soiled items be placed on the floor/surface or held close to the body.

- To prevent contamination of hands, the sink and surrounding environment, staff should not rinse soiled linen or clothing by hand.
- Soiled linen or clothing should be washed as soon as possible, separately from other items, on a pre-wash cycle in the service user's or communal washing machine followed, by a wash cycle on the highest temperature advised on the washing instruction label.
- Non-soiled linen or clothing should be washed as soon as possible, separately from other items, in the service user's or communal washing machine at the highest temperature advised on the washing instruction label.

Refer to the 'Safe management of linen, including uniforms and workwear Policy'.

Disposal of waste

Refer to the 'Safe disposal of waste, including sharps Policy'.

Crockery and cutlery

There are no specific precautions for crockery and cutlery. They should be washed as usual, there is no need to wash them separately from crockery and cutlery used by other service users. Water jugs and drinking glasses should also be washed as usual. After handling used crockery and cutlery, hands should be cleaned with liquid soap, warm running water and dried thoroughly with paper towels, or alcohol handrub applied to all areas of the hands.

6. Deep cleaning

Refer to the 'Safe management of care equipment Policy' and 'Safe management of the care environment Policy'.

- Deep cleaning is a more enhanced programme of environmental cleaning, which complements routine cleaning. It includes the thorough cleaning of all surfaces, floors, soft furnishings and reusable equipment either within the whole environment or in a particular area, e.g. service user's room.
- If a deep clean is required and when carers provide household cleaning services, advice will be provided by your local Community IPC or UKHSA Team.

7. Referral or transfer to another health or social care provider

- Transfer to another Domiciliary Care provider or a Care Home should, where possible, be deferred until the service user is no longer infectious.
- Non-urgent hospital outpatient attendances or planned admissions should be postponed if at all possible.

- If the condition of service user requires urgent hospital attendance or admission, to reduce the risks of spreading infection, the unit at the hospital they are attending and the transport service taking them must be made aware the service user has a confirmed or suspected infection prior to them being transferred. Due attention should be paid to service user confidentiality. Staff with responsibility for arranging the service user's transfer should complete relevant documentation, e.g. patient passport or the Inter-health and social care infection control transfer Form (available to download at www.infectionpreventioncontrol.co.uk/resources/inter-health-and-social-care-infection-control-transfer-form/ and can be completed electronically). This ensures appropriate placement of the service user, refer to the 'Patient placement and assessment for infection risk Policy'.

The Inter-health and social care infection control transfer Form is a document used for transferring service users with confirmed or suspected infections between care settings. It includes fields for service user name, address, date of birth, current location, and details of the receiving facility. It also contains checkboxes for infection type (e.g., confirmed, suspected, unknown), symptoms, and whether the user has been exposed to others. The form is available for download from the Infection Prevention and Control website.

8. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Isolation: Quick reference guide'.

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Domiciliary Care service in achieving compliance with the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- 24 IPC Policy documents for Domiciliary Care staff
- Preventing Infection Workbook: Guidance for Domiciliary Care staff
- IPC audit tools, posters, packs, leaflets and factsheets
- IPC Bulletin for Domiciliary Care staff

In addition, we hold IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

9. References

Department of Health (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Health Protection Agency (2013) *Prevention and control of infection in care homes – an information resource*

NHS England (Updated 2024) *National infection prevention and control manual (NIPCM) for England*

UK Health Security Agency (Updated 2023) *Communicable Disease Outbreak Management: Operational guidance*

10. Appendices

Appendix 1: A-Z of infections

Appendix 2: Isolation: Quick reference guide

DC 06 Appendix 1: A-Z of infections

Suspected or confirmed pathogen	Disease	TBPs required	Isolation required	PPE	Duration of isolation/TBPs
<i>Bordetella pertussis</i>	Whooping cough	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	3 weeks after onset of paroxysmal cough or 5 days after treatment commenced
Campylobacter	Gastroenteritis	Contact	Yes	Apron and gloves	Until symptom free for 48 hours
<i>Chlamydia psittaci</i>	Psittacosis	TBPs not required	No	SICPs	N/A
CPE (Carbapenemase-producing Enterobacterales)	Colonisation of bowel, urinary infection, catheter associated sepsis	Contact	No	Apron and gloves	N/A
<i>Clostridioides difficile</i>	<i>Clostridioides difficile</i> infection or colonisation	Contact	Yes	Apron and gloves	Refer to 'C. difficile Policy'
COVID-19	Respiratory	Droplet/airborne	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	Refer to national IPC guidance
Gastrointestinal infections, e.g. salmonella/food poisoning	Gastroenteritis	Contact	Yes	Apron, gloves, eye protection and FRSM if vomiting present	Until symptom free for 48 hours
Giardiasis	Gastroenteritis	Contact	Yes	Apron, gloves, eye protection and FRSM if vomiting present	Until symptom free for 48 hours
Hepatitis A virus	Hepatitis, gastroenteritis	Contact	Yes	Apron, gloves, eye protection and FRSM if vomiting present	1 week after onset of jaundice or 10 days from start of symptoms if no jaundice
Hepatitis B or hepatitis C virus	Hepatitis	TBPs not required	No	SICPs	Refer to 'BBVs Policy'
Herpes simplex (oral)	Cold sores	Contact	No	Apron and gloves	Until blisters completely dried up
Herpes zoster (varicella-zoster)	Shingles	Contact	Yes (only if rash cannot be covered)	Apron and gloves	If required - until lesions are crusted
	Chicken pox	Airborne	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	Until lesions are crusted
Influenza virus	Influenza	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care.	Refer to 'Respiratory illnesses Policy'

Appendix 1: A-Z of infections **DC 06**

Suspected or confirmed pathogen	Disease	TBPs required	Isolation required	PPE	Duration of isolation/TBPs
				FFP3 for AGPs [*]	
Legionella	Legionnaires disease	TBPs not required	No	SICPs	N/A
Measles virus	Measles	Droplet/airborne	Yes	Apron, gloves, eye protection and FFP3 for routine care and for AGPs [*]	Until 5 days after onset of rash
MRGNB (Multi-resistant Gram-negative bacteria)	Colonisation of bowel, urinary infection, catheter associated sepsis, wound infection	Contact	No	Apron and gloves	N/A
MRSA (Meticillin resistant <i>Staphylococcus aureus</i>)	Colonisation or infection (skin, wound, pneumonia, osteomyelitis, UTI, sepsis)	Contact	No	Apron and gloves	N/A
<i>Mycobacterium tuberculosis</i>	Extrapulmonary TB (Tuberculosis)	Contact	Isolate the infected site only, e.g. urine if TB kidney	Apron and gloves	Seek advice from local Community IPC or UKHSA Team
	Pulmonary TB	Airborne	Yes	Apron, gloves, eye protection and FFP3 for routine care and AGPs [*]	Seek advice from local Community IPC or UKHSA Team
Norovirus	Gastroenteritis	Contact	Yes	Apron, gloves, eye protection and FRSM if vomiting present	Refer to 'Viral gastroenteritis/Norovirus Policy'
Parainfluenza virus	Respiratory tract infection	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs [*]	Until 1 week after onset. Refer to 'Respiratory illnesses Policy'
Parvovirus B19	Slapped cheek syndrome	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs [*]	Until rash and/or arthralgia has developed.
RSV (Respiratory syncytial virus)	Respiratory tract infection	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs [*]	Refer to 'Respiratory illnesses Policy'
Rotavirus	Gastroenteritis	Contact	Yes	Apron and gloves	Refer to 'Viral gastroenteritis/Norovirus Policy'

DC 06 Appendix 1: A-Z of infections

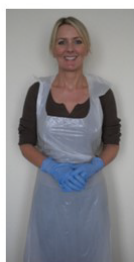
Suspected or confirmed pathogen	Disease	TBPs required	Isolation required	PPE	Duration of isolation/TBPs
Rubella virus	German measles	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	Until 5 days after onset of rash
Scabies mite	Crusted scabies	Contact	Yes	Apron and gloves	Refer to the 'Scabies Policy'
	Classical scabies	Contact	No	Apron and gloves for close contact	Refer to the 'Scabies Policy'
<i>Streptococcus pneumoniae</i>	Pneumonia	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	Until established on appropriate antibiotic treatment
	Wound infection	Contact	Yes	Apron and gloves	
<i>Streptococcus pyogenes</i> (Group A Strep)	Respiratory tract infection	Droplet	Yes	Apron, gloves, eye protection and FRSM for routine care. FFP3 for AGPs*	Until completion of 48 hours of appropriate antibiotic treatment
	Wound infection	Contact	Yes	Apron and gloves	
Varicella virus See Herpes Zoster above					

* Aerosol generating procedures (AGPs) in a domiciliary care setting are rarely required, but include respiratory suctioning beyond the throat and tracheostomy tube insertion/removal.



Isolation

Quick reference guide for Domiciliary Care



Risk assessment:

A risk assessment should be undertaken to determine if isolation or 'Transmission based precautions' (TBPs) are required by your local Community Infection Prevention and Control (IPC), UK Health Security Agency (UKHSA) or multi-disciplinary Team.

Transmission based precautions

When SICPs are insufficient to prevent transmission of infection, isolation and/or additional 'Transmission based precautions' (TBPs) may be required. TBPs are based on the route of transmission of infection; and may be:

Contact TBPs:

- Used to prevent the spread of infections via direct contact with the service user and/or their immediate care equipment and environment. A disposable apron and gloves should be worn for tasks requiring contact with the service user or their care equipment or environment. Eye protection and a fluid resistant surgical face mask should be worn if there is a risk of splashing of body fluids to the face

Droplet/airborne TBPs:

- Used to prevent the spread of infections via droplets (remain in the air for a short period and can travel about 1 metre) and aerosols (smaller viral particles than droplets are produced which can remain in the air for longer and travel further than 1 metre)
- As well as wearing a disposable apron and gloves, a fluid resistant surgical mask should be worn when entering the room or accommodation

Key practice points

- Keep door to room or accommodation closed where possible.
- Use correct PPE.
- Wash hands after removing PPE and before leaving the room or area and again after leaving the room or area.
- As far as possible declutter the area.
- Clean and disinfect care equipment after each use.
- Where carers provide household cleaning services, thorough cleaning and disinfection should be undertaken at least daily.
- Dispose of waste as per local policy.
- Handle all used laundry with care and wash as soon as possible on at the highest temperature advised on the label.

A-Z of infections

Appendix 1 provides an A-Z listing of the infections and communicable diseases which are most likely to affect service users. It specifies the type of precautions, isolation and personal protective equipment (PPE) requirements.