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SOP Objective

To ensure that patients with specific environmental organisms in high risk areas are cared for appropriately and actions are taken to minimise the risk of cross-infection.

This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP


- **Changes to trigger event timescales**

Important Note: The version of this policy found on the Infection Prevention & Control (eIPC Manual) on the intranet page is the only version that is controlled. Any other versions either printed or embedded into other documents or web pages should be viewed as uncontrolled and as such may not necessarily contain the latest updates, amendments, or linkages to other documents.

Document Control Summary


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Related Documents	National IPC Manual NHSGGC Decontamination Guidance NHSGGC Hand Hygiene Guidance NHSGGC SOP Cleaning of Near Patient Equipment NHSGGC SOP Terminal Clean of Ward/Isolation Room NHSGGC SOP Twice Daily Clean of Isolation Rooms NHSGGC Waste Management Policy
Distribution/ Availability	NHSGGC Infection Prevention and Control web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control
Lead	Lead Infection Prevention Control Doctor
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1. Responsibilities

Health Care Workers (HCW) must:

- Follow this SOP.
- Inform a member of the Infection Prevention and Control Team (IPCT) if this SOP cannot be followed.

Senior Charge Nurses (SCN) / Managers must:


- Support HCWs and IPCTs in following this SOP.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

Infection Prevention and Control Teams (IPCTs) must:

- Keep this SOP up-to-date.
- Audit compliance with this SOP.
- Provide education opportunities on this SOP.


Occupational Health Service (OHS) must:

- Provide staff with advice as appropriate
- Support an Incident Management Team (IMT) with necessary investigations as required

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2. General Information on Environmental organisms and high risk clinical areas


Environmental organisms in high risk areas	<p><u>High Risk Clinical Areas</u> For the purposes of this SOP, 'high risk clinical areas' includes the following: NICUs, PICU, ICUs and all haemato–oncology units.</p> <p><u>Environmental organisms</u> Appendix 13 of the National Infection Prevention and Control Manual lists organisms generally found within the environment and which have been associated with increased morbidity and mortality in those patients at high risk of infection. For the purposes of this SOP the organisms include: <i>Pseudomonas spp</i> <i>Acinetobacter spp</i> <i>Stenotrophomonas maltophilia</i>, <i>Serratia spp</i></p> <p>This list is not exhaustive and the IPCT may choose to act on other novel environmental organisms as they occur. If multi-drug resistant, please refer to IPC MDRO SOP</p>
Clinical Condition	Patients may be colonised or infected with these organisms. Infections may vary but include bloodstream infections, device-related infections, pneumonia and wound infections.
Mode of Spread	These organisms can be spread by both contact and droplet depending on the type of colonisation/infection They could potentially also be spread via the airborne route during aerosol-generating procedures (AGPs).
Incubation period	No specific incubation period.
Period of Communicability	As long as the organism is isolated
Triggers	<p>The IPCTs will monitor high risk areas for these organisms. Where a trigger is reached in a single ward, the IPCT will undertake a problem assessment to determine further action. Triggers are :</p> <ul style="list-style-type: none"> • Single HAI bacteraemia • Two infections other than BSI in a 2-week period • Two colonisations in a 1 week period • General increase in environmental Gram negative organisms i.e. mixed organisms, on advice of ICD

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3. Transmission Based Precautions (TBPs)


Accommodation (Patient Placement)	Where possible the patient should be nursed in a single room with TBP's in place. Where isolation facilities are unavailable, TBP's should be implemented at the bedside and staff should contact a member of the IPCT who will provide advice on the most appropriate placement.
Care checklist	The IPCT may agree an individual care plan for patients who require long term rehabilitation.
Clinical /Healthcare Waste	Non-sharps waste should be designated as clinical/ healthcare waste and placed in an orange healthcare waste bag. Please refer to the NHSGCC Waste Management Policy .
Contacts	Contacts may be screened on the advice of a member of the IPCT. Ensure that patient/ relative is made aware of contact episode and rationale for screening if required & consent obtained.
Domestic Advice	<ul style="list-style-type: none"> Patients room/bedspace should be cleaned twice daily (at least 4 hours apart) as per NHSGGC Twice Daily Clean of Isolation Room SOP Chlorine based detergents should be used for routine and terminal cleaning of the area. Blood and/ or body fluid contamination of the environment should be dealt with as per the NHSGGC Decontamination Guidance <p>The room must be terminally cleaned if the patient no longer requires isolation / is discharged home as per NHSGGC Terminal Clean of Ward/Isolation Rooms</p>
Equipment	<p>Where possible equipment such as commodes, washbowls, chairs, hoist slings, BP cuffs, thermometers etc should be kept for use by individual patients. If equipment is taken out of the room/bedspace it must be cleaned with 1000ppm chlorine based detergent.</p> <p>If patient isolated:</p> <p>Patient equipment should be cleaned twice daily or immediately if visibly contaminated with either 1,000 ppm chlorine based detergent or 10,000ppm chlorine based detergent, as appropriate.</p> <p>Please also refer to the NHSGGC Decontamination Guidance</p>
Hand Hygiene	Hand hygiene is the single most important measure to prevent cross-infection. Hands must be decontaminated before and

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	after each direct patient contact, after contact with the environment, after exposure to body fluids and before any aseptic tasks. Patients should also be encouraged to carry out thorough hand hygiene. Please refer to NHSGGC Hand Hygiene Guidance
Linen	Treat used linen as soiled/ infected, i.e. place in a water soluble bag then a secondary plastic bag tied and then into a laundry bag. Please refer to National Laundry Guidance
Moving between wards, hospitals and departments (including theatres)	The patient should only be transferred to another department for essential procedures and investigations. If patient is stepped down to general ward environment isolation may no longer be required therefore please discuss with IPCT prior to transfer to ensure appropriate placement.
Notice for Door	If patient isolated: Yes, yellow IPC notice and door kept closed.
Patient Clothing	If patient clothing is soiled: If relatives or carers wish to take personal clothing home, staff must place soiled clothing into a domestic water soluble bag and then into a Patient clothing bag. Staff must ensure that a Washing clothes at home leaflet is provided.
Patient Information	Inform the patient/ parent/ guardian/ next-of-kin (as appropriate) of the patient's condition and the necessary precautions. Answer any questions and concerns they may have. Ensure that all communication with the above is clearly documented in patients notes and if patient is part of PAG / other investigation then this should also be documented (this will be normally be done by IPCT)
Personal Protective Equipment (PPE)	To prevent spread through direct contact a disposable yellow apron and gloves must be worn for all direct contact with the patient or the patient's environment/equipment. If there is a risk of splashing/spraying of blood or body fluid a fluid resistant surgical face mask and eye protection should be worn.
Precautions Required until	Please contact your local IPCT for advice on when/if transmission based precautions can be discontinued.
Specimens Required	IPCT will advise if additional specimens are required
Terminal Cleaning of Room	If patient isolated: Follow NHSGGC Terminal Clean of Ward/Isolation Rooms SOP
Visitors	No specific restrictions. Encourage any visitors to undertake hand hygiene before and after visiting.

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4. Evidence Base

HPS (2018) National Infection Prevention and Control Manual, Appendix 13