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Greater Glasgow and Clyde	CONTROL OF INFECTION COMMITTEE STANDARD OPERATING PROCEDURE	Effective From	July 2022
	ENVIRONMENTAL ORGANISMS IN HIGH RISK CLINICAL AREAS	Review Date	July 2024
		Version	3

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.

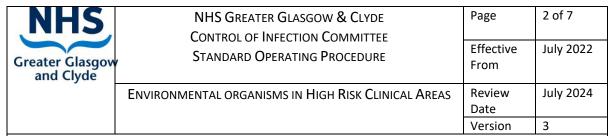
KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP

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 <u>only</u> 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

Approved by and date	Board Infection Control Committee 18th August 2022	
Date of Publication	28 th November 2022	
Developed by	Infection Prevention and Control SOP Sub-Group	
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-	
	<u>z/infection-prevention-and-control</u>	
Lead	Lead Infection Prevention Control Doctor	
Responsible Director	Executive Director of Nursing	



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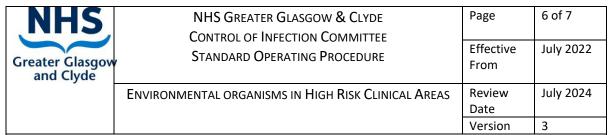
2. General Information on Environmental organisms and high risk clinical areas

For the purposes of this SOP, 'high risk clinical areas' includes the following: NICUs, PICU, ICUs and all haemato—oncology units. Environmental organisms 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: Pseudomonas spp Acinetobacter spp Stenotrophomonas maltophilia, Serratia spp 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 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. As long as the organism is isolated Period of Communicability Triggers 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: Single HAI bacteraemia Two infections other than BSI in a 2-week period Two colonisations in a 1 week period		1 On Environmental organisms and night risk clinical areas		
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3. Transmission Based Precautions (TBPs)

Accommodation	Where possible the patient should be nursed in a single room		
(Patient Placement)	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	Non-sharps waste should be designated as clinical/ healthcare		
Waste	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	Patients room/bedspace should be cleaned twice daily (at		
	least 4 hours apart) as per NHSGGC Twice Daily Clean of		
	<u>Isolation Room SOP</u>		
	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 <u>NHSGGC Decontamination</u>		
	<u>Guidance</u>		
	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		
Equipment	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.		
	If patient isolated:		
	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.		
	Please also refer to the <u>NHSGGC Decontamination Guidance</u>		
Hand Hygiene	Hand hygiene is the single most important measure to prevent		
	cross-infection. Hands must be decontaminated before and		



	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	The patient should only be transferred to another department for	
wards, hospitals and	essential procedures and investigations. If patient is stepped	
departments	down to general ward environment isolation may no longer be	
(including theatres)	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	To prevent spread through direct contact a disposable yellow	
Equipment (PPE)	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	Please contact your local IPCT for advice on when/if	
until	transmission based precautions can be discontinued.	
Specimens Required	IPCT will advise if additional specimens are required	
Terminal Cleaning of	If patient isolated:	
Room	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