Greater Glasgow and Clyde	NHS GREATER GLASGOW & CLYDE CONTROL OF INFECTION COMMITTEE STANDARD OPERATING PROCEDURE	Page Effective From	1 of 7 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.

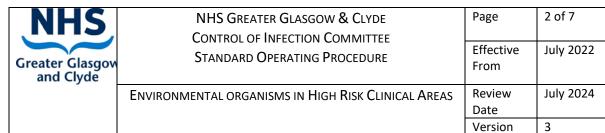
This SOP applies to all staff employed by NHS Greater Glasgow & Clyde and locum staff on fixed term contracts and volunteer staff.

#### **KEY CHANGES FROM THE PREVIOUS VERSION OF THIS SOP**

# • Changes to trigger event timescales

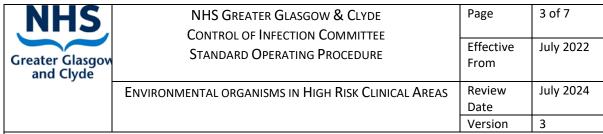
# **Document Control Summary**

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



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The most up-to-date version of this SOP can be viewed at the following webpage: <a href="https://www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control">www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control</a>

## 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:

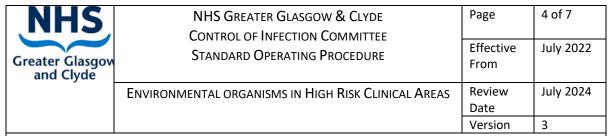
- Support HCWs and IPCTs in following this SOP.
- Advise HCWs to contact the Occupational Health Service (OHS) as necessary.

## 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



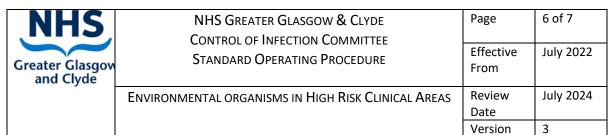
# 2. General Information on Environmental organisms and high risk clinical areas

Environmental	High Risk Clinical Areas	
organisms in high	For the purposes of this SOP, 'high risk clinical areas' includes the	
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risk areas	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	
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	As long as the organism is isolated	
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	
	General increase in environmental Gram negative	
	organisms i.e. mixed organisms, on advice of ICD	

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# 3. Transmission Based Precautions (TBPs)

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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	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
	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
	<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 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 <u>Washing clothes at home leaflet</u> 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	If patient isolated:

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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.

#### 4. Evidence Base

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