Infection Prevention and Control Care Checklist – Multi- Drug resistant Organism (MDRO). This Care checklist should be used with patients who are suspected of or are known to have a MDRO, and isolated on the advice of the IPCT. Each criteria should be ticked \checkmark if in place or X if not, the checklist should be then initialled after completion, daily.

Patient Name:		
CHI:		

Date Isolation commenced:

	Patient Placement/ Assessment of Risk	Date					
+ *	Patient isolated in a single room with <i>en suite</i> facilities / own commode.						
Patient Placement /Assessment of risk	If a single room is not available, an IPCT <u>risk assessment</u> is completed						
icen nt o	(Appendix 1) See over the page						
Pla mer	Stop isolation only on the advice of the IPCT.						
ent	Place yellow isolation sign on the door to the isolation room						
ati Ass	Door to isolation room is closed. If for any reason this is not appropriate						
	then an IPCT <u>risk assessment</u> must be completed						
	Hand Hygiene (HH)						
	All staff must use correct 6 step technique for hand hygiene at 5 key						
	moments						
	HH facilities are offered to patient after using the toilet and prior to						
	mealtimes etc. (clinical wash hand basic/ wipes where applicable)						
	Personal Protective Clothing (PPE)						
Su	Disposable gloves and yellow apron are worn for all direct contact with						
Ęį	the patient and their equipment/environment, removed before leaving						
can	the isolation area and discarded as clinical waste. If there is a risk of						
J.	splashing/spraying of blood or body fluid a fluid repellent surgical face						
Di Di	mask and eye protection should be worn. Fit tested FFP3 mask,						
ase	disposable yellow apron and gloves must be worn if Aerosol Generating						
n B	Procedures (AGP) are undertaken on a patient with a respiratory						
ois	infection. HH must follow removal of PPE.						
Standard Infection Control & Transmission Based Precautions	Safe Management of Care Equipment						
sus	Single-use items are used where possible OR equipment is dedicated to						
Ë	patient while in isolation.						
∞ _	There are no non-essential items in room. (e.g. Excessive patient						
tro	belongings)						
l 6	Twice daily decontamination of the patient equipment by HCW is in						
<u> </u>	place using 1,000 ppm solution of chlorine based detergent with 5						
ctic	minute contact time before rinsing off and drying.						
nfe	Safe Management of Care Environment	1 1	<u> </u>		T		
-	Twice daily clean of isolation room is completed by Domestic services,						
dar	using a solution of 1,000 ppm chlorine based detergent with 5 minute						
gu	contact time. A terminal clean will be arranged on day of discharge/end						
S	of isolation.						
	Laundry and Clinical/Healthcare waste	 	 	Т	I		
	All laundry is placed in a water soluble bag, then into a clear plastic bag						
	(brown bag used in mental health areas), tied then into a laundry bag.						
	Clean linen must not be stored in the isolation room.						
	All waste generated in the isolation room should be disposed of as						
	clinical waste.						
- v	Information for patients and their carers				1		
ի fo	The patient has been given information on their infection/ isolation and						
tion /ca	provided with a patient information leaflet (PIL) if available.						
na. nts	If taking clothing home, carers have been issued with a Washing Clothes						
Information for patients/carers	at Home patient information leaflet (PIL).						
F Ed	(NB. Personal laundry is placed into a domestic water soluble bag, then						
	into a patient clothing bag before being given to carer to take home)						
	HCW Daily Initial :						

Date Isolation ceased/ Terminal Clean completed:
Care Checklist completed and signed off by:

Appendix 1: Infection Prevention and Control Risk Assessment (for patients with known or suspected infection that cannot be isolated)

Addressograph Label:
Patient Name and
DOB/CHI:



Daily Assessment / Review Required

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		COMMENTS	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Daily Assessment Performed by Initials									
Known or suspected Infection e.g. unexplained loose stools, MRSA, Group A Strep, <i>C. difficile</i> , Influenza, pulmonary tuberculosis. Please state									
Infection Control Risk , e.g. unable to of isolation room.	to isolate, unable to close door Please state								
Reason unable to isolate / close door to isolation room, e.g. falls risk, observation required, clinical condition. Please state									
Additional Precautions put in place to reduce risk of transmission, e.g. nursed next to a clinical wash hand basin, at end of ward, trolley containing appropriate PPE at end of bed, next to low risk patient, clinical waste bin placed next to bed space. Please state									
Infection Prevention and Control have been informed of patient's admission and are aware of inability to adhere to IPC Policy? Yes / No									
	Summary Detail of Resolution								
Daily risk assessments are no	o longer required		Signed Date	d					