

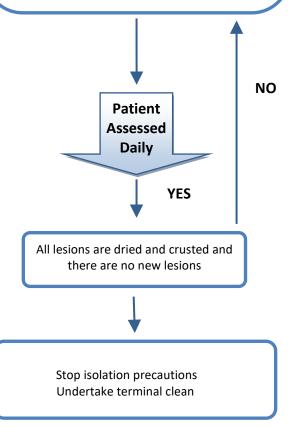
NHS Greater Glasgow & Clyde	Effective	Oct 2022
CONTROL OF INFECTION COMMITTEE	From	
Shingles	Review	Oct 2024
(HERPES ZOSTER)	Date	
,	Version	2

The most up-to-date version of this guidance can be viewed at the following web page: www.nhsggc.scot/hospitals-services/services-a-to-z/infection-prevention-and-control

Shingles Aide Memoire (For patients who require to be isolated*)

*Patients do not need nursed in a single room unless:

- √ They are being nursed in a 'high risk' area (i.e. an area with immuno-compromised patients, maternity, neonatal or paediatric ward)
- ✓ Lesions cannot be covered, or at risk of being touched by the patient e.g. on face/head, in which case optimal placement is a single room.
- The patient is immunocompromised, has respiratory or disseminated shingles



Guidance - Guidelines for patients in isolation:

<u>Hand Hygiene:</u> Liquid Soap and Water or alcohol hand rub

PPE:

A disposable yellow apron should be worn for all routine care of the patient. Gloves should be worn if contact with body fluids is anticipated

An FFP3 mask must be worn whilst AGPs are undertaken on a patient with shingles of the respiratory tract & requirement for eye protection assessed.

Where there is a risk of blood/body fluid splash to the face, eye protection must be considered.

<u>Patient Environment:</u> Twice daily chlorine clean

<u>Patient Equipment:</u> Cleaned after use and at least on a twice daily basis

Laundry: Treat as infected

<u>Waste:</u> Dispose of as Clinical / Healthcare waste

Incubation Period:

Reactivation can happen any time

<u>Period of Communicability:</u> until all lesions are dry and crusted and there have been no new lesions.

Notifiable disease: No

<u>Transmission route:</u> direct contact

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