

Infection Prevention and Control (IPC)

Standard Operating Procedure (SOP)

COMMUNICABLE DISEASES

ACTIONS TO BE TAKEN FOR STAFF AND PATIENT CASES

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Document Control Sheet

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Document Title:	Document File Path:
National Infection Prevention and Control Manual	National Infection Prevention and Control Manual
Health and Safety Manual, Screening and Immunisation of Staff for Infectious Diseases (PN19)	http://athena/ohrd/ohs/Pages/HSMANUAL2.aspx
Infection Prevention and Control Team (IPCT) mailbox	InfectionControl@aapct.scot.nhs.uk
Occupational Health Team Mailbox	Occupational.Health@aapct.scot.nhs.uk
Public Health - Health Protection Team Athena site	http://athena/publichealth/healthprot/Pages/default.aspx

Policy Statement

It is the responsibility of all staff to ensure that they consistently maintain a high standard of infection control practice.

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1.0 INFECTION CONTROL PRECAUTIONS

1.1 Standard Infection Control Precautions (SICPs)

Standard Infection Control Precautions (SICPs), Section 1 of the Health Protection Scotland (HPS) [National Infection Prevention and Control Manual](#), must be used **by all staff, in all care settings, at all times, for all patients** whether infection is known to be present or not to ensure the safety of those being cared for, as well as staff and visitors in the care environment.

SICPs are the fundamental IPC measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

Potential sources of infection include blood and other body fluids secretions or excretions (excluding sweat), non-intact skin or mucous membranes and any equipment or items in the care environment that could have become contaminated.

1.2 Transmission Based Precautions (TBPs)

TBPs are implemented in addition to SICPs to provide further protection when **infection** is known or suspected. TBPs are categorised by the route of transmission of the infectious agents (some infectious agents can be transmitted by more than one route). **Organisms** can be cross transmitted via Contact (direct and indirect), Droplet and Airborne routes:

- **Contact**

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the patient's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

- **Droplet**

Used to prevent and control infections spread over short distances (at least 3 feet (1 metre)) via droplets ($>5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

- **Airborne**

Used to prevent and control infections spread without necessarily having close patient contact via aerosols ($\leq 5\mu\text{m}$) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

2.0 ACTIONS TO BE TAKEN WITH STAFF CASES OF COMMUNICABLE DISEASE

Staff Exclusion	<ul style="list-style-type: none"> Refer to Health and Safety Manual, Screening and Immunisation of Staff for Infectious Diseases (PN29) This gives a list of communicable diseases for which staff should be excluded from duty Refer the staff member immediately to the Occupational Health Team for review and advice Refer the staff member to their GP if confirmation of infection status is required (e.g. rash suspicious of shingles)
Inform Relevant Departments	<p>Following exclusion of staff member you must inform:</p> <ul style="list-style-type: none"> Infection Prevention and Control Team (IPCT) by phoning (01563) 825765 or by emailing the IPCT mailbox InfectionControl@aapct.scot.nhs.uk Occupational Health Team by phoning (01563) 827306 or by emailing the Occupational Health mailbox Occupational.Health@aapct.scot.nhs.uk
Contact Tracing	<p>In some instances a list of patient and staff contacts will be required for consideration of exposure and possible additional actions needed. If required (usually advised by IPCT and Occupational Health) the following information will be requested:</p> <ul style="list-style-type: none"> Shifts worked during the period of communicability Areas worked in during shifts Other staff members on duty (especially those working in close contact if known) Volunteers on duty (especially those working in close contact if known) Patients the staff member has had contact with during shifts worked (i.e. given direct care and/or within the same rooms during the relevant time period) Family members of patients with close contact during the relevant time period <p>Note: Where possible, it should be indicated whether a contact is immunosuppressed, pregnant or has other significant risk factors.</p> <p>The Occupational Health Team will review immunisation status of staff contacts.</p> <p>You will be supported in gathering patient contact details by the IPCT.</p>

Incident Management Team (IMT)	<ul style="list-style-type: none"> ▪ For significant communicable diseases where consideration of ongoing actions are required for staff and patient contacts then an Incident Management Team (IMT) will be called to review the situation and agree actions. These are usually held urgently and are called by either the IPCT or the Health Protection Team (HPT) ▪ Clinical and Management representation from the ward/department would be required at this meeting
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3.0 ACTIONS TO BE TAKEN WITH PATIENT CASES OF COMMUNICABLE DISEASE

Organism	<p>Refer to IPCT SOPs for Communicable Diseases to find disease specific information including:</p> <ul style="list-style-type: none"> ▪ Route of Transmission ▪ Incubation Period ▪ Period of Communicability ▪ Individuals most at risk
Transmission Based Precautions	<p>Refer to IPCT SOPs for Communicable Diseases to find disease specific transmission based precautions to be implemented, including patient placement.</p>
Informing the IPCT	<p>Following implementation of all relevant infection prevention and control precautions you must inform the Infection Prevention and Control Team (IPCT) by phoning (01563) 825765 or by emailing the IPCT mailbox InfectionControl@aapct.scot.nhs.uk</p>
Notifiable disease	<p>Some organisms and diseases are notifiable to the Consultant in Public Health Medicine (CPHM).</p> <p>Refer to the Health Protection Team site on Athena for a list of notifiable diseases</p> <p>Initial notification should be made by telephone to the HPT at Afton House, Ailsa Campus on 01292 885858 or, <i>out of hours</i>, to the on-call CPHM via University Hospital Crosshouse switchboard on 01563 521133. The HPT should then also be formally notified within 3 days using the Scottish Care Information (SCI) system or SCI form.</p>

Contact Tracing	<p>In some instances a list of patient and staff contacts will be required for consideration of exposure and possible additional actions needed. If required (usually advised by IPCT and Occupational Health) the following information will be requested:</p> <ul style="list-style-type: none"> ▪ Staff members with direct contact during the period of communicability ▪ Volunteers with direct contact during the period of communicability ▪ Level of personal protective equipment (PPE) worn during period of communicability (organism specific) ▪ Patients in adjacent spaces (or in some instances within the same room) ▪ Family members of infected patient with direct contact <p>Note: Where possible it should be indicated whether a contact is immunosuppressed, pregnant or has other significant risk factors.</p> <p>The Occupational Health Team will review immunisation status of staff contacts</p> <p>You will be supported in gathering patient contact details by the IPCT</p>
Incident Management Team (IMT)	<ul style="list-style-type: none"> ▪ For significant communicable diseases where consideration of ongoing actions is required for staff and patient contacts, an IMT will be called to review the situation and agree actions. These are usually held urgently and are called by either the IPCT or the HPT ▪ Clinical and Management representation from the ward/department would be required at this meeting