SOURCE ISOLATION

ASSESSMENT ACTIVITY
ANSWER PACK

A Learning Resource Pack

Created by J.Kent (2005 version 2)©
Infection Control Team
Assessment Activity 1: What is Source Isolation?

Briefly summarise why some patients require Source Isolation Care.

Some patients infected or colonised with certain micro-organisms require source isolation in order to reduce the spread of the micro-organisms to other patients.

Source isolation is the term used to describe the physical isolation of patients with infections to reduce the spread of micro-organisms from an infected/colonised patient to susceptible individuals (e.g. other patients).

It indicates that the patient is the "source of infection" (Wilson 2003).
Assessment Activity 2a/2b: Isolation Care

For assessment activities 2a (Isolation Care Checklist) and 2b Action Plan for Isolation Care it is recommended that you discuss with your ward/depot infection control representative and ward/department manager to aid in addressing the required actions in order to facilitate isolation care.
Assessment Activity 3: Isolation Precautions

Using the SUHT Isolation Policy 2002 and your existing knowledge complete the following table.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pathogen</th>
<th>Mode of Transmission</th>
<th>Infection Control Precautions.</th>
</tr>
</thead>
</table>
| Blood borne Illness        | Hepatitis B      | Blood borne          | **Standard:** Gloves: if likely to touch blood, body fluids & contaminated items.  
|                            |                  |                      | **Mask/Eye Protection:** During procedures likely to cause contamination with blood or body fluids.  
|                            |                  |                      | **Apron/gown:** During procedures likely to cause contamination with blood or body fluids.  |
| Skin/soft tissue infection | Scabies          | Contact              | **Contact:** Gloves: On entering the room and during care  
|                            |                  |                      | **Mask/Eye protection:** During procedures likely to cause contamination with blood or body fluids.  
|                            |                  |                      | **Apron/gown:** On entering the room if contact with the patient anticipated  |
| Respiratory tract infections| Mycobacterium Tuberculosis | Airborne            | **Airborne** Gloves: if likely to touch blood, body fluids & contaminated items.  
|                            |                  |                      | **Mask/Eye protection:** Refer to TB policy for specific guidance/on entering room if non-immune.  
|                            |                  |                      | **Apron/gown:** During procedures likely to cause contamination with blood or body fluids.  |
| Infectious Rashes          | Rubella          | Droplet              | **Droplet:** (As for standard) Gloves: if likely to touch blood, body fluids & contaminated items.  
|                            |                  |                      | **Mask/Eye Protection:** During procedures likely to cause contamination with blood or body fluids.  
<p>|                            |                  |                      | <strong>Apron/gown:</strong> During procedures likely to cause contamination with blood or body fluids.  |</p>
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<tbody>
<tr>
<td>Antibiotic resistant organisms</td>
<td>MRSA</td>
<td>Contact</td>
<td><strong>Contact:</strong>&lt;br&gt;Gloves: On entering the room and during care&lt;br&gt;Mask/eye protection, as for standard precautions&lt;br&gt;Apron/gown: On entering the room if contact with the patient anticipated</td>
</tr>
<tr>
<td>Respiratory Tract Infections</td>
<td>Influenza virus</td>
<td>Droplet</td>
<td><strong>Droplet: (As for standard)</strong>&lt;br&gt;Gloves: if likely to touch blood, body fluids &amp; contaminated items.&lt;br&gt;Mask/Eye Protection: During procedures likely to cause contamination with blood or body fluids.&lt;br&gt;Apron/gown: During procedures likely to cause contamination with blood or body fluids.</td>
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<tr>
<td>Meningitis</td>
<td>Neisseria meningitidis</td>
<td>Droplet</td>
<td><strong>Droplet: (As for standard)</strong>&lt;br&gt;Gloves: if likely to touch blood, body fluids &amp; contaminated items.&lt;br&gt;Mask/Eye Protection: During procedures likely to cause contamination with blood or body fluids.&lt;br&gt;Apron/gown: During procedures likely to cause contamination with blood or body fluids.</td>
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<td>Skin/soft tissue infection</td>
<td>Staphylococcus aureus.</td>
<td>Contact</td>
<td><strong>Contact:</strong>&lt;br&gt;Gloves: On entering the room and during care&lt;br&gt;Mask/eye protection, as for standard precautions&lt;br&gt;Apron/gown: On entering the room if contact with the patient anticipated</td>
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<tr>
<td>Diarrhoea</td>
<td>Clostridium difficile</td>
<td>Contact</td>
<td><strong>Contact:</strong>&lt;br&gt;Gloves: On entering the room and during care&lt;br&gt;Mask/eye protection, as for standard precautions&lt;br&gt;Apron/gown: On entering the room if contact with the patient anticipated</td>
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Assessment Activity 4a: Isolation Scoring Quiz

1. Patient with possible infective diarrhoea. Patient is faecally continent.
   Score: 35
   Isolate in sideroom on main ward (+/- bathroom facilities) until diarrhoea resolved for 48 hours.

2. Patient with MRSA 17 in sputum.
   Score: 50
   Isolate in IDU
   Medical Wards: MRSA risk Assessment Score: 3
   Isolate in IDU

3. Patient on a surgical ward with Group A streptococcus. Patient has responded well to antibiotic therapy for the last 36 hours.
   Score: 30
   Patient only requires isolation until he has received 24hrs effective antibiotic therapy therefore may be moved out of sideroom.

4. Patient with headlice.
   Score: 10
   No need for isolation.
   Paediatric/non-compliant patients Score: 15
   No need for isolation.

5. Patient with clostridium difficile. Patient is faecally incontinent.
   Score: 35
   Isolate in sideroom on main ward (+/- bathroom facilities) until diarrhoea resolved for 48 hours.

6. Patient with chickenpox on medical/surgical ward.
   Score: 40
   Isolate in sideroom (+/- bathroom facilities) until spots have crusted.

7. Patient with salmonella. Patient is faecally continent and has no loose stools.
   Score: 35
   Patient should be isolated in sideroom (+/- bathroom facilities) until diarrhoea resolved for 48 hours.

8. Patient with MRSA 15 in leg wound, not covered by waterproof dressing.
   Medical Ward: MRSA risk assessment score: 2
   Elderly Care Ward: Single Room Isolation
   Other Wards: Score 35 Single room isolation.

9. Patient with VRE (vancomycin resistant enterococcus) on an oncology ward.
   Score: 40
   Isolate in sideroom +/- bathroom facilities, indefinitely.

    Score: 25
    Isolate in sideroom (+/-) bathroom facilities until patient has received 24 hours of effective antibiotic therapy.

11. Patient with scabies.
    Score: 20
    Does not require isolation.

12. Patient with hepatitis B.
    Score: 15
    Does not require isolation unless uncontrolled bleed risk.
Assessment Activity 5 (Optional): The Patient Experience

Read the article Knowles (1993) ‘The Experience of Infectious patients in isolation’. Now complete the following:

1. List 5 negative experiences of being in isolation.
   - Lack of physical space resulting in feelings of being confined, imprisoned, shut in.
   - Feelings of loneliness, neglect, stigmatised
   - Feelings of isolation, abandonment, boredom
   - Difficulty in achieving contact with nurses.
   - Lack of visual contact/ No one to talk to.
   - Lack of information and control
   - Stigma of having an infection.

2. List 3 positive experiences of being in isolation.
   - Values solitude/own company.
   - Privacy
   - Sleeping and past times easier.
   - More time.
   - Able to achieve control over day to day activities.

3. List some examples of how being in isolation provides a barrier to making contact.
   - Nature of physical environment results in patient being unable to see sights and sounds of activities on ward.
   - Location of siderooms are out of mainstream ward activity.
   - Nature of contact altered – up to patient to initiate contact.
   - Have to rely on call bell to make needs known- often kept waiting for long periods.
   - Difficult to time calls to coincide with a convenient time for the nurses.

4. What factors prevent nurses from meeting the needs of their patients in isolation?
   - Time limitations associated with ‘Busyness of wards’
   - Inability of nurses to meet psychosocial needs.
   - Cannot see patients – difficult to observe and anticipate their needs.
   - Donning of protective clothing seen as time consuming.
   - Fear of infection.

5. What can you do to improve the experience for patients in isolation?
   (Continue overleaf if necessary)

   Please discuss with you colleagues and manager.