MANAGING COMMUNICABLE DISEASES IN PRIMARY CARE / GP SURGERIES

1.0 INTRODUCTION

Good infection prevention and control (IPC) is essential to ensure that people who use primary care services receive safe and effective care. This practice is committed to providing effective IPC practices to minimise the risk of infection and ensure the safety of patients, visitors and staff.

2.0 PURPOSE

The Social Care Act 2008 Code of Practice for healthcare, including primary care and adult social care on the prevention and control of infections and related guidance 2010 (to be known hereafter as the Code) recognises that primary care practices do not require dedicated isolation facilities or treatment rooms but there is an expectation to implement reasonable precautions when a patient is suspected or known to have a transmissible infection.

Therefore within this practice those patients with known or suspected infections such as pulmonary tuberculosis and communicable diseases such as chicken pox or measles will be segregated from other patients and staff whenever practicably possible.

Before deciding to isolate a patient, careful consideration must be given to:

- The availability of facilities;
- The risk of spread to other patients / Practice staff.

3.0 DEFINITIONS

There are two reasons for the isolation of patients for infection prevention and control purposes:

- To prevent transfer of infection from the infectious patient to others (Source Isolation);
- To prevent transfer of infection to a susceptible / immunocompromised person (Protective Isolation).

4.0 HOW TO DEAL WITH A PATIENT WHO SEES A GP OR NURSE AND CONTAGIOUS ILLNESS IS SUSPECTED / IDENTIFIED

Staff members will follow the guidance below:

**ISOLATION**

The correct and timely placement of infected patients (suspected or proven infection) into an unoccupied, identified ‘isolation’ room is the most effective way of reducing the overall numbers of infected patients; it can also reduce the risk of colonisation in other patients who are visiting the practice.
While the risk of transmission differs between types of infection, the need to separate infected patients from the general patient population is required.

**PATIENT INFORMATION**

The clinician must ensure the patient is provided with a full explanation of their infection, the reason for isolation, what the practice’s isolation procedures are and what treatment will be required.

This is in order to ensure the patient has a complete understanding of the situation and also to promote psychological well-being.

### 5.0 PATIENT PLACEMENT

- Place the patient in an identified, unoccupied room.
- Keep the room door closed and the patient in the room.
- When an unoccupied room is not available and cohorting is not achievable, consider the epidemiology of the micro-organism and the patient population when determining patient placement.

### 6.0 GLOVES AND HANDWASHING

- Wear gloves (clean, non-sterile gloves are adequate) when entering the room.
- During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of micro-organisms (e.g. faecal material and wound drainage).
- Remove gloves before leaving the room and wash hands immediately using liquid soap followed with alcohol gel.
- After glove removal and hand washing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the room to avoid transfer of micro-organisms to other patients or environments.

### 7.0 TRANSFERRING PATIENT TO AN IDENTIFIED ‘ISOLATION’ ROOM

- Limit the movement and transportation of the patient to only the transfer from the consulting room to the isolation room and ensure all staff are aware that there is a potential isolation situation.
- GP / Nurse to make sure that patient records are fully updated accordingly
- When the patient is transported out of the room, ensure that precautions are maintained to minimise the risk of transmission of micro-organisms to other patients and contamination of environmental surfaces or equipment.

### 8.0 PATIENT CARE EQUIPMENT

- Utilise when possible, single use disposable instruments.
• If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient following guidance given in the ICPG1 – Section 3 – Infection Prevention and Control in Clinical Practice

9.0 ISOLATION: GENERAL POINTS

At all times, follow Standard Precautions of Infection Control (ICPG1 – Section 2 – Standard Precautions of Infection Control)

If it is necessary to isolate a patient, it is important that patient confidentiality is maintained but equally important that all staff (including cleaners and maintenance staff) are informed about the precautions they need to take.

The Practice will ensure:
• Staff have good and easy access to hand hygiene facilities including hand sanitiser.
• The room will be kept as free of extraneous items as possible i.e. keep any notes or paper work associated with monitoring the patient out of the isolation room.
• A supply of the necessary protective equipment will be kept in another room and in an area that can be kept clean and tidy.
• Fans should not be used in an isolation room.
• That there is a clinical waste receptacle / bin inside the room into which PPE (including gloves and aprons) should be placed before leaving the room.
• Adequate routine and terminal cleaning of the patient environment.

If a Patient attends the Practice without an appointment:

It is very difficult for reception staff to identify if a patient may be attending with a possible contagious illness.

If it is clear that a patient is unwell and the reception staff are concerned that a patient may have arrived at the practice without an appointment and may have a contagious illness, the following process would need to be followed:
• Transport the patient to an empty room in the practice.
• Contact the doctor and explain the situation.
• The doctor will then follow the same process as above.

10. THIS PROTOCOL SHOULD BE READ IN CONJUNCTION WITH THE FOLLOWING TRUST DOCUMENTS

Infection Prevention and Control Policy and associated procedural guidelines