

## STANDARD OPERATING PROCEDURE TRANSMISSION BASED PRECAUTIONS (TBPs)

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<b>Ratified and Quality Checked by: Date Ratified:</b>	Healthcare Associated Infection Group (HAIG) 26 May 2024
<b>Name of Trust Strategy / Policy / Guidelines this SOP refers to:</b>	<ul style="list-style-type: none"> <li>• Standard Infection Control Precautions (SICPS) (SOP23-006)</li> <li>• Outbreak of Communicable Infection Policy (N-009)</li> <li>• Selection of Respiratory Protective Equipment (RPE) and Fit Testing Requirements within the Clinical Environment (SOP21-004)</li> <li>• Transmission Based Precautions Clinical Skill Competency</li> <li>• Hand Hygiene and PPE Clinical Skill Competency</li> </ul>

**VALIDITY – All local SOPs should be accessed via the Trust intranet**

### CHANGE RECORD

Version	Date	Change details
1.0	May 2024	<i>New SOP to replace the Isolation Precautions Policy (N-020) following the implementation of the National IPC Manual. This SOP supplements the contents of the manual by describing the operational detail for staff when implementing TBPs. Approved at Healthcare Associated Infection Group (HAIG) (26 May 2024).</i>

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## 1. INTRODUCTION

Transmission Based Precautions (TBPs) are a set of infection prevention and control measures categorised by the route of transmission of infectious agents (some infectious agents can be transmitted by more than one route). TBPs should be implemented as required when caring for patients with known / suspected infection or colonisation in addition to Standard Infection Control Precautions (SICPs). Implementation of TBPs can prevent onwards transmission, ultimately protecting patients, staff and visitors.

To reduce the level of variation and inconsistencies in IPC practice delivery across the country the National Infection Prevention and Control Manual (NIPCM) was developed and published by NHS England in April 2022 outlining the standards of practice which should be delivered as a mandatory requirement by all those involved in care provision in England.

This Standard Operating Procedure (SOP) supplements the contents of the manual by describing the additional operational and clinical processes that all staff within Humber Teaching NHS Foundation Trust are also expected to follow to ensure that TBPs are implemented as required in accordance with both national and the Trust's regulatory requirements.

## 2. SCOPE

This SOP applies to all healthcare workers employed by Humber Teaching NHS Foundation Trust (including contractors, agency/locum staff, students and visiting/honorary consultants/clinicians) who have direct or indirect contact with patients and their environment. They equally apply to both uniform and non-uniform wearing staff.

## 3. DUTIES AND RESPONSIBILITIES

### **The Chief Executive**

The Chief Executive will ensure that there are effective and adequately resourced arrangements for infection prevention and control within the organisation.

### **Director of Infection Prevention and Control (DIPC)**

The Director of Infection Prevention and Control (DIPC) has delegated responsibility for ensuring the implementation of this SOP and monitoring the impact. As an Executive member of the Trust Board any serious concerns or incidents will be escalated directly to the Chief Executive and the Trust Board.

### **Divisional Leads**

Divisional Leads have responsibility to ensure that all staff within the division are aware of this SOP and understand their individual responsibility to always follow it. They are responsible for monitoring the implementation of this SOP and for ensuring action is taken when staff fail to comply. They are also responsible for ensuring that the facilities and equipment required are provided to facilitate effective and safe practice.

### **Modern Matrons**

Matrons are responsible for leading and driving a culture of adherence to effective IPC in their respective clinical areas and for monitoring, recording and reporting compliance with standards. They will support the monitoring of TBP practice as part of the Trust agreed infection prevention and control audit programme and will ensure any areas of non-compliance are addressed.

### **The Infection Prevention and Control Team**

The Infection Prevention and Control Team (IPCT) is responsible for providing expert advice in accordance with this SOP and for supporting staff in its implementation. This includes the delivery of an educational programme which includes the use of TBPs as a core component. They are responsible for ensuring this SOP remains consistent with the contents of the NIPCM.

### **Ward / Team Managers / Clinical Leads**

It is the responsibility of Ward / Team Managers / Clinical Leads to ensure that this SOP is implemented in their area and for ensuring all staff always adhere to the principles. They are responsible for addressing any issues of non-compliance within their clinical areas of responsibility.

They will also ensure that:

- They take a leading role, personally acting as positive role models of effective infection prevention and control practice.
- All clinical staff within their designated area of responsibility have completed a Transmission Based Precaution Clinical Skill Competency assessment in accordance with this SOP. Any individual who does not achieve the necessary competency level is managed in accordance with the Trust approved processes.
- All facilities, equipment and stock are in place and are functional to enable effective IPC practice.
- The Trust approved IPC audit schedule requirements are completed and actions addressed.
- A local risk assessment is conducted to identify staff who may be required to use Respiratory Protective Equipment (RPE) to fulfil their clinical duties and are trained to use RPE.

### **Infection Prevention and Control Link Practitioner will:**

- Act as a liaison between the clinical area and the IPC Team on all matters pertaining to this policy.
- Cascade all information shared at the link practitioner meetings and ensure documented evidence of this action.
- Act as an assessor for the completion of the Transmission Based Precautions Clinical Skill Competency assessments in their respective clinical areas.
- Undertake the Communicable Disease Management audit as required for their respective area.

### **All staff who deliver direct patient care**

It is the responsibility of all staff to ensure that they adhere to evidence based best practice. All staff must take responsibility for their own IPC practice and should act as an advocate for all their patients/clients and others to ensure that everyone demonstrates effective IPC practice and adherence to TBP when required.

They will ensure that:

- They adhere to the Bare Below the Elbow Principles.
- They successfully complete a Transmission Based Precautions Clinical Skill Competency assessment if they undertake any clinical duties as part of their job role.
- They inform their line manager if they identify any barriers to the implementation of safe IPC practice in their area of work e.g., lack of hand hygiene facilities or PPE.
- They remain up to date with all mandatory infection prevention and control training requirements as outlined within the Trust Mandatory Training matrix. Each member of staff will complete an annual appraisal, on which all mandatory training is to be identified and attendance recorded.

## **4. PROCEDURES**

Clinical judgement and decisions should be made by staff on what additional precautions are required and this will be based on:

- Suspected/known infectious agent.
- Severity of the illness caused.
- Transmission route of the infectious agent.
- Care setting and procedures undertaken.

The Trust recognises the importance of implementing TBPs when there is suspected or confirmed communicable disease into clinical practice and as such expects all staff to adhere to both the contents of the [National IPC Manual](#) and additional supportive information and guidance documents outlined below.

### **Types of Transmission Based Precautions**

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

#### **Contact Precautions**

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 Precautions**

Measures used to prevent, and control infections spread over short distances (at least 1 metre) via droplets from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.

#### **Airborne Precautions**

Measures used to prevent, and control infection spread without necessarily having close patient contact via aerosols from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual.

The traditional modes of transmission for respiratory infectious agents as defined before the COVID-19 pandemic are unlikely to be as delineated as is described in the scientific literature, i.e., droplet or airborne transmission and the application of TBPs may differ depending on the setting and the known or suspected infectious agent. Applications of TBPs should be considered within the framework of the hierarchy of controls. Setting-specific risk assessment tools are available to support organisations in applying the hierarchy of controls.

### **4.1. Patient placement / assessment of infection risk**

All patients admitted within the Trust must be promptly assessed for infection risk ideally prior to or on arrival at the care area, e.g. inpatient/outpatient/care home. Any patient identified with a potential or actual infection risk should be nursed in an appropriate location and managed in accordance with the transmission based precautions within the national [IPC manual](#) and [A to Z pathogen resource](#). The Trust [Infection Prevention and Control Policies](#) and IPC Guidance at a Glance documents available via the [IPC intranet page](#) are supporting documents to be referred to in conjunction with the national manual and resource. This should be continuously reviewed throughout the stay / period of care and influence patient placement in line with clinical / care needs.

The Trust approved Infection Prevention and Control Initial Risk Assessment document must be completed for each inpatient admission to provide a record of the assessment but also to sign post the staff member to the subsequent actions that are required to manage the patient. The document is available within all the Humber Teaching NHS Foundation Trust electronic patient record systems.

A care plan for the management of the patient with any commonly encountered nosocomial infections requires completion and is available within electronic patient record systems. Staff must notify the IPC team of any patient or patients suspected or confirmed with a communicable disease on [hnf-tr.ipc@nhs.net](mailto:hnf-tr.ipc@nhs.net). If two or more patients/staff are affected referral and actions must be taken in accordance with the [Outbreak of Communicable Infection Policy](#).

## 4.2. Isolation

All patients / residents with known or suspected infection or colonisation within the Trust are to be prioritised single room / bedroom with ensuite facilities where possible for the period infectivity.

Where there is limited single rooms, infectious patients who have conditions that could increase the risk of transmission of infection, such as an excessive cough or multidrug-resistant organisms (MDRO) e.g. methicillin-resistant *Staphylococcus aureus* (MRSA), carbapenemase-producing enterobacterales (CPE) should be prioritised for placement in a single room preferably with ensuite facilities.

Where a patient is isolating in their room the door should remain closed, if this is not possible a risk assessment is to be completed and documented. Where possible signage to be displayed on the doors communicating the isolation requirement, to avoid unnecessary foot fall. Patient confidentiality is to be maintained.

Infectious patients should only be transferred to other departments if clinically necessary. If the patient has an infectious agent transmitted by the airborne/droplet route, then if possible / tolerated and does not compromise their clinical care and based on an individual risk assessment, the patient should wear a fluid-resistant surgical mask (FRSM) in communal areas during transfer. The receiving department / hospital / transportation services must be made aware of the necessary precautions. Patients who require transfer to any other healthcare setting should be documented and an [Inter- Healthcare Infection Control Transfer Form](#) completed.

Cohorting of infectious patients can be considered when there are two or more patients (a cohort) with the same confirmed infection ensuring that they are separated by at least 3 feet (1 metre) with the door closed.

Where possible the same staff members during the shift to care for known or suspected infectious patients / residents as an additional infection control measure.

Consideration of stepping down from isolation should take place following review of patient risk factors e.g., immunocompromised patients / residents, completion of required isolation and consultation the medic and the IPC team.

## 4.3. Primary Care / Outpatient settings

Patients attending Primary Care, Urgent Treatment Centre or outpatient / clinic with suspected / confirmed infection / colonisation, should be prioritised for assessment / treatment, with appointments scheduled at the start or end of the clinic session where possible. If patients are awaiting assessment, they should wait in a designated area / room separate from the main waiting area.

If transfer to secondary care is required, ambulance services should be informed of the infectious status of the patient. Patient confidentiality must be maintained.

## 4.4. Safe management of patient care equipment in an isolation room / cohort area

- Use single-use items if possible.
- Reusable non-invasive care equipment should be dedicated to the isolation room/cohort area and decontaminated prior to use on another patient.
- An increased frequency of decontamination should be considered for reusable non-invasive care equipment when used in isolation/cohort areas.

Please see [national IPC manual](#) for best practice – decontamination of reusable non-invasive care equipment.

## 4.5. Environmental decontamination: enhanced cleaning

Staff must inform hotel services if there are patient(s) or resident(s) with suspected or confirmed infection to enable patient / residents rooms / bedrooms / cohort areas to be enhanced cleaned as per [National Standards for Healthcare Cleanliness 2021](#) and Trust Environmental Cleanliness SOP

with Trust approved chlorine based disinfectant (combined detergent disinfectant solution at a dilution (1,000ppm av.cl.). When preparing the chlorine based disinfectant solution, staff must be in a well ventilated area, wearing appropriate personal protective equipment (PPE) and follow the manufacturers dilution guidance.

Manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning / disinfection solutions.

In primary care / outpatient settings the extent of decontamination between patients will depend on the duration of the consultation/assessment, the patients presenting symptoms and any visible environmental contamination.

Vacated rooms should also be decontaminated following an aerosol generating procedures (AGP). Clearance of infectious particles after an AGP i.e. fallow time, is dependent on the ventilation and air change within the room.

Following patient / resident transfer, discharge, or once the patient / resident is no longer considered infectious, the room / bedroom / cohort area will require a terminal clean and curtains / privacy screens and bedding are changed and managed as infectious linen (bagged before removal from the room). Reusable non-invasive care equipment to be decontaminated in the room prior to removal. Any healthcare waste and any other disposable items are to be bagged prior to removal from the room.

#### 4.6. Personal Protective Equipment (PPE)

Within the clinical setting it is acknowledges that it is not always possible to prevent exposure to a substance hazardous to health (as may be the case where healthcare workers are caring for patients with suspected or known airborne pathogens). In these instances the hazard must be adequately controlled by applying protection measures appropriate to the activity and consistent with the assessment of risk in accordance with the [hierarchy of controls](#).

The Trust will supply appropriate PPE to all employees who may be exposed to risks of contamination at work and any shortages or concerns about the quality of any must be immediately reported to the line manager.

Unless specified by the manufacturer, all items of PPE must be worn as single use for one procedure or episode of patient care and then discarded and disposed of as clinical waste, before washing and drying hands

**All PPE ideally should be removed before leaving the area in which it was used unless it is deemed to pose a clinical risk to the patient by doing so e.g., bedroom, clinical room and hands must be decontaminated after removal.**

Extending the use of FRSM as source control can be considered for health and care staff in the clinical area if there are a cluster of patients / residents that are suspected or have confirmed respiratory pathogens. This should be guided by a local risk assessment.

All PPE should be:

- Located close to the point of use. PPE for healthcare professionals providing care in the community must be transported in a clean receptacle.
- Stored in a clean/dry area to prevent contamination until required for use (expiry dates must be adhered to).
- Single-use only items unless specified by the manufacturer; and disposed of after use into the correct waste stream i.e., healthcare waste or domestic waste.
- Changed immediately after each patient and/or after completing a procedure or task.
- In a safe, secure location particularly in the mental health, forensic and children's units.

All clinical staff are required to demonstrate they can wear PPE in accordance with the perceived and actual risks that the exposure poses have completed a Hand Hygiene and PPE Clinical Skill

Competency assessment, this includes the ability to don (put on) and doff (take off) effectively. Staff to refer to the NICM Appendix 6: [Putting on and removing personal protective equipment \(PPE\)](#)

#### 4.7. Respiratory Protective Equipment

Respiratory Protective Equipment (RPE), i.e., a filtering face piece (FFP), must be considered when a patient is admitted with a known/suspected infectious agent/disease spread wholly or partly by the airborne route and when carrying out aerosol generating procedures (AGPs) on patients with a known/suspected infectious agent spread wholly or partly by the airborne or droplet route.

The decision to wear an FFP3 respirator / hood should be based on clinical risk assessment, e.g., task being undertaken, the presenting symptoms, the infectious state of the patient, risk of acquisition and the availability of treatment for the infectious agent. For a list of organisms spread wholly or partly by the airborne (aerosol) or droplet routes see Appendix 11a of the [National IPC Manual](#).

All FFP3 respirators must be fit tested on all healthcare staff who may be required to wear a respirator to ensure an adequate seal/fit or assessed to use Power Air Purifying Respirator (PAPR) assessment according to the manufacturers' guidance. Staff to refer to [SOP Selection of Respiratory Protective Equipment \(RPE\) and Face Fit Testing requirements within a Clinical Environment](#).

#### 4.8. Caring for the Deceased

The deceased must be treated with the same due regard to dignity and safeguarding as all patients. The principles of TBPs continue to apply while deceased individuals remain in the care environment. This is due to the ongoing risk of infectious transmission via contact although the risk is usually lower than for living patients. Staff to refer to section 2.6 of the [National IPC Manual](#).

### 5. KEY REFERENCE DOCUMENTS

Department of Health (2022) The Health and Social Care Act 2008: Code of Practice on the Prevention and control of infections and related guidance. [The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance](#)

Humber Teaching NHS Foundation Trust Selection of Respiratory Protective Equipment (RPE) and Fit Testing Requirements within the Clinical Environment (SOP21-004) [Face Fit Testing SOP21-004.pdf \(humber.nhs.uk\)](#)

Humber Teaching NHS Foundation Trust Outbreak of Communicable Infection Policy [Outbreak of Communicable Infection Policy N-009](#)

Humber Teaching NHS Foundation Trust Standard Infection Control Precautions (SICPS) (SOP23-006) [Standard Infection Control Precautions SICPS SOP23-006.pdf \(humber.nhs.uk\)](#)

Humber Teaching NHS Foundation Trust Environmental Cleanliness SOP

NHS England (2021) National Standards of Healthcare Cleanliness 2021 [National Standards for Healthcare Cleanliness 2021](#)

NHS England (2022) National infection prevention and control manual (NIPCM) for England [NHS England 2022 National Infection Prevention and Control Manual](#)

NHS England (2022) A to Z pathogen resource [Page link](#)



## Appendix 1 – Equality Impact Assessment

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Transmission Based Precautions (TBPs) SOP
2. EIA Reviewer (name, job title, base and contact details): Deborah Davies Lead Nurse Infection Prevention and Control. Mary Seacole, Willerby Hill, (01482) 389232.
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b>          To comply with the HCAI Code of Practice of the Health and Social Care Act 2008 and the National infection prevention and control manual (NIPCM) for England (2022).          Adherence to Transmission Based Precautions will ensure risk of healthcare acquired infection is massively reduced.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score  <b>Low = Little or No evidence or concern (Green)</b>  <b>Medium = some evidence or concern (Amber)</b>  <b>High = significant evidence or concern (Red)</b></p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people            Young people            Children            Early years</p>	Low	This SOP is consistent in its approach regardless of age.
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory            Physical            Learning            Mental health</p> <p>(including cancer, HIV, multiple sclerosis)</p>	Low	This SOP is consistent in its approach regardless of Disability. Additional time may be required to provide information to patients with limited understanding about why they are isolated and the need for staff usage of Personal Protective Equipment for example masks are being worn as they may find this anxiety provoking. For some patients isolation requirements may impact negatively on the patient, therefore care needs to be taken to ensure adequate interaction and support is provided.
<b>Sex</b>	<p>Men/Male            Women/Female</p>	Low	This SOP is consistent in its approach regardless of patients sex.
<b>Marriage/Civil Partnership</b>		Low	This SOP is consistent in its approach regardless of marital status.
<b>Pregnancy/Maternity</b>		Low	This SOP is consistent in its approach regardless of pregnancy/maternal status.
<b>Race</b>	<p>Colour            Nationality            Ethnic/national origins</p>	Low	This SOP is consistent in its approach regardless of race.it is acknowledged however that for any patient whose first language is not English, as information needs to be provided and understood, staff will follow the trust interpretation SOP.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is consistent in its approach regardless of religious belief.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	This SOP is consistent in its approach regardless of sexual orientation.
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	This SOP is consistent in its approach regardless of gender identity.

### Summary

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>None of the equality strands have been identified in the initial impact assessment.</p> <p>The practices recommended in this SOP are based upon the requirement for additional precautions to minimise cross transmission of an infectious agent from one individual to another. Factors for consideration will be dependent on the route of transmission of the infectious agent in conjunction with other safety risk factors.</p>	
EIA Reviewer: Deborah Davies	
Date completed: 14.05.24	Signature: D.Davies