Side-Room Priority, St. George's University Hospitals NHS Foundation Trust

The use of side rooms should be reviewed daily by the ward manager

This chart is for guidance and where the use of a side room is 'strongly advised or recommended' the final decision should be taken by the Ward Sister/Charge Nurse, Infection Prevention & Control (IP&C) and the site bed manager following a risk assessment. Out-of-hours, the final decision on the use of a side room rests with the on bed/site manager who can contact the on call microbiologist and/or the on call senior manager for advice if required. For some outbreaks of infection it will be necessary to cohort patients in bays or areas and again this is a decision that must be taken following a risk assessment and a discussion with the ward manager, infection prevention & control and the bed management bed/site manager.

Action	Suspected/Confirmed Condition	Notes
Side-room ESSENTIAL	**Avian influenza/SARS (Severe Acute Respiratory Syndrome)/MERS-CoV (Middle East Respiratory Syndrome corona virus)**	Isolate in negative pressure ventilation **(if available)** until free of symptoms
	Possible Viral Haemorrhagic Fever (VHF)	Isolate until VHF is excluded.
	Pulmonary Tuberculosis	Confirmed or suspected open pulmonary TB***** – negative pressure preferable (essential if MDR TB risk). Isolation **may** cease 2 weeks after start of chemotherapy **with agreement** of chest/CIU physicians.
	Measles	Isolate until 7 days after the appearance of the rash.
	Mumps	Isolate until 7 days after onset of swelling.
	Chickenpox or Shingles (on exposed skin e.g face/neck)	Isolate until lesions are dry (and no new lesions).
	Fever & Rash ?Cause	Isolate until rash has been diagnosed as non-infectious.
	Prolonged Neutropenia after bone marrow transplantation or intensive chemotherapy	To remain in sideroom and protective isolation until neutrophil count recovers.
	Meningococcal Meningitis (and other unkown bacterial Meningitis until diagnosis)	Isolate until 24 hours after start of appropriate antibiotic therapy.
	Carbapenemase-Producing Organisms (CPO)	**Isolate until discharge.**
	Diarrhoea due to suspected or confirmed Norovirus and *C. Difficile*†	Isolate until free of symptoms for 48 hours.
	Patients with Anorexia nervosa	Should remain in side rooms during the first 4 weeks of treatment.
Side-room STRONGLY ADVISED	**Diarrhoeas (e.g. Salmonella, Campylobacter and undiagnosed)**	Risk assess e.g. explosive diarrhoea, is the patient vomiting, any staff with symptoms?
	Hepatitis A & E	Isolation not necessary once the patient is jaundiced.
	Influenza A & B, including H1N1	Isolate for a minimum of 7 days after onset of symptoms. If remains symptomatic isolate until free of symptoms. **Retest after 5 days of isolation**. If immunocompromised, 3 negative specimens are required on 3 separate days before discontinuing isolation. If cohorting necessary, only cohort the same type & strain.
	Group A Streptococcus	Isolation to cease once patient has had 24 hours of appropriate antibiotics/until repeat **wound** swab is negative.
	Palliative care patients	Palliative care patients with severe, uncontrolled pain or other symptoms. patients that are imminently dying (approx 48 hrs) and these patients should not be moved out of a side-room, if possible.
	Adenovirus Parainfluenza Respiratory Syncytial Virus Metapneumovirus	Isolate for a minimum of 5 days after onset of symptoms. If symptomatic isolate until free of symptoms. **Retest after 3 days of isolation**. If immunocompromised, 3 negative specimens are required on 3 separate days before discontinuing isolation.If cohorting necessary, only cohort the same type & strain of the organism.
	Pseudomonas - Highly resistant	Isolate until discharge.
	Penicillin or Cephalosporin resistant Pneumococcus	Isolate if patient is productive of sputum and until they have had 48 hours of appropriate antibiotics.
Side-room RECOMMENDED	**MRSA †**	Risk assess e.g. isolate if MRSA in sputum and very productive or has eczema, **weeping wounds** etc.
	Resistant Coliforms (including Acinetobacter, Klebsiella, E. Coli, Enterobacter, ESBLs, CRO, CRE etc.)†	Risk assess e.g. isolate if coliform in sputum and very productive, or if highly resistant e.g. sensitive to Colistin only.
	Neutropenia - other causes	Risk asses the need for protective isolation - desirable if siderooms available.
	Disruptive patients/prisoners	Patients who are distuptive or patients with very distressed relatives/large family groups may require a side room for the benefit of others.
	Viruses **Bocavirus, Coronavirus, Mycoplasma pneumoniae, Rhinovirus** **Enterovirus ‡** **Parechovirus ‡**	Isolate until free of symptoms. **In patients who are significantly T cell immunocompromised, 1 negative sample is required before discontinuing isolation. If side room not available, please cohort with patients with respiratory symptoms or use spatial isolation.** **Isolate until free of symptoms for 24 hours.**
	Shingles on covered area of body e.g. chest/abdomen	Isolate until lesions are dry (and no new lesions).
	Vancomycin Resistant Enterococcus (VRE)	Risk assess e.g. isolate if VRE in sputum and very productive.
Side-room UNNECESSARY	**Hepatitis B & C, HIV**	Isolation only necessary if patient is bleeding profusely.
	Lice and scabies	Isolation not necessary unless patient has crusted/**Norwegian** scabies until treatment is completed.
	Legionnaire's Disease	Isolation unnecessary.

† During outbreaks of these infections it may be necessary to cohort patients with these infections

*** Please refer to the TB care plan and guidelines** **‡ Longer isolation may be required in NNU. Please contact the IPC team**

For further information on other organisms please see the Isolation of Patients protocol on the trust intranet.
The IP&C team must be involved in risk assessment of a patient's need for a side-room 08.30 – 17.00 Monday to Friday.
Out of hours for urgent IP&C advice please bleep the on-call medical microbiologist via switchboard.