Special Article

ISOLATION OF PATIENTS IN HOSPITAL

BY

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The discovery that a patient admitted to a general hospital has, or is thought to have, an infectious disease commonly results in a number of *ad hoc* decisions about the isolation of the patient and the subsequent cleaning of the places he occupied. Very often the Control of Infection Officer is

General Recommendations

Disease	Isolation	Faeces and Urine	Terminal Disinfection
Actinomycosis	0	0	0
Ancylostomiasis	0	0	0
Anthrax	2→0	0	F
Ascariasis	0	+	0
Brucellosis	0	0	0
Cat-scratch disease	0	0	0
Chicken-pox	3	+	W
Cholera*	3	+	W
Diphtheria*	3	+	F
Dysentery* { Amoebic	1	+	0
{ Bacillary	2	+	W
{ Infantile	2	+	W
Erysipelas*	2→0	0	W
Fungus infections { Aspergillosis	0	0	0
{ Candidiasis	0	0	0
Gas-gangrene	0	0	0
Glandular fever	0	0	0
Gonorrhoea	1→0	0	0
Hepatitis { Infectious	2	+	0
{ Serum	0	0	0
Herpes simplex { Adults	0	0	0
{ Infants	2	0	0
Herpes zoster	3	0	W
Impetigo	2	0	W
Influenza	0	0	0
Leprosy	2	0	0
Leptospirosis	0	0	0
Malaria	0	0	0
Measles*	3	0	0
Meningitis { Aseptic	2	+	W
{ Meningococcal*	2→0	0	0
{ Haemophilus	0	0	0
{ Pneumococcal	0	0	0
{ Tuberculous	2	0	W
Meningo-encephalitis*	2	+	W
Mumps	3	0	0
Ophthalmia neonatorum*	2→0	0	0
Paratyphoid fever*	3	+	W
Pneumonia* { Atypical	0	0	0
{ Pneumococcal	0	0	0
{ Staphylococcal	2	0	0
Poliomyelitis*	3	+	W
Ps. pyocyanea infections of wounds	2	0	W
Psittacosis	2	0	0
Puerperal fever*	2→0	0	W
Q fever	2	0	0
Rheumatic fever	0	0	0
Rubella	3	+	W
Salmonella infection	3	+	W
Scarlet fever*	2→0	0	W
Smallpox*	3	+	F
Staphylococcal infection	2	0	W
Streptococcal infection	2→0	0	W
Syphilis—infectious	1→0	0	0
Tapeworm infestation	0	+	0
Tetanus	0	0	0
Toxoplasmosis	0	0	0
Tuberculosis { Pulmonary*	3	0	W
{ Extrapulmonary, infectious*	3	+	W
{ Non-infectious*	0	0	0
Typhoid fever*	3	+	W
Whooping-cough	3	0	0

* Notification required by law.

Isolation: 0=No action. 1=Barrier nurse in open ward. 2=Barrier nurse in side-room, cubicle, or isolation ward. 3=Remove to appropriate infectious diseases unit. 1 or 2→0=Transfer to open ward after 48 hours' treatment with adequate doses of penicillin—then patient will no longer be infectious.

Faeces and Urine: 0=No special action. +=Add suitable disinfectant; leave one hour.

Terminal Disinfection: 0=No action required. W=Wash floors, walls, and furniture with a detergent+hypochlorite. F=Treat with gaseous formalin.

called upon to specify the appropriate management. Having been faced with this problem a number of times, we have felt the need for a more orderly response to these inquiries than can usually be instantly called to mind over the telephone. We have accordingly prepared a guide for use in our own wards, and it seemed that this might be of interest to others. While not everyone will agree with all its recommendations, we hope it may serve the purpose of some and encourage others to suggest appropriate modifications for their own use.

We have tried to simplify the recommendations by limiting so far as possible the variety of managements. Nevertheless, each patient must of course be considered individually. The recommendations are arranged under three headings: (1) degree of isolation; (2) whether or not excreta should be disinfected; and (3) whether or not places occupied by the patient should be terminally disinfected.

Isolation

Three degrees of isolation are possible. The first of these is barrier nursing in the open ward. The second is barrier nursing within the hospital in a ward cubicle or side-room or, where it exists, in the hospital's isolation ward. The third is transfer to a separate infectious diseases hospital or unit. The distinction between these last two lies not in the conduct of isolation, which should be equally strict in both places, but in the relative interests of patient and hospital. The decision whether to retain an infected patient in the hospital or to transfer him to a special isolation hospital will depend on individual assessment of the patient's need of the special care for which he was originally admitted, and the risk of spread of his infection. No rigid general recommendations can be given, but in the accompanying list we have distinguished the more communicable diseases by putting them in category 3; an especially good case would need to be made for the retention in a general hospital of patients with these diseases. In a small number of general hospitals isolation facilities are already so comprehensive that patients even in category 3 can be cared for.

Barrier Nursing

In addition to aseptic precautions in the handling of the patient, we believe that the essential components of barrier nursing are:

1. *Protective Clothing*.—A protective cover should be worn over the front part of the body. This should be donned and removed at the bedside. The cover may be a traditional gown or a plastic apron of adequate coverage. At the end of each day the gown should be replaced and the used gown treated as described under "Linen." Plastic aprons should be wiped with, or dipped in, a suitable disinfectant. Protective covering should be worn by all personnel for all procedures involving disturbance of the bedclothes or personal attention to the patient. They are not necessary for serving meals.

2. *Masks*.—These should be worn in the same circumstances as gowns, or on the instructions of the physician or surgeon in charge of the patient.

3. *China*.—Feeding-utensils should be marked and kept for the patient alone and terminally disinfected by boiling or autoclaving. They should be washed in a special bowl or sink reserved for their use. Where all ward china is washed in a heated washing-up machine no extra precautions are needed.

4. *Linen*.—Bed-linen should be put into an "infected laundry" bag for disinfection by heat or formalin before laundering.

5. *Mattresses and Pillows*.—Mattresses enclosed in a plastic cover should be swabbed with a suitable disinfectant solution on discharge of the patient. Foam-rubber mattresses and pillows should be dealt with in the same way. Other mattresses and pillows should be sent for disinfection by baking, autoclaving, or formalin.