SOURCE ISOLATION NURSING

WHAT IS IT?
- Isolation nursing prevents the spread of infection among patients.
- It is termed source isolation because the patient is the source of infection.

HOW DOES IT WORK?
- By implementing precautions to prevent the spread of infection.
- These include handwashing, wearing gloves, wearing protective clothing, disposal of linens, and decontamination of equipment, and patient placement.
- The principle of isolation nursing is to isolate the micro-organism not the patient.

WHEN AND WHY IT IS USED
- Source isolation procedures are the outcome of a risk assessment, which includes the source of infection, route of transmission, and susceptibility of others.
- Infected or colonized patients, carriers, and people incubating a disease may all act as a source of infection.
- The susceptibility of patients varies and will change throughout their stay in hospital. Such factors include age, physical and psychological well-being, nutrition, invasive devices, and medications.

ROUTES OF TRANSMISSION
There are five main routes of transmission:
- Contact – the most common route of transmission of infection is via direct (hands) or indirect (instruments or equipment) contact.
- Respiratory – the infection is spread via respiratory secretions generated by coughing and sneezing.
- Airborne – microorganisms are transferred by droplet nuclei (minute particles) or by dust particles. Air currents will carry these particles and disperse them in the environment.
- Food or waterborne – some infections can be transmitted via the ingestion of contaminated food or water resulting in gastrointestinal symptoms.
- Vector-borne – diseases can be transmitted by vectors such as lice, mosquitoes, and ticks.

NURSING IMPLICATIONS
- Local policies should be followed, but each patient should be assessed to avoid unnecessary precautions.
- Accurate documentation is a requirement of the NMC. Reasons for isolation (and type of isolation) and all communications to patients should be recorded in patient notes. Also note discontinuation of isolation.
- Nurses should be aware that patients in isolation may suffer anxiety, depression, loneliness, and feelings of confinement. The requirement for continuing isolation should be subject to regular review.
- All staff entering the isolation area should be aware of the procedures.
- Patients requiring further investigation should not be denied this because they have an infection.
- If isolation precautions are needed, the patient should be given a full explanation of the problem and the reasons for the measures.
- Isolation nursing should not interfere with rehabilitation.
- Visitors will require a careful explanation of the precautions.
- Advice on isolation is available from the infection control team.
- Policies and procedures on isolation for the control of infection must be in place in order to safeguard patients, staff, and visitors.

FURTHER READING

WEBSITE
Hospital Infection Society – a draft consultation document on the review of hospital isolation from a working group set up by the HIS is available at: www.his.org.uk

The information given serves as a general reference. Nurses should consult their individual trust policies on clinical procedures.