



NOTES

1. Patients who have been previously identified as positive, should be swab screened on admission. Consider rescreening previously positive patients based on a local risk assessment by IPCT, see 'Rescreening positive patients', section 3.3.
2. Where boards routinely admit patients who have a history of hospitalisation in English hospitals, local risk assessment may be used, see section 3.1 'Identification of suspected cases'.
3. See glossary in Appendix 4.
4. A rectal swab is the best sample type to achieve speedy results and should always be considered preferential to a stool sample. Stool samples should be obtained for children and babies rather than rectal swabs.
5. To remove from isolation, a local risk assessment may be undertaken when less than three negative screens are available.
6. See section 3.4 'Management of contacts'.

- Isolate patient (with en-suite)
- Advise the patient (and relatives if appropriate) of reasons for isolation and provide an information leaflet
- Apply SICPs & contact TBPs
- Notify IPCT
- Flag patient notes with result
- Review clinical management including of antimicrobials and any devices
- Identify and screen contacts as indicated⁶
- Consider convening an incident or outbreak management team
- Maintain robust communications
- Communicate patient's positive status to GP and other community care providers on discharge/transfer