Worcestershire Acute Hospitals NHS Trust

Paediatric Priority Scoring for isolation

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Key Amendments

Date	Amendment	Approved by
19th Nov 2020	Document extended for 1 year	Dr J West/ PaediatricQIM
26th March 2021	Approved with no amendments	Paediatric QIM
9th Feb 24	Document approved with no amendments	Paediatric Guideline Review Day

How to use this guideline

Important or common infectious diseases or disease-causing organisms are listed in the table and assigned a priority number. Patients with diseases or organisms with scores of 0 do **not** require isolation. Diseases or organisms scored 1-4 do require isolation with the higher number indicating higher priority. If all side rooms are filled, children infected with organisms or suffering from diseases with the higher score should be prioritised over children with lower scores, who should be moved out of isolation to accommodate higher-scoring children as needed. The risk of transfer and transferring patients out will need to be balanced against the risks of infection and exposure. Other options such as early discharge with community Orchard nurse support should also be considered. E.g. Cellulitis or IV antibiotics.

Worked example: supposing three side rooms are filled; side room one has a child with open respiratory tuberculosis (4 on the risk score), side room two has a child with influenza (3 on the risk score) and side room three has a child with head lice (0 on the risk score). Supposing a patient is admitted with impetigo (2 on the risk score); the patient currently in side room three with head lice would be removed from isolation and have to go into a bay. The side room should be cleaned and the child with impetigo admitted to room three until he has begun responding to ≥ 48 hours of antibiotic therapy.

Cohorting

Children infected with the same organism can generally be isolated together in the same bay or room, a practice known as cohorting. This is especially important in cases of respiratory viral infection over the winter period, when demand for isolation is expected to soar. It is acceptable to cohort older children with good pulmonary reserve together with each other, even if the infecting virus is not known. Neonates, particularly with poor pulmonary reserve and immunosuppressed children with respiratory viral infection should **not** be cohorted together unless the infecting virus is known from the laboratory testing of respiratory specimens. A senior paediatrician or senior nurse, with support from the infection control team where needed, should make decisions about which children can be cohorted together. Patients with cystic fibrosis should **not** be cohorted together, even if they are colonised with similar organisms. Cohorted CAMHS patients should still continue to have appropriate monitoring.

Type of cleaning required following discharge of patient from the side room

This is rated green, amber or red. Please click here for guidance on which cleaning regimen is needed.

Who to Contact for advice

Summer season:

Infection control nurse available Saturday daytime.
The rest of the time out of hours: consultant microbiologist on-call if needed.

Winter season:

Infection control nurse on duty on Saturday and Sunday in the daytime.
Microbiologist available if needed 24 hours a day, 7 days a week.

Infection/Organism	Side Room Priority 0-4	Qualifier/Comments	Type of clean
Campylobacter	3	Remain in single room until passing formed stool for >48 hours	Amber
Chicken Pox	4	Remains 4 until rash has crusted over and no new lesions – then 0. Consider exposed contacts. Liaise with infection control and occupational health as needed.	Green
Chicken Pox Contact	0-4	Considered non-infectious to others (i.e. "0") until 7 days following the exposure, when might begin to shed virus before symptoms begin. If non-immune to chickenpox – i.e. no history of infection, or had infection <1 year of age, or if testing is negative for VZV IgG, then consider a "4" from 7-21 days after exposure.	Green
C. difficile disease	4		Red
Cellulitis	1	Until has had >48 hours of antibiotics. Try to keep away from surgical patients.	Green
Cervical Lymphadenitis	1-2	1 in the absence of tonsillopharyngitis, 2 in their presence	Green
Necrotising fasciitis	3	Until culture negative for Group A Streptococcus and has received ≥ 48 hours antibiotics.	Amber
CJD	0		Green
Cystic fibrosis with *Burkholderia cepacia* complex colonisation	3		Amber
Cystic fibrosis with *Pseudomonas aeruginosa* colonisation	3		Green
Cystic fibrosis without *Pseudomonas aeruginosa or Burkholderia cepacia* complex colonisation	3		Green
Complex needs (e.g. Learning difficulties)	0-2	Dependent on risk assessment by senior member of medical or nursing staff	Green
Conjunctivitis	2	Isolate for the duration of symptoms. Viral/Bacterial.	Green
Coxsackie virus (Hand, foot and mouth disease)	2	Until symptoms resolve – then 0.	Green

Infection/Organism	Side Room Priority 0-4	Qualifier/Comments	Type of clean
CPE (Carbapenemase-producing Enterobacteriaceae)	4	Children that have been hospitalised in a country outside the UK in the last 12 months or who have a history of carriage of a CPE organism. Send stool samples requesting "CPE screen" to microbiology and contact infection control	Red
Crohn's / ulcerative colitis on high-dose steroids	2		Green
Cryptosporidium	3	Remain in single room until passing formed stool for >48 hours	Amber
Deliberate self-harm / CAMHS / disruptive behaviour	0-4	Dependent on risk assessment by senior member of medical or nursing staff. Close observation should be continued in cohorted patients.	Green
Diarrhoea & Vomiting	4	4 if suspected viral gastroenteritis. Isolate until passing formed stool for >48 hours. The old Health Protection Agency criteria for suspecting a patient has viral gastroenteritis are three episodes of loose stool in a 24 hour period or two episodes of vomiting. These criteria are not highly specific however. Clinical judgement required.	Amber
Dysentery (i.e. *Shigella* or Amoebic)	4	If age < 8 years OR if poor hand-hygiene compliance: stay in isolation until 3 stool samples collected on 3 sequential days are culture negative If ≥ 8 years old AND hand-hygiene technique good isolate until passing formed stool for >48 hours.	Amber
Encephalitis	1		Green
E.coli 0157	4	If age < 8 years OR if poor hand-hygiene compliance: stay in isolation until 3 stool samples collected on 3 sequential days are culture negative If ≥ 8 years old AND hand-hygiene technique good isolate until passing formed stool for >48 hours	Amber
End of life	1-4	Dependent on assessment by senior member of medical or nursing staff in consultation with parents/carers and child	Green
Enteric fever (i.e. Typhoid /Paratyphoid)	4	If age < 8 years OR if poor hand-hygiene compliance: stay in isolation until 3 stool samples collected on 3 sequential days are culture negative If ≥ 8 years old AND hand-hygiene technique good isolate until passing formed stool for >48 hours	Amber
Epiglottis (e.g. from *Haemophilus influenza*)	2	Until >48 hours antibiotic therapy. Patient safety overrides side room prioritisation, i.e. if threatened airway compromise.	Green

Infection/Organism	Side Room Priority 0-4	Qualifier/Comments	Type of clean
ESBLs	2		Amber
Fifth disease (slapped cheek)	0	0 following appearance of the rash. If non-immune parvovirus contact, then regard as "3" for 14 days. Discuss exposure to pregnant women with microbiologist.	Green
Glandular Fever	0		Green
Group A Streptococcus (including Quinsy)	2	Until received >48 hours of antibiotics active against group A Streptococcus.	Amber
Head lice	0		Green
Hepatitis (Acute) A or E	1 – 3 (see qualifier)	If >8 years old with reliable hand hygiene then 1. If <8 years old/ poor hand hygiene then 3.	Amber
Hepatitis B/C (BBVs)	0	Unless active bleeding then 3.	Amber
Herpes Simplex infection	2	Dependent on site (1 for cold sores)	Green
HIV	0		
Impetigo or infected eczema	2	Responding to >48 hours antibiotics.	Green
Influenza	3	Can move out of isolation when > 4 days post onset of symptoms if illness resolving. If immunocompromised, send repeat samples for influenza testing after 4 days of treatment to determine infectivity.	Green
Measles	4	Isolate for 5 days from onset of rash. Discuss all patient, visitor and staff contacts with infection control team and microbiologist.	Amber
Meningitis	3	Until has received >48 hours of antimicrobial therapy active against meningococci (i.e. ceftriaxone) or >24 hours after meningococcal prophylaxis. If viral meningitis then 0.	Green
MERS-CoV	4		Red
MRSA	2	Dependent upon site and if in contact with surgical patients. Transfers from other hospital 2 pending screening results.	Amber
Mumps	3	Isolate for 10 days following appearance of symptoms/cheek swelling.	Green
Neutropenia	2	Unless likely to be neutropenic for >1 week, then 4 with the ability to step down based on clinical need.	Green
Norovirus	4	Until >48 hours of passing formed stool.	Red
Parainfluenza / Croup	1	Consider cohorting	Green
Pertussis (Whooping cough)	0-4 (see qualifier)	If Symptoms present for <3 weeks OR if has received <5 days of anti-pertussis antibiotics then 4. If symptoms present for >3 weeks OR has received ≥5 days of antibiotics active against whooping cough then 0.	Green

Infection/Organism	Side Room Priority 0-4	Qualifier/Comments	Type of clean
		Keep infectious patients away from non-immunised infants (usually <5 months of age: highest risk for complications)	
Pseudomonas	1-3 (see qualifier)	If resistant to >3 classes of antibiotic then 3. If not resistant to >3 classes of antibiotic then 1. Keep away from children with chronic lung disease/CF/bronchiectasis.	Green
Quinsy	2	see Group A strep	Amber
Rotavirus	3	Isolate until passing formed stool for >48 hours.	Amber
RSV	3	Consider cohorting	Green
Rubella ("German measles")	3	Until 4 days after appearance of the rash. If immune contact then 0. Isolate non-immune exposed contacts for 21 days. Keep away from non-immune pregnant visitors or staff.	Green
Salmonella	4	If age < 8 years OR if poor hand-hygiene compliance: stay in isolation until 3 stool samples collected on 3 sequential days are culture negative If ≥ 8 years old AND hand-hygiene technique good isolate until passing formed stool for >48 hours	Amber
SARS	4		Red
Scarlet fever	2	Until >48 hours of antibiotics active against group A *Streptococcus*.	Green
Scabies	0/2	If non-crusted then 0. If crusted or immunocompromised then 2. Isolate until treatment completed.	Green
Serratia	2		Green
Shigella	4	If age < 8 years OR if poor hand-hygiene compliance: stay in isolation until 3 stool samples collected on 3 sequential days are culture negative If ≥ 8 years old AND hand-hygiene technique good isolate until passing formed stool for >48 hours	Amber
Shingles	0-3	If shingles in a covered dermatome AND patient non-immunocompromised, then 0. If in exposed dermatome OR if patient immunocompromised then 3.	Green
Stevens-Johnson syndrome	3		Green
Stomatitis – not proven herpetic	1		Green
Staphylococcus aureus (scalded skin syndrome) or PVL-toxin producing organism	3	Until symptoms and signs of infection resolving. In PVL-producing S. aureus infection: once wounds have stopped oozing and patient on decolonisation treatment	Amber

Infection/Organism	Side Room Priority 0-4	Qualifier/Comments	Type of clean
Threadworms /tapeworm	0		Green
Tonsillitis	2	Until >48 hours of antibiotics active against group A Streptococcus.	Amber
Tuberculosis	0-4 (see qualifier)	If open, active pulmonary TB then 4. If not then 0. Move to negative pressure side room of risks for MDR/XDR pulmonary TB. In children with TB infection, there is a substantial risk of the parents or carers also having active pulmonary TB. Discuss with infection control team immediately.	Amber
Peri-orbital cellulitis	2	Peri-orbital cellulitis is usually a skin infection caused by pathogens like Group A Strep – probably more cross-transmission risk	Green
Pyrexia of Unknown Origin	0-4	Difficult to be precise – requires senior clinical judgement	Will depend
Orbital cellulitis	0	Orbital cellulitis tends to arise when there is obstruction at the osteomeatal complex and build-up of mucous that becomes infected with sinus colonisers: typically Haemophilus, Streptococcus pneumonaie and anaerobes. I.e. patient's own flora that is probably not as much of a hazard to other children.	Green
Vector borne Illness e.g. Malaria / Dengue / Zika	0		Green
Viral Exanthem non-specific	1		Green
Viral Haemorrhagic Fever (e.g. Ebola)	4	In suspected VHF cases, discuss with consultant microbiologist on call and infection control team immediately.	Discuss with IPCT
Vomiting with no diarrhoea	0	Clinical judgement required to assess if likely to be due to infectious gastroenteritis. If so, consider 4. If no diarrhoea and confident that vomiting is caused by non-infectious aetiology then consider 0.	
VRE	3	Once positive, consider positive for life.	Red