

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Policy for Patients Wishing to Attend Non Clinical Facilities (e.g. Medicinema, Religious Services/Prayer Room/Quiet Room, Hairdressers)

Issued: January 2011

Review: January 2014

1. Introduction

Many infections may be transmitted between patients and potentially between patients and members of staff. Therefore the Trust has a duty to

- isolate patients who may pose an infection risk to others and
- isolate patients who may be or are known to be vulnerable to infection

The guidance set out here is taken in large part from the Trust's Isolation Policy and highlights the most common conditions/illnesses encountered within the trust; additionally, other guidance has been sourced from other Trust policies all of which can be accessed via the Trust Intranet site (see Section 5: References).

NB: As none of the examples below are comprehensive in nature staff are required to check with the Trust [Isolation Policy](#) for further information or contact a member of the Infection Prevention and Control team

2. Excluded Patient(s)

2.1 Patient(s) with Standard Isolation precautions instituted (cohort or single room accommodation) – for example

- Suspected/known *C difficile* positive patients who remain symptomatic i.e. not 48 hours clear of symptoms
- Gastroenteritis e.g. norovirus, who are not 48 hours clear of symptoms
- Symptomatic of diarrhoea of unknown cause and who are not 48 hours clear of symptoms
- Suspected/known MRSA positive patients
- Group A Streptococcal infections
- Chickenpox, Shingles

2.2 Patients(s) with Respiratory Isolation precautions instituted (cohort or single room accommodation) – for example

- Suspected/known smear positive pulmonary tuberculosis
- Suspected/known Whooping Cough
- Suspected/known Influenza, Parainfluenza, Respiratory Syncytial Virus (RSV); Metapneumovirus
- Cystic fibrosis patients colonised with multiresistant pseudomonas aeruginosa (and highly transmissible strains if identified)
- Cystic fibrosis patients colonised with Burkholderia cepacia complex

NB: Cystic fibrosis patients should not share the cinema with other cystic fibrosis patients

- 2.3.1 Patient(s) with Protective Isolation precautions instituted – for example
- Neutropaenic patients
 - Immunodeficiency associated with immunosuppressive therapy, haematological malignancy (lymphoma, leukaemia), transplantation.

3. Treatments, Medication

Patients should not attend if their absence from the ward will delay or cause them to miss significant therapeutic processes such as IV drug administration

4. Carers, Parents, Relatives and Friends

Some patients may wish to be accompanied by carers etc to the Medicinema or religious services; so long as the companion is asymptomatic of any infections/immunocompromised states then there is no reason for them not doing so.

5 Chaplaincy Visits

If a patient is not able to attend communal services for any of the reasons listed above, they should be offered the opportunity to arrange for a member of the Chaplaincy to visit them.

6. References

[Isolation Policy](#)

[Control of MRSA in Newcastle Hospitals](#)

[Tuberculosis: prevention and control in Newcastle hospitals](#)

[Asepsis Policy](#)

[Medicines Policy](#)

Policy author: Nurse Consultant Infection Prevention and Control

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Policy for Patients Wishing to Attend Non Clinical Facilities (e.g Medicinema, Religious Services/Prayer Room/Quiet Room, Hairdressers)	Policy Author:	Nurse Consultant Infection Prevention and Control
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	Yes	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes – infection prevention and control precautions	The two groups of patients identified below are not allowed to use the above facilities: a) Cystic fibrosis patients colonised with multiresistant pseudomonas aeruginosa (and highly transmissible strains if identified) b) Cystic fibrosis patients colonised with Burkholderia cepacia complex Additionally, Cystic fibrosis patients will not be able to attend the Medicinema with other cystic fibrosis patients.
4(a).	Is the impact of the policy/guidance likely to be negative? <i>(If "yes", please answer sections 4(b) to 4(d)).</i>	Possibly	
4(b).	If so can the impact be avoided?	Yes	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		Arrangements can be made e.g. Hairdresser/Clerics to attend the patient on the ward; patients to be offered other film choices that can be viewed on the ward
4(d).	Can we reduce the impact by taking different action?	Yes	See above

Comments:	Action Plan due (or Not Applicable): Not Applicable
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Name and Designation of Person responsible for completion of this form: Nurse Consultant Infection Prevention & Control Date: 25th January 2011.....

Names & Designations of those involved in the impact assessment screening process: IPC Operational Group, Dr A Robb, Consultant Microbiologist.....

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(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)
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