

**Subject** Isolation Precautions  
**Index Number** GL-9100  
**Section** Infection Control  
**Subsection** General  
**Category** Corporate  
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**Last Revised** 9/6/2016

### References

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2. CDC (2007) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings accessed 7.25.2016 at <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
3. CDC (2005) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings accessed 7.25.2016 at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>
4. CDC (2006) Management of Multidrug-Resistant Organisms in Healthcare Settings accessed 7.25.2016 at [www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf](http://www.cdc.gov/hicpac/pdf/guidelines/MDROGuideline2006.pdf)
5. CDC Respiratory Hygiene/Cough Etiquette in Healthcare Settings accessed 5/5/2016 at <http://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
6. CDC Guideline for Hand Hygiene in Health-Care Settings, MMWR October 25, 2002 / Vol. 51 / No. RR-16 accessed 5/5/2016 at <http://www.cdc.gov/handhygiene/Guidelines.html>
7. WHO (2009) WHO Guidelines on Hand Hygiene in Health Care accessed 5/5/2016 at [http://whqlibdoc.who.int/publications/2009/9789241597906\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241597906_eng.pdf)
8. CDC Interim Domestic Guidance on the Use of Respirators to Prevent Transmission of SARS accessed 5/5/2016 at <http://www.cdc.gov/sars/clinical/respirators.html>

### Applicable To

All employees, volunteers and non-employees with privileges within the institution of Gundersen Lutheran Medical Center, Inc., Gundersen Clinic, Ltd.; and Gundersen Administrative Services, Inc.; (collectively Gundersen Health System). Visitors are expected to follow these precautions for their own safety; compliance is voluntary unless there is a reasonable public health risk.

### Detail

#### PURPOSE

1. To provide a safe, healthy environment for all employees, patients, and visitors by minimizing or eliminating exposure to infectious organisms.
2. To respond to identified infection risk with prompt and appropriate control measures

#### Two tiers of hospital infection control practices are to be used:

<b>Tier One (I)</b>	<b>Standard Precautions</b>	Use Standard Precautions for the care of all patients regardless of their diagnosis or presumed infection status.
<b>Tier Two (II)</b>	<b>Transmission-based</b>	Use Transmission-based Precautions for care of patients

	<b>Precautions</b>	known or suspected to be infected by epidemiologically important pathogens spread by airborne or droplet transmission or contaminated surfaces.
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### DEFINITIONS:

<b>Airborne Precaution room</b> AKA Airborne Infection Isolation Rooms (AIIR)	Patient care room where air pressure is negative to the corridor. Air handling will vent directly to the outside or be HEPA filtered.	
<b>Cohorting</b>	The practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. This is typically reserved for patients with communicable respiratory infections.	
<b>Hand Hygiene</b>	A general term referring to any action of hand cleansing or hand antisepsis.	
<b>High touch surfaces</b>	Environmental surfaces in the immediate vicinity of the patient that have frequent hand contact in the course of providing patient care, e.g. bedrails, exam table, over-bed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs, call light, computer and equipment.	
<b>PAPR/N95</b>	<p>A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors.</p> <ul style="list-style-type: none"> <li>• A battery-powered blower which moves the air flow through the filters, past the face, and exits through the bottom of the head cover.</li> <li>• Filters remove 95% of airborne particles of &gt; 0.3 micro size and provides the minimal level of respiratory protection for healthcare.</li> </ul>	
<b>Personal Protective Equipment [PPE]</b>	<b>Gloves</b>	Wear gloves to protect hands from touching blood, body fluids, secretions, excretions, which includes contact mucous membranes and non-intact skin, as well as items contaminated with body fluids.
	<b>Gown</b>	Wear to protect clothing from contact with exposed skin, blood/body fluids, secretions, and excretions during procedures and patient-care activities.
	<b>Mask, eye protection (goggles), face shield*</b>	Wear to protect face and eyes during procedures and patient-care activities likely to generate splashes, splatters, or sprays of blood / body fluids, secretions, especially suctioning, endotracheal intubation.  NOTE: If this is an aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols (e.g., influenza), wear a fit-tested N95 or higher respirator, PAPR, in addition to gloves, gown, and face/eye protection.
<b>Point of care</b>	The place where three elements come together:	

	<ul style="list-style-type: none"> <li>• the patient,</li> <li>• the healthcare worker, and</li> <li>• care or treatment involving contact with the patient or his/her surroundings (within the patient zone).</li> </ul> <p>The concept embraces the need to perform hand hygiene where care delivery takes place. This requires that alcohol-based hand sanitizer or hand washing sink be easily accessible without having to leave the patient zone.</p>
<p><b>Respiratory Etiquette or Cough Etiquette</b></p>	<p>The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.</p> <ul style="list-style-type: none"> <li>• Cover your mouth and nose with a tissue when coughing or sneezing;</li> <li>• Dispose of the tissue in a waste receptacle after use;</li> <li>• Perform hand hygiene after having contact with respiratory secretions and objects/materials contaminated with respiratory secretions.</li> <li>• Wear face mask during a respiratory infection or maintain separation from others.</li> <li>• Use Droplet Precautions when caring for patient with a suspected of confirmed respiratory infection</li> <li>• Be fully immunized against respiratory infections.</li> </ul>
<p><b>Sharp Containers</b></p>	<p>Puncture-resistant containers for disposal of contaminated sharps:</p> <ul style="list-style-type: none"> <li>• Sides and the bottom must be leak-proof.</li> <li>• Appropriately labeled or color-coded red to warn everyone that the contents are hazardous.</li> <li>• Containers must be closable (that is, have a lid, flap, door, or other means of closing the container), and</li> <li>• Kept upright to keep the sharps and any liquids from spilling out of the container.</li> <li>• Must be visible, accessible, and accommodate the largest sharps used in the location.</li> </ul> <p>See attached information about placement of sharps containers.</p>
<p><b>Standard Precautions</b></p>	<p>Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents.</p> <p>Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include:</p> <ul style="list-style-type: none"> <li>• hand hygiene;</li> <li>• use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and</li> <li>• Safe injection practices.</li> </ul> <p>Also, equipment or items in the patient environment likely to have been contaminated with infectious body fluids must be handled in a manner to prevent transmission of infectious agents.</p> <ul style="list-style-type: none"> <li>• Wear gloves for direct contact.</li> <li>• Contain heavily soiled equipment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Properly clean and disinfect or sterilize reusable equipment before use on another patient.</li> </ul> <p>The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure.</p>
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## Implementation

### I. STANDARD PRECAUTIONS:

Standard Precautions is a consistent method of taking precautions with body substances of all patients, all the time, irrespective of their diagnosis in order to prevent the transmission of infectious agents.

**Elements of Standard Precautions** are detailed in the following policies:

- A. GL 9041 Hand Hygiene
- B. GL 9145 Respiratory Etiquette
- C. GL 9105 Personal Protective Equipment
- D. GL 9106 Patient Supplies and Environment

#### CLINIC/OUTPATIENT SETTING

Due to the nature of initial contact of a patient to a provider for a disease or condition, providers must exercise good judgment in applying Standard Precautions when direct patient contact exposes staff to risk of transmission via droplet, airborne or contact route.

### II. TRANSMISSION - BASED PRECAUTIONS

Transmission-based Precautions are designed for patients with **known/suspected** infection with highly transmissible or epidemiological important pathogens.

- A. An index of precautions by disease or condition is available on-line at *Diseases and Conditions Requiring Isolation*.
- B. Review guidelines on specific precaution elements on the Infection Control website for:
  - 1. Airborne
  - 2. Contact
  - 3. Droplet
  - 4. Protective / Neutropenic
  - 5. Special Precautions
- C. Use Transmission-based elements alone or in combination for diseases that have multiple routes of transmission. For example, a patient colonized with a resistant organism and presenting with respiratory infection may be placed in both Contact and Droplet precautions.
- D. Use Standard Precautions and strategies for basic asepsis in conjunction with Transmission-based Precautions. For example, use gloves to handle contaminated tissue used by a patient in Droplet Precautions.
- E. Implement strategies to counteract possible adverse effects of on patients, such as anxiety, depression, and reduced contact with clinical staff.
- F. **CLINIC/OUTPATIENT SETTING/BEHAVIORAL HEALTH** – electronic medical records of patients known to have infection / colonization with multi-drug resistant organisms [MDRO] are ‘flagged’

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to alert providers for the need to use transmission-based precautions, selecting use of PPE based on the level of physical contact.

### III. PATIENT PLACEMENT

- A. Assess patient at admission to determine the appropriate precautions.
- B. Review the EPIC flag, SBAR or Ticket to Ride for notification of known infectious disease.
- C. Triage the patient in the clinic with a suspected communicable disease and room with the appropriate precautions. See *Diseases and Conditions Requiring Precautions*.
- D. Contact Infection Control if there is a shortage of private rooms for room placement advice for any suspected or known communicable diseases transmitted through airborne, droplet, or contact routes.
- E. Refer to Renal Dialysis Infection Control policy [RD-4950] for precautions affecting patients undergoing renal dialysis.

### IV. INITIATION OF PRECAUTIONS:

- A. Initiate Transmission-Based Precautions -- Any provider or Registered Nurse caring for a patient may do so.
  - 1. Write orders for isolation precautions in EPIC using Order Sets.
  - 2. Notify the patient's physician.
- B. Place appropriate sign on door to patient room and obtain necessary supplies.
- C. Educate the patient and family about isolation precautions and document the teaching. See Patient Education resources, or links in *Diseases and Conditions Requiring Precautions*.
- D. Assure that all employees and visitors entering the room of an isolation patient observe all isolation precautions posted on the outside of the door and all procedures listed in this policy and practice guidelines.
- E. Provide discharge instructions and teach patient on precautions to prevent disease transmission to others including household contacts.
- F. Communicate the need for isolation precautions to Environmental Services who will terminally clean a room. At this time, leave precaution signage on the door and the EA will removed the sign after the room is thoroughly cleaned.
- G. If the patient is discharged to another healthcare facility, notify receiving facility of any on-going infectious condition. Document communication in the EHR.

### V. AIR PRESSURE CONTROL

- A. Airborne Precaution rooms are available in the hospital and clinic for patients with suspected or confirmed airborne infectious diseases.
  - 1. Keep windows and doors to these rooms closed to maintain positive pressure and increased air exchange.
- B. In procedure rooms, activate the negative air pressure switch when precautions are indicated.
- C. If a mechanical indicator is located on the room, monitor it to assure proper functioning using the vaneometer.
- A. Limit the use of fans. Small fans from Central Services may be charged to the patient and used for patient comfort.
- B. Facility Operations will routinely change the air filtration units.
- C. Positive air pressure is present in:
  - 1. Operating rooms [OR], including include corridors and adjacent areas),

2. Pack room in Laundry, and
3. Central Services areas.

**VI. DEATH**

Hospital Operations Manager will inform funeral director/pathologist of infectious risk when Standard Precautions are not adequate.