

## Isolation Precautions

### 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.

<b>Tier One</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</b>	<b>Transmission-based</b>	Use Transmission-based Precautions for care of patients known or suspected to be infected by epidemiologically important pathogens spread by airborne or droplet transmission or contaminated surfaces.

## 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.

### → 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.

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

## Personal Protective Equipment [PPE]

**Specific precaution** categories are used when route of exposure is known or suspected.

**Empiric Precautions** are used for conditions that may transmit infection.

### Transmission Based Precaution signs:

- **Airborne Precaution** signs are **green**.
- **Contact Precaution** signs are **orange**.
- **Droplet Precaution** signs are **yellow**.
- **Protective Precaution** signs are **purple**.
- If a sign says **STOP!** do as it says!

- Gloves
  - For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin, and **for contact precautions**.
- Gown
  - During procedures and patient-care activities when contact of clothing to exposed skin with blood/body fluids, secretions, and excretions is anticipated, and **for contact precautions**.
- Mask, face shield
  - During procedures and patient-care activities likely to generate splashes, splatters, or sprays of blood / body fluids, secretions, especially suctioning, endotracheal intubation, or for **droplet precautions**.
  - 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 respirator in addition to gloves, gown, and face/eye protection, or a medical PAPR.
- Eye protection (goggles)
  - When splash, splatter, or spray is likely; glasses without side vents are not considered protective eyewear.
- Bag-valve-mask resuscitation devices
  - Will be kept in the rooms of patients with airborne respiratory precautions.
- Respirators
  - Should only be worn by individuals who have completed the respirator certification through Employee Health. All other individuals should not enter room.

## Occupational Exposures

Report all needle sticks, cuts, and other exposures of blood or bodily fluids.

- If the incident occurs between 0700-1700, immediately page Employee Health #3799.
- If incident occurs after 1700, immediately physically report to Trauma Emergency Center.
- Follow-up will be provided and prophylaxis offered as necessary.

## Bloodborne Pathogens

- Practice Standard Precautions for all patients.
- HIV testing requires a documented informed consent. Inappropriate release of HIV test results could result in criminal charges and financial penalties.

## Immunization and Education

- State laws require documented immunity to rubella. It is highly recommended that a person born after 1957 receive a second MMR shot, if they have not already done so.
- Infection Control Committee strongly recommends immunization against Hepatitis B, measles, mumps, and Varicella, if susceptible.
- OSHA required annual education for Bloodborne Pathogens and TB; skin testing is required for TB annually and every six months in high risk areas.