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.

<table>
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<tr>
<th>Tier One</th>
<th>Standard Precautions</th>
<th>Use Standard Precautions for the care of all patients regardless of their diagnosis or presumed infection status.</th>
<th>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.</th>
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### 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 precautions are used when the 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.