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**Owner:** Leslie Teachout: Mgr-Infection Prevention  
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## Isolation, 1112

**Document Type:** Policy

### PURPOSE:

To provide consistent isolation of patients known or suspected to be infected or colonized with epidemiologically significant organisms and to establish a protocol to be followed identifying the criteria for placing patients in isolation.

Isolation precautions for Kadlec Regional Medical Center shall employ a two-tier, transmission based system of precautions designed to reduce the likelihood of transmission to other patients, staff or visitors of epidemiologically significant organisms from patients either known or suspected to be colonized or infected.

### POLICY:

- A. Standard Precautions will be used for the care of all patients and at all times.
- B. Patients identified with certain transmissible and infectious agents will immediately be placed in isolation per the [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\)](#). (CDC, Appendix A.)
- C. Once the need for isolation has been determined the isolation specific personal protective equipment (PPE) will be made available. (i.e.Gloves, Goggles/Mask/Respirator, Gown and additional PPE as indicated by the isolation precaution required).
- D. The physician or nurse will populate the isolation flag by placing an isolation order.
- E. Documentation of isolation status will be made in the patient chart by nursing staff during every shift.

### GUIDELINES FOR ISOLATION PRECAUTIONS:

#### TIER ONE: STANDARD PRECAUTIONS:

##### 1. Hand hygiene:

- a. During the delivery of healthcare, meticulous hand hygiene is required and expected. Avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

- b. When hands are visibly dirty, or visibly soiled with blood or body fluids, wash hands soap and water.
- c. If hands are not visibly soiled decontaminate hands with an alcohol-based hand rub.

**2. Respiratory hygiene/cough etiquette:**

- a. Cover your mouth and nose with a tissue when you cough or sneeze.
- b. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- c. Put your waste tissue in the waste basket.
- d. Cleanse hands with alcohol-based cleaner or wash with soap/water.  
Note: You may be asked to put on a surgical mask to protect others.

**3. Personal Protective Equipment (PPE) use:**

**4. Gloves**

- a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin could occur.
- b. Wear gloves with fit and durability appropriate to the task
- c. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. Do not wash gloves for the purpose of reuse since this practice has been associated with the transmission of pathogens.
- d. Change gloves during patient care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).

**5. Gowns**

- a. Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated.
- b. Wear a gown for direct patient contact if the patient has uncontained secretions.
- c. Remove gown and perform hand hygiene before leaving the patient's environment
- d. Do not reuse gowns, even for repeated contacts with the same patient

**6. Mask, Eye Protection (goggles) and Face Shields**

- a. Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids secretions. Select according to the need anticipated by the task, a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask **and** goggles. Use during aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract).

**See Appendix A: For example of Safe Donning and Removal of Personal Protective Equipment**

**TIER TWO: TRANSMISSION BASED PRECAUTIONS:**

*\*In addition to Standard Precautions, use Transmission Based Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens in order to prevent transmission.*

## Considerations to Prevent Transmission of Infectious Agents:

### 1. Contact Precautions -

- a. Use contact precautions for patients known or suspected to be infected or colonized with microorganisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces, or patient-care items, (i.e. multi-drug resistant organisms, scabies, wounds or abscesses with uncontained drainage).
- b. PPE required: gowns and gloves

### 2. Contact Enteric Precautions –

- a. Use contact enteric precautions for patients who have diarrhea with unknown etiology see Appendix A for specific diseases.
- b. **USE SOAP AND WATER TO WASH HANDS WHEN LEAVING ROOM**
- c. Clean and disinfect patient-care equipment with bleach.
- d. PPE required; gowns and gloves

### 3. Droplet Precautions –

- a. Use droplet precautions for patients known or suspected to be infected with microorganisms transmitted by droplets, generated by the patient during coughing, sneezing (i.e. influenza, pertussis)
- b. If transport or movement is necessary, minimize patient dispersal of droplets by placing surgical mask on the patient.
- c. PPE required; goggles and mask or face shield

### 4. Airborne Precautions

- a. Patients with airborne diseases shall be placed in a private room that has monitored negative air pressure in relation to the surrounding areas with 6-12 air exchanges per hour.
- b. Whenever a "negative airflow: room is in use, monitor air pressure daily with visual indicators (smoke tubes, flutter strips, string test, etc.) regardless of the presence of differential pressure sensing devices.
- c. Keep the door closed to the patient's room and to the ante room (if applicable).
- d. Training and/or fit testing for PAPR and N95 use must be completed by Employee Health prior to use of respiratory protection.
- e. For **chicken pox**; non-immune persons (susceptible) should not enter the room of patients known or suspected to be infected if other immune care givers are available. In the event immune staff is not available, non-immune staff should wear appropriate protective equipment.
- f. Use airborne respirator precautions for patients known or suspected to be infected with Tuberculosis (i.e. pulmonary or laryngeal tuberculosis).
- g. For measles, regardless of presumptive immunity status, all health care staff entering the room should use respiratory protection consistent with airborne infection control precautions (i.e. PAPR or N95)
- h. **Notify Infection Prevention of patient placement as soon as possible @ (509) 942-2847 (BUGS)**

## General Transmission Based Precautions Includes:

1. Cohorting patients should only be done with the consultation of the Infection Preventionists.
2. Limit the number of supplies in patient rooms and utilize single patient use items when possible.
3. Wear appropriate personal protective equipment based on known or suspected patient infection.
4. When transferring a patient, provide receiving department with Isolation information prior to transport.
5. Limit patient transport to essential purposes only.
6. Clean and disinfect transport vehicle before and after transporting patient.
7. **Contact Infection Prevention with questions/concerns @ (509) 942-2847 (BUGS)**

## CONSIDERATIONS TO PREVENT TRANSMISSION OF INFECTIOUS AGENTS TO NEUTROPENIC:

- A. **Patients should be placed in a private room away from main traffic patterns, whenever possible.**
- B. Visitors shall wash their hands upon entering the room.
- C. All multi-patient use items shall be disinfected with hospital approved disinfectant prior to being brought into the room.
- D. No potted plants, cut flowers, or fresh unpeeled fruits and vegetables shall be allowed.
- E. Visitors should be restricted as much as possible and **no visitor with signs of a communicable disease** should be permitted entry to the patient's room (coughing, sneezing, fever, open wounds, etc.)

## REFERENCE:

Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007, CDC

## Attachments

[Appendix B\\_CDC donning and doffing with example 2.pdf](#)

[Appendix C\\_Transporting of Patients - Outpatient, Procedural, and Perioperative Areas.docx](#)

## Approval Signatures

Approver	Date
Kirk Harper: CNO	10/2020
Heather Shipman: Executive Assistant	10/2020
Christina Mackey: Dir Quality	10/2020
Leslie Teachout: Mgr-Infection Prevention	10/2020

## Applicability

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WA - Kadlec Regional Medical Center