

## GUIDELINES FOR ISOLATION PRECAUTIONS

DEPARTMENT INITIATING POLICY/PROCEDURE: Infection Control

EFFECTIVE DATE: Prior to 1990

REVISION DATES: 02/92, 03/02, 12/08, 4/09, 1/11, 7/16, 8/17, 12/19, 4/20

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SUBJECT: Guidelines for Isolation Precautions

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DISTRIBUTION: \_\_\_\_\_

**POLICY:** All employees must follow the isolation guidelines to prevent the transmission of pathogens in the healthcare workplace. Guidelines are defined by OSHA & CDC.

**PURPOSE:** Prevent or reduce the risk of transmission of infectious agents from human source to a susceptible host.

### There are two (2) tiers of isolation precautions:

**STANDARD PRECAUTIONS:** This is the first and most important, designed for the care of all Residents in the Facility regardless of their diagnosis or presumed infectious status. Standard Precautions synthesize the major features of Universal Precautions. This is the primary strategy for successful control of nosocomial infections.

**TRANSMISSION - BASED PRECAUTIONS:** These precautions are considered the second of precautions designed only for the care of specific Residents. "Transmission based precautions" are for Residents known or suspected to be infected by Epidemiologically important pathogens spread by airborne, droplet, and contact.

I: **STANDARD PRECAUTIONS:** are for the care of all Residents.

1: **Wash hands** - to avoid transfer of micro-organisms to other Residents or environments.

- a: Wash after touching blood, body fluids, secretions, and contaminated items.
- b: Wash immediately after gloves are removed and between patient contacts.

2: **Wear Gloves** -

- a: Wear gloves when touching blood, body fluids, excretions, and contaminated items.
- b: Put on clean gloves just before touching mucous membranes and non-intact skin.
- c: Change gloves between tasks and procedures on the same Resident after contact with material that may contain high concentration of micro-organisms.
- d: Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another Resident, and wash hands immediately to avoid transfer of micro-organisms to other Residents or environments.

3: Wear mask and eye protection or face shield

Protect mucous membranes of the eyes, nose and mouth during procedures and Resident-care activities that are likely to generate splashes or sprays of blood, body-fluids, secretions, or excretions.

4: Wear Gown

- a: Protect skin and prevent soiling of clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- b: Remove a soiled gown as promptly as possible and wash hands to avoid transfer of micro-organisms to other Residents or environments or as directed by CDC

5: Resident – Care Equipment

- a: Handle used Resident-care equipment soiled with blood, body fluid, secretions, or excretions in a manner that prevents skin mucous membrane exposures, contamination of clothing, and transfer of micro-organisms to other Residents and environments.
- b: Ensure that reusable equipment is not used for the care of another Resident until it has been appropriately cleaned and reprocessed and single use items are properly discarded.

6: Environmental Control

Follow Nursing home procedures for routine care, cleaning and of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces.

7: Linen

Handle, transport and process used linen soiled with blood, body fluids, secretions, or excretions in a manner that prevents exposures and contamination of clothing, and avoids transfer of micro-organisms to other Residents and environments.

8: Occupational Health and Blood-borne Pathogens

- a: Prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after

procedures; when cleaning used instruments; and when disposing of used needles.

- b: Never recap used needles using both hands or any other technique that involves directing the point of a needle toward any part of the body; rather use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.
- c: Do not remove used needles from disposable syringes by hand, and do not bend, break or otherwise manipulate used needles by hand.
- d: Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant sharps containers located as close as practical to the area in which the items were used, and place reusable syringes and needles in puncture-resistant container for transport to the reprocessing area.
- e: Use resuscitation devices as an alternative to mouth-to-mouth resuscitation.

9: Resident Placement

Use a private room for a Resident who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control. Single placement rooms are preferred and will be decided upon by administration.

II: **TRANSMISSION-BASED PRECAUTIONS** – are designed for Residents documented or suspected to be infected with pathogens which additional precautions beyond Standard Precautions are needed.

A: **AIRBORNE/Respirator/Contact :**

To control the transmission of any disease that is transmitted by dissemination of either airborne droplet nuclei (small particle residue of evaporated droplets that may remain suspended in the air for long periods) or dust particles containing the infectious agent. Micro-organisms carried in this manner can be widely dispersed by air currents and may become inhaled by or deposited on a susceptible host within the same room or over a longer distance from the source Resident, depending on environmental factors.

The use of personal respiratory protection is also indicated for persons entering these rooms when caring for these Residents or as per CDC DOH recommendations.

CDC guidelines recommend Airborne Precautions for the following conditions:

- Measles (Rubeola)
- Smallpox
- SARS
- TB



- Chicken Pox (Varicella)
- Shingles (Herpes zoster) disseminated or immunosuppressed patient/resident only. (Contact for localized).
- COVID-19

\*Refer to CDC Isolation guidelines for more specific information.

- 1: The Administrator, DON, Infection Control Nurse, and Dietary must be notified when Airborne/respirator/contact Precautions are initiated.
  - 2: A sign specifying Airborne/respirator/contact Precautions will be posted on the door. Resident will be placed in a private room if possible or per facility policy. The door is to be closed at all times or as per facility recommendations for resident safety.
  - 3: Staff will don Max-Air PAPR, 3M PAPR, or N95 or regular mask with face shield when entering rooms or for Airborne/Respirator/Contact precautions per CDC DOH recommendations.
  - 4: Dietary trays will be made up of disposable items (tray, plate, silverware, cups) and will be disposed of in Resident room per CDC DOH recommendations.
  - 5: The Resident will be educated about the need for Airborne/Respirator/Contact Precautions and instructed to cover nose and mouth with tissue during coughing and sneezing if able.
  - 6: Confirmed Airborne/Respirator/Contact Precautions Residents will leave their room for medically essential procedures or appointments only. During a transfer, Resident will wear a surgical mask (not an N-95, as it may hinder respiratory status) if possible or as tolerated.
  - 7: Each department or facility receiving a Resident on Airborne/Respirator/Contact Precautions must be informed of the Resident status prior to transfer.
  - 8: The patient/resident should remain on Airborne/respirator/Contact Precautions until he has been cleared by facility Provider/Administration.
  - 9: Visitors will be kept to a minimum. All visitors will adhere to isolation requirements. Visitors may not be allowed to visit per CDC DOH recommendations or per facility policy.
  - 10: Rooms need to be cleaned per housekeeping standards.
- B: Droplet Transmission** – involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing micro-organisms generated from a person who has a clinical disease or is a carrier of the micro-organism. Droplets are generated from the source person primarily during coughing, sneezing or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission via large-particle droplets requires close contact between source and recipient persons, since droplets do not remain suspended in the air and generally travel only short distances, usually 3 feet or less, through the air.

Droplet precautions are also used in conjunction with Standard Precautions.  
(Refer to tables listed above)

- 1: Resident placement
  - a: Place Resident in a private room if possible or per facility policy.
  - b: Maintain spatial separation of 3-6 feet from other Residents or visitors, if private room is not available or as per CDC DOH recommendations.
- 2: Mask
  - a: Wear a mask when working within 3-6 feet of Resident (or upon entering room) or as per CDC DOH recommendations
- 3: Patient Transport
  - a: Limit transport of Resident from room to essential purposes only
  - b: Use surgical mask on Resident during transport

**C: Contact Transmission:**

Direct-contact transmission involves skin-to-skin contact and physical transfer of micro-organisms to a susceptible host from an infected or colonized person, such as occurs when personnel turn a Resident, give a Resident a bath, or perform other Resident-care activities that require physical contact. Direct contact transmission can also occur between two (2) Residents with one serving as the source of infectious micro-organisms and the other as a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the Residents environment.

Contact Precautions are also used in conjunction with Standard Precautions. (Refer to the tables listed).

- 1: Resident Placement
  - a: Private room if possible. Cohort if private room is not available or per facility policy or CDC DOH recommendations.
- 2: Gloves
  - a: Wear gloves when entering Resident room
  - b: Change gloves after having contact with infective material that may contain high concentration of micro-organisms (fecal material and wound drainage).
  - c: Remove gloves before leaving Resident room
- 3: Wash
  - a: Wash hands with alcohol-based rub or soap and water immediately after glove removal
  - b: After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the Resident's room to avoid transfer of micro-organisms to other Resident or environments.
- 4: Wear gown
  - a: When entering Resident room if you anticipate that your clothing will have substantial contact with the Residents, environmental

surfaces, or items in the Resident's room or if the Resident is incontinent, or has diarrhea, an ileostomy, a colostomy, or wound drainage not contained by a dressing.

- b: Remove gown before leaving the Resident's environment and ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of micro-organisms to other Resident's or environments.

5: Resident transport

- a: Limit transport of Resident to essential purposes only or per facility policy.
- b: During transport, ensure that precautions are maintained to minimize the risk of transmission of micro-organisms to other Residents and contamination of environmental surfaces and equipment.

6: Resident-Care Equipment

- a: Dedicate the use of non-critical Resident-care equipment to a single Resident. Use disposable BP cuffs & discard when Resident is discharged.
- b: If common equipment is used, clean and disinfect between Residents

NOTE:

(ENTERIC) CONTACT PRECAUTIONS: These precautions should be used when a Resident exhibits the following signs and symptoms: watery diarrhea, fever, loss of appetite, nausea and/or abdominal pain/tenderness.

Also if Resident is positive for C. Difficile.

Precautions: Standard Precautions *plus*

- wash hands with soap and water
- Use of alcohol hand *rubs* is not recommended
- Gowns should be worn if fecal soiling is anticipated

Environmental: any surface or material (i.e. commodes, toilet seats, bedside rails, etc) should be cleaned with a facility approved cleaning solution.

If privacy curtains appear to be soiled, remove and launder.

IMMUNOCOMPROMISED Residents: are at risk for bacterial, fungal, parasitic and viral infections. The use of Standard Precautions for all Residents and Transmission-Based precautions should reduce the acquisition of hospital acquired bacteria from other Residents and environments.

Procedure:

- 1: Follow standard precautions with all Residents.
- 2: For Residents with known or suspected to be infected by pathogens spread by airborne, droplet, or contact refer to the tables provided to determine the type of isolation to utilize
- 3: Place a sign on the door indicating the type of isolation to follow.
- 4: Assemble supplies outside of door. (Gloves, mask, gowns, etc.)

- 6: If disposable BP cuffs are available for one (1) time use with Residents placed in Isolation. Cuffs should remain in room during Residents length of stay, then be disposed of.

**Documentation:** Specific isolation precautions should be included in facility approved documentation appropriate for resident per protocol.