I. POLICY STATEMENT
1. All patients require “Standard Precautions”. Standard Precautions dictate that all blood, body fluids, secretions, excretions [except sweat], non-intact skin and mucous membranes be treated as potentially infectious. Elements of Standard Precautions include:
   - Hand Hygiene
   - Personal protective equipment (PPE)
   - Safe injection practices
   - Safe handling patient care equipment
   - Respiratory Hygiene/Cough Etiquette
   - Safe lumbar puncture procedures
   - Safe handling of textile and laundry
   - Safe handling of needles and other sharps
   - Safe patient Resuscitation
   - Patient placement

2. Isolation precautions for specific patient conditions are required in addition to Standard Precautions. These “Transmission-based Precautions” are to be used for patients known or suspected to be infected or colonized with pathogens that can be transmitted by contact with dry skin, contaminated surfaces, airborne, or droplet. These include:
   - Contact Precautions
   - Contact Enteric Precautions
   - Droplet Precautions
   - Airborne Respirator Precautions (N95 or PAPR)

3. Signage:
   - Use appropriate precaution signage to alert health care workers and visitors when additional infection control precautions are required. Some diseases may require more than 1 sign (e.g. RSV, Chickenpox)
   - Signage must be posted outside a patient’s room.
   - Infection status must be indicated in the medical record banner.
   - Isolation precaution order must be placed into the EMR

II. Nursing to provide appropriate information sheet to patient/family/visitor and document in medical record. Receipt of information sheet must be documented in medical record.
III. DEFINITIONS

Standard Precautions: helps reduce the risk of transmission of pathogens from recognized and unrecognized sources of infection in hospitals. Standard Precautions apply to all patients, regardless of their diagnosis or suspected/confirmed infection status.

- **Hand Hygiene:** Wash [soap and water] or Sanitize [alcohol-based hand sanitizer] as stated in Infection Control Hand Hygiene policy.
- **Personal protective equipment (PPE):** Use as a barrier between you and any blood, body fluids, secretions, excretions [except sweat], non-intact skin and mucous membranes.
  - Gloves: use to prevent contamination of the hands
  - Gown: use to protect exposed skin and clothing
  - Mask/Respirator: use to protect respiratory tract, mucous membranes of nose and mouth
  - Goggles/Face shield: use to protect mucous membranes of face (e.g. eyes, nose, mouth).
- **Injection practices:** use of single-dose vials preferred, use of sterile single-use disposable syringe for each injection.
- **Patient care equipment:** properly clean, disinfect, or sterilize reusable equipment between patients
- **Respiratory Hygiene/Cough Etiquette:**
  - Education of staff, patients, visitors
  - Post signs with instructions, in languages appropriate to population served
  - Have available tissues or mask as a control measure
  - Use spatial separation (> 3 feet) for persons with respiratory infections in common waiting areas when possible.
  - Use a mask and practice hand hygiene when examining and caring for patients with signs and symptoms of a respiratory infection.
- **Lumbar puncture procedures:** for patient safety wear sterile gown and gloves, including face mask to prevent droplet spread of infection when placing catheter or injecting material into the spinal or epidural space.
- **Textiles and laundry:** bag linen at point of use, keep clean and dirty linen separate
- **Needles and other sharps:**
  - Never recap, or otherwise manipulate needles/sharps.
  - Do not remove needles by hand
  - Place used disposable needles/sharps immediately into appropriate puncture-resistant containers
  - Place reusable needles/sharps in the appropriate puncture-resistant container for transport to the reprocessing area.
- **Patient Resuscitation:** use mouthpiece, resuscitation bag or other ventilation devices in areas where the need is predictable.
- **Patient placement:** private room placement preferred for patient at an increased risk of transmission of an infectious agent.

Contact Precautions: prevents the spread of infection transmitted by directly touching the patient or patient environment, especially for patients with uncontained secretions. **Contact Precautions signage is orange in color and is posted outside the patient’s room; isolation precaution is indicated the medical record.**

Contact Enteric Precautions: prevents the spread of infection transmitted by directly touching the patient or patient environment. The precautions involve organisms pertaining to the gastrointestinal tract; **Contact Enteric Precautions signage is orange in color with a brown stripe indicating hand hygiene with soap and water, and is posted outside the patient’s room; isolation precaution is indicated in the medical record.**

Droplet Precautions: prevent the spread of infection transmitted primarily during coughing, sneezing and talking, or during the performance of certain aerosolizing procedures such as suctioning and irrigation. **Droplet Precautions Signage is green in color and is posted outside the patient’s room; isolation precaution is indicated in the medical record.**

STANDARD AND TRANSMISSION-BASED ISOLATION PRECAUTIONS 200.35
Airborne Respirator Precautions: prevents spread of infections transmitted through the air. When someone with an active infection of the lungs or airways breathes out, coughs, sneezes talks, tiny droplets containing germs are released into the air. These droplets can remain suspended in the air for hours and can infect others if inhaled. Airborne Respirator Precautions Signage is blue, indicating that a respirator (N95 or PAPR) has to be worn when with the patient and that the patient must be placed in a negative pressure room or AIIR (Airborne Infection Isolation Room). The sign is posted outside the patient’s room; isolation precaution is indicated in the medical record.

IV. RESPONSIBILITIES
- All physicians and staff entering the room must follow Standard Precautions as well as transmission-based precautions as posted.
- Nursing staff is to report all isolation related information at change of shift and before transferring patient to another department or healthcare facility.
- Department Manager will ensure employee compliance with this policy.
- Environmental Services will complete room cleaning as directed for each isolation precaution.
- Central Supply will distribute and maintain supplies as needed.

V. PROCEDURES FOR TRANSMISSION-BASED PRECAUTIONS (ISOLATION):

1. Patient Placement-
   - Patients to be placed in private rooms when possible.
   - When a private room is not available patient can be placed in a room with a patient with the same organism or disease and no other infection.

2. Signage, Equipment–
   - Appropriate color-coded signage is posted outside the patient’s room
   - Precautions used are indicated in the patient’s medical record.
   - Isolation equipment is located outside the room or in anteroom, if available.
   - Once Isolation Precautions are discontinued the sign/signs may be removed from the door after the room has been thoroughly cleaned. The medical record banner must be changed

3. Hand Hygiene –
   - Hands must be cleaned before and after direct patient contact and when visibly soiled after all contact with blood, body fluids, secretions, excretions, equipment, and other contaminated articles.
   - Alcohol hand sanitizer may be used when indicated
   - C. difficile and Norovirus require soap and water
   - When hands are visibly soiled wash hands with soap and water.

4. Gown and Gloves –
   - Don gloves for potential contact with infective materials, surfaces, or patients.
   - After taking off or changing gloves and when touching the patient environment, perform hand hygiene.
   - Wearing gloves does not replace need for hand hygiene.
   - Remove and discard gloves and gowns prior to leaving patient room.
   - Put on a gown when there is a possibility of contamination of clothing and to protect the skin from exposure to blood and body fluids.
   - Gowns are single use.

5. Respirators, Mask and Eye Protection (face shield/goggles) –
   - Wear surgical masks and eye protection when indicated to reduce the risk of exposure to body fluids, especially when splashing or spraying the face is anticipated.
   - Wear a PAPR or N95 for Airborne Respirator Precautions

6. Equipment/Supplies –
   - Use patient-dedicated or disposable equipment
   - Clean and disinfect shared equipment
   - Minimize quantity of supplies in isolation rooms
   - All disposable supplies or items brought into the room must be discarded when patient is discharged.
   - Disposable eating utensils not needed.
- Any medications/IV solutions, baby food, tube feedings that are taken inside an isolation room and not used must be discarded.

7. Linen – Linen must be bagged in patient’s room or at the point of use.
   - RED BAGS AND DOUBLE BAGS are not required or necessary, unless leaking body fluids. After single bagging, treat as other soiled linen.

9. Transportation of Patients – (See Attachment B)
   - Notify receiving area of patient’s isolation precautions.
   - Nurse will instruct transport personnel in transmission precautions
   - Patients in Airborne or Droplet Precautions should leave the room only if necessary. Both patients and staff must clean their hands when leaving the room.
   - Appropriate barriers must be used when patients leave their room for essential purposes. These include:
     - clean patient gown and cover sheet (if needed).
     - surgical mask on patient in Droplet Precautions
   - Staff should not wear protective clothing that is potentially contaminated in the hallways.
   - Notify receiving area of patient’s isolation precautions.
   - Educate patients and visitors on how to prevent transmission.
   - Protect wheelchairs and stretchers with linens and clean/disinfect transport vehicle after each use.
   - Do not allow children in isolation precautions in the facility play area(s).

10. Visitors –
   - For their protection and safety, visitation is discouraged by those 12 years of age and under, regardless of the type of isolation. Exceptions to this would include end of life visitation, etc.
   - Visitors must wear designated PPE when assisting in patient care, for any isolation type.
   - Visitors should wear a surgical mask when patient is in Droplet Precautions.
   - Visitors must wear designated PPE at all times when in the patient’s room for Contact Enteric isolations.
   - Visitors should not eat in room of patients with Contact Enteric Precautions.
   - Visitors for patients with Airborne Respirator Precautions should wear a surgical mask and may visit only if already exposed (live in same household, for example).
   - Visitors should use alcohol hand sanitizer or wash hands on entering and leaving room.
   - Visitors should not visit with other patients.
   - The nurse may discuss exceptions with the Infection Preventionist.

11. Room Cleaning: Routine & Terminal
   - Clean rooms daily.
   - Pay special attention to bedside equipment and high touch environmental surfaces — door knobs, bedside tables, faucet handles, bed rails, etc.
   - Perform terminal/discharge cleaning, per facility practice.
   - Handle patient room curtains, per facility practice.
   - If patient is in Contact Enteric Precaution, use hospital approved disinfectant (Bleach).

12. Infection Prevention notification of Emerging/Unusual Pathogens
   - Should an emerging MDRO (e.g. CRE) or an unusual pathogen/sensitivity pattern be identified, Infection Prevention should be notified ASAP. If verbal communication with the Infection Preventionist is not possible, call the Infectious Disease Physician on duty/call.
   - Patients being “ruled out” for a communicable disease should be placed in appropriate isolation precautions.
   - Patients being “ruled out” for a communicable disease must have an isolation order placed in the medical record.

VI. STAFF AND PATIENT EDUCATION:
- Staff education regarding isolation precautions will occur and reinforced as indicated/needed.
- Department Managers along with the Infection Preventionists are responsible for staff education and updating them on new changes and policies.
- Patient/family information sheets should be given to those under isolation precautions by Nursing.
STANDARD AND TRANSMISSION-BASED ISOLATION PRECAUTIONS 200.35
# Transmission-based Precautions Summary

<table>
<thead>
<tr>
<th>Precautions to be Instituted</th>
<th>Disease and Instructions</th>
</tr>
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<tbody>
<tr>
<td><strong>Contact Precautions</strong> (Orange)</td>
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<tr>
<td>• Gown</td>
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<td>• Gloves</td>
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<td>• Dedicated Equipment</td>
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<tr>
<td>• Hand Hygiene</td>
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<tr>
<td>• Multi-drug Resistant Organisms (MDROs)</td>
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<tr>
<td>• CRE – all types - history of, any positive culture</td>
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<tr>
<td>• ESBL</td>
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<tr>
<td>• MRSA</td>
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<tr>
<td>• VRE</td>
<td></td>
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<tr>
<td>• Scabies, lice, bedbugs</td>
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<td>• Wounds or abscesses with uncontained drainage, regardless of MDRO status</td>
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<tr>
<td>• RSV and Adenovirus (+ plus DROPLET)</td>
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<tr>
<td><strong>Contact Enteric Precautions</strong> (Orange/Brown Bar)</td>
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<td>• Hand Hygiene (wash with soap &amp; water)</td>
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<tr>
<td><strong>Contact</strong> plus Airborne Precautions</td>
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<tr>
<td>• Chickenpox</td>
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<tr>
<td>• Disseminated herpes zoster (shingles)</td>
<td></td>
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<tr>
<td>• Localized zoster in immunocompromised individuals</td>
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<tr>
<td><strong>Place patient in airborne infection isolation room.</strong></td>
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<tr>
<td>• Acute diarrhea with unknown etiology</td>
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<td>• Clostridium difficile (C. difficile, C. diff, CDI)</td>
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<tr>
<td>• Norovirus</td>
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<tr>
<td><strong>Wash hands with soap and water</strong></td>
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<td><strong>Droplet Infections</strong> (Green)</td>
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<tr>
<td>• Mask</td>
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<td>• Hand Hygiene: sanitizer or soap &amp; water</td>
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<tr>
<td>• Influenza &amp; other respiratory viral infections</td>
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<tr>
<td>• Meningitis: until meningococcal infection is ruled out</td>
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<tr>
<td>• Pertussis</td>
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<tr>
<td>• MRSA in the respiratory tract (if patient is unable to cover his/her cough. If able to cover cough, use Standard Precautions)</td>
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<tr>
<td><strong>RSV &amp; adenovirus (+ plus CONTACT)</strong></td>
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<td><strong>Airborne Respirator</strong> (Blue)</td>
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<td>• Pulmonary/laryngeal TB, others are designated</td>
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<tr>
<td>• SARS</td>
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<tr>
<td>• MERS-CoV</td>
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<tr>
<td>• Avian influenza</td>
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</table>

*Enhanced Precautions (Combination of Airborne Precautions, and Contact Precautions) plus Eye Protection

*Requirements subject to change per CDC updates.
TRANSFERRING PATIENTS IN ISOLATION PRECAUTIONS

Maintain standard and isolation precautions during patient transport and diagnostic procedures.

Patient Transfer Checklist:

☐ Call the receiving unit or department to communicate isolation status and ensure PPE is readily available.

☐ Notify the transporter of the isolation status and ensure the proper transport technique is followed:

✓ Wash your hands before and after patient contact. Cocoon patient with clean sheet before leaving the room for contact, droplet, or airborne precautions (if the patient is on a stretcher, the patient can remain on the same stretcher if draped with a clean sheet). Place a procedure mask on the patient before leaving room if in droplet or airborne precautions.

How to transport a patient on a stretcher and maintain isolation precautions:

1. Outside the patient room, start with a clean stretcher.
2. Drape the stretcher with a clean sheet while on the side of the patient and put on your PPE.
3. Place the patient on top of the clean sheet. Note: If patient is in droplet or airborne isolation, place surgical mask on patient.
4. Use one side of the clean sheet to start the cocoon.
5. Continue to wrap the cocoon using the other side of the sheet.
6. After pt is cocooned, remove gloves and gown and wash hands before leaving room with the cocooned patient.
7. Tell receiving department what kind of isolation patient.
How to transport a patient in a bed and maintain isolation precautions:

1. Clean your hands and wear appropriate PPE before entering the patient room.

2. Cocoon the whole bed, except the patient's head, with a clean sheet. If patient is in droplet or airborne precautions, place procedure mask on.

3. and 4: See below:

Wipe the portion of the head board you will grab with your hands with a Sani-Cloth.

Remove your gloves, gown and wash your hands before you leave the room with the patient.

KEY POINTS: If transporting the patient in bed instead of to a wheelchair or a stretcher, **clean the bedrails, headboard, and footboard with disinfectant before transport**, and lay a clean sheet over the patient and the bed. The transporter should **not wear a mask, gown, or gloves during transport outside the patient room**. Wear appropriate PPE when patient is ready to transfer again. Do not remove the patient's mask until all persons in the room are wearing a procedure mask. Remove gown and gloves after transfer, clean your hands, and wipe down transport surfaces with a disinfectant.