Providence St. Joseph Health

To find another policy, use the browser BACK button to return to your Ministry.

Implementation:	*08/2014*
Effective:	*06/2019*
Last Reviewed:	*06/2019*
Last Revised:	*06/2019*
Next Review:	*06/2022*
Owner:	*Rebecca Clarkson: Infection Preventionist*
Policy Area:	*Infection Prevention*
References:	
Applicability:	*PSJH LA Region*

Standard Precautions & Transmission Based Isolation Precautions

In keeping with the mission and values of Providence Health & Services, it is the policy of Providence Health System-Southern California to adopt this regional clinical standard for use in the following * :

Providence Little Company of Mary Medical Center Torrance:	
x	Acute Care
x	Transitional Care Center
x	Providence Little Company of Mary Home Health
Providence Little Company of Mary Medical Center San Pedro:	
x	Acute Care
x	Sub-Acute Care Center
x	Psychiatric Unit
x	Acute Rehabilitation
x	Chemical Dependency Unit
Providence Holy Cross Medical Center:	
x	Acute Care
x	Sub Acute Care Unit
x	Rehabilitation Unit
Providence Saint Joseph Medical Center:	
x	Acute Care
x	Providence Home Care
x	Providence St. Elizabeth's
x	Rehabilitation Unit
x	Roy and Patricia Disney Family Cancer Center
Providence Tarzana Medical Center:	
x	Acute Care
Providence Saint John's Health Center:	

x	Acute Care

* An "x" identifies inclusion and the absence of an "x" indicates exclusion or exception.

PURPOSE

In keeping with the mission and values of Providence St. Joseph Health & Services, the policy of Providence Health System - Southern California, in order to protect patient, staff, physicians, and others, guides the placement of patients in appropriate precautions when indicated. The Centers for Disease Control and Prevention's (CDC) two-tier system of precautions is followed – Standard Precautions and Transmission-Based Precautions.

Sub-Acute and Transitional Care Units will follow this policy unless other facility specific policies are in place.

POLICY

Categories of Isolation Precautions:

1. **Standard Precautions** is the primary practice used for the prevention of the spread of disease. Standard Precautions are to be used in the care of all patients/residents regardless of their diagnosis or presumed infection status and will be continued even when transmission-based precautions are implemented.
    a. Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents like Hepatitis B virus (HBV), Hepatitis C virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne diseases and conditions.
    b. Standard Precautions are intended to reduce the risk of transmission, and/or acquiring, of microorganisms through healthcare workers and hospital environment.
    c. All employees including clinical and non-clinical staff will follow appropriate precautions to prevent exposure to blood or body fluids, secretions, and excretions.
2. **Transmission-based Precautions/Isolation Precautions (i.e. Airborne, Droplet, Contact, Contact Enteric)** will be implemented by nursing for patients/residents with confirmed or suspected infections or diseases with epidemiologically-important pathogens that can be transmitted by airborne or droplet transmission, or by direct and indirect contact with the patient, contaminated surfaces, or equipment in the patient's/resident's environment.
    a. Transmission-Based Precautions are implemented to prevent and reduce the risks of acquiring and/or transmitting pathogens, highly contagious or virulent diseases/infections, and other epidemiologically important microorganisms to staff, visitors, and patients.
3. The supervisor or manager of the department will be responsible for their caregivers' compliance to the practice of Standard Precautions as well as assuring that appropriate barrier supplies are available in the department as needed for Isolation Precautions.
4. Personal protective equipment (PPE) will be used consistently whenever any bodily substances are likely to be in contact with a caregiver's hands, mucous membranes, clothing, and/or when touching mucous membranes or non-intact skin.

Definitions

- **Airborne Infection Isolation Room (AIIR):** Room that has monitored negative air pressure in relation to

the surrounding areas and appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas in the hospital
    - A list of these room for each ministry is included in Appendix B
- **Mask:** Items used to cover the nose and mouth, and includes both procedure and surgical masks. Work to assist in protecting the wearer from: inhaling large-particle aerosols (droplets) that are transmitted by close contact and generally travel only short distances of about three feet, and from inhaling small-particle aerosols (droplet nuclei) that remain suspended in the air and thus travel longer distances. Also prevents transmission of some infections that are spread by direct contact with mucous membranes because a barrier to splash transmission is provided.
- **Respirator**-
    - **Powered Air Purifying Respirator (PAPR):** Battery-powered helmet that uses a blower to force the ambient air through air-purifying filters or cartridges to the inlet covering.
    - **Computerized Air Purifying Respirator (CAPR):** A helmet with air purification used in airborne isolation rooms. This provides a respiratory protection factor of 25, compared to the N95 masks which provide respiratory protection factor of 5.
    - **N95 Respirator:** Mask with filter and has 95% filter efficiency of airborne particles that are disposable and "single use," meaning the filter is not replaceable and the respirator cannot be changed. Approved N95 respirators are also available with surgical mask material on the outside to protect the wearer from splashes. Not resistant to oil.
- **Cohorting:** In the context of this guideline, this term applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients (referred to as cohorting patients). During outbreaks, healthcare personnel may be assigned to a cohort of patients to further limit opportunities for transmission (referred to as cohorting staff).
- **Epidemiologically important pathogens:** Infectious agents that have one or more of the following characteristics:
    - Antimicrobial resistance implications:
        - Resistance to first-line therapies (e.g. *Carbapenem-resistant Enterobacteriaceae* [CRE], *Vancomycin-Intermediate Staphylococcus aureus* [VISA], *Vancomycin-Resistant Staphylococcus aureus* [VRSA], *Clostridium difficile* [C. diff], multi-drug resistant gram negative rods).
        - Unusual or usual agents with unusual patterns of resistance within a facility.
        - Difficult to treat because of innate or acquired resistance to multiple classes of antimicrobial agents.
    - Associated with serious clinical disease, increased morbidity and mortality.
    - A newly discovered or reemerging pathogen.
- **Multi-Drug Resistant Organism (MDRO):** Difficult to treat because of innate or acquired resistance to multiple classes of antimicrobial agents.
- **Endemic Organism:** Infectious agent commonly found in the community population or region that is not epidemiologically significant (e.g. *Methicillin-resistant Staphylococcus aureus* [MRSA], *Vancomycin-resistant Enterococcus* [VRE], *Extended-spectrum Beta lactamase* [ESBL]).
- **Biohazard Waste:** Waste that has the risk of carrying infectious diseases; includes blood and all other potentially infectious materials (e.g. dressings soaked, dripping, or bloody).

Equipment

Personal Protective Equipment (PPE):

1. PAPR/CAPR
2. Disposable non-sterile gloves (latex and nitrile)
3. Mask
4. N95 Respirator
5. Eye protection device/goggle/mask with shield
6. Impervious apron or gown
7. Supplemental equipment:
    a. Biohazardous disposal bags
    b. Clear plastic bags
    c. Ziplock biohazardous specimen bags
    d. Needle disposal boxes
    e. Disposable assessment, monitoring, and/or resuscitation devices

Standard Precautions

PROCEDURE/GENERAL INSTRUCTIONS

Assume that every person is potentially colonized or infected with an organism that could be transmitted in the healthcare setting. Apply any of the following infection prevention practices during the delivery of healthcare based on the interaction with the patient while delivering care.

Infection Prevention Practices

1. **Hand Hygiene** *(Refer to LA Region Hand Hygiene policy and procedure for further details)*.
    a. Only hospital-approved hand sanitizer or soap and water are acceptable during hand hygiene.
    b. Indications for hand hygiene include but are not limited to:
        i. Before having direct contact with patients.
        ii. Before donning sterile gloves when inserting a central intravascular catheter.
        iii. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
        iv. After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure, lifting a patient).
        v. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings. If hands are visibly soiled, only use soap and water.
        vi. If moving from a contaminated body site to a clean body site during patient care.
        vii. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
        viii. Before donning exam gloves and after removing exam gloves.
        ix. Before administering medication.
        x. Before accessing invasive devices.

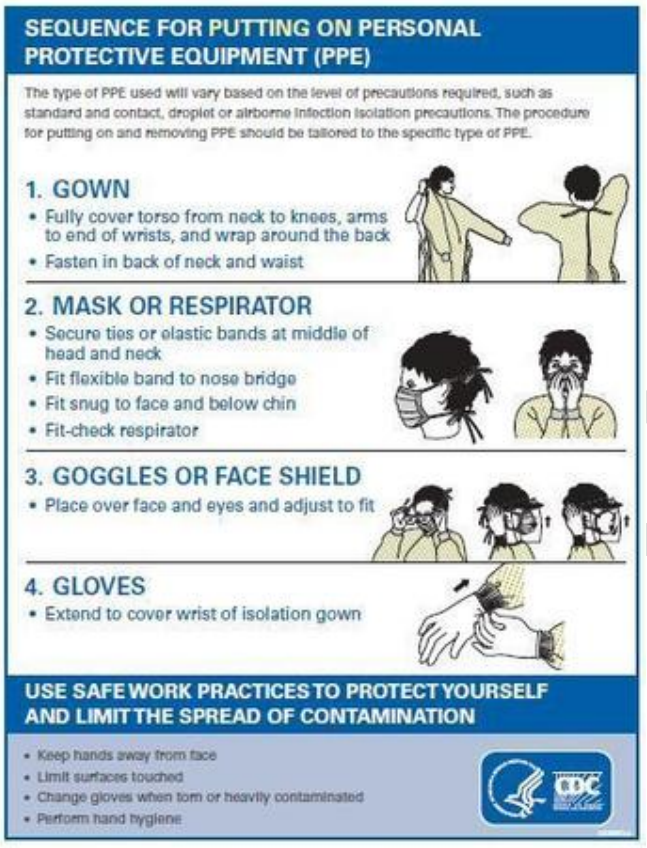
xi. After covering a cough or sneeze.

xii. After using the bathroom – use soap and water.

2. **Personal Protective Equipment (PPE)** PPE is a barrier precaution which includes use of any or all of the following: gloves, gown, mask, face shield, shoe covers, head covers, respirators, etc., when you anticipate contact with blood or body fluids or other communicable toxins or agents. PPE must be removed before exiting the patient room and hand hygiene should be performed.

   a. *Review Donning and Doffing Personal Protective Equipment (PPE) Policy and/or attached CDC donning and doffing sequence.*

   b.



c. *Gloves*

i. Perform hand hygiene before donning and after removing gloves.

ii. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (patient incontinent of stool or urine) could occur.

iii. Wear gloves with fit and durability appropriate to the task.

1. Wear disposable medical examination gloves for providing direct patient care.

2. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.

iv. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.

v. Do not wear the same pair of gloves for the care of more than one patient.

vi. Do not wash gloves for the purpose of reuse as this practice has been associated with transmission of pathogens.

vii. 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).

d. *Gowns*

i. Wear a gown 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 can be reasonably anticipated.

ii. Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.

iii. Remove gown and perform hand hygiene before leaving the patient's environment.

iv. Do not reuse gowns, even for repeated contacts with the same patient.

v. Routine donning of gowns upon entrance into a high risk unit (e.g. ICU, NICU) is not indicated.

e. *Masks, face shields, N95 respirators and PAPR/CAPR*

i. 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 or excretions. Select masks, goggles, face shields, and combinations of each according to the needs anticipated by the task performed.

ii. When a mask is required, it must be put on before entering the isolated patient's room.

iii. N95 respirators and PAPR/CAPR

1. During aerosol-generating procedures (e.g. bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are not suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g. *M. tuberculosis*, SARS, seasonal influenza, or hemorrhagic fever viruses), wear one (1) of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles (in addition to gloves and gown).

iv. Masks and face shields

1. The following procedure should be observed when placing, wearing, and removing a mask:

a. Put the mask on before donning gown and/or gloves.

b. Place the mask over both the nose and the mouth.

c. Arrange the top strings to pass over the top of the ears and the lower strings to pass at the neckline before securing.

d. Change the mask as soon as it becomes moist or after forty-five (45) minutes of continuous use.

e. When removing the mask, remove gloves first if they have been worn. Then, untie the lower strings and then the upper strings.

f. Do not lower the mask around the neck and then reuse it.

g. Use the mask only once and discard it.

3. **Respiratory Hygiene/Cough Etiquette** *(See Respiratory Hygiene/Cough Etiquette policy for further information).*

a. Measures are implemented to contain respiratory secretions in patients or other individuals who have signs and symptoms of a respiratory infection upon entering the healthcare setting. These measures include:

i. Educating healthcare workers, patients and visitors on respiratory hygiene/cough etiquette.

ii. Posting signs at entrances and in strategic places (e.g. elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory

secretions using hand sanitizers or soap and water.

iii. Providing tissues and no-touch receptacles (e.g. foot-pedal operated lid or open, plastic-lined wastebasket) for disposal of tissues.

iv. During periods of increased prevalence of respiratory infections in the community, offer masks to coughing patients and other symptomatic persons (e.g. persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain spatial separation, ideally a distance of at least three (3) feet, from others in common waiting areas.

4. **Patient Placement**

   a. The potential for transmission of infectious agents will be included in patient placement decisions. Place patients who pose a risk for transmission to others (e.g. uncontained secretions, excretions or wound drainage, infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available.

   b. Consider the proximity of patient placement of non-infectious highly susceptible patients (e.g. oncology patients) to other patients who carry infectious agents.

   c. Review transmission-based isolations precautions section below regarding cohorting patients as needed.

   d. Elements to consider when deciding patient placement:

      i. Route(s) of transmission of the known or suspected infectious agent

      ii. Risk factors for transmission in the infected patient

      iii. Risk factors for adverse outcomes resulting from an healthcare-acquired infection (HAI) in other patients in the area or room being considered for patient placement

      iv. Availability of single-patient rooms

      v. Patient options for room-sharing (e.g. cohorting patients with the same infection)

5. **Patient-Care Equipment and Instruments/Devices**

   a. Follow established policies and procedures for containing, transporting, and handling patient care equipment and instruments/devices that may be contaminated with blood or body fluids.

   b. Remove organic material from critical and semi-critical instrument/devices, using hospital- approved cleaning agents before high level disinfection and sterilization to enable effective disinfection and sterilization processes.

   c. Non-critical movable medical equipment must be cleaned and disinfected using hospital approved disinfectants in accordance with manufacturers' instructions before use on another patient (e.g. commodes, intravenous pumps and ventilators, computer keyboards, phones, glucometer, etc.)

   d. PPE (e.g. gloves, gown) will be worn (according to the level of anticipated contamination) when handling patient-care equipment and instruments/devices that are visibly soiled or may have been in contact with blood or body fluids.

   e. Ensure that single-use items are discarded properly or returned to Central Services for appropriate reprocessing.

   f. Disposable articles contaminated with blood will be discarded in red bags labeled "Biohazardous Waste". Double bagging is not necessary unless the bag is contaminated, punctured or torn, or needed for strength. *Refer to Biohazardous Waste policy for further information.*

6. **Care of the Environment**
    a. Follow established policies and procedures for routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling.
    b. Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g. bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g. door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that of other surfaces (e.g. horizontal surfaces in waiting rooms).
    c. Environment Protection Agency (EPA)-registered disinfectants that have microbicidal (e.g. killing) activity against the pathogens most likely to contaminate the patient-care environment will be used in accordance with manufacturer's instructions. All disinfectants are to be approved by the Infection Control Committee.
        i. Example: an environment with a patient with C. diff infection will require approved sporicidal cleaner.
    d. For areas providing care to pediatric patients, toys will be cleaned and disinfected at regular intervals. The following principles will be considered:
        i. Select play toys that can be easily cleaned and disinfected.
        ii. Do not permit use of stuffed furry toys if they will be shared.
        iii. Clean and disinfect large stationary toys (e.g. climbing equipment) between use and whenever visibly soiled.
        iv. If toys are likely to be mouthed, rinse with water after disinfection; alternatively wash in a dishwasher.
        v. When a toy requires cleaning and disinfection, do so immediately or store in a designated labeled container separate from toys that are clean and ready for use.
    e. Multiple-patient use electronic equipment and devices, including those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g. moveable medical equipment) should be cleaned with a hospital-approved disinfectant after each patient use and when visibly soiled.
    f. When possible, implement patient-dedicated use of non-critical equipment. In order to prevent waste, the amount of supplies actually taken into a room should be controlled so that only those supplies that are needed for a specific situation are provided.
7. **Patient Medications**
    a. All medications that are patient-specific should be kept in a secure location just for that patient (e.g. locked box in room, secure Pyxis drawer).
8. **Textiles and Laundry**
    a. Soiled textiles, including bedding, towels, and patient clothing may be contaminated with pathogenic microorganisms. The risk of disease transmission can be minimized by handling soiled items in a safe manner.
    b. Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.
    c. Avoid contact of one's personal clothing with the soiled items being handled.

d. Laundry chutes, if used, will be maintained in a manner to minimize dispersion of aerosols from contaminated laundry.

9. **Dishware and Utensils**

   a. The combination of hot water and detergents used in dishwashers is sufficient to decontaminate dishware and eating utensils. If adequate resources for cleaning utensils and dishwasher are not available, disposable products may be used.

10. **Waste Disposal**

   a. Disposable items (including all types of masks) may be discarded in the regular trash unless they are classified as medical or biohazardous waste.

   b. Most articles do not need to be labeled as biohazardous when they are removed from the room or cubicle unless they are contaminated with biohazardous waste.

   c. Articles which are contaminated with biohazardous waste material must be bagged (or in the case of sharp items, contained in leak-proof, puncture-resistant containers) as biohazardous in order to prevent inadvertent exposures to other personnel and contamination of the environment.

   d. Generally, a single bag is adequate if the article can be placed into the bag without contaminating the outside of the bag. Biohazardous waste must be placed in approved bags or in marked puncture-resistant sharps containers.

   e. Consider use of PPE if blood and/or body fluid exposure is a risk.

11. **Safe Injection Practices**

   a. The following applies to the use of needles, cannulas that replace needles, and intravenous delivery systems:

      i. Aseptic technique will be used to avoid contamination of sterile injection equipment.

      ii. Medications will not be administered from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannula, and syringes are sterile, single-use items; they are never to be reused for another patient or to access a medication or solution that might be used for a subsequent patient.

      iii. Fluid infusion and administration sets (e.g. intravenous bags, tubing and connectors) will be used for one (1) patient only and disposed of appropriately after use. A syringe or needle/ cannula is considered contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.

      iv. Single-dose vials for parenteral medications are used whenever possible.

      v. Medications from single-dose vials or ampules will not be administered to multiple patients or combine leftover contents for later use.

      vi. If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.

      vii. Multi-dose vials will not be kept in the immediate patient treatment area and will be stored in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.

      viii. Bags or bottles of intravenous solution will not be used as a common source of supply for multiple patients.

12. **Infection Control Practices for Special Lumbar Puncture Procedures**
    a. Surgical masks will be worn when placing a catheter or injecting material into the spinal or subdural space (e.g. during myelograms, lumbar puncture and spinal or epidural anesthesia).
    b. Follow Lippincott Procedure for additional considerations.
13. **Long Term Care**
    a. Per California Long Term Care Facilities 2010 Contact precautions are an extension of Standard Precautions in that gowns and gloves are recommended for all patient/ resident contacts (as opposed to gown and gloves for anticipated contact with body fluids) as well as contact with environmental surfaces in the patient/ resident's room based upon environmental risk assessment.

Isolation Precautions

PROCEDURE/GENERAL INSTRUCTIONS

1. **Initiating and Discontinuing Isolation Precautions**
    a. Transmission-based precautions do not require a written order from the physician.
        i. Isolation precautions should be initiated by the nurse as soon as an infectious diagnosis is suspected or discovered, or multi-drug resistant organisms (MDROs) are reported, in accordance with Appendix A (see attached).
        ii. For the patient who appears to have a disease requiring contact, airborne, or droplet isolation precautions, it is important to institute appropriate isolation precautions immediately. Do not wait for confirmation of the diagnosis.
        iii. Patients with wounds, drainage that cannot be covered or contained, or rashes of unknown origin should be in contact precautions regardless of the presence of MDRO.
        iv. The appropriate sign should be posted on the patient's door and the physician notified.
        v. Initiation of isolation precautions should be documented in the patient's electronic medical record.
            1. The Patient Isolation Status alert is auto-populated on the patient banner in the electronic medical record with a completed isolation order.
        vi. Modification of isolation precautions may be made at the discretion of the Infection Preventionist.
    b. Isolation precautions can be discontinued in accordance with the duration of precautions noted in Appendix A.
        i. The Infection Preventionist has the authority to initiate or discontinue transmission-based precautions based on patient record review and assessment.
        ii. The Infection Preventionist may be consulted regarding any questions.
        iii. Discontinuation of isolation precautions should be documented in the patient's electronic medical record.
        iv. When discharging a patient or transferring a patient in isolation to another room, the Environmental Services department is responsible for removal of signage to ensure that proper cleaning and disinfection is completed.

2. **Placement of Patients**
    a. Placement depends on the mode of transmission of the disease or infection, availability of isolation rooms, and condition of the patient.
    b. When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement.
        i. Prioritize patients with conditions that may facilitate transmission of infectious agents (e.g. uncontrolled drainage, stool incontinence) for single-patient room placement.
        ii. When infected or colonized patients are not placed in private rooms, they should be placed with appropriate roommates in cubicle isolation.
        iii. Generally, infected patients should not share a room with a patient who is likely to become infected and in whom the consequences of infection are likely to be severe. Such patients include those who are immunocompromised or who are about to undergo extensive surgery with insertion of invasive lines or prosthetic devices.
        iv. When an infected patient shares a room with a noninfected patient, both patients must take measures to prevent the spread of infection by exhibiting good hygiene.
        v. In general, patients infected or colonized by the same organism may share a room. Such grouping or cohorting of patients may be necessary during outbreaks when private rooms may not be readily available.
        vi. Patients with bacteriuria and indwelling urinary catheters are known to serve as reservoirs of infection for roommates who also have indwelling urinary catheters. Passive carriage on the hands of healthcare personnel who provide urinary catheter care can transfer the organisms. Therefore, noninfected patients with catheters should not, where practical, share rooms with catheterized patients who have bacteriuria. Likewise, the same criteria should be observed for patients with endotracheal tubes or tracheostomies.

3. **Negative Air Flow Isolation Rooms**
    a. Patients placed in Airborne Precautions should have a private room with negative airflow and specific ventilation/air exchange requirements. If a negative air pressure room is not available, a high-efficiency particulate air (HEPA) filter can be used in the room with the door shut until a negative pressure room becomes available.
    b. Certain rooms have been identified as negative airflow, with 100% outside exhaust and a minimum of 6 air exchanges per hour.
        i. Appendix B lists the negative airflow rooms in each ministry.
        ii. These rooms are monitored quarterly by Plant Operations and daily when in use.
    c. Airflow data are kept on file by Plant Operations.
    d. Should readings fall below established threshold levels, it is the responsibility of Plant Operations to service and correct the negative pressure system.
4. **Isolation/Precaution Signs**
    a. Standardized pre-printed signs will be used for transmission-based precautions.
    b. These must be posted outside the patient/resident's door to provide instruction to staff and visitors before entering the room.

5. **Transportation of Patients**
    a. When it becomes necessary to transport an isolated patient to another area of the hospital, appropriate barriers to prevent disease transmission should be placed on the patient as follows:
        i. Airborne Precautions: Mask
        ii. Contact Precautions: Clean gown, impervious wound dressing, cover with sheet
        iii. Droplet Precautions: Mask, clean gown
    b. These barriers should remain in place for the entire period the patient is out of the isolation room. When these barriers are removed for purposes of procedural necessity, healthcare workers should be protected with their own appropriate barriers.
    c. The transport vehicle should be covered with a clean sheet or blanket.
    d. Personnel transporting the patient generally need not wear protective barriers such as gloves, masks, or gown.
6. **Patient Records**
    a. Patient record-keeping documents should not be allowed to come into contact with infective material or objects that may be contaminated with infective material. Therefore, these documents should not be placed on the patient's bed or bedside table unless a protective barrier is used (e.g. a clean sheet). Gloves should be removed and hands washed before touching the document in isolation precautions where gloves are required for patient contact.
7. **Food Trays, Dishes, Glasses, Cups, Eating Utensils**
    a. No special precautions are needed for these items; regular food trays may be used for patients in most types of isolation precautions
    b. Plus measures may be indicated, follow ministry specific risk assessments and procedures. Some may include:
        i. Disposable trays
        ii. Tray covering
8. **Linen and Laundry**
    a. Soiled linen should be placed in the soiled linen hamper and handled following Standard Precautions.
9. **Patient Care Equipment**
    a. As needed, dedicate the use of non-critical patient care equipment as single-patient use or patient specific (e.g. stethoscopes, sphygmomanometer or blood pressure cuff, bedside commodes, thermometers, etc.).
    b. All reusable equipment will be handled, cleaned and disinfected according to hospital policy before use on another patient.
    c. Disposable equipment should be discarded.
10. **Room Cleaning and Reuse**
    a. All environmental surfaces and frequently touched surfaces (e.g. patient care items, bedside equipment, door handles, countertops, sinks, bedrails, etc.) should be cleaned daily and as needed using a hospital-approved disinfectant.

b. Environmental Services staff should wear appropriate PPE as indicated by the Isolation/Precaution sign and should contact the assigned nurse if there are any questions prior to entering.

c. Partition curtains should be changed per hospital standard work.

d. No wait time between admissions is required presuming that cleaning per the disinfectant's labeled kill time is followed. See Airborne Precautions section below for additional measures.

e. Terminal cleaning procedures are performed in all inpatient rooms when a patient is discharged/ transferred or isolation is discontinued.

11. **Patient and Visitor Education**

a. Explain to patient and visitors the reason for the precautions.

b. Visitors should use the precautions for healthcare workers outlined in this policy, and should wash hands or use alcohol-based hand sanitizer before entering and upon leaving the patient's room.

c. Provide instructions on respiratory etiquette (e.g. covering nose and mouth with a tissue when coughing or sneezing, disposing tissue in the trash, and washing hands).

d. Provide education on importance of patient hand hygiene to decrease colonization of self.

e. Document education provided in patient's electronic health record.

12. **Ambulation**

a. Ambulation of a patient in isolation precautions is allowed with precautions in place as per Infection Prevention risk assessment.

13. **Infections and Conditions Not Otherwise Listed**

a. Should a patient be admitted with infections, conditions, or clinical syndromes not otherwise listed under the three transmission-based precautions, contact the Department of Infection Prevention for recommendations.

TRANSMISSION-BASED ISOLATION PRECAUTIONS:

AIRBORNE PRECAUTIONS

1. **Use Airborne Precautions:**

a. Used in addition to Standard Precautions.

b. For any patient known or suspected to have illness transmitted by airborne droplet nuclei (small-particle residue 5 microns or smaller in size) or evaporated droplets containing microorganisms that remain suspended in the air and can be widely dispersed by air currents.

c. Refer to Appendix A attached for a list of suspected or confirmed diseases which should be placed in Airborne Precautions and for the proper duration of precautions.

d. Appendix B, attached, refers to the location of each AIIR at each ministry.

2. **Patient Placement**

a. Place in a private airborne infection isolation room (AIIR).

b. Door(s) should be kept closed when not required for entry and exit to minimize airflow to hall.

c. Place Airborne Precaution sign outside patient's room.

d. If negative pressure room is not available, use a single occupied room with a HEPA filter until a

negative air pressure becomes available.

e. Contact Infection Prevention if a negative pressure room is not available.

3. **Caregiver Respiratory Protection**
   a. *Refer to Respiratory Protection: N95 and PAPR policy*
   b. Wear the designated respiratory protection (e.g. PAPR/CAPR or fit-tested NIOSH-approved N95 or higher level respirator mask) when entering the room of a patient on Airborne Precautions.
      i. Only when there is a shortage of supply, may caregivers reuse disposable N95 respirators under the direction of the Los Angeles County, California Department of Public Health (CDPH), and California Occupational Safety and Health Administration (CAL/OSHA).
      ii. A higher level of protection is required during high-hazard aerosol-producing procedures (e.g. bronchoscopy and cough inducing procedures) for all caregivers during the procedure and for 1 hour after the procedure is completed.
   c. Respiratory protection is required before entering the room and is removed after leaving room.
   d. Caregivers are not to enter the rooms of patients known or suspected to have measles (rubeola) or varicella (chickenpox), or disseminated zoster if susceptible to these infections. Contact Caregiver Health and/or Infection Prevention departments for additional concerns.
   e. Some diagnoses may require other transmission precautions in addition to airborne (e.g. contact/airborne). Please refer to Appendix A for more information regarding these circumstances.
   f. Hands must be washed immediately upon entering and upon leaving the room.
4. **Visitor Protection and Personal Protective Equipment**
   a. All visitors should practice hand hygiene prior to entering and upon exiting the room.
   b. Visitors wear a mask for Airborne Precautions.
   c. In outbreak situations or novel pathogen transmission, enforce visitor restrictions as directed by State and County regulations.
5. **In the event that an AIIR is not available due to an outbreak or exposure involving large numbers of patients who require Airborne Precautions:**
   a. Consult Infection Prevention for patient placement to determine the safety of alternative rooms that do NOT meet engineering requirements for an AIIR.
   b. Use temporary portable solutions (e.g. exhaust fan) to create a negative pressure environment in the converted area of the facility and discharge air directly to the outside, away from people and air intakes, or direct all the air through HEPA filters before it is introduced to other air spaces.
   c. Once identified, place the patient in an AIIR as soon as possible.
      i. If an AIIR is not available, place a surgical mask on the patient and place the patient in a private room with a portable HEPA filter.
   d. Once the patient leaves the room, the room should remain vacant or an approved respirator should be used for the appropriate time, generally one (1) hour, to allow for a full exchange of air.
   e. Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette when in common areas or in a room that does not have a negative air pressure.

f. Cohort patients who are presumed to have the same infection (based on clinical presentation and diagnosis when known) in areas of the facility that are away from other patients, especially patients who are at increased risk for infection (e.g. immunocompromised patients). Consult Infection Prevention in this event.

6. **Patient Transport**
    a. Limit the movement and transport of the patient from the room to medically-necessary purposes only (e.g. whenever possible, tests should be performed in the patient's room).
    b. When transport or movement is necessary, minimize patient dispersal of airborne pathogens by placing a mask on the patient, if possible.
    c. Transport personnel should not wear PPE during transport of the patient.
    d. Notify the department receiving the patient that Airborne Precautions are necessary.

DROPLET PRECAUTIONS

1. **Use Droplet Precautions:**
    a. Used in addition to Standard Precautions.
    b. For patients known or suspected to have illnesses transmitted by large particle respiratory droplets (larger than 5 mm in size) that can be generated by a patient who is coughing, sneezing, or talking, or during performance of certain procedures.
    c. Refer to Appendix A attached for a list of suspected or confirmed diseases or conditions that would require Droplet Precautions and for the proper duration of precautions.
2. **Patient Placement**
    a. Place patient in a private room (a negative airflow is not required) as available.
    b. Cohorting patients:
        i. Prioritize patients who have excessive cough and sputum production for single-patient room placement.
        ii. When cohorting is not achievable, maintain spatial separation of at least three (3) feet between the infected patient and other patients and visitors (large droplets only travel a distance of three [3] feet).
3. **Caregiver Protection and Personal Protective Equipment (PPE)**
    a. In addition to Standard Precautions, always wear a mask (e.g. regular surgical or procedure mask with face shield, goggles) when working within three (3) feet of the patient.
        i. Eye protection with a shield or goggles will be used as needed.
    b. Follow CDC's sequence of donning and doffing of PPE, as pictured above.
        i. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.
    c. For Seasonal Influenza (suspected or confirmed): all employees with direct contact have the option to wear a fitted N95 respirator or higher level of protection (e.g. PAPR/CAPR).
        i. At least N95 respirators are required when caring for seasonal influenza patients having high hazard cough inducing procedures (e.g. bronchoscopy during the procedure and for 1 hour after the procedure).

Disease	Job Task	Respirator
Airborne infectious disease (suspected or confirmed)	Routine patient care & support operations	At least N95
	High hazard procedures**	At least PAPR
Seasonal Influenza (suspected or confirmed)	Routine patient care & support operations	In accordance with facility policy; CDPH recommends at least permitting optional N95
	High hazard procedures**	At least N95
Other diseases requiring Droplet Precautions	In accordance with facility policy	

California Department of Public Health, Occupational Health Branch AUGUST 2015
For more information: Contact Any LA Region Infection Prevention office

4. **Visitor Protection and Personal Protective Equipment**
    a. All visitors should practice hand hygiene prior to entering and upon exiting the room.
    b. Visitors wear a mask for Droplet Precautions unless exposed prior to hospitalization.
    c. In outbreak situations or novel pathogen transmission – enforce visitor restrictions as directed by State and County regulations.
5. **Patient Transport**
    a. Limit the movement and transport of the patient from the room to medically-necessary purposes only (e.g. whenever possible, tests should be performed in the patient's room).
    b. If transport or movement is necessary, minimize patient dispersal of droplets by masking the patient, if possible, using a regular surgical or procedure mask.
    c. Transport personnel should not wear PPE during transport of the patient.
    d. Notify the department receiving the patient that Droplet Precautions are necessary.

CONTACT PRECAUTIONS

1. **Use Contact Precautions:**
    a. Used in addition to Standard Precautions.
    b. For patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (e.g. hand or skin-to-skin contact that occurs when performing patient care activities that require touching the patient) or with environmental surfaces or patient care items in the patient's environment.

c. Refer to Appendix A attached for a list of suspected or confirmed diseases and conditions which should be placed in Contact Precautions and the proper duration of precautions.

i. Epidemically significant organisms will require Contact Precautions.

ii. In endemic situations for some MDROs (e.g. MRSA, VRE, ESBL), use Standard Precautions. This is based on the facility risk assessment.

iii. Contact Precautions should be implemented for large open wounds that cannot be covered and/or drainage that cannot be contained, regardless of culture results.

iv. Any patients with rashes of unknown origin should be placed in Contact Precautions.

2. **Patient Placement**

a. Place patient in a private room if available.

3. **Caregiver Protection and Personal Protective Equipment (PPE)**

a. In addition to Standard Precautions, wear gloves and gown whenever self or clothing will have direct contact with the patient, potentially contaminated environmental surfaces or items in close proximity to the patient.

b. Caregivers may enter a Contact Precautions room after washing hands and do not need to apply PPE if they do not have contact with the patient or the environment.

c. Apply PPE when entering patient's room based on the anticipated interaction with the patient or environment.

d. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (e.g. fecal material and wound drainage).

e. Remove PPE before leaving the patient's room and perform hand hygiene immediately.

f. After removal of PPE and hand hygiene, ensure that hands and clothing do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms.

g. Follow CDC's sequence of donning and doffing of PPE, as pictured above.

i. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

4. **Visitor Protection and Personal Protective Equipment**

a. All visitors should practice hand hygiene prior to entering and upon exiting the room.

b. Visitors use gown and gloves for contact with patient or environment.

5. **Patient Transport**

a. Limit the movement and transport of the patient from the room to medically-necessary purposes only.

b. When transport or movement is necessary, ensure that all secretions and excretions are contained and good hygiene can be maintained (e.g. wounds are covered, hands can be routinely washed to prevent contamination of environmental surfaces).

c. Notify the department receiving the patient that Contact Precautions are necessary.

d. Procedures and tests should be performed at bedside when possible and patient transport should be kept to a minimum.

e. When transport is necessary, and no patient contact is anticipated en route, then transport personnel should remove PPE and perform hand hygiene prior to transporting the patient on Contact Precautions, and should don clean PPE to handle the patient at the transport destination.
    i. Transport personnel who MUST touch the patient (i.e. bagging a ventilated patient, etc.) should wear PPE to perform patient care en route. The transport staff wearing PPE to perform patient care should NOT touch anything in the environment, and they MUST be accompanied by another staff member NOT in PPE who will open doors and push elevator buttons.
    ii. If the patient's bed and/or other equipment such as an IV pole accompany the patient on the transport, then bedrails and equipment should be wiped down with hospital approved disinfectant prior to transport.
f. The testing or procedure area should be thoroughly cleaned with hospital approved disinfectant after the patient leaves the area.

CONTACT ENTERIC PRECAUTIONS

1. **Use Contact Enteric Precautions:**
    a. Used in addition to Standard Precautions.
    b. For patients with diarrhea of unknown cause, known or suspected C. diff infections and/or certain gastroenteritis conditions.
    c. Refer to Appendix A attached for a list of suspected or confirmed diseases and conditions which should be placed in Contact Enteric Precautions and for the proper duration of precautions.
2. **Patient Placement**
    a. Place patient in a private room if available.
    b. It is not necessary to keep the door closed.
    c. Place pre-printed Contact Enteric Precautions sign outside patient's room.
3. **Caregiver Protection and Personal Protective Equipment (PPE)**
    a. In addition to Standard Precautions, wear gloves and gown whenever self or clothing will have direct contact with the patient, potentially contaminated environmental surfaces or items in close proximity to the patient.
    b. Caregivers may enter a Contact Enteric precautions room after washing hands and do not need to apply PPE if they do not have contact with the patient or the environment.
    c. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (e.g. fecal material).
    d. Remove PPE before leaving the patient's room and wash hands with soap and water while applying vigorous friction for 15-20 seconds.
    e. After removal of PPE and hand hygiene, ensure that hands and clothing do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms.
    f. Follow CDC's sequence of donning and doffing of PPE, as pictured above.
        i. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

g. Use bleach or approved sporicidal to clean and disinfect patient care areas, high touch surfaces, and moveable medical equipment.

4. **Visitor Protection and Personal Protective Equipment**
    a. All visitors should practice hand hygiene prior to entering and upon exiting the room.
    b. Visitors use gown and gloves for contact with patient or environment.
5. **Patient Transport**
    a. Limit the movement and transport of the patient from the room to medically-necessary purposes only.
    b. When transport or movement is necessary, ensure that all secretions and excretions are contained and good hygiene can be maintained (e.g. wounds are covered, hands can be routinely washed to prevent contamination of environmental surfaces).
    c. Notify the department receiving the patient that Contact Enteric Precautions are necessary.
    d. Procedures and tests should be performed at bedside when possible and patient transport should be kept to a minimum.
    e. When transport is necessary, and no patient contact is anticipated en route, then transport personnel should remove PPE and perform hand hygiene prior to transporting the patient on Contact Precautions, and should don clean PPE to handle the patient at the transport destination.
        i. Transport personnel who MUST touch the patient (i.e. bagging a ventilated patient, etc.) should wear PPE to perform patient care en route. The transport staff wearing PPE to perform patient care should NOT touch anything in the environment, and they MUST be accompanied by another staff member NOT in PPE who will open doors and push elevator buttons.
    f. If the patient's bed and/or other equipment such as an IV pole accompany the patient on the transport, then bedrails and equipment should be wiped down with hospital approved sporicidal prior to transport.
    g. The testing or procedure area should be thoroughly cleaned with hospital approved disinfectant after the patient leaves the area.

ENHANCED PRECAUTIONS

1. **Use Enhanced Precautions:**
    a. Used in addition to Standard Precautions.
    b. For patients known or suspected to be infected with MERS, SARS, Ebola or other viral hemorrhagic fevers, or other emerging novel pathogens.
    c. Refer to Appendix A attached for a list of suspected or confirmed diseases and conditions which should be placed in Enhanced Precautions and for the proper duration.
    d. Infection Prevention may amend isolation based on pathogen and risk assessment.
2. **Patient Placement**
    a. Place patient in a private AIIR.
    b. Keep the door closed.
    c. Place pre-printed Enhanced Precautions sign outside patient's room.
    d. In electronic medical record, place order for "Airborne-Contact Precautions."

3. **Caregiver Protection and Personal Protective Equipment (PPE)**
    a. In addition to Standard Precautions, wear gloves, gown, respirator, face shield, and any additional PPE based on local and/or national guidelines whenever self or clothing will have direct contact with the patient, potentially contaminated environmental surfaces or items in close proximity to the patient.
    b. Apply PPE when entering patient's room.
    c. Remove PPE after leaving the patient's room and perform hand hygiene immediately.
    d. Follow CDC's sequence of donning and doffing of PPE, as pictured above.
        i. Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.
        ii. Limit number of caregivers who enter room.
4. **Visitor Protection and Personal Protective Equipment**
    a. All visitors should practice hand hygiene prior to entering and upon exiting the room
        i. All visitors must check with nursing staff before entering patient room.
5. **Patient Transport**
    a. Limit patient movement. Contact Infection Prevention for instructions.

REFERENCE(S)/RELATED POLICIES

Related Documents and Policies

- Donning and Doffing Personal Protective Equipment Policy
- Hand Hygiene Policy
- Biohazardous Waste Policy
- Respiratory Hygiene and Cough Etiquette Policy
- Moveable Medical Equipment Policy
- Germicides, Selection and Use of Policy
- Respiratory Protection: N95 and PAPR
- Appendix A: Type and Duration of Precautions Needed for Selected Infections and Conditions. May be found by searching in preferred web browser for *CDC Appendix A.*
- Appendix B: Negative Air Flow Rooms in Each Ministry.

References

- Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006 [PDF - 553 KB] (https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf). Am J Infect Control, 2007 Dec 35 (10 Suppl 2):S165-93.
- Siegel JD, Rhinehart E, Jackson M, Chiarello L, Healthcare Infection Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings [PDF - 1.42 MB] (https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf). Am J Infect Control. 2007 Dec 35(10 Suppl 2)S65-164.
- California Department of Public Health. Respirator Use in Health Care: Cal/OSHA ATD Standard. Title 8 CCR; Section 5199. (https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/OHB/Pages/ATDStd.aspx)

- Centers for Disease Control and Prevention. Guidance for Control of Infections with Carbapenem-Resistant or Carbapenemase-Producing Enterobacteriaceae in Acute Care Facilities [PDF - 381 KB] (https://www.cdc.gov/hai/pdfs/cre/cre-guidance-508.pdf). MMWR 2009 Mar 20:58 (10):256-60.
- L. Silvia Munoz-Price, David B. Banach, Gonzalo Bearman, Jane M. Gould, Surbhi Leekha, Daniel J. Morgan, Tara N.
- Palmore, Mark E. Rupp, David J. Weber and Timothy L. Wiemken Isolation Precautions for Visitors. Infection Control &
- Hospital Epidemiology, Available on CJO 2015 doi:10.1017/ice.2015.67

Attachments

Appendix A RevisedJune2018(1).docx
Appendix B - List of Negative Air Flow Rooms RevisedJune2018.docx

Approval Signatures

Approver	Date
Wen Yun Chang: NI Progrm Coord and Analyst	06/2019
Sylvain Trepanier: Reg Chief Clinical Exec CA	06/2019
Rex Hoffman: Chief Medical Officer-Fac	06/2019
Richard Glimp: Chief Medical Officer	06/2019
Howard Davis: Chief Medical Officer Fac	04/2019
Jodi Hein: CNO	04/2019
Robert Pickett: Interim CNO	03/2019
Donald Larsen Jr: Chief Medical Officer Fac [CO]	03/2019
Scott Ciesielski: CNO/COO	03/2019
Susan Melvin: Chief Medical Officer	03/2019
Megan Clark	03/2019
Colleen Wilcoxen: Chief Nursing Officer	03/2019
Deborah Carver: CNO	03/2019
Julie Hilsenbeck	03/2019
Steven Tanner: Director of QI and Accreditation	03/2019
Julie Hilsenbeck	03/2019
Wen Yun Chang: Ni Progrm Coord And Analyst	03/2019
Rebecca Clarkson: Infection Preventionist	03/2019

Applicability

PSJH LA Region