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Policy Number: 1911
Manual Name: Infection Prevention and Control
Policy Name: Transmission-Based Precautions
Approved By: Quality
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Transmission-Based Precautions

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Policy Type

- Entity Governance Policy
- Entity Policy
- Entity Departmental Policy
- System Governance Policy
- System Policy
- System Departmental Policy
- Home Office Policy

Policy Scope

- Home Office (Summa Health System)
- Summa Health Network
- Summa Physicians, Inc
- Summacare
- Akron City & St Thomas Hospital
- Barberton Hospital
- New Health Collaborative
- Department: _____
- Summa Health System (includes all other entities)

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1.0 Purpose:

- 1.1 To prevent transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital.

2.0 Scope:

- 2.1 Summa Health System

3.0 Definitions:

- 3.1 **Standard Precautions** applies to **all** patients receiving care, regardless of their diagnosis or presumed infectious status. Standard Precautions apply to blood, all body fluid, and secretions, except sweat, regardless of whether or not they contain visible blood; non-intact skin; and mucous membranes.
- 3.2 **Transmission based precautions** applies to patients who have or are suspected of having certain highly contagious diseases. They are divided into types based on route of transmission. See Attachment A in the Infection Prevention Manual for a list of infections and type of precautions needed. A combination of precautions may be necessary based on disease and routes of transmission.
- 3.3 **Protective Care** applies to allogeneic Hematopoietic Stem Cell Transplant patients or ANC level below 1000.
- 3.4 **Carbapenem Resistant Enterobacteriaceae (CP-CRE)** are Enterobacteriaceae that are nonsusceptible (i.e., intermediate or resistant) to a carbapenem.

4.0 Policy

- 4.1 **Airborne Precautions** - In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illness transmitted by airborne droplet nuclei. Airborne Precautions includes:
 - 4.1.1 Performing hand hygiene before donning personal protective equipment (PPE).
 - 4.1.2 PPE includes, fit-tested N95 mask or PAPR, eyewear protection, a gown and gloves.
 - 4.1.3 Donning PPE before entering the affected patient's room.
 - 4.1.4 Removing PPE and performing hand hygiene prior to exiting the affected patient's room.
 - 4.1.5 Patient is placed in an Airborne (negative) Pressure Room with the door closed. Examples of such illnesses include:
 - 4.1.5.1 Anthrax (should patient present with aerosolizing powder)
 - 4.1.5.2 Avian Flu
 - 4.1.5.3 Measles
 - 4.1.5.4 Smallpox
 - 4.1.5.5 Systemic Acute Respiratory Syndrome (SARS)
 - 4.1.5.6 COVID-19 aerosolizing procedures (ventilator, BiPaP, CPaP, Respiratory Treatments, Intubation, CPR, etc.).

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- 4.1.5.7 See COVID-19 Plan, Policy: 1950 for more detail.
<http://summaworks/plyproc/InfectionPrevention/1950%20COVID-19%20Plan%20updated%203.15.22.docx>
- 4.1.5.8 Varicella (disseminated zoster)
- 4.1.5.9 Tuberculosis

4.2 **Droplet Precautions** - In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets. Droplet Precautions includes:

- 4.2.1 Performing hand hygiene before donning personal protective equipment (PPE).
- 4.2.2 PPE includes, surgical mask, eyewear protection. Eyewear protection is required during procedures/patient-care activities that are likely to generate splashes or sprays of blood or body fluids, a gown is indicated when exposure to respiratory fluids is anticipated, and gloves.
- 4.2.3 Donning PPE before entering the affected patient's room.
- 4.2.4 Doffing PPE and performing hand hygiene prior to exiting the affected patient's room.
- 4.2.5 Patients placed in private room or cohorted with Infection Prevention consultation.
- 4.2.6 Examples of such illnesses include:
 - 4.2.6.1 Invasive Haemophilus Influenza type B disease, including meningitis, pneumonia, and sepsis.
 - 4.2.6.2 Invasive Neisseria Meningitides disease, including meningitis, pneumonia, and sepsis. Other serious bacterial respiratory infections spread by droplet transmission including:
 - 4.2.6.2.1 Diphtheria (pharyngeal)
 - 4.2.6.2.2 Mycoplasma pneumonia
 - 4.2.6.2.3 Pertussis
 - 4.2.6.2.4 Pneumonic plague
 - 4.2.6.2.5 Influenza
 - 4.2.6.2.6 Mumps
 - 4.2.6.2.7 Parvovirus B19
 - 4.2.6.2.8 Rubella

4.3 **Droplet Plus** - In addition to Standard Precautions, use Droplet Plus Precautions for patients known or suspected to have serious illnesses transmitted by large particle droplets.

- 4.3.1 Any patient with suspected/confirmed Novel A Influenza or Novel virus (example: Covid-19).
- 4.3.2 Suspected or confirmed cases of a pandemic influenza or emerging pandemic disease.
- 4.3.3 Monkeypox.
- 4.3.4 In regards to emerging infectious diseases, precautions are determined based upon current CDC guidelines. Droplet Plus Precautions include:
 - 4.3.4.1 Perform hand hygiene before donning/doffing personal protective equipment (PPE).
 - 4.3.4.2 PPE includes fit-tested N 95 mask.
 - 4.3.4.3 Eyewear protection.
 - 4.3.4.4 Gown and gloves.
 - 4.3.4.5 Don PPE before entering the affected patient's room.

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- 4.3.4.6 Doff PPE and perform hand hygiene when exiting the affected patient's room.
- 4.3.4.7 Place patients in private room with the door closed.
- 4.3.4.8 Place patients with aerosol-generated procedures in negative pressure rooms as available.

- 4.4 **Contact Precautions** - In addition to Standard Precautions, use Contact Precautions for patients with known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Contact Precautions include:
- 4.4.1.1 Perform hand hygiene before donning a gown and gloves.
 - 4.4.1.2 Don gown and gloves before entering the affected patient's room.
 - 4.4.1.3 Gowns are required with patient contact, environmental surface contact, or bodily fluids.
 - 4.4.1.4 Removing the gown and gloves and perform hand hygiene when exiting the affected patient's room.
 - 4.4.1.5 Place patients in private room or cohorted with Infection Prevention consultation.
 - 4.4.1.6 Examples of such illnesses include gastrointestinal, respiratory, skin, wound infections, or colonization with multi-drug resistant bacteria judged by the Infection Prevention and Control Program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance, this includes all multi-drug resistant organisms. Enteric infections with a low infectious dose or prolonged environmental survival including:
 - 4.4.1.6.1 Resistant Extended Spectrum Beta Lactams
 - 4.4.1.6.2 MDR Acinetobacter and MDR Carbapenem Resistant Pseudomonas aeruginosa.
 - 4.4.1.7 Patients isolated remain in contact isolation for the duration of the hospitalization.
 - 4.4.1.8 Due to limited treatment options, patients isolated will maintain contact precautions including readmission to facility until reviewed per Infection Prevention.
 - 4.4.1.9 Patients in isolation for MDR-Acinetobacter, Carbapenem Resistant Enterobacteriaceae (CP-CRE), Candida auris, CRO-Pseudomonas are placed in a private room with equipment dedicated to the room as available and during outbreak situations may have dedicated staff.
 - 4.4.1.9.1 Patients isolated will remain in contact isolation for the duration of the hospitalization.
 - 4.4.1.9.2 Due to limited treatment options, patients isolated will maintain contact precautions indefinitely including readmission to facility or as reviewed per Infection Prevention.
 - 4.4.1.9.3 As hospital-associated/new cases of the above MDRO are identified in the facility and after consultation with the Microbiology Lab Director and Infectious Disease physicians, targeted screening of high risk contacts may occur.

- 4.4.1.9.4 Targeted screening may include patients who have shared the same healthcare worker or patients who were present on the unit during the same time frame.
- 4.4.1.9.5 Empiric Contact Precautions, in conjunction with surveillance cultures, may be considered for patients transferred from high-risk settings pending results of screening cultures. Examples include transferred patients from hospitals in countries or areas of the United States where CP-CRE are common or patients transferred from facilities known to have outbreaks or clusters of CP-CRE colonized or infected patients.
- 4.4.1.9.6 Active Surveillance Culturing may be determined per incidence of CP-CRE. CRE isolates are communicated to the local health department and specimens sent to ODH for testing as requested.
- 4.4.1.9.7 Limit transferring patients with these MDRO's for ancillary testing unless medically necessary. Attempt to perform testing in the patient's room. Disinfect equipment following manufacturer's recommendations upon exiting the room.
- 4.4.2 Skin infections that are highly contagious or that may occur on dry skin including:
 - 4.4.2.1.1 Diphtheria (cutaneous)
 - 4.4.2.1.2 Herpes simplex virus (neonatal or mucocutaneous)
 - 4.4.2.1.3 Impetigo
 - 4.4.2.1.4 Major (non-contained) abscesses, cellulitis, or decubiti
 - 4.4.2.1.5 Monkeypox
 - 4.4.2.1.6 Pediculosis
 - 4.4.2.1.7 Scabies
 - 4.4.2.1.8 Smallpox
 - 4.4.2.1.9 SARS
 - 4.4.2.1.10 Viral/hemorrhagic conjunctivitis
 - 4.4.2.1.11 Viral hemorrhagic infections (Lassa or Marburg) - see Emergency Planning for possible Ebola cases.
- 4.5 **Enhanced Contact Precautions focuses on patients with Clostridium difficile and Norovirus.**
 - 4.5.1 In addition to Standard Precautions, use Enhanced Contact Precautions for patients with known or suspected to Clostridium difficile and Norovirus. Enhanced Contact Precautions includes:
 - 4.5.2 Perform hand hygiene before donning gown and gloves.
 - 4.5.3 Don gown and gloves before entering the affected patient's room.
 - 4.5.4 Visitors are encouraged to wear a gown and gloves and to perform hand hygiene with soap and water when exiting.
 - 4.5.5 Remove gown, gloves, and wash hands with soap and water.
 - 4.5.6 If a sink is not nearby, can use hand sanitizer and immediately follow up with washing with soap and water at the sink.
 - 4.5.7 Patients may be placed in private room or cohorted with Infection Prevention consultation.

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- 4.5.8 Persons who clean areas heavily contaminated with feces or vomitus should wear masks since virus can be aerosolized from these body substances. Ensure consistent environmental cleaning and disinfection with focus on restrooms even when unsoiled.
- 4.5.9 Use disposable patient equipment when possible. Reusable equipment is thoroughly cleaned and disinfected, with a sporicidal (bleach wipes) disinfectant that is equipment compatible.
- 4.5.10 Enhanced Contact Precautions Rooms are disinfected with a sporicidal solution (bleach solution or wipes) and can undergo a second level of protection with the Halosil fogger.
- 4.6 **Protective Care**
 - 4.6.1 No fresh fruit or vegetables, no fresh flowers or plants, staff to wear a mask if presenting with any respiratory symptoms (sneezing, cough, etc.).
 - 4.6.2 **Other Interventions:**
 - 4.6.2.1 Hand hygiene: Healthcare workers must perform hand hygiene when entering or exiting a patient's room.
 - 4.6.2.2 In addition to "Clean in-Clean out", other CDC indications for Hand Hygiene:
 - 4.6.2.2.1 Decontaminate hands before having direct contact with patients.
 - 4.6.2.2.2 Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
 - 4.6.2.2.3 Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
 - 4.6.2.2.4 Decontaminate hands after contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
 - 4.6.2.2.5 Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled.
 - 4.6.2.2.6 Decontaminate hands if moving from a contaminated-body site to a clean-body site during patient care.
 - 4.6.2.2.7 Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
 - 4.6.2.2.8 Decontaminate hands after removing gloves.
 - 4.6.2.2.9 Before eating and after using a restroom, wash hands with soap and water.
 - 4.6.2.2.10 See Hand Hygiene Policy: 1906 for more detail.
<http://summaworks/plyproc/InfectionPrevention/1906-Hand%20Hygiene.docx>
 - 4.6.2.2.11 Unit directors or designee enters hand hygiene observations into the facility's electronic program (Eoscene). Results should be shared with staff with actions to address non-compliance.
- 4.7 **Antimicrobial Stewardship**
 - 4.7.1 Led per Pharmacy and Infectious Diseases, antimicrobials are used for appropriate indications and duration with the narrowest spectrum antimicrobial appropriate for the specific clinical scenario is used.
- 4.8 **Environmental Cleaning**
 - 4.8.1 Daily and terminal cleaning performed for all patients.

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5.0 Procedure:

- 5.1 Patients with history of CRE, MDR Acinetobacter, MRSA, etc. are identified via a computer flagging system in the patient's electronic health record for readmission to the facility.
- 5.2 As staff perform travel history screening including international travel. As symptoms and travel are selected, a best practice advisory is initiated which includes information regarding placement of patients in isolation.
 - 5.2.1 Patients returning from international travel within the past year and have a history of an overnight stay in a health care facility outside the United States are placed in contact precautions until evaluated. Surveillance rectal swabs for CP-CRE may be recommended.
 - 5.2.2 Patients from facilities known to have an outbreak or cluster of CP-CRE are placed in contact precautions until evaluated. Surveillance rectal swabs for CP-CRE may be recommended.

Facilities may request free CRE testing through ARLN by contacting their HAI Coordinator. Facilities may choose to exclude a history of hospitalization in certain countries with lower CP-CRE prevalence (such as Canada) from pre-emptive isolation and screening interventions.
- 5.3 Transmission based precautions can be initiated by Nursing, Physician, or Infection Prevention Department whenever a patient with a specific disease requiring precautions is admitted following Summa's Isolation Quick Guide.
- 5.4 Utilizing information from the Isolation Quick Guide, an isolation cart or caddy is obtained and stocked with necessary personal protective equipment (gowns, masks, gloves, etc.). Patients are placed in a private room when available or cohorted with like illness following approval from Infection Prevention.
- 5.5 At the Akron City Campus, the H-Tower rooms are configured to allow donning and doffing of personal protective equipment at the room entry. Personal Protective Equipment is located in the cupboards just inside the door and readily available for staff.
- 5.6 The staff responsible for that patient's care places the 8" x 11" isolation sign on the patient's room door or caddy. In addition, patient rooms at the Akron City Campus H-Tower have a built in iPad located just outside the room containing icons that provide information related to the care of the patient.
- 5.7 Communication via electronic health record (EHR). Nursing may add isolation information in appropriate areas of the electronic medical record. Infection Prevention will enter the infection to the EHR. During transportation of the patient, verbal and/or written communication must occur to the receiving department.
- 5.8 The information regarding isolation and precautions must be communicated if patient is transferred/discharged to other departments or other healthcare entities.
- 5.9 Questions regarding isolation/precautions of any patients should be referred to the Infection Prevention and Control Department.

6.0 CP-CRE Procedure, Candida auris, Monkeypox, other emerging pathogen

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- 6.1 New CRE-colonized or CRE-infected patient identified via travel screening or lab results.
- 6.2 Notify appropriate healthcare workers. Flag patient isolation status in electronic medical record. When patient is discharged and subsequently readmitted, the patient will be placed in contact isolation.
- 6.3 Notify public health.
- 6.4 Place patient on Contact Precautions and in a private room.
- 6.5 Reinforce hand hygiene and use of Contact Precautions on affected unit.
- 6.6 Educate healthcare personnel caring for patient about preventing CRE or other transmission on hire and annually.
- 6.7 For outbreaks or hospital-acquired CP-CRE, MDR-Acinetobacter, Candida auris, etc and after consultation with infectious disease and lab director, may consider screening epidemiologically-linked patient contacts (e.g., roommates) for CRE with at least stool, rectal, or peri-rectal cultures; consider review of microbiology records to identify previous cases.
 - 6.7.1 May consider point prevalence survey of affected unit particularly if more than one CRE patient identified.
 - 6.7.2 If screening cultures or further clinical cultures identify additional CRE-colonized or -infected patients, consider additional surveillance cultures of contacts or ongoing point prevalence surveys of affected units until no further transmission identified.
 - 6.7.3 Consider admission CRE surveillance cultures (i.e., active surveillance) of high-risk patients particularly in higher prevalence areas (those receiving care in a foreign country).
 - 6.7.4 Consider cohorting patients and staff affected for CRE outbreaks.
 - 6.7.5 Staff will communicate CP-CRE status when patient transfers within the facility. Nursing handoff report in the electronic medical record utilized. If discharged and readmitted, the isolation flag remains in the electronic medical record.
 - 6.7.6 Staff will communicate CP-CRE status when patient transfers to another facility (this on the transfer form).

7.0 Responsibilities and Authorities:

- 7.1 The Infection Preventionists and Infectious Disease physician are available for consultations regarding diseases and associated isolation/precautions.
- 7.2 All personnel (physicians, nurses, technicians, and others) are responsible for complying with isolation/precautions and for tactfully calling infractions to the attention of offenders. The responsibilities of hospital personnel for carrying out isolation/precautions cannot be effectively dictated but must arise from a personal sense of responsibility.
- 7.3 Patients also have a responsibility for complying with isolation/precautions. Education and appropriate measures are explained to the patient by physicians and nurses. An important general patient responsibility is hand washing after touching infective material or contaminated articles.



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GENERAL GUIDELINES FOR ISOLATION AND PRECAUTIONS

Equipment:

Masks, gowns, gloves, safety glasses, and eyewear protection may be necessary depending on the isolation/precautions and/or condition of the patient. See specific type of isolation precautions.

Items Available On Unit:

Red contaminated disposable bags, clear plastic laundry bags, masks, gloves, gowns, safety glasses, needle disposal system, disposable stethoscopes, disposable thermometers, and resuscitation devices.

Room Assignment:

Refer to specific type of disease or condition listed per Isolation Guidelines policy. See Appendix A for Isolation Precautions at Summa@Work.

Private rooms are necessary for patients with infections that are highly communicable or caused by virulent organisms. Additionally, a private room is desirable for the patient with poor hygiene or whose infective material is likely to contaminate the environment.

Placing the patient in isolation precautions	
Procedure	Comments
Consult the Infection Prevention Manual to determine appropriate isolation and precautions needed or use the Isolation Quick Guide.	Isolation Quick Guide located under policies at Summa@Work.
Place the appropriate 8x11 pre-printed signage on patient's door (STOP) sign. Order entry into electronic health record.	Signs are available on your unit. They are reusable. Please wipe clean with disinfectant wipe after each use. Pre-printed signs available on your unit, Nursing Supervisors (Barberton Campus), DMT, or the Infection Prevention and Control Department.
Obtain isolation cart to hold personal protective equipment (Notify DMT via the INeedit App on summa@work). Isolation caddies can be used as backup when carts are unavailable.	All personal protective equipment located in supply rooms or Distribution for Summa Health System.
Place Isolation Cart or Caddy outside of the room for storage of items. Hang the isolation caddy on the door in accordance with Fire Marshall ruling (door should close completely without assist).	Supplies readily available on unit and stocked per Nursing staff. Isolation carts are ordered via DMT-I need it app. DMT to disinfect and stock carts.
Notify Infection Prevention and Control Office of any isolation/precautions initiated or terminated.	Via telephone: 330-375-3916 or Secure Chat.

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Working with patients in isolation	
Procedure	Comments
<p>Behavioral Health Patients: Ambulation from Room for Medically Necessary Rehabilitation and Behavioral Health Group Therapy</p> <ol style="list-style-type: none"> 1. Assess patients before allowing ambulation in hallways or participation in group therapy sessions. Consult with infection prevention and control as necessary. 2. Patients must be continent of stool and urine. 3. Symptomatic incontinent patients should be restricted to their room whenever possible. 4. Before leaving room, have patient perform hand hygiene. 	<p>Notify Infection Prevention and Control on a case-by-case basis.</p>
<p>Ambulatory/Outpatient Areas:</p> <ol style="list-style-type: none"> 1. Apply Standard and Contact Precautions for patients identified in the hospital system as having a resistant organism. 2. Move the patient into an examination room or treatment cubicle as soon as possible. 3. Clean all equipment used on the patient before use on another patient. 	<p>See Influx of Infectious Patients/Emerging Infectious Disease Policy</p>
<p>Nutritional Service: Handle all dishes as contaminated. Disposable dishes are not routinely used for isolation/precautions patients. However, dishes or trays contaminated with infective material (blood, pus, etc.) should be bagged, labeled, and handled as contaminated.</p>	<p>Reusable dishes can be used for patients in isolation/precautions but not necessary.</p>
<p>Disposable dishes are used only for those rare occasions when patients are likely to soil their dishes, regardless of whether or not they are on isolation or precautions.</p>	<p>Gloves should be worn by personnel handling these items. If contamination is likely, use disposable dishes. The Dietary Department should be notified of the need to provide disposable dishes.</p>
<p>Unless specified by the Infectious Disease Department (i.e., Ebola or other viral hemorrhagic patients), disposable dishes are not necessary for the infectious patient.</p>	<p>Dietary Department personnel not fit-tested for an N95 mask or PAPR cannot deliver trays to patients in Airborne isolation. If a room is occupied by a patient in Airborne isolation, nursing will be notified of the tray delivery.</p>
<p>Linen: All linen should be handled as though it is contaminated.</p>	<p>No special identifiers are used to designate "isolation linen" since all linen is considered contaminated.</p>
<p>Reusable Patient Items: Patient care items should be placed in the designated container and returned to Central Service/Sterile Processing for reprocessing.</p>	<p>Other reusable items such as procedure trays follow the Immediate Care and Containment of Instruments at the Point of Use policy located in the infection control manual.</p>
<p>Laboratory: COLLECTED lab specimens are placed in a clear plastic bag with a biohazard label.</p>	

Handling Of Other Items	
Procedure	Comments
<p>Sphygmomanometer and Stethoscope: Equipment follows disinfection policy in accordance with the manufacturer’s recommendations. Patients in isolation: If able, sequester equipment to the patient room. Wipe down with approved disinfectant wipe each shift and when visibly soiled.</p>	<p>Single Use Blood Pressure Cuffs are indicated for most patients including in-patients, isolation patients, neutropenic patients, Critical Care areas, and Traumas in the Emergency Room. Surgical Services and Cardiac Catheterization will use single use blood pressure cuffs. The item may be used throughout the patient’s stay but is to be discarded after discharge. If the cuff is soiled, then discard and obtain a clean one for use. Reusable BP cuffs may be used in Ambulatory/Outpatient/Medical office areas if not mentioned previously. Use isolation stethoscopes for one patient use.</p>
<p>Thermometers: Electronic thermometers that utilize disposable sheaths. The disposable sheath is discarded as other disposable contaminated items. Follow manufacturer’s recommendations. Patients in isolation: either sequester equipment or wipe down with approved disinfectant wipe following each use.</p>	<p>If the electronic probe or pack should be contaminated with infective material, the pack or probe should be cleaned with a disinfectant (i.e., hospital disinfectant) as per manufacturer’s recommendations.</p>
<p>Urine and Feces: Urine and feces from patients on isolation/precautions can be flushed down the toilet.</p>	<p>Bedpans and urinals are disposable and are discarded as regular waste.</p>
<p>Patient Charts: The chart should not be allowed to come into contact with infective material.</p>	
<p>Visitors: Visitors should speak with a nurse prior to entering the room.</p>	<p>Visitors should be instructed on use of gowns, masks, gloves, and hand washing as needed. Provide visitor education.</p>
<p>Transporting Infected Patients: Patients with virulent or easily transmittable organisms should leave their room only for essential purposes. Appropriate barriers (i.e., masks for the patient in droplet or airborne isolation). Place a clean sheet over the bed or cart.</p> <ol style="list-style-type: none"> 1. Place clean sheet over wheelchair or cart. 2. Use barriers (linen, chux, etc.) to prevent the leakage of stool or other body substances onto wheelchairs and carts. 3. Change gown, diaper, and wash hands (soap and water) of incontinent patients before leaving room for therapy or tests. 	<p>Personnel transporting the patient or those in the department that is to receive the patient must be aware of the type of isolation/precautions and any necessary measures to be taken. Care must be taken to notify the receiving department.</p>

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<p>4. If using patient bed for transport, disinfect siderails/headboard prior to leaving room.</p> <p>5. Remove personal protective equipment (PPE) and perform hand hygiene.</p> <p>Do not wear PPE in hallways unless indicated for emerging infectious disease policy.</p> <p>May have PPE available for emergency use during transport.</p> <p>Upon arriving at destination, communicate to receiving department, and perform hand hygiene before exiting the area.</p>	
<p>Books, Magazines, and Toys: Preference is to not provide any of these items as they cannot be disinfected properly. Discard if item is soiled or any question of infection.</p>	
<p>Post-mortem Handling of Bodies: Generally the same precautions are used as if the patient were still alive. However, masks are not necessary.</p>	<p>Autopsy personnel should be notified of patient's condition so appropriate precautions can be maintained.</p>
<p>Environmental Services:</p> <p>A. <u>Routine Cleaning:</u> The same daily routine cleaning should be used to clean rooms or cubicles of patients on isolation/precautions. Cleaning equipment used in the rooms of patients whose infections require a private room should be disinfected before being used in another room.</p>	<p>If cleaning cloths and mop heads are contaminated with infective material or blood, they should be bagged and labeled before being sent for laundering.</p> <p>C. difficile patient rooms: High touch areas are disinfected with a hypochlorite/sporicidal solution until patient discharge at which time Halosil fogging occurs.</p>
<p>B. <u>Terminal Cleaning:</u> Although microorganisms may be present on walls, floors, and tabletops in rooms used for patients on isolation/precautions, these environmental surfaces, unless visibly contaminated, are rarely associated with transmission of infections to others.</p>	<p>Routine cleaning of walls, floors, ceiling should NOT be done post isolation/precautions unless visible contamination is present.</p> <p>Cubicle curtains are disinfected using the hospital-approved spray following patient discharge. Change Cubicle curtains when visibly soiled.</p> <p>For any room vacated by a patient with C difficile or Norovirus leave the Enhanced Precautions Sign IN PLACE outside the room until the Environmental Services completes the "fogging" process". Most importantly DO NOT remove any equipment from the room prior to cleaning and fogging.</p> <p>The "fogging" process may be utilized for other organisms or areas as well as deemed per the Infection Prevention and Control Department (i.e. CRE or outbreak situations).</p>



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Horizontal surfaces of furniture and mattress covers should be cleaned with a disinfectant solution. Floors are wet-mopped in a similar manner.	
Live or Artificial Plants	No live plants or artificial plants permitted in patient areas and offices that reside on the units or in clinical areas (lab, procedural, imaging, etc.) due to soil containing fomites or inability to keep artificial plants clean.

**EMPLOYEE/PATIENT/VISITOR INFORMATION FOR ISOLATION:
STANDARD/TRANSMISSION-BASED PRECAUTIONS**

1. Patients who are suspected or confirmed of an epidemiologically important pathogen than can be transferred from one person to another via direct or indirect contact are placed in Standard and Transmission Based precautions.

An isolation sign “STOP” and the type of precaution will be hung on the patient's door.

STANDARD PRECAUTIONS: Infection prevention practices that apply to all patient care. These practices include:

- Hand hygiene.
- Use of personal protective equipment.
- Safe injection practices.
- Safe handling of potentially contaminated equipment or surfaces in the patient environment.
- Respiratory hygiene/cough etiquette.

TRANSMISSION BASED PRECAUTIONS: Used in addition to Standard Precautions for patients with known or suspected infections.

- **AIRBORNE: SIGNAGE IS GREY**
 - Fit tested N-95 Mask or PAPR unit before entering room.
 - Private room with special air flow required. Airborne infection isolation room (negative pressure).
 - Hand hygiene when entering/exiting the room and during the course of providing care. Hands are to be washed with antimicrobial agent or soap and water (for C. difficile patients).
 - Isolation mask on patient for transport out of room.
- **DROPLET: SIGNAGE IS GREEN**
 - Isolation masks/eyewear protection (Eyewear protection is required during procedures/patient-care activities that are likely to generate splashes or sprays of blood or body fluids).
 - Hand hygiene when entering/exiting room and during the course of providing care. Hands are to be washed with antimicrobial agent or soap and water.
 - Private room recommended or place patient in a room with a patient who has active infection with the same microorganism but with no other infection. Consult Infection Prevention and Control.
 - Isolation mask on patient during transport out of room.
- **DROPLET PLUS PRECAUTIONS: SIGNAGE IS BLACK/BLUE – THESE PRECAUTIONS ARE FOR PATIENTS WITH SUSPECTED OR CONFIRMED CASES OF A PANDEMIC INFLUENZA OR VIRUS**
 - Fit-tested N95 masks/eyewear protection when caring for patients.
 - Hand hygiene when entering/exiting room and during the course of providing care. Hands are to be washed with antimicrobial agent or soap and water.
 - Private room recommended or place patient in a room with a patient who has active infection with the same microorganism but with no other infection. Consult Infection Prevention and Control.
 - Isolation mask on patient during transport out of room.

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- **CONTACT: SIGNAGE IS BLUE**
 - Hand hygiene when entering/exiting room and during the course of providing care. Hands are to be washed with an alcohol-based hand rub or with soap and water (i.e. for the care of a *C. difficile* patient)
 - Gloves when entering room and during the course of providing care. Change gloves after having contact with infective material such as respiratory secretions, stool, wound drainage, or blood. Discard gloves before leaving the room.
 - Gowns for all patient encounters, contact with environmental surfaces and all body fluid contact. Discard gown before leaving the room.
 - Private room recommended or place patient in a room with a patient who has active infection with the same microorganism but with no other infection. Consult Infection Prevention and Control.
 - If private room is not available and cohorting is not achievable, maintain spatial separation of at least three (3) feet between infected patient and other patients and visitors.
 - If possible, dedicate equipment to room.

 - **ENHANCED CONTACT: SIGNAGE IS YELLOW -- FOCUS IS ON PATIENTS WITH CLOSTRIDIUM DIFFICILE, NOROVIRUS, AND ROTAVIRUS**
 - Hand hygiene when entering/exiting room and during the course of providing care. Hands are to be washed with **SOAP AND WATER** for 20 seconds.
 - Gloves when entering room and during the course of providing care. Change gloves after having contact with infective material such as stool or emesis. Discard gloves before leaving room.
 - Gowns for all patient encounters, contact with environmental surfaces and all body fluid contact. Discard gown before leaving the room.
 - Private room recommended or place patient in a room with a patient who has active infection with the same microorganism but with no other infection. Consult Infection Prevention and Control.
 - If private room is not available and cohorting is not achievable, maintain spatial separation of at least three (3) feet between infected patient and other patients and visitors.
 - If possible, dedicate equipment to room.
 - Equipment and room to be cleaned with bleach-based cleaning product for disinfecting.
2. Occasionally two (2) types of precautions may be used at the same time depending on type of disease and how it can be spread.
 3. It is recommended that children under the age of fourteen (14) do not visit patients in Transmission-Based Precautions.
 4. If possible, visitors should be limited to immediate family or significant others. Follow the Administrative Visitation Policy.
 5. The precautions will be discontinued as soon as physician or infection prevention department determines there is no risk of spreading the disease or suspected disease to others.

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6. It is highly recommended that visitors wear personal protective equipment when assisting with patient care or when visiting patients in Clostridium difficile/Norovirus rooms. N95 masks for visitors in an Airborne isolation room.
7. Visitors should be instructed and encouraged to perform hand hygiene upon entering and exiting the patient room.

If you would like further information on Isolation Precautions please contact Infection Prevention and Control (330) 375-3916

CPR FOR THE PATIENT IN ISOLATION

PURPOSE: Administration of CPR and definitive therapy to a patient with communicable infectious disease during a "CODE BLUE".

- EQUIPMENT:**
1. Cardiac arrest equipment.
 2. Isolation equipment suitable for type of isolation in effect.

In a life threatening situation, strict adherence to proper isolation technique in effect may not be possible.

The unit emergency cart and defibrillator cart are to be taken into the patient's room as in any other emergency situation.

A complete report of the situation must be made to Infection Prevention and Control as soon as possible, including names of all involved personnel, their role, and whether or not they were contaminated.

- PROCEDURE:**
1. Follow accepted practice for CPR.
 2. Reusable equipment that has come into contact with the patient and his/her secretions should follow the Immediate Care and Containment of Instruments at the Point of Use located in the Infection Prevention manual.
 3. The crash cart is returned to the each hospital's designated department for replacement.

7.0.1 Records:

7.1 Reviews and associated documents are maintained in accordance with the System policy.

8.0 References:

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- 8.1 CDC. (2020). Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). Retrieved from <http://www.cdc.gov/hispac/pdf/isolation/Isolation2007.pdf>.

- 8.2 Shea. (2020). Dubberke, E.R.; and Gerding, D.N. (2011) A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: Rationale for Hand Hygiene Recommendations after Caring for a Patient with *Clostridium difficile* Infection. Retrieved from <http://www.shea-online.org>

- 8.3 CDC. (2020). Retrieved from <https://www.cdc.gov/hai/pdfs/cre/CRE-guidance-508.pdf>

9.0 Key Words or Aliases (Optional)

- 9.1 Transmission, precautions