

December 2012

**GUIDELINES FOR STANDARD AND TRANSMISSION BASED PRECAUTIONS
(FORMERLY ISOLATION)**

1. **PURPOSE:** To define policy and provide guidelines for isolation to prevent patient-to-patient and patient-to-staff transmission of infectious agents.
2. **POLICY:** Standard and Transmission-Based Precautions are to be applied to all patients receiving care or services within the VAMHCS. There are two tiers of isolation precautions. The first and most important tier is called **Standard Precautions**. Standard Precautions are applied to all patients regardless of their diagnosis or presumed infection status. The second tier is called **Transmission-Based Precautions**. Transmission-Based Precautions are for patients known or clinically suspected to be colonized or infected by epidemiologically important pathogens spread by airborne or droplet transmission or by contact with dry skin or contaminated surfaces. An order for Transmission-Based Precautions is not required; however documentation of initiation, maintenance and discontinuance of precautions must be made in the nursing and/or provider progress notes. Although Transmission Based Precautions can be initiated by the nurse or provider, discontinuance of these precautions requires approval from Infection Control. After approval from the Infection Control Practitioner (ICP), a progress note will be written by the ICP.

There are additional precautions for inpatients that are being treated with Radioactive Iodine-131 Ablation Therapy (VAMHCS Policy 512-138/ENG 025). These are **not** Infection Control Transmission Based Precautions and the guidelines do differ from the guidelines delineated in this policy, e.g. Nutrition and Food Service will provide patient meals on disposable trays, plates, and utensils. **In Transmission Based Precautions reusable food trays, plates and utensils are used**

3. DEFINITIONS:

- a. **Colonization:** Presence of microorganisms on or within the body site without presence of an immune or clinical response. There is a potential source of transmission. Colonization and carriage may be synonymous.
- b. **Cohorting:** Grouping patients/residents with the same infectious agent or organism together to confine their care to one area and prevent contact with susceptible patients.
- c. **Direct Contact:** Immediate transfer of infectious agents to a receptive portal of entry through which infection may take place. This may be contact such as touching, biting, kissing, droplet sprayed onto the eye or mucous membranes by someone who is coughing, sneezing, and/or spitting
- d. **Health care associated:** An infection that develops in a patient who is or was being cared for in any setting where health care is delivered (infection was not incubating at the time the health care was begun).
- e. **Indirect Contact** - Contact with contaminated inanimate materials or objects, e.g. bedding, over-bed tables, and keyboards

f. **Infection**: Transmission or invasion of organisms into a host. Host response may include clinical symptoms (e.g. redness, swelling, purulence) or may be subclinical.

g. **Pathogen**: Disease-causing microbial organism. In susceptible hosts (immune compromised persons), both transient and resident flora can be considered pathogens, or potential causative organisms in nosocomial infections.

h. **Resident flora (colonizing)**: Microbial organisms surviving and multiplying on skin which can be repeatedly isolated from the same skin site, and which cannot be readily removed by scrubbing.

i. **Standard Precautions**: Precautions that apply to all patients receiving care in the VAMHCS regardless of diagnosis. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the facility, and thus they are the primary and most important strategy for health care associated infection control. To clarify when Standard Precautions are needed, "if it's warm and wet and does not belong to you", use Standard Precautions. Procedures for Standard Precautions are outlined in Table 1. An order for Standard Precautions or an indication that the patient is on Standard Precaution is not required. There is no Standard Precautions signage.

j. **Transient flora (non-colonizing)**: Microbial organisms surviving on the skin for short periods of time, usually less than several days, and can be readily removed by hand washing.

k. **Transmission-based Precautions**: Transmission-based Precautions are for patients known or clinically suspected to be colonized or infected by epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to prevent transmission. There are five types of Transmission-based Precautions: Airborne Precautions, Droplet Precautions, Contact Precautions, Special Contact Precautions and Protective Precautions. They may be combined for diseases, which have multiple routes of transmission, but they are always used in addition to Standard Precautions.

4. ACTION: Standard and Transmission-based Precautions apply to all patients within the VAMHCS. Protective Precautions apply to patients who are immuno-suppressed or compromised and who have very low neutrophil counts. In addition there are Empiric Precautions which are used for patients with clinical syndromes that are suggestive of infectious diseases prior to a definitive diagnosis.

a. **There are four levels of Transmission based Precautions:** These distinctions are made because of the different risk of transmission within these patient populations.

(1) **Acute Care (Medical/Surgical)**: the first level includes Medical/Surgical patients receiving acute care at the Baltimore Medical Center, Critical Care Units and Emergency Department.

(2) **Community Living Center (CLC)**: the second level which includes veterans cared for in non-acute care beds.

(3) **Mental Health**: third level it applies to Mental Health care given on the inpatient units.

(4) Outpatient areas: 4th level of precautions, This is care given in the following setting Clinical Based Outpatient Centers, Managed Care, Primary Care, Residential Care, Home Based Care and Domiciliary.

b. Tables 2-11 outline the procedures for each type of Transmission-based Precaution.

c. For Bioterrorism agents see: 512-111MD-016, Detection and Management of Patients Infected with or Exposed to Agents of Bioterrorism

5. RESPONSIBILITIES: All individuals providing care and services for VAMHCS Veterans must adhere to this policy.

a. **The Medical Center Director** is responsible for assuring that all supervisory officials are aware of their responsibility to provide information to employees regarding the importance of infection control, standard and transmission based precautions and the role of appropriate hand washing procedures.

b. **Physicians, Infection Control Practitioners and Registered Nurses** are responsible for initiating the appropriate type of transmission based precautions and/or Empiric Precautions.

c. **Nursing staff** is responsible for obtaining supplies and posting the precautions sign outside the patient's room, explaining the precautions to the patient and family and for documenting in the electronic record on the education template progress notes that education was given to the patient and family and that precautions have been initiated.

d. **Sterile Processing Service (SPS)** is responsible for supplying personal protective attire and necessary supplies for precautions for all sites. At the Baltimore site SPS will provide carts which contain signs and educational materials.

e. **The Hospital Epidemiology/Infection Control Program is responsible:**

(1) for assisting in the development of materials to ensure that patients, personnel and visitors are educated about the use of precautions and their responsibility to adhere to them;

(2) for evaluating compliance with these precautions on a regular basis through organized surveillance;

(3) for amending these guidelines as necessary and educating employees regarding the necessary changes

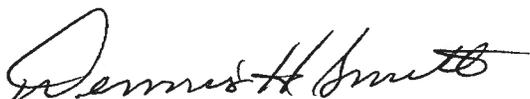
(4) for assisting in the evaluation of the appropriateness for discontinuing precautions.

f. **All VAMHCS providers, health care workers, and employees are expected:**

(1) to comply with proper hand hygiene techniques to adhere to Standard Precautions on all patients, and to adhere to Transmission Based Precautions as described in this policy;

(2) to educate and assist visitors with performance of hand hygiene before entering, after removing gloves (if worn), and when leaving patients' rooms. In Acute Care Setting visitors should be informed that they should don protective attire as designated on the Transmission Based Precautions signs posted outside of the patient's room.

- 6. REFERENCES:** Hospital Infection Control Practices Advisory Committee. Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007
Hospital Infection Control Practices Advisory Committee. Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006
VAMHCS Policy Memorandum 512-138/ENG 025 Radioactive Iodine-131 Ablation Therapy, February 2009
- 7. RESPONSIBLE OFFICE:** Hospital Epidemiology/Infection Control (11/COS-IC) is responsible for the contents of this memorandum.
- 8. RESCISSION:** VAMHCS Policy Memorandum 512-11/COS-IC-012, subject: Guidelines for Standard and Transmission Based Precautions (Formerly Isolation), dated August 2009
- 9. RECERTIFICATION:** This document is scheduled for recertification on/before the last working day of December 2015.



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- ATTACHMENTS:** A – Table 1: Standard Precautions
B – Table 2: Transmission Based Precautions-Airborne Precautions (Acute Care)
C – Table 3: Transmission Based Precautions-Airborne Precautions (Community Living Center/Mental Health/Non-Acute Care Beds – PP/BRECC/6A, Outpatient Areas)
D – Table 4: Transmission Based Precautions-Droplet Precautions (Acute Care)
E – Table 5: Transmission Based Precautions-Droplet Precautions (Community Living Care/Mental Health/Non-Acute Care Beds-PP/BRECC/6A)
F – Table 6: Transmission Based Precautions-Contact Precautions (Acute Care)
G – Table 7: Transmission Based Precautions-Contact Precautions (Community Living Center/Mental Health/Non-Acute Care Beds-PP/BRECC/6A)
H – Table 8: Transmission Based Precautions-Contact Precautions (Outpatient Areas)
I – Table 9: Transmission Based Precautions-Special Contact Precautions (Acute Care)
J – Table 10: Transmission Based Precautions-Special Contact Precautions (Community Living Center/Mental Health/Non-Acute Care Beds-PP/BRECC/6A)

- K – Table 11: Transmission Based Precautions-Special Contact Precautions
(Outpatient Areas)
- L – Table 12: Protective Environment
- M – Table 13: Summary of Clinical Syndromes warranting Empiric
Transmission Based Precautions
- N – Table 14: Summary of Precautions and Patients Requiring Precautions

TABLE 1: STANDARD PRECAUTIONS

Part 1

Hand Hygiene	Gloves	Mask, Safety Eye protection, Face Shield	Gown
<p>Wash hands or use waterless alcohol hand gel before and after touching a patient and after touching contaminated items and removing gloves. Wash hands with soap and water when visibly soiled with body fluids (blood, secretions, and excretions). It may be necessary to perform Hand Hygiene between tasks and procedures on the same patient to prevent cross-contamination of different body sites. If trays are delivered by Nutrition and Food Services or trash is being pulled by EMS from all rooms on the unit hand hygiene and glove change do not need to be performed between rooms unless the patient is on Transmission Based Precautions</p>	<p>Hand Hygiene must be performed before putting on gloves. Wear gloves when performing a procedure on a patient and when touching blood, body fluids, secretions, excretions, and contaminated items. When giving patient care put on clean gloves before touching mucous membranes and non-intact skin. Perform Hand Hygiene and change gloves between tasks and procedures on the same patient after contact with material that may be contaminated. Remove gloves and perform hand hygiene before touching non-contaminated items and environmental surfaces and before going to another patient.</p>	<p>Wear a mask and safety eye protection or a face shield to protect 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, and excretions (e.g. suctioning, endotracheal intubation).</p>	<p>Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate contact with blood, body fluids, secretions or excretions. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments. Gowns must be tied in the back at the neck and waist.</p>

TABLE 1: STANDARD PRECAUTIONS

Part 2

Patient Care Equipment	Environmental Control	Linen	Occupational Health and Bloodborne Pathogens	Patient Placement
<p>Handle used patient care equipment in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Soiled reusable equipment is not to be used for the care of another patient until it has been cleaned and reprocessed appropriately. Single use items are discarded properly as per the medical waste policy. Do not share personal products between patients (e.g. razors, toothpaste, powder, lotions).</p>	<p>Environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces are routinely cleaned and disinfected as per Environmental Management Service routine cleaning assignment.</p>	<p>Handle, transport, and process used linen in a manner that prevents skin and mucous membranes exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments. Gloves and gowns should be used as appropriate and soiled linen collected in bags should be leak-resistant. Dry soiled linen should be placed in cloth bags supplied through EMS. Linen should never be placed in red, bio-hazardous bags.</p>	<p>Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices. Recapping used needles is strongly discouraged. If recapping is necessary, a one-handed “scoop” technique should be used. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture resistant containers, which are located as close as practical to the area in which the items were used. Use hospital approved needleless safety products as provided. Activate needleless safety device immediately after use and before disposal.</p>	<p>Place a patient who contaminates the environment with blood, body fluids, secretions, and excretions in a private room. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.</p>

TRANSMISSION BASED PRECAUTIONS-AIRBORNE PRECAUTIONS (Level 1: Acute Care)

Patient Placement	Respiratory protection	Patient Transport	Additional Precautions for Preventing the Transmission of Tuberculosis
<p>Place the patient in a <u>private room</u> that has</p> <p>(1) monitored negative air pressure in relation to the surrounding areas</p> <p>(2) 6 to 12 air changes per hour, and</p> <p>(3) appropriate discharge of air outdoors or monitored high efficiency filtration of room air before the air is circulated to other areas in the hospital.</p> <p>Keep the room door closed and the patient in the room. When a private room is not available, consultation with infection control professionals is advised before patient placement.</p>	<p>For Tuberculosis patients or rule out TB you must wear a positive air pressure respirator (PAPR). Individual use of N95's must be approved by the VAMHCS Safety Officer. N95's require medical clearance and annual fit testing. Wear <u>approved respiratory protection</u> (surgical mask) when entering the room/cubical of a patient with known or suspected infectious pulmonary infection which is not TB – examples would be Chicken Pox, Disseminated Herpes Zoster/Shingles, measles, etc. Susceptible persons should not enter the room of patients known or suspected to have measles (rubeola), chickenpox (varicella). Persons immune to measles (rubeola) or chickenpox (varicella) need not wear respiratory protection. N95's used in lieu of surgical masks are not required to be fit tested.</p>	<p>Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a <u>surgical mask</u> on the patient, if possible. If transport is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the precaution. (e.g. "ticket to ride")</p>	<p>Consult 512-11/COS-IC policy 009 "Management of known or suspected tuberculosis for additional strategies to prevent the transmission of tuberculosis.</p> <p>Nutrition and Food Services will not deliver trays to patients but will notify nursing staff to deliver trays. Disposable trays will not be used.</p>

TABLE 3: TRANSMISSION BASED PRECAUTIONS-AIRBORNE PRECAUTIONS (Level 2: COMMUNITY LIVING CENTER/MENTAL HEALTH/ NON_ACUTE CARE BEDS (PP/BRECC/6A, OUTPATIENT AREAS))

Patient Placement	Respiratory protection	Patient Transport	Additional Precautions for Preventing the Transmission of Tuberculosis
<p>Place a surgical mask on patient and provide the patient with tissues for expectorating mucous. Place the patient in a <u>private room</u> or cubical with door or curtains closed, Staff should wear respiratory protection when entering the room or cubical. Arrange to have the patient transported to a unit or facility that has</p> <ul style="list-style-type: none"> (1) monitored negative air pressure in relation to the surrounding areas (2) 6 to 12 air changes per hour, and (3) appropriate discharge of air outdoors or monitored high efficiency filtration of room air before the air is circulated to other areas in the hospital. <p>Keep the room door closed and the patient in the room. Notify infection control professional.</p>	<p>For Tuberculosis patients or rule out TB you must wear a positive air pressure respirator (PAPR. Individual use of N95's must be approved by the VAMHCS Safety Officer. N95's require medical clearance and annual fit testing. Wear <u>approved respiratory protection</u> (surgical mask) when entering the room/cubical of a patient with known or suspected infectious pulmonary infection which is not TB (Chicken Pox, Disseminated Herpes Zoster/Shingles) Susceptible persons should not enter the room of patients known or suspected to have measles (rubeola) or chickenpox (varicella). Persons immune to measles (rubeola) or chickenpox (varicella) need not wear respiratory protection. N95's used in lieu of surgical masks are not required to be fit tested.</p>	<p>Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a <u>surgical mask</u> on the patient, if possible. If transport is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the precaution. (e.g. "ticket to ride")</p>	<p>Consult 512-11/COS-IC policy 009 "Management of known or suspected tuberculosis for additional strategies to prevent the transmission of tuberculosis. Nutrition and Food Services will not deliver trays to patients in Airborne Precautions but will notify nursing staff to deliver trays.</p>

TABLE 4: TRANSMISSION BASED PRECAUTIONS- DROPLET PRECAUTIONS (LEVEL 1: ACUTE CARE)

Patient Placement	Respiratory protection	Patient Transport
<p>Place the patient in a <u>private room</u>. When a private room is not available, place the patient in a room with a patient who has active infection with the same microorganism but with no other infection (cohorting). Special air handling and ventilation are not necessary, and the door may remain open.</p>	<p>Wear a surgical <u>mask</u> when entering the patient's room or when working within 3 ft of the patient.</p>	<p>Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient. If transport is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the precaution e.g. "ticket to ride".</p>

TABLE 5: TRANSMISSION BASED PRECAUTIONS- DROPLET PRECAUTIONS (Level 2: COMMUNITY LIVING CENTER/MENTAL HEALTH/ NON_ACUTE CARE BEDS (PP/BRECC/6A, OUTPATIENT AREAS))

Patient Placement	Respiratory protection	Patient Transport
<p>Place the patient in a <u>private room or cubicle with a minimum of 3 feet between stretchers or beds</u>. When a private room or appropriate cubicle is not available, place the patient in a room or cubicle with a patient who has active infection with the same microorganism but with no other infection (cohorting). Special air handling and ventilation are not necessary, and the door or curtain may remain open. If patient is to be admitted from an outpatient area, notify infection control.</p>	<p>Wear a <u>surgical mask</u> when entering the patient’s room or when working within 3 feet of the patient.</p>	<p>Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient. If transport is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the precaution e.g. “ticket to ride”.</p>

TABLE 6: TRANSMISSION BASED PRECAUTIONS- CONTACT PRECAUTIONS (LEVEL 1: ACUTE CARE BEDS)

Patient Placement	Gloves and Hand Hygiene	Gown	Patient Transport	Patient Care Equipment and Environmental Control
<p>Place the patient in a <u>private room</u>. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, consult with infection control professionals before patient placement.</p>	<p><u>Wear gloves when entering the room.</u> During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (feces, sputum and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial agent or an alcohol hand gel waterless antiseptic agent. Gloves must be removed when leaving patients' room. If trays are delivered by Nutrition and Food Services or trash is being pulled by EMS from all rooms on the unit hand hygiene and glove change need to be performed between</p>	<p><u>Wear a gown when entering the room.</u> Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment. Gowns should not be worn outside the patient room, or procedure areas. Exception: Nutrition and Food Service do not require gowns for the delivery and removal of dietary trays. EMS does not require gowns for pulling trash only. Staff may enter Contact Precautions Rooms without putting on gown if they are only entering 3 feet into the room (floor tile color change)</p>	<p>Patients should be <u>encouraged to remain in their room unless clinically indicated.</u> Patients who leave their room must be educated to wash their hands. Patients with uncovered wounds, urinary catheters and/or drainage devices should wear a cover gown when leaving the room. If patient is transported to another area, it is the responsibility of nursing staff to inform the receiving personnel of the Transmission Based Precaution. Staff should not wear gown and/or gloves through the halls when transporting a patient from one area to another. However, staff may take a gown and gloves with them for use if patient requires personal care during transport.</p>	<p>When possible, dedicate the use of non-critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.</p> <p>Routine cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces is required.</p> <p>Disposable trays or dishes are unnecessary.</p>

	<p>rooms because the patient is on Transmission Based Precautions. Staff may enter Contact Precautions Rooms without putting on gloves if they are only entering 3 feet into the room (floor tile color change) and are not touching the patient or <u>anything</u> in the room. However, hand hygiene must be performed when leaving the room.</p>	<p>and are not touching the patient or <u>anything</u> in the room. However, hand hygiene must be performed when leaving the room.</p>	<p>Staff may place a clean sheet on the “touch” areas of the head and foot boards when transporting a patient on Contact Precautions in her/his bed.</p>	
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TABLE 7: TRANSMISSION BASED PRECAUTIONS- CONTACT PRECAUTIONS (LEVEL 2: COMMUNITY LIVING CENTER/MENTAL HEALTH/ NON ACUTE CARE BEDS (PP/BRECC/6A))

Patient Placement	Gloves and Hand Hygiene	Gown	Patient Transport	Patient Care Equipment and Environmental Control
<p><u>There are three possible choices for patient placement.</u> If the patient is newly admitted to an area, a private room is preferred. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, then the patient may be placed in a room with other patients who are at low risk for infection (i.e. no vascular or urinary catheter, no wounds).</p>	<p><u>Wear gloves as detailed in Standard precautions.</u> During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (feces, sputum and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated environmental surfaces.</p>	<p><u>Wear a gown as detailed in Standard precautions.</u> Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment. Without putting on gown if they are only entering 3 feet into the room (floor tile color change) and are not touching the patient or anything in the room. However, hand hygiene must be performed when leaving the room.</p>	<p><u>Do not limit the movement of the patient</u> unless instructed to do so by Infection Control (e.g. Ticket to ride) Patients should maintain good hygiene including washing their hands prior to leaving their room. The patient's visitors should also wash their hands prior to leaving their room. If transport of the patient to another area or facility is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the Transmission Based Precautions.</p>	<p>When possible, dedicate the use of non-critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another patient.</p> <p>Routine cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces is required.</p> <p>Disposable trays or dishes are unnecessary.</p>

TABLE 8: TRANSMISSION BASED PRECAUTIONS- CONTACT PRECAUTIONS (LEVEL 3: OUTPATIENT)

Patient Placement	Gloves and Hand Hygiene	Gown	Patient Transport	Patient Care Equipment and Environmental Control
<p><u>Outpatients can be placed in any cubicle.</u></p> <p><u>In DOM – Private room, if available, or lowest risk patient (e.g. do not place a patient with a resistant organisms with a patient who has an implantable device)</u></p>	<p><u>Wear gloves if you anticipate contact with open wounds, or mucus membranes, excretions and secretions.</u> During the course of providing care for a patient, change gloves after having contact with infective material) Remove gloves and wash hands immediately with an antimicrobial agent or use an alcohol hand gel.</p>	<p>Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate contact with blood, body fluids, and/or secretions or excretions. Remove soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments. Gowns must be tied in the back at the neck and waist.</p>	<p>If transport of the patient to another area or facility is necessary, it is the responsibility of the nursing staff to inform the receiving personnel of the precautions.</p>	<p>Routine cleaning and disinfection of environmental surfaces (especially, frequently touched surfaces) and equipment is required.</p>

**TABLE 9: TRANSMISSION BASED PRECAUTIONS- SPECIAL CONTACT PRECAUTIONS
(Clostridium difficile or Norovirus) (LEVEL 1: ACUTE CARE BEDS)**

Patient Placement	Gloves and Hand Hygiene	Gown	Patient Transport	Patient Care Equipment and Environmental Control
<p>Place the patient in a <u>private room</u>. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, consult with infection control professionals before patient placement.</p> <p>* Note Special Contact Precautions can be discontinued for patients with <i>C. difficile</i> if the following are met:</p> <ol style="list-style-type: none"> 1. Patient no longer complaining of abdominal pain and or cramping 	<p><u>Wear gloves when entering the room.</u> During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (feces, sputum and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial soap and water. Gloves must be removed when leaving patients' room. If trays are delivered by Nutrition and Food Services or trash is being pulled by EMS from all rooms on the unit hand hygiene and glove change need to be performed between</p>	<p><u>Wear a gown when entering the room.</u> Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment. Gowns should not be worn outside the patient room, or procedure areas. Exception: Nutrition and Food Service do not require gowns for the delivery and removal of dietary trays. EMS does not require gowns for pulling trash only. Staff may enter Contact Precautions Rooms without putting on gown if they are only entering 3 feet into the room</p>	<p><u>Patients should be encouraged to remain in their room unless clinically indicated.</u> Patients who leave their room must be educated to wash their hands. Patients with uncovered wounds, urinary catheters and/or drainage devices should wear a cover gown when leaving the room. If patient is transported to another area, it is the responsibility of nursing staff to inform the receiving personnel of the Transmission Based Precaution. Staff should not wear gown and/or gloves through the halls when transporting a patient from one area to another. However, staff may take a gown and gloves with them for use if patient requires</p>	<p>When possible, dedicate the use of non-critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect with 1:10 BLEACH SOLUTION or Infection Control Committee designated hypochlorite solution/product. them before use for another patient.</p> <p>Routine cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces is must be done with 1:10 BLEACH SOLUTION or Infection Control Committee designated hypochlorite</p>

<p>2. Stools are no longer frequent and/or liquid and have become formed (bowel function has returned to normal amount and frequency for the patient) for 48 hours.</p>	<p>rooms because the patient is on Transmission Based Precautions. Staff may enter Contact Precautions Rooms without putting on gloves if they are only entering 3 feet into the room (floor tile color change) and are not touching the patient or <u>anything</u> in the room. However, hand hygiene must be performed when leaving the room.</p>	<p>(floor tile color change) and are not touching the patient or <u>anything</u> in the room. However, hand hygiene must be performed when leaving the room.</p>	<p>personal care during transport.</p> <p>Staff may place a clean sheet on the “touch” areas of the head and foot boards when transporting a patient on Contact Precautions in her/his bed.</p>	<p>solution/product.</p> <p>Disposable trays or dishes are unnecessary.</p>
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**TABLE 10: TRANSMISSION BASED PRECAUTIONS- SPECIAL CONTACT PRECAUTIONS
(Clostridium difficile or Norovirus) (LEVEL 2: COMMUNITY LIVING CENTER/MENTAL HEALTH/
NON_ACUTE CARE BEDS PP/BRECC/6A)**

Patient Placement	Gloves and Hand Hygiene	<i>Gown</i>	Patient Transport	Patient Care Equipment and Environmental Control
<p><u>There are three possible choices for patient placement.</u> If the patient is newly admitted to an area, a private room is preferred. When a private room is not available, place the patient in a room with a patient(s) who has active infection or colonization with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, then the patient may be placed in a room with other patients who are at low risk for infection (i.e. no vascular or urinary catheter, no wounds).</p> <p>* Note Special Contact Precautions can be discontinued for patients</p>	<p><u>Wear gloves as detailed in Standard precautions.</u> During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (feces, sputum and wound drainage). Remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial soap. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated environmental surfaces.</p>	<p><u>Wear a gown as detailed in Standard precautions.</u> Remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment.</p>	<p><u>Do not limit the movement of the patient</u> unless instructed to do so by Infection Control (e.g. Ticket to ride) Patients should maintain good hygiene including washing their hands prior to leaving their room. The patient's visitors should also wash their hands prior to leaving their room. If transport of the patient to another area or facility is necessary, it is the responsibility of nursing staff to inform the receiving personnel of the Transmission Based Precaution.</p>	<p>When possible, dedicate the use of non-critical patient-care equipment to a single patient (or cohort of patients infected or colonized with the pathogen requiring precautions) to avoid sharing between patients. If use of common equipment or items is unavoidable, then adequately clean and disinfect them with 1:10 BLEACH SOLUTION or Infection Control Committee designated hypochlorite solution/product. before use for another patient.</p> <p>Routine cleaning and disinfection of environmental surfaces, beds, bedrails, bedside equipment, and other frequently touched surfaces with 1:10 BLEACH SOLUTION or Infection Control Committee designated hypochlorite solution/product. is required. Disposable trays or dishes are unnecessary.</p>

<p>with <i>C. difficile</i> if the following are met:</p> <ol style="list-style-type: none">1. Patient no longer complaining of abdominal pain and or cramping2. Stools are no longer frequent and/or liquid and have become formed (bowel function has returned to normal amount and frequency for the patient).				
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**TABLE 11: TRANSMISSION BASED PRECAUTIONS- SPECIAL CONTACT PRECAUTIONS
(Clostridium difficile or Norovirus) (LEVEL 3: OUTPATIENT)**

Patient Placement	Gloves and Hand Hygiene	Gown	Patient Transport	Patient Care Equipment and Environmental Control
<p><u>Outpatients can be placed in any cubicle.</u></p> <p><u>In DOM – Private room, if available, or place with lowest risk patient (e.g. do not place a patient with a resistant organisms with a patient who has an implantable device).</u></p>	<p><u>Wear gloves if you anticipate contact with open wounds, or mucus membranes, excretions and secretions.</u> During the course of providing care for a patient, change gloves after having contact with infective material) Remove gloves and wash hands immediately with an antimicrobial soap and water.</p>	<p>Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate contact with blood, body fluids, and/or secretions or excretions. Remove soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments. Gowns must be tied in the back at the neck and waist.</p>	<p>If transport of the patient to another area or facility is necessary, it is the responsibility of the nursing staff to inform the receiving personnel of the precautions.</p>	<p>Routine cleaning and disinfection of environmental surfaces (especially, frequently touched surfaces) and equipment with 1:10 BLEACH SOLUTION or Infection Control Committee designated hypochlorite solution/product is required.</p>

TABLE 12: PROTECTIVE ENVIRONMENT PRECAUTIONS (Formerly Neutropenic Precautions) (ACUTE CARE)

Patient Placement	Respiratory Protection	Gloves and Hand Hygiene	Gown	Patient Transport
<p>Place patient in a private room. When a private room is not available, contact infection control for assistance in patient placement.</p>	<p>Staff should wear a surgical mask when <u>entering the room if s/he has acute respiratory symptoms, which include itchy and/or runny nose, sore throat, coughing, sneezing, fever, and if the staff member must enter the room. It is recommended that <u>symptomatic staff avoid entering the room if possible</u></u></p>	<p><u>WASH HANDS BEFORE GLOVING AND ENTERING THE ROOM.</u> Wear gloves as detailed in Standard precautions. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (feces, sputum and wound drainage). If worn, remove gloves before leaving the patient's environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated environmental surfaces.</p>	<p>Wear a gown as detailed in Standard precautions. If worn, remove the gown before leaving the patient's environment. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment</p>	<p>Dedicate the use of patient –care equipment to single patient to avoid sharing between patients. All equipment taken into the patient's room must be cleaned prior to entry. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before and after use for another patient.</p> <p>Routine cleaning and disinfection of environmental surfaces, beds, bedrails bedside equipment, and other frequently touched surfaces is required to protect the patient.</p> <p>Disposable trays or dishes are unnecessary.</p>

TABLE 13: SUMMARY OF CLINICAL SYNDROMES WARRANTING EMPIRIC TRANSMISSION-BASED PRECAUTIONS

Clinical Syndrome	Potential Pathogens	Empiric Transmission-based Precautions
Diarrhea		
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens	Contact
Diarrhea in an adult with a history of recent antibiotic use	<i>Clostridium difficile</i> or suspected <i>Norovirus</i>	Special Contact
Rash or exanthema, generalized, etiology unknown		
Petechia/ecchymosis with fever	<i>Neisseria meningitidis</i>	Droplet
Vesicular	Varicella (chickenpox) Note: <i>V. zoster</i> has low risk for airborne transmission	Airborne and Contact
Maculopapular with coryza and fever	Rubeola (measles)	Airborne
Respiratory infections		
Cough/fever/upper lobe pulmonary infiltrate in an HIV negative patient or a patient at low risk for HIV infection	<i>Mycobacterium tuberculosis</i>	Airborne
Respiratory symptoms or signs in an HIV infected patient or a patient at high risk for HIV infection	<i>Mycobacterium tuberculosis</i>	Airborne
Risk of multi-drug resistant microorganisms		
History of infection or colonization with multi-drug resistant organisms	Resistant bacteria	Contact
Skin, wound, respiratory tract or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multi-drug resistant organisms are prevalent	Resistant bacteria	Contact

TABLE 14: SUMMARY OF PRECAUTIONS AND PATIENTS REQUIRING PRECAUTIONS
(See tables 2 thru 12 for specifics)

Isolation	When to use	Examples
Standard Precautions	Use standard precautions for the care of <u>all</u> patients	
Airborne Precautions (Pink)	In addition to Standard Precautions, use Airborne Precautions for patients <u>known or suspected</u> to have serious illnesses transmitted by airborne droplet nuclei.	Tuberculosis Measles <i>Varicella</i> (Chickenpox)
Droplet Precautions (Orange sign)	In addition to Standard Precautions, use Droplet Precautions for patients <u>known or suspected</u> to have serious illnesses transmitted by large particle droplets.	Influenza A and B Invasive <i>Haemophilus influenzae</i> type b disease Invasive <i>Neisseria meningitidis</i> disease Diphtheria Mycoplasma pneumonia Pertussis Adenovirus Mumps Rubella
Contact Precautions (Green sign)	In addition to Standard Precautions, use Contact Precautions for patients <u>known or suspected</u> to have epidemiologically important microorganisms transmitted by direct or indirect contact.	Gastrointestinal, respiratory, skin or wound infections or colonization with <u>multi-drug resistant bacteria</u> judged by the infection control program to be of special clinical and epidemiological significance including Vancomycin-Resistant Enterococcus (VRE) Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), and Multi-antibiotic resistant gram negative rods (MAR-GNR) <i>Clostridium difficile</i> For diapered or incontinent patients: <i>E. coli</i> O157:H7, Shigella or hepatitis A Muco-cutaneous Herpes simplex virus Impetigo Major (not contained) abscesses, cellulitis or decubiti Pediculosis (Lice), Scabies Zoster that cannot be covered Varicella (Chickenpox) Viral/hemorrhagic conjunctivitis
Special Contact Precautions (Brown sign)	In addition to Standard Precautions, use Special Contact Precautions for patients <u>known or suspected</u> of having <i>Clostridium difficile</i> or <i>Norovirus</i> infections.	Gastrointestinal, infections with <i>Clostridium difficile</i> or <i>Norovirus</i>
Protective Environment (Blue sign)	In addition to Standard Precautions, use Protective Environment Precautions when medical provider orders Neutropenic Precautions or Protective Isolation.	For use with patients who have diseases or illnesses which reduce their immunity to infections. These are usually patients with neutrophil counts of ≤ 200 .