OREGON DEPARTMENT OF CORRECTIONS
Operations Division
Health Services Section Policy and Procedure #P-B-01.1

SUBJECT: ISOLATION CONTROL PRECAUTIONS

POLICY: An integral component of Infection Control is the prevention of microorganism transmission. Infection control precautions are used to control the source of the infecting microorganisms, susceptible hosts, and/or the means of transmission for the microorganism. It is the intent of the Health Services Section to follow the recommended precautions. Deviation from the recommended precautions will occur only after consultation between the Chief Medical Officer and Medical Services Manager.

REFERENCE: Hospital Infection Control Practices Advisory Committee Guidelines for Isolation Precautions

PROCEDURE:

A. All patients regardless of their diagnosis or presumed infection status receive *Standard Precautions* for infection control. *Standard Precautions* synthesize the major features of Universal Precautions and apply to (1) blood, (2) all body fluids, secretions and excretions except sweat, regardless of whether they contain visible blood, (3) non-intact skin and (4) mucous membranes. *Standard Precautions* are to be used by all Health Care Staff involved in the provision of patient care.

1. All staff will wash their hands promptly and thoroughly between patient contacts and after contact with blood, body fluids, secretions, excretions and equipment or articles contaminated by them. Wearing gloves does not replace the need for hand washing.

2. Gloves are to be worn by any staff member who has the potential for touching blood, body fluids, secretions, excretions and contaminated items. Clean gloves are to be used prior to touching mucous membranes and non-intact skin. Gloves are to be changed between tasks and procedures on the same patient after contact with material that may contain high concentrations of microorganisms.

3. While performing procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions, staff will wear the appropriate masks, eye protection, and/or face shields to provide protection to the mucous membranes of their eyes, nose, and mouth.

4. Gowns will be worn by staff to provide protection of skin and clothing during procedures that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Soiled gowns are to be removed as promptly as possible and disposed of appropriately.

5. Used patient-care equipment soiled with blood, body fluids, secretions or excretions will be handled by staff in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganism to other patients and environments. Soiled equipment whether re-usable or disposable is to be labeled as contaminated and placed for proper decontamination or disposal.

6. Linen soiled with blood, body fluids, secretions or excretions will be handled, transported, and processed by staff in a manner that prevents exposures and contamination of clothing and avoids the transfer of microorganism to other patients and the environment. Soiled linen is to be labeled as contaminated.

7. Disposable or reusable dishes and utensils may be used for serving food to the patient.

8. A private room is to be used for patients who contaminate the environment and/or who do not or cannot be expected to assist in maintaining appropriate hygiene or environmental control.

B. *Transmission-based Precautions* are designed to be used when caring for patients with documented or suspected infections, which are highly transmissible or are epidemiologically important pathogens for which additional precautions beyond *Standard Precautions* are needed to interrupt transmission. There are three types of *Transmission-based Precautions:* (1) Airborne Precautions, (2) Droplet Precautions, and (3) Contact Precautions. They may be used in combination for diseases that have multiple routes of transmission; however, they are <u>always to be used in addition to *Standard Precautions*</u>.

1. *Airborne Precautions:* are utilized to reduce the risk of airborne transmission of either airborne droplet nuclei (5 microns or smaller in size) that may remain suspended in the air for long periods of time or dust particles containing the infectious agent.

   a. Placement of the patient in a private room with negative air pressure system will be considered on a case by case basis.

   b. Personnel entering the room of a patient with known or suspected infectious pulmonary tuberculosis are to wear approved hepa filter respirator.

c. Personnel susceptible to a disease being isolated with *Airborne Precautions* are required to wear approved hepa filter masks when entering the patient's room.

2. *Droplet Precautions:* are utilized to reduce the risk of droplet transmission (larger than 5 mu) involving contact with conjunctivae or mucous membrane of the nose or mouth. Droplet transmission contact requires close contact between source and recipient. Droplets do not remain suspended in the air and travel only short distances.

   a. Patients are to be placed in a private room if possible. If a private room is not possible, a spatial separation of 3 feet is to be maintained between patients.

   b. Personnel are to wear a mask when working within 3 feet of the patient.

3. *Contact Precautions:* are utilized for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment.

   a. Patients are to be placed in a private room if possible. If a private room is not possible, the patient is to be placed in a room with patients of similar diagnosis.

   b. Gloves are to be worn by staff when entering the patient's room. The gloves are to be changed after having contact with infective material, and are to be removed before leaving the patient's room. Hands are to be washed with an anti-microbial agent immediately after removing gloves.

   c. A gown is to be worn by staff when anticipating contact with infective material. The gown is to be removed before leaving the patient's room.

Effective Date: _____
Review date: Review date: August 2014
Supersedes P&P dated: April 2014

Appendix A

Selected infections and conditions requiring use of *Transmission Based Precautions* in addition to *Standard Precautions*

Abscess with major drainage	Contact
Cellulitis with uncontrolled drainage	Contact
Chickenpox	Contact, Airborne
Clostridium difficile	Contact
Conjunctivitis, acute hemorrhagic	Contact
Decubitus ulcer infected, major	Contact
Diphtheria, Cutaneous	Contact
Diphtheria, Pharyngeal	Droplet
Ebola viral hemorrhagic fever	Contact
Enterocolitis, Clostridium difficile	Contact
Epiglottitis, H. Influenzae	Droplet
Furunculosis-staphylococcal	Contact
German Measles, rubella	Droplet
Hemorrhagic fevers	Contact
Herpes simplex,	
mucocutaneous, disseminated	Contact
Herpes zoster	
immunocompromised or disseminated	Airborne, Contact
Impetigo	Contact
Influenza	Droplet
Lassa fever	Contact
Lice	Contact
Marburg virus disease	Contact
Measles, all presentations	Airborne
Meningitis	
H. Influenzae	Droplet
Neisseria meningitidis (meningococcal)	Droplet
Meningococcal pneumonia	Droplet
Meningococcemia	Droplet
Multidrug-resistant organisms	
Gastrointestinal	Contact
Respiratory	Contact
Skin, wound, or burn	Contact
Mumps	Droplet
Mycoplasma pneumonia	Droplet
Parvovirus B19	Droplet
Pertussis	Droplet
Plague, Pneumonic	Droplet
Pneumonia, adenovirus	Droplet, Contact
Respiratory syncytial infection	
immunocompromised	Contact
Rubella	Droplet

Staphylococcal disease (S. Aureus)	
Major skin, wound	Contact
Streptococcal disease (A streptococcus)	
Major skin, wound	Contact
Tuberculosis, confirmed or suspected	Airborne
Zoster, immunocompromised or disseminated	Airborne, Contact

Appendix B

Clinical syndromes or conditions warranting additional empiric precautions to prevent transmission of epidemiologically important pathogens pending confirmation of diagnosis.

Diarrhea	
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Contact
Diarrhea with a history of recent antibiotic use	Contact
Meningitis	Droplet
Rash or exanthems, generalized cause unknown	
Petechial/ecchymotic with fever	Droplet
Vesicular	Airborne, Contact
Maculopapular with coryza and fever	Airborne
Respiratory infections	
Cough/fever/upper lobe pulmonary infiltrate	Airborne
Paroxysmal or sever persistent cough during periods of pertussis activity	Droplet
Risk of multi-drug resistant microorganisms	Contact
Skin or wound infection	
Abscess or draining wound that cannot be covered	Contact

Appendix C

Communicable disease warranting Oregon Health Authority Acute and Communicable Disease Program (ACDP) reporting require rapid information dissemination. ACDP primary and on-call phone number is: 971-673-1111. (http://public.health.oregon.gov/PHD/ODPE/ACD/Pages/contact_us.aspx)

Reportable Diseases list and timing can be reviewed at: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/Documents/2011_clinicianposter.pdf

STANDARD PRECAUTIONS

FOR INFECTION CONTROL

Wash Hands (Plain soap)
Wash after touching **blood**, **body fluids**, **secretions**, **excretions**, and **contaminated items**.
Wash immediately **after gloves are removed** and **between patient contacts**.
Avoid transfer of microorganisms to other patients or environments.

Wear Gloves
Wear when touching **blood**, **body fluids**, **secretions**, **excretions**, and **contaminated items**.
Put on **clean** gloves just **before touching mucous membranes** and **nonintact skin**.
Change gloves between tasks and procedures on the same patient after contact with material that may contain high concentrations of microorganisms. Remove gloves promptly after use, before touching noncontaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Wear Mask and Eye Protection or Face Shield
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**, or **excretions**.

Wear Gown
Protect skin and prevent soiling of clothing during procedures that are likely to generate **splashes** or **sprays** of **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.

Patient-Care Equipment
Handle used patient–care equipment soiled with **blood**, **body fluids**, **secretions**, or **excretions** in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed and single use items are properly discarded.

Environmental Control
Follow hospital procedures for routine care, cleaning, and disinfection of environmental surfaces, beds, bedrails, bedside equipment and other frequently touched surfaces.

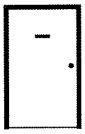
Linen
Handle, transport, and process used linen soiled with **blood**, **body fluids**, **secretions**, or **excretions** in a manner that prevents exposures and contamination of clothing, and avoids transfer of microorganisms to other patients and environments.

Occupational Health and Bloodborne Pathogens
Prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles.

Never recap used needles using both hands or any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.

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 puncture–resistant sharps containers located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture–resistant container for transport to the reprocessing area.

Use **resuscitation devices** as an alternative to mouth–to–mouth resuscitation.



Patient Placement
Use a **private room** for a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control. Consult Infection Control if a private room is not available.

The information on this sign is abbreviated from the HICPAC Recommendations for Isolation Precautions in Hospitals.

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CONTACT PRECAUTIONS

(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.

Patient Placement

Private room, if possible. Cohort if private room is not available.

Gloves

Wear gloves when entering the room.
Change gloves after having contact with infective material that may contain high concentrations of microorganisms **(fecal** material and **wound drainage**).
Remove gloves before leaving patient room.

Wash

Wash hands with an **antimicrobial** agent immediately after glove removal .
After glove removal and handwashing, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

Gown

Wear gown when **entering** patient room if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient's room, or if the patient is **incontinent**, or has **diarrhea**, an **ileostomy**, a **colostomy**, or **wound drainage** not contained by a dressing. **Remove** gown before leaving the patient's environment and ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments.

Patient Transport

Limit transport of patient to essential purposes only. During transport, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces and equipment.

Patient–Care Equipment

Dedicate the use of noncritical patient–care equipment to a single patient.
If common equipment is used, clean and disinfect between patients.

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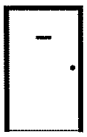
AIRBORNE PRECAUTIONS

(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.



Patient Placement

Use **private room** that has:
- Monitored negative air pressure,
- 6 to 12 air changes per hour,
- Discharge of air outdoors or HEPA filtration if recirculated.

Keep room door closed and patient in room.

Respiratory Protection

Wear an **N95 respirator** when entering the room of a patient with known or suspected infectious pulmonary **tuberculosis.**
Susceptible persons should not enter the room of patients known or suspected to have **measles** (rubeola) or **varicella** (chickenpox) if other immune caregivers are available. If susceptible persons must enter, they should wear an **N95 respirator.** (Respirator or surgical mask not required if immune to measles and varicella.)

Patient Transport

Limit transport of patient from room to essential purposes only.
Use **surgical mask** on patient during transport.

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DROPLET PRECAUTIONS

(in addition to Standard Precautions)

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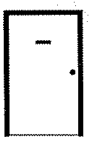

Patient Placement

Private room, if possible. Cohort or maintain spatial separation of **3 feet** from other patients or visitors if private room is not available.

Mask

Wear mask when working within **3 feet** of patient (or upon entering room).

Patient Transport

Limit transport of patient from room to essential purposes only.
Use **surgical mask** on patient during transport.

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