Initiating Isolation Precautions

Objective:

1. It is the policy of this facility to implement Standard Precautions for the care of all residents. When there is a reason to believe that a resident has an infectious or communicable disease that requires additional Control measures, isolation precautions (such as Droplet or Contact) are initiated in addition to the use of Standard Precautions is determined to be insufficient.

Procedure:

1. Should there be a reason to believe that a resident has an infectious or communicable disease, the charge nurse shall notify the resident’s attending physician of the need for initiating the appropriate category of isolation precautions. The precautions include the following: a) Transmission Based Precautions: Droplet or b) Transmission Based Precautions: Contact.

2. The nurse shall enter the physician’s order on the Physician Order Sheet (POS) or in the resident's file (for facilities using EHR) and the order shall be carried out as soon as possible. The failure of the physician and/or his/her alternate to take appropriate action concerning a suspected or confirmed infectious disease shall be reported promptly to the Administrator and Director of Nursing.

3. In the event that the physician fails to take appropriate action, the Administrator and/or Director of Nursing shall have the authority to implement isolation precautions, and notify the Medical Director for further instructions.

4. Isolation precautions shall remain in effect until discontinued by the attending physician when specific criteria are met. Orders for discontinuing the isolation precautions shall be recorded on the POS or in the resident's file (for facilities using EHR). Orders must be signed and dated by the attending physician.

5. After obtaining the physician’s order for the type of isolation needed, the following equipment and supplies are assembled:
   a. A sign on the door of the resident’s room indicating type of isolation precautions and personal protective equipment needed.
   b. Isolation cart will be located outside the door of the isolated resident’s room with needed supplies including the following: gloves, clear bags, gowns and masks.
   c. Each isolation room will contain two receptacles: 1 for linen and 1 for garbage. A clear plastic bag shall be placed in both receptacles.
   d. Any equipment and/or supplies needed by the resident for treatments shall remain in the room. Bring only supplies needed by the resident.
6. Before entering or leaving any isolation room, staff must:
   a. Read the sign to determine the type of isolation precautions needed. Honor the resident’s rights, by knocking on the door and inform the resident that you are entering the room.
   b. Apply the needed equipment: gloves, mask, gown. **STAFF ARE NOT TO LEAVE AND RE ENTER THE ROOM WEARING THE SAME GOWNS AND GLOVES.** All soiled gowns, gloves, and masks are removed prior to leaving the isolation room and disposed of in the garbage receptacle before leaving the room. Hand hygiene is performed prior to leaving the room.
   c. All linen that enters the room, used or not, must be placed in the linen receptacle. Linen once placed in the isolation room cannot leave the room unless properly contained in a bag. All garbage must be disposed of in the garbage receptacle. This includes such items as: gloves, gowns, hand towels and masks. All garbage is to be placed in regular garbage disposal unless there is a notable amount of blood, only at that point will garbage from isolation rooms be placed in biohazard bins.

7. At the end of each shift and as needed, the isolation garbage and linen must be removed from the room.

8. Residents on isolation precautions do not require the use of isolation dietary trays (disposable) unless the facility’s dish machine is not functioning properly.

9. A resident’s ability to leave their room during the course of isolation precautions will be based on the professional judgment of the nurse and the following criteria; (a) absence of open wounds and drainage, contaminated body fluids, (b) resident’s ability to maintain proper hygiene, and (c) overall cognition and behavior of the resident.

**The main goal of the facility is to prevent unnecessary restriction of any resident within their room. However, in some cases, restricting a resident’s access is necessary to prevent the further spread of the disease.**

10. Facilities with dialysis units should take every precaution to ensure that isolated residents are dialyzed at the same time to minimize exposure of non-infected residents undergoing dialysis.

11. Resident Placement:
   a. Any resident with KPC will only share a room with another resident with KPC regardless of other organisms present.
   b. All efforts to appropriately cohort residents will be made. In the event this is not possible, the facility will determine resident placement based on the following:
      1. Decisions regarding resident room placement and/or resident placement into or removal from isolation will be made on a case-by-case basis, balancing infection risks to other residents in the room, the presence of risk factors that may increase the likelihood of transmission and the potential adverse psychological impact on the infected or colonized resident.
2. The facility will ensure that residents are physically separated (>3 feet apart) from each other and a curtain used as a barrier between beds.
3. Personal protective equipment will be changed and hand hygiene performed between contact with residents in the same room.

12. Guidelines for Isolation:

a. MRSA/VRE: Isolate only infected residents with drainage, e.g. open wounds
b. CDI: Isolate residents who are actively infected, i.e. having diarrhea
c. MDRO – Gram Negative Rods (including ESBL producers, KPC and documented or presumed CREs):
   1. Isolate residents who are infected or colonized with drainage that cannot be contained.
   2. Maintain Contact Precautions for High Risk residents including those who are totally dependent on CNAs for ADLs, Vent Dependent, have uncapped tracheostomies, are incontinent of stool, or have wounds with drainage that is difficult to control.

13. Discontinuation of Isolation:

a. C. Difficile Infections (CDIs): do not require re-culturing to discontinue isolation. Isolation precautions will be discontinued once diarrhea has fully stopped for 3 consecutive days.
b. MRSA/VRE: discontinue isolation once resident has been treated and drainage is contained.
c. MDRO GNR: discontinue isolation once resident has been treated and drainage has been contained (if resident is not at High Risk for transmission).
d. Droplet precautions will remain in place for residents with infections such as Influenza or Pertusis until 5 days after initiation of treatment.

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Isolation Precautions

Objective:

1. It is the policy of this facility to follow and implement isolation precautions according to the recommendations of the Center for Disease Control and Prevention (CDC) in order to aid in the prevention and transmission of pathogens. The types of isolation precautions have been divided into the following categories:

I. Standard Precautions

II. Transmission Based Precautions:

A. Airborne Precautions

B. Droplet Precautions

C. Contact Precautions

Procedure:

I. **Standard Precautions** are designed to reduce the risk of transmission of blood borne pathogens and those from moist body substances. These precautions apply to all patients and or residents regardless of their diagnosis or infection status. Standard Precautions apply to (a) blood; (b) all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood; (c) nonintact skin, and (d) mucous membranes. The purpose of standard precautions is to decrease the risk of transmission of microorganisms from both recognized and unrecognized sources of infections. Standard Precautions are used in the care of all residents. These precautions include the following:

A. **Hand Hygiene:** Hands are to be washed using soap and water after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Hand hygiene must be performed immediately after removing and disposing of PPE (Personal Protective Equipment), between resident contact, and when otherwise indicated to prevent contamination.

B. **Gloves:** (clean, nonsterile gloves are adequate) are to be worn when touching blood, body fluids, secretions, excretions, and contaminated items such as visibly or potentially contaminated resident care equipment and environmental surfaces. Gloves should be put on prior to such tasks that require touching mucous membranes, and nonintact skin. Gloves must be changed between tasks and procedures on the same resident. Gloves must be changed after contact with a concentrated amount of microorganisms. Gloves must be removed promptly after use and before touching non contaminated items and environmental surfaces, and before going to another resident. After gloves are removed, hand hygiene must be performed.
C. **Masks, Eye Protection, Face Shield** are to be worn during procedures that may generate splashes and or sprays of blood, secretions, or excretions.

D. **Gown**: (nonsterile is adequate) is to be worn during procedures that are likely to generate splashed or sprays of blood, secretions, or excretions on to clothing. A soiled gown is removed as promptly as possible and hand hygiene performed to prevent transfer of microorganisms.

E. **Resident Care Equipment**: all contaminated equipment is to be handled in a manner that prevents skin and mucous membrane contamination. Dispose of single use equipment promptly and reusable equipment is cleaned and disinfected properly before use by another resident.

F. **Environmental Control**: routine procedures for the cleaning, disinfection of environmental surfaces that include the following: beds, siderails, positioning assistants (e.g. halos, trapezes), bedside equipment and other frequently touched equipment and surfaces.

G. **Linen**: handle and transport any linen contaminated with blood, body fluids, secretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing.

H. **Occupational Health and Bloodborne Pathogens**:

1. **Sharps**: do not reuse needles, and take care to prevent injuries when using needles, scalpels, and other sharps. Use proper puncture-resistant containers for disposal of all sharps. Do not recap needles or use one handed recapping method.
2. Use mouthpiece, resuscitation bags, other ventilation devices or an alternative to mouth-to-mouth resuscitation.

I. **Resident Placement**: it may be necessary to place any resident who contaminates the environment in a private room if the resident cannot assist in maintaining appropriate personal hygiene.
II. **Transmission Based Precautions:** are designed for residents with documented or suspected to be infected with highly transmissible pathogens for which additional precautions beyond standard are needed to prevent transmission of the pathogens. There are three types of transmission based precautions: Airborne Precautions, Droplet Precautions, and Contact Precautions. These types of precautions may be combined for diseases that have multiple routes of transmission. These precautions (Airborne, Droplet, and Contact) are always used in addition to Standard Precautions.

A. **Airborne Precautions:** are designed to reduce the risk of airborne transmission of infectious agents. In addition to Standard Precautions, airborne precautions are utilized for residents and/or patients with suspected or known to have illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include: Tuberculosis, Varicella, and Measles. This nursing facility cannot provide airborne precautions for residents with Tuberculosis or Measles and therefore the resident will be transferred to a facility that can meet these precautions.

1. Residents with Varicella will be isolated in a closed rooms with no contact with persons without evidence of immunity.
2. Standard Precautions
3. Private room, if a private room is not available, the resident may be placed in a room with another resident who has an active Varicella infection.

B. **Droplet Precautions** are used for a resident with suspected or known infection of microorganism transmitted by droplet. These droplets can be generated by sneezing, coughing or talking. Examples of infections requiring droplet precautions include: meningitis, pneumonia, sepsis, pertussis, scarlet fever in infants and young children, influenza, rubella, and mumps. Droplet Precautions are used in addition to Standard Precautions and include the following.

1. Standard Precautions
2. Private room, if a private room is not available, the resident may be placed in a room with another resident who has an active infection with the same microorganism but with no other infection. Special air handling is not necessary and the door of the room may remain open. If cohorting or private room is not achievable, a spatial separation of 3 feet is required.
3. Masks must be worn when working within 3 feet of the resident.
4. Limit transportation and movement of the resident from the room for essential purposes only.
C. **Contact Precautions** are used for residents with suspected or known infections of colonized microorganisms that can be transmitted by direct contact with the patient or resident or indirect contact. Examples of such illnesses include: Clostridium Difficile, Escherichia coli O157:H7, Shigella, Hepatitis A or Rotavirus. Also includes: infections or colonization with Multidrug Resistant Organisms (MDROs), i.e., MRSA, VRE, VISA, VRSA and ESBL-GNB, KPC, CREs, EKM. Contact Precautions are used along with Standard Precautions and include the following:

1. **Standard Precautions**
2. Gloves are to be worn when entering the room and gloves must be changed after contact with materials that contain high concentrations of microorganisms (fecal material and dressings). Gloves are to be removed before leaving the room and hand hygiene performed immediately with an antimicrobial agent or waterless antiseptic agent. After removal of gloves and hand hygiene, ensure that hands do not touch environmental surfaces or items in the resident's room to avoid transfer of organisms.
3. Gowns are to be worn when entering the resident’s room if direct care is to be provided or when potential for clothing to be contaminated exits. The gown is removed before leaving the room and ensure that clothing is not contaminated by environmental surfaces.
4. Resident transport should be limited and precautions maintained to decrease the risk of infection.
5. Resident care equipment should be dedicated to the use of a single resident or a cohort of residents infected or colonized with the same pathogen. Common equipment needs to be cleaned and disinfected before each use.
6. All types of isolation precautions may use regular dietary tray set ups unless the facility dish machine is not functioning properly.
7. **Resident Placement:**
   a. Any resident with KPC will only share a room with another resident with KPC regardless of other organisms present.
   b. All efforts to appropriately cohort residents will be made. In the event this is not possible the facility will determine resident placement based on the following:
      1. Decisions regarding room placement and/or resident placement into or removal from isolation will be made on a case-by-case basis, balancing infection risks to other residents in the room, the presence of risk factors that may increase the likelihood of transmission and the potential adverse psychological impact on the infected or colonized resident.
      2. The facility will ensure that residents are physically separated (>3 feet apart) from each other and a curtain used as a barrier between beds.
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   b. CDI: Isolate residents who are actively infected, i.e. having diarrhea.
   c. MDRO – Gram Negative Rods (including ESBL producers, KPC and documented or presumed CREs):
      1. Isolate residents who are infected or colonized with drainage that cannot be contained.
      2. Maintain Contact Precautions for High Risk residents including those who are totally dependent on CNAs for ADLs, Vent Dependent, have uncapped tracheostomies, are incontinent of stool, or have wounds with drainage that is difficult to control.

10. Discontinuation of Isolation:
    a. C. Difficile Infections (CDIs): do not require re-culturing to discontinue isolation. Isolation precautions will be discontinued once diarrhea has fully stopped for 3 consecutive days.
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