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Document Title:	ISOLATION PRECAUTIONS

#### **PURPOSE:**

- 1. To apply transmission based precaution on top of the standard precaution when indicated to reduce the risk of transmission of any pathogens from both recognized and unrecognized sources from:
  - 1.1. Patient to patient
  - 1.2. Patient to healthcare worker
  - 1.3. Healthcare worker to patient
  - 1.4. Healthcare worker to another healthcare worker
  - 1.5. Environment to patient
- To execute the correct transmission-based precautions after it has been identified and applied the correct room signage to the patient's chart and patient's door entrance.
- 3. To ensure that the patient and the patient transporter are protected during patient transport while keeping the movement of the patient to a minimum.

#### LEVEL:

Physicians, Residents, Post Graduate Intern (PGI's), Junior Interns (JI), Nursing Service Division, Ancillary Division, Infection Prevention and Control Unit, House Keeping Personnel, Security Officer, Dietary Staff

#### **DEFINITION OF TERMS:**

**Isolation Precautions**- are special precautionary measures, practices, and procedures used in the care of patients with contagious or communicable diseases. These types of precautions help prevent the spread of pathogens in the hospital. Anybody who visits a hospital patient who has an isolation sign outside their door should stop at the nurses' station before entering the patient's room.

**Standard Precautions**- are routine Infection Prevention Control precautions that should apply to ALL patients, in ALL health-care settings regardless of suspected or confirmed infection, in any setting where health care is delivered. It is intended



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to minimize spread of infection associated with health care, and to avoid direct contact with patients' blood, body fluids, secretions and, non-intact skin (including rashes), and Mucous membranes. The Standard Precaution Components are as follows:

- a) Hand hygiene
- b) Use of personal protective equipment
- c) Respiratory hygiene/ cough etiquette
- d) Appropriate patient placement
- e) Environmental controls (Clean and disinfected environmental surfaces)
- f) Handle textiles and laundry carefully
- g) Healthcare and sharps safety
- h) Safe injection practices

**Transmission-based Precautions**- the second tier of basic Infection Control, used in additions to standard precaution, for patients who maybe infection or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. The following are the Categories of Transmission Based Precautions:

- a) Contact Precautions- YELLOW
- b) Droplet Precautions- GREEN
- c) Airborne Precautions-BLUE
- d) Protective Environment (PE)- ORANGE

Contact Precautions- used for patients with known or suspected infections spread by direct patient contact or indirect contact with items in the patient's environment (e.g norovirus, rotavirus, draining abscesses, head lice).

**Droplet Precautions**- used for patients with known or suspected to be infected with microorganisms transmitted by large respiratory droplets (large-particle droplets {>5 um in size}) that can be generated by the patient during coughing, sneezing, talking, (e.g include influenza, pertussis, meningococcal disease).



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**Airborne Precautions**- used for patients with known or suspected infections spread by airborne particles (< 5 microns in size) which remain suspended in the air for a long time. Wearing of fit tested respirator or well fitted n95 mask must be used in handling such patients. (e.g. tuberculosis, measles, and SARS).

Protective Environment (PE)- placing a high-risk immunocompromised patient in a protective environment in order to prevent them from acquiring infections. Healthcare workers practice protective isolation to make sure that patients with weakened immune systems are not exposed to organisms that could potentially lead to infection and serious complications. (e.g. cancer patients, patients with comorbidities, hemodialysis patients)

## POLICY:

- There are the two (2) tiers of precautions to prevent transmission of infectious agents according to Hospital Infection Control Practices Advisory Committee (HICPAC) and Centers for Disease and Control (CDC), the Standard Precautions and Transmission-Based Precautions. The same are adapted and is being practiced in Dr. Pablo O. Torre Memorial Hospital (DPOTMH).
- 2. All patients in the hospital are potentially source of infection. Thus, Standard Precautions shall be observed by all healthcare workers including auxiliary personnel, security officers, dietary and house keeping personnel at all times in any setting where health care is delivered.
- Once an infectious/contagious case is confirmed by the Attending Physician/ Internist/ Infectious Disease Consultant and determines the transmission-based precaution, the nurse shall apply and implement the correct transmission-based precaution signage.



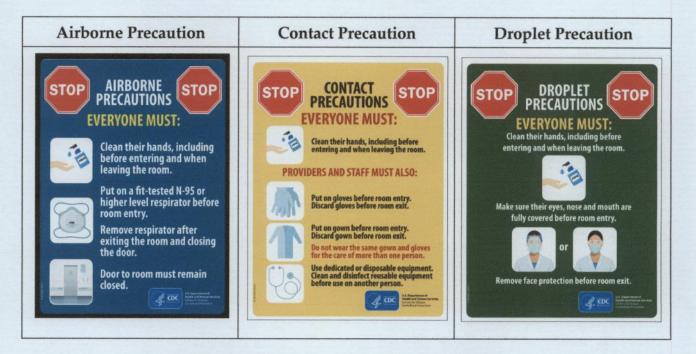
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- 4. The Nurse on duty shall inform the Infection Control Unit of the patient's information, status, and room number via phone call and must sends a text message after.
- The Infectious Control Nurse verifies the type of disease and the transmissionbased precaution used and checks the patient's chart for confirmation and health education. The IPCU staff must document the patient's case.
- 6. Patients with infectious case shall be isolated in a single/ regular private room or transfer to the institutional isolation facility. Cohorting of patients may be done with other patients of the same condition. If with infectious disease consultant on board, recommendation will follow.
  - 6.1. If patient will be transferred to the Isolation Facility, donning and doffing of personal protective equipment must be observed. Ensure correct protective PPE for patient and healthcare worker transport.
  - 6.2. If the patient is placed in a single/regular private room. The healthcare worker can don before entering the patient's room and doff 6 feet away from the patient. PPE shall be disposed properly.
  - 6.3. Do not wear the same gown and gloves for the care of more than one patient.
  - 6.4. Gloves are not a replacement for hand hygiene. Perform hand hygiene before and after wearing of gloves.
- 7. Immunocompromised and immunosuppressive patients therapy shall be placed on protective environment.
- 8. All healthcare workers handling infectious/ contagious patients shall utilize the correct personal protective equipment in corresponding to the transmission based-precaution. Hence, rational use of personal protective equipment (PPE) of our healthcare workers shall be observed.
- 9. Supply of PPE's shall be available for all hospital staff.



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10. The nurse shall apply the corresponding transmission-based precaution signage on the patient's door entrance and patient's chart.



- 11. During intra-facility transfer, the nurse notifies the receiving area and the transporter of the case of the patient. If the patient is on Airborne or Droplet precautions, the patient is transported wearing a surgical face mask.
- 12. The wheelchair or stretcher used must be cleaned and disinfected with a hospitalgrade disinfectant every after use.
- 13. The duration of transmission-based precaution shall be disease specific and upon the clinical assessment of the Attending Physician/ Internal Medicine Consultant or the infectious disease consultant on board.



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14. The room vacated by the patient shall be terminally cleaned according to its diagnosis. The medical devices used shall be thoroughly cleaned and disinfected by the approved hospital-grade disinfectant.

#### **DOCUMENTATION:**

**New Policy** 

#### **DISSEMINATION:**

- 1. Policies and Procedure Manual
- 2. Departmental Meetings
- 3. Orientations and Lectures
- 4. Memorandum
- 5. Hospital Communicator System

#### **REFERENCES:**

- Centers for Disease Control and Prevention 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <a href="http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf">http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf</a>
- 2. A Guide to Infection Control in the Hospital 5<sup>th</sup> Edition, official publication of the International Society for Infectious Diseases (ISID)
- 3. Standard Precautions. (n.d.). CDC. Retrieved May 22, 2022, from <a href="https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html">https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html</a>
- 4. Isolation Precautions | Guidelines Library | Infection Control | CDC. (n.d.). CDC. Retrieved May 25, 2022, from <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a>



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### **APPENDIX A:**

## Standard Precaution Components for the Care of all patients.

## I. Hand Hygiene

- · Before touching the patient
- · Before clean/aseptic procedures
- · After touching blood, body fluids, secretions, excretions, contaminated items;
- · Immediately after removing gloves;
- · After touching the patients and between patient contacts
- · After touching patient's surroundings
- · Before preparing the patient's medications and parenteral feeding
- Before eating
- After toilet use

## II. Personal Protective Equipment (PPE)

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Gloves	<ul> <li>For touching blood, body fluids, secretions, excretions, contaminated items</li> <li>For touching mucous membranes and non intact skin (Rashes)</li> </ul>
Mask, Eye Protection, Face Shield	<ul> <li>During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions</li> <li>Perform hand hygiene after doffing</li> </ul>
Gown	<ul> <li>During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, excretions, that may generate splashes or sprays of blood, is anticipated</li> <li>Perform hand hygiene after doffing</li> </ul>



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## III. Respiratory Hygiene

## IV. Appropriate Patient Placement

#### V. Environment Control

- Develop procedures for routine care, cleaning and disinfection of environment surfaces, especially frequently touched surfaces in patient-care areas
- ATP monitoring/ checking

## VI. Textiles and Laundry

- Handle in a manner that prevents transfer of microorganisms to others and to the environment
- If soiled with blood, feces or body fluids, place inside the infectious plastic bag before transport
- Wear gloves
- · Performs hand hygiene

## VII. Needles and Other Sharps

- · Do not recap, bend, break, or hand-manipulate used needles
- If recapping is required, use a one-handed scoop technique only
- Use safety features when available
- Place sharps in puncture-resistant container and cover the sharps container all the time.
- Once ¾ full discard and change the sharps container

## VIII. Safe Injection Practices



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#### APPENDIX B:

## Guidelines on Transmission Based Precaution Room and Chart Signage

#### Diseases **Precaution Category** Infected/ colonized patients with Multi-CONTACT PRECAUTION: YELLOW Drug Resistant Organisms (MDRO): Vancomycin Resistant Enterococcus (VRE), STOP STOP Carbapenem Resistant **EVERYONE MUST:** Enterococcus (CRO), Clean their hands, including before entering and when leaving the room. Methicillin Resistant Staphylococcus aureus (MRSA), PROVIDERS AND STAFF MUST ALSO: **Extended Spectrum Beta** Lactamase positive (ESBL +) Put on gloves before room entry. Discard gloves before room exit. Organisms Put on gown before room entry. Discard gown before room exit. Scabies, Impetigo Staphylococcal Scalded Skin Do not wear the same gown and gloves for the care of more than one person. Syndrome Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. Wound or Abscess with



**Room Placement:** Private Room/ Single Room May cohort of same diagnosis.

- uncontained drainage
- Poliomyelitis
- Conjunctivitis (Sore eyes)
- Hand, Foot and Mouth Disease
- Hepatitis A (if diapered or incontinent patient)
- Parainfluenza Virus
- Herpes Simplex
- Diarrhea due to: Salmonella, Rotavirus, Norovirus, Shigella, Clostridium difficile
- Herpes Zoster



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#### Diseases

- Bacterial Meningitis
- Meningococcemia
- Diphtheria
- Bacterial Pneumonia
- Seasonal Influenza
- Pertussis (whooping cough)
- Streptococcal pharyngitis (Scarlet fever)
- · Hemophilus Influenza Infection
- Pharyngitis in Children
- Mumps (viral parotitis)
- German Measles (Rubella)
- Adenovirus
- Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
- Covid 19

## **Precaution Category**

#### **DROPLET PRECAUTION: GREEN**





**Room Placement:** 

Preferably: Private Room/ Single Room

May cohort of same diagnosis



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Pulmonary/ Laryngeal	
Tuberculosis	
(suspected/confirmed), AFB(+)	

Diseases

PTB, MDR-PTB

- Measles (Rubeola)
- SARS
- Chickenpox (Varicella)
- Disseminated Herpes Zoster

## **Precaution Category**

#### AIRBORNE PRECAUTION: BLUE



Room Placement: Private/ Single Room with a negative air pressure.



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#### **Diseases**

All Immunocompromised and Immunosuppressed Inpatient(s)

## **Precaution Category**

#### PROTECTIVE ENVIRONMENT: ORANGE





Room Placement: Private/ Single Room



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## **APPENDIX C:**

# Recommended for Transmission-based Precautions for the care of all patients

Transmission Based Precaution	Room Placement	PPE
Airborne	Private/ Single specific ventilation requirements  Negative Air Pressure	Well Fitted N95 mask
Contact	Private/ Single	<ul><li>Gloves</li><li>Gown</li></ul>
Droplet	Private/ Single	<ul><li>Surgical Mask</li><li>(N95) Aerosols generated procedure</li></ul>
<b>Protective Environment</b>	Private / Single	PPE as necessary