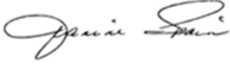
 CARE COORDINATION	Page # 1 of 13	Section: Infection Control	Policy #: M-02
	Approved by: 	Date: 8/10/2016	Review by: 8/10/2017
	Supersedes: 2/08, 7/08, 5/10, 2/11, 8/2013, 8/27/14, 10/28/15		
	Date Revised: 8/10/2016		
	Primary Responsible Parties: Tammy Cooper, Jennifer Liberty Secondary Responsible Parties:		
Joint Commission Standard: IC			
SUBJECT: EXPANDED ISOLATION PRECAUTIONS			

- I. POLICY:
UnityPoint Health Methodist /Proctor will follow the Center for Disease Control and Prevention (CDC) recommendations to prevent the spread/transmission of healthcare-associated infections (HAIs), address the emergence of new pathogens, new therapies, and biological weapons of bioterrorism.
- II. PURPOSE AND STANDARD:
These isolation guidelines will assist in preventing the spread/transmission of infectious agents or biological weapons of bioterrorism to staff, patients, and visitors.
- III. POLICY SCOPE:
All levels of UnityPoint Health Methodist /Proctor personnel
LIPs
- IV. GENERAL INFORMATION:
- A. The objectives of these guidelines are:
1. To provide infection prevention and control recommendations and guidelines for all healthcare delivery systems,
 2. To assure that Expanded Precautions are applied to protect exposure to suspected or confirmed infectious pathogen(s).
- B. Terminology:
1. Transmission-based Precautions – two tiers of precautions for patients, visitors, and staff
 - a. Standard Precautions – intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions is the primary strategy for successful prevention of healthcare-associated transmission of infectious agents.
 - b. Expanded Precautions – Additional measures (Contact, Contact GI, Droplet, Airborne) to prevent transmission when the route of transmission is not interrupted by Standard Precautions or when a Protective Environment is required for patients. Expanded Precautions are for patients who are known or suspected to be infected with pathogens that require additional measures to prevent transmission. (See V, D)
 2. Airborne Infection Respiratory Precautions (All) – this term is consistent with the *Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings 2005*, the *Guidelines for Environmental Infection Control in Healthcare Facilities*, and the American Institute of Architects guidelines for design and construction in hospitals. All precautions are intended to reduce the risk of airborne transmission of infectious agents (rubeola virus, varicella virus, *M.tuberculosis*, smallpox,). Refer to Care Coordination Policy M-03.

3. Healthcare-associated infection (HAI) – refers to infections associated with healthcare delivery in any setting.
4. Communicable Disease – any disease that is transmitted by infection or contagion

C. Transmission of infection within a healthcare setting requires a:

1. Source – this is primarily a human source but may be an inanimate environmental source to assist in transmission of an infectious agent causing an HAI. Healthcare workers, patients, household members, and visitors may have active infections that may be asymptomatic or be in the incubation phase or may be colonized with the agent
2. Susceptible host – a person who is susceptible to infection. Some people may never develop the disease, others may become colonized, and others may develop a symptomatic disease following exposure or after a period of asymptomatic colonization. Host factors such as age, underlying disease, medications that alter normal flora, surgical procedures, and invasive devices are a few of the examples of methods of contributing to the development of HAIs.
3. Mode of transmission – Exposure to microorganisms in healthcare settings occur via three primary routes:
 - a. Contact transmission – the most common mode of transmission through direct contact or indirect contact.
 - 1) Direct contact transmission – microorganisms are transmitted directly from one person to another. Examples are:
 - a) Blood from a patient directly enters a caregiver's body through a cut in the skin,
 - b) Skin
 - c) Coughing, sneezing
 - 2) Indirect contact transmission – the organism is transferred through a contaminated inanimate object or a person. Hands of personnel are usually cited for this method of transmission. Examples:
 - a) Hands of healthcare providers touch an infected or colonized body site on one patient or a contaminated inanimate object and then touch another patient without performing hand hygiene
 - b) Patient-care devices contaminated by blood or body fluids are shared between patients without cleaning or disinfecting (electronic thermometers, glucose monitoring devices)
 - c) Shared toys transmit respiratory viruses
 - d) Instruments that are inadequately cleaned between patients
 - b. Droplet transmission – Respiratory droplets are generated by a cough, sneeze, or talking or during procedures such as suctioning, bronchoscopy, and cough induction. Transmission occurs when the droplets are propelled short distances (≤ 3 feet or possibly more if conditions are right) and are deposited on the conjunctivae, nasal mucosa, or mouth. Droplets are relatively heavy and do not remain suspended in the air for a long period of time. Examples:
 - 1) *Bordetella pertussis*
 - 2) Influenza virus
 - 3) *Neisseria meningitidis*
 - c. Airborne transmission – Dissemination of airborne droplet nuclei, very small droplets that contain infectious microorganisms occurs by a cough, sneeze, talking, or during procedures such as suctioning, bronchoscopy, and cough induction. These droplet nuclei are able to remain suspended for long periods of time. Special air handling (negative pressure rooms) and respiratory protection (respirators) are required. Examples:
 - 1) *Mycobacterium tuberculosis*
 - 2) Rubeola virus
 - 3) Varicella-zoster
 - 4) Smallpox
4. Organisms with important infection prevention and control implications
 - a. MDROs
 - b. Agents of bioterrorism

- c. Prions
- d. Influenza

D. Prevention:

1. Hand hygiene is essential in reducing the transmission of infectious agents. (See Care Coordination Policy for Hand Hygiene).
 - a. Hand Hygiene is to be performed prior to donning PPE
 - b. Hand Hygiene is to be performed following removal of PPE
2. Personal Protective Equipment (PPE)
 - a. Gloves
 - b. Isolation gowns
 - c. Mouth, nose, eye, and face protection
3. Respiratory protection (N-95 masks, PAPR hoods)

E. Transportation of Isolated Patients and Ancillary Department Notification.
Notification:

1. Ancillary departments who are providing care or diagnostic services to patients in Isolation Precautions are to be informed of the type of isolation being utilized for the patient.
2. Isolation Precautions should be included in all communication about the patient.

Transportation:

1. A surgical mask should be worn by patients when appropriate during transport.
2. Transport staff does not need to wear PPE during transport of the patient
3. Patient charts.
 - a. Patient charts should not be taken into patient rooms if isolation precautions are in place.
 - b. Charts should be placed on a barrier (ie: a pillow case, towel, paper towel, etc) during transport of the patient
 - c. Charts should not be placed inside a pillow case, or some other enclosure during transport of the patient.
 - d. If a chart is taken into a patient's room the chart cover must be cleaned with the approved disinfectant wipe prior to placing in the chart rack at the nurse's station.
4. Transporting patients in a bed from the patient's room who are in isolation precautions:
 - a. Drape a sheet over bed arm rails and foot of bed as an enclosure/barrier during transport.
 - b. If two staff members are transporting the patient, the person pulling the bed should place hands on top of barrier sheet. With the sheet as a barrier, gloves are not needed and staff may touch elevator buttons, etc.
 - c. The staff member pushing the bed at the head should place a barrier (ie: a towel, a sheet, etc.) on the head of the bed during transport. If a barrier is not used, gloves must be worn and staff cannot touch elevator buttons, etc.
5. The receiving department staff should use the appropriate precautions.
6. In pandemic or bioterrorism situations, use of an IsoPod may be needed when transporting patients who may be or are considered contaminated or infectious.
 - a. IsoPods are located in the Bioterrorism Room in the Emergency Department (ED) at Methodist and in the E.R. management truck at Proctor.
 - b. Contact the ED, the Safety Officer, or the Infection Prevention to obtain the IsoPod.

F. Point of Care Testing for Expanded Isolation Precautions:

1. Put PPE on if appropriate
2. Enter room, place paper towel on bedside table
3. Place bedside testing device on top of paper towel, this is a clean area
4. Perform test following clean/dirty separation practices.
5. Push bedside table away from patient, leave bedside testing device on paper towel as the clean area
6. Remove PPE, perform hand hygiene

7. If the keyboard becomes contaminated clean with approved disinfectant wipes.
 8. Pick up device, use top of paper towel to push bedside table to patient and throw into black lined trash can.
 9. If device was touched with dirty glove, it must be cleaned with the appropriate cleaner per manufacturer's instructions.
- G. Medication (topicals and drops) for Expanded Isolation Precautions:
1. Put PPE on if appropriate
 2. Enter room, place paper towel on bedside table
 3. Place medication on top of paper towel, this is a clean area
 4. Follow steps for medication administration, maintaining a clean area
 5. Administer the medication following clean/dirty separation practices
 6. Push bedside table away from patient, leave medication on paper towel as the clean area if medication will be removed from room to be stored in medication area of unit
 7. Remove PPE, perform hand hygiene
 8. Pick up medication, use top of paper towel to push bedside table to patient and throw paper towel into black lined trash can
 9. Return medication to medication area on unit
- H. Therapy Activities
1. All therapists are to follow Standard Precautions for all patients.
 2. All therapists are to follow Expanded Precautions if being utilized for a patient.
 3. All therapists are to utilize the appropriate Personal Protective Equipment (PPE) and if required a respirator (PAPR) when working with patients.
 4. Patients who are in Expanded Precautions may participate in therapy in the gym or walk in the unit hallway with a therapist, utilizing the following process:
 - a. To prevent contamination of areas outside the patient's room the patient must put on a clean gown over gown currently being worn. The cover gown should not touch the patient's environment. Patient should perform hand hygiene prior to leaving the patient's room. These requirements are very important when patient is in Contact precautions.
 - b. Patient's who are in isolation for a respiratory condition should wear surgical mask when outside of room.
 - c. Patients in All precautions should not leave room for therapy.
 - d. A dry, secure dressing should cover all areas of drainage.
 - e. Therapists should remove PPE prior to leaving the room with the patient.
 5. See Appendix D for "Criteria for Ambulating Patients in Contact Precautions" algorithm to assist in determining an isolation patient's ability to leave room for therapy.
- I. Crash Carts and Other Equipment
1. Crash carts and isolation rooms
 - a. Crash carts are not to be taken into isolation rooms
 - b. The cart is to remain at the door to the patient's room with a person assigned to the cart to obtain items that are needed during the code
Rationale: to prevent contamination of the inside of the cart and to prevent unnecessary disposal of items that become contaminated during a code for a person who is in isolation.
 - c. If the cart does not enter an isolation room the usual cleaning/restocking process should occur
 - d. If the cart should be taken into an isolation room, it is to be cleaned with the approved cleaner on the outside of the cart before sending to Pharmacy.
 - e. Pharmacy and SPD should be notified the crash cart was in an isolation room by writing this information on the miscellaneous slip that is sent to the Pharmacy with the cart. This information will also be communicated to SPD.
 - f. Pharmacy and SPD will dispose of items that cannot be wiped off/cleaned with the approved cleaner to ensure no contamination of the items has occurred. The outside of

the crash cart and the inside of the drawers will be cleaned/disinfected per routine process using the approved products.

Exception: If the crash cart was in the room in which the patient had been diagnosed with *C-difficile* diarrhea, the inside/outside of the cart would need to be cleaned/disinfected with the approved bleach product.

- g. When returning a crash cart to SPD following a code no used sharps should be found in or on the cart, sharps should be disposed of in a sharps container. Any used item, such as a laryngoscope blade, is to be placed in a biohazard labeled bag, not laying on top of the crash cart. The suction bottle should be emptied prior to sending the cart to SPD. Refer to Care Coordination policy Crash Carts and Tackle Boxes H-3 for additional information on crash carts.
2. Other equipment such as but not limited to: scales, lift equipment, and radiology machines, should be cleaned with the approved cleaner either before or immediately after leaving an isolation room. Refer to Care Coordination policy M-26 – Cleaning / Disinfection of Medical Equipment.
 - a. If Defibrillators are taken into an isolation room, the outside case is to be cleaned with approved cleaner/disinfectant and all other components cleaned per manufacturer instructions.

V. Isolation Precautions – all signage is to be placed on door frame of patients room

A. To determine the type of isolation a patient may require refer to Care Coordination policy M -25.

B. Standard Precautions No signage required. (See Appendix A.) (Also, see Care Coordination Policy for Standard Precautions M-01)

C. Respiratory Hygiene/Cough Etiquette

1. Respiratory Hygiene/Cough Etiquette educates staff and others on the importance of containment of respiratory secretions and prevention of droplet transmission of respiratory pathogens. Respiratory Hygiene/Cough Etiquette should be used at all times. During seasonal outbreaks of influenza and/or pandemic situations (influenza, *Bordetella pertussis*, RSV, etc.) use of Respiratory Hygiene/Cough Etiquette is extremely important.
2. Implement the following measures to contain respiratory secretions of individuals who have signs/symptoms of respiratory tract infection
 - a. At the point of entry in a healthcare setting (triage, reception, waiting areas, etc) Respiratory Hygiene/Cough Etiquette processes should be implemented
 - b. Post signs with instructions to patients and others with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after contact with respiratory secretions.
 - c. Provide tissues and no-touch receptacles for disposal of used tissues
 - d. Provide instructions on hand hygiene and provide dispensers of alcohol-based hand cleaner
 - e. Offer masks at all times to patients who are coughing or sneezing and other persons with suspected respiratory tract infection upon entry into a common waiting area. Encourage spatial separation, at least 3 feet, from others in waiting areas.
3. Educate patient about Respiratory Hygiene/Cough Etiquette when placed into Droplet. Document education.

Precautions or Airborne Infection Isolation precautions.

 - a.. Provide tissues for the patient's use and a trash receptacle at the bedside.
 - b.. Provide means for hand hygiene if needed. (ex: alcohol based hand cleaner, baby wipes)

D. Expanded Precautions:

1. General Information:
 - a. In addition to Standard Precautions use Expanded Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission.
 - b. Expanded Precautions may be used singly or in combination with other types of expanded precautions and must always be used with Standard Precautions.
 - c. Documentation of Contact, Contact GI, Droplet, or Protective precautions must be completed daily. Documentation of negative pressure for Airborne Infection Isolation must be done each

shift per OSHA regulations. Infection Prevention performs daily surveillance on all patients in isolation.

- d. PPE containers in patient's rooms should not be accessed for supplies after touching the patient or the patient's environment. Gloves must be changed prior to accessing supplies and hand hygiene performed as appropriate.
- e. Hand hygiene with the alcohol gel or soap/water is to be performed before donning PPE and following removal of PPE.
- f. Patient charts **are not** to be taken into Expanded Precautions (isolation) rooms.
 - 1) If a chart is taken into an Expanded Precautions (isolation) room the chart cover should be cleaned with the approved cleaner
- g. Receiving departments should be notified of the need for Expanded Precautions, including the type of precaution needed.
- h. See appendix D for "Criteria for Ambulating Patients in Contact Precautions MRSA colonization of the nares"
 - 1) Colonization is not active disease and does not require a patient to wear a mask outside of the patient's room as long as the patient is not actively coughing, sneezing, etc
 - 2) MRSA colonization of the nares cannot be spread by aerosolization
 - 3) Patients with active disease of the respiratory tract/chronic conditions such as: CHF, COPD, emphysema, etc, and who have MRSA of the nares are to be masked because of coughing, sneezing, etc.

Rationale: Patients who are colonized are placed into Contact Precautions due to the potential of shedding of MRSA not from aerosolization.

Refer to IV.H. for additional information on ambulating patients who are in isolation precautions

2. Procedure to Implement Expanded Precautions:

- a. All isolation signage is to be placed on door frame of patient's room
- b. Place yellow sticker on front of chart and mark appropriate type of isolation, Do not write diagnosis on yellow sticker.
- c. Provide patient/family isolation information sheet found in the Infection Control section of the intranet. Provide education to the patient/family and document.
- d. Instruct visitors on use of appropriate PPE prior to entering patient room.

ISOLATION PRECAUTIONS

1. Contact Precautions: (Sign is **RED**)

- a. Use Contact Precautions for patients with a known or suspected infection or evidence of syndromes that are at increased risk for contact transmission
- b. Use Contact Precautions for excessive wound drainage, fecal incontinence, or other secretions which pose increased transmission risk. Contact Precautions are used for patients with Multi-Drug Resistant Organisms (MDRO).
- c. Place patient in private room if possible. Cohort (put two patients in same room) only with patients with same organism. Consult the ICP when cohorting patients. Remove PPE and perform hand hygiene between patients.
- d. Obtain isolation PPE organizer from clean supply room and stock with the following items:
 - 1) Disposable gowns
 - 2) Gloves
 - 3) Mask
 - 4) Disposable stethoscope – leave in room
 - 5) Disposable thermometers – leave in room
- e. Place isolation PPE organizer on the patient room door. **Organizer is never to be taken into the patient room.** (Gloves must also be located outside patient room in organizer.)
- f. Gowns and gloves are to be worn upon entering room when caring for patient or coming in contact with potentially contaminated environment surfaces or items in the patient room.
- g. Use patient dedicated disposable blood pressure cuffs, thermometer, and stethoscope to prevent sharing of common equipment between patients.
- h. Limit transport of patient to medically necessary purposes. Ensure the infected area is contained and covered. Remove PPE prior to transport of patient. Use PPE at the transport destination when moving/caring for the patient.

- i. To determine if Contact Precautions may be discontinued review Care Coordination Policy M-28 Discontinuation of Isolation Precautions. If all criteria have been met, contact Infection Prevention and Control prior to removing patient from isolation to discuss patient's specific situation.
- j. Blue Lines – PPE must be worn when crossing the blue line to care for patients. If not crossing the blue line, no PPE is required. (Units in the Pavilion Wing will not have blue lines and staff must wear PPE when entering room).

3. Contact GI Precautions: (Sign is **YELLOW**)

- a. Use GI Precautions for patients known or suspected diarrheal illness such as: Norovirus, Rotavirus and C.difficile.
- b. Place patient in private room if possible. Cohort (put two patients in same room) only with patients with same organism. Consult the ICP when cohorting patients. Remove PPE and perform hand hygiene between patients.
- c. Obtain isolation PPE organizer from clean supply room and stock with the following items:
 - 1) Disposable gowns
 - 2) Gloves
 - 3) Mask
 - 4) Disposable stethoscope – leave in room
 - 5) Disposable thermometers – leave in room
- d. Place isolation PPE organizer on the patient room door. **Organizer is never to be taken into the patient room.** (Gloves must also be located outside patient room in organizer.)
- e. Gowns and gloves are to be worn upon entering room when caring for patient or coming in contact with potentially contaminated environment surfaces or items in the patient room.
- f. Use patient dedicated disposable blood pressure cuffs, thermometer, and stethoscope to prevent sharing of common equipment between patients. Clean any and all shared patient-care equipment using bleach disinfectant wipes.
- g. When exiting the room, hands must be washed with Soap and Water ONLY.

2. Droplet Precautions: (Sign is **GREEN**)

- a. Use Droplet Precautions for patients known or suspected to be infected with microorganism transmitted by respiratory droplets that are generated during coughing, sneezing, talking, or performance of cough-inducing procedures.
- b. Wear a surgical mask **upon entering room**, obtain mask from PPE organizer box located on room door.
- c. Mask w/eye protection or goggles if patient is coughing or sneezing
- d. Patient transport should be limited to medically necessary purposes. Patient should wear a surgical mask when out of room.
- e. Follow Respiratory Hygiene/Cough Etiquette guidelines
- f. To determine if Droplet Precautions may be discontinued review Care Coordination Policy M-28 Discontinuation of Isolation Precautions. If all criteria have been met, contact Infection Prevention and Control prior to removing patient from isolation to discuss patient's specific situation.

3. Airborne Infection Isolation: (All) (sign is **BLUE**)

Refer to Care Coordination Policy Airborne Infection Isolation M-03 for more details for All precautions.

- a. Use All for patients known or suspected to be infected with agents transmitted person to person by the airborne route (ex: tuberculosis, measles, chickenpox)
- b. Patient placement is a single patient room with negative pressure (C709, C710, C809, C810, ICU#15, P605, P606. Endoscopy, ED and Surgery all have Airborne Infection Isolation rooms.) At Proctor: ICU 276, ED, PACU, Endo have Airborne Infection Isolation rooms.
- c. Use of respiratory protection is required by OSHA – PAPR hoods are to be used when entering negative pressure rooms (see above list of rooms) on acute care. For additional information and department specific details on respiratory protection refer to the All policy.
- d. Only those sized for a PAPR may use the PAPR and enter an All room.
- e. Non-immune HCWs should not care for patients with vaccine preventable airborne diseases (chickenpox, measles, etc) regardless of PPE. Immune HCWs should wear PPE due to error

in determining immunity.

- f. Patient transport should be limited to medically necessary purposes. Patient should wear a surgical mask when out of room.
- g. To discontinue All precautions, contact Infection Prevention and Control prior to removing patient from isolation to discuss patients specific situation.
- h. To remove patients from All with suspect tuberculosis, contact Infection Prevention and Control and the Infectious Disease physician if participating in the patient's care.
- i. Receiving departments should be notified of All Precautions prior to transport.
- j. Visitors must wear an N-95 mask; if they are unable/unwilling to wear it they may be given a regular surgical mask. Document in the patient's medical record if a visitor refuses to wear either mask.
- k. Staff must wear a PAPR, with the exception of the MRI Department, it is not acceptable for staff to wear an N-95 mask when entering an All rooms, even if the patient is not in the room. PPE may be removed if the patient has been out of the room for 60 minutes or longer.

4. Neutropenic Environment: (PE) (sign is **PURPLE**), i.e.: neutropenic (ANC Absolute Neutrophils <500 0.5) precautions

- a. Place autologous hematopoietic stem cell transplant (HSCT) or neutropenic patients in a PE.
- b. Private room, positive pressure room for BMT patients
- c. Use disposable thermometer
- d. Patient must be masked when leaving room
- e. Discourage visitors who have upper respiratory infection (URI) or other conditions from visiting patient or they must wear a mask
- f. No live plants in patient's room
- g. No uncooked fresh vegetables, no fresh fruit, no pepper for patient

E. Multi-Drug Resistant Organism (MDRO)

- 1. Patients with a Multi-Drug Resistant Organism (MDRO) will be placed into Contact Precautions.
- 2. Refer to Care Coordination policy M-22 Multi-Drug Resistant Organism

VI. Cleaning of isolation rooms:

- A. Isolation signage must remain on doorframe at the time of the patient's discharge or when the patient is transferred to another room or unit until room has been cleaned by EVS.
- B. EVS will remove isolation sign when the room has been cleaned and will give the sign to unit secretary or other staff member.
- C. Medical Equipment:
 - 1. All medical equipment should be wiped down by EVS prior to removal from patient room.
 - 2. The unit's staff will take equipment to the appropriate area for SPD retrieval.
- D. Curtains will be removed prior to cleaning when an Isolation sign is present. A new/clean set of curtains will be hung following cleaning of the room.
- E. Walls will be washed when an Isolation sign is present
- F. A bleach solution will be used for cleaning rooms when C-difficile has been identified.
- G. Refer to care Coordination policy M-10 for additional information on cleaning rooms.

References:

OSHA

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2014. APIC 2016

Illinois Department of Public Health Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006/CDC

Siegel J, Rhinehart E, Jackson M, et al., and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. *Am J Infect Control* 2007;35(10 Suppl 2):S65– S164.

Siegel J, Rhinehart E, Jackson M, et al., and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Management of multidrug-resistant organisms in healthcare settings, 2006. *Am J Infect Control* 2007;35(10 Suppl 2):S165–S193.

APPENDIX A

RECOMMENDATIONS FOR APPLICATIONS OF STANDARD PRECAUTIONS FOR THE CARE OF ALL PATIENTS IN ALL HEALTH CARE SETTINGS

COMPONENT	RECOMMENDATIONS
Hand Hygiene	Upon entering and when exiting a patient room.; after touching blood, body fluids, secretions, excretions, contaminated items; immediately before putting on gloves and after removing gloves; between patient contacts
Personal protective equipment (PPE)	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin
Mask, eye protection, face shield	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated.
Soiled patient-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene. Clean/disinfect according to manufacturer`s instructions.
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment.
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 used sharps in puncture-resistant container.
Patient resuscitation	Use mouthpiece, resuscitation bag, and other ventilation devices to prevent contact with mouth and oral secretions.
Patient placement	Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection
Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients. Beginning at initial point of encounter, e.g., triage and reception areas in emergency departments and physician offices.	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, > 3 feet if possible.

APPENDIX B

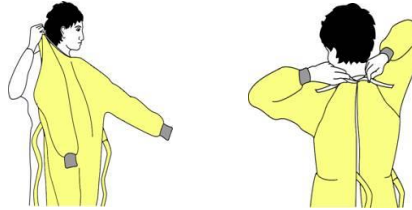
Donning and Removing Personal Protective Equipment (PPE)

Donning PPE

Type of PPE used will vary based on the level of precautions required. e.g., Standard and Contact, Droplet or Airborne Isolation Precautions

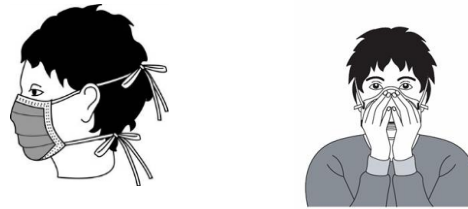
GOWN

- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist.



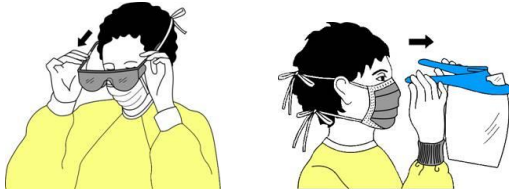
MASK OR RESPIRATOR

- Secure ties or elastic band at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



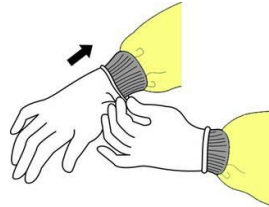
GOGGLES/FACE SHIELD

- Put over face and eyes and adjust to fit



GLOVES

- Extend to cover wrist of isolation gown



SAFE WORK PRACTICES

- Keep hands away from face
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene

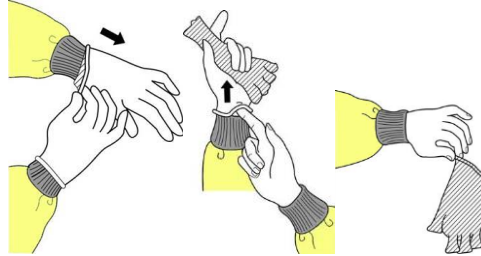
APPENDIX C

REMOVING PPE

Remove PPE at doorway before leaving patient room or in anteroom;
remove respirator outside of room

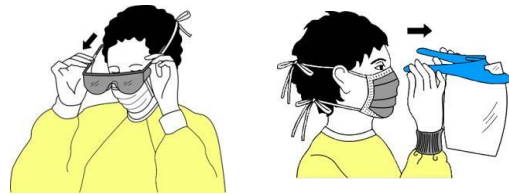
GLOVES

- Outside of gloves are contaminated!
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist



GOGGLES/FACE SHIELD

- Outside of goggle or face shield are contaminated!
- Top remove, handle by “clean” head band or ear pieces
- Place in designated receptacle for reprocessing or in waste containers



GOWN

- Gown front and sleeves are contaminated!
- Unfasten neck, the waist ties
- Remove gown using a peeling motion; pull gown from each shoulder toward the same hand
- Gown will turn inside out
- Hold removed gown away from body, roll into a bundle and discard into waste or linen receptacle.



MASK OR RESPIRATOR

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp bottom then top ties/elastics and remove
- Discard in waste container

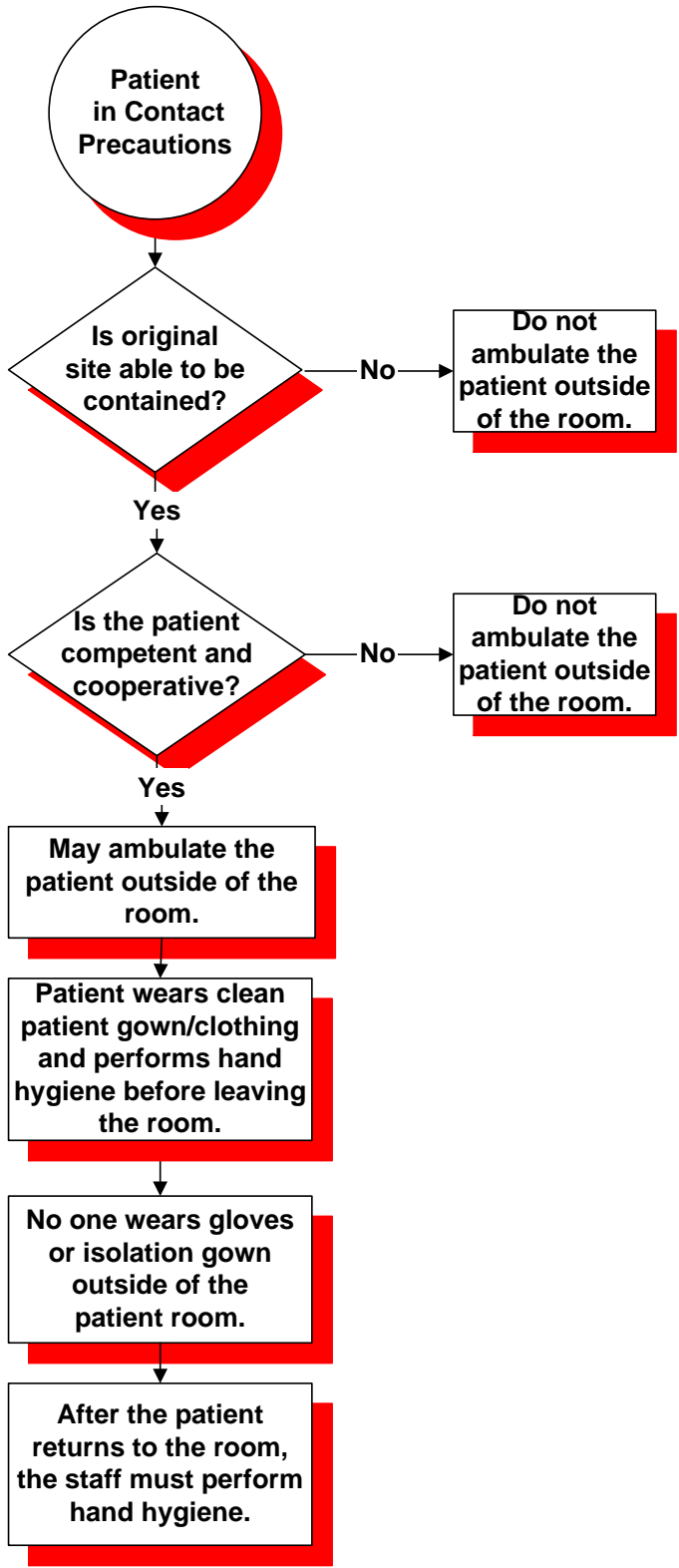


HAND HYGIENE

Perform immediately after removing all PPE!

Criteria for Ambulating Patients in Contact Precautions

- ◆ **Examples:**
 - MDRO sites
 - Urine
 - Wound
 - Sputum (active cough)
 - Stool - C-Diff
- ◆ **Other draining wounds**



Refer to Expanded Precautions policy for specifics regarding therapy services.