



Infection Control Policies and Procedures

TITLE: CONTACT PRECAUTIONS, INITIATING ISOLATION

Department: Infection Control
Policy Number:
Effective Date: October 15, 2007
Revision Date: September 1, 2010

Exception:

Definitions and Abbreviations:

Cleared: agreed upon criteria for reduced risk of infectiousness have been met (listed in Table A and in the Policy "Discontinuing Contact Precautions") or the Infection Control Medical Director or staff agree that contact or other isolation precautions can be discontinued.

Cohorting: placing patients with a roommate who is colonized or infected with the same organism and resistance pattern. E.g. placing two patients with *C. difficile* together, two patients with influenza together, etc.

Contact Precautions:

- Placing patients in private rooms OR cohorting patients OR selecting appropriate roommates when a private room or cohorting is not possible.
- Use of gloves and gown upon entering the room
- Restricting patients' movements to within their rooms whenever possible
- Use of dedicated stethoscope, blood pressure cuff, tape, scissors
- Cleaning and disinfection of patient care equipment that is removed from the room before it is used again
- Routine cleaning except for *C. difficile* in which case Environmental Services staff will use Bru-Clean, a chlorine based product.
- Notification of receiving services and facilities of the patient's reason for being in Contact Precautions and what measures should be taken to reduce transmission of disease.

IC: Infection Control

ICC: Infection Control Committee

MDRO: Multiple Drug Resistant Organisms

PPE: Personal Protective Equipment

Policy:

-HMC staff will initiate Contact Precautions for patients for select multiple drug resistant organisms and for the conditions listed on Table A.

-Contact Precautions is one category of CDC's guidelines for "Standard" and "Transmission-based Precautions ." Exceptions from CDC recommendations will be approved by the Infection Control Committee (ICC) and listed in the HMC policies and procedures. Transmission-based precautions will include Contact, Droplet and Airborne precautions.

-Patients in the ICU will be screened upon admission, weekly and at discharge for MRSA, and *Acinetobacter*. Those who are colonized or infected with R-*Acinetobacter* will be placed into contact and/or additional precautions as shown on Table A.

-Patients admitted to the hospital to non-ICU units who were previously culture positive for a MDRO (VRE, ESBL, *Acinetobacter* but not MRSA) and not cleared prior to admission will be isolated, until cleared per the policy "Discontinuing Contact Precautions."

-Nursing staff or physicians may implement Contact Precautions consistent with Infection Control policies and procedures. In inpatient areas without nursing staff, the lead clinical staff will ensure that precautions are initiated.

-Nursing staff may discontinue Contact Precautions if patients meet the criteria for discontinuation approved by the Infection Control Committee. Otherwise staff should consult with IC at 744-9560. Or page 663-8872. Discontinuing Precautions for VRE patients and TB patients requires consultation with Infection Control.

-Infection Control has the final internal authority to decide on the placement or removal of isolation precautions, and may modify recommendations for outbreaks, unusual cases and for unusual or dangerous pathogens.

-Staff should follow Public Health Officers' legal orders for isolation for conditions of public health importance, or notify the Infection Control Manager or Medical Director when compliance is not possible. Public Health is responsible for enforcement when patients are not compliant.

-HMC does not routinely isolate persons with MRSA colonization or infection at this time.

-During outbreaks, Infection Control may suggest additional supplemental measures to reduce ongoing transmission.

Procedure

a. Syndromes and conditions to be placed in Contact Precautions:

1. The following patients should be reviewed for placement into Contact Precautions. Some conditions require additional precautions as indicated in Table A. (In 8/30/07 draft until Respiratory Precautions are reviewed.)

Syndromes:

Draining wounds or burns greater than the size of the patient's palm or 1% of body mass. Patients with large infected decubitus ulcers with drainage that is not contained by dressing should be placed in isolation.

Gastroenteritis or diarrhea of unknown etiology in diapered or incontinent patient

Draining rashes of unknown etiology

Bronchiolitis or respiratory infection in infants and young children (use mask for droplet infections until influenza and adenovirus have been ruled out).

Patients with a suspected or confirmed diagnosis who are in their infectious period per Table A, including

Adenovirus infection in infants and young children

Anthrax powder (Contact plus Airborne precautions)

Avian Influenza -Highly pathogenic strains such as H5N1. (Contact plus Droplet plus Airborne Precautions)

C. difficile – patients with diarrhea, or ileostomies or colostomies who have a positive *C. difficile* antigen, or are toxin A or toxin B positive.

- Patients without diarrhea who are antigen positive but toxin negative do not need to go into isolation because they are less likely to contaminate their environment.

Congenital rubella in the first year of life

Diphtheria, cutaneous

Ebola (See viral hemorrhagic fevers)

Herpes, disseminated, severe or neonatal

Norovirus

Multiple drug resistant organisms, infection or colonization

Acinetobacter

Imipenem resistant

Enterococcus

VRE-vancomycin resistant

Extended-spectrum beta-lactamase producing organisms

Pseudomonas aeruginosa,

Pan resistant

Staphylococcus aureus

VISA-vancomycin intermediate resistant *S. aureus*

VRSA- vancomycin resistant *S. aureus*

Respiratory infection in infants and young children, unknown

Respiratory syncytial virus in infants, young children and immunocompromised adults

Parainfluenza virus
Pediculosis (see lice)
Poliomyelitis (private room)
Pneumonia
 Adenoviral
 B. cepacia (avoid exposure to persons with CF)
Rotavirus
Severe Acute Respiratory Syndrome - SARS (Contact plus Airborne plus Precautions)
Smallpox (Contact plus Airborne precautions)
Staph infection, large – see wound above and MDRO
 Note that large draining wounds with methicillin sensitive staph should also be isolated.
Tuberculosis- extrapulmonary if draining lesions including scrofula are present (Contact and Airborne precautions)
Vaccina, including eczema vaccinatum, fetal vaccinia, generalized vaccinia, progressive vaccine, conjunctivitis, or with secondary bacterial infection
Varicella virus infection with draining lesions. (Chicken pox) (Contact plus Airborne precautions)
Vibrio cholerae
Viral hemorrhagic fevers (e.g. Ebola, Marburg, Crimean-Congo) (Contact plus Airborne precautions).

b. Initiation of Contact Precautions:

Administration and Infection Control:

b.1. Monday through Friday, Infection Control reviews a list of patients admitted to HMC for past or current cultures for multidrug resistant organisms. The Infection Control Practitioner develops a list of patients needing contact isolation, and faxes it with a confidential cover sheet to patient placement, inpatient units and ancillary units. (See Attachment X for list of e-mail addresses and fax number.)

b.1.1. The list of recipients is revised once a year in June or as needed.

b.1.2. The list includes information requested by the recipients such as medical record number, patient name, admit date, lab test, lab results, date and time started on antibiotics to treat the organisms of concern. The report also includes information needed for discontinuing isolation and the number to call for questions.

b.2. Monday morning, Infection Control will take an updated list of persons with MDRO to the charge nurse meetings to tell patient placement and charge nurse which patients are in house with past positive MDRO results.

Nursing:

b.3. Charge nurses should ensure that Contact Precautions are initiated when a patient :

-is listed on the Contact Precautions list, OR

-has a syndrome, lab result; or a suspected or confirmed diagnosis listed above,

-patients with past positive MDRO on the list will be placed in Contact Precautions until they have met the criteria for discontinuing Contact Precautions.

-patients with MRSA will be isolated in the ICU but not isolated on the non-ICU units due to lack of available beds.

OR

-has Contact Precautions recommended by the Medical Director of Infection Control or his designee.

b.5. If there is disagreement about the level of precautions needed, consult Infection Control at 206-xxx-xxxx or page 206-xxx-xxxx

b.6. Initiating Contact Precautions means

- Notifying patient placement for an appropriate room (private or shared with a person with the same organism and resistance pattern for MRDO).
- Labeling the patient room, door, patient board and chart
- Arranging an isolation cart or table to place outside the door
- Verifying that it has gowns, gloves, surgical masks, Patient-Family-Visitor Alert, and a bottle of Sani-Wipe or hospital approved cleaner or disinfectant
- Placing dedicated stethoscope, blood pressure cuff, tape, scissors in the room or in the cart
- Explaining Contact Precautions to the patient
- Discussing management of visitors with the patient, including the need to limit the number of visitors and the risk to young children
- Placing a "Contact Precautions" sign on the door
- Notifying Infection Control of:
 - the patient name,
 - medical records number and
 - the reason or type of precautions that are being initiated
- Encouraging patients who smoke to consider smoking cessation
- Encouraging families to mention need for handwashing and limiting vulnerable visitors in their CareBridge website. Encouraging visitors to use the website to send messages when visiting is not appropriate.

c. Patient placement

c.1. Patients should be placed in a private room. If a private room is not available, the patient may be placed in a room with another patient with the same organism and resistance pattern. If another patient is not available, a suitable roommate should be selected. The roommate selected should be an immunocompetent patient who has as few invasive lines, sources of infection, and breaks in the skin as possible. The roommates should be able to follow directions.

c.2. Charge nurses should consult with Patient Placement for a Contact Isolation room.

c.3. Notify Infection Control when Contact Precautions are initiated for a patient who is not on the contact isolation list.

d. Personal Protective equipment

d.1. Everyone – staff, residents, attendings, interpreters, visitors and students - entering the room should wear clean gloves and gowns.

d.2. Gloves and gowns should be removed and hands washed with soap and water prior to leaving the room.

d.3. Additional protection (e.g. masks, face protection, goggles) should be added per Standard Precautions depending on the procedures done. For example, staff should always wear masks and eye protection for suctioning or trach care, bronchoscopies, intubation, sputum induction, etc.

d.4. Prison or jail guards can remain without gown or gloves if this would interfere with their ability to access weapons or restrain the patient. Prison or jail guards in the OR do gown up because the patients are sedated.

e. Disposal of sharps

e.1. Per standard precautions

f. Cleaning the facility

CDC says the most frequent explanation for environmental contamination and transmission of MDRO is the failure to follow routine cleaning and disinfection practices rather than the failure of the recommended practices.

f.1. Environmental Services staff should clean and disinfect high touch areas (bedrails, charts, light switches, faucet handles, bedside commodes, doorknobs). This should occur when visibly dirty and at least daily.

f.2. Nursing staff should clean machines, knobs and equipment in use in the room. Cleaning means removal of all visible dirt, grease and tape. After cleaning, the item can be wiped down with a disinfectant. Items that are in contact with non-intact skin, mucous membranes, or use in invasive procedures need a higher level of cleaning and disinfection and should be reprocessed off the floor.

f.3. Only chairs with a cleanable surface should be in the rooms (no fabric or finishes that would be damaged by alcohol or chlorine).

f.4. If the room is a double room, cleaning the non-isolation patient area first, then shared areas, then the Contact Precautions patient's high touch areas (areas with hand contact) nearest the patient. After areas are cleaned of visible dirt they can be wiped down with a EPA TB level disinfectant.

f.5. Bathrooms should be cleaned and disinfected when contaminated, daily, and on terminal cleaning. The bathrooms of patients with *C. difficile* are disinfected after cleaning using a chlorine product at 1:50 water to available chlorine concentration. (Bru-Clean tablets – one tablet per one gallon of water.)

f.6. No cleaning items used to clean the patient room should be re-used on other patient rooms. The bucket should be emptied, and the mops, cleaning cloths and gloves changed. The mop and cart handles and all surfaces touched on the containers and Environmental Services' cart should be wiped down with a Sani-wipe.

f.7. Gloves should be removed and hands washed with soap and water after cleaning a Contact Precautions room.

f.8. The patient's nurse should monitor cleaning of contact precaution rooms to ensure that:

No patient items are left in the room.

No tape is present on high touch areas on equipment and surfaces (taped areas cannot be cleaned or disinfected).

All patient equipment in the area has been cleaned and disinfected prior to removal from the patient area or re-use.

No visible dirt or body fluids remains on environmental surfaces in the room and bathroom.

The patient's room or bed area is terminally cleaned on discharge, and transfer.

G. Minimizing spread of organisms to other parts of the hospital:

Patients in Contact Precautions should stay in their rooms to reduce the risk of spreading disease. Patients in isolation should not be given permission to go to the cafeteria. However, HMC security will not be used to enforce patient's compliance.

When patients must leave their room for procedures or insist on leaving their rooms to smoke, the following measures may reduce the spread of disease:

g.1. Nurses and physicians should encourage showering, bathing or decontaminating skin daily as possible.

g.2. Patients should wash their hands with soap and water and dry their hands.

g.3. Nurses should provide patients with a clean, new gown.

g.4. Nurses should ensure that all draining wounds are covered with clean dressings.

g.5. Patients should go directly to smoke, to Alcoholics Anonymous meetings, Narcotics Anonymous meetings and return. They should be instructed not wander around the hospital.

h. Patient care equipment

h.1. Remove unneeded equipment and supplies before the patient in Contact Precautions enters the room.

h.2. It is preferable that roommates in Contact Precautions do not share commodes. Two continent patients may share a flush toilet.

h.3. Provide a dedicated stethoscope and blood pressure cuff for patients with multiple drug resistant organisms. These can transfer with the patient when they move to other units.

h.4. Equipment with hard to clean surfaces that must be taken into the room can be protected from hand contamination and splatter by being covered with plastic as long as the covering when doesn't interfere with safety or function. Plastic should be removed when visibly dirty or before removal from the room.

Glucose monitoring devices can be placed in a plastic bag and the staff badge bar scanned prior to entering the room to avoid handling the ID badge with contaminated gloves.

h.5. Equipment should be cleaned of all visible dirt with a washcloth dampened with soap and water or detergent, rinsed with damp cloth and dried. Avoid getting excess water on equipment. Clean surfaces that have no visible dirt should be wiped with a low level disinfectant and allowed to air dry. Without adequate cleaning, disinfection is not effective.

Avoid putting tape on equipment since it makes surfaces uncleanable.

i. Textiles and laundry

i.1. Per standard precautions. Textiles should be cleaned with 160 ° F and 100 ppm bleach, and a pH shift.

i.2. No linens, cleaning cloths, gowns, towels or other items used in the room should be taken out of the room for re-use or wearing in other areas.

i.3. Curtains are removed as part of terminal cleaning and laundered with bleach.

i.4. Staff should change uniforms daily. When laundering at home, wash separately with hot water¹ (160 F) and use bleach and detergent.

¹ Britton, Lunda A. Microbiological threats to health in the home. Clinical Laboratory Science 2003;16(1):10.

j. Dishware and eating utensils

Per standard precautions. It is preferable for floor staff in a room to hand the tray to Food Service staff. Trays that have been in patients rooms should not be set on the isolation cart which is a clean area.

All trays that have entered a patient room are considered contaminated; Food Service staff will pick up trays without wearing gloves, load the cart, close the door and then wash their hands with soap and water before leaving the floor. If it is necessary to handle items in a room to pick up trays Food Service staff should wear gloves and gown.

K. Immunization

When a patient is in Contact Precautions due to a suspected or confirmed vaccine preventable disease, the charge nurse should assign staff presumed to be immune based on employee's report of immunization or past history of disease.

Staff are responsible for complying with the HMC immunization policy which is offered at no cost to staff.

- Pertussis (droplet precautions) Tdap

- Diphtheria (completed primary series and immunization in last 10 years with Td, dT, Tdap or Dtap).

- Polio (completed primary series and a OPV received as an adult or IPV primary series)

- Rubella (2 MMRs or reporting history of lab confirmed disease).

- Small pox

 - Vaccina (small pox immunization under special circumstances)

- Varicella (one injection or disease history)

L. Communication

Because of the rapid turn-over of staff and students, it is important to use a variety of means to remind, review and reinforce infection control practices and to give feedback.

Table: Communication about Contact Precautions to Others

Means of communication	Responsibility	Recipient	Expected Action when receive communication	Comment
Verbal explanation to nursing of plan, progress note, orders	MD	Patient's RN, or charge nurse	Physicians should ensure nursing staff are aware of working diagnoses and lab results that may require isolation	Speak directly to staff to ensure they have information necessary to institute precautions before orders are taken off.
The micro result may notes that "contact or isolation precautions may be required"	Laboratory Micro	RN	Determine if isolation necessary, notify patient placement, Infection Control	This may be the only reminder on weekends
		MD	Determine if tx plan needs revision, notify nursing of need for isolation, does procedures in room when appropriate	
		IC	Adds patient to Contact Precautions list if appropriate; determines if nosocomial for target organisms; Verifies that patient is in isolation	
Contact Precautions list	Infection Control	IT	Data mines lab words for next contact isolation list; used as a search term to identify possible nosocomial infections	Changing the wording of the results message may change the electronic sorting.
		Patient placement, Environmental Services, Charge Nurses	Verify that patients are in Precautions, tell IC discharges and room changes	EVS uses list to distribute Bru-Clean tabs to patients with <i>C. diff</i>

Means of communication	Responsibility	Recipient	Expected Action when receive communication	Comment
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'Contact Precaution' label for patients' charts	Charge nurse	Physician and ancillary staff	Order procedures in the room when possible, Minimize persons entering room Reminder to wear gowns and gloves and not take chart into room	
Contact Precautions Sign on patient door. (Back of sign summarizes measures to be taken).	Staff nurse	All persons entering room	Wear gown and gloves and wash hands with soap and water when exiting room Do not take extra supplies or equipment into the room Alert housekeeping to dispose of used product after cleaning and to clean last Stop visitors before entry to explain	
Cart or bed side table in front of door	Staff nurse	Clinical staff	Wear gown and gloves	Staff said that the cart, rather than the door sign, is what triggers them to put on gloves and gown.
Patient-Family-Visitor Alert handout	Staff nurse	Visitors and non-technical staff	Informs visitors of steps they need to take to protect themselves and patient	
Patient Website reminders	Carebridge Volunteers, family	Visitors and family	Alerts susceptible visitors who may not be able to visit Reminds visitors of need for gowns and gloves, hand hygiene	

Means of communication	Responsibility	Recipient	Expected Action when receive communication	Comment
Cont.				
Graphs with rates of <i>C. difficile</i> , MRSA, VRE <i>Acinetobacter</i>	Infection Control	WASH committee, QI, Infection Control Nurse managers, and Administrators; Charge nurses; can be posted in areas with no visitor access if labeled confidential -QI	To give feedback to staff if actions are preventing spread of infection To identify units that may need to have additional interventions or compliance with precautions audited.	Data-mined surveillance is likely to report greater rates of infection that manual surveillance but may misclassify some hospital acquired infections.
Observation from Infection Control or EOC rounds and FAQ sheets	Infection Control	For managers and staff	To give feedback about observations from IC and staff and problems with isolation precautions	Observers should also give confidential polite feedback to staff and notify managers of significant problems.

m. Education

m.1. Staff:

Upon hire:

An overview of isolation precautions will be covered in new employee orientation, clinical staff orientation, new resident orientation and nursing student orientation.

Staff should be informed where to find the infection control plan on their unit and the HMC plan on the intranet.

For review:

Patient placement will be covered in clinical competencies.

Nurse managers can request that staff read the procedures available on the HMC intranet as part of the IC manual.

Isolation signs on the patient doors will also summarize what to do and conditions to which it is applied. Charge nurses should verify that Contact Precautions are being carried out and troubleshoot problems.

ICP on rounds will check with staff to see if they have any questions.

m.2. Jail and Prison Guards:

The charge nurse should ensure that guards or other public safety officers are informed of the need to wash hands, minimize items taken into the room, and assess whether they can perform their duty from outside the door.

A meeting will be held annually in June with Infection Control, a Correctional Facility representative, and the HMC Department of Public Safety to review isolation requirements, answer questions and discuss changes and exposures.

m.3. Interpreters

n.3.1 Charge nurses should ensure that interpreters have been instructed to wear gowns and gloves and explained the rationale why.

n.3.2 They can be asked to translate the Visitor Alert (need title and location) for the patient and family, and given a copy for themselves.

N. Evaluation and revision of isolation guidelines.

n.1. The ICC may revise procedures or institute temporary measures in the event of outbreaks or new pathogens.

In 2007 the surveillance priorities to detect outbreaks are:

Acquisition of MRSA in the ICUs

Rates and numbers of *C. difficile* cases by unit and house-wide

Rates and number of cases of *Acinetobacter*, imipenem resistant per 1000 admissions

n.2. If scientific literature suggests that additional measures may better reduce transmission, the ICC may also review existing procedures.

n.3. Otherwise, the isolation guidelines will be reviewed every three years.

ATTACHMENT

Observation for Contact Precautions

Harborview Patient and Family Education's Patient – Family – Visitor Alert

FORMS

INTERNAL REFERENCE:

ICC Policy and Procedure: Discontinuing Contact Precautions

ICC Policy and Procedure: Table A Isolation Precautions

EXTERNAL REFERENCES/REGULATIONS/LAW:

Siegel, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infection Agents in Health Care Settings, June 2007. <http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007pdf>.

CDC. Managing Multiple Drug Resistant Organisms. Siegel the Health Care Infection Control Practices Advisory Committee. <http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf>

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Most current version of Control of Communicable Disease Manual, published by American Public Health Association. Heymann, DL. Control of Communicable Diseases Manual. Eighteenth Edition. APHA 2004. (Guidance on period of infectivity for communicable diseases).

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