

HARRIS HEALTH SYSTEM

POLICY AND REGULATIONS MANUAL

Policy No: 3000
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Effective Date: 1/1/1990
Board Motion No: N/A
Last Revision Date: 11/27/2019
Due for Review: 11/27/2022

TITLE: STANDARD AND TRANSMISSION BASED PRECAUTIONS

PURPOSE: To prevent the transmission of healthcare associated or community acquired organisms and/or infections to our patients, visitors, and Workforce Members.

POLICY STATEMENT:

It is the policy of Harris Health System to assume that every person is potentially infected or colonized with an organism that could transmit in the healthcare setting.

POLICY ELABORATIONS:

I. DEFINITIONS:

- A. **AIRBORNE INFECTION ISOLATION ROOM (AIIR):** Formerly, negative pressure isolation room, an AIIR is a single-occupancy patient-care room used to isolate persons with a suspected or confirmed airborne infectious disease. AIIRs should provide negative pressure in the room so that air flows under the door gap into the room; and an air flow rate of 6-12 ACH and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA (High-efficiency particulate air) filter before returning to circulation;
- B. **COHORTING:** Applies to the practice of grouping patients infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible patients. Cohorting patients during outbreaks, healthcare personnel may be assigned to a cohort of patients to further limit opportunities for transmission to cohorting staff;
- C. **MULTI-DRUG RESISTANT ORGANISM (MDRO):** In general, bacteria, excluding *M. tuberculosis*, that are resistant to one or more classes of antimicrobial agents and usually are resistant to all but one or two commercially available antimicrobial agents e.g., MRSA, VRE, Extended Spectrum Beta-Lactamase (ESBL) producing or intrinsically resistant gram negative bacilli, or Carbapenem Resistant Enterobacteriaceae (CRE). In addition, organisms of clinical significance or have special virulent properties such as *Clostridium difficile* will be considered in the same fashion;

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D. **OTHER POTENTIAL INFECTIOUS ORGANISMS:** Human body fluids shall be treated as if they are known to be infectious for blood borne pathogens. These fluids include, but are not limited to:

1. Amniotic Fluid;
2. Pleural Fluid;
3. Blood;
4. Saliva (in dental procedures);
5. Cerebrospinal Fluid;
6. Semen;
7. Pericardial Fluid;
8. Synovial Fluid;
9. Peritoneal Fluid; and
10. Vaginal Secretions.

E. **PERSONAL PROTECTIVE EQUIPMENT (PPE):** A variety of barriers used alone or in combination to protect mucous membranes, skin, and clothing from contact with infectious agents. PPE includes gloves, masks, respirators, goggles, face shields, and gowns.

F. **QUALIFIED LICENSED PRACTITIONER (QLP):** Any individual permitted by law and by Harris Health to provide care and services, without relevant direction or supervision within the scope of the individual's license and consistent with individually granted clinical privileges.

G. **REGULATED MEDICAL WASTE:**

1. A liquid or semi-liquid blood or Other Potentially Infectious Materials (OPIM); contaminated items that would release blood in a liquid or semi-liquid state if compressed;
2. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials;

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- H. **RESPIRATORY HYGIENE/COUGH ETIQUETTE:** A combination of measures designed to minimize the transmission of respiratory pathogens via droplet or airborne routes in healthcare settings;
- I. **STANDARD PRECAUTIONS:** A group of Infection Prevention Practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. Standard Precautions is based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions includes hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield;
- J. **TRANSMISSION-BASED PRECAUTIONS:**
1. Transmission-Based Precautions are used when the routes of transmission are not completely interrupted using Standard Precautions alone. There are three categories of Transmission-Based Precautions:
 - a. Contact Precautions;
 - b. Droplet Precautions; and
 - c. Airborne Precautions.
 2. They may be combined together for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.
 3. Neutropenic/Protective/Barrier Precautions is not necessary during the care and/or treatment of neutropenic or other immunocompromised patients.
 4. Immunocompromised/neutropenic patients shall be cared for in the same environment as other patients. Standard Precautions shall be maintained when caring for these patients.
- K. **WORKFORCE MEMBER:** Harris Health employees, trainees, contractors, including consultants, volunteers, and vendors. This definition includes the President and Chief Executive Officer (CEO).

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II. GENERAL PROVISIONS:

- A. It is safer to “Over-Isolate” than to “Under-Isolate.” If there is a question regarding isolation, then the more stringent Isolation Precaution should be used until a definitive diagnosis is confirmed.
- B. All QLPs, nurses, students, etc., are responsible for complying with Isolation Precautions.
- C. Education and Training on preventing transmission of infectious agents associated with Healthcare will be provided during Orientation to the Healthcare Facility and thereafter annually.
- D. Identification of MDROs:

- 1. Laboratory will alert Infection Prevention and the Nursing Unit of the MDRO laboratory result.

NOTE: Harris Health laboratories are not required to notify IP of all MDROs, only those requested as stipulated by IP for special circumstances, e.g. TB; Laboratory states within their departmental policy to document MDROs on a daily log and IP with sign and copy the log on daily business hours.

- 2. The nursing unit will initiate the appropriate isolation immediately;
- 3. If the patient is admitted with a known MDRO from a previous admission the nursing unit will isolate the patient and notify Infection Prevention; and

NOTE: After work hours notification needs to be considered.

- 4. Place the patient in isolation. The appropriate sign must be placed on the Isolation Room Door and Anteroom Door, if applicable. The isolation type should be entered into the Electronic Medical Record. **Leave isolation sign on the door. When confirmed patient is discharged ONLY EVS may remove the sign after the room is terminally cleaned.**

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E. Categories of Standard and Transmission-based Precautions:

1. Standard Precautions: This presumes that all body substances may carry infectious agents. Protective Personal Equipment (PPE), appropriate to the potential exposure should be worn. PPE may Not Be Worn in Hallways, Nursing Stations, or Other Areas outside of the Isolation Room.
2. Contact Transmission Precautions are based on direct contact with an infected patient or contact with a contaminated environment. Gowns and gloves should be worn to protect Health Care Workers (HCW) against contact with body fluids or contaminated surfaces;
3. Droplet: Droplet Transmission Precautions are based on an infectious agent being transmitted from droplets that can reach respiratory tract of a susceptible host:
 - a. Surgical face mask must be worn within 3-6 feet of an individual with a respiratory infection; and
 - b. Gowns and gloves should be worn if HCW is touching surfaces where droplets may have landed.

4. Airborne:

Airborne Transmission occurs by the dissemination of small particles that can remain suspended in the air for considerable time. N95 Respirators are required to be worn by Workforce Members.

F. Hospital Personnel will instruct Visitors about precautions to be taken while visiting or attending Patients in Isolation. Personal Protective Equipment must be worn by all Visitors as per the signage on the door;

G. Cohorting of Patients

1. Patients having the same pathogen with the same resistance pattern may be cohorted with a suitable roommate, in the absence of private rooms.

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2. If it becomes necessary to place a patient who requires Contact Isolations in a room with a patient who is not infected or colonized with the same infectious agent:
 - a. Avoid placing patients on Contact Isolations in the same room with patients who have conditions that may increase the risk of adverse outcomes from infection or that may facilitate transmission (e.g. immunocompromised or with open wounds).
 - b. Ensure that patients are physically separated (greater than three feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.
 - c. Change PPE and perform hand hygiene between contact with patients in the same room, regardless of whether one or both patients are on Contact Isolations.

III. GUIDELINES FOR ISOLATION OF PATIENTS WITH MULTI-DRUG RESISTANT ORGANISMS

A. Intensive Care Units:

Patients infected or colonized with any MDRO *Clostridium difficile* must be isolated throughout their ICU stay.

B. Non-Critical Care Units:

1. Any patient colonized or infected with any MDRO identified should be placed in Contact Isolations until an evaluation by Infection Prevention is completed.
2. Patients colonized or infected with any MDRO identified in an exudate or sputum culture must be isolated for the duration of their hospitalization.
3. Patients with an open draining wound that is not contained by a dressing must be placed on Contact Isolation.

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C. Ambulatory Care:

Place patient in a single room, i.e. exam room, and close door. Apply appropriate Signage to door to alert other Workforce Members. Apply a face/surgical mask to patients with respiratory illnesses. Patients suspected or known with active TB must wear a surgical mask when present in an Ambulatory Clinic.

D. Isolation on Readmission to Any Unit:

1. Methicillin-Resistant Staphylococcus Aureus (MRSA): No isolation is required for MRSA colonization;
2. Vancomycin Resistant Enterococci (VRE) and Vancomycin Intermediate/Indeterminate Resistant Enterococcus (VIRE) require isolation at readmission for six (6) months or one (1) year following the last positive lab result;
3. C diff readmission isolation should occur when the patient is admitted and then continuation of isolation is a case by case determination by the Physician and the Infection Preventionist; and
4. Carbapenem-Resistant Enterobacteriaceae (CRE) and Klebsiella Pneumoniae Carbapenemase (KPC) require isolation at every readmission.

E. Discontinuation of Isolation:

1. Airborne Isolation for possible TB: Infection Prevention is responsible for discontinuation of isolation for possible TB Infection. Contact the Nursing Supervisor to have IP paged after hours, weekends, or holidays to discontinue airborne precautions.
2. Contact Isolation for MDROs (except VRE, VIRE, CRE, and KPC) is a case by case determination by the Physician and the Infection Preventionist.

F. Neonates:

1. Neonates will be placed on isolation precautions when they are found to have transmissible infections or colonization of potential pathogen. They must remain separate from other infants with at least three (3) feet separation between isolates for the duration of the hospitalization.

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2. If a neonate's mother tests positive (before birth) for a MDRO the neonate is also isolated;
3. Visitors must observe good hand hygiene and wear a gown during the visit; and
4. Siblings may visit at the discretion and recommendation of the Neonatologist and Infection Prevention.

IV. MANAGEMENT OF THE ENVIRONMENT:

A. Environmental Services:

All trash, linen, and cleaning of the rooms are the same for all patients whether they are isolated or not. For patients that are in isolation, privacy curtains must be changed at the patient's discharge.

B. Nutrition Services:

Reusable dishes and utensils can be used for all patients on isolation precautions.

C. Patient Care Equipment:

When possible, equipment should be dedicated. If common equipment is unavoidable then they must be cleaned and disinfected after use with a hospital approved product; and

D. Patient Supplies:

Supplies kept in the Isolation Room should be kept to a minimum and any leftover supplies should be discarded when the patient is discharged.

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V. SPECIAL CONSIDERATIONS:

A. Surgery, Cath Lab and Other Procedural Areas:

Isolation patients should be done as the last case of the day with a Terminal Clean being completed after the procedure concludes. If that is not possible a Terminal Clean must be performed on the room before the next procedure is done.

B. Guest Transportation:

Patients transported to other Departments must be transported with appropriate barriers in place such as a Surgical Mask on the patient with a respiratory illness. Staff will wear appropriate PPE during transport.

C. Dialysis:

The dialysis, where possible should be completed in the Patient's Isolation Room.

D. Shingles:

Patients with Shingles will be placed in Airborne and Contact Precautions, until the lesions are completely crusted over.

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OFFICE OF PRIMARY RESPONSIBILITY:

Harris Health System Department of Infection Prevention.

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REVIEW/REVISION HISTORY:

Effective Date	Version # (If Applicable)	Review or Revision Date	Reviewed or Approved by:
1990	1.0	Original	
1991		Reviewed	
1993		Reviewed	
1994		Reviewed	
1997		Reviewed	
2003		Reviewed	
2005	2.0	Revised	
2010	3.0	Revised	
		Approved 10/15/2010	Nursing Policy and Procedure Council
	4.0	Revised and Approved	Nurse Executive Council
		Approved 09/30/2011	District Infection Control Committee
		Approved 10/3/2011	BTGH Medical Executive Committee
		Approved 10/5/2011	LBJ Medical Executive Committee
		Approved 12/13/2011	Interdisciplinary Clinical Committee.
	5.0	Approved 02/10/2015	Interdisciplinary Clinical Committee.
	6.0	Approved 2/2/18	ACS IP Subcommittee Meeting
		Approved 2/6/18	LBJ IP Subcommittee Meeting
		Approved 2/9/18	BT IP Subcommittee Meeting
		Approved 4/24/2018	Structure and Organizational Standards
		Approved	Interdisciplinary Clinical Committee.
	7.0	Approved 09/11/18	Structure and Organizational Standards
		11/27/2019 Expedited Executive Approval via Rapid Cycle	EVP/CME