Aurora Health Care
Infection Prevention and Control

Nursing Student Guidelines for Isolations / Precautions

**Standard Precautions:** This applies to all settings, and is mostly common sense. Personal Protective Equipment (PPE): wear gown, mask, gloves and eye protection whenever there is the potential for contact with blood and body fluids. This also means that any situation that may have splashing, spraying, splattering or generating droplets of potentially infectious material warrants the use of appropriate PPE.

**Transmission Based Precautions** – Additional safety measures over and above Standard Precautions: There are 3 categories:

1. **Contact Precautions:** Orange framed sign; gown and gloves required prior to entering room. Door on patient room can remain open.
   - Patients are usually colonized or infected with Methicillin Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant *Enterococcus* (VRE) or *Clostridium difficile*. Hospitals across the country are now beginning to see an increase in resistant gram negative organisms. Some of the more common multi-drug resistant organisms (MDR) are MDR *Acinetobacter*, CRE (Carbapenamase resistant Enterobacteriaceae) *Klebsiella* and CRE *E. coli* or other organisms identified as High Amp C. The environment is considered contaminated with these organisms, which is why personal protective equipment – gown and gloves – is required prior to entry.
   - Patients with a history of MRSA or VRE are placed in Contact Precautions upon admission. Screening tests are required on admission based on the MRSA & MDRO policies (located in the Infection Prevention (IP) on caregiver connect to determine if the patient is currently colonized. A physicians order is required to obtain the screening test(s).
     - An alert in the header signals a history of MRSA, VRE, CRE or other significant organisms. Infection: VRE:MR...
   - The MRSA screening tool must be completed on all patients upon admission. The tool helps identify patients considered at “high risk” for acquiring MRSA. All “high risk” patients are to be screened to determine status.
   - Patients with r/o or confirmed C. *diff* or Norovirus require Contact Precautions. A specific **Special Precautions** sign is required in addition to the Contact Precautions sign. Special Precautions requires a two-step hand hygiene procedure with soap & water hand washing first, followed by use of the alcohol hand gel. In addition, these rooms require cleaning with bleach. For patients with confirmed C. *diff* (PCR test positive) Contact and Special Precautions are required for the **duration of their hospital stay**, which requires signage to remain throughout. Patients’ should only leave their room for medically necessary procedures. Bleach wipes are to be used to clean any equipment traveling in and out of patients’ rooms.
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- Patient may also be in Contact Precautions because of uncontainable drainage or diarrhea. For ANY patient with diarrhea, isolation must be maintained until diarrhea is completely resolved for 24 hours unless diagnosed with C. diff.

2. **Droplet Precautions**: Lime green framed sign. Wear standard surgical mask prior to entering room. Door on patient room can remain open (close contact is required to become infected by these patients). Used for diseases such as Pneumonia, Meningitis, Pertussis and Influenza. When MRSA/VRE are in throat / sputum, droplet precautions are only necessary when performing ALL splash generating procedures (i.e. suctioning) or caring for patients with projectile secretions.

3. **Airborne Precautions**: Blue framed sign. Must use N-95 respirator mask (printed on mask) or PAPR (powered air purifying respirator) prior to entering room. Patient must be in a negative pressure (or All = Airborne Infection Isolation) room. Door on patient room must remain closed. Caregivers must be fit tested in Employee Health before using an N-95 mask and entering an Airborne. **Nursing students are not fit tested and are excluded from entering an Airborne Precaution room.** Airborne Infection Isolation rooms (AllR) are primarily used for TB or rule out TB. However, All rooms are also required for other less common disease processes such as Chicken pox, Measles, and disseminated Herpes Zoster (shingles). (Contact precautions are also required for Chicken Pox. Localized Herpes Zoster requires standard precautions unless there are weeping lesions with uncontainable drainage or the area can’t be covered (face) then Contact Precautions would be necessary).

**How do patients get into isolation?** Nurses and / or MD’s can place patients in isolation based on culture results or clinical suspicion of communicable disease. (See extensive alphabetized listing in the IP Manual online for diseases or conditions requiring precautions). The Health Unit Coordinator (HUC) needs to be informed of the type of isolation(s), so they can label chart with appropriate stickers. The RN as always is responsible for appropriate documentation in the medical record. Patient and family must be provided education to assist them in understanding the reason for the restrictions. For Your Well-Being (FYWB) and Krames teaching sheets are located online to print.

**How do patients get out of isolation?** A physician’s order is required to discontinue isolation. Guidelines for taking patients out of isolation can be found in the IP Manual online. It is important that everyone is on the “same page” and the patient and family hear consistent information. If you are unsure if a patient meets the criteria to have precautions discontinued please call the IP department.

**Respiratory Hygiene and Cough Etiquette** is promoted at Aurora Health Care as a means of preventing the transmission of infections by large droplet nuclei. It involves the containment of secretions by covering coughs, good hand hygiene as well as proper disposal of tissues. All caregivers are expected to participate as opportunities arise.

"**Every Caregiver Lends a Hand**" is the System Hand Hygiene Slogan.

*** Hand hygiene – use of alcohol based waterless hand gel is required for hand hygiene unless hands are visibly soiled with blood and body fluids or for C. diff, then hand washing is required with soap and water. Please review the Hand Hygiene policy in the System Infection Prevention Manual online. Each patient room is equipped with a dispenser of hand sanitizer close to the door for ease of use. Remember, GEL IN (entering) and GEL OUT (leaving).

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Glove use does not eliminate the necessity to perform hand hygiene both prior to donning gloves and after doffing gloves.

It is Aurora’s Policy that hand hygiene is done prior to and after ANY patient contact.

Please call Infection Prevention with any questions – We Are Happy to Help!