**Standard and Transmission-Based Precautions**  
**“Isolation” Policy**

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1. **Purpose**

To minimize the exposure of patients, visitors and caregivers to microorganisms and communicable diseases.

2. **Scope**

This policy applies to Aurora Health Care, Inc., and any entity or facility owned, in whole or in part, or controlled by Aurora Health Care. The scope of this policy includes all Aurora Healthcare employees, members of the medical staff, students, volunteers, agency staff, and any other individuals engaged in patient contact or in contact with the patient's environment. Based on risk assessment, prevalence rates or outbreak situations, facilities may establish additional measures for control beyond this policy.

3. **Definitions**

3.1 **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 include a variety of infection prevention practices including: hand hygiene, safe injection practices and use of personal protective equipment (PPE) which includes gloves, gowns, masks, masks plus eye protection or face shields. Respiratory hygiene/cough etiquette is also an example of prevention practice. Any equipment or items that may be suspected of contamination with body fluids must be handled in a manner to prevent possible transmission of infectious agents.

3.2 **Non-Regulated Medical Waste**: any waste not contaminated with blood or other potentially infectious material of sufficient virulence and quantity.

3.3 **Regulated Waste**:

   - liquid or semi-liquid blood or other potentially infectious materials;
   - contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
   - items that are caked with dried blood or other potentially infectious materials that are capable of releasing these materials during handling;
   - contaminated sharps; and
   - pathological and microbiological wastes containing blood or other potentially infectious materials (e.g., potentially infectious materials that are pourable, drippable, squeezable, or flakeable).

3.4 **Other Potentially Infectious Materials (OPIM)** are as follows:

   a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
   b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead);
   c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV- containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

3.5 **Negative Pressure**: air flows from the corridors, or any adjacent area, into the negative pressure room. See Airborne Infection Isolation Room (AIIR) definition.

3.6 **Airborne Infection Isolation Room**: (AIIR) a single patient room equipped with special air handling and ventilation capacity that complies with the ANSI/ASHRAE/ASHE Standards, also known as Negative Pressure Rooms.
3.7 Positive Pressure: air flows from the positive pressure room into the corridor, or any adjacent area.

3.8 MDROs: Refers to multidrug resistant organisms, e.g. MRSA (methicillin-resistant *Staph aureus*), VRE (vancomycin-resistant *Enterococci*), and CRE (carbapenem-resistant *Enterobacteriaceae*).

3.9 Colonization: the condition when the pathogen is present in or on a body site but where no symptoms or clinical manifestation of illness or infection are evident.

3.10 Cohort: placing patients in close areas or rooms based on like symptoms or confirmed diseases.

3.11 Personal Protective Equipment (PPE): includes gloves, gowns, masks, and eye protection or face shields.

3.12 N95 Respirator: a respiratory protective mask with a filter efficiency of at least 95%.

3.13 Powered Air Purifying Respirator (PAPR): is a battery operated powered blower that passes contaminated air through a cartridge or filter where the air is cleansed and forced through a hose to the face piece.

3.14 Respiratory hygiene/cough etiquette: includes covering the mouth and nose during coughing or sneezing with a tissue or offering a mask to the coughing patient, discarding mask or tissue and performing hand hygiene immediately afterwards.

3.15 Contact Precautions: Prevent the spread of organisms from an infected patient through direct (touching the patient) or indirect (touching surfaces or objects that have been in contact with the patients) contact. Some examples of patients who need Contact Precautions are those infected with: MDROs, Hepatitis A, Scabies, and Lice.

3.16 Special Precautions: used in addition to Contact Precautions for patients requiring isolation due to suspected or actual *Clostridium difficile*, Norovirus, or infectious diarrhea. Requires hand hygiene with soap and water upon exiting patient room, in addition to then using hand gel. Sites may also have different cleaning protocols with this type of isolation.

3.17 Droplet Precautions: Prevent the spread of organisms that travel on particles much larger than the > 5 microns in size. These particles do not spend much time suspended in the air, and usually do not travel beyond a several foot range from the patient. These particles are produced when a patient coughs, talks, or sneezes. Some examples of diseases requiring Droplet Precautions include meningococcal meningitis, influenza, pertussis and mumps.

3.18 Airborne Precautions: Prevent diseases that are transmitted by tiny particles called droplet nuclei or contaminated dust particles. These particles, because of their size, can remain suspended in the air for long periods of time; even after the infected person has left the room. Examples of diseases requiring Airborne Precautions include tuberculosis, measles and chickenpox.
3.19 **High Touch Points:** surfaces in the health care environment, most specifically in the patient care area/room, which are touched frequently by patients, visitors or healthcare providers. These areas include but are not limited to the bed rails, the bed surface, the over-bed table, counter top surfaces, patient bathrooms, and call lights.

3.20 **Ambulatory Setting:** clinic, physician office, home health, surgery center, and other outpatient areas at the hospital such as rehabilitation and psychiatric units.

3.21 **LTC:** long term care facility (e.g. nursing home).

4. **Policy**

4.1. **General Guidelines**

1. Infection prevention staff, nursing and/or medical staff has the authority and responsibility to implement and follow isolation precautions according to CDC guidelines, empiric precautions, and system or facility defined control measures.
   
   a. Appendix A contains the Centers for Disease Control and Prevention (CDC) isolation guidelines which specify the type of precaution and duration of isolation that is required based on the suspected or confirmed infection.
   
   b. Appendix B contains specific guidelines that are specific to Aurora Health Care and supersedes those found in the CDC document.

2. A physician or other caregiver may implement isolation precautions. A physician’s order is not necessary.

3. Precautions need to be implemented when infection is suspected or confirmed.

4. A physician’s order is required to discontinue isolation precautions
   
   a. Exception: The Isolation No Longer Necessary order is no co-sign required. It is used to remove isolation for those patients admitted with a history of MRSA / VRE that were screen negative or history of C. difficile patients readmitted without symptoms. (Please see Appendix C).

4.2. **Precautions (Isolations) contain Two Tiers--Standard and Transmission Based.**

1. **Standard Precautions:** are designed to be used at all times regardless of the patient’s presumed status, to protect the patients, hospital staff and visitors from cross infection.
   
   a. Standard precautions are to be followed by all healthcare workers within the scope of this policy that have contact with patients within or entering an Aurora facility.
   
   b. Standard Precautions encompasses hand hygiene, personal protective equipment, cough etiquette, safe injection practices, the handling of clean linen, and environmental cleaning.
   
   c. Decisions about PPE use determined by type of clinical interaction and anticipated exposure to infectious microorganisms during care.

2. **Transmission Based Precautions:** this designation will be assigned for patients based on knowledge or suspicion of a particular organism and its mode of transmission.
   
   a. Included in this tier are precautions for certain organisms transmitted by the Contact, Contact/Special, Airborne, and Droplet route.
   
   i. The above precautions may be combined together for diseases that have multiple routes of transmission.
   
   b. When used or in combination, they are always to be used in addition to Standard Precautions.

5. **Procedures in Standard Precautions**

5.1. **Hand Hygiene:**

1. Hand Hygiene is the single most important strategy to reduce the risks of transmitting organisms from one person to another or from one site to another on the same patient.
a. Hand hygiene is performed promptly and thoroughly before and after removing gloves, between patient contact, and after contact with blood, body fluids, secretions, excretions, and potentially contaminated equipment including computer keyboards and telephones.
b. Refer to AHC Administrative Policy 183 Hand Hygiene/Hand Scrub for further information.

5.2 Personal Protective Equipment (PPE)--Gloves:
1. Wearing gloves does not replace the need for hand hygiene. Hand hygiene is performed before putting on gloves and after removal of gloves.
2. Gloves must be worn whenever the caregiver:
   a. Anticipates direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious materials.
   b. Handles or touches visibly or potentially contaminated patient care equipment and environmental surfaces.
3. Do not wear the same pair of gloves for the care of more than a single patient.
4. Gloves must be changed between tasks and between patient contacts.
   a. Contaminated gloves must be discarded upon exiting a patient room and/or environment.
5. Hand hygiene will be performed before and after removing the initial pair and prior to donning a second pair. It may be necessary to change gloves during the care of a single patient to prevent cross-contamination of body sites.

5.3. Personal Protective Equipment (PPE)—Gowns and Protective Apparel:
1. Hospital/clinic approved and provided protective gowns are to be worn to protect skin and prevent soiling of clothing during procedures or patient care activities where contact with blood or body fluids is anticipated.
2. Gowns are to be tied at the neck and waist and not hang loose on individuals.
3. Upon leaving the patient room or environment, remove and dispose of gown.
4. A new gown should be donned with each different patient encounter and are not to be reused on subsequent patients.
5. When a gown is contaminated during use on the same patient, it should be removed and replaced by a new gown.

5.4 Personal Protective Equipment (PPE)—Masks, Eye Protection, and Face Shields:
1. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes; nose and mouth, during procedures and patient care activities that are likely to generate splashes/sprays of blood or other body fluids.
2. Masks are worn for “aerosol generating procedures”: (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction canister], endotracheal intubation) of all patients.
3. An employee will wear one of the following, in addition to gloves and gown:
   a. Face shield that fully covers the front and sides of the face.
   b. A mask with attached shield
   c. A mask and goggles
4. A respirator is recommended instead of a mask when additional respiratory precautions are indicated for patients suspected of or confirmed to be infected with certain agents (e.g. Tuberculosis, SARS, MERS-CoV, avian, some variant or pandemic influenza). Please see Airborne Infection Isolation (Section 5.4) for more details.
   a. Airborne Infection Isolation currently requires the use of an N95 respirator mask or Powered Air Purified Respirator (PAPR) to prevent inhalation of infectious particles. Any caregiver not annually fit-tested for wearing the N-95 mask MUST utilize a PAPR when specific respiratory protection is required. Refer to Aurora Health Care Employee Health Services Respiratory Protection Program for Infectious Disease Protection, if applicable.
5. Masks are worn for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures (e.g., myelogram, spinal or epidural anesthesia).
6. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

5.5 Respiratory Hygiene/Cough Etiquette:
1. Proper attention to Respiratory Hygiene/Cough Etiquette is vital in preventing the transmission of all respiratory infections in healthcare settings. These statements apply to all health care personnel, patients, and visitors.
2. Cover nose and mouth with a mask when coughing or sneezing. If a person cannot tolerate wearing a mask, use tissues to contain secretions and dispose in the nearest waste receptacle. Sneezing into the elbow can be an alternative if tissues are unavailable.
3. Perform hand hygiene using the alcohol-based waterless hand sanitizer or hand washing with soap and water if hands are visibly soiled.
4. Healthcare workers should don a mask and perform hand hygiene when examining and caring for patients with respiratory infection symptoms.
5. Place patients in Droplet Precautions until infectious causes of respiratory symptoms are ruled out. Please see Droplet Precautions (Section 6.3) for more details.
6. To ensure a safe environment for patients, visitors, and caregivers the following measures may be in place beginning at the point of initial encounter in the healthcare facility (e.g. triage, reception, and waiting areas in ED, ambulatory clinics, healthcare provider offices, etc.):
   a. Post signs and provide resources (tissues, masks, hand sanitizer) at facility entrances and in ambulatory and inpatient settings with instructions on respiratory hygiene and cough etiquette.
   b. Ask patients with respiratory symptoms to wear a mask and place them at least 3 feet from others in common waiting areas, when possible.

5.6 Patient Care Equipment:
1. Handle used patient care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environments.
2. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned, disinfected, or sterilized following facility or manufacturer requirements using a hospital approved cleaning agent.
3. Single use items should be properly discarded unless cleaned and/or reprocessed in accordance with FDA reprocessing regulations.
4. Phlebotomy and IV trays are not placed on the patient’s bed or bedside table. If placement on the bedside table is needed for access, the tray’s bottom and the bedside table are disinfected immediately after use.

5.7 Routine Cleaning of Equipment:
1. All equipment must be cleaned with an EPA-registered disinfectant according to the manufacturer instructions in-between patient use.
2. Site specific Cleaning Grids are recommended to identify products to be used and caregiver responsibilities.
3. In addition to scheduled cleaning, equipment should also be cleaned when visibly contaminated. Check manufacturer guidelines to ensure proper cleaning.

5.8 Linen:
1. Soiled textiles, including bedding, towels, and patient or resident clothing may be contaminated with pathogenic microorganisms. However, the risk of disease transmission is negligible if they are handled, transported, and laundered in a safe manner.
2. Clean linen is stored in a covered linen cart in a designated area in each unit/department.
3. Soiled linen should be bagged at the location where it was used. It should not be sorted, stored or rinsed in patient care areas.
4. Fluid resistant linen bags should be used for all soiled linen.

5.9 Safe Injection Practices: Addressed in a separate system policy (policy # pending).
5.10. Environmental Cleaning:
1. Established Environmental Services Policies and Procedures for cleaning must be followed at all times.

6. Procedures for Transmission Based Precautions
1. Transmission based precautions are used in addition to Standard Precautions for patients with documented or suspected infections or colonization with highly transmissible or epidemiologically important pathogens.
2. Refer to Appendices A and B for the appropriate precaution category and duration of use for known or suspected infections.
3. Types of transmission-based precautions include:
   a. Contact Precautions: examples are MRSA, VRE, CRE (carbapenem resistant Enterobacteriaceae), MDROs (multidrug resistant organisms).
   b. Contact and Special Precautions: examples are Clostridium difficile (C diff), Norovirus, infectious diarrhea.
   c. Droplet Precautions: examples include Pertussis, Influenza, and Neisseria meningitides.
   d. Airborne Precautions: examples include Tuberculosis, SARS, Varicella (chicken pox), disseminated herpes zoster (shingles), measles, smallpox.
4. Personal Protective Equipment (PPE) must be worn in accordance with transmission based precautions requirements. This specialized clothing or equipment must be worn for protection against blood, body fluids, secretions and excretions (except sweat), non-intact skin and mucous membranes.
   a. General work clothes (uniform, pants, shirts, or blouses) are not considered PPE.
5. Limit transport and movement of patients outside the room to medically necessary purposes only. Patients on isolation precautions may not go to the cafeteria or other high traffic public areas. In the clinic setting, patients may be escorted by staff between treatment areas.
   a. Questions regarding appropriateness of patient movement outside the room for non-medical purposes can be directed to Infection Prevention.
6. PPE and Hand Hygiene requirements required for specific Precaution types are illustrated on the signage and must be adhered to by all individuals entering and exiting the patient room.
7. Precaution signs are to be removed by an Environmental Services caregiver (inpatient setting) after the room has been cleaned appropriately. Signs will be removed by clinical staff or EVS in the ambulatory setting.
8. Patient placement: place patients in single-patient room, if available.
   a. When a private room is not available, an infected patient may be placed with an appropriate roommate (cohorting).
   b. Cohorted patients can usually share a room if:
      i. They are infected by the same microorganism
      ii. They are not infected with other potentially transmissible microorganisms.
      iii. The likelihood of reinfection with the same organism is minimal.
      iv. The patient is not severely immunocompromised.
      v. Recommend a physical separation greater than 3 feet apart is ensured, draw privacy curtain to minimize opportunities for direct contact
   c. Such sharing of rooms is especially useful during outbreaks or when there is a shortage of private rooms.
   d. When a private room is not available and cohorting is not achievable or recommended, consultation with Infection Prevention is required before patient placement.
   e. Type of Precaution information must also be included in hand off communications to the next level of care during stay and at time of discharge. (e.g. Transport Personnel, Radiology department, Nursing Home).
f. In the event of a bed shortage, cohort patients according to the site specific Environment of Care surge plan.

9. **Inpatient settings:** Education related to the type of precaution and the procedures to be adhered to, the importance of Hand Hygiene and their responsibility in reducing the transmission of pathogens must be provided to patients/families/visitors. The education delivered and patient/visitor/family understanding and response to the education must be documented in the inpatient medical record.
   a. Type of precaution is to be documented in the patient’s medical record appropriately upon patient entry into precautions.
      i. Patient status related to precautions must be entered also when the interdisciplinary plan of care is updated.
   b. Nursing staff provide oversight of patient/visitor/family member compliance with the posted transmission based precautions and the use of PPE.
   c. Refusal to adhere to the Precautions’ guidelines is documented in inpatient medical record.
   d. Visitors that refuse to wear PPE may be prohibited from visiting and may be escorted out of the inpatient facility by Loss Prevention, or their designee.

10. **Behavioral health setting:**
   a. Any patient suspected of having a communicable disease or history of multi-drug resistant organisms must be assessed for the least restrictive method of transmission precautions that will protect patients, caregivers and visitors.
   b. Least restrictive Transmission-based Precautions are based on the cooperative abilities and demonstrable compliance with standard precautions, hand hygiene and safe behaviors.
   c. For patients with a psychiatric diagnosis such as oppositional defiant disorder, conduct disorder, self-harm behaviors, or emotional states that would impair understanding or practicing of safe hygiene least restrictive precautions may not be appropriate. These patients may require Standard and Transmission-based precautions.
   d. A patient that is assessed and found to require some degree of isolation in an Aurora Psychiatric facility will have an individualized plan of care that will include instruction on Hand Hygiene, and a plan to monitor and measure their compliance with the plan of care.
   e. Patients who are hindered from psychiatric treatment due to strict contact and transmission based precautions should be considered for transfer to another Aurora Treatment Facility.
   f. Least restrictive Transmission-based Precautions allows patients who can follow Hand Hygiene Guidelines to attend all group therapy modalities and other activities on the unit if wounds are clean, dressed, free of any drainage, and are continent of stool and urine.
   g. Patients that require strict contact precautions should follow contact precautions in section 6.1., subsection 1.

6.1 **Contact Precautions:**
**PPE required for entry into patient room:** fluid-resistant gown and gloves.

1. **Acute Care Hospitals:**
   a. Contact Precautions sign will be visibly posted outside of patient room.
   b. Patients with uncontained wounds/drainage or who are incontinent of urine or stool may not leave their room unless there is a physician ordered test/procedure/treatment.
   c. Provide disposable non-critical patient care equipment or implement patient dedicated use equipment.
   d. Clean and disinfect common use equipment after each use.
e. Ensure that Contact Precaution rooms are prioritized for frequent (at least daily) cleaning and disinfection, with a focus on “high touch points” and equipment in the immediate vicinity of the patient.

f. Patients may ambulate in the hallway provided a clean cover gown is worn and they are able to perform proper hand hygiene.
   1. Note: it is not appropriate for patients in Precautions to visit such common areas as the cafeteria or the gift shop

g. Please see Table 1 for patient transport guidelines.

2. **Ambulatory settings:**
   a. Place patient in an examination room/area as soon as possible.
   b. Clean room immediately after patient use.
   c. Staff may escort patient between treatment areas.

3. **Residential settings:**
   a. Perform Hand Hygiene.
   b. Don gown and gloves when entering the room; remove gloves and gown and perform hand hygiene before leaving the patient’s environment.

### 6.2 Contact and Special Precautions

**PPE required for entry into patient room: fluid-resistant gown and gloves.**

1. This type of precaution is used for suspected or confirmed case diagnosed with infectious diarrhea such as *C. difficile*, or Norovirus.

2. BOTH Contact Precautions and Special Precautions signs should be placed on the door in inpatient settings:
   a. This directs all individuals to **WASH HANDS** with soap and water upon exiting patient room and **before** using waterless antiseptic hand gel. Washing hands with soap and water may help to physically remove any spores that may be present on hands.
   b. The Special Precautions sign also alerts the appropriate staff to clean these rooms and equipment with **bleach**.

3. Ambulatory Setting: same requirements as described in 6.2 (1 and 2) apply in the Ambulatory setting

4. Inpatient areas and patient transport
   a. **Limit transport and movement of patients outside the room to medically necessary purposes only.**
   b. Patients may leave room for non-physician ordered reasons provided ALL the following conditions are met:
      1. Absence of diarrhea for 48 hrs. and < four (4) stools per day
      2. Currently on treatment or completed treatment
      3. Continent of stool
      4. Oriented and cooperative
         a. Note: it is not appropriate for patients in Precautions to visit such common areas as the cafeteria or the gift shop

### 6.3 Droplet Precautions

**PPE required for entry into patient room: surgical mask or procedural mask**

1. **Acute Care Hospitals:**
   a. Droplet Precautions sign will be visibly posted outside patient room.
   b. Patient may ambulate in hallway if able to wear a mask and follow respiratory hygiene and cough etiquette.
   c. Patients being transported are required to wear a mask and follow respiratory hygiene and cough etiquette.
d. A mask is not required for the transporter of a patient in droplet isolation.
   1. However, if the patient is unable to wear a mask, the transporter should wear a mask if patient contact of 3 feet or less is anticipated.

e. Perform routine environmental cleaning.

2. Behavioral health setting:
   a. Place the patient with a mask in an intake room or patient room promptly.
   b. Patient must wear mask during transport to room or sent out.
   c. Most Behavioral Health patients that would require droplet precautions need to be transferred to another Aurora Facility until such time isolation would no longer be required and therapeutic psychiatric care could resume. Any others would follow section in section 6.3.

3. Ambulatory settings:
   a. Place patient in an examination room/area as soon as possible.
   b. Instruct patient to follow respiratory hygiene and cough etiquette both in waiting areas and in examination rooms.
   c. Staff may escort patient between treatment areas.
   d. Perform routine environmental cleaning.

6.4. Airborne Precautions

PPE required for entry into patient room: an N95 respirator mask or Powered Air Purified Respirator (PAPR) to prevent inhalation of infectious particles. Any caregiver not fit-tested for the N-95 mask MUST utilize a PAPR when specific respiratory protection is required.

1. Acute Care Hospitals, and other residential settings
   a. Airborne Precautions sign will be visibly posted outside patient room.
   b. Upon admission, place patient in an airborne infection isolation room (AIIR), implement monitoring protocol for negative pressure.
   c. If patient is suspected of an airborne illness after admission, transfer to an AIIR as soon as possible.
      1. After the patient is transferred, close door to the initial room and ensure the room remains vacant for 1 hour, or time sufficient for a full exchange of air based on the facility’s air handlers.
   d. Infection Prevention and facilities operations is to be notified of room placement.
      1. Facilities operations will test negative pressure daily.
   e. Patient may not ambulate in hallway.
   f. If transport or movement outside the AIIR is necessary, patients being transported are required to wear a surgical mask and follow respiratory hygiene and cough etiquette. A mask is not required for transporter(s).
      1. However, if the patient is unable to wear a surgical mask, the transporter should wear a N95 respirator mask (must be fit-tested) or a PAPR.
   g. Visitors to the airborne precaution room for a patient with confirmed or suspected tuberculosis are limited to immediate adult household members.
   h. Visitors to AIIRs may be offered respirators (e.g., N95 disposable respirators) and should be instructed by an HCW on the use of the respirator before entering an AIIR room. If the visitor is unable to be instructed on proper fit, visitor will be discouraged from visiting.
      1. If tuberculosis is confirmed, these visitors are referred to public health for testing.
   i. Private rooms with negative pressure are always required for a patient admitted with rule-out, possible, or confirmed tuberculosis.
   j. Perform routine environmental cleaning.
   k. In the event of an outbreak or exposure requiring more AIIRs than available, reference the “Outbreak Policy” specific for your facility.
2. **Ambulatory and Behavioral Health settings**
   a. If AIIR is not available, place patient, as soon as possible, in a regular examination room with door closed, away from other patients.
   b. Instruct patient to wear a mask and to follow respiratory hygiene and cough etiquette both in waiting areas and in examination room.
   c. After discharge, keep door closed allowing for a full exchange of area before cleaning and reopening room. Refer to site-specific policy.
   d. Staff should escort patient between treatment areas.
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| STANDARD                  | 1. Applies to all patients  
                            2. Hand hygiene performed before and after every patient contact.  
                            3. Gloves, gowns, masks and eye protection as patient encounter dictates.  
                            4. Safe disposal or cleaning of instruments and linen.  
                            5. Safe injection practices.  
                            6. Cough etiquette  
                            7. Cleaning of equipment and rooms.  |
| CONTACT                   | 1. Standard Precautions apply  
                            2. Hand hygiene performed before entering and upon exiting a patient room.  
                            3. Gloves required upon entering room. Change gloves if come into contact with contaminated secretions.  
                            4. Gown required as clothing may come into contact with patient or environmental surfaces.  
                            5. Noncritical items should be dedicated for use for a single patient, when possible. If equipment is not dedicated for single patient use, it should be cleaned in between patient use.  |
| CONTACT AND SPECIAL       | 1. Standard Precautions Apply  
                            2. Hand hygiene performed before entering and specific hand hygiene upon exiting patient room.  
                            3. Upon exiting, must clean hands with soap and water before using waterless hand gel.  
                            4. Gloves required upon entering room. Change gloves if come into contact with contaminated secretions.  
                            5. Gown required as clothing may come into contact with patient or environmental surfaces.  
                            6. Noncritical items should be dedicated for use for a single patient, when possible. If equipment is not dedicated for single patient use, it should be cleaned in between patient use.  |

**Transportation guidelines**

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| CONTACT                   | 1. Patient should have a clean gown or be covered with a clean blanket, cover wounds if needing to transport patient outside room. Patient should perform hand hygiene if able.  
                            2. Transporter is to remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.  
                            4. Transporter is to don clean PPE to handle the patient at the transport destination.  |
| CONTACT AND SPECIAL       | 1. Patient should have a clean gown or be covered with a clean blanket, cover wounds if needing to transport patient outside room. Patient should perform hand hygiene if able.  
                            2. Transporter is to remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Special Precautions.  
                            4. Transporter is to don clean PPE to handle the patient at the transport destination.  |
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| **DROPLET**        | 1. Standard Precautions Apply  
2. Mask (surgical or procedural) worn before entering room. If patient not in formal room (i.e., ED), wear mask within 3 feet of patient.  
**Transportation guidelines**  
1. Patient is to wear a surgical mask if transport within the health care setting is required. |
| **AIRBORNE**       | 1. Standard Precautions Apply.  
2. Place patient in an AIIR room (airborne infection isolation room).  
3. A certified respirator (N95 respirator mask requires annual fit testing or a PAPR.  
4. Susceptible (non-immune) individuals should not enter the room of a patient with suspected or confirmed measles or chicken pox.  
**Transportation guidelines**  
1. Transport of the patient should be minimized. Patient is to wear a surgical mask if transport within the health care setting is required. |
Appendix A

TYPE AND DURATION OF PRECAUTIONS
RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Link only:
Appendix B

Aurora Health Care

TYPE AND DURATION OF PRECAUTIONS
RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Certain diseases or conditions have resulted in a more strict isolation process at Aurora Health Care that is different from the current CDC recommendations. These changes are based on best practice.

These guidelines **supersede** those in Appendix A for the infections listed here.

<table>
<thead>
<tr>
<th>Infection/condition</th>
<th>Type</th>
<th>Duration</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clostridium difficile</td>
<td>C and S</td>
<td>Duration of hospital stay</td>
<td>Isolate all known or suspected cases.</td>
</tr>
<tr>
<td>Norovirus</td>
<td>C and S</td>
<td>Duration of hospital stay</td>
<td>Isolation for all suspected or confirmed cases.</td>
</tr>
<tr>
<td>CRE</td>
<td>C</td>
<td>Duration of hospital stay</td>
<td></td>
</tr>
<tr>
<td>Influenza</td>
<td>D</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td>D</td>
<td>24 hours of antibiotics</td>
<td></td>
</tr>
</tbody>
</table>

C=Contact and Special
C=Contact
D=Droplet
Appendix C
ALGORITHM FOR MANAGING PRECAUTION DESIGNATION FOR READMISSION OF PATIENT WITH HISTORY OF CLOSTRIDIUM DIFFICILE

Did the patient test positive for C difficile < or = 2 weeks ago?  
OR  
Is the patient currently on treatment for C difficile?

Are there any current signs or symptoms of C difficile infection?  
(Diarrhea [at least three episodes in 24 hours or non-formed stool that would conform to the shape of a specimen collection container])

Does the patient have a history of chronic loose stool and a recent negative C difficile PCR test?

Has it been < or = 60 days since the last C diff positive lab?

PLACE in Contact/Special precautions

KEEP EPIC “C-Diff” infection comment but enter “No Longer Necessary” for isolation

RESOLVE EPIC “C-Diff” infection comment
Appendix D
How to Don and Remove Personal Protective Equipment

Link only:
CDC Poster for PPE use
Cross References:
Hand Hygiene/Hand Scrub (System policy #183)
Prevention and Control of MRSA (System policy #2011)
Employee Health PAPR
Safe Injection Practices (System Policy number pending)

Owner: System Infection Prevention

References:


Occupational Safety & Health Administration (OSHA), US Department of Labor. (June 8, 2011). Bloodborne Pathogen Standard 1910.1030, Retrieved from OSHA Bloodborne Pathogen Standard


Review Dates: Insert dates when policy is reviewed or updated