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Appendices:
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Policy Information | 22-23 |
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, and controlled by Aurora Health Care. The scope of this policy includes all Aurora Healthcare employees, members of the medical caregivers, students, volunteers, agency caregivers, 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**

   **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.

   **Airborne Precautions:** Precautions to 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.

   **Ambulatory Setting:** Refers to areas where the patient is not admitted to a facility such as a clinic, physician office, surgery center, and other outpatient areas at the hospital such as outpatient rehabilitation.

   **Aurora at Home Setting:** Includes the patient’s home environment when healthcare services are received within the home by a visiting Aurora at Home caregiver.

   **Behavioral Health Setting:** Includes Aurora Psychiatric Hospital and all other behavioral health facilities or inpatient units. Does not include behavioral health clinics, which fall under the ambulatory setting.

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

   **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.

   **Contact Precautions:** Precautions to 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.

**Cross-Contamination:** The spread or transfer of potentially infectious organisms from one surface, item or person to another.

**Droplet Precautions:** Precautions to 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.

**Empiric Transmission-Based Precautions:** Implementation of transmission-based precautions based upon the potential pathogen associated with certain clinical syndromes or conditions (Appendix C).

**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.

**Hospice Setting:** Includes Aurora hospice facilities (e.g. Zilber Hospice). Does not include hospice in hospital (Hospital Inpatient Setting), home hospice (Aurora at Home Setting) or nursing homes. Follows hospital inpatient setting transmission-based precautions. If precautions hinder hospice care, Infection Prevention is available for consultation for an individualized plan of care.

**Hospital Inpatient Setting:** Includes all inpatient areas associated with a hospital such as, but not limited to, medical/surgical unit and intensive care units. (Does not include Behavioral Health Settings.)

**Instruction for Use (IFU):** Refers to specific manufacturer written instructions for cleaning, disinfection and/or sterilization of equipment based on their testing and validated cleaning and sterilization methods. Also refers to the instructions for the product used to do the cleaning and disinfection (e.g., how long the product must remain wet on the surface to properly achieve disinfection (wet time or dwell time).

**Least Restrictive Contact Precautions:** Includes transmission-based precautions applicable to behavioral health to allow patients that would require contact precautions, but 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 if patients are continent of stool and urine.

**LTC:** Long-term care facility (e.g., nursing home).

**Multidrug-resistant organisms (MDROs):** Refers to organisms that have resistance to one or more classes of antibiotics (e.g. MRSA (methicillin-resistant *Staph aureus*), VRE (vancomycin-resistant
Enterococci), and CRE (carbapenem-resistant Enterobacteriaceae). Refer to policy APPROACH TO MULTIDRUG RESISTANT ORGANISMS MDRO.

**N95 Respirator:** A respiratory protective device with a filter efficiency of at least 95%.

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

**Non-Regulated Medical Waste:** For the purpose of this policy, includes any waste not contaminated with blood or other potentially infectious material of sufficient virulence and quantity (i.e., municipal solid waste).

**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.
- **d.** Liquid or solid stool.

**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. Includes gloves, gowns, masks, and eye protection or face shields.

**Positive Pressure:** Air flows from the positive pressure room into the corridor, or any adjacent area.

**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.

**Standard Precautions:** A group of infection prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status, that are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents. Includes hand hygiene, and depending on the anticipated exposure, use of gloves, gown, mask, eye protection, or face shield. Also, equipment or items in the patient environment likely to have been contaminated with infectious fluids must be handled in a manner to prevent transmission of infectious agents, (e.g., wear gloves for handling, contain heavily soiled equipment, properly clean and disinfect or sterilize reusable equipment before use on another patient) (CDC, 2007).
Strict Precautions: Precautions that are used for patients requiring isolation due to suspected or actual infection with a high-risk organism (such as Ebola). This includes a combination of standard, contact, and airborne precautions.

Special Precautions: Used in addition to contact and standard 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 sanitizer. Bleach is used for cleaning and disinfection. EVS procedures are to be followed.

Transmission-Based Precautions: This designation will be assigned for patients based on knowledge or suspicion of a particular organism and its mode of transmission (e.g., contact, droplet, airborne). Also referred to as isolation precautions, or isolation.

Regulated Waste: For the purpose of this policy, includes the following waste that has the potential to be infectious:
- 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).

Respiratory Hygiene/Cough Etiquette: Includes covering the mouth and nose during coughing or sneezing with a tissue or offering a mask to the coughing individual, discarding mask or tissue and performing hand hygiene immediately afterwards. Also applies to caregivers.

4. Policy

4.1 Precautions contain two tiers – Standard Precautions and Transmission-Based Precautions

1. **Standard Precautions**: are designed to be used at all times regardless of the patient’s presumed status, to protect the patients, hospital caregivers and visitors from cross-contamination, and the spread of infection.
   a. Standard precautions are to be followed by all caregivers within the scope of this policy that have contact with patients within or entering an Aurora facility.
   b. **Implementation of standard precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and caregivers** (CDC, 2007).
   c. Standard precautions encompasses hand hygiene, personal protective equipment, cough etiquette, safe injection practices, the handling of clean linen, and environmental cleaning.
   d. Decisions about PPE use determined by type of clinical interaction and anticipated exposure to infectious microorganisms during care.
2. Transmission-Based Precautions (“Isolation”): 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.
   c. When patients have a suspected or actual infection with a high-risk organism, caregivers will adhere to strict precautions.

4.2 Infection prevention caregivers, nursing and/or medical caregivers has the authority and responsibility to implement and follow transmission-based (isolation) precautions according to system or facility defined control measures, CDC guidelines, and empiric transmission-based precautions.

1. When to Implement Precautions: Transmission-based precautions need to be implemented when infection is suspected or confirmed.

2. Type and duration of transmission-based precautions precaution.
   a. Appendix A: Contains guidelines that are specific to Aurora Health Care and supersedes those found in the CDC document for the hospital inpatient setting.
   b. Appendix B: Contains 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. To be used for all settings.
   c. Appendix C: Contains clinical syndromes or conditions warranting empiric transmission-based precautions in addition to standard precautions. To be used for all settings.

3. Ordering of transmission-based precautions: A physician or other caregiver may implement isolation precautions. A physician’s order is not necessary. Nursing may initiate isolation precautions and place the order in EPIC using the order mode “No Co-Sign Required” with the Ordering and Authorizing physician’s name. A physician order is needed to discontinue an isolation order.
   a. A physician’s order is required to discontinue isolation precautions.
      i. 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 (refer to Appendix D “Algorithm for Managing Precaution Designation for Readmission of Patient with History of Clostridium difficile”).
      ii. Note: Repeat assays SHOULD NOT be done to test for resolution of Clostridium difficile infection.
      iii.

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. Hand hygiene is performed prior to handling food/beverage items.
   c. Refer to AHC Administrative Policy #183 “Hand Hygiene/Surgical Hand Antisepsis” 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 (OPIM).
      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. It may be necessary to change gloves during the care of a single patient to prevent cross-contamination of body sites. Hand hygiene will be performed before and after removing the initial pair and prior to donning a second pair.
   6. Gloves should be worn while performing cleaning and disinfection of the environment or equipment in order to protect the caregiver from potentially infectious materials, and in accordance with the manufacturer’s instructions for use for the chemicals.

5.3. Personal Protective Equipment (PPE)—Gowns:
   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 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. Masks are not to be confused with respirators that are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route (e.g., N95, PAPR) (CDC, 2007) as described below (CDC, 2007).
   2. Masks are worn for three primary purposes in healthcare settings (CDC, 2007):
      a. To protect from contact with infectious materials from patients (e.g., respiratory secretions and sprays of blood or body fluids, consistent with standard precautions and droplet precautions);
b. When engaging in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in a caregiver’s mouth or nose; and
c. As a part of respiratory hygiene/cough etiquette for individuals who have coughs or cold/flu-like symptoms.

3. 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.

4. Masks are worn for “aerosol generating procedures”: (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction canister], endotracheal intubation, etc.) of all patients.

5. Caregivers 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

6. 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).

7. A respirator (e.g., N95 or PAPR) 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). Refer to Section 6.4 “Airborne Precautions” for more details.
   a. Airborne precautions currently requires the use of an N95 respirator or Powered Air Purified Respirator (PAPR) to prevent inhalation of infectious particles. Any caregiver not annually fit-tested for wearing the N-95 respirator MUST utilize a PAPR when specific respiratory protection is required. Refer to Aurora Health Care Employee Health Services Policy EH-0111 “Respiratory Protection Plan” if applicable.
   b. Caregivers must be fit tested annually by Employee Health in order to wear an N95 respirator.

8. 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 healthcare 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 (Section 6.3), or airborne precautions (Section 6.4) if appropriate, until infectious causes of respiratory symptoms are ruled out.

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 the Emergency Department, 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. Clean and dirty supplies and equipment must be kept separated to prevent cross-contamination, and the spread of infection (e.g., separate soiled utility and clean storage rooms.
2. 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.
3. 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.
4. Items that become or are suspected of being contaminated (e.g., fell on floor or visibly contaminated) must be discarded, cleaned, disinfected or sterilized as appropriate. Potentially contaminated equipment or supplies must not be used for patient care.
5. Single use items should be properly discarded unless cleaned and/or reprocessed in accordance with FDA reprocessing regulations.
6. 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 for use 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 and disinfected when visibly contaminated. Check manufacturer instructions for use to ensure proper cleaning and disinfection.

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 designated area in each unit/department, in a manner that prevents contamination of the clean linen (e.g., covered to protect it from dust and dirt).
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. Soiled linens should be collected in a manner to prevent debris (e.g., skin cells) from being aerosolized, and in a manner in which caregiver clothing is not contaminated.
6. There is no need to double bag linen (even for isolation patients) unless the bag tears, leaks, or if the outside of the bag becomes contaminated.

5.9 Safe Injection Practices: Addressed in SAFE INJECTION PRACTICES

5.10. Environmental Cleaning:
1. Established Environmental Services (EVS) Procedures for cleaning must be followed at all times.
2. Environmental services must be informed by caregivers, prior to cleaning, of any isolation precautions or special considerations for cleaning, including, but not limited to, any areas that were contaminated with blood or body fluids. (Refer to System Policy #2129 “Infection Prevention for Handling of Blood and Other Potentially Infectious Materials: Collection, Transport (Pneumatic Tube), and Spill Clean-Up”)

3. Notification and cleaning of areas used for procedures at high-risk of Transmissible Spongiform Encephalopathy (TSE), including Cruetzfeldt-Jacob Disease (CJD), must follow System Policy #2035 “Transmissible Spongiform Encephalopathies (TSE) - Prion Disease (including Cruetzfeldt-Jakob Disease (CJD) variant Crutzfeldt-Jakob Disease (“Mad Cow Disease”)).

4. Notify Environmental Services or contracted cleaning service for concerns regarding insects, including suspected bed bugs (BED BUGS).

5. For Aurora at Home, the area where patient care takes place (e.g., surface where wound care supplies are set up) should be kept clean and free of clutter. If a patient’s environment is noted to have a bug infestation, resources should be provided to address the infestation.

5.11 Waste Disposal

1. Precautions must be taken in handling regulated medical waste in order to protect the handler and the environment from contamination. Proper PPE must be worn. Must be disposed of in a designated red biohazard bag or container. Liquid waste that has the potential to spill must be solidified prior to disposal. If regulated medical waste is accidently disposed of with non-regulated medical waste (e.g. in a clear trash bag), the entire bag should be treated as regulated medical waste and placed in a red biohazard bag or container.

2. The removal of regulated and non-regulated medical waste from the healthcare environment is subject to federal and state regulations. No additional precautions are needed for non-regulated solid waste that is being removed from rooms of patients on transmission-based precautions as long as the bag being used for disposal is of sufficient strength to prevent puncture or tearing (CDC, 2007).


5.12 Prevention of Needle Sticks and Injuries From Sharps

1. Injuries due to needles and other sharps is an essential element of standard precautions. For more information, please refer to Employee Health Services Policy #EH-002 “Blood Borne Pathogens Exposure Control Plan”.

5.13 Additional Standard Precaution Procedures for Aurora at Home

1. The caregiver must assess the home environment for potential sources of infectious organisms, and take action to minimize the risk of cross-contamination between the patient care environment, caregiver clothing, equipment and supplies.

2. The caregiver must avoid placing items on the floor, including caregiver belongings and supplies.

3. Concerns regarding insect or rodent infections, or unsafe patient care conditions presenting a risk for infection, should be documented and followed up via the appropriate venue for Aurora at Home.

6. Procedures for Transmission-Based Precautions

The following applies to ALL 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. Also, refer to PREVENTION AND CONTROL OF MRSA METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS APPROACH TO MULTIDRUG RESISTANT ORGANISMS MDRO

3. Refer to CLINICAL SYNDROMES OR CONDITIONS WARRANTING EMPIRIC TRANSMISSION-BASED PRECAUTIONS: APPENDIX C for Clinical Syndromes or Conditions Warranting Empiric Transmission-Based Precautions.

4. 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.
   e. Strict Precautions: examples include Ebola.

5. 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.

6. Limit transportation 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 outpatient (clinic) setting, patients may be escorted by caregivers between treatment areas.
   a. Questions regarding appropriateness of patient movement outside the room for non-medical purposes can be directed to Infection Prevention.

7. 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.

8. 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 caregivers or EVS/Cleaning Vendor in the ambulatory setting if required.

9. Patient placement: place patients in single-patient room, if available. For the ambulatory settings, place patients in an examination room/area as soon as possible.
   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.

10. **Hospital Inpatient Setting:** 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 caregivers provide oversight of patient/visitor/family member compliance with the posted transmission-based precautions and the use of PPE.

   c. Refusal to adhere to transmission-based precautions is documented in inpatient medical record.

   d. Visitors that refuse to wear PPE following transmission-based precautions may be prohibited from visiting and may be escorted out of the inpatient facility by Loss Prevention, or their designee.

11. **Behavioral Health Setting:**

   a. A patient that is assessed and found to require some degree of transmission-based precautions in an Aurora Behavioral Health 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. Patients may be evaluated for least restrictive contact precautions (refer to 6.1 section 2).

   b. Patients who are hindered from psychiatric treatment due to transmission-based precautions should be considered for transfer to an Aurora Medical Center for treatment.

6.1 Contact Precautions:

   PPE required for entry into patient room: fluid-resistant gown and gloves. (Standard Precautions apply at all times.)

1. **Hospital Inpatient Setting:**

   a. **Signage:** Contact precautions sign will be visibly posted outside of patient room.

   b. **PPE:** Required upon entry to room. Includes fluid-resistant gown and gloves. Change gloves and perform hand hygiene if gloves come into contact with contaminated secretions. Gown required as clothing may come into contact with patient or environmental surfaces.
c. **Hand Hygiene:** Soap & water or hand sanitizer. Perform hand hygiene before putting on PPE and after removing PPE.

d. **Equipment:** When possible, provide disposable non-critical patient care equipment or implement patient dedicated use equipment. Clean and disinfect common use equipment after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use.

   i. Caregiver personal items (e.g. cell phone) should not be used while within the contact isolation room.

   ii. Trays from patients in isolation are properly handled to ensure caregiver protection and to prevent the spread of disease through cross-contamination (Corporate FNS Policy Manual “Isolation Trays”).

   iii. For contact precautions, removal of a patient food tray may be accomplished by one or two caregivers in the following manner:

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<th>Method:</th>
<th>Steps:</th>
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| Two Caregivers | 1. Caregiver must wear PPE required to enter room.  
2. Remove disposable items from tray.  
3. Caregiver in room hands tray to caregiver outside of room (who is wearing clean gloves).  
4. Caregiver outside of room places tray on designated cart, removes and disposes of gloves, and performs hand hygiene. |
| Single Caregivers | 1. The caregiver in the room may set the tray down on a clean surface by the door (isolation cart, or counter by door).  
2. Remove PPE.  
3. Perform hand hygiene.  
4. Don clean gloves and place tray on designated cart.  
5. The caregiver must immediately disinfect the surface the tray was set on with an appropriate EPA-registered disinfectant. |

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<tbody>
<tr>
<td>Environmental Cleaning</td>
<td>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. Keep Contact Isolation sign posted until after discharge cleaning is completed. Follow EVS protocol.</td>
</tr>
<tr>
<td>Ambulation</td>
<td>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. Patients may ambulate in the hallway provided a clean cover gown is worn and they are able to perform proper hand hygiene. <strong>Note:</strong> it is not appropriate for patients in contact precautions to visit such common areas as the cafeteria or the gift shop.</td>
</tr>
</tbody>
</table>
| Transportation via Cart or Wheelchair | i. Patient should perform hand hygiene if possible.  
ii. Patient should have a clean contact isolation gown, or be covered with a clean blanket upon leaving the contact isolation room. Wounds must be covered if needing transport outside of the contact isolation room. |
iii. Transporter is to remove and dispose of contaminated PPE that was worn into the contact isolation room, and perform hand hygiene prior to transporting patients in contact isolation.

iv. Standard precautions apply during transport.

v. Transporting caregiver is to put on clean PPE at the transport destination.

2. **Behavioral Health Setting: Least Restrictive Contact Precautions**
   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 contact precautions that will protect patients, caregivers and visitors.
   b. Least restrictive contact precautions are based on the cooperative abilities and demonstrable compliance with standard precautions, hand hygiene and safe behaviors.
   c. Least restrictive contact 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. Patients with potential or confirmed *C. difficile* or Norovirus requiring contact and special precautions are not eligible for least restrictive contact precautions (section 6.2, subsection 3).
   d. 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 contact precautions may not be appropriate. These patients may require standard and contact precautions.
   e. Patients that do not meet criteria for least restrictive contact precautions should follow contact precautions in section 6.1., subsection 1, and are restricted from group treatment modalities. If this hinders psychiatric treatment, consider transfer to a more appropriate Aurora Medical Center for treatment.
   f. **Signage:** Not required.
   g. **PPE:** Standard precautions apply. (e.g., PPE to be worn by caregiver depending on risk of exposure to potentially infectious materials – e.g. gown and gloves for wound care.)
   h. **Hand Hygiene:** Soap & water or hand sanitizer. Perform hand hygiene before putting on PPE and after removing PPE.
   i. **Equipment:** When possible, provide disposable non-critical patient care equipment or implement patient dedicated use equipment. Clean and disinfect common use equipment after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use.
   j. **Environmental Cleaning:** Recommend frequent (at least daily) cleaning and disinfection, with a focus on “high touch points” and equipment in the immediate vicinity of the patient. Follow EVS protocol.
   k. **Ambulation & Transportation:** No restrictions (as long as criteria are met for least restrictive contact precautions).

3. **Ambulatory Setting:**
   a. **Signage:** Is not required. Contact precautions sign may be visibly posted outside of the patient room.
   b. **PPE:** Required upon entry to room. Includes fluid-resistant gown and gloves. Change gloves and perform hand hygiene if gloves come into contact with contaminated secretions. Gown required as clothing may come into contact with patient or environmental surfaces.
c. **Hand Hygiene:** Soap & water or alcohol-based hand sanitizer. Perform hand hygiene before putting on PPE and after removing PPE.

d. **Equipment:** When possible, provide disposable non-critical patient care equipment or implement patient dedicated use equipment. Clean and disinfect common use equipment after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use.

e. **Environmental Cleaning:** Clean room immediately after patient use with a focus on “high touch points” and equipment in the immediate vicinity of the patient. Follow EVS protocol.

f. **Ambulation & Transportation:** Caregivers may escort patient between treatment areas.

4. **Aurora at Home Setting:**
   a. **Signage:** Is not required.
   b. **PPE:** Required for direct patient care that will likely result in direct contact with infected location or secretions—fluid-resistant gown and gloves. Don when entering the environment to provide care. Change gloves and perform hand hygiene if gloves come into contact with contaminated secretions. Gown required as clothing may come into contact with patient or environmental surfaces. Perform hand hygiene prior to leaving the home care environment.

c. **Hand Hygiene:** Soap & water or alcohol-based hand sanitizer. Perform hand hygiene before putting on PPE and after removing PPE.

d. **Equipment:** When possible, provide disposable non-critical patient care equipment or implement patient dedicated use equipment. Clean and disinfect common use equipment after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use. Avoid bringing items into the patient care environment that are not dedicated to the patient, easy to disinfect, or disposable (e.g., avoid bringing a bag into the environment, or supplies that will be used for other patients).

e. **Environmental Cleaning:** Should attempt to maintain a clean area for patient care and storage of equipment, medications, and supplies within the homecare environment.

f. **Ambulation & Transportation:** No additional precautions as patient care is completed within the homecare environment.

6.2 Contact and Special Precautions

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

(Standard Precautions apply at all times.)

1. **ALL SETTINGS:** Contact precautions by setting apply as indicated in section 6.1, with the additional precautions as listed below by setting.

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

3. **ALL SETTINGS:** This type of precaution follows contact precautions (6.1), and includes additional special precautions:
   a. **Hand Hygiene:** Wash hands with soap and water upon exiting patient room and before using waterless antiseptic hand sanitizer. Washing hands with soap and water may help to remove any spores that may be physically present on hands.
   b. **Equipment & Environmental Cleaning:** Clean room and equipment with **bleach.** Follow manufacturer’s instructions for use.
4. **Hospital Inpatient Setting and Behavioral Health Setting** same requirements as described in 6.2 (1, 2 and 3) apply, in addition to requirements below:
   a. Patients within the behavioral health setting who require contact and special precautions are not eligible for least restrictive precautions. If this hinders psychiatric treatment, considered for transfer to an Aurora Medical Center for treatment.
   b. **Signage:** BOTH Contact Precautions and Special Precautions signs should be placed on the door in hospital inpatient settings. (Note: for Aurora Psychiatric Hospital, signage may be placed on the door to the patient's designated bathroom.)
   c. **Ambulation:** Limit transport and movement of patients outside the room to medically necessary purposes only. 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 if indicated
      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.

**Figure 1:** Algorithm for PT/OT for patients in Contact & Special Precautions for Diarrhea

Are ALL of these true?
- No clinically significant diarrhea. (Soft or formed stool for 48 hours & <4 stools per day?)
- Currently on treatment or completed treatment for *C. difficile* if applicable.
- Continent of stool?
- Oriented & Cooperative?

Patient may leave room for therapy (e.g., ambulation in the hallway), but MUST:
1. Put on a clean patient hospital gown/pajama bottoms.
2. Perform hand hygiene with soap and water, followed by hand sanitizer.
3. Put on a clean yellow isolation gown & gloves just prior to exiting the room.
4. Any equipment must be disinfected with bleach wipes prior to being removed from the patient room, and after use.

5. **Ambulatory Setting:** same requirements as described in 6.2 (1, 2 and 3) apply in the ambulatory setting, in addition:
   a. **Signage:** is not required unless used to communicate the need of cleaning with bleach with EVS or contracted cleaning services.
6. **Aurora at Home Setting**: same requirements as described in 6.2 (1, 2 and 3) apply in the residential setting.
   a. **Signage**: Is not required.

### 6.3 Droplet Precautions

**PPE required for entry into patient room: surgical mask or procedural mask**
(Standard Precautions apply at all times.)

1. **ALL SETTINGS**:
   a. Instruct patient to follow respiratory hygiene and cough etiquette. Provide patient a mask and place patient in an examination room/area or patient room as soon as possible.
   b. **Hand Hygiene**: Soap and water or hand sanitizer. Perform hand hygiene before putting on PPE, and after removing PPE.
   c. **Equipment**: Routine use. Clean and disinfect after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use.
   d. **Room Cleaning**: Perform routine environmental cleaning.

2. **Hospital Inpatient Setting and Behavioral Health Setting**:
   a. **Signage**: Droplet Precautions sign will be visibly posted outside patient room.
   b. **PPE**: Required upon entry to room – surgical or procedure mask. If a patient is not in a formal room (e.g. Emergency Department), place mask on patient, or wear a mask within 3 feet of the patient. Mask to be removed when exiting room at a distance of greater than 3 feet from the patient.
   c. **Ambulation**: Patient may ambulate in hallway if able to wear a mask and follow respiratory hygiene and cough etiquette.
   d. **Transportation**: Patients being transported are required to wear a mask and follow respiratory hygiene and cough etiquette. A mask is not required for the transporter of a patient in droplet isolation. 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. Behavioral health patients requiring droplet precautions may need to be transferred to another Aurora Medical Center until such time isolation is no longer required and therapeutic psychiatric care can resume.

3. **Ambulatory Settings**:
   a. **Signage**: Not required.
   b. **PPE**: Required upon entry to room – surgical or procedure mask. If a patient is not in a formal room (e.g. Waiting Room), place mask on patient, or wear a mask within 3 feet of the patient. Mask to be removed when exiting room at a distance of greater than 3 feet from the patient.
   c. **Ambulation & Transportation**: Caregivers may escort patient between treatment areas. Patients are required to wear a mask and follow respiratory hygiene and cough etiquette. If the patient is unable to wear a mask, the caregiver escorting the patient should wear a mask if patient contact of 3 feet or less is anticipated.

4. **Aurora at Home (Residential) Setting**:
   a. **Signage**: Not required.
   b. **PPE**: Required upon entry to the home care environment within 3 feet of patient or less – surgical or procedure mask. Mask may be removed when exiting patient care area at a distance of greater than 3 feet.
6.4 Airborne Precautions

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

(Standard Precautions apply at all times.)

1. **ALL SETTINGS:**
   a. Susceptible (non-immune) individuals should not enter a room of a patient with suspect or confirmed measles or chicken pox.
   b. Instruct patient to wear a mask and to follow respiratory hygiene and cough etiquette as soon as a suspected or confirmed need for airborne precautions is identified.
   c. Consult site Infection Prevention when a patient requiring airborne precautions needs treatment within a non-AIRR area such as a surgical suite.
   d. **PPE:** Required upon entry to room (don prior to opening door) – N95 respirator or PAPR. Respiratory protection to be removed after exiting the patient room (after door is closed).
   e. **Hand Hygiene:** Soap/water or hand sanitizer. Perform hand hygiene before putting on PPE, and after removing PPE.
   f. **Equipment:** May provide disposable non-critical patient care equipment or implement patient dedicated use equipment. Clean and disinfect after each patient use with an EPA-registered disinfectant following manufacturer’s instructions for use.
   g. **Environmental Cleaning:** Keep door closed and allow for a full air exchange based on the facility’s air handlers prior to cleaning room. Routine environmental cleaning following EVS procedure.

2. **Hospital Inpatient Setting**
   a. **Airborne Infection Isolation Room (AIIR):**
      1. Upon admission, place patient in an airborne infection isolation room (AIIR), implement daily monitoring protocol for negative pressure as per Facilities Operations.
      2. AIIR’s are always required for a patient admitted with rule-out, possible, or confirmed tuberculosis.
      iii. If patient is suspected of an airborne illness after admission, transfer to an AIIR as soon as possible. Place patient in a private room with door closed and airborne precautions sign posted until transfer to an AIIR. After the patient is transferred, close the door to the private room, keep airborne precautions sign posted, and ensure that the room remains vacant for 1 hour, or time sufficient for a full exchange of air based on the facility’s air handlers (contact Facilities Operations). Notify Infection Prevention if potential for a communicable disease exposure.
      iv. Infection Prevention and Facilities Operations is to be notified of room placement.
      v. Facilities Operations will test negative pressure daily.
   b. **Signage:** Airborne Precautions sign will be visibly posted outside patient room.
   c. **Ambulation:** Patients requiring airborne precautions may not ambulate in the hallway. If movement outside of the AIIR is necessary, patients are required to wear a surgical mask and follow respiratory hygiene and cough etiquette.
   d. **Transportation:** 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). 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.

e. **Visitors:** Visitors to the airborne precaution room for a patient with confirmed or suspected tuberculosis are limited to immediate adult household members.
   1. Visitors to All rooms may be offered respirators (e.g., N95 disposable respirators) and should be instructed by a caregiver on the use of the respirator before entering an AIIR. If the visitor is unable to be instructed on proper fit, visitor will be discouraged from visiting.
   2. If tuberculosis is confirmed, these visitors are referred to public health for testing.

3. **Ambulatory and Behavioral Health settings**
   a. If AIIR is not available, place patient, as soon as possible, in a regular examination or assessment room (private room) with door closed, away from other patients. After the patient leaves the facility, close the door to the private room, keep airborne precautions sign posted, and ensure that the room remains vacant for 1 hour, or time sufficient for a full exchange of air based on the facility’s air handlers (contact Facilities Operations). Notify Infection Prevention if potential for a communicable disease exposure.
   b. Instruct patient to wear a mask and to follow respiratory hygiene and cough etiquette both in waiting areas and in examination room.
   c. **Signage:** Is not required unless used to communicate the need of waiting for air exchanges to be completed prior to cleaning.
   d. **Ambulation/Transportation:** If transportation or movement outside of the AIIR or examination room is necessary, patients being transported are required to wear a mask and follow respiratory hygiene and cough etiquette. Caregivers must escort the patient to the treatment location. A mask is not required for caregiver(s). However, if the patient is unable to wear a mask, the caregiver should wear a N95 respirator (must be fit-tested) or a PAPR.
   e. Behavioral health patients requiring airborne precautions may need to be transferred to another- Aurora Medical Center until such time isolation is no longer required and therapeutic psychiatric care can resume.

4. **Aurora at Home Setting:**
   a. **PPE:** Required for entry into the home care environment and remove after leaving the patient care area. (Follow 6.4 subsection 1)
   b. **Signage:** Not required.

6.5 **Strict Precautions**

Strict precautions will be implemented by the site based Infection Preventionists based on the presenting organism. Use of PPE is required. (Standard Precautions apply at all times.)

1. **ALL SETTINGS:**
   a. A combination of standard, airborne and contact precautions may apply depending upon the organism (e.g., suspected Ebola virus).
   b. **Signage:** The appropriate combination of signage will be used.
   c. **PPE:** Required PPE will be defined by the site-based Infection Preventionist depending on the organism and mode of transmission. PPE is required upon entry to room. PPE may include, but not be limited to, body coverage (disposable impermeable gown or suit), face mask (surgical/procedural mask), respirator (N95 respirator or PAPR), full face shield, impermeable leg and shoe covers, gloves (may
be single or double gloves or chemotherapy designated gloves) and neck and head coverage (e.g. surgical bouffant cap or hood). Disposable aprons may also be used. Individuals not appropriately attired may not enter the room.

d. **Hand Hygiene:** Soap/water and/or hand sanitizer. Perform hand hygiene before putting on PPE, and after removing PPE. Gloves may need to be disinfected with bleach or alcohol prior to removing.

e. **Equipment:** Must provide disposable non-critical patient care equipment or implement patient dedicated use equipment.

f. **Environmental Cleaning:** Cleaning protocol to be determined by Infection Prevention and Environmental Services depending on the organism.

g. **Ambulation/Transportation:** Transport of the patient should be minimized. Transport guidelines and patient attire during transport will be based on the infectious organism and the site based requirements. Ambulation outside of the room and PPE requirements depend on the organism and site based Infection Prevention.

h. **Visitors:** Depending on the organism, visitors will be highly restricted and must adhere to the guidelines from site-based Infection Preventionist.

i. **Facility Transfer:** Plan for transfer will depend on the infectious organism.
Table 2: Summary of Requirements by Type of Precaution

<table>
<thead>
<tr>
<th>Type of Precaution</th>
<th>Requirements:</th>
</tr>
</thead>
</table>
| Standard           | 1. Applies to all patients at all times.  
|                    | 2. Hand hygiene is performed before and after every patient contact. 
|                    | 3. Gloves, gowns, masks and eye protection as patient encounter dictates. 
|                    | 4. Safe disposal or reprocessing of instruments and linen. 
|                    | 5. Safe disposal of waste. 
|                    | 7. Cough etiquette. 
|                    | 8. Cleaning and disinfection of equipment and rooms. |

| Contact            | 1. Standard Precautions apply. 
|                    | 2. Hand hygiene is performed before entering and upon exiting of 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. Non-critical items should be dedicated for use for a single patient whenever possible. If equipment is not dedicated for single patient use, it must be cleaned in between patient use. 
|                    | **Transportation Guidelines:** 
|                    | 1. Patient should perform hand hygiene if possible. 
|                    | 2. Patient should have a clean contact isolation gown, or be covered with a clean blanket upon leaving the contact isolation room. Wounds must be covered if needing transport outside of the contact isolation room. 
|                    | 3. Transporter is to remove and dispose of contaminated PPE that was worn into the contact isolation room, and perform hand hygiene prior to transporting patients in contact isolation. 
|                    | 4. **Standard precautions apply during transport.** 
<p>|                    | 5. Transporting caregiver is to put on clean PPE at the transport destination. |</p>
<table>
<thead>
<tr>
<th>Type of Precaution:</th>
<th>Requirements:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contact &amp; Special</strong></td>
<td>Table 2: Summary of Requirements by Type of Precaution (Continued)</td>
</tr>
</tbody>
</table>
| | 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 sanitizer.  
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**  
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.  
| **Droplet** | 1. Standard Precautions Apply  
2. Mask (surgical or procedural) worn before entering room. If patient not in formal room (e.g., ED), wear mask within 3 feet of patient.  

**Transportation guidelines**  
1. Patient is to wear a surgical or procedure 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 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 or procedure mask if transport within the health care setting is required. |
### Table 2: Summary of Requirements by Type of Precaution (Continued)

<table>
<thead>
<tr>
<th>Type of Precaution</th>
<th>Requirements</th>
</tr>
</thead>
</table>
| Strict             | 1. Standard, Airborne, and Contact precautions may apply depending on the organism.  
2. Required PPE will be defined by the site based Infection Preventionists depending upon the organism. Required PPE may include: body coverage (disposable fluid impermeable gown or suit), face mask, respirator, N-95 respirator or PAPR), full face shield, impermeable leg and shoe covers, gloves (may be single or double gloves or chemotherapy designated gloves) and neck and head coverage (e.g. surgical bouffant cap or hood).  
3. The required PPE must be donned before entering the room. Individuals not appropriately attired may not enter the room.  
4. Visitors will be highly restricted and must adhere to the guidelines from site-based Infection Preventionist depending on the organism.  

**Transportation Guidelines:**  
1. Transport of the patient should be minimized. Transport guidelines and patient attire during transport will be based on the infectious organism and the site based requirements. |
Cross References: Corporate FNS Policy Manual "Isolation Trays"
REGULATED MATERIAL PURCHASING HANDLING AND DISPOSAL
Employee Health Services Policy EH-0111 "Respiratory Protection Plan"
Employee Health Services Policy #EH-002 "Blood Borne Pathogens Exposure Control Plan".
HAND HYGIENE/ SURGICAL HAND ANTISEPSIS
PREVENTION AND CONTROL OF MRSA METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS
BED BUGS
COMMUNICABLE DISEASE REPORTING
TRANSMISSIBLE Spongiform ENCEPHALOPATHIES TSE,CJD, MAD COW DISEASE
SAFE INJECTION PRACTICES
COMMUNICABLE DISEASE EXPOSURE OUTBREAK INVESTIGATION IN THE HEALTHCARE SETTING
APPROACH TO MULTIDRUG RESISTANT ORGANISMS MDRO
System Policy #2129 "Infection Prevention for Handling of Blood and Other Potentially Infectious Materials: Collection, Transport (Pneumatic Tube), and Spill Clean-Up"

Owner: Director, System Infection Prevention

References:
Aurora Health Care Ebola Plan is located on the System Infection Prevention Website located on Caregiver Connect.


**Review Dates:** 12/30/2013, 10/30/2014, 1/19/2018