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KEY WORDS: isolation, precautions, organism spread, transmission, exposure, prevention

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**I. POLICY:**


**A. OBJECTIVE:**

1. To prevent the spread of healthcare or community acquired organisms and/or infections in patient care areas.
2. To prevent the exposure of patients, visitors and healthcare workers to communicable or infectious diseases.

**B. INDICATIONS FOR USE:**

It is the policy of the Johns Hopkins Hospital (JHH) to isolate patients diagnosed with or being evaluated for communicable diseases or epidemiologically significant organisms [e.g. Methicillin resistant *Staphylococcus aureus* (MRSA), Vancomycin resistant enterococci (VRE), *Clostridium difficile*, influenza virus, multi-drug resistant gram-negative rods and Respiratory Syncytial Virus (RSV)]. Isolation/precautions for patients with specific diseases and organisms are used in addition to *Standard Precautions*. The following policy pertains to the inpatient units of Johns Hopkins Hospital.

In 1996, the Centers for Disease Control and Prevention (CDC) published the most widely used isolation/precautions guidelines for hospitals in the United States. In 2006, the CDC published additional guidelines on the management of multidrug-resistant organisms (MDRO) in healthcare settings. MDROs include bacteria that are resistant to one or more classes of antimicrobial agents and usually are only susceptible to one or two antimicrobial agents (such as multi-drug resistant Tuberculosis (MDR TB), MRSA, VRE, extended spectrum beta lactamase producing Gram-negative organisms (ESBLs) and intrinsically resistant Gram-negative bacilli). In addition, in May 2007, the CDC released updated guidelines for transmission based isolation. In sum, this policy outlines the JHH recommendations based on clinical presentations and organism specific isolation of patients who are known or suspected to be colonized with specific organisms. The goal of this policy is to prevent transmission of epidemiologically significant organisms to patients or healthcare workers. Although many components of the JHH isolation/precautions guidelines have been adapted from these CDC

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guidelines, some changes have been made that reflect current information on communicable diseases transmission and the local prevalence of some diseases (e.g. *M. tuberculosis*).


**ALL PATIENTS REQUIRE STANDARD PRECAUTIONS**, but some patients may also have an additional category of isolation precautions dependent upon the transmission characteristics of the organism associated with the patient's clinical situation. Implementation of Standard Precautions constitutes the **primary** strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel. (See [Appendix I](#) which lists the components of standard precautions and the required elements of each JHH isolation/precaution category).

### C. DEFINITIONS:

<b>STANDARD PRECAUTIONS</b>	<i>Standard Precautions</i> require that blood, all body fluids (except sweat), secretions and excretions, mucous membranes and non-intact skin of all patients be treated as <b>potentially</b> infectious (see <a href="#">Standard Precautions &amp; Infection Control and Prevention Requirements</a> ).
<b>CONTACT PRECAUTIONS (MAGENTA SIGN)</b>	Contact Precautions are used for patients who are suspected or known to be infected with organisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact with environmental surfaces or patient-care items in the patient's environment. This isolation category requires the use of gloves and gown to enter the room regardless of patient contact.
<b>DROPLET PRECAUTIONS (ORANGE SIGN)</b>	Droplet Precautions are used for a patient known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets larger than 5 µm in size) that can be generated by the patient during coughing, sneezing, talking, or the performance of procedures involving the respiratory tract. Microorganisms can be acquired by direct contact, by contact with droplets over distances of 3-6 feet, as well as by contact with objects recently contaminated with respiratory secretions. This isolation requires gown and gloves to enter the room and a mask if within 3 feet of the patient.
<b>AIRBORNE PRECAUTIONS (BLUE SIGN)</b>	Airborne Precautions are used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei [small-particle residue (5 µm or smaller in size) of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance]. This isolation requires a respirator (PAPR or N 95) to enter the room.
<b>MAXIMUM PRECAUTIONS (RED SIGN)</b>	Maximum Precautions are used to prevent the transmission of organisms that are highly drug resistant (i.e. Vancomycin resistant/intermediately resistant <i>S. aureus</i> ). Organisms that require this category of precautions will be defined by HEIC on an ongoing basis. This isolation requires gown and gloves to enter the room and mask/ eye protection if organism is in the sputum. Additional precautions may be required depending on the organism.

### II. RESPONSIBILITIES

JHH/JHU STAFF	Must follow Standard Precautions and the requirements of each category of isolation precautions and ensure patient confidentiality.
AUTHORIZED PRESCRIBER/ REGISTERED NURSE	<ol style="list-style-type: none"> <li>Shall write an order in the medical record to initiate isolation precautions based on known or suspected diseases as detailed in <a href="#">Appendix II</a> and <a href="#">Appendix IV</a>.</li> <li>Shall notify HEIC as indicated for known or suspected organisms listed in <a href="#">Appendix IV</a>.</li> <li>Shall educate the patient/designated representative regarding isolation/precaution</li> </ol>

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	<p>specifics.</p> <p>4. Shall place a written order in the medical record to remove/discontinue isolation ONLY after consultation with HEIC or the appropriate criteria are met (see <a href="#">Appendix II</a> and <a href="#">Appendix IV</a>).</p>
REGISTERED NURSE	Shall report isolation based information at change of shift or transfer report to receiving nurse.
SUPERVISOR/ MANAGERS/ALL DEPARTMENTS	Shall ensure employee, resident, fellow and faculty compliance with this policy.
DEPARTMENT OF HOSPITAL EPIDEMIOLOGY INFECTION CONTROL	<ol style="list-style-type: none"> <li>1. Shall consult with nursing, medical and other staff to initiate isolation/precautions and assist with measures to discontinue isolation.</li> <li>2. Shall notify the units of patients on isolation (using isolation logs or paging the Charge nurses).</li> <li>3. Shall discontinue isolation status as deemed appropriate.</li> <li>4. Shall educate employees and practitioners who have questions about the policy and its operations.</li> <li>5. May change isolation requirements as necessary to maintain safe hospital operations.</li> </ol>
HEALTH, SAFETY AND ENVIRONMENT	<ol style="list-style-type: none"> <li>1. Shall maintain portable HEPA units and PAPR's and assist with questions concerning their use, operation, and repair.</li> <li>2. Shall assure the units are equipped with HEPA units and PAPRs.</li> <li>3. Shall educate employees about the appropriate use of and cleaning of PAPRs.</li> <li>4. Shall "fit" test employees who request N95 respirators.</li> </ol>
DEPARTMENT OF EMERGENCY MEDICINE, MEDICINE AND PEDIATRICS	Shall implement respiratory screening and isolate patients with respiratory symptoms promptly and appropriately.
CENTRAL SUPPLY DEPARTMENT	Shall distribute PAPRs and HEPA units in a timely fashion and maintain adequate supplies.

### III. **PROCEDURE:**


#### A. Isolation Precaution Specifics

In addition to standard precautions, JHH currently has four categories of isolation precautions (*Airborne Precautions, Contact Precautions, Droplet Precautions and Maximum Precautions*) The major elements of these isolation policies are presented in table format (see [Appendix I: Standard Precautions & Required Elements of JHH Isolation/Precautions Categories](#) and [Appendix V: Detailed description of Isolation Precautions](#)).


1. Patient Placement
  - a. Appropriate patient placement is a significant component of isolation precautions.
  - b. A private room is always preferred because it is important to prevent direct or indirect contact transmission when the source patient has poor hygienic habits, contaminates the environment, or cannot be expected to assist in maintaining infection control precautions to limit transmission of microorganisms (i.e., infants, children, and patients with altered mental status).
  - c. When possible, a patient with highly transmissible or epidemiologically important microorganisms is placed in a private room with hand washing and toilet facilities, to reduce opportunities for transmission of microorganisms.
  - d. A private room is required for certain organisms (see [Appendix I](#)).
  - e. Patients infected with the same organism may share a room.
2. Sign, Chart Tape, and Isolation Cart

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- a. Place appropriate isolation/precautions sign on the door to the patient's room. More than one sign may be indicated.
- b. Place precautions tape on the front of the patient's chart.
- c. An isolation cart outside the room is required (one cart per room) unless appropriate storage is available in the anteroom.
3. **Gloves and Hand hygiene**
  - a. Washing hands or using an alcohol based gel is the single most important component of infection prevention and control in isolation precautions. Perform hand hygiene as promptly and thoroughly as possible between patient contacts and after contact with blood, bodily fluids, secretions, excretions, and equipment or articles contaminated by them. In addition to hand hygiene, gloves play an important role in reducing the risks of transmission of microorganisms. ([see Hand Hygiene policy IFC001](#))
  - b. Alcohol gel containers should be available in appropriate clinical areas and outside every patient room, clinic room and in procedure areas.
  - c. Wear gloves (clean, non sterile) to enter the room of a patient on contact precautions, for contact with potentially infective material and surfaces.
  - d. Change gloves and perform hand hygiene after having contact with infective material e.g., fecal material or wound drainage.
  - e. Change gloves and perform hand hygiene between contaminated sites on the same patient.
  - f. Wearing gloves does not replace the need for hand washing, because gloves may have small, unapparent defects or may be torn during use, and hands can become contaminated during removal of gloves.
  - g. Before leaving room remove gloves and discard.
  - h. Wash hands immediately or use an alcohol-based gel.
  - i. After glove removal, ensure that hands do not touch potentially contaminated surfaces or items in the room.
  - j. Failure to change gloves between patient contacts is an infection control hazard.
4. **Gown**
  - a. Gowns are worn to prevent contamination of clothing and to protect the skin of personnel from blood and body fluid exposures.
  - b. Wear gowns (clean, non sterile) to enter a room of a patient on contact precautions (or if the patient is not in a room don a gown as you approach the patient space). Gowns are worn during the care of patients infected with epidemiologically important microorganisms to reduce the opportunity for transmission of pathogens from patients or items in their environment to other patients or environments. When gowns are worn for this purpose, they shall be removed before leaving the patient's environment and before hand hygiene is performed.
  - c. Disposable gowns shall be discarded into the trash unless visibly soiled with bodily fluids in which case it should be disposed of in the red biohazard trash receptacles.
  - d. Gowns should be single use. Do not reuse gowns.
5. **Mask & Eye Protection (visor/face shield/goggles)**
  - a. OSHA bloodborne pathogens final rule mandates wearing of masks, eye protection, and face shields in specified circumstances to reduce the risk of exposures to bloodborne pathogens.
  - b. Hospital employees and personnel must wear a surgical mask to protect against spread of infectious large-particle droplets that are transmitted by close contact and generally travel only short distances (up to 6 ft) from infected patients who are coughing or sneezing.
  - c. When employees are required to wear a mask ([see Appendix I](#)), to provide appropriate protection for themselves, eye protection is recommended. Masks shall be worn during bronchoscopy and endoscopy as well as when performing lumbar punctures or any procedure where the epidural space is accessed.

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- d. Either PAPR's or appropriately fitted N95 masks are required for healthcare workers caring for patients in Airborne Precautions.
6. Equipment/Supplies
  - a. Non-critical patient care equipment is dedicated to a single patient.
  - b. Handle all other equipment according to Standard Precautions.
  - c. All disposable supplies or items that cannot be cleaned or are left in the room must be discarded when patient is discharged from the room.
  - d. All equipment shall be thoroughly cleaned and disinfected.
7. Linen
  - a. Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments.
  - b. Linen shall be placed in a single bag in the room.
8. Dishes, Glasses, Cups, Eating Utensils, and Medication
  - a. No special precautions are needed for dishes, glasses, cups, or eating utensils. Disposable meal trays are not necessary. The combination of hot water and detergents used in hospital dishwashers is sufficient to decontaminate dishes, glasses, cups, and eating utensils.
  - b. Any medications/IV solutions, tube feedings or baby formula taken into an isolation room that is not used must be discarded when patient is discharged (do not return to pharmacy).
  - c. Do not return formula to the pantry.
9. Transportation of Patients
  - a. Limit the movement and transport of patients infected with virulent or epidemiologically important microorganisms and ensure that such patients leave their rooms only for essential purposes. This reduces opportunities for transmission of microorganisms in hospitals.
  - b. When patient transport is necessary, it is important to:
    - Wear appropriate barriers (e.g., masks, impervious dressings) or have patients use them to reduce the opportunity for transmission of pertinent microorganisms to other patients, personnel, and visitors and to reduce contamination of the environment.
    - Cover any patient with a draining wound or skin lesions with a clean hospital gown before leaving the room.
    - Notify personnel in the area to which the patient is to be taken of the impending arrival of the patient and of the isolation precautions to be used.
    - Protect stretchers and wheelchairs with linens or disposable underpads.
  - c. As a rule, health care workers should not wear isolation attire to transport a patient. Using appropriate barriers on the patient is sufficient to protect the health care worker. For those instances when direct patient contact is needed during the transport (example: bagging patient on ventilator, emergency transport performing CPR, etc) or when using barriers on the patient is not appropriate, then two or more health care workers will be required to perform the transport.
    - One health care worker will remain "clean" and will walk ahead to push elevator buttons and open doors etc.
    - One or more health care workers will be garbed appropriately (according to type of precautions) and will push the bed and perform the necessary patient contact activities.
  - d. Children on contact, droplet or airborne precautions are not allowed in the playground.
10. Visitors
  - a. Visitors are expected to wear the same personal protective equipment (PPE) that a health care worker would wear when performing the same activity.
  - b. Exceptions can be made on a case-by-case basis and only after consultation with HEIC.
  - c. Visitors, and especially household contacts, of patients in airborne isolation for suspected pulmonary *M. tuberculosis* must wear a respirator (N95 or PAPR) while in the hospital.

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These visitors should also be referred to the Baltimore City Health department for PPD and TB evaluation.

11. Cleaning
  - a. Isolation rooms shall be cleaned daily
  - b. Daily Cleaning requires:
    - Thorough cleaning and adequate disinfection of bedside equipment and environmental surfaces (e.g., bedrails, bedside tables, carts, commodes, doorknobs, faucet handles).
    - Use of appropriate cleaning products ([See IFC014 Cleaning and Disinfection policy](#)).
  - c. Upon discharge of the patient, all isolation signs shall remain on the door until room cleaning has been completed.
  - d. Upon patient discharge, all isolation rooms will be thoroughly cleaned. Wipe all touch surfaces in the room including bed, bedside table, carts, commodes, door knobs, faucet handles, telephone, IV poles, light switch, call button etc. Wet mop/ disinfect floors. Clean walls if visibly soiled. Change patient privacy curtains for all isolation rooms except airborne precaution rooms. Send curtains, linens, and other durable items to the laundry.
12. If more than one isolation class is required, the highest level shall apply.
13. Readmission to the facility (Flagging system: [See Appendix VI](#))
  - a. Patients with multi-drug resistant organisms (MDROs) will be isolated on admission or re-admission to JHH.
  - b. MDROs are multi-drug resistant TB (at least resistant to rifampin and INH), VRE, MRSA, ESBLs and other epidemiologically important organisms as identified by HEIC.
14. Isolation in special procedure areas
  - a. Special procedure areas (e.g. PACU, Endoscopy, etc) will utilize isolation requirements in the patient's immediate environment.
  - b. Operating Rooms (OR)
    - All ORs will notify recovery areas of isolation status to allow for appropriate placement of patients.
    - OR cleaning is not different for patients on isolation precautions, except as indicated in Precautions for Patients with Prion Associated Diseases policy ([See IFC032 Prion Policy](#))
15. Discontinuing Isolation
  - a. Isolation of patients with known or suspected organisms with durations delineated in [Appendix II](#) may be discontinued after meeting specified requirements without specific approval from HEIC.
  - b. Isolation shall not be removed for organisms with multiple drug resistance (e.g. VRE, MRSA, ESBL & MDR Acinetobacter) until consultation with and approval from HEIC.
  - c. Call HEIC (5-8384) with questions regarding the removal of isolation precautions.

#### **IV. REPORTABLE CONDITIONS:**


- A. **Reportable Diseases:** The physician responsible for the patient MUST report "Reportable Diseases" to the local health department [Baltimore City Health Department (BCHD)]. Some diseases require notification by mail; others by phone (410) 396-4454 (see Reportable Diseases and Conditions policy <http://www.insidehopkinsmedicine.org/icpm/ifc003reportable.pdf>). HEIC staff will report known clusters of disease and cases infected with agents potentially associated with bioterrorism

#### **SUPPORTIVE INFORMATION:**

##### **SEE ALSO:**

*Interdisciplinary Clinical Practice Manual and HEIC website*

- Cleaning and Disinfection Policy
- Precautions For Patients With Prion Associated Diseases, IFC032  
<http://www.insidehopkinsmedicine.org/icpm/ifc032prions.pdf>

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- Reportable Diseases and Conditions, IFC003  
<http://www.insidehopkinsmedicine.org/icpm/ifc003reportable.pdf>
- Tuberculosis Control, IFC013 <http://www.insidehopkinsmedicine.org/icpm/ifc013TB.pdf>
- Standard Precautions & Infection Control and Prevention Requirements, IFC015  
<http://www.insidehopkinsmedicine.org/icpm/ifc015standard.pdf>
- 

*Corporate and Administrative Manual*

- Bioterrorism, IFC038 [http://www.insidehopkinsmedicine.org/operations\\_integration/operation\\_orange.cfm](http://www.insidehopkinsmedicine.org/operations_integration/operation_orange.cfm)

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**COMMUNICATION & EDUCATION:**

This policy will be communicated to the appropriate JHH personnel via the following channels:

1. Information within this policy will also be included in general hospital orientation materials.
2. Nursing education will be provided through nursing orientation materials and annual updates.
3. Medical staff news updates and new employee orientation for physicians.
4. This policy will be placed in the Interdisciplinary Clinical Practice Manual on the JHH Intranet site <http://www.insidehopkinsmedicine.org/icpm>. Paper distributions will be made to the Functional Unit Nursing offices in the event of web access difficulty.
5. Placement of policy online at [www.hopkins-HEIC.org](http://www.hopkins-HEIC.org).

**SPONSOR:**

Hospital Epidemiology and Infection Control

**DEVELOPER:**

Medical Care Evaluation Committee

<b>REVIEW CYCLE</b>	▪ Three (3) years	<b>MEDICAL BOARD</b>	Approval Date: 6/24/08 Effective Date: 7/1/08
VICE PRESIDENT FOR NURSING & PATIENT SERVICES		VICE PRESIDENT FOR MEDICAL AFFAIRS	
_____		_____	
Date:		Date:	