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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>
 - Vancomycin Resistant Staphylococcus aureus, Staphylococcus aureus with Intermediate Level Resistance to Vancomycin (VRSA-VISA), IFC018 <http://www.insidehopkinsmedicine.org/icpm/IFC018-VRSA.pdf>
- Corporate and Administrative Manual*
- Bioterrorism, IFC038 http://www.insidehopkinsmedicine.org/operations_integration/operation_orange.cfm

REFERENCES:

Chin, James. (2000). *Control of Communicable Diseases Manual*. American Public Health Association.

Pickering, L. (2003). *2003 Red Book: Report of the Committee on Infectious Diseases* (26th ed.). American Academy of Pediatrics.

Hospital Infection Control Practices Advisory Committee (HIC-PAC). (1995). Recommendations for preventing the spread of vancomycin resistance. *Infection Control and Hospital Epidemiology*, 16, 105-113.

Garner, J.S. & Hospital Infection Control Advisory Committee. (1996). Guidelines for isolation precautions in hospitals. *Infection Control and Hospital Epidemiology*, 17, 53-80.

Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Facilities. (1994). Supplement 3, Table S3-1.

Srinivasin, A., Song, X., Ross, T., Merz, W., Brower, R., & Perl, T.M. (2002). A prospective study to determine whether cover gowns in addition to gloves decreases nosocomial transmission of vancomycin-resistant enterococci in an intensive care unit. *Infection Control and Hospital Epidemiology*, 23, 8, 424-428.

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.

SPONSOR:

Hospital Epidemiology and Infection Control

DEVELOPER:

Medical Care Evaluation Committee

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