
	The Johns Hopkins Hospital	<i>Policy Number</i>	IFC023
	INTERDISCIPLINARY CLINICAL PRACTICE MANUAL	<i>Effective Date</i>	2/1/08
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	ISOLATION PRECAUTIONS (INPATIENT) APPENDIX V: DETAILED DESCRIPTIONS OF STANDARD, CONTACT, DROPLET, AIRBORNE AND MAXIMUM PRECAUTIONS	<i>Supersedes</i>	N/A

DETAILED DESCRIPTIONS OF STANDARD, CONTACT, DROPLET, AIRBORNE AND MAXIMUM PRECAUTIONS

STANDARD PRECAUTIONS	<p><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 potentially infectious (see <i>IFC 015 Standard Precautions & Infection Control and Prevention Requirements</i>). Specifically, standard precautions include routine hand hygiene, appropriate use of masks, eye and face shields, routine cleaning or disposal of care equipment, safe injection practices, wearing a face mask when placing a catheter or injecting material into the spinal or epidural space, disposal of linen at point of use, consistent and correct glove use, appropriate use of gowns to prevent contamination of clothing, regular cleaning of environmental surfaces and strict adherence to occupational safety requirements. New additions to standard precautions include Respiratory Hygiene/Cough Etiquette which requires 1) education of healthcare facility staff, patients, and visitors; 2) posted signs, in language(s) appropriate to the population served, with instructions to patients and accompanying family members or friends; 3) source control measures (e.g., covering the mouth/nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate); 4) hand hygiene after contact with respiratory secretions; and 5) spatial separation, at least 3 feet, of persons with respiratory infections in common waiting areas when possible.</p>
CONTACT PRECAUTIONS (MAGENTA SIGN)	<p>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. Patients should be placed in a private room whenever possible. If a private room is not available, the patient must be placed in a room with another patient who has active infection or colonization with the same microorganism but with no other organisms requiring isolation (cohorting).</p>
DROPLET PRECAUTIONS (ORANGE SIGN)	<p>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. Universal masking is recommended during Respiratory Syncytial Virus (RSV) and influenza seasons for select immunosuppressed populations (i.e. in the BMT and leukemia services of Weinberg Oncology Center and CMSC8). Patients should be placed in a private room. When a private room is not available, the patient must be placed in a room with a patient(s) who has active infection with the same microorganism but with no other infection (cohorting). When a private room is not available and cohorting is not achievable, maintain spatial separation of at least 3-6 ft between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open. Curtains should be in place between patients on droplet precautions when cohorting is required. In addition to wearing a mask as outlined under Standard Precautions, a surgical mask shall be worn when working within 3 ft of the patient. Gowns and gloves should be worn upon entering the room.</p>
AIRBORNE PRECAUTIONS (BLUE SIGN)	<p>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</p>

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	<p>distance]. Place the patient in a private room that has 1) monitored negative air pressure in relation to the surrounding areas, 2) a minimum of 6 - 12 air changes per hour, and 3) appropriate discharge of air outdoors or monitored high-efficiency purified air filtration (HEPA) of room air before the air is circulated to other areas in the hospital. Portable HEPA Filter Units should remain in use in the room for 30-40 minutes after patient discharge before admitting another patient (CDC TB Guideline, 2005). Keep the room door closed and the patient in the room. This isolation category requires the use of either a Positive Air Purifying Respirator (PAPR) that is obtained by calling Central Supply Distribution (5-8357) or a N95 mask that has been fit-tested on the user for entry into the patient's room. In the case of varicella or measles, the individual does not require a PAPR/N95 if immunity to either is documented.</p>
MAXIMUM PRECAUTIONS (RED SIGN)	<p>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. These patients require a single nurse or a nurse cohorted with patients with the same organism. These patients require a private room or may be cohorted with patients infected/colonized with the same resistant organisms. If in any given case this requirement (for one-on-one nursing and private room or cohorting) cannot be met, Nursing and Admitting will notify HEIC immediately (See Appendix III). In turn, HEIC will provide assistance and an exemption to the immediacy of the requirement will be made. Nursing shall work to meet the staffing requirements at the earliest possible time frame, following the guidelines in Appendix III (Nurse Staffing Guidelines for Patients Requiring Maximum Precautions). This category of precautions requires that health care workers wear a gown and gloves to enter the room. Mask and eye protection is required to enter the room if the patient has the resistant organism in their respiratory tract. Pulsatile Lavage therapy requires the healthcare workers present to wear gown, mask, face shield/eye protection, hair and shoe covers. Operating room procedures for patients on Maximum Precautions are outlined in Appendix III. After any patient on Maximum precaution leaves a procedure area or has a room change, appropriate cleaning must be performed. Appropriate cleaning consists of cleaning and disinfecting surfaces and equipment that may have been contaminated with pathogens including those that are in close proximity to the patient such as bed rails and bed tables and frequently touched surfaces in the patient care environment such as door knobs, toilets, etc..</p>