

IFC023 Isolation Policy
Appendix VIII
Isolation in Johns Hopkins Outpatient Settings

1. Standard Precautions shall be utilized with all patients. If healthcare workers are in contact or are likely to have contact with blood or other bodily fluids/secretions, precautions of gown/ gloves/ mask/ eye protection shall be taken as appropriate to the type of potential exposure.
 - a. Appropriate hand hygiene shall be utilized preceding and following all patient visits.
 - b. For patients with draining wounds and abscesses requiring drainage, healthcare workers shall wear gowns and gloves for any contact with that patient's bodily fluids/secretions infected lesions or their dressings.
 - c. For patients with active gastrointestinal illness (vomiting, diarrhea), healthcare workers shall wear gowns and gloves for any contact with that patient's bodily fluids/secretions.

2. Airborne Precautions
 - a. Patients with suspected TB or untreated active TB, shall not be scheduled for Outpatient/ Ambulatory/ Day Hospital visits in clinical areas that do not have negative pressure rooms, HEPA filters or PAPRs or fit-tested N95s.
 - i. Suspected TB: constellation of symptoms such as unexplained cough for greater than 3 weeks, fever, weight loss, hemoptysis and/or chest x-ray changes suggestive of tuberculosis occurring in high risk patients [HIV/immunosuppressed, homeless, immigrant, history of incarceration]
 - ii. Active TB: Patients with known Tuberculosis, who have NOT been treated with appropriate four-drug therapy for at least two weeks, have sputum cultures positive for TB, or who have drug resistant TB.
 - b. If a patient or visitor does require Airborne precautions in the outpatient setting, place the patient/ visitor in a surgical mask in a room by themselves, close the door and place a room-sized HEPA filter clearance device in it. Place an airborne precautions sign on the door. All those who enter the room shall wear an N95 mask (if they have received documented fit-testing) or a PAPR.

3. Tuberculosis Control Plan
 - a. Patients with a constellation of symptoms suggestive of pulmonary tuberculosis such as productive cough for more than 3 weeks, and/ or blood in the sputum, fever, night sweats, unexplained weight loss, must be immediately placed on Airborne Precautions as outlined above.
 - b. Staff shall then call HEIC to notify them at 410-955-8384 or 410-283- 3855. Please see TB policy for further details.
http://www.hopkinsmedicine.org/heic/policies/pdf/IFC013_TB_Control.pdf

4. Waiting Room/Respiratory Etiquette
 - a. Offer tissues, hand sanitizer, and gloves as appropriate to patients exhibiting signs of any respiratory symptoms.
 - b. The healthcare worker shall offer a mask to patients with suspected respiratory infections if the patient can tolerate it and encourage them to wear it.
 - c. Nurse or delegated staff shall cover actively draining wounds of patients who must remain in a waiting room/ common areas.

5. Cleaning and Disinfection
 - a. All reusable equipment, including the exam table that has been in contact with the patient's bodily fluids/secretions, or infected lesions shall be wiped down with an approved germicidal solution for the contact time required for the germicidal solution used.
 - b. The following shall be cleaned & disinfected by clinic staff members daily or more often if soiled or in contact with patient with documented VRE, or_MRSA colonization or infection: BP cuffs, examining tables, vital sign equipment;

IFC023 Isolation Policy
Appendix VIII
Isolation in Johns Hopkins Outpatient Settings

Environmental Services shall clean and disinfect daily: the cabinets & countertops, carpet/ floor, and sinks.

- c. The following shall be cleaned & disinfected weekly or if soiled by clinic staff: computers & keyboards, exam lights, scales, procedural equipment (i.e. ultrasound machine) and weekly by environmental services: furniture in waiting rooms, telephones.
 - d. The following shall be cleaned & disinfected every three months or if soiled telemetry equipment and emergency equipment.
 - e. All equipment shall be replaced as directed by manufacturer's recommendations.
 - f. Toilet facilities shall be cleaned daily and prn. If there is blood, feces, spills, etc. a 1:50 bleach dilution is to be used in addition to normal cleaning protocols.
6. Red Bag Usage
- a. Only items saturated with blood or bodily fluids shall be disposed of in red-lined trash receptacles.
 - b. Equipment must not be covered or placed in a red receptacle.
 - c. Laundry/ Linens, trays or eating utensils must not be placed in red receptacles.
7. Cystic Fibrosis (CF) clinic isolation guidelines:
- a. Please see the Infection Control Guidelines for Cystic Fibrosis Patients at http://www.insidehopkinsmedicine.org/icpm/IFC036_CF.pdf
8. Psychiatric Day Program isolation guidelines
- a. Inpatient physician and treatment team decide whether the patient who is on isolation precautions is physically and medically capable of meeting the expectations of the receiving Day Program
 - b. A patient on Contact isolation precautions (MRSA, VRE, or other Multidrug Resistant Organisms) should not be excluded from participating in Day Program as long as he / she
 - i. is able to shower and wear clean clothes
Participants without clothes may obtain them from 5-CARE and wash them on the unit
 - ii. practice frequent hand hygiene (upon arrival, before/after meals, before/after bathroom)
 - iii. practice respiratory etiquette (cough/sneeze in sleeve, discard used tissues, practice hand hygiene)
 - iv. is able to manage hygiene after use of the toilet (or have assistance)
 - v. covers open wounds with a bandage such that no drainage is visible through the covering
 - c. If the patient has an intravenous access device, the site should be clean, intact and cared for in a manner consistent with hospital protocol for that device
 - d. A patient who was on Droplet or Airborne isolation or who has an active infectious disease consideration (Chickenpox / Shingles, TB, Influenza, RSV, C. difficile, Burkolderia cepacia), GI illness or any other infectious disease that may expose other participants and/or staff should consult HEIC (5-8384) prior to the admission process.
 - i. If GI illness (or other) is suspected, call physician and HEIC to determine patient furlough in the Day Program
 - e. Patients with an ICO code may be discontinued or de-flagged from isolation if the established clearance criteria are met
 - i. Refer to www.hopkinsmedicine.org/heic/policies/ for criteria
Under Appendix II: Disease Specific Requirements or call HEIC

IFC023 Isolation Policy
Appendix VIII
Isolation in Johns Hopkins Outpatient Settings

- ii. Staff (RN, MD) use EPR to gather lab data in support of discontinuation
- iii. Contact HEIC to review and deflag the patient from the computerized tracking system, EPR and contact admitting for removal of ICO code from hospital plate
- f. Contact HEIC if a patient has special needs to consider regarding compliance with isolation and precautions.

REFERENCES

Beyer, D. & Belsito, D. (2000). Fungal contamination of outpatient examination rooms: is your office safe? *Dermatology Nursing*, 12, 1, 51-4.

Campos-outcalt, D. (2004). Infection control in the outpatient setting. *The Journal of Family Practice*, 53, 6, 485-7.

Friedman, C. & Petersen, K. (2004). Infection Control in Ambulatory Care, Association for Professionals in Infection Control and Epidemiology.

Friedman, et al. (1999). Requirements for infrastructure and essential activities of infection control and epidemiology in out-of-hospital settings: A consensus panel report. *American Journal of Infection Control*, 27, 5, 418-30.

Grabsch, E. et al (2006). Risk of environmental and healthcare worker contamination with VRE during outpatient procedures and hemodialysis. *Infection Control and Hospital Epidemiology*, 27, 3, 287-93.

Herwaldt, L. (1998). Infection control in the outpatient setting. *Infection Control and Hospital Epidemiology*, 19, 1, 41-74.

Johns Hopkins Community Physicians Clinical Practice Policies & Procedures Manual, 2006.

Johnston, C., et al (2006). Epidemiology of community-acquired MRSA skin infections among healthcare workers in an outpatient clinic. *Infection Control and Hospital Epidemiology*, 27, 10, 1133-6.

Kenner, J. et al (2003). Rates of carriage of Methicillin-Resistant and Methicillin-Susceptible Staphylococcus Aureus in an outpatient population. *Infection Control and Hospital Epidemiology*, 24, 6, 439-44.

Maki, D. & Crnich, C. (2005). History forgotten is history relived, nosocomial infection control is also essential in the outpatient setting. *Archives of Internal Medicine*, 165 2565-6.

McCaig, L., McDonald, C., & Jernigan D. (2006). Staphylococcus aureus - associated skin and soft tissue infections in ambulatory care. *Emerging Infectious Diseases*, 12, 11, 1-13.

Nafziger, D., Lundstrom, T., Chandra, S., & Massanari R. (1997). Infection control in ambulatory care. *Infections Disease Clinics of North America*, 11, 2, 280-96.

Schabrun, S. & Chipchase, L. (2006). Healthcare equipment as a source of nosocomial infection: a systematic review. *Journal of Hospital Infection*, 63, 239-45.

UHC Query

IFC023 Isolation Policy
Appendix VIII
Isolation in Johns Hopkins Outpatient Settings

Zimmerman, M., Pur, S., Schmitt, B., Levin, S., Harris, A., & Segreti, J. (2004). Value of an infection control practitioner in improving infection control practices at ambulatory sites. *Infection Control and Epidemiology*, 25, 4, 348-50.

Frequency of cleaning & disinfection in Johns Hopkins Outpatient Areas

BP cuffs	at end of every day by clinic staff
Thermometers	at end of every day by clinic staff
Vital sign equipment	at end of every day by clinic staff
Cabinets & countertops	by EVS every day
Carpet/ Floor	by EVS every day
Doorknobs, elevator buttons	by EVS every day
Exam light	by EVS every day
Exam table	by EVS every day
Furniture in waiting room	by EVS every day
Phones	by EVS every day
Physician stool	by EVS every day
Refill Purell dispensers	by EVS every day
Scales	by EVS every day
Sink, knobs for sink	by EVS every day
Toilet, toilet flusher	by EVS every day
Curtains	by EVS every 3 months
Computers & keyboards	Weekly by clinic staff
Ultrasound machine	weekly by clinic staff
EKG / telemetry equipment	Post each use and every 3 months by clinic staff
Emergency equipment	Post each use and every 3 months by clinic staff

All equipment shall also be cleaned & disinfected when visibly soiled, after use on patient with documented MRSA, VRE or *C. difficile* and per staff discretion.

All equipment shall be replaced per manufacturer's recommendations.