

RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

Infection Prevention and Control

**SUBJECT: ISOLATION GUIDELINES: PROCEDURES
FOR ISOLATION**

**Policy No.: IC103B
Last Revised: 03/2022
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An appropriate isolation sign must be secured outside of the patient's room. The isolation sign is a part of the isolation cart supplied by the Central Processing Department and it should be returned to Central Processing with the isolation cart when the isolation is discontinued.

Contact Precautions

1. When possible, patient should be placed in a private room. If a private room is not available, patients infected with the same organism may share a room (cohort) provided they are not infected with other potentially transmissible microorganisms. Patients must be physically separated (>3 feet) from each other. Privacy curtains between beds must be drawn to minimize the opportunity for transmission or sharing of items.
2. Perform hand hygiene before and after contact with patient and the patient's environment even if gloves were worn.
3. In addition to Standard Precautions, gloves and gown must be worn when in contact with patient, contaminated articles or patient's environment.
4. Disposable items that are visibly contaminated with fluid or semi-fluid blood or body fluids are discarded into the biohazardous trash containers.
5. No special precautions with linen are indicated. All soiled linen are placed in a plastic bag, securely closed and placed in soiled linen area.
6. Dedicate use of non-critical patient care equipment to a single patient. If use of common equipment or items is unavoidable, equipment or items coming in contact with the patient will be disinfected with a hospital-approved disinfectant or placed in the designated bin located in the dirty utility room and sent to Central Service for decontamination.
7. After providing care, staff will:
 - a. Remove gown and gloves: Pull away from neck and shoulders, touching inside of gown only and turn gown inside out including the gloves.
 - b. Fold or roll gown into a bundle and discard it in the hamper
 - c. Perform hand hygiene immediately.

Droplet Precautions:

1. When possible, patient should be placed in a private room. If a private room is not available, patients infected with the same organism may share a room (cohort) provided they are not infected with other potentially transmissible microorganisms. Patients must be physically separated (>3 feet) from each other. Privacy curtains between beds must be drawn to minimize the opportunity for transmission or sharing of items.
2. In addition to Standard Precautions, mask must be put on before entering room.
3. Disposable items that are visibly contaminated with fluid or semi-fluid blood or body fluids are discarded into the biohazardous trash containers.
4. No special precautions with linen are indicated. All soiled linen are placed in plastic bag, securely closed and placed in soiled linen area.
5. Dedicate use of non-critical patient care equipment to a single patient. If use of common equipment or items is unavoidable, equipment or items coming in contact with the patient will be disinfected with a hospital-approved disinfectant or placed in the designated bin located in the dirty utility room and sent to Central Service for decontamination.
6. Perform hand hygiene before and after contact with patient and the patient's environment even when gloves were worn.
7. After providing care, staff will:
 - a. Remove the mask and discard it in the waste container. Do not touch the front of mask; it is contaminated
 - b. Perform hand hygiene immediately
8. Before transporting patients to other areas, place a mask on the patient and/or tracheotomy if present. When placing mask on patient, be sure the airway is not obstructed. If patient is using a red plug or Passy-Muir valve, the mask will not be required.

Airborne Precautions:

1. Patient must be placed in a private room with negative air pressure in relation to the surrounding areas. Keep the room door closed when not required for entry and exit.
2. In addition to Standard Precautions, NIOSH-approved N-95 respirator or higher must be put on *before* entering room.
3. Limit the movement and transport of patient to medically necessary purposes. If transport or movement outside of the room is necessary, place a surgical mask on the patient.
4. Disposable items that are visibly contaminated with fluid or semi-fluid blood or body fluids are discarded into the biohazardous trash containers.
5. No special precautions with linen are indicated. All soiled linen are placed in plastic bag, securely closed and placed in soiled linen area.
6. Dedicate use of non-critical patient care equipment to a single patient. If use of common equipment or items is unavoidable, equipment or items coming in contact with the patient will be disinfected with a hospital-approved disinfectant or placed in the designated bin located in the dirty utility room and sent to Central Service for decontamination.
7. Perform hand hygiene before *and* after contact with patient even when gloves were worn.
8. Remove the N-95 respirator **after** you have exited the room **and** the door is closed. Discard the N-95 respirators after each use and perform hand hygiene outside of the room.

Special Precautions:

1. For patients suspected or confirmed positive for SARS-CoV-2.
2. Patient must be placed in an:
 - a. airborne isolation room if available
 - b single private room with door closed.
 - c. Patient may share a room with another patient actively infected with SARS CoV-2 with door closed.
3. Perform hand hygiene before *and* after contact with patient even when gloves were worn.
4. Staff to wear Personal Protective Equipment (PPE) gown, gloves, eye protection and N-95 respiratory before entering the room.
5. Remove the N-95 respirator **after** you have exited the room **and** the door is closed. Discard the N-95 respirators after each use and perform hand hygiene outside of the room.
6. All COVID-19 suspect cases maybe placed on Contact and Droplet protection with eye protection.

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7. If anticipating an Aerosol generating procedure, place patient on Contact and Airborne with eye protection.
8. Patients that are found to be positive SARS-CoV-2 must be placed on an Airborne Isolation room if likely to require AGP. However, patients that are stable and will not require an AGP, can remain in contact and droplet precaution with eye protection.

Discontinuation of Special Precautions

Follow the DHS Expected Practice Removal of Hospital Based COVID-19 Positive patients from Isolation to discontinue Special Precautions.

Terminal cleaning of a room after a patient who remains on Airborne or Special Precautions

- A. Keep the door closed and do not use the room for 1 hour after Airborne precaution is discontinued or after an AGP is performed.
- B. EVS/ Servicon can immediately clean the room but must wear complete PPE.
- C. Staff should wear N95 when cleaning or removing items from the room.

PERSONAL PROTECTIVE EQUIPMENT (PPE) WHILE TRANSPORTING PATIENTS IN ISOLATION:

In addition to Standard Precautions, the PPEs, to be worn by healthcare worker while transporting an isolation patient depends on the type of isolation as described above and the type of communicable disease, dressings or drains, etc. Five key points to keep in mind:

1. Follow Standard Precautions and any other designated isolation posted for the patient in selecting PPE
2. Don PPE before entering the patient's room
3. Prepare the Patient
4. Safely remove and discard PPE before leaving the patient's room.
5. Perform hand hygiene.

Transporting PUI or confirmed COVID-19

- a. Notify the receiving department that the patient is a COVID-19 or PUI and the receiving area will need to implement, Special Protection.
- b. Place a regular surgical mask on the patient for transport.
- c. All staff involved should wear appropriate PPE in the isolation room while preparing the patient for transport. Once the patient has been transferred to a wheelchair or gurney, staff should remove gowns, eye protection and gloves, perform hand hygiene, and remove his/her face shield or goggles, but should keep his/her respirator.
- d. Staff transporting patient should continue to wear respirator during transport and bring additional clean face protection, respirator, and gloves in case an emergency occurs during transport. (a). If there is a risk of gross contamination during transport, please consult Infection Prevention for additional recommendations. Environmental services (EVS) should be contacted to clean area. (b). If the patient is intubated, place a bacterial/viral filter on the

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endotracheal tube or on the expiratory side of the breathing circuit of a ventilator or anesthesia machine.

e. Wounds must be covered, and body fluids contained. The patient should wear a clean gown and be covered by a clean sheet that was not stored in the room to completely cover the patient before leaving the room.

f. The patient should wash or disinfect his or her hands before leaving the room if possible.

g. PPE should not routinely be worn when transporting the patient. (a). Every effort will be made not to touch clean surfaces (e.g., elevator buttons), there must be a member of the transport team, who has clean hands to interact with the environment. (b). If there is a risk of gross contamination during transport, please consult Infection Prevention for additional recommendations.

h. A staff member should ensure that elevator is clear during transport. If there is visible contamination of elevator or non-adherence with masking of patient during elevator transport. Infection control and EVS should be contacted for clearance of reuse of elevator.

i. Equipment used to assist with transfer such as a wheelchair or gurney must be cleaned and disinfected prior to it being used for transfer, and after the patient is transferred back to his/her room so that it does not contaminate the environment.

It is important to prepare patients before taking them out of their rooms:

1. For Contact Precautions:
 - a. Make sure dressings are dry; if not, ask nursing staff to change the dressing
 - b. Have patients wash their hands, if possible
 - c. Have the patient wear a clean patient gown.
2. For Droplet Precautions isolation patient: if the patient has an open or unplugged tracheotomy tube, cover the tracheotomy tube opening with a surgical mask; If the patient has an unhealed tracheotomy stoma, cover the stoma with gauze.
3. For Airborne Precautions and/or patients symptomatic with a cough, have patients wear the surgical mask, covering the nose and the mouth.
4. When the patient is ready to be transported out of the room, remove PPE and dispose of them inside the patient's room except: In Airborne Precautions cases, remove the respirator **after** you have exited the room and closed the door.
5. Perform hand hygiene and put on a new pair of gloves to transport the patient.
6. **Report to the receiving staff** about the patient's isolation status.

Reference

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DHS Expected Practice Transport Policy for PUI and COVID-19 (+)

DHS Expected Practice Removal of Hospital Based COVID-19 Positive patients from Isolation