RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER Infection Prevention and Control

SUBJECT: Precautions for Managing Infectious
Patients

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I. Precautions for Managing Infectious Patients: 5199 ATD (c)

- A. Respiratory Hygiene and Cough Etiquette measures shall be implemented at the first point of contact to limit healthcare workers and visitor exposure to infectious persons during periods when they are not in AII rooms or areas. (See Rancho's Policy Respiratory Hygiene and Cough Etiquette). AirID cases or suspected cases shall be identified, and these individuals shall be provided with disposable tissues, hand hygiene materials and masks, or placed in such a manner that contact with healthcare workers who are not wearing respiratory protection is eliminated or minimized until transfer or placement in an AII rooms or area can be accomplished.
- B. Any suspect or confirmed case of any ATD listed in Appendix A shall be placed in the appropriate isolation in a timely manner. See Infection Prevention and Control Isolation policies.
 - 1. Patients on Airborne Infection Isolation are confined to their room unless essential procedures that cannot be performed in the room are required.
 - 2. Patient will wear a surgical mask while outside of AIIR.
- C. If the patient requires airborne isolation precautions, and no All rooms are available:
 - 1. Contact Infection Prevention and Control and Facilities Management,
 - 2. Place patient in private room with door closed and HEPA filter.
 - 3. If no HEPA filter is available, use private room with door closed.
- D. Where it is not feasible to provide All rooms or areas to individuals suspected or confirmed to be infected with or carriers of novel or unknown ATPs, the employer shall provide other effective control

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measures to reduce the risk of transmission to employees, which shall include the use of appropriate respiratory protection (N95 for routine patient care and for procedures not considered to be high hazard).

- E. High hazard procedures shall be conducted in AII rooms or areas, such as a ventilated booth or tent. Persons not performing the procedures shall be excluded from the area, unless they use the respiratory and personal protective equipment required for employees performing these procedures. Respiratory protection for high-hazard procedures includes a PAPR.
- F. Where no All room or area is available and the treating physician determines that it would be detrimental to the patient's condition to delay performing the procedure, high hazard procedures may be conducted in other areas. In that case, employees working in the room or area where the procedure is performed shall use appropriate respiratory protection
- G. <u>Transfer of the patient within the facility.</u> Transfers to airborne infection isolation rooms or areas within the facility shall occur within 5 hours of identification. If there is no All room or area available within this time, the employer shall transfer the individual to another suitable facility.
- H. <u>Transfers to other facilities</u>. Transfers to other facilities shall occur within 5 hours of identification, unless the facility documents, at the end of the 5- hour period, and at least every 24 hours thereafter, each of the following:
 - Rancho's case management has contacted the local health officer
 - 2. There is no All room or area available within that jurisdiction.
 - 3. Reasonable efforts have been made to contact establishments outside of that jurisdiction, as provided in the Plan.

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- 4. All applicable measures recommended by the local health officer or the Hospital Infection Prevention and Control Committee have been implemented.
- 5. All employees who enter the room or area housing the individual are provided with, and use, appropriate personal protective equipment and respiratory protection in accordance with these guidelines.
- I. Where the treating physician determines that transfer would be detrimental to a patient's condition, the patient need not be transferred. In that case, the facility shall ensure that employees use respiratory protection when entering the room or area housing the individual. The patient's condition shall be reviewed at least every 24 hours to determine if transfer is safe and the determination shall be recorded as described above. Once transfer is determined to be safe, transfer must be made within the time period set forth above.