Hospital Isolation Precaution

Most frequently used first:

Contact – gloves and gowns.

Contact Plus – gloves and gown mandatory used only for *c. difficile* patients.

Airborne – must be fit tested for respiratory protection.

Droplet – mask on within three feet of patient.

All diseases are listed on back of signage and bolded disease most frequent reason for precaution.
CONTACT PRECAUTIONS
(in addition to Standard Precautions)
Visitors: Please report to Nurses’ Station for instructions before entering room

BEFORE ENTERING
- Private room - door may be open
- Disinfect hands with Hand Sanitizer (includes visitors)
- Put on gown
- Put on gloves

BEFORE LEAVING
- Remove gloves and gown
- Hand Hygiene with HAND SANITIZER (includes visitors)

- Dedicate equipment – when possible or disinfect equipment when leaving the patient’s room
- Transport - limit the movement/transport to essential purposes only

Most frequently used isolation
### CONTACT PRECAUTIONS
*(in addition to Standard Precautions)*

**Visitors:** Please report to Nurses’ Station for instructions *before* entering room

<table>
<thead>
<tr>
<th>Condition</th>
<th>Precaution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abscess (major draining)</td>
<td></td>
</tr>
<tr>
<td>Congenital Rubella</td>
<td></td>
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<tr>
<td>Diarrhea</td>
<td></td>
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<tr>
<td>Diphtheria (cutaneous)</td>
<td></td>
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<tr>
<td>Furunculosis, staphylococcal (infants and young children)</td>
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<tr>
<td>Hepatitis, viral (diapered or incontinent patients)</td>
<td></td>
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<tr>
<td>Herpes simplex:</td>
<td></td>
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<tr>
<td>- Mucocutaneous, disseminated or primary, severe</td>
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<tr>
<td>- Neonatal</td>
<td></td>
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<tr>
<td>Herpes zoster (disseminated disease in any patient/localized disease in immunocompromised patient until disseminated infection ruled out)</td>
<td></td>
</tr>
<tr>
<td>Human metapneumovirus</td>
<td></td>
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<tr>
<td>Impetigo</td>
<td></td>
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<tr>
<td>Monkeypox</td>
<td></td>
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<tr>
<td><strong>Multidrug-resistant organisms, infection or colonization,</strong> (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant S. pneumoniae)</td>
<td></td>
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<tr>
<td>Parainfluenza virus infection, respiratory in infants and young children</td>
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<tr>
<td>Pediculosis (lice)</td>
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<tr>
<td>Pneumonia: Adenovirus; <em>B. cepacia</em> in patients with CF, including respiratory tract colonization</td>
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<tr>
<td>Poliomyelitis</td>
<td></td>
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<tr>
<td>Major respiratory infectious disease, acute (infants and young children)</td>
<td></td>
</tr>
<tr>
<td>Respiratory syncytial virus infection, in infants, young children and immunocompromised adults</td>
<td></td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
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<tr>
<td>Scabies</td>
<td></td>
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<tr>
<td>Scalded skin syndrome, staphylococcal</td>
<td></td>
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<tr>
<td>Severe acute respiratory syndrome (SARS)</td>
<td></td>
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<tr>
<td>Smallpox</td>
<td></td>
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<tr>
<td>Staphylococcal disease (major)</td>
<td></td>
</tr>
<tr>
<td>Scalded skin syndrome (Ritter’s Disease)</td>
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</tr>
<tr>
<td>Streptococcal disease (group A streptococcus) skin, wound, or burn major- no dressing or dressing does not contain drainage adequately</td>
<td></td>
</tr>
<tr>
<td>Varicellulas (chicken pox) maintain all precautions until all lesions are crusted. The average incubation period for varicella is 10 - 16 days, with a range of 10-21 days. Susceptible persons should not enter the room of patients on precautions if other immune caregivers are available. Localized in immunocompromised patient, disseminated persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; therefore, susceptible should not enter the room if other immune caregivers are available.</td>
<td></td>
</tr>
<tr>
<td>Wound infections (Major)-no dressing or dressing does not contain drainage adequately</td>
<td></td>
</tr>
<tr>
<td>Yersinia entercolitica gastroenteritis</td>
<td></td>
</tr>
</tbody>
</table>

*December 19, 2011*
CONTACT PLUS PRECAUTIONS
(in addition to Standard Precautions)
Bleach-based room cleaning upon patient discharge/transfer

BEFORE ENTERING
- Disinfect hands with Hand Sanitizer
  (includes visitors)
- Put on gown
- Put on gloves

BEFORE LEAVING
- Dedicate equipment – when possible or disinfect equipment when leaving the patient’s room.
- Remove gloves and gown
- Wash hands with SOAP & WATER
  (includes visitors)

DO NOT REMOVE SIGN UNTIL AFTER ROOM HAS BEEN CLEANED
Only used for C. difficile patients
CONTACT PLUS PRECAUTIONS
(in addition to Standard Precautions)

Bleach-based room cleaning upon patient discharge/transfer

Clostridium difficile or suspected

December 19, 2011

DO NOT REMOVE SIGN UNTIL AFTER ROOM HAS BEEN CLEANED
CONTACT PLUS PRECAUTIONS
(in addition to Standard Precautions)
Bleach-based room cleaning upon patient discharge/transfer

BEFORE ENTERING
• Disinfect hands with Hand Sanitizer (includes visitors)
• Put on gown
• Put on gloves

• Dedicate equipment – when possible or disinfect equipment when leaving the patient’s room.

BEFORE LEAVING
• Remove gloves and gown
• Wash hands with SOAP & WATER (includes visitors)

DO NOT REMOVE SIGN UNTIL AFTER ROOM HAS BEEN CLEANED
Only used for C. difficile patients
AIRBORNE PRECAUTIONS
(in addition to Standard Precautions)
Visitors: Please report to Nurses’ Station for instructions before entering room

BEFORE ENTERING
- Private room-door must be closed with monitored Negative Pressure; BH call Ext. 2565 to switch on negative pressure.

- Disinfect hands with Hand Sanitizer (includes visitors)

- Respiratory Protection – wear N95 for known or suspected airborne disease (Must be successfully “fit tested” prior to use)

BEFORE LEAVING
- Transport-limit the movement/transport to essential purposes only, place a surgical mask on the patients.

- Hand Hygiene with HAND SANITIZER (includes visitors)

Most frequently used for TB
AIRBORNE PRECAUTIONS
(in addition to Standard Precautions)

Visitors: Please report to Nurses’ Station for instructions **before** entering room

Chickenpox- The average incubation period for
varicella is 10 -16 days, with a range of 10-21
days. Susceptible persons should not enter the
room of patients on precautions if other immune
caregivers are available.

Herpes Zoster (varicella-zoster) localized in
immunocompromised patient, or disseminated-
persons susceptible to varicella are also at risk for
developing varicella when exposed to patients
with herpes zoster lesions; therefore, susceptible
should not enter the room if other immune
caregivers are available. Continue isolation until
the lesions have crusted over

Measles (rubeola), all presentations continue
isolation until the lesions have crusted over

**Tuberculosis Pulmonary, confirmed or**
**suspected or laryngeal disease**- Discontinue
precautions only when TB patient is on effective
therapy, is improving clinically, and has three
consecutive negative sputum smears collected on
different days, or TB is ruled out.
DROPLET PRECAUTIONS
(in addition to Standard Precautions)
Visitors: Please report to Nurses’ Station for instructions before entering room

BEFORE ENTERING
- Private room- door may be open

- Disinfect hands with Hand Sanitizer
  (includes visitors)

- Respiratory Protection - wear a surgical mask when entering this room

BEFORE LEAVING
- Remove mask

- Hand Hygiene with HAND SANITIZER
  (includes visitors)

Mostly used for Influenza and Meningitis R/O

Beverly Hospital
A member of Lahey Health
DROPLET PRECAUTIONS
(in addition to Standard Precautions)
Visitors: Please report to Nurses’ Station for instructions before entering room

Adenovirus infection, in infants and young children
Diphtheria-pharyngeal (until 2 cultures neg. 24 hours apart)
Epiglottitis, due to Haemophilus influenzae
Influenza
Meningitis
- Haemophilus influenzae, known or suspected
- Neisseria meningitides (meningococcal) known or suspected
Meningococcal pneumonia
Meningococcemia (meningococcal sepsis)
Multidrug-resistant organisms, infection or colonization-infants & children (any age)
Mycoplasma (primary atypical pneumonia)
Streptococcus, Group A – Infants & young children
Rubella (German measles; also see congenital rubella)
Pharyngitis in infants and young children
Pneumonia in infants and young children
Scarlet fever in infants and young children
Whooping cough (pertussis)
Mumps (infectious parotitis)
Mycoplasma pneumonia
Parvovirus B19
Plague-Pneumonic
Pneumonia-Adenovirus

December 19, 2011
Length of duration for Isolation of certain MDRO’s

<table>
<thead>
<tr>
<th>TYPE OF MULTIPLE DRUG RESISTANT ORGANISMS (MDRO)</th>
<th>ISOLATION PRECAUTIONS ARE INITIATED IF PATIENT HAS POSITIVE CULTURE WITHIN:</th>
<th>TYPE OF ISOLATION PRECAUTIONS INITIATED</th>
<th>COLOR OF ISOLATION PRECAUTION SIGN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methicillin Resistant Staphlococcus Aureus (MRSA)</td>
<td>2 YEARS</td>
<td>CONTACT</td>
<td>YELLOW</td>
</tr>
<tr>
<td>Vancomycin Resistant Enterococcus (VRE)</td>
<td>LIFETIME</td>
<td>CONTACT</td>
<td>YELLOW</td>
</tr>
<tr>
<td>Extended Spectrum Beta Lactamases (ESBL) KLEBSIELLA PNEUMONIAE</td>
<td>2 YEARS</td>
<td>CONTACT</td>
<td>YELLOW</td>
</tr>
<tr>
<td>Extended Spectrum Beta Lactamases (ESBL) ESCHERICHIA COLI</td>
<td>2 YEARS</td>
<td>CONTACT</td>
<td>YELLOW</td>
</tr>
<tr>
<td>Multi Drug Resistant with: ACINETOBACTER, ENTEROBACTER, PSEUDOMONAS STENOTROPHOMONAS MALTOPHELIA</td>
<td>2 YEARS</td>
<td>CONTACT</td>
<td>YELLOW</td>
</tr>
<tr>
<td>c. difficile CLOSTRIDIUM DIFFICILE</td>
<td>SUSPECTED BY SYMPTOMS OR CONFIRMED, PLACE PATIENT ON ISOLATION PRECAUTIONS. IF LAB CONFIRMED ISOLATE FOR DURATION OF HOSPITALIZATION.</td>
<td>CONTACT PLUS</td>
<td>BLUE</td>
</tr>
</tbody>
</table>

- Contact information: Infection Prevention & Control at extension 3105 or 3179
- Hospital Epidemiologist Dr. Lucas Wolf (978) 217-1686
Antibiotic Stewardship

**Fast Facts**

- Antibiotic overuse contributes to the growing problems of *Clostridium difficile* infection and antibiotic resistance in healthcare facilities.

- Improving antibiotic use through stewardship interventions and programs improves patient outcomes, reduces antimicrobial resistance, and saves money.

- Interventions to improve antibiotic use can be implemented in any healthcare setting—from the smallest to the largest.

- Improving antibiotic use is a medication-safety and patient-safety
Patients often feel a sense of confidence when healthcare providers wash their hands in front of them.

We wash because we care.
Thank you for your participation!