



**Beverly Hospital**

A member of Lahey Health

# **Infection Prevention & Control Department**

## **Credentials Committee Presentation**

# 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



- Dedicate equipment – when possible or disinfect equipment when leaving the patient's room



- Transport-limit the movement/transport to essential purposes only



## BEFORE LEAVING

- Remove gloves and gown



- Hand Hygiene with **HAND SANITIZER** (includes visitors)



Most frequently used isolation

## CONTACT PRECAUTIONS (in addition to Standard Precautions)

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

Abscess (major draining)  
Congenital Rubella  
Diarrhea  
Diphtheria (cutaneous)  
Furunculosis, staphylococcal (infants and young children)  
Hepatitis, viral (diapered or incontinent patients)  
Herpes simplex:  
    Mucocutaneous, disseminated or primary, severe  
    Neonatal  
Herpes zoster (disseminated disease in any patient/ localized disease in immunocompromised patient until disseminated infection ruled out)  
Human metapneumovirus  
Impetigo  
Monkeypox  
**Multidrug-resistant organisms, infection or colonization, (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant S. pneumoniae)**  
Parainfluenza virus infection, respiratory in infants and young children  
Pediculosis (lice)  
Pneumonia: Adenovirus; *B. cepacia* in patients with CF, including respiratory tract colonization  
Poliomyelitis  
Major respiratory infectious disease, acute (infants and young children)  
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults  
Rotavirus  
Scabies  
Scalded skin syndrome, staphylococcal  
Severe acute respiratory syndrome (SARS)

Smallpox

Staphylococcal disease (major)  
Scalded skin syndrome (Ritter's Disease)

Streptococcal disease (group A streptococcus) skin, wound, or burn major- no dressing or dressing does not contain drainage adequately

Varicellas (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

Wound infections (Major)-no dressing or dressing does not contain drainage adequately

*Yersinia enterocolitica* gastroenteritis

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



- 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

**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)



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



## BEFORE LEAVING

- 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.

December 19, 2011

# 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



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



## BEFORE LEAVING

- Remove mask



- Hand Hygiene with HAND SANITIZER  
(includes visitors)



Mostly used for Influenza and Meningitis R/O

## **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 meningitidis* (meningococcal) known or suspected**

Meningococcal pneumonia

Meningococemia (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 pneumoniae*

Parvovirus B19

Plague-Pneumonic

Pneumonia-Adenovirus

December 19, 2011

# Length of duration for Isolation of certain MDRO's

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

- 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!