

2272 GENERAL TECHNIQUES AND RECOMMENDATIONS FOR ISOLATION PRECAUTIONS

Chapter: **Sununu Youth Services Center**

Section: **Healthcare**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive:

Approved:

Effective Date: **01-01-09**

Scheduled Review Date: **01-01-11**

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Related Statute(s):

Related Admin Rule(s):

Related Federal Regulation(s):

Related Form(s):

Bridges' Screen(s) and Attachment(s):

The following information is considered essential to understanding and properly using isolation precautions. Many of the techniques and recommendations for isolation precautions are appropriate not only for residents known or suspected to be infected, but also for routine resident care.

Purpose

The purpose of this policy is to establish the SYSC general techniques and recommendations for isolation precautions.

Procedure

I. **Hygiene Practices:** The following hygiene practices shall be followed:

- A. **Hand Washing:** Hand washing is the single most important means of preventing the spread of infection. Health care personnel should always wash their hands, even when gloves are used, after taking care of an infected resident or one who is colonized with microorganisms of special clinical or epidemiological significance. In addition, personnel should wash their hands after touching excretions (feces, urine, or material soiled with them) or secretions (from wounds, skin infections, etc.) before touching any resident. Hands should also be washed before performing invasive procedures, touching wounds, or touching residents who are particularly susceptible to infection. Hands should also be washed prior to eating.
- B. **Masks:** Masks are recommended to prevent transmission of infectious agents through the air. Masks protect the wearer from inhaling (1) large-particle aerosols (droplets) that are transmitted by close contact and generally travel only short distances (about 3 feet), and (2) small-particle aerosols (droplet nuclei) that remain suspended in the air and thus travel longer distances. Masks might also prevent transmission of some infections that are spread by direct contact with the mucous membranes, because masks may discourage personnel from touching the mucous membranes of their eyes, nose, and mouth until after they have washed their hands and removed the mask. The high efficiency disposable masks are more effective than cloth or paper masks in preventing airborne and droplet spread.
 1. If the infection is transmitted by large-particle aerosols (droplets), masks are recommended only for those persons in close contact (3 feet) to the resident. If the infection is transmitted over longer distances by air, all persons entering the room should wear masks. When masks are indicated, they should be used only once (because masks become ineffective when moist) and discarded in an appropriate

waste receptacle. Mask should not be lowered around the neck and reused. To be effective, masks should cover both the nose and mouth.

- C. Gowns: Gowns are recommended to prevent soiling of clothing when taking care of residents on isolation precautions if clothes are likely to be soiled with infective secretions or excretions (e.g., when changing the bed of an incontinent patient who has infectious diarrhea).
 - 1. Gowns are indicated even when gross soiling is not anticipated, for all persons entering the room of residents who have infections that are transmitted in a health care facility that frequently cause serious illness.
 - 2. When Gowns are indicated, they should be worn only once and then discarded in an appropriate receptacle.

- D. Gloves: There are three distinct reasons for wearing gloves. First, gloves reduce the possibility that personnel will become infected with microorganisms that are infecting residents. Second, gloves reduce the likelihood that personnel will transmit their own endogenous microbial flora to residents. Third, gloves reduce the possibility that personnel will become transiently colonized with microorganisms that could be transmitted to other residents. Since hand washing practices are thought to be inadequate in most health care facilities, gloves appear to be a more practical means of preventing transient hand colonization and thus the spread of some infections. For many infectious and/or communicable diseases, wearing gloves is indicated for touching the excretions, secretions, blood or body fluids that are listed as infective material.
 - 1. When gloves are indicated, disposable single-use non-latex gloves (sterile, non-sterile, depending on the purpose of use) should be worn. Used gloves should be discarded into an appropriate receptacle. After direct contact with a patient's excretions or secretions, gloves should be changed if care of that patient has not been completed.

II. **Room Cleanliness:** The following room cleanliness practices shall be followed:

- A. Private Rooms: In general, a private room can reduce the possibility of transmission of infectious agents in two ways. First, it separates infected and/or colonized patients from susceptible patients and thus lessens the chance for transmission by any route. Second, it may act as a reminder for personnel to wash their hands before leaving the room and contacting other patients. Nevertheless, a private room is not necessary to prevent the spread of many infections.
 - 1. A private room is indicated for residents with infections that are highly infectious or are caused by microorganisms that are likely to be virulent when transmitted. A private room is also indicated if a resident has poor hygiene (e.g., if a resident does not wash hands after touching infective material), contaminates the environment, or shares contaminated articles. A private room may also be indicated for residents colonized with microorganisms of special clinical or epidemiologic significance (e.g., multi-resistant bacteria). Finally, a private room may be indicated for residents whose blood is infective (e.g., Hepatitis B) if profuse bleeding is likely to cause environmental contamination.

- B. Roommates for Residents on Isolation Precautions: If infected and/or colonized residents are placed in non-private rooms, they should be placed with appropriate roommates. When an infected resident shares a room with non-infected residents, it is assumed that residents and personnel will take measures to prevent the spread of infection. For example, a resident whose fecal material is infective may be in a room with others as long as he or she is cooperative, washes hands carefully, and does not have such severe diarrhea or fecal incontinence that either roommates or objects used by them become contaminated. Likewise, personnel need to wear gloves and wash hands when indicated and ensure that contaminated articles are discarded or returned to the stock room/warehouse for decontamination and reprocessing. When these conditions cannot be met, a private room is advisable.
- C. In general, residents infected by the same microorganisms may share a room. Such grouping of residents is especially useful during outbreaks when there is a shortage of private rooms.

III. **Linen and Clothing:** The following linen and clothing hygiene practices shall be followed:

- A. If the resident has been placed on linen precautions, the soiled linen should be handled as little as possible and with a minimum of agitation to prevent gross microbial contamination of the air and of persons handling the linen.
- B. A resident's clothing that is soiled with infective material should be contained according to policy and procedure VI.

IV. **Utensils:** The following utensil cleanliness practices shall be followed:

- A. Dishes: No special precautions are necessary for dishes unless they are visibly contaminated with infective material (i.e., blood, drainage, or secretions). Disposable dishes contaminated with infective material can be handled as disposable resident-care equipment. Reusable dishes, utensils, and trays contaminated with infective material should be bagged and labeled before being returned to the Kitchen. Kitchen personnel who handle these dishes should wear gloves, and they should wash their hands before handling clean dishes or food.
- B. Drinking Water: No special precautions are indicated for drinking water. Containers used to hold water for residents on isolation precautions and glasses should be handled as dishes.

V. **Equipment:** The following equipment practices shall be followed:

- A. Disposable Equipment: Use of disposable items reduces the possibility that equipment will serve as a fomite, but they must be disposed of safely and adequately. Equipment that is contaminated with infective material should be bagged, labeled, and disposed of in accordance with SYSC's policy for disposal of infectious waste. No special precautions are indicated for disposable resident-care equipment that is not contaminated with infective material.
- B. Reusable Equipment: Contaminated reusable resident-care equipment (i.e., bedpans, urinals, emesis basins, etc.) should be returned to the Medical Department for decontamination and reprocessing by trained personnel. When contaminated with infective material, equipment must be double-bagged (Red plastic) and properly labeled and remain bagged until decontaminated and/or sterilized.

- C. Needles and Syringes: Routinely, personnel should use caution when handling all used needles and syringes, because it is usually not known which resident's blood is contaminated with Hepatitis virus or other microorganisms. To prevent needle stick injuries, used needles should not be recapped; they should be placed in a prominently labeled, puncture-resistant container designed specifically for this purpose. Needles should not be purposely bent or broken by hand, because accidental needle puncture may occur. When some needle-cutting devices are used, contaminated blood may splatter onto environmental surfaces.
 - 1. All needled and sharps should be disposed of in labeled puncture-resistant containers.
 - 2. All needle stick injuries must be dealt with and reported immediately, according to established policy and procedure.
- D. Sphygmomanometer and Stethoscope: No special precautions are indicated unless this equipment is contaminated with infective material. If contaminated, the equipment should be properly bagged and labeled (indicating mode of contamination), and sent for decontamination.
- E. Thermometers: Thermometers from residents on isolation precautions should be discarded in puncture-resistant containers, or a disposable thermometer should be used.

VI. **Bagging of Articles:** Bagging of articles shall be done in the following manner:

- A. Used resident-care articles may need to be enclosed in an impervious bag before they are removed from the room of a resident on isolation precautions. Such bagging is intended to prevent inadvertent exposure of personnel contamination of the environment. Most articles do not need to be bagged unless they are contaminated (or likely to be contaminated) with infective material.
- B. A single bag is probably adequate if the bag is impervious and sturdy (not easily penetrated), and if the article can be placed in the bag without contaminating the outside of the bag; otherwise, double bagging should be used. Bags must be properly secured and labeled, identifying the source location, the contents of the bag, and the infecting agent before being transported for decontamination and reprocessing.
- C. Red bag procedures for contaminated linen/clothing: Any article of linen or clothing that has blood, lice, stool, or other body fluids or potential contaminants from an isolation room shall be placed in the appropriate linen red bags. A label shall be attached to the bag that identifies the date, the building, the unit, the articles, and the contaminants (e.g., 2/15/2006. H Building, Unit 2, towels/sheets, blood).
- D. Red Bag Procedure for Waste
 - 1. Definition of Red Bag Waste:
 - (a) Material that is saturated, dripping, or caked with blood or body fluids in amounts estimated to be more than 20 cc, approximately the size of a one-dimensional football. (Items that are soiled but not saturated with blood or body fluids do not require special handling.)

- (b) Medical equipment, such as intravenous tubing and bags, urinary catheters, and colostomy equipment, whether or not it is visibly soiled with blood or body fluids, shall be placed in red bag containers.
 - (c) Disposable suction canisters shall be tightly capped to prevent leakage before they are discarded in a red bag container.
 - (d) Disposable incontinence products when the resident has a documented enteric infection.
 - (e) Ordinary household waste generated by residents on transmission precautions does not require red bag disposal (including tampons and sanitary napkins).
2. Definition of Contaminated Sharps (sharps waste):
- (a) Used sharps, including needles and syringes, IV needles, scalpel blades, lancets, capillary tubes, vials, microscopic slides, vacutainers, suture needles, broken glass, and razors.
 - (b) Any sharp object that has penetrated the skin of any resident, staff, volunteer, or visitor.
 - (c) Unused needles, syringes, suture needles, lancets, or scalpel blades.
 - (d) Discarded live and attenuated vaccines in vials, ampoules, or syringes.
3. Disposal of contaminated sharps (sharps waste):
- (a) Sharps waste must be disposed of in rigid, puncture-resistant, leak-proof containers labeled with the biohazard symbol.
 - (b) Sharps containers must be capped/covered and disposed of when the contents reach the "fill line."
 - (c) Caps/covers shall be taped shut to prevent spillage during transport.
 - (d) Sharps containers may be discarded in any red bag container, or may be transported directly to an area where other infectious/medical waste is stored in accordance with SYSC policy.
4. Two plastic red bags are required for any contaminated waste. Special contaminated/ hazardous waste baskets shall be located in all units and shall be emptied on a daily basis by housekeeping staff only.

VII. **Dressing and Tissues:** Dressing and tissues shall be handled in the following manner:

- A. All dressings, paper tissues, and other disposable items soiled within infective material shall be disposed of in an appropriate red plastic bag.

- B. Aerosol cans are never to be disposed of in the designated contaminated waste container, since all contaminated waste is incinerated. Without exception, aerosol cans will explode when subjected to extreme heat.

VIII. **Urine and Feces:** Urine and feces shall be addressed in the following manner:

- A. Urine and feces from residents on isolation precautions can be flushed down the toilet if the facility uses municipal or other safe sewage treatment system. A urinal or bedpan from a resident on isolation precautions should be cleaned and disinfected or sterilized before being used by another patient or discarded in double Red bag if plastic/disposable. Therefore, such items should be properly contained and sent to the Medical Department.

IX. **Laboratory Specimens:** Laboratory specimens shall be handled in the following manner:

- A. In general, each specimen should be put into an impervious container with a well-fitting lid to prevent leaking during transport. Care should be taken when collecting specimens to avoid contamination of the outside of the container. If the outside of the container is visibly contaminated, it should be cleaned or disinfected, or be placed in an impervious bag and labeled before being removed from the room. Bagging is intended to prevent inadvertent exposures of laboratory and/or transport personnel to infective material and to prevent contamination of the environment.
- B. Whether specimens from residents on isolation precautions need to be bagged before being sent to the laboratory will depend on the kind of specimen and container, the procedures for collecting specimens, and the methods for transporting and receiving specimens in the hospital laboratory.

X. **Resident's Medical Record:** A resident's medical record should never be allowed to come into contact with infective material or objects that may be contaminated with infective material.

XI. **Books and Magazines**

- A. In general, any of these articles that are visibly soiled or likely to be soiled with infective material should be destroyed by discarding in double Red plastic bags.

XII. **Visitors**

- A. Visitors should talk with a nurse before entering the room of a resident on isolation precautions and, if indicated, should be instructed in the appropriate use of gown, mask, gloves, or other special precautions.

XIII. **Routine Cleaning**

- A. The following cleaning routine shall be followed:
 1. The same routine daily cleaning procedures used in other rooms should be used to clean rooms of residents on isolation precautions.
 2. Cleaning equipment used in rooms of resident's whose infection requires a private room should be disinfected before using in other resident's rooms. For example, dirty water should be discarded, wiping cloths and mop heads should be laundered and thoroughly dried, and buckets should be disinfected before being refilled.

3. If cleaning cloths and mop heads are contaminated with infective material or blood, they should be bagged and labeled according to policy and procedure for contaminated linens ([Policy 2410 – Linens](#)) before being sent to the laundry.

XIV. **Terminal Cleaning:** The following terminal cleaning shall take place:

- A. This refers to cleaning after the resident has been taken off isolation precautions or has ceased to be a source of infection.
- B. When isolation precautions have been discontinued, the remaining infection control responsibilities relate to the inanimate environment. Therefore, all personnel responsible for terminal cleaning of the room should keep in mind certain epidemiologic aspects of environmental transmission of the disease. Although microorganisms may be present on walls, floors, and tabletops in rooms used for residents on isolation precautions, the environmental surfaces, unless visibly contaminated, are rarely associated with transmission of infection to others. In contrast, microorganisms on contaminated resident-care equipment are frequently associated with transmission of infections to other patients when such equipment is not appropriately decontaminated and reprocessed. Therefore, terminal cleaning should be primarily directed toward those items that have been in direct contact with the resident, or in contact with the resident's infective material.
- C. Terminal cleaning of rooms requires the following:
 1. Generally, personnel should use the same precautions to protect themselves during terminal cleaning as they would use if the resident were still infected; however, masks are not needed if they had been indicated previously only for direct or close contact.
 2. All non-disposable receptacles (urinals, bedpans, thermometer holders, etc.) should be properly bagged and labeled according to policy and procedure and returned to the Medical Department for decontamination, reprocessing or disposal.
 3. All disposable items should be discarded. Articles that are contaminated (or likely to have been contaminated) with infective material should be bagged and disposed of according to policy and procedure regarding contaminated waste. No special precautions are indicated for disposal of items that are not contaminated with infective material.
 4. All equipment that is not sent to the Medical Department or discarded should be cleaned with a disinfectant-detergent solution.
 5. All horizontal surfaces of furniture and mattress covers should be cleaned with a disinfectant-detergent solution.
 6. All floors should be wet-vacuumed or mopped with a disinfectant-detergent solution.
 7. Routine washing of walls and curtains is not indicated; however, these should be washed if visibly soiled.
 8. Airing a room from which a patient has been discharged is not an effective terminal disinfection procedure and is not necessary.