

Summary Information for Contact Precautions

Standard Precautions are practices to reduce healthcare associated infections are used with all patients, regardless of diagnosis or isolation status, and apply to interacting with blood, body fluids, secretions, and excretions *except sweat*, regardless of whether they contain visible blood, non-intact skin and mucous membranes. The required elements include:

- Adequate hand hygiene at all appropriate times.
- Disinfecting surfaces and equipment between patient uses.
- Appropriate use of Personal Protective Equipment (PPE) (e.g., gowns, gloves, mask, N-95 respirators, eye protection) for reasonably anticipated contact with body substances or contaminated equipment. Standard Precautions take into consideration the task being performed, e.g. gloves and mask with face shield for emptying drainage bags,
- Safe injection practices.
- Respiratory Hygiene/Cough Etiquette.
- Infection Control practices for special lumbar puncture situations

Safe Injection Practices

- Scrub the cap or port of invasive lines with alcohol using friction before injecting an IV medication.
- Use a sterile, single-use disposable needle and syringe for each injection given.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and discard appropriately after use. Consider a syringe or needle/cannula contaminated once used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.



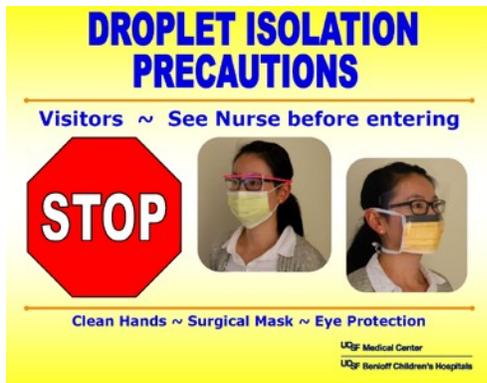
PATIENTS IN CONTACT ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Place in a private room unless a shared space has been approved by HEIC Do not have visitors other than family, friends, and clergy in a room (except guests) Do not have children in common spaces (playroom, school room, solarium) and have children in hallways if possible. If possible, use a separate room or hallway for children, adolescents and teens.
STAFF Caring for Patients in CONTACT ISOLATION PRECAUTIONS
PROCEDURES <ul style="list-style-type: none"> Wash hands with alcohol based hand rub (ABHR) or soap and water as early as possible Put on a gown and gloves before entering the room Remove and discard gloves and gown Clean hands with soap and water before leaving the patient's room. If patient is in a same gender room or multi-bed bay situation, clean hands with soap and water before leaving the patient's room
WORKFLOW <ul style="list-style-type: none"> Place the following supplies outside the patient's room: (GOWN, GLOVES, TRAY, SOAP) Return the sign to the HEIC's attention inside of the patient's room Use dedicated respiratory equipment (e.g. stethoscope, blood pressure cuff, thermometer, etc.) when possible. If personal endoscopes in use, wipe with 70% CHLOROXIPHEN solution upon completion of examination.
VISITORS <ul style="list-style-type: none"> HEALTHCARE workers not required to wear gowns/gloves unless they visit other patients OR are visiting a patient with CRE (see "below") Advise VISITORS to clean their hands before entering and before exiting the patient's room
GENERAL INDICATIONS for CONTACT ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Shingles (herpes zoster), cellulitis, ulcers, boils, or abscesses (except those caused by Staphylococcus aureus) Acute diarrhea of unknown etiology (Stool and water hand hygiene required) Presence of open or draining abscess
COMMON SPECIFIC INDICATIONS for CONTACT ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Diarrhea or STI (Clostridium difficile) (resistant to multiple antibiotics or severe or chronic) CRE MRSA Serratia Carbapenem resistant enterobacteria (CRE) Klebsiella pneumoniae Neisseria meningitidis MRSA Serratia Resistant gonorrhea and chlamydia Enterococcus faecium Enterococcus faecalis MRSA Serratia
<p>For additional information, refer to "Standard and Transmission-based Precautions Policy" and "Isolation Precautions Table" or visit www.uicmedicalcenter.org/infectioncontrol or visit the Infection Control Practitioner or call at 414-838-8288</p>

Contact Isolation Precautions requires:

- Private Room unless a shared space has been approved by HEIC
- Dedicated, disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer, etc.). If shared equipment is used, it must be cleaned with hospital disinfectant (e.g. disposable detergent disinfectant- impregnated wipes) after each use.
- Children under 2 years who are in Droplet Precautions are also placed in Contact Precautions.
- Appropriate door signage (green)

Healthcare workers caring for patients in Contact Isolation Precautions must:

- Prior to entering the patient's room.
 - Put on and secure a clean gown (do not save/reuse gowns)
 - Clean hands
 - Put on gloves
- Prior to exiting a patient's room/area:
 - Remove and discard gloves and gown
 - Clean hands with soap and water
 - Turn off faucet/open door using a paper towel
- For patients in Contact Isolation Precautions for diarrhea (suspect or confirmed CDI), use soap and water to clean hands upon exiting unless CDI is ruled out.
- Patients on Contact Isolation Precautions are not allowed in communal spaces (play room, school room, solarium), but may ambulate in hallways wearing a clean hospital gown and after washing hands with soap and water.
- Notify receiving department of patient isolation status.
- Gown and gloves may be worn during transport of a patient on Contact Isolation Precautions. PPE must be removed and hand hygiene performed when the transfer is complete.



PATIENTS IN DROPLET ISOLATION PRECAUTIONS	
<ul style="list-style-type: none"> Place in a private room unless a shared space has been approved by Infection Control. Must wear a regular mask (surgical or paper) over mouth and nose when outside the room. May leave the room after changing hands, and using gowning. Are not allowed in communal spaces (playroom, school room, solarium, etc.) 	
STAFF Caring for Patients in DROPLET ISOLATION PRECAUTIONS	
PROCEDURES <ul style="list-style-type: none"> Wear a regular mask (surgical or paper) over mouth and nose, and eye protection (safety goggles, fluid shield) upon entry to patient room. Remove and discard (disposable PPE) in waste bucket and clean hands before leaving the patient environment. Goggles may be disinfected and reused. Encourage patients to remain in the room except for essential purposes. 	
WORKFLOW <ul style="list-style-type: none"> Place the following outside patient room: PAPER MASKS W/ FACE SHIELDS, PAPER OR SURGICAL MASKS, GOGGLES, FACE SHIELDS, TRIS (SIGN) 	
VISITORS <ul style="list-style-type: none"> Offer masks and eye protection and instructions for use. Request visitors to clean their hands before entering and exiting the patient's room. 	
GENERAL INDICATIONS for DROPLET ISOLATION PRECAUTIONS	
<ul style="list-style-type: none"> Stratocollis Patients with respiratory tract infections: <ul style="list-style-type: none"> • Meningitis, meningococci • Pertussis Respiratory virus (CF APCR, parainfluenza or pertussis PCR or Group A strep) (asymptomatic patients only) pending ordered on respiratory specimen 	<ul style="list-style-type: none"> Symptoms consistent with upper respiratory infection, etiology unknown
COMMON SPECIFIC INDICATIONS for DROPLET ISOLATION PRECAUTIONS	
<ul style="list-style-type: none"> Respiratory viruses: adenovirus, parainfluenza, parvovirus, metapneumovirus, rhinovirus Adenovirus or RSV with Contact Precautions for respiratory infections in infants and young children Group A streptococcus (stratocollis) in infants and young children Meningitis/encephalitis in adults and children 	<ul style="list-style-type: none"> • Pertussis • Atypical meningitis/encephalitis, meningitis or sepsis
<p>For additional information, refer to "Standard and Transmission-based Precautions Policy" and "Isolation Precautions Table" at www.infectioncontrol.ucsfbenioffchildrens.org or page the Infection Control Practitioner or call at 415.306.2289</p>	

Droplet Isolation Precautions require:

- Private room, except when directed otherwise by HEIC.
- Patients to remain in their room except for essential purposes (surgery, tests, treatments, therapy services). The patient may ambulate in the hallway, however are not allowed in communal spaces (playroom, school rooms, solarium, cafeteria, etc.).
- When patients on droplet precautions are out of their room they must wear a regular mask (without the eye shield), clean patient gown, and must complete hand hygiene (hand gel and/or wash with soap and water) before leaving their room. If the patient is unable or unwilling to wear a mask the patient must remain in their room.
- Children under the age of 2 years who require Droplet Precautions also require Contact Precautions.
- Appropriate door signage (yellow).

Healthcare workers caring for patients in Droplet Isolation Precautions will:

- Perform hand hygiene with alcohol based hand rub or soap and water prior to entering room.
- Put on a mask that covers the mouth and nose (regular surgical or paper mask), and eye protection (safety goggles, fluid shield) upon entering the room of a patient in precautions.
- Wear mask and eye protection when performing high hazard procedures (bronchoscopy, sputum induction, elective intubation and extubation, autopsies, open suctioning of airways. and when feasible during emergent situations such as cardiopulmonary resuscitation, emergent intubation) for patients with suspected or confirmed diseases requiring Droplet Isolation Precautions.
- Remove and discard mask/eye protection and clean hands before leaving the patient's room or, in semi-private room or multi-bed bay situation, before leaving the patient's immediate vicinity. Clean goggles may be reused; clean with a disinfectant wipe between uses by different healthcare workers.
- Notify receiving department of patient isolation status when patient transportation (e.g., off-unit testing/procedure).



PATIENTS IN AIRBORNE ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Place in a private Airborne Infection Isolation Room (AIIR) (aka Negative Pressure Isolation Room [NPIR]). Room pressurization maintained at -3 to -5 Pa relative to the 95% threshold. EPA Method 8209a (https://www.epa.gov/air-quality-criteria-methods/8209a-test-method-8209a-test-method-8209a) Room door closed Remain in the room except for essential purposes (off-unit testing, targeted procedures, etc.) Wear a respirator mask (surgical or paper N95 or N95 equivalent) over mouth and nose when outside the negative pressure environment
STAFF Caring for Patients in AIRBORNE ISOLATION PRECAUTIONS
<p>PROCEDURES</p> <ul style="list-style-type: none"> Wear a fit tested N95 respirator or Powered Air Purifying Respirator (PAPR) in CAPRI/NIIR room only, even if immune to the patient's infection. Do not remove the respirator (PAPR/NIIR) until outside the room Remove and discard respirator after each patient encounter. For CAPRI/NIIRs always, refer to instructions in the Airborne Isolation Unit (AIIR) User Manual Place the following outside patient room: NO RESPIRATORS (SURGICAL, SCDS), CAPRI, PAPR, THERMISTOR <p>VISITORS</p> <ul style="list-style-type: none"> Limit visits to household members, offer a surgical mask or N95 respirator and instructs on use Instruct visitors to clean their hands before entering and exiting the patient's room
GENERAL INDICATIONS FOR AIRBORNE ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Tubercule (Acid-Fast) test Chloroform resistant strains with pulmonary involvement Symptoms consistent with pulmonary tuberculosis (i.e. cough, night sweats, hemoptysis, unexplained weight loss) AFB culture (based on a respiratory specimen) when pulmonary tuberculosis is being ruled out
COMMON SPECIFIC INDICATIONS FOR AIRBORNE ISOLATION PRECAUTIONS
<ul style="list-style-type: none"> Measles <ul style="list-style-type: none"> Non-immunized individuals Zoster (disseminated) OR Isolated zoster (shingles) in an immunocompromised patient Varicella (chickenpox) <p>For additional information, refer to "Standard and Transmission Based Precautions Policy" and "Isolation Precautions Table" at https://www.uic.edu/health-services/infectious-disease-control-prevention or call at 847.863.0289</p>
High-Hazard Medical Procedures (HPMP, aka Aerosol-Generating Procedures)
<p>CAPRI/NIIR is required for HPMP in airborne infection disease control. HPMP include:</p> <ul style="list-style-type: none"> airway suction sputum induction airway nebulization endotracheal intubation endotracheal suction bronchoscopy and pulmonary function testing cardiopulmonary resuscitation open surgery of ENT or tracheostomy <p>endotracheal, surgical and dentistry procedures that use aerosolized pathogens (e.g. bronchiectomy, bronchoscopy or open lung biopsy)</p>

Airborne Isolation Precautions require:

- Private Airborne Infection Isolation Room (AIIR, aka Negative Pressure Isolation Room [NPIR]).
- Healthcare workers entering the room of a patient with suspected or confirmed diseases requiring Airborne isolation precautions should wear a fit-tested N-95 respirator or Powered Air Purifying Respirator (PAPR)
- The healthcare worker should wear a PAPR when performing high hazard procedures (bronchoscopy, sputum induction, elective intubation and extubation, autopsies, open suctioning of airways; and when feasible during emergent situations such as cardiopulmonary resuscitation, emergent intubation) for patients with suspected or confirmed diseases requiring Airborne isolation precautions. Exceptions to wearing a PAPR for aerosol-generating procedures include:
 - Emergent patient conditions that do not allow time to don PAPR equipment.
 - PAPR equipment interferes with the use of medical devices necessary to conduct a procedure.
- When a patient is suspected or confirmed to have an infection with chickenpox, disseminated varicella or measles, susceptible healthcare workers or visitors should not enter the room. Immunity to chickenpox (varicella) may be confirmed via:
 - Clinical disease demonstrable by serum antibody titer.
 - Two doses of varicella vaccine. NOTE: No vaccine is perfect and breakthrough cases of mild disease are not uncommon in vaccinated people. Vaccinated personnel who care for patients with chickenpox or disseminated zoster should monitor themselves for symptoms following exposure.
- Patients to be confined to their room except for essential purposes, in which case, a regular mask (surgical or paper) is worn by the patient at all times when outside the negative pressure environment. (Patients with airborne transmitted diseases are not required to wear an N-95 respirator.)
- Keep N-95 respirators and PAPRs on when exiting the room. Then discard them outside patient door and clean hands.
- Appropriate door signage (red).

Table 1. Diseases/Pathogens Requiring Droplet Isolation Precautions (CalOSHA)

- Diphtheria pharyngeal
- Epiglottitis, due to *Haemophilus influenzae* type b
Haemophilus influenzae Serotype b (Hib) disease/*Haemophilus influenzae* serotype b --
Infants and children
- Influenza, human (typical seasonal variations)/influenza viruses
- Meningitis
 - *Haemophilus influenzae*, type b known or suspected
 - *Neisseria meningitidis* (meningococcal) known or suspected
- Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/Mumps virus
- Mycoplasmal pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
- Pneumonia
 - Adenovirus
 - *Haemophilus influenzae* Serotype b, infants and children
 - Meningococcal
 - *Mycoplasma*, primary atypical
 - *Streptococcus* Group A
- Pneumonic plague/*Yersinia pestis*
- Rubella virus infection (German measles)/Rubella virus
- Severe acute respiratory syndrome (SARS)
- Streptococcal disease (group A streptococcus)
 - Skin, wound or burn, Major
 - Pharyngitis in infants and young children
 - Pneumonia
 - Scarlet fever in infants and young children
 - Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
- Any other disease for which public health guidelines recommend Droplet Isolation Precautions

Table 2. Diseases/Pathogens Requiring Airborne Isolation Precautions (CalOSHA)

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/*Bacillus anthracis*
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/*Mycobacterium tuberculosis* -- Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected
- Any other disease for which public health guidelines recommend airborne infection isolation