**PURPOSE:**

The Hospital Infection Control Committee, in accordance with the most recent guidelines for isolation precautions in hospitals, has adopted the following precaution categories:

1. **Standard Precautions** apply to all patients in all healthcare settings
   1. Requires appropriate barriers when necessary to prevent contact with blood and other body materials
   2. Refer to policy IC – 220.0 Standard Precautions for more information.
2. **Transmission-Based Precautions** are added on when additional risk of cross-transmission exists
3. Refer to attachment IC – 301.1 Type and Duration of Precautions Recommendations for the Centers for Disease Control’s recommendations for isolation precautions in common infectious diseases.
4. Patients in Transmission-Based Precautions should be placed in a private room whenever possible.

**SCOPE:**

This policy is applicable to all CHLA team members.

**PROCEDURES:**

**Isolation Precautions in the Inpatient Setting**

**Isolation Orders**

1. Any patient who requires transmission-based precautions in the inpatient setting must have an isolation order placed in the EMR.
   1. Isolation orders are entered the EMR by the patient’s provider.
   2. Isolation orders may be modified by the Infection Prevention & Control team.
2. Nursing staff should place the appropriate isolation signs outside the patient room as soon as possible after need for isolation is identified.

**Contact Precautions**

1. Required for patients presenting with the following diagnoses or signs and symptoms:
2. Patients with acute diarrhea and/or vomiting with a likely infectious etiology
3. All patients with cystic fibrosis within the months of April through October.
4. Patients who are colonized or infected with multidrug resistant organisms
   * 1. Patients growing multidrug resistant organisms in cultures collected from an artificial airway should be placed in Combined-Droplet Precautions.
5. Patients with significant drainage, purulent secretions or abscess that cannot be covered or contained.
6. Personal Protective Equipment (PPE) required (see Attachment IC – 301.2 Isolation Precaution Chart
7. Gowns
8. Gloves
9. Disinfecting of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC 716.0 for more information)
10. Parents and visitors do not need to don PPE; however, they must be instructed by staff in proper performance of hand hygiene.

**Contact Plus (+) Precautions**

1. Required for patients with laboratory confirmed or suspected Clostridium difficile infection and/or Norovirus infection with diarrhea.
   1. If patient with Norovirus is also vomiting, use Combined-Droplet + precautions.
2. Personal Protective Equipment required (see Attachment IC – 301.2 Isolation Precaution Chart)
3. Gowns
4. Gloves
5. Hand hygiene prior to touching the patient may be accomplished using hand sanitizer or hand washing. All other hand hygiene opportunities must be performed using soap and water wash only (see IC 212.0 Hand Hygiene)
6. Parents and visitors do not need to don PPE; however, they must be instructed by staff in proper performance and/or hand hygiene using soap and water wash.
7. Disinfection of patient care areas and reusable items must be performed using bleach-based solutions

**Combined-Droplet Precautions**

1. Required for the following patients (see IC – 301.1 for requirements for specific organisms)
   1. Patients known or suspected to havean illnesse transmitted by large particle droplets (i.e. Influenza, RSV, Pertussis, etc.)
   2. All patients with cystic fibrosis within the months of November through March (viral respiratory season).
   3. Patients growing multidrug resistant organisms in cultures collected from an artificial airway.
2. Personal Protective Equipment required: (see Attachment IC – 301.2 Isolation Precaution Chart)
   1. Surgical mask
   2. Gowns and gloves
   3. Fit-tested N95 respirator or PAPR for high risk procedures. Refer to Plan Aerosol Transmissible Disease (ATD) Exposure Control Plan for more information.
3. Parents and visitors do not need to don PPE; however, they must be instructed by staff in proper performance of hand hygiene
   * 1. Exception: Parents and visitors for patients with confirmed or suspected Pertussis should be instructed to don a mask until they have been evaluated and treated if necessary.
4. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC 716.0 for more information)

**Combined Droplet Plus (+) Precautions**

1. Required for the following patients:
   1. Patients who require Combined-Droplet Precautions and who are also laboratory confirmed positive or suspected to have Clostridium difficile or Norovirus infection.
   2. Patients with laboratory confirmed or suspected Norovirus who are vomiting (patients with diarrhea only may be placed in Contact + Precautions).
2. Personal Protective Equipment required (see Appendix IC – 301.2 Isolation Precaution Chart)
   1. Surgical mask
   2. Gowns and gloves
   3. Fit-tested N95 respirator or PAPR for high risk procedures. Refer to Plan Aerosol Transmissible Disease (ATD) Exposure Control Plan for more information.
   4. Hand hygiene prior to touching the patient may be accomplished using hand sanitizer o hand washing. All other hand hygiene opportunities must be performed using soap and water wash only (see IC 212.0 Hand Hygiene)
   5. Parents and visitors should be instructed to don a mask. Gowns and gloves are not required however they must be instructed by staff in proper performance of hand hygiene using soap and water wash
3. Parents and visitors do not need to don PPE; however, they must be instructed by staff in proper performance of hand hygiene using soap and water wash.
4. Disinfection of patient care areas and reusable items must be performed using bleach-based solutions (see IC - 716.0 for more information)

**Combined-Airborne Precautions**

1. Required for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei, including the following diseases (see IC - 310.1 for more details)
   1. Varicella Measles
   2. Tuberculosis
2. Patient placement
   1. Patients in Combined-Airborne precautions are required to be placed in a negative pressure isolation room as soon as possible. If a negative pressure room is not immediately available, place a standard surgical mask on the patient until they can be moved into a negative pressure isolation room.
   2. Transport of patients in Combined-Airborne precautions should be limited only to medically or surgically necessary procedures.
   3. For patients on Combined-Airborne precautions who require the use of the surgical suite, see section below titled “Isolation Precautions in OR and ASC”
3. Personal Protective Equipment required:
4. Fit-tested N95 Respirator of PAPR is required to be worn by all staff entering the patient’s room.
5. Gowns
6. Gloves
7. Power Air Purifying Respirator (PAPR) is required when performing a High Hazard Procedure (HHP). Refer to Plan Aerosol Transmissible Disease (ATD) Exposure Control Plan for more information.
8. Parents and visitors for a suspected or confirmed Tuberculosis patient:
   1. Should be instructed to don a standard isolation mask. Gowns and gloves are not required. N95 respirators are not required since parents and visitors have not been fit tested. However, they must be instructed by staff in proper performance of hand hygiene.
   2. Visitation is restricted to two parents and two other household members, unless other house wide visitor restrictions are in place.
   3. Symptomatic parents or visitors (either self-reported or observed) will be restricted and cannot return to the hospital until they have been cleared for TB (negative PPD and chest x-ray.
   4. Approved visitors will be documented in the patient’s chart by Social Work.
   5. Exceptions may be made for end of life or palliative care.
   6. Visitor restrictions will remain in place until patient is de-isolated.
9. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC 716.0 for more information)
10. Ensure adequate downtime is implemented upon patient discharge or transfer. Refer to the Patient Discharge/Transfer Downtime section below for downtime requirements.

**Enhanced Contact & Droplet Precautions (See IC 825.0 for more detail)**

1. Enhanced Contact Precautions Required for patients with the following:
   1. Patients with CP-CRO (Carbapenemase-Producing Carbapenem Resistant Organisms).
2. Enhanced Droplet Precautions will be used for:
   1. Patients with CP-CROs isolated from an artificial airway
   2. Patients with CP-CROs who also have a communicable disease transmitted by large particle droplets (i.e. Influenza, RSV, Pertussis, etc.)
3. Personal Protective Equipment required (see Attachment IC – 301.2 Isolation Precaution Chart
   1. Gowns
   2. Gloves
   3. Mask (for Enhanced Droplet Precautions)
4. Disinfecting of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC - 716.0 for more information)
5. Parents and visitors do not need to don PPE; however, they must be instructed by staff in proper performance of hand hygiene.
6. During the index admission, 1:1 nursing care is required for patients with CP-CROs. Other staff rounding or consulting on patients with CP-CROs should follow precautions described in more detail in IC - 825.0.

**Combined-Eyewear Precautions**

1. Required for patients known or suspected to have COVID-19 Inpatients in Combined-Eyewear precautions should be placed in a negative pressure room, if available.
2. Transport of patients in Combined-Eyewear precautions should be limited only to medically or surgically necessary procedures.
3. For patients on Combined-Eyewear precautions who require the use of the surgical suite, see OR COVID-19 guidelines.
4. Personal Protective Equipment required:
5. Fit-tested N95 Respirator is required to be worn by all staff entering the patient’s room. If staff has not passed fit testing of the N95 Respirator, a Power Air Purifying Respirator (PAPR) is required.
6. Gowns
7. Gloves
8. Eye Protection
9. Parents and visitors for a suspected or confirmed COVID-19 patient should be instructed to don a standard isolation mask when leaving the patient room. Gowns and gloves are not required. N95 respirators are not required since parents and visitors have not been fit tested. However, they must be instructed by staff in proper performance of hand hygiene. Parents and visitors will be required to stay inside the patient room for the duration of the patient’s stay, except when leaving the hospital.
10. Restrict susceptible workers from entering rooms of patients suspected to have or known to have COVID-19 if other immune healthcare workers are available.
11. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC - 716.0 for more information)
12. Ensure adequate downtime is implemented upon patient discharge or transfer. Refer to the Patient Discharge/Transfer Downtime section below for downtime requirements.

**Special Pathogen (SP) Eyewear**

* + - 1. Required for patients known or suspected to have an illness caused by a special pathogen transmitted by airborne droplet nuclei, including the following diseases:
         1. SARS-CoV-1 or MERS-CoV
         2. Monkeypox or smallpox
         3. Fever in a patient with a history in the past 3-21 days of foreign travel or residence in a foreign country where there is concern for emerging respiratory special pathogens

1. Contact Infection Prevention and Control for the most up-to-date alerts on foreign outbreaks and countries endemic for high-consequence pathogens.
   * + 1. Patient placement
          1. Patients in SP-Eyewear precautions are required to be placed in a negative pressure isolation room as soon as possible. If a negative pressure room is not available, place a standard surgical mask on the patient until they can be moved into a negative pressure isolation room.
          2. Transport of patients in SP-Eyewear precautions is limited only to medically or surgically necessary procedures.
       2. Personal Protective Equipment required:
          1. Fit-tested N95 respirator or Controlled Air Purifying Respirator (CAPR) at minimum must be worn by all staff entering the patient’s room

Powered Air Purifying Respirator (PAPR) may also be worn instead.

NOTE: if a high-risk aerosol-generating procedure is occurring, the minimum respiratory protection required is either a CAPR or PAPR.

* + - * 1. Eye protection (if CAPR or PAPR is not being worn).
        2. Gown
        3. 2 pairs of gloves (inner layer – extended cuff; outer layer – standard nitrile). If extended cuff gloves are not available, the standard nitrile gloves can be used for the inner pair.
      1. Parents for a suspected or confirmed patient on SP-Eyewear precautions:
         1. Should be instructed to don a standard isolation mask.
         2. Visitation will be restricted to 1 parent. No other visitors are allowed.

The parent’s visitation will also be discouraged but allowed if parent refuses. The parent’s movement will be restricted to only the patient’s room.

* + - * 1. Visitor restrictions will remain in place until the patient is discharged or cleared as a suspect patient.
      1. Access to a room with a patient on SP-Eyewear precautions will be limited to the bare minimum number of necessary personnel. All staff entering the room must be wearing the full PPE ensemble and received special pathogens program (SPP) training (formal or just-in-time).
         1. All staff entering an SP-Eyewear isolation room must be noted on a tracking log.
      2. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC - 716.0 for more information). Terminal room cleaning shall include the use of ultraviolet lights or Bioquell.
         1. If the disease being isolated for is monkeypox and the specific clade is unknown: Routine disinfection shall be performed by a staff member who has received SPP training, not standard EVS personnel.
         2. Terminal room cleaning for a patient with confirmed monkeypox infection (Central African clade) shall be performed by an EVS supervisor who has received SPP training.

1. Ensure adequate downtime is implemented upon patient discharge or transfer. Refer to the Patient Discharge/Transfer Downtime section below for downtime requirements.

**Special Pathogen (SP) Enhanced**

* + - 1. Required for patients known or suspected to have an illness caused by a special pathogen transmitted by contact **and** airborne droplet nuclei, including the following diseases:
         1. Viral Hemorrhagic Fever (VHF): Ebola, Marburg, Lassa Fever, Crimean Congo
         2. Nipah Virus
         3. Fever in a patient with a history in the past 3-21 days of foreign travel or residence in a foreign country where there is concern for emerging VHF special pathogens

1. Contact Infection Prevention and Control for the most up-to-date alerts on foreign outbreaks and countries endemic for high-consequence pathogens.
   * + 1. Patient placement
          1. Patients in SP-Enhanced precautions are required to be placed in a negative pressure isolation room as soon as possible. If a negative pressure room is not available, place a standard surgical mask on the patient until they can be moved into a negative pressure isolation room.
          2. Transport of patients in SP-Enhanced precautions is limited strictly from the ED to the Ambulance Bay for transfer out to a special pathogens treatment center.
          3. For patients in SP-Enhanced Precautions, use of the surgical suite or radiology areas is not allowed.
       2. Personal Protective Equipment required:
          1. Powered Air Purifying Respirator (PAPR) and PAPR hood with the full cowl must be worn by all staff entering the patient’s room
          2. 3 pairs of gloves (inner 2 layers – extended cuff; outer layer – standard nitrile)
          3. Paper scrubs and dedicated socks/shoes
          4. Coverall
          5. Boot covers
          6. Fluid impermeable gown
          7. Radio and headset (optional for ease of communication)
       3. Parents for a suspected or confirmed patient on SP-Eyewear precautions:
          1. Should be instructed to don a standard isolation mask.
          2. Visitation will be restricted to 1 parent. No other visitors are allowed.

The parent’s visitation will also be discouraged but allowed if parent refuses. The parent’s movement will be restricted to only the patient’s room.

* + - * 1. Visitor restrictions will remain in place until the patient is discharged or cleared as a suspect patient.
      1. Access to a room with a patient on SP-Enhanced precautions will be limited to the bare minimum number of necessary personnel. All staff entering the room must be wearing the full PPE ensemble and received special pathogens program (SPP) training (formal or just-in-time).
         1. All staff entering an SP-Enhanced isolation room must be noted on a tracking log.
      2. Routine disinfection of an SP-Enhanced isolation room shall be performed by a staff member who has received SPP training, not standard EVS personnel. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC 716.0 for more information).
         1. Terminal room cleaning for a patient with confirmed special pathogen infection shall be performed by an EVS supervisor who has received SPP training. Terminal cleaning shall include the use of ultraviolet lights or Bioquell.

1. Post Discharge/ Post Transfer Room Downtime (Contaminated Air Clearance Time)
   1. Patients should not be placed in room after discharge of an SP Enhanced patient until:
      1. At least 30 minutes have passed (Anderson Pavilion or Gateway), or 1 hour has passed (all other on-campus buildings), and
      2. Terminal cleaning by EVS supervisor has been completed (whichever time period is longest).
   2. Staff entering the room for terminal cleaning must wear full SP Enhanced PPE.

Isolation Precautions for Unique Patient Populations: implemented to protect the patient from infection due to the patient’s immune compromised state or transplant status

**Mask Precautions**

1. Mask Isolation is used for Heart Transplant patients in the Post-Transplant period.
2. A standard surgical mask shall be worn by all personnel and visitors/parents when entering the rooms of such patients.
3. Pre-transplant patients may also be placed in mask isolation during high risk periods such as viral respiratory season at the discretion of the attending physician.
4. For patients who require both transmission-based isolation precautions and Protective Precautions, display both the staff transmission-based isolation sign and staff Protective Precautions sign.

**Protective Precautions**

1. Patients with Severe Combined Immune Deficiency (SCID) will be placed in Protective Isolation for the pre, intra and post bone marrow transplant.
2. All personnel and visitors/parents entering rooms of these patients will wear gloves, gown, and a surgical mask
3. For patients who require both transmission-based isolation precautions and Protective Precautions, display both the staff transmission-based isolation sign and staff Protective Precautions sign.

**Transportation of Isolated Patients:**

1. Patients on Isolation Precautions should only leave their rooms for medical/surgical reasons, in order to reduce opportunities for transmission of microorganisms in the hospital.
2. Notify personnel in the receiving unit of the patient’s Isolation Precautions. On arrival, appropriate isolation precautions should be applied when handling the patient.
3. All transportation equipment (wheelchair, bed, etc.) should be wiped down with hospital-approved disinfectants before and after use.
4. Personal Protective Equipment for **patient** being transported:
5. All patients should be in clean pajamas or isolation gown prior to transport.
6. Patient on Combined-Droplet or Combined-Airborne Precautions should wear a standard surgical mask during transport.
7. Patient on Mask or Protective Precautions should wear a Biomask during transport
8. Immunocompromised patients traveling to non-Hepa filtered areas of the hospital should wear a BioMask regardless of their isolation status.
9. Personal Protective Equipment for **staff** doing the transportation:
10. If at all possible, a two-staff transport is preferred, so that one staff member can be the “clean” transporter who touches elevator buttons, opens doors, etc. and the other staff member can serve as the “patient care” transporter who performs patient care as needed during transport.
11. If a two-staff transport is not available, one staff member may transport an isolated patient. This staff member should carry gloves with them to avoid cross-contamination. Staff should use bare hands to touch hospital environment (elevator buttons, door handles), but they may don gloves if patient care is needed during the transport.
12. For details about transport staff PPE for each type of Isolation Precautions, see table below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **One staff transport** | **Two staff transport: Clean staff** | **Two staff transport: Patient Care staff** |
| **Contact or Contact+ Precautions (Regular or Enhanced)** | Wear isolation gown and carry gloves | No staff PPE needed | Wear isolation gown and gloves |
| **Combined-Droplet or Combined-Droplet+ Precautions (Regular or Enhanced)** | Wear gown, surgical mask, and carry gloves | Wear standard surgical mask | Wear isolation gown, standard surgical mask, and gloves |
| **Combined Airborne Precautions** | Wear gown, N95 respirator or PAPR, and carry gloves | Wear N95 respirator or PAPR | Wear isolation gown, N95 respirator or PAPR, and gloves |
| **Enhanced Contact Precautions** | Wear isolation gown and carry gloves | No staff PPE needed | Wear isolation gown and gloves |
| **Enhanced Combined-Droplet Precautions** | Wear gown, surgical mask, and carry gloves | Wear standard surgical mask | Wear isolation gown, standard surgical mask, and gloves |
|  |  |  |  |
| **Combined Eyewear Precautions** | Wear gown, eye protection, N95 respirator or PAPR, and carry gloves | Wear N95 respirator or PAPR and eye protection | Wear isolation gown, N95 respirator or PAPR, eye protection, and gloves |
| **Mask or Protective Precautions** | No staff PPE needed | No staff PPE needed | No staff PPE needed |
| **Special Pathogen (SP) – Eyewear**  and  **Special Pathogen (SP) - Enhanced** | **For transport from initial screening location to ED isolation room:** Staff accompanying patient must wear fluid impermeable gown, gloves, N95 respirator + eye protection (or CAPR), boot covers, and bouffant cap. No direct patient contact should occur during this transport.  **For transport from ED isolation room to Ambulance Bay (external transfer to treatment center):**  Staff who are **accompanying** the patient transport (i.e., security) must wear fluid impermeable gown, gloves, N95 respirator + eye protection (or CAPR), boot covers, and bouffant cap. No direct patient contact should occur.  Staff who are **directly handling** the patient must wear:   * SP Eyewear: gown, 2 pairs of gloves, N95 respirator + eye protection (or CAPR) * SP Enhanced: fluid impermeable gown, 3 pairs of gloves, PAPR + hood with full cowl, coverall, boot covers, paper scrubs, and dedicated socks/shoes). | | |

**Isolation Precautions in Special Patient Groups**

1. Cystic Fibrosis (CF)
   1. All patients with cystic fibrosis must be separated from each other at least 6 feet apart in all clinical environments. No more than one patient with CF should be in the same room (i.e., gift shop) indoors at the same time.
   2. Patients admitted to CHLA with Cystic Fibrosis may leave their rooms if they wear appropriate personal protective equipment (mask, gown, and gloves).  They may go to open spaces (garden), gift shop, interfaith center, etc.  They may go to the HBO Café and Farmer’s Market, except from 11:30 a.m. until 1:30 p.m., due to crowding during those hours.

Exceptions:

* + 1. If patients with CF are admitted with viral/URI symptoms (cough, sneeze, etc.), GI symptoms (diarrhea, nausea, vomiting, etc.), or any draining wounds they should remain in their rooms until symptoms resolve.  They may then go outside their rooms as above.
    2. Patients with highly communicable infections (i.e., Burkholderia cepacia, tuberculosis) should remain in their rooms in appropriate isolation as per hospital policy for all such patients.
  1. All inpatients with CF must be placed in Contact Precautions from April through October (non-viral respiratory season) and be placed in Combined-Droplet Precautions from November through March (viral respiratory season).
  2. Patients with CF in the ambulatory setting (other than Pulmonary Clinic) must also follow isolation precautions as referenced above. Although patients with CF in the ambulatory setting will not be required to be placed in a private room, clinics must ensure that they are at least 6 feet apart from other CF patients.
  3. Patients with CF are not allowed in the Playroom.

1. For Patients with Liver and/or Kidney Transplant
   1. These patients shall be placed in single patient rooms.
   2. Standard precautions shall apply Pre- and Post-Transplant period unless there is any need for Transmission-based isolation precautions.
2. Patients in Playroom
3. Children on Transmission-Based Precautions are not allowed in the playrooms or Multi-Use Rooms.
4. Reference Policy IC - 829.0 Playroom Attendance at CHLA for additional details.

**Isolation Precautions in Operating Room (OR) and Ambulatory Surgery Center (ASC)**

1. Surgical Admitting staff will notify House Supervisor and recovery areas of isolation status to allow for appropriate placement of patients.
2. Special procedure areas (e.g. PACU, OR etc.) will utilize isolation requirements in the patient’s immediate environment.
3. Patients on Transmission-Based Precautions may not have procedures performed in the ASC, and instead must be scheduled in the main OR. Exceptions may be made on a case by case basis in consultation with Infection Prevention and Control.
4. Patients on Combined-Airborne precautions who require surgical procedures must be scheduled in the Main OR.
   1. Infection Prevention & Control (IPC) staff should be notified of these scheduled procedures in advance in order to coordinate with OR and Facilities/Engineering.
   2. See IC – 301.3 for OR requirements for patients on Combined-Airborne Precautions. Cleaning procedures: staff should wait 30 minutes prior to clean OR after patient leaves. Staff must perform a Terminal clean after procedure, followed by treatment with Xenex UV disinfection system. Refer to IC – 716.0 Cleaning and Disinfection for more information.

**Isolation Precautions in the Ambulatory Setting**

1. In ambulatory settings, Standard Precautions are used for all patients.
   * 1. Gloves and gowns should be used for contact with uncontrolled secretions, draining wounds, stool, ostomy tubes/bags, etc.
2. For patients with the following symptoms and/or known infectious diseases, additional isolation precautions may be required:
   * 1. Known or suspected *C. difficile* or Norovirus infection
        1. Gowns and gloves should be used by staff and the patient’s immediate environment should be wiped down with bleach after use. Place patient in private room if available. All staff taking care of the patient and family should perform hand hygiene with soap and water.
     2. Known or suspected viral Upper Respiratory Infection
        1. Patient should be provided with a surgical mask immediately.
        2. All staff caring for patients with these symptoms should wear surgical masks as a precaution.
     3. Known or suspected airborne-transmissible disease (i.e. Measles, Tuberculosis, Varicella)
        1. Patient should be provided with a surgical mask immediately.
        2. As soon as the risk is identified, patient must be moved from the waiting room into a closed private room.
        3. Due to the lack of negative pressure isolation rooms in the ambulatory care setting, the patient should either be sent home or transferred to a unit capable of caring for patients in Airborne Precautions as soon as possible.
3. Until the patient is able to be discharged or transferred, healthcare workers who have completed annual Fit Testing should use N95 respirators or CAPR/PAPRs when caring for these patients. See Aerosol Transmissible Disease (ATD) Exposure Control Plan for more information.
   * 1. Known CRO (Carbapenem-Resistant Organism) colonization or infection (see IC – 825.0 for more details)
        1. Healthcare providers should wear gown and gloves when caring for known CP-CRO patients in ambulatory settings.

2. If possible, these patients should be scheduled for the last appointment of the clinic in a

private room.

* + 1. The patient room or bay should be terminally cleaned after the appointment if additional isolation precautions is indicated.

1. Disinfection of patient care areas and reusable items must be performed using hospital-approved disinfectants (see IC – 716.0 Cleaning and Disinfection for more information).

**Patient Discharge/ Patient Transfer Room Downtime Requirements (Contaminated Air Clearance Time) – For Combined Airborne, Combine Eyewear, and SP Eyewear**

1. There are no restrictions for staff entering a patient's room after discharge/transfer if the appropriate PPE is worn
2. It is safe to remove respiratory protection (N95/PAPR/CAPR) once 99% of airborne contaminants have been removed by the room’s ventilation system. The table below outlines the amount of time needed for the ventilation system to remove 99% of airborne contaminants once the patient has left the room. All other PPE are required until the room has been cleaned and disinfected by EVS staff.
3. Do not place another patient into the room until it has been cleaned and disinfected and 99% of airborne contaminants have been removed as indicated below
   1. Time Needed to Remove 99% of Airborne Contaminants in Anderson Pavilion and Gateway – 30 minutes

|  |  |
| --- | --- |
| **Greater than 30mins following patient discharge or transfer** | **Less than 30mins following patient discharge or transfer** |
| PATIENTS: Ok to place another patient in cleaned/ disinfected room | PATIENTS: Do NOT place another patient in room |
| STAFF: Ok to enter without N95/CAPR/PAPR but gown and gloves required until room is cleaned/disinfected | STAFF: Must wear N95/CAPR/PAPR. Gown and gloves required until room is cleaned/disinfected |

* 1. Time Needed to Remove 99% of Airborne Contaminants in All Other On-campus Buildings – 1 Hour

|  |  |
| --- | --- |
| **Greater than 1hr following patient discharge or transfer** | **Less than 1hr following patient discharge or transfer** |
| PATIENTS: Ok to place another patient in cleaned/ disinfected room | PATIENTS: Do NOT place another patient in room |
| STAFF: Ok to enter without N95/CAPR/PAPR but gown and gloves required until room is cleaned/disinfected | STAFF: Must wear N95/CAPR/PAPR. Gown and gloves required until room is cleaned/disinfected |

**ATTACHMENTS:**

1. [IC – 301.1 Appendix A Types and Duration of Precautions Recommendations](https://secure.compliance360.com/ext/kpcFqQo6mZOjXH5O09RRGQ==)
2. [IC – 301.2 Isolation Precaution Chart](https://secure.compliance360.com/ext/7AWDdQmZ-ERtYUY_ZC_yAQ==)
3. [IC – 301.3 Appendix C OR Airborne Procedures](https://secure.compliance360.com/ext/NVeGlWMqOttr54jXPIEAcA==)
4. [IC – 301.4 Contact Isolation and Infection Prevention Protocol in ASC](https://secure.compliance360.com/ext/1g4JWc3jYqM24LZi2FkaGg==)

**REFERENCES:**

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2. CDC. HICPAC. Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007 <http://www.cdc.gov/hicpac/2007IP/2007isolationPrecautions.html>
3. CDC. Guide to Infection Prevention for Outpatient Settings version 2.3, revised September 2016. https://www.cdc.gov/infectioncontrol/pdf/outpatient/guide.pdf
4. Isolation. Chapter 6, (SHEA) Practical Healthcare Epidemiology, 3rd ed., 2010.
5. Management of Multidrug-Resistant Organisms in Healthcare Settings, CDC, 2006.
6. CDC Guidelines for Environmental Infection Control in Health-care Facilities (2003): Retrieved from; https://www.cdc.gov/infectioncontrol/guidelines/environmental/appendix/air.html
7. [IC – 716.0 Cleaning and Disinfection](https://secure.compliance360.com/ext/ciPTgl3Ye85hzUVa4rAyaA==)
8. [IC - 825.0 Preventing Transmission of MRSA, VRE, and (MDROs)](https://secure.compliance360.com/ext/pcONfxmFJ_HKThE38xb0PA==)
9. [Aerosol Transmissible Disease (ATD) Exposure Control Plan](https://secure.compliance360.com/ext/hu41kihpaTi5ldTUrQjdqQ==)

**POLICY OWNER:**

*Executive Director, Accreditation & Licensing, Infection Prevention, and Emergency Management*