

POLICY AND PROCEDURE		
PROCEDURE: Isolation Precautions and PPE	SUBJECT: Infection Control	
PERFORMED BY: DSP, LPT, LVN, LPN, RN, All direct care and support staff	Prepared By: E. Shauen Howard DHA, MSN, RN; VP Clinical Services	
	Approved By: Outbreak Preparedness and Action Committee	
	Date Written: February 2019 Last Updated February 29, 2020	Reviewed annually: See below

GENERAL: When individuals we serve have a known infection, staff must follow specific precautions to reduce the risk of cross contamination to other clients.

World Health Organization—Recommendations for standard precautions:

1. Hand hygiene technique:

- Hand washing (40–60 sec): Wet hands and apply soap; rub all surfaces; rinse hands with warm water and dry thoroughly with a single use towel; use towel to turn off faucet.
- Hand rubbing (20–30 sec): Apply enough hand sanitizer product to cover all areas of the hands; rub hands until dry.

Summary indications:

- Before and after direct individual contact and between individuals we serve; whether or not gloves are worn
- Immediately after removing gloves
- Before handling an invasive device
- After touching blood, body fluids, secretions, excretions, non-intact skin, and contaminated items, even if wearing gloves
- During care, before moving from a contaminated to a clean body site
- After contact with inanimate objects in the immediate vicinity of the individual

2. Gloves:

- Wear when touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin.
- Change between tasks and procedures on the same individual, after contact with potentially infectious material.
- Remove after use, before touching non-contaminated items and surfaces, and before going to another individual. Perform hand hygiene immediately after removal.

3. Facial protection (eyes, nose, and mouth):

- (1) Wear a surgical or procedure mask and eye protection (eye visor, goggles)

OR

(2) Wear a face shield to protect mucous membranes of the eyes, nose, and mouth during activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4. **Gown:**

- Wear to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Remove a soiled gown as soon as possible and perform hand hygiene.

5. **Prevention of needle stick and injuries from other sharp**

instruments:

- Use care when:
 - Handling and disposing needles and other sharp instruments or devices.
 - Cleaning used supplies.

6. **Respiratory hygiene and cough etiquette.** Persons with respiratory symptoms should apply control measures:

- Cover the nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform hand hygiene after contact with respiratory secretions.

In aggregate care settings:

- With acutely febrile (100.4° F [37.8° C] or greater using an oral thermometer), respiratory symptomatic individuals we serve, place individuals we serve at least 6 feet away from others in common areas, if possible.
- Post signs instructing persons to practice respiratory hygiene/cough etiquette.
- Make hand hygiene resources, tissues, and masks available.

7. **Environmental cleaning:**

- Provide routine cleaning and disinfection of environmental and other frequently touched surfaces.

8. **Linens:**

Handle, transport, and process used linen in a manner which:

- Prevents skin and mucous membrane exposure and contamination of clothing.
- Avoids transfer of pathogens to other individuals we serve, staff, or the environment.

9. **Waste disposal:**

- Ensure waste handling and disposal occurs in a manner, including PPE, which protects staff and individuals we serve from exposure to pathogens.

10. **Patient care equipment:**

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of pathogens to others or the environment.
- Clean and disinfect reusable equipment before used by another individual.

PURPOSE: To protect employees and individuals we serve from the spread of infection through contact with blood and/or body fluids in the routine or non-routine course of their job; to practice Standard Precautions in accordance with the State Department of Health rules and OSHA Standards.

EQUIPMENT:

- Gloves
- Gowns
- Masks
- Eyewear

AIRBORNE PRECAUTIONS

Airborne precautions- for individuals we serve known or suspected to be infected with pathogens transmitted by the airborne route (e.g., Coronavirus (COVID-19), tuberculosis, measles, chickenpox, disseminated herpes zoster) **will be implemented for this and will include:**

- **Source control:** put a mask on the individual.

Ensure appropriate patient placement in an airborne infection isolation room- (AIIR) constructed according to the Guideline for Isolation Precautions.

In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the individual and placing them in an individual room with the door closed will reduce the likelihood of airborne transmission until the individual is either transferred to a facility with an AIIR or returned home.

Restrict susceptible healthcare personnel from entering the room of individuals we serve known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.

Use personal protective equipment (PPE) appropriately, including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel.

Limit transport and movement of individuals we serve outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct individual to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette.

Staff transporting individuals we serve who are on Airborne Precautions do not need to wear a mask or respirator during transport if the individual is wearing a mask and infectious skin lesions are covered.

Immunize susceptible persons as soon as possible following unprotected contact with vaccine-preventable infections (e.g., measles, varicella or smallpox).

DROPLET PRECAUTIONS

Droplet precautions will be implemented for Diphtheria, rubella Streptococcal pharyngitis, pneumonia, scarlet fever, Mycoplasma pneumonia or sepsis, meningococcal pneumonia or sepsis.

This will include private room, mask or respirator (N-95 mask), gown and gloves.

- **Source control:** put a mask on the individual.

Ensure appropriate individual placement in a single room if possible.

Aggregate Care Settings:

Make decisions regarding individual placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives.

Use personal protective equipment (PPE) appropriately. Apply mask upon entry into the individual room or space.

Limit transport and movement of individual outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct individual to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

CONTACT PRECAUTIONS

Contact precautions (direct individual or environmental) will be implemented for multidrug resistant organisms which the such as VRE, MRSA, Clostridium Difficile (C-Diff), and other enteric pathogens, major wound infections, herpes simplex, scabies, varicella zoster.

This will include: private room, gloves and gown, eyewear if splashing is expected.

Ensure appropriate individual placement in a single individual space or room if suspected. Once diagnosis is verified, residential or community settings should make room placement decisions balancing risks to other individuals we serve.

For individuals we serve with suspected Clostridium Difficile (C-Diff) immediate isolation measures should be taken, including use of bedside commode or toilet only to be used by infected individual. Once confirmed, maintain contact precautions for at least 48 hours after diarrhea has resolved.

Restrict any unnecessary personnel from entering the home of individuals we serve known or suspected to have C-Diff.

Use personal protective equipment (PPE) appropriately, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the individual or their environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.

PROCEDURE:

1. Verify resident's/patient's record and physician order for isolation precautions
 - a. Identify specific precaution required
2. Post precaution sign on resident's/patient's door.
3. Protective equipment will be outside of resident's/patient's door.
4. Wash hands before entering room and after leaving room
5. Gather all equipment needed in resident's/patient's room, using resident's/patient's own designated equipment when possible. Keep designated equipment in resident's/patient's room
6. Inform individual that you are entering their room before applying PPE.
7. Apply gown, being sure to cover all outer garments, tie securely at neck and waist.
8. Apply mask next if needed, then eyewear if needed, then clean gloves bring glove cuff over edge of gown sleeves, per specific precaution indicated above

9. If stethoscope is reused, clean ear pieces and diaphragm with alcohol swab.
10. When procedure is completed, dispose of all trash in room.
11. Leave room then remove gloves:
 - a. Pinch the outside of the glove about an inch or two down from the top edge inside the wrist.
 - b. Peel downwards, away from the wrist, turning the glove inside out
 - c. Pull the glove away until it's removed from the hand. Hold the inside-out glove with the gloved hand.
 - c. With your gloveless hand, slide your fingers under the wrist of the glove, **do not touch the outside of the glove.****
 - d. Repeat step 3. Peel downwards, away from the wrist, turning the glove inside out.
 - e. Continue pulling the glove down and over the first glove. This ensures that both gloves are inside out, one glove enveloped inside the other, with no contaminants on the bare hands.
 - f. Dispose of the gloves in a proper bin– this may differ depending on company policies.
12. Dispose of all contaminated items.
13. Wash hands.

Limit transport and movement of individuals we serve outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the resident's/patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting individuals we serve on Contact Precautions. Don clean PPE to handle the individuals we serve at the transport location.

Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs). If common use of equipment for multiple individuals we serve is unavoidable, clean and disinfect such equipment before use on another individual.

Prioritize cleaning and disinfection of the rooms of individuals we serve on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another individual if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the individual.

For Individuals we serve diagnosed with C-Diff:

- Complete the Personal Waiver Regarding the use of Chlorine Bleach in a Residential Home.
- Carefully and thoroughly clean rooms and equipment used for the individuals we serve care with a C. Difficile sporicidal bleach wipe or spray (EPA List K agent).
- Wash all linens separately with an additive of bleach (EPA List K agent) to the laundry soap in hot water.

TRAINING: All staff will be trained in Infection Control & PPE procedures upon orientation and annually. When identified for use, staff will be fitted and trained on respirator (N-95 mask). Competency will be documented. See attachments.

Training by the RN or designated employee will consist of lecture and return demonstration.

POLICY REVIEW:

Isolation Precautions

Review Date	Signature	Title
2/29/20		Chair, Outbreak Preparedness and Action Committee



Description

Medline N95 Qualitative Fit Test Kit feature one kit tests for approximately 100 staff members. It is available as a kit with refills, and is easy to administer and instructions are found within the kit. The Medline qualitative fit test kit is to be used in conjunction with our N95 particulate respirator mask models, NON27501, NON24505, NON24506 and NON24507 as fit testing is required prior to the initial use of a respirator. It is saccharin based qualitative fit test kit that can be used for up to 100 tests.

- Type: Fit test kit
- Material: Latex-free parts
- One kit tests approximately 100 staff members
- Refills are also available
- Saccharin based fit test kit
- Easy to administer and includes instructions
- Available as a Kit, and refills are also available
- Qualitative Fit Test Kit is to be used in conjunction with our N95 particulate respirator masks (NON27501, NON24505, NON24506 and NON24507)
- Fit testing is required prior to the initial use of a respirator
- Test is easy to administer and instructions are found within the kit

Test Numerous Employees

Your staff members have to go through fit testing before they can use respirators, and this Medline N95 qualitative fit test kit provides you with up to 100 tests, so everyone can get done without the need for refills. The test is easy to administer and instructions are included with this kit. **Latex-Free Design** Don't worry about employees having allergic reactions to this test; the parts are all latex-free, so you can be sure they're safe. The saccharin-based fit test kit is the ideal choice for all the tests you have to complete. **Fits Specific Respirator Masks**

Make sure your fit test will work the first time with the Medline N95 qualitative fit test kit and the right respiratory mask. This kit works with the N95 particulate respirator masks with the stock numbers NON27501, NON24506, NON24505, and NON24507 for an accurate test.

Glove Use in Standard Precautions

Wear gloves when anticipating contact with a patient's:

- Blood or body substances (i.e., fluids or solids)
- Mucous membranes (e.g., nasal, oral, genital area)
- Non-intact skin (e.g., wound or surgical incision)
- Insertion point of a patient's invasive or indwelling device

(Siegel JD, CDC Guidelines for Isolation Precaution, 2007)

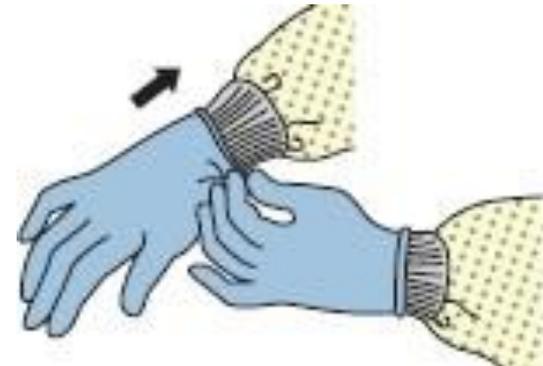


Donning Gloves

Select correct type of glove and size

Extend to cover wrist, over isolation gown if worn

Sequence of PPE donning, ***gloves are often the last item to be put on***



(CDC, Sequence for Personal Protective Equipment, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)

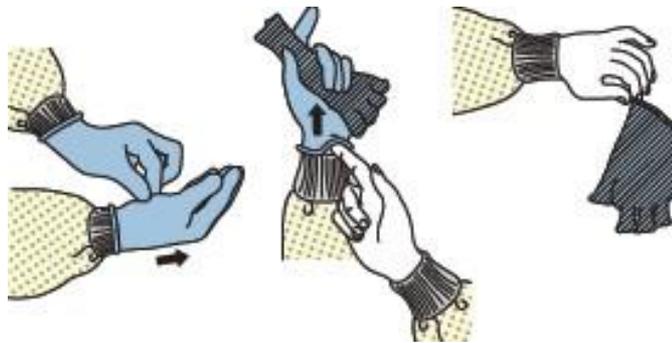


Doffing Gloves

There are a variety of ways to safely remove gloves, one option is:

- With the gloved hand, grasp the palm area of the other gloved hand and peel off
- Hold removed glove in gloved hand; slide fingers of ungloved hand under remaining glove at wrist, peel off and discard

Sequence of PPE doffing, **gloves are *usually the first item to be removed***



(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Gown Use in Standard Precautions

Wear when contact between clothing or skin with patient blood or body substances is expected.

For example:

- Contact with patient's non-intact skin (e.g., wounds)
- During procedures likely to generate a splash or spray of blood or body fluid
- Handling containers or patient fluids likely to leak, splash or spill

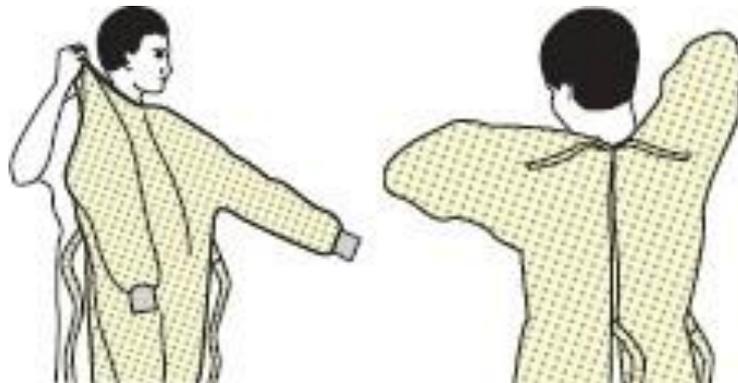
(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Donning Gowns

Gowns should cover the torso, the legs to the knees, the arms to end of wrist and wrap around the back

Slide gowns on with the opening at the back, fasten around the back of the neck and the waist



(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Doffing Gowns

Unfasten gown

Pull away from neck and shoulders, touching inside of gown only

Turn gown inside out

Fold or roll into a bundle and discard

Remove gown and perform hand hygiene before leaving the patient's environment (e.g., exam room)

Do not wear the same gown between patients



(CDC, Sequence for Personal Protective Equipment, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Face Mask and Eye Protection Use in Standard Precautions

Wear when anticipating potential splashes or sprays of blood/body substances during patient care

Face Masks—protect nose and mouth

Goggles—protect eyes

Face shields—protect face (i.e., nose, mouth and eyes)

Personal eyeglasses and contact lenses are *not* considered adequate eye protection

(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Donning a Face Mask or Respirator

Secure ties or elastic bands at middle of head and neck

Flexible band should fit to bridge of nose

Face mask should fit snug to face and below chin

Fit-check respirator



(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Doffing a Face Mask or Respirator

Grasp bottom ties or elastics of the face mask/respirator, then the ones at the top, and remove without touching the front

Discard in waste container



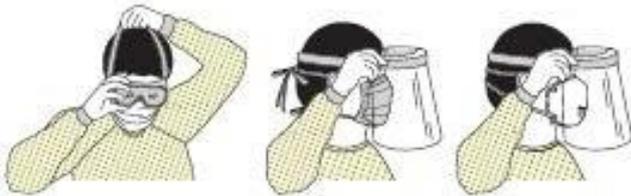
(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Donning and Doffing Goggles and Face Shield

Don:

- Place over face and eyes and adjust to fit



Doff:

- Remove from the back by lifting the head band over the ear piece
- Place in designated area for reprocessing or disposal



(CDC, *Sequence for Personal Protective Equipment*, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)



Key Points of PPE Removal

The key for PPE removal is to limit opportunities for environment and self-contamination

Outside front of the PPE is the area most likely to be contaminated

Perform hand hygiene after PPE removal

An example sequence of doffing PPE is as follows:

- Gloves
- Face shield/goggles
- Gown
- Face Mask

(CDC, Sequence for Personal Protective Equipment, <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>)

