

THE PATIENT IN ISOLATION

OBJECTIVES:

1. To prevent and control the transmission of known or suspected pathogenic organisms to patients and/or personnel.

PROCESS STANDARDS:

1. Specific isolation techniques to prevent the spread of pathogenic organisms are established in accordance with CDC Guidelines. These guidelines are included in the Bloodborne Pathogen Exposure Control Plan, Isolation Guidelines and the Tuberculosis Control Plan (**BIT**). A copy of these guidelines is accessible online at http://www.medcom.lsuhscc.edu/cfdocs/policies/IC_Revisions.cfm, and should be referred to often to assure that established guidelines are followed.
2. The patient in isolation will be assessed each shift as needed for isolation requirements with documentation noted in the 24 hour nurses record.
3. Isolation signs appropriate to the type of isolation indicated (Contact, Airborne, Droplet, Resistant Microbe) must be posted on the door and also on the foot of the bed in semiprivate rooms. These signs should be updated weekly and more often as needed.
4. Trash from the rooms of patients in Resistant Microbe Isolation will be discarded in a red bag lined contaminated waste container (Exception: MRSA in general care areas).
5. The patient/significant others will receive instruction on the disease process; the need for isolation; the purpose of isolation; and transmission prevention, including the use of appropriate PPE, hand hygiene, and cough etiquette as indicated.
6. A private room will be utilized in accordance with Infection Control Isolation Guidelines, IC 1.0. When a private room is necessary, but not available, use appropriate PPE and place the patient at least 3 feet away from others until they can be transported to an appropriate isolation room. Patients with respiratory symptoms should don a surgical mask. Consult Infection Control if there are any questions.
7. Equipment specific to the type of isolation indicated will be available (i.e. gowns, gloves, mask, goggles, negative pressure rooms, etc.) When a room is used for isolation and there is no anteroom, PPE is available in the mounted PPE cabinets in the hallway. If additional supplies are needed at the room, PPE will be stored in a clean and sanitary manner on a stationary cart outside the room).
8. PPE will be removed and discarded in a trash receptacle within the room. Hands are washed/sanitized before leaving the room.
9. The Infection Control Practitioner (ICP) is notified when patients are admitted and/or placed in isolation for:
 - a. Untreated pulmonary tuberculosis
 - b. Acute meningococcal meningitis
 - c. Varicella
 - d. Rubella (German Measles)
 - e. Mumps
 - f. Any multidrug resistant organism. Examples include *C. difficile*, VRE, multidrug resistant gram negative rods, MRSA in intensive care units.

Standard 18

Revised: 2003, 2006, 2009

Reviewed: 1991, 1994, 1997, 2000

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PROCESS STANDARDS continued:

10. An ICP is available 24 hours a day, 7 days a week at 675-5110 or by contacting the Hospital Operator to page the ICP on call.

OUTCOME STANDARDS:

1. The patient will be isolated appropriately.
2. The patient/significant others will communicate understanding of the disease process, reason and purpose of isolation, methods to prevent transmission, and any follow-up care needed.
3. The medical record will reflect the type of isolation in progress per shift.
4. Transmission of the pathogenic organism to others will have been prevented.

HAVE I DOCUMENTED:

- * Patient teaching
 - Reason for isolation
 - Visitor requirements
 - Appropriate use of PPE by patient/visitors
 - Hand hygiene
 - Cough etiquette as indicated
- * Type of isolation at least daily
- * Patient orientation
- * Notification of ICP, as applicable

At The Time of Discharge:

- * Status of isolation
- * If continued past discharge, patient/care giver education provided
- * Patient/family express understanding of home and follow-up care

If questions refer to The Infection Control Manuel:

http://www.medcom.lsuhs-c.edu/cfdocs/policies/IC_Revisions.cfm (**Bloodborne Pathogens Control Plan, Isolation Guidelines, TB Control Plan**).

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Reference:

1. CDC (Center for Disease Control and Prevention). MMWR. 2003 (Vol. 52/No. 12): 241-248.
2. The Infection Control **BIT**, LSUHSC-Shreveport
3. U. S. Department of Labor: Occupational Safety and Health Administration. Occupational Exposure to Bloodborne Pathogens; Needlestick and other Sharps Injuries; Final Rule. 2001. 5317-5325
4. Heyman, D. (ed). (2008). Control of Communicable Diseases Manual, American Public Health Association, Washington, 19th ed.