



Isolation Procedure (Standard Precautions)

Procedure Number
WCDHB-IC-0040

Version Nos:
5

1. Purpose

This Procedure outlines the process of Standard Precautions that should be implemented by all West Coast District Health Board (WCDHB) staff members for all WCDHB patients regardless of the perceived risk. Standard Precautions are designed to minimize the risk of cross infection between patients and others in the facility, including visitors. In some circumstances, Transmission Based precautions may be required.

2. Application

This Procedure is to be followed by **all** staff throughout WCDHB and is to be applied to all patient contacts regardless of the known or presumed infection status.

3. Definitions

For the purposes of this Procedure:

Standard Precautions are work practices implemented to achieve a basic standard of infection control in order to minimize cross infection. Standard Precautions can reduce the potential for transmission of infection from person to person, whether patient, nursing, medical or allied health or staff member.

Transmission Based Precautions are recommended when a patient is known to be or is suspected of being infected or colonized with pathogens which are epidemiologically important for example antibiotic resistant organisms or those easily spread – such as airborne or droplet transmission.

4. Responsibilities

For the purposes of this Procedure:

Infection Control Advisor is required to:

- Oversee all aspects of this Procedure
- Monitor the performance of WCDHB staff members in relation to this Procedure;

Staff Members are required to:

- Ensure they abide by the requirements of this Procedure;
- Abide by all WCDHB Infection Control Policy and Procedures;
- Abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires:

- i) Disposable glove
- ii) Disposable aprons
- iii) Masks
- iv) Gowns- impervious
- v) Protective eyewear
- vi) Linen container
- vii) Alginate liners
- viii) Sharps container
- ix) Leak proof containers
- x) Bio hazard bag
- xi) Precept
- xii) Alcohol Hand Gels



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6. Process

1.00 Introduction

- 1.01 Staff members are to assume that all body fluids and substances are potentially infectious.
- 1.02 Staff members are to apply the precautions outlined in Section 2.00 for all patient contacts.
- 1.03 Staff members are to apply the precautions outlined in Section 3.00 for the specified situations or diseases.

2.00 Standard Precautions

- 2.01 Hands and other skin surfaces must be washed immediately with soap and water if they have been contaminated with moist body substances and before any client, patient, resident contact.
- 2.02 Healthcare workers with cuts, abrasions or skin lesion, that can be covered, must have double barrier protection, i.e. waterproof dressing and glove or double gloves. Otherwise they must refrain from patient care.
- 2.03 Disposable gloves should be used when contact with mucus membranes, broken skin, phlebotomy, or performing heel or finger pricks, or when contact with moist body substances is likely to occur. Gloves should be changed after contact with each patient. Hands are to be washed after gloves are removed.
- 2.04 Disposable aprons and gowns are to be worn to protect the wearer 's clothing and skin from contamination with blood or body substances in accordance with Standard Precautions.
- 2.05 Masks are worn to protect the mucous membranes of the mouth and nose when blood or body fluids are likely to be splashed or sprayed.
 - Must cover the mouth and nose and provides a snug fit.
 - Are changed when they are moist or soiled.
 - Held by the strings / loops to remove.
 - Single use masks are discarded immediately after use.
 - N95 respirators (duckbill masks) are recommended to protect the wearer from airborne pathogens such as tuberculosis (Transmission Based Precautions are recommended for patients with pulmonary tuberculosis). N95 respirators are also recommended for use during bronchoscopy or autopsy. Staff must be educated in the correct fitting procedure for N95 masks.
- 2.06 Gowns must be impervious and fluid resistant. Sterile repacked gowns must be worn in all aseptic and sterile procedures.
- 2.07 Protective eyewear, goggles, or face shields should be:
 - Fluid repellent, close fitting and shielded at the top and sides.
 - Worn when blood or body fluids are likely to be splashed or sprayed for example during surgery, haemodialysis or cleaning instruments.



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- Single use eyewear is discarded immediately after use.
 - Reusable eyewear or face shields are cleaned prior to reuse according to manufactures instructions
- 2.08 Sharps contaminated with blood or body fluids should be handled with extreme care. All sharps are to be disposed of immediately after use into the appropriate container. Needles must not be recapped, bent, broken or manipulated by hand.
- 2.09 Linen soiled with blood or body fluids etc. is to be handled in a manner that prevents skin or mucus membrane exposure, contamination of clothing and avoids transfer of microorganisms to other patients and environments. Linen must be disposed of in the appropriate linen container and must not be placed on the floor.
- 2.10 Alginate liners should be used in conjunction with red linen bags, when linen is contaminated with blood or body fluids.
- 2.11 Soiled articles, and furniture soiled with body fluids and substances should be cleaned and appropriately disinfected or discarded as waste.
- 2.12 Waste contaminated with blood or body fluid must be discarded into an appropriate container for disposal.
- 2.13 Mouth pieces/resuscitation bags/ventilation devices are to be used instead of mouth to mouth resuscitation methods in areas where the need for resuscitation is predictable.
- 2.14 Non disposable instruments containing or contaminated with blood or body fluids must be transported in leak proof containers. This also applies to bulk blood and suction waste that is to be incinerated. Other waste must be disposed of down drains that are connected to a sanitary sewer (i.e. Sluice).
- 2.15 Specimens are treated as potentially contaminated and are contained in a biohazard bag in a rigid sided vessel with a leak proof lid for transporting. Gloves are worn when assisting in specimen collection and the handling of specimen containers.
- 2.16 A solution of Presept is effective to disinfect work surfaces contaminated by blood or body fluids. Before disinfecting areas, visible material is removed using detergent and water. Gloves must be worn during these procedures.
- 2.17 Additional precautions must protect the compromised patient from the environment or prevent other people from being infected by the patient. The infecting organism of the disease process governs the choice of additional precautions.
- 2.18 Accommodation for isolated patients should enable them to receive care of the same quality as is provided throughout the hospital.
- 2.19 Standard precautions are the baseline of practice with additional precautions for specific situations.
- 2.20 All staff members must clearly identify the precautions required before entering the patient's room.



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- 2.21 All staff members are required to be familiar with isolation techniques and their responsibilities for implementation.
- 2.22 Staff members are to prevent cross infection by:
- i) Maintaining hand hygiene at all times.
 - ii) Not wearing rings and watches;
 - iii) Avoid standing on chairs and resting feet against bed or sitting on beds;
 - v) Considering everything in an Isolation Room as being contaminated;

3.00 Transmission Based Precautions

- 3.01 Transmission based precautions when required, are always in addition to Standard Precautions. Transmission Based Precautions are specific to each situation. The precautions used are selected according to the risk identified and the way in which the disease is spread.

4.00 Contact Precautions

- 4.01 Contact Precautions are undertaken to prevent the passing of infection (including bacteria and communicable diseases) to staff members and other patients from infected wounds, skins and articles by direct contact. Contact Precautions are also undertaken to prevent the transmission of bacteria, which are spread by direct or indirect contact with infected faeces or heavily contaminated articles or gain entry by ingestion of the pathogenic organism.
- 4.02 Contact precautions are to be practiced in the following circumstances:
- Anthrax.
 - Burns / wounds (Major) infected with Staph. Aureus, Group A Strep Pseudomonas Aeruginosa or any other pathogenic organism.
 - Cholera.
 - Diarrhea (acute illness with suspected infectious aetiology) e.g. Clostridium difficle, Rotavirus, Campylobacter salmonella
 - Disseminating Herpes Zoster.
 - Enterocolitis – Staphylococcal.
 - Gas Gangrene (due to Clostridium perfringens) for duration of illness.
 - Gastroenteritis caused by - Enter pathogenic or Enterotoxic.
 - Hepatitis A.
 - Herpes Simplex.
 - Herpes Zoster (Chicken Pox) localized for duration of illness.
 - Lassa Fever.
 - Marburg Virus Disease.
 - Meliodosis - extra pulmonary with draining sinuses, for duration of illness.
 - MRSA (Confirmed or suspected)
 - Pediculosis.
 - Plague - Bubonic till lesions have produced a negative culture.
 - Puerperal sepsis (Group A strep vaginal discharge).
 - Rabies.
 - Skin infections with Staph Aureus or Group A Strep.
 - Vaccinia.
 - Wound and skin infections with copious uncontained purulent discharge.



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4.03 Contact precautions are to be practiced as follows:

Criteria	Application
Room.	Single with door closed.
Protective Clothing. - Gown. - Gloves. - Glasses.	Long sleeved worn by all persons entering the room. Worn by all persons entering the room. Disposable. If potential for eye splash.
Hand Washing.	Before, during and after all patient care.
Rubbish (including dressings).	Collected within the room, double bagged in yellow bags.
Linen.	Bag in colour appropriate to linen used and lined with alginate soluble bag, double bag in red bag and label infectious.
Sharps.	Dispose into appropriate sharps container, clean kidney dishes with an Azowipe.
Crockery and Cutlery.	Wipe off excess food, and then send to dishwashing as normal.
Laboratory specimens.	Ensure lid closed tight, transport in a biohazard bag, double bag at door
Visitor Requirement.	Protective clothing, restricted visiting as patient indicates, strict handwashing, visit last, leave hospital directly after visit.
Transportation of patients	Only if absolutely necessary. Notify receiving area of nature of disease. Patient wears long sleeved gown. Clean linen on wheelchair or stretcher. Escort wears long sleeved gown. Clean equipment after use.
Body fluids.	Treat all as potentially contaminated.
Articles	Disinfect or discard if contaminated.
Tourniquet.	Disposable.
Sphygmomanometer. & Stethoscope	Single patient use, wash with soap and water, Azowipe as terminal clean. Cuff – remove bladder, wash with soap and water, dry.
Thermometer	Disposable

5.00 Respiratory Precautions

5.01 Respiratory precautions are undertaken to prevent the transmission of organisms normally spread by droplets that have been coughed, sneezed or breathed into the atmosphere.

5.02 There are two levels of respiratory precautions:

- i) Droplet precautions
- ii) Airborne precautions

5.02 **Droplet precautions** are to be practiced in the following circumstances:

- Adenovirus.
- AIDS patients with a chest infection and copious sputum.
- Diphtheria.
- Haemophilus influenza (in children)
- Meningococcal Meningitis.
- Meningococemia.
- MRSA (confirmed or suspected) with respiratory tract infection
- Mumps.
- Mycoplasma pneumonia.
- Parvovirus.
- Pneumonia.
- Rubella.
- Streptococcal infections.
- Whooping Cough



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5.03 Droplet precautions are to be practiced as follows:

Criteria	Application
Room.	Single, with door closed. Where possible, air extraction/ filtration systems are used.
Protective Clothing. - Gown. - Mask. - Gloves. - Glasses.	Long sleeved. Disposable filter (if close contact with patient) Disposable. If potential for eye contact.
Hand Washing.	Before care, after removing protective clothing and as otherwise indicated during patient care when leaving room
Rubbish.	Double bag, the outer bag yellow.
Linen.	Bag in colour appropriate to linen used and lined with soluble alginate bag, double bag in red bag & label infectious.
Sharps.	Dispose into designated sharps container. Kidney dish used for sharps wiped with Azowipe prior to removal from the room.
Crockery and Cutlery.	Food rinsed off in room, then sent to dishwashing as usual.
Laboratory Specimens.	Ensure lid closed tight, transport in a biohazard bag, double bag at door
Visitor Requirements.	Protective Clothing.
Transportation of Patient.	Transport only when necessary, Patient wears a mask.
Body Fluids.	Treat all blood & body fluids as being potentially contaminated.
Articles.	Disinfected or discarded.
Tourniquet.	Disposable.
Sphygmomanometer & Stethoscope	Dedicated to patient, cuff washed in soap and water after patient discharged. Sphygmomanometer washed with soap and water (carefully) and wiped with Azowipe.

5.04 Droplet precautions apply to any patient known or suspected to be infected with epidemiologically important pathogens that can be transmitted by infectious droplets.

5.05 Droplets are generated from the source person, primarily during coughing, sneezing or talking and during the performance of certain procedures such as suctioning and Bronchoscopy or Gastroscopy.

5.06 Standard precautions must be observed at all times with patients with droplet infections.

5.07 **Airborne precautions** apply to patients known or suspected to be infected with important pathogens that can be transmitted by the airborne route. These include:

- Measles
- Tuberculosis
- Chicken Pox

5.08 Airborne transmission occurs by the dissemination of airborne droplet nuclei or dust particles containing the infectious agent.

5.09 Staff who are non-immune to Measles or Chicken Pox should not enter the affected patient's room.

5.10 Everyone entering the room of an infected patient must wear a high filtration disposable mask.



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- 5.11 Hands must be washed after touching the infected patient or potentially contaminated articles after removing protective gear on leaving the room.
- 5.12 Articles contaminated with infective material should be discarded into double bagged yellow rubbish bags for incineration, or cleaned and appropriately disinfected or sterilized.
- 5.13 Standard precautions must be observed at all times with patients with airborne infections.

6.00 Protective Precautions

- 6.01 Protective precautions are undertaken to prevent contact between potentially pathogenic microorganisms and uninfected individuals who have severely impaired resistance. This practice may also require the use of **sterile equipment**.
- 6.02 Protective precautions are to be practiced in the following circumstances:
- Agranutocytosis.
 - AIDS - when severely immunosuppressed.
 - Burns.
 - Dermatitis- non infected, bulbous or eczematous disease when severe and Extensive.
 - Immunosuppressant therapy in certain patients.
 - Lymphoma and Leukemia – until substantial clinical improvement is shown.
 - Thrombocytopenia.
 - Neutropenia

6.03 Protective precautions are to be practiced as follows:

Criteria	Application
Room.	Single with door closed. Air filtering systems are adopted where possible.
Protective Clothing. - Gown. - Mask. - Gloves. - Hats.	Long sleeved worn by all persons in room. Mask worn by all people in room. Disposable by people with direct patient contact. Disposable by people with direct patient contact.
Hand Washing.	Before and after leaving the room and otherwise indicated during patient care.
Rubbish (including dressings).	Collect outside the room in double yellow bags.
Linen.	Collected outside the room. Change daily. Sterile linen may be required for some (i.e. burns). Single bag of colour appropriate to linen used.
Sharps.	Disposed into designated sharps container.
Crockery and Cutlery.	No special precautions.
Laboratory specimens.	Ensure lid closed tight, transport in a biohazard bag.
Visitor requirements.	Protective clothing at all times. Restricted visiting - minimise movement in and out of room. Hand washing before and after entering room. In terminal situations the need of the patient to have family present should be taken into account. Keep staff to absolute minimum.
Transportation of patient.	Only if absolutely necessary. Patient wears mask & long sleeved gown. Wounds are covered.
Body fluids.	Treat all as potentially contaminated.
Fomites & Articles.	Children - toys etc required to be sterilized prior to being taken into the room. Adults- Dependant on condition, equipment to be clean as a minimum standard.



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7.00 Acid Fast Bacilli/Tuberculosis (TB) Precautions

- 7.01 These precautions are for patients with current Pulmonary TB who have a positive sputum smear or a chest x-ray appearance that strongly suggests current (active) TB. Laryngeal TB is also included in this category. .
- 7.03 Mycobacterium disease due to Mycobacterium other than *M. Tb* and *M Bovis* (including mycobacterium disease of the respiratory tract) do not require AFB precautions except in situations where vulnerable contacts are involved, such as severely immunocompromised patients.
- 7.04 With patients infected with Extra Pulmonary TB, gloves must be worn when handling infected material. Hand washing to occur as part of the normal standard precautions.
- 7.05 Patients infected with respiratory TB are to be nursed in airborne isolation. High filtration masks must be worn while in the room and strict hand washing procedures observed.
- 7.06 Articles contaminated with infective material should be thoroughly cleaned and disinfected or discarded for incineration.
- 7.07 A two-week minimum period (14 days) of isolation is recommended after the start of the antituberculosis chemotherapy but the attending consultant or physician may determine the appropriate period of isolation for any individual patient.
- 7.08 Sputum smear negative pulmonary TB patients that have not been treated must be placed into isolation.
- 7.09 Suspected sputum smear negative pulmonary TB or suspected TB with no sputum production patients must be isolated until respiratory secretions have been obtained and tested.

8.00 Isolation Of Children With Tuberculosis

- 8.01 Children with primary TB in most cases need not be isolated and can be hospitalized in an open ward if they are receiving chemotherapy.
- 8.02 Children and adolescents with contagious pulmonary TB require TB precautions until effective chemotherapy has been started. Once therapy has begun and the sputum smears show-diminishing numbers of organisms and the cough has diminished, then the children no longer need to be managed with airborne precautions.
- 8.03 Family members of a child with TB should also be managed with TB isolation precautions when visiting the hospital until they are demonstrated not to have infectious TB.
- 8.04 Children who are not coughing or producing sputum do not need isolation even if they have changes on their x-ray. Such children however should be treated as potentially contagious until discussion with the Consultant and the Infection Control Advisor has deemed the child not to require isolation.



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7. Precautions And Considerations

- ➔ Hands and other skin surfaces must be washed immediately with soap and water if they have become contaminated
- ➔ Staff members with exudative lesions or weeping dermatitis are to refrain from all direct patient contact
- ➔ Protective equipment is to be worn if there is potential for contact with body fluids or substances
- ➔ Handwashing is the single most effective practice for preventing the spread of infections

8. References

New Zealand Standard – Infection Control (NZS 8142:2000)

Guidelines for Infection Control : Acute Care Facilities: Kimberley -Clarke Australia, (2003)

Canterbury District Health Board - Infection Control Manual (2004)

9. Related Documents

WCDHB Health and Safety Procedure Manual

WCDHB Infection Control Procedure Manual

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