



# Isolation Procedure

Procedure Number

WCDHB-IC-0041

Version Nos:

6

## 1. Purpose

This Procedure outlines the process for the treating of patients with communicable diseases by the West Coast District Health Board (WCDHB) staff members and includes information for staff that may have work restrictions, if they come in contact with a communicable disease.

## 2. Application

This Procedure is to be followed by all staff throughout WCDHB.

## 3. Definitions

For the purposes of this Procedure:

**Isolation** is taken to mean the treating of patients with communicable diseases with certain processes that prevent the spread of these diseases.

**Standard Precautions** is taken to mean routine protective precautions that are to be taken by staff members when they are caring for patients where direct contact with blood, body fluid, secretion, excretion, non intact skin or mucous membrane is likely to occur.

## 4. Responsibilities

For the purposes of this Procedure:

**Clinical Nurse Specialist – Infection Control** 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) Single Room                       | vi) Gloves                |
| ii) Protective Clothing              | vii) Hand gel             |
| iii) Rubbish Bags                    |                           |
| iv) Sphygmomanometer and Stethoscope |                           |
| v) Sharps Containers                 | ix) Disposable Tourniquet |
| vi) Masks                            | x) Locker                 |

## 6. Process

### 1.00 Introduction

1.01 Isolation must protect the compromised patient from the environment or prevent other people from being infected by the patient. The choice of isolation is governed by the infecting organism and mode of transmission.

1.02 For all items used for an isolation room the general rule is that clean materials are kept outside the room, contaminated items kept inside the room.



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- 1.03 Single Room and Ensuite facilities are preferred, however if this is not practicable, ward facilities can be used provided measures are taken to prevent the spread of the infectious agent to other patients. Toilets/bathrooms/rooms should be cleaned and/or disinfected appropriately before subsequent patient use.
- 1.04 Only necessary items to be taken into the isolation room.
- 1.05 Soiled linen should be handled as little as possible. Linen is placed into the white impervious bag with yellow strip. The linen runner must be placed inside the isolation room and covered with a lid of drawer sheet. Linen is double bagged at point of exit with 2 staff members into the Infectious linen bag (white impervious with yellow strip)
- 1.06 The isolation room should not carry unnecessary furniture, and surface of such items must be fully washable.
- 1.07 Shared patient equipment must be adequately cleaned and decontaminated including curtains, prior to use by other patients. Equipment returned to CSSD for decontamination / sterilisation is to be placed directly into a bin or bag and labeled accordingly.
- 1.08 All items and equipment necessary from maintaining isolation practice should be contained in a locker at the entrance to the isolation room.
- 1.09 Isolation Sign on outside of door must be clearly visible to all visitors and staff who enter

## 2.00 Isolation Requirement According to Condition

Condition	Mode of Spread	Isolation Type	Duration of Isolation
<b>Agranutocytosis</b>	NA	Protective	Until in remission
<b>Amoebic Dysentery</b>	Direct /indirect contact Faecal-oral route	Contact	Duration of illness or until clearance of parasite Health Care Worker (HCW) and food handlers
<b>Anthrax</b>	Direct contact, inhalation of spores, and from animal to human	Contact / Respiratory N95 Mask	Duration of illness
<b>Broncholitis</b>	Droplet, direct / indirect contact with respiratory secretions	Respiratory	Duration of illness
<b>Brucellosis</b>	Ingestion, inhalation of contaminated animal products	NIL	
<b>Burns: Major</b> (greater than 10% of body)		Protective	Duration of major open lesions
<b>Burn: Minor</b> (lesser than 10% of body)		Protective	Duration of open lesions
<b>Clostridium Difficile</b>	Direct / indirect contact. Faecal-oral route	Contact	Until 48 hours symptom free



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<b>Cryptosporidium</b>	Faecal Oral	Contact, if incontinent	Until 48 hours symptom free or until clear culture HCW & Food Handlers
<b>Cytomegalovirus</b>	Saliva, urine, cervical secretions, semen, breast milk	Contact, when contact with body fluids likely	Duration of illness
<b>Diarrhoea – undiagnosed</b>	Faecal; oral route	Contact	Until 48 hours symptom free
<b>Diphtheria</b>	Droplet / direct contact with skin lesions. IP: 2-5 days	Contact / Respiratory	Until 2 negative cultures are obtained, after cessation of antimicrobial therapy, that are taken at least 24 hours apart
<b>Ecoli 0157</b>	Direct /indirect Faecal oral route	Contact	Duration of illness or until clear culture HCW & Food Handlers
<b>Extensive dermatitis – non-infected (more than 50% of body)</b>	NA	Contact	Until substantial healing occurs
<b>Giardia</b>	Faecal-oral	Contact, if incontinent	Until 48 hours symptom free or clear culture HCW & Food Handlers
<b>Hepatitis A</b>	Faecal-oral IP: 14-42 days Infectivity: 1 week Prodromal until after symptoms develop	Contact	Duration of illness
<b>Hepatitis B</b>	Blood & Body fluids	Contact, when contact with blood or body fluids likely	Duration of illness
<b>Hepatitis C</b>	Blood & Body fluids	Contact, when contact with blood or body fluids likely	Duration of illness
<b>Herpes Zoster (Chickenpox)</b>	Airborne, direct / indirect contact with skin lesions or exudates. IP: 10-21 days Infectivity: 1-2 days prior to rash and up to 5 days after rash develops	Respiratory	For duration of infectivity
<b>Immunocompromised AIDS</b>	NA	Protective / Contact	Until substantial clinical improvement
<b>Immunosuppressive Treatment</b>	NA	Protective	Until body defense systems sufficient
<b>Influenza H1N1</b>	Droplet Airborne	Contact Respiratory	7 days from onset of illness or until 24 hours symptom free
<b>Leptospirosis</b>	From animal urine contact with open wounds/ mucous membranes	NIL	
<b>Lymphoma, leukaemia</b>	NA	Protective	Until substantial clinical improvement
<b>Measles</b>	Droplet, direct / indirect contact with respiratory secretions IP: 10 days Infectivity: Prodromal until day 4 of rash	Respiratory	Until 4 days after onset of rash



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Meningococcal Meningitis	Droplet	Respiratory	Until 24 hours after start of effective antibiotic treatment
MRSA (confirmed)	Direct / indirect contact, respiratory	Contact	Until 3 negative cultures have been obtained 24 hours apart. This will occur 48 hrs after 7 day treatment completed
MRSA (Suspected)	Direct, indirect contact	Contact	Until negative culture established
Mumps	Droplet	Respiratory	For 9 days after onset of swelling
Norovirus	Indirect contact Droplet Onset acute	Infectivity duration of illness	Until 48 hours symptom free
Other Wound Infections	Direct / indirect contact with wound or exudates	Contact	Until negative culture obtained
Pertussis (Whooping Cough)	Droplet	Respiratory	7 days after commencement of antibiotics. If no antibiotic treatment isolate for 3 weeks after inset of paroxysms
Puerperal Sepsis	Direct / indirect contact with vaginal secretions	Contact	Duration of illness
Pulmonary Tuberculosis	Aerosol Droplet	Airborne / N95 mask	2 weeks after commencement of effective drug therapy. (Usually following negative sputum cultures)
Rotavirus	Faecal-oral, respiratory	Respiratory	Until 48 hours symptom free
Salmonella typhi	Faecal-oral IP: 12-48 hours	Contact	Until 48 hours symptom free or clear culture obtained HCW & Food Handlers
Sars	Droplet Airborne contact	Respiratory Contact N95 mask	Duration of illness
Scabies, Body lice, Head lice	Direct skin contact	Contact	Duration of illness
Septic Arthritis	Direct and indirect contact with open wound	Contact	Duration of illness
Shigella	Faecal-oral IP: 2-4 days	Contact	Until 48 hours symptom free or clear culture obtained HCW & Food Handlers
Shingles	Direct contact	Contact	Until symptoms subside
Staphylococcal Wound Infection	Direct / indirect contact with wound and exudates	Contact	Until negative culture obtained
Streptococcal Wound Infection	Direct / indirect contact with wound and exudates	Contact	Until negative culture obtained
Vibrio cholerae	Direct / indirect contact Faecal-oral route	Contact	Duration of illness or until clear culture obtained HCW & Food Handlers
Yersinia	Faecal-oral route	Contact	Until 48 hours symptom or clear culture obtained HCW & Food Handlers



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## 3.00 General Guidelines

Criteria	Application
Room	Single with door closed. Air filtering systems are adopted where possible
Protective Clothing	Long sleeved, worn by all persons entering room
Gown	Filter mask, worn by all persons entering room
Mask	Disposable, worn by person having direct contact with the patient
Gloves	
Handwashing	Before entering the room and after leaving the room, and as otherwise indicated during patient care
Rubbish (including dressings)	Collected outside the room. Contaminated rubbish is collected in yellow rubbish bag
Linen	Collected outside the room. Change daily. Sterile linen may be required for some patients. No need to double bag
Sharps	Point of use disposal into designated sharps container
Laboratory Specimens	Ensure lid is closed tight. Transport in biohazard bag.
Visitor Requirements	Protective clothing at all times. Restricted visiting as patient indicates. Handwashing prior to entering and on exiting the room. In palliative situations the needs of the patient to have family and friends accessible, needs to be taken into account.
Transportation of Patient	Only if absolutely necessary. Patient wears filter mask and clean long sleeved gown. Wounds are covered
Body Fluids	Treat all blood and body fluids as being potentially contaminated
Formites & Articles	Children: Equipment required to be pre-sterilised before being taken into the room Adults: Depending on condition. Equipment to be clean as a minimum standard

## 4.00 Visitors To Isolation Rooms

- 4.01 Family/whanau/friends should be encouraged to visit the patient restricted to isolation as this assists the person to maintain their social integration especially if they are in isolation for some considerable time.
- 4.02 Visitor numbers however should be restricted at any one time.
- 4.03 Visitors should be encouraged to visit other hospitalised patients first before entering the isolation room, and not visit other hospital areas after visiting the isolation patient.
- 4.04 Visitors need to have correctly demonstrated to them by ward staff the correct protective clothing to wear while visiting a patient in isolation and its disposal at the end of the visit.
- 4.05 Visitors are to be discouraged from frequently leaving and entering the room while visiting.
- 4.06 Visitors are to wash their hands when leaving the isolation room.

## 5.00 Staff Entering Isolation Rooms

- 5.01 Medical Nursing and allied health staff are required to abide by the following when entering an isolation room:
- White coats and stethoscopes should be left outside the room.
  - Long sleeved shirts etc should be rolled up.



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- iii) Appropriate protective apparel should be worn depending on the type of isolation.
- iv) Any personal equipment is wiped with an alcohol swab before removing protective gown. Gown is removed and hands washed prior to exiting the room.

- 5.02 Laboratory staff are required to abide by the following when entering an isolation room:
- i) Check with ward staff re isolation requirements. Remove white coat, roll up sleeves to elbows.
  - ii) Take only required equipment into room, leaving collection box outside.
  - iii) Wash hands, obtain specimen, place paper waste into rubbish bag, including disposable tourniquet, dispose of sharps into the appropriate container.
  - iv) Wash hands and remove gowns.
  - v) Place specimen into biohazard bag held outside the room by an assistant.
  - vi) Wash hands and leave the room.

### **6.00 Transporting Patients Who Are In Isolation**

- 6.01 Staff members involved in receipt of or transfer of patient are to be informed in advance of any such movements, so the appropriate precautions can be put in place.
- 6.02 Ward staff are to inform the patient of ways by which they can assist in preventing the transmission of the infectious agent to others.
- 6.03 Appropriate barriers i.e. masks, clean linen, impervious dressings should be used on the patient to minimise the dispersal of the infectious agent.

### **7.00 Cleaning Of Isolation Rooms**

- 7.01 It is a nursing responsibility to provide a clean comfortable environment that is conducive to rest and rehabilitation, this includes ensuring adequate rubbish and linen disposal.
- 7.02 Cleaning staff are responsible for cleaning the isolation room daily. This is to include:
- i) Floors mopped daily with detergent and warm water using a standard mop and plastic wringer bucket.
  - ii) Bucket is cleaned daily with Ajax (or similar), rinsed and dried well, stored upside down.
  - iii) Mops are stored in isolation unit. Handle cleaned with vim, mop dried as much as possible using bucket wringer and stored head upmost.
  - iv) Mops are sent to laundry every 24 hours, contained in clear plastic bag. If the patient is discharged from the isolation unit, the mop is once again sealed in a clear plastic bag and sent to the Laundry.
  - v) Protective clothing is worn depending on the type of isolation and the type of the contaminant involved and should be worn according to specific isolation procedure.
  - vi) Wash basins are cleaned with hypochlorite cleaner and disposable cloth (gloves and gowns are worn by all cleaning staff, when in an isolation unit).
  - vii) Gloves and gowns, hats (and masks if applicable) are to be worn by all cleaning staff whilst in the isolation room.
  - viii) Toilets and bathrooms of isolation rooms are cleaned with Ajax (or similar).
  - ix) A designated disinfectant is used in heavily contaminated areas.



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- 7.03 Terminal cleaning is the final cleaning of the unit, when the patient is discharged from the isolation unit.
- 7.04 Terminal cleaning is carried out by the orderlies, who are contacted when a room is vacated. It is the wards responsibility to provide the necessary information, protective clothing, equipment and solution to ensure the job is carried out safely, effectively and efficiently.
- 7.05 Terminal cleaning involves cleaning the following:
- i) Floors.
  - ii) Walls.
  - iii) Beds.
  - iv) Lockers.
  - v) Curtains.
  - vi) Hand basins.
  - vii) Door handles.
  - viii) Window handles.
  - ix) Nurses call bell.
  - x) Light switches

The following cleaning is required depending on the type of precautions that were used:

Respiratory	Contact	Protective
Walls. Basin. Floor. Bed and mattress. Curtains. Locker. Commonly touched items. All horizontal surfaces	Basin. Floor. Bed and mattress. Locker. Commonly touched items. All horizontal surfaces	No special precautions required.

- 7.07 Types of cleaning solutions depend on contaminants and extent of cleaning depends on type of isolation:
- Prephen solution is used for environmental cleaning in bacterial infections. .e.g. MRSA
  - Precept 1:10 solution is used for environmental cleaning in viral infections. E.g. Norovirus/Rotavirus
  - Trigen 1:50 solution, is for environmental cleaning for bacterial spores and emerging novel viruses, and as directed by Infection Control Committee. E.g. C. Difficile
- 7.08 Linen, rubbish, utensils, fomites should all be cleared and packed by nursing staff prior to the orderly doing the terminal clean.

## **8.00 Packaging Contaminated Items From Isolation Room Requiring Steam or Gas Sterilising**

- 8.01 All **metal items** are to be steam sterilised at 134° for 4 minutes, and need to be:
- Wrapped separately in paper



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- Sealed in clear plastic bag that has the air expelled
  - Itemized on the outside of the bag including ward
  - Some moisture in bowls (etc allowance as does not disrupt the sterilising cycle)
- 8.02 All **plastic items** are to be gas sterilised with the exemption of plastic pans and bowls that are recommended to be steam sterilised, need to be:
- Dried well (as moisture disrupts the gas sterilisation process)
  - Wrapped in brown paper
  - Enclosed in clear plastic bag with air expelled, and sealed well
  - Items enclosed should be written on the outside of bag, including ward to return to
- 8.03 Plastic **meal trays and crockery** are collected last and placed into clear plastic bags and sent to the Kitchen Dishwashing Department where they are processed last
- 8.04 **Toys** should be washable or be able to be wiped with appropriate solution.
- 8.05 Blood pressure cuffs, stethoscopes, light shades, tourniquets etc should be wiped over with appropriate solution, unless heavy contamination is obvious, then should be gassed or steam sterilised, depending on composition.
- 8.06 Curtains and other linen should be transported to the laundry, double bagged with the second bag being Impervious with yellow strip. Notify laundry in advance and label bag.
- 9.00 Fibre Cleaning – Grey Hospital**
- 9.01 When cleaning an Isolation Unit, staff must wear protective clothing, i.e. gowns, gloves etc, depending in what type of isolation – refer to Unit Manager..
- 9.02 Hand basins are to be washed with a GP Micro Cloth also use this for dusting.
- 9.03 Toilets, showers and baths are also to be cleaned with a GP Micro Cloth.
- 9.04 A designated disinfectant is used in heavy contaminated areas.
- 9.05 Mop Heads and GP Micro Cloths are to be placed in with the dirty cloths and mops in a clear plastic bag.
- 9.06 The handle of mops are to be wiped down with a clean GP Micro Cloth.

## 7. Precautions And Considerations

- ➔ For all items used for an isolation room the general rule is that clean materials are kept outside the room, contaminated items kept inside the room.
- ➔ Visitors need to have correctly demonstrated to them by ward staff the correct protective clothing to wear while visiting a patient in isolation and its disposal at the end of the visit.
- ➔ Staff members involved in receipt of or transfer of patient are to be informed in advance of any such movements, so the appropriate precautions can be put in place.



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### 8. References

New Zealand Standard – Infection Control (NZS 8142:2008)

### 9. Related Documents

WCDHB Infection Control Procedure Manual

WCDHB Health and Safety Policy and Procedure Manual

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