

POLICY MANUAL

Subject: Isolation Procedures

Effective Date: 11/90

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Review Dates: 1993; 1994; 02/95; 02/97
CSF; 2/99 CSF, 12/06 JH, 11/08 NC,
10/12 NC, 10/13 NC, 11/14 NC, 11/15 NC

Revision Dates: 11/21/95 CSF, 5/05JL,
7/11 NC

POLICY:

Cumberland Heights uses isolation procedures to minimize the spread of infection and communicable diseases among patients, staff and visitors at the detoxification and residential sites. The category specific type of isolation procedures delineated in the CDC Document "Guidelines for Isolation Precautions in Hospitals" has been adopted as Cumberland Heights' standard and is incorporated herein by reference. Based on the location of Cumberland Heights and the population served, it has been determined that our staff and/or patients are at higher risk for the following diseases: Influenza, Hepatitis B and/or C, HIV and TB. If isolation is anticipated to last more than 48 hours, arrangements for transfer to an acute care facility are made as appropriate.

PROCEDURE:

1. Types of isolation and precautions are as follows:
 - A. Strict Isolation Precautions:
 1. Masks are indicated for all persons entering room.
 2. Gowns are indicated for all persons entering room.
 3. Gloves are indicated for all persons entering room.
 4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
 5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and re-processing.

Diseases requiring strict isolation:

Severe Acute Respiratory Syndrome (SARS)

Diphtheria, pharyngeal

Lassa fever and other viral hemorrhagic fevers, such as Marburg virus diseases

Plague, pneumonia

Smallpox

Varicella (Chicken Pox)

Zoster, localized in immunocompromised patient, or disseminated

B. Blood/body fluid precautions:

1. Masks are not indicated;
2. Gowns are indicated if soiling with blood or body fluids is likely;
3. Gloves are indicated for touching blood or body fluids;
4. Hands should be washed immediately if they are potentially contaminated with blood or body fluids and before taking care of another patient.
5. Articles contaminated with blood or body fluids should be discarded or bagged and labeled before being sent for decontamination and reprocessing.
6. Care should be taken to avoid needle-stick injuries. Used needles should not be re-capped or bent; they should be placed in a prominently labeled, puncture-resistant container designated specifically for such disposal.
7. Blood spills should be cleaned up promptly with a solution of 5.25% sodium hypochlorite diluted 1:10 with water.

Diseases requiring blood/body fluid precautions:

Acquired immunodeficiency syndrome (AIDS)

Arthropodborne viral fevers (i.e. dengue, yellow fever and Colorado tick fever)

Babesiosis

Creutzfeldt - Jakob disease

Hepatitis B (including HbsAG carrier)

Hepatitis, Non-A, Non-B

Leptospirosis

Malaria

Rat-bite fever

Relapsing fever

Syphilis, primary and secondary with skin and mucous membrane lesions

C. Contact Isolation:

1. Masks are indicated for those who come close to patient;
2. Gowns are indicated if soiling is likely;
3. Gloves are indicated for touching infective material;
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and re-processing.

Diseases or conditions requiring contact isolation:

Acute respiratory infections in infants and young children, including croup, colds, bronchitis and bronchiolitis caused by respiratory syncytial virus, adenovirus, corona virus, influenza viruses, para-influenza viruses and rhinovirus.

Conjunctivitis, gonococcal, in newborns

Diphtheria, cutaneous

Endometritis, group A Streptococcus

Furunculosis, staphylococcal, in newborns

Herpes simplex, disseminated, severe primary and neonatal

Impetigo

Influenza, in infants and young children

Multiply resistant bacteria, infection or colonization (any site) with any of the following:

- a. Gram-negative bacilli resistant to all aminoglycosides that are tested. In general, such organisms should be resistant to gentamicin, tobramycin, and amikacin for these special precautions to be indicated).
- b. Staphylococcus aureus resistant to methicillin (or nafcillin or oxacillin if they are used instead of methicillin for testing).
- c. Pneumococcus resistant to penicillin.
- d. Haemophilus influenzae resistant to ampicillin (betalactamase Positive) and chloramphenicol.
- e. Other resistant bacteria may be included in this isolation category if they are judged by the infection control team to be of special clinical and epidemiologic significance.

Pediculosis

Pharyngitis, infectious, in infants and young children

Pneumonia, viral, in infants and young children

Pneumonia, Staphylococcus aureus or group A Streptococcus

Rabies

Rubella, congenital and other

Scabies

Scalded skin syndrome (Ritter's Disease)

Skin wound, or burn infection, major (draining and not covered by a dressing does not adequately contain the purulent materials), including those infected with

Staphylococcus aureus or group A Streptococcus Vaccinia (generalized and progressive eczema vaccinatum).

D. Respiratory Isolation

1. Masks are indicated for those who come close to patient;
2. Gowns are not indicated;
3. Gloves are not indicated;
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Diseases Requiring Respiratory Isolation:

Epiglottitis, haemophilus influenzae
Erythema infectiosum
Measles
Meningitis
Bacterial, etiology unknown
Haemophilus influenzae, known or suspected
Meningococcal, known or suspected
Meningococcal, pneumonia
Meningococccema
Mumps
Pertussis (whooping cough)
Pneumonia, Haemophilus influenzae, in children (any age)
H1N1

E. AFB Isolation

1. Masks are indicated only when patient is coughing and does not reliably cover mouth;
2. Gowns are indicated only if needed to prevent gross contamination of clothing;
3. Gloves are not indicated;
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Articles should be discarded, cleaned or sent for decontamination and reprocessing.

Diseases Requiring AFB Isolation:

This isolation category is 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. In general, infants and young children with pulmonary TB do not require isolation precautions because they rarely cough and their bronchial secretions contain few AFB compared with adults with pulmonary TB. To protect the patient's privacy, this instruction card is labeled AFB (acid-fast bacilli) isolation rather than Tuberculosis Isolation.

F. Enteric Precautions:

1. Masks are not indicated;
2. Gowns are indicated if soiling is likely;
3. Gloves are indicated if soiling is likely;
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Diseases Requiring Enteric Isolation

Amebic dysentery
Coxsackievirus disease
Diarrhea, acute illness with suspected infectious etiology
Enterocolitis caused by *Clostridium difficile* or *Staphylococcus*
Gastroenteritis caused by *Campylobacter* species, *Dientamoeba fragilis*, *Escherichia coli* (enterotoxigenic, enteropathogenic or enteroinvasive), *giardia lamblia*, *salmonella* species, *shigella* species, *vibrio parahaemolyticus*.
Viruses including Norwalk agent and rotavirus, *Yersinia enterocolitica*, unknown etiology but presumed to be an infectious agent.
Cholera
Echovirus disease
Encephalitis (unless known not to be caused by enteroviruses)
Enteroviral infection
Hand, foot and mouth disease
Hepatitis, viral, type A
Herpangina
Meningitis, viral (unless known not to be caused by enteroviruses)
Necrotizing enterocolitis
Pleurodynia
Poliomyelitis
Typhoid fever (*Salmonella typhi*)
Viral pericarditis, myocarditis or meningitis (unless known not to be caused by enteroviruses)

- G. Drainage/Secretion Precautions:
1. Masks are not indicated;
 2. Gowns are indicated if soiling is likely;
 3. Gloves are indicated for touching infective material;
 4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient;
 5. Articles contaminated with infective material should be discarded or bagged and labeled before being sent for decontamination and reprocessing.

Diseases Requiring Drainage/Secretion Precautions:

Infectious diseases included in this category are those that result in production of infective material, drainage or secretions, unless the disease is included in another isolation category that requires more rigorous precautions. (If you have questions about a specific disease, see the listing of infectious diseases in Guideline for Isolation Precautions in Hospitals, Table A, Disease-Specific Isolation Precautions).

The following infections are examples of those included in this category provided they are not (a) caused by multiply-resistant microorganisms, (b) major (draining and not covered by a dressing or dressing does not adequately contain the drainage) skin, wound or burn infections, including those caused by *Staphylococcus aureus* or group A *Streptococcus*, or (c) gonococcal eye infections in newborns. (See contact isolation if the infection is one of these three).

Abscess, minor or limited
Burn infection, minor or limited
Conjunctivitis
Decubitis ulcer, infected, minor or limited
Skin infection, minor or limited