

## Isolation Precaution (Part 1)

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- Decision to isolate a patient should always be taken after assessing the risk
  - To the individual
  - Other patients, and
  - Staff
- Isolation precautions should be tailored to meet the needs of each patient
- If it is unsafe to isolate a patient or when not possible a risk assessment must be carried out and documented

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- Decisions to isolate should be taken after taking into account:
  - Individual's capacity,
  - Adhere to the capacity, and
  - Ensure compliance with:
    - Deprivation of liberties safe guards
- Patients who are identified as colonised with the same organism
  - May share a room
    - Also known as *Cohort Nursing*

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- Purpose
  - To prevent spread of infection
- Isolation
  - Check whether isolation is necessary
  - Consult SOP in IC manual
- Room preparation
  - This is subject to risk assessment
  - Remove any equipment not needed
  - Supply of PPE should be available
  - A foot operated bin for infectious BMW is placed inside the room

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- Equipment such as BP apparatus, stethoscope and thermometers should remain in the room with the patient (when safe to do)
  - If to be removed, must be cleaned and removed after use
  - If stays with the patient, clean on discharge
- Any equipment moved out of the isolation room must be decontaminated appropriately
- Equipment for repair must accompany a decontamination form
- Pressure relieving mattresses needs decontamination by the supplier

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## Some Communicable Diseases

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- **AIDS and HIV antibody positive**
  - Isolation in single room not necessary unless active bleeding
  - Gloves and aprons to be used for handling blood, serum and other body fluids
  - Label all specimens with a Infection Sticker
  - Treat all instruments as infected
  - Take utmost care while handling sharps
  - Report all inoculation incidences
  - Patient may mix freely and dine with other patients
    - No special crockery needed

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- **Chicken pox**
  - Isolate as per SOP until 5 days after onset or vesicles are dry
  - Only staff who are known to be immune should be in contact with these patients
    - Exclude pregnant staff
  - Gloves and apron to be worn for direct patient contact
  - Report as per protocol
  - Keep the door closed

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- **Clostridium Difficile**
  - A separate SOP to be prepared by the IC team
  - Isolate as per SOP until at least 48 hour symptom free
- **Diarrhoea of unknown origin**
  - Isolate as per SOP until 48 hr symptom free
- **Flu (Notifiable)**
  - Isolate as per SOP until recovered

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- **Hepatitis B and C**
  - Same as AIDS
  - Single room isolation not necessary unless actively bleeding
  - Wear gloves and apron while handling blood and body fluid
- **Hepatitis E (Notifiable)**
  - Isolate until 5 days after onset of jaundice
- **Measles**
  - Isolate until 4 days after onset of rash
  - Keep the door closed

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- **Tuberculosis (Pulmonary open)**
  - Isolate until 2 weeks after therapy started
  - For Mask use refer to TB guideline
  - Keep the door closed
- **Whooping cough**
  - Isolate as per SOP for 5 days after starting treatment
- **Rubella**
  - Isolate until 5 days after onset of rash
  - Keep the door closed

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- **Transfer of Patients with an Infection to other departments and organisations**
  - Following precautions are recommended:
    - Limit the movement and transport of patients who require respiratory isolation precautions to medically necessary purposes.
    - Use a personal respirator on the patient such as N95 particulate respirator mask during transportation.
    - Notify the department where the patient is being transferred to in advance
      - They should take steps to prevent the possible spread of infection
    - Any staff transporting patients must be advised of any precautions to be taken e.g. correct use of PPE

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– Porters are not required to wear gloves or aprons unless

- they are physically moving the patient and contact with blood or bodily fluids is likely.
- Hands must be decontaminated

– Following transport:

- the trolley/wheelchair should be wiped down with detergent wipes
- particular attention to be paid to contact points e.g. armrests

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#### • Visitors

- Explain in appropriate language the reasons for isolation
- Advise on the importance of hand hygiene prior to entering and before leaving the room
- Advise on correct use of PPE as appropriate
- Discourage visitors from visiting or having contact with any other patients
- Visitors and staff from other departments to report to the nursing team leader before entering the room or co-hort area
- If unsure discuss requirements with the Infection Control Practitioner

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## Cleaning Procedure for Patient Isolation Areas

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#### • Daily cleaning

- All environmental staff must report to nursing station
- Wash hands before entering and leaving isolation room
- Wear PPE as advised by the nursing team leader
- Use cleaning equipment designed for cleaning only isolation room
- For patients suffering from G-I infections clean twice using sodium hypochlorite
- Thoroughly clean the equipment after use in isolation room
- Mechanical cleaning equipment should not be used in isolation areas
- Mop heads to be sent for disposal or washing – do not use in other areas

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#### • Terminal cleaning

- Gather together all materials needed for cleaning
- Wear PPE as advised by the nursing team leader
- Wash hands or use alcohol hand rub as before
- Send bed linen to laundry as infected linen
- Clean the bed, mattress and room furniture in its entirety
- Ensure all medical equipment used on or by the patient are decontaminated as per SOP

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- Place all refuse (magazines, unused tissues, toilet paper, hand towels etc) in a yellow waste bag
- Unused disposable, medical sundries should be discarded into BMW bag
- Change curtains
- Using detergent and water or detergent wipes damp wipe
  - Fittings and everything else in the room
  - All horizontal surfaces on the bed
  - Door handles
  - Light switches

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- Thoroughly clean sanitary areas, toilet, wash basin, bidet, soap dispenser, toilet brush and holder
- Use dry dust control mop to remove debris from floor area
  - Dispose of the mop head
  - Damp mop floor
  - Remove all mop heads for washing or disposal
- Leave all surfaces as dry as possible
- Replenish supplies
- The room should not be used for another patient until completely dry

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- Documentation

- The date a patient is placed in isolation and the reason must be clearly mentioned in nursing records
- The psychological and physical well being of the patient should be evaluated daily and documented
- Provide a relevant infection control leaflet to the patient
- The date the patient is removed from isolation must be clearly recorded in nursing record
- If isolation is not possible, the reason must be clearly documented and advice obtained from the ICT

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Place an Isolation Door Card  
on the door outside the room

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What you need to do Before Entering this Room			
Staff		Visitors	
Wash or foam sanitiser (If diarrhoea and/or vomiting you must wash hands)		Wash or foam sanitiser (If diarrhoea and/or vomiting you must wash hands)	
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

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Thank You

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