

Vermont Psychiatric Care Hospital Procedure

Isolation Procedure: Airborne Precautions

Revised: X

Date: 04/07/14

Vermont Psychiatric Care Hospital strives to reduce the spread of infection from patient to patient or from patient to staff. Airborne Precautions should be used for patients known or suspected to be infected with epidemiologically important pathogens that can be transmitted by the airborne route. Airborne transmission occurs by dissemination of airborne droplet nuclei. Droplet nuclei are small-particle residue (5 μm or smaller in size) of evaporated droplets that may remain suspended in the air for long periods of time. Microorganisms carried in this manner can be dispersed widely by air currents and may become inhaled by a susceptible host within the same room or over longer distance from the source patient, depending on environmental factors.

In addition to Standard Precautions, Airborne precautions shall be used for patients known or suspected to have serious illnesses transmitted by the airborne route.

An example of such an illness would be: **H1N1**

PERSONNEL PERFORMING: All staff in direct contact with infected patient(s).

EQUIPMENT:

1. Gloves: To be used when contact with blood, body fluids, secretions, mucous membranes or contaminated surfaces is possible.
2. Gowns: To be used when contact with blood, body fluids, secretions, mucous membranes or contaminated surfaces is possible.
3. Masks: Surgical: To be used when contact with blood, body fluids, secretions, mucous membranes or contaminated surfaces is possible. To be used by patient when they need to leave their room / isolation area.
4. Masks: N-95: To be used instead of a surgical mask when air-borne pathogens are suspected.
5. Goggles: To be used when contact with blood, body fluids, secretions, mucous membranes or contaminated surfaces is possible.

CONSIDERATIONS/REQUIRED STEPS:

1. Physician determines patient has ILI (Influenza like illness).
2. Physician determines if lab tests are required based on symptoms.
3. Patient Placement in isolation requires a physician order.
 - A. Place a commode in the patient's room.
 - B. Keep patient room door closed if patient agrees.

4. Patient Movement
 - A. Movement and transport of the patient from the room should be limited to essential reasons only. If the patient must move within the patient care environment other patients must be asked to leave the area.
 - B. If transport or movement is necessary, patient dispersal of droplet nuclei should be minimized by placing a surgical mask on the patient, if tolerated.
 - C. If patients with ILI have contact with surfaces outside of their rooms, these surfaces must be cleaned with Dispatch.
5. Patient should be sponged bathed unless otherwise determined by the physician. If the patient uses the shower, surfaces must be cleaned with Dispatch after the patient returns to his/ her room.
6. Personal protective equipment (PPE) will be available on the unit.
7. PPE's should be disposed of in an identified receptacle on the unit.

EMERGENCY PROCEDURES:

Every effort should be made to avoid the use of emergency involuntary procedures; however, if efforts to prevent exposure to other patients are unsuccessful, emergency involuntary procedures can be utilized.

If patients are restrained or secluded, surfaces should be cleaned with Dispatch after the emergency procedure ends and the patient returns to his/ her room.

VISITORS:

A sign posted in Admissions will advise visitors that anyone with ILI will not be allowed patient contact.

Visitors will be asked if they have ILI. If a visitor states they have ILI they will not be allowed patient contact.

Visitors must don PPE (use a surgical mask instead of a N95 mask) in order to visit patients with ILI. Visits may occur in the patient's room if the patient will not tolerate use of surgical mask on the unit.

CHARTS:

Charts should not be allowed to come in contact with infectious material or objects/surfaces that may be contaminated with infectious material. For this reason taking the patient chart into the room of an isolation patient should be avoided. If contamination occurs disinfect with a hospital grade disinfectant or disinfectant wipe.

OTHER:

1. **Linen:** Place soiled / contaminated linen with all soiled linen for laundry.
2. **Meals:** Meals to be delivered to patient room. All utensils can be cleaned through normal dishwasher cleaning. Gloves should be worn.
3. **Trash:** Trash bags from room can be discarded with regular trash.

USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

Donning of PPE may occur at doorway of the patient's room or outside of the patient's room. Donning of PPE must not occur inside of the patient's room.

Removal of PPE must occur before exiting patient's room into hallway.

Sequence for DONNING PPE

1. Gown: Tie in back
2. Mask: Secure elastics, fit flexible bridge at nose to snug fit. Staff who are not yet fit tested will wear surgical masks until they are fit tested.
3. Goggles
4. Gloves: Extend to cover wrist of isolation gown.

Sequence for REMOVING PPE / Considerations: Remove all PPE listed below at doorway to patient room.

1. **Gloves:** Outside of glove is contaminated.
Grasp outside of glove with opposite gloved hand and peel glove off,
Hold removed glove in gloved hand
Slide fingers of ungloved hand under remaining glove at wrist
Peel glove off over first glove
Discard into identified receptacle.
2. **Gown:** Gown front and sleeves are contaminated.
Unfasten ties
Pull away from neck and shoulders touching inside of gown ONLY
Turn gown inside out
Roll into a bundle and discard into an identified receptacle.
3. **Mask:** Front of Mask is contaminated: DO NOT TOUCH!
Grasp bottom, then top elastics and remove
Discard into identified receptacle.
4. **Goggles:** Outside of goggles is contaminated.
To remove, handle by ear pieces
Wash with soap and water to re-use
5. **Perform Hand Hygiene**

REFERENCES:

1. Garner JS. Hospital Infection Control Practices Advisory Committee, *Guideline for Isolation Precautions in Hospitals*, Infection Control and Hospital Epidemiology, 1996; 17:54-80.
<http://www.cdc.gov/ncidod/hip/ISOLAT/Isolat.htm>

Approved by VPCH Policy Committee	Approval Date: April 7, 2014
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