

<b>Vermont Psychiatric Care Hospital Policy and Procedure</b>		
<b>Transmission Based Precautions</b>		
Effective: December 2021	Revised: August 2023	Due to Review: August 2025

## **POLICY**

The Vermont Psychiatric Care Hospital (VPCH) uses a coordinated process of transmission-based precautions to prevent the spread of healthcare acquired infections in hospitalized persons and employees. Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to Standard Precautions for hospitalized persons who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Any hospitalized person known or suspected to have a disease or condition that warrants transmission-based precautions will be placed on the appropriate transmission precautions upon suspicion, or confirmation of illness. Registered Nurses are responsible for ensuring that the precautions are initiated and maintained according to this specified procedure.

## **PROCEDURE**

Transmission based precautions are designed for hospitalized persons who are known or suspected to be infected or colonized with highly transmissible or epidemiologically relevant pathogens for which additional precautions beyond Standard Precautions are needed to prevent transmission.

A registered nurse may initiate transmission-based precautions without a provider's order based upon a lab report, or hospitalized person's change in condition (e.g., diarrhea), or based on a prior known admission infectious status. The attending/on call physician shall be notified as soon as reasonably possible when a hospitalized person is placed on transmission-based precautions. A note for the rationale shall be entered in the nurse's progress notes and the bed board shall be updated by this RN indicating the need for transmission-based precautions.

Physicians shall place an order for the specific transmission-based precautions in the electronic health record. The three categories of Transmission Based Precautions include:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

### 1. Contact Precautions

Contact precautions are implemented for any hospitalized person who has a clinical disease with an infectious organism that presents an increased risk for transmission by direct contact with the individual or their environment.

Contact Precautions are designed to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact. Contact precautions may be required when a hospitalized person has a multi-drug resistant organism (MDRO) identified. Direct contact transmission involves skin-to-skin contact and physical transfer of microorganisms to a susceptible host from an infected or colonized person, such as occurs when staff perform direct care activities that require physical contact. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the hospitalized person's environment.

Required personal protective equipment (PPE): gloves and gown.

- Staff will don a clean isolation gown and non-sterile gloves for interactions that may involve contact with the hospitalized person or their care environment. Donning PPE before contact and properly discarding after contact is done to prevent the spread and acquisition of select pathogens to other people and the environment. Staff will make every effort to dispose of the PPE as close to the area of use as possible.
- Hand hygiene shall be performed prior to donning gloves and after removal of gloves.
- After contact with the hospitalized person, gowns shall be taken off prior to gloves. Gloves shall be taken off with care to avoid contamination of the hands. Hand hygiene shall be performed after removing PPE; hands shall be washed with soap and water if the hospitalized person was placed on contact precautions for *Clostridium difficile* infection and/or norovirus.
- Limit transport and movement of the hospitalized person outside of the room to medically necessary purposes to whatever extents are reasonably possible.
- Use disposable or dedicated equipment (e.g., blood pressure cuffs). If common use of equipment for multiple hospitalized persons is unavoidable, clean and disinfect such equipment immediately after use/before use on another hospitalized individual.
- Prioritize cleaning and disinfection of the rooms of hospitalized persons on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily) focusing on frequently touched surfaces and equipment in the immediate vicinity of the hospitalized person.
- Linen can be stored in a regular linen bag. The bag shall be closed securely when used and put in the soiled utility room.
- Solid waste generated by isolation procedures (e.g., gowns and gloves) shall be disposed of in a regular waste bag.
- Every attempt shall be made to ensure that hospitalized persons under contact precautions wear clean clothing when outside of their room.

Contact precautions are indicated for hospitalized persons infected with the following organism or conditions:

- Methicillin resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant enterococci (VRE)
- *Clostridium difficile* colitis
- Multi-drug resistant organisms at the discretion of the Infection Preventionist or attending physician.

- Diapered or incontinent individual with enterohemorrhagic E. coli 0157:H7, Shigella, hepatitis A, or rotavirus
- Diphtheria (cutaneous)
- Herpes Simplex Virus (mucocutaneous)
- Impetigo
- Major (non-contained) decubiti, abscesses, or cellulitis
- Pediculosis (lice)
- Bedbugs
- Scabies
- Zoster (only disseminated zoster, or in an immunocompromised host (also for disseminated, place under airborne precautions)
- Viral or hemorrhagic conjunctivitis
- Viral hemorrhagic infections (Ebola, Lassa, or Marburg)
- ESBL producing organisms
- CRE- Carbapenem Resistant Enterobacteriaceae

Contact precautions may be discontinued based on guidance noted for the specific organism or condition as noted in the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

## 2. Droplet Precautions

Droplet precautions are implemented to prevent the transmission of pathogens that are spread through contact of respiratory secretions generated by cough, sneezing, or talking to the respiratory tract or mucous membranes of another person. Droplet precautions are designed to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large particle droplets (larger than 5 urns in size) containing microorganisms generated from a hospitalized person who has a clinical disease or who is a carrier of an infectious organism. Droplets can be generated during coughing, sneezing, or talking. Transmission via large particle droplets requires close contact between the hospitalized person and staff. Droplets do not remain suspended in the air and usually travel only short distances, usually 6 feet or less.

Required PPE: mask and eye protection.

- Don a clean surgical or procedural mask upon entry into the hospitalized person's room or care area (within a 6-foot diameter of the hospitalized person). Don eye protection upon entry to the hospitalized person's room or care area.
- Mask and eye protection should be removed and discarded or reprocessed if indicated as soon as possible upon leaving the hospitalized person's care area. Hand hygiene shall be performed prior to and upon removal of PPE.

NOTE: Gloves and gowns are not required for droplet precautions unless standard precautions require them.

Source control: Instruct the hospitalized person on how to properly put on a face mask to protect others around them from exposure to infectious droplets, if agreeable and tolerable. Hospitalized persons should be instructed to wear a mask that covers their nose and mouth. Mask should only be worn while awake and if the hospitalized person is able to remove the mask independently.

Droplet precautions are indicated for hospitalized persons infected with the following organism or conditions:

- Influenza (seasonal)
- Haemophilus Influenzae type b, including meningitis, pneumonia, epiglottitis, and sepsis
- Neisseria meningitidis disease including meningitis, pneumonia, and sepsis
- diphtheria
- Mycoplasma pneumonia
- Pertussis
- Pneumonic Plague
- Adenovirus (requires contact precautions as well)
- Mumps
- Parvovirus
- Rubella
- Rhinovirus
- Group A Streptococcus: until 24 hours after initiation of effective therapy

Droplet precautions may be discontinued based on guidance noted for the specific organism or condition as noted in the CDC's Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

### 3. Airborne Precautions

Airborne Precautions apply to any hospitalized person who has or is suspected to have a clinical disease of an infectious organism transmitted by the airborne route. Airborne precautions are designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei (small particle residue - 5µm or smaller sized evaporated droplets which remain suspended in the air for long periods of time) or dust particles containing the infectious agent.

Required PPE: fit-tested NIOSH-approved N95 or higher-level respirator for employees.

- An N-95 particulate respirator must be worn when entering the room of a hospitalized person on Airborne Precautions. Staff shall have a quantitative or qualitative fit test prior to being assigned duties requiring the use of an N-95 particulate respirator and shall perform a fit check (put mask on and make sure that no air escapes while exhaling) prior to each use as per VPCH's written respiratory protection program.
- Eye Protection: required when caring for a hospitalized person with SARs-CoV-2 (COVID-19).
- Hand hygiene shall be performed prior to donning and upon removal of PPE.

NOTE: Gloves and gowns are not required for airborne precautions unless standard precautions require them

Source control: Instruct the hospitalized person on how to properly put on a face mask to protect others around them from exposure to infectious droplets, if agreeable. The hospitalized person should be instructed to wear a mask that covers their nose and mouth. Mask should only be worn while awake and if the hospitalized person is able to remove mask independently.

**Placement Considerations:**

- Private room with the door kept closed as much as possible and tolerable for the hospitalized individual until disposition and/or transfer is determined
- Transfer individual to a medical facility that has an appropriate airborne infection isolation room (AIIR) In settings where Airborne Precautions cannot be properly implemented due to limited engineering resources, such as VPCH, masking the hospitalized person and placing them in a private room with the door closed will reduce the likelihood of airborne transmission until the hospitalized person is transferred to a facility with an AHR. Place a portable HEPA filter in the hospitalized person's room if available and feasible with regard to safety and staffing needs. Hospitalized persons placed on airborne precautions for suspected of confirmed SARs-CoV-2 (COVID-19) may continue to receive care at VPCH without the use of an AIIR as long as no aerosol generating procedures are performed.
- Limit transport and movement of hospitalized persons outside of the room to medically necessary purposes. If transport or movement is necessary, instruct the hospitalized person to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette.

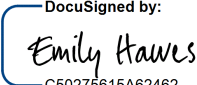
Airborne precautions are indicated for hospitalized persons infected with the following organism or conditions:

- Measles
- Varicella including disseminated zoster
- Active tuberculosis
- SARS- CoV-2 (COVID-19)

Airborne precautions may be discontinued based on guidance noted for the specific organism or condition as noted in the CDC’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

**References:**

- [Centers for Disease Control and Prevention: Transmission Based Precautions](#)
- [Centers for Disease Control and Prevention: Isolation Precautions](#)

Approved by	Signature	Date
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