

Isolation Precautions: Standard and Transmission-Based

PURPOSE:

To prevent the transmission of highly communicable and/or epidemiologically important agents from infectious or potentially infectious patients to staff, advance practice practitioners, volunteers, other patients, and visitors.

POLICY: HCA East Florida Hospitals and related patient care off site facilities (i.e. free-standing emergency departments, affiliated surgical centers) will use isolation precaution procedures that are consistent with standards, guidelines, and recommendations from local, state, and federal agencies such as the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), The Society for Healthcare Epidemiology of American (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC).

A two-tiered system of isolation precautions are used; Transmission Based Isolation Precautions and Standard Precautions.

NOTE: This policy is in alignment with Florida Rule 59AER23-2 “Standards for the Appropriate Use of Facial Coverings for Infection Control” and in accordance with the “Florida Patient Bill of Rights and Responsibilities”, section 381.026 F.S. Refer to policy **HCA Florida Healthcare Facial Covering Policy for Colleagues (Employees), Patients, and Visitors** for what circumstances patients, visitors, and employees must comply with facial covering requirements and if/when opt out provisions may apply.

- A. **Standard Precautions (SP):** Designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized source of infection in healthcare.
 - 1. SP shall be used for the care of all patients regardless of their known infectious status.
 - 2. SP applies to all blood and body fluids, secretions, and excretions (except sweat), regardless of whether they contain visible blood, non-intact skin, and mucous membranes.
 - 3. SP includes infection control practices and use of personal protective equipment (PPE) recommended for healthcare personnel when having contact with all patients wherever healthcare is delivered, regardless of patient diagnosis or presumed infectious status.
 - 4. The application of SP during patient care is determined by the nature of the healthcare worker-patient interaction and the extent of anticipated blood, body fluid, or pathogen contact.
 - 5. SP is the primary strategy for the prevention of the transmission of infection in healthcare.

- B. **Transmission Based Precautions (TBP):** In addition to SP, TBP shall be used for patients with documented or suspected infection or colonization with communicable or epidemiologically important pathogens for which additional precautions are needed to

prevent transmission. There are four categories of TBP: Airborne, Droplet, Contact, and Contact Plus Precautions (Please see individual sections of this policy for specific requirements for each category).

1. All HCA employees will receive mandatory education on this policy upon hire through the orientation process as well as an annual update as per Human Resources policy.
2. When a patient is *suspected of or known to have* a communicable disease requiring TBP, the physician is ultimately responsible for ordering the appropriate isolation category and informing the patient of the need for precautions.
3. In the absence of a physician order, the Infection Preventionist (IP), Unit Director, Nursing Supervisor, and/or the Charge Nurse have the authority to initiate TBP based on this policy and CDC guidance. The physician shall be notified as soon as possible.
4. If there is a disagreement with the physician about whether isolation is indicated, the Infection Control Committee Chairman (or designee) and/or the Chief Medical Officer (CMO) shall have the final decision-making authority.
5. Isolation will be discontinued by the IP based on approved criteria in this policy and Appendix A, using evidenced-based practice from the CDC, SHEA, APIC OSHA, and local or state authorities.
6. The IP has the authority to request an order for screening cultures as necessary to determine if a patient meets the criteria required to discontinue isolation precautions.
7. Immediately upon initiation of isolation precautions, a PPE cabinet and/or cart and the appropriate sign shall be placed on the door of the patient's room.
 - a. The isolation sign shall not include the patient name, reason for isolation, or any other information that might violate the patient's right to privacy.
8. All persons required to enter the room of a patient on isolation precautions are required to comply with this policy.
9. The quality of care of any patient on isolation precautions shall not be compromised as a result of being placed in isolation.
10. Disposable dietary trays and utensils are not required when serving patients in TBP.

C. **Extenuating Circumstances for Isolation Precautions:** In the event of a pandemic, epidemic, outbreak, or emergence of a novel pathogen, HCA Healthcare may modify isolation practices based on recommendations and/or requirements from CDC, OSHA, Local and/or State Department of Health and Human Services (DHHS), Regulatory Agencies (e.g., Joint Commission, Centers for Medicare and Medicaid).

I. **Standard Precautions (SP)**

A. Procedure

1. To ensure that appropriate precautions are always implemented, patients will be routinely assessed for isolation precautions criteria according to the CDC 2007 Guideline for Isolation Precautions (Appendix A) as part of their pre-admission and admission care.
2. A physician order is not required for SP. This category is routinely used for all patients.

B. Hand Hygiene

1. Appropriate hand hygiene includes use of a hospital approved alcohol-based hand sanitizer or the use of hospital approved antimicrobial soap with a minimum of a 20 second scrub time
2. Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated (or potentially contaminated) surfaces, whether or not gloves are worn.
3. Perform hand hygiene immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
4. Perform hand hygiene between tasks and procedures performed on the same patient to prevent cross-contamination of different body sites.

C. Respiratory Hygiene/Cough Etiquette

1. Respiratory Hygiene (RH) refers to source containment of infectious respiratory secretions in symptomatic patients, beginning at the initial part of encounter (e.g., triage and reception areas in emergency departments, waiting rooms and physician offices).
2. Post signs in reception/waiting areas, language appropriate to the surrounding population served, with instructions to patients and visitors. Signs should provide education instructing symptomatic persons (both patients and visitors) to cover their mouth/nose when sneezing or coughing, as well as instructing persons to practice hand hygiene after soiling of hands with respiratory secretions.
3. Provide symptomatic patients and/or visitors with supplies to aid in the containment of respiratory secretions (i.e. tissues, masks, hand hygiene supplies).
4. Provide hand hygiene facilities to patients and visitors. Hand hygiene facilities provided should be: 1) Physical handwashing supplies (e.g., sink, soap, paper towels) or 2) Hospital approved alcohol-based hand sanitizer.
5. Symptomatic persons should wear a regular surgical mask, if tolerated, or should maintain a spatial separation of greater than 6 feet.

D. Personal Protective Equipment (PPE)

1. Gloves
 - a. Gloves shall be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and contaminated or potentially contaminated items.
 - b. Remove gloves promptly after use. Before touching non-contaminated items and environmental surfaces, and before going to another patient; perform hand hygiene immediately to avoid transfer of microorganisms to other patients or the environment.
2. Mask, eye protection, face shield
 - a. Wear a mask, eye protection, or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedure and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

3. Gowns

- a. Wear an impervious gown to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, excretions, or cause soiling of clothing.
 - i. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.
- b. Remove gown as promptly as possible and perform hand hygiene to avoid transfer of microorganisms to other patients or the environment.

E. Patient Care Equipment Instructions

- a. Handle in a manner that prevents transfer of microorganisms to others and to the environment.
- b. Always wear the appropriate PPE when handling used patient care equipment soiled with blood, body fluids, secretions, and excretions.

F. Linen

- a. Handle, transport, and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganisms to other patients and environments.
- a. Soiled linen will be bagged at the location where it was used and will not be sorted or rinsed in patient care areas.
- a. Place soiled linen in a designated plastic bag. Bags should be closed using a goose neck tie and not a bunny tie. Plastic bags are placed in soiled linen carts located in the soiled utility rooms.
- a. Clean linen carts are to remain covered at all times.

II. Transmission Based Isolation Precautions (TBP): Transmission Based Isolation Precautions (TBP): In addition to SP, TBP shall be used for patients with documented or suspected infection or colonization with highly communicable or epidemiologically important pathogens for which additional precautions are needed to prevent transmission. There are four categories of TBP, Airborne, Droplet, Contact, and Contact Plus Precautions (Please see individual sections of this policy for specific requirements for each category).

A. Airborne Precautions (AP): In addition to SP, use AP for patients known or suspected to be infected with microorganisms transmitted person-to-person by the airborne route (e.g. tuberculosis, measles, chickenpox, smallpox, SARS, COVID).

1. Patient placement

- a. Place patient in a private *negative pressure* Airborne Infection Isolation Room (AIIR).
 - i. Monitored negative air pressure in relation to the surrounding area.
 - ii. A minimum of six to 12 air exchanges per hour.
 - iii. Appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is circulated to other areas.
- b. In the event that a negative pressure room is not available, place the patient in a

private room with a portable HEPA filtration unit until an appropriate room is available.

- c. When a private room is not available, place the patient in a room with a patient with an active infection with the same microorganism (unless otherwise recommended) but with no other infectious agent.
 - d. When a private room is not available and cohorting is not desirable, consultation with infection prevention is required before patient placement.
 - e. Keep doors closed at all times to maintain pressure requirements.
 - f. Facility Operations (Maintenance Department) will perform/monitor daily airflow checks on all negative air pressure rooms when in use.
 - i. If the AIIR room is not in use, the air pressures will be monitored at a minimum of monthly.
2. Respiratory Protection
- a. Wear NIOSH approved fit tested respiratory protection (N-95 or higher) when entering the room.
 - b. Do not enter the room of patients known or suspected to have measles (Rubeola) or chickenpox (Varicella) if susceptible to these infections.
 - c. If susceptible persons must enter the room of a patient known or suspected to have measles or chickenpox, they shall wear respiratory protection (N-95).
 - i. Gowns and gloves are also worn if patients have active lesions per Contact Precautions PPE requirements.
 - d. All visitors shall wear a surgical mask (cone mask preferred).
 - i. Do not place HEPA respirators on patients or visitors. (For concerns or questions contact Infection Prevention.)
3. Patient Transport
- a. Patient shall only leave the room if medically necessary. Consult with IP prior to transport of patients.
 - i. If the patient must leave the room for a procedure (e.g., imaging or surgery), then it is desirable to have the patient procedure be the last scheduled case for the day and have the room terminally cleaned immediately after the procedure.
 - b. If transport or movement is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient.
 - c. Patients will not be ambulated in the hallway for Physical Therapy (PT) purposes until they have been cleared of infection and AP have been discontinued.
 - d. If an AP patient refuses to stay in the AIIR and all attempts for compliance have been exhausted, contact the IP for assistance from DHHS.
4. Discontinuing Airborne Precautions
- a. Consult with Infection Prevention when making the decision to discontinue AP.
 - b. For infections other than TB requiring AP, consult with Infection Prevention.
 - c. AP for TB can be discontinued when the following elements are met:
 - i. Infectious TB disease is determined unlikely by the Physician, IP, or DHHS, or,

- ii. Another diagnosis is made and confirmed that explains the clinical syndrome, or
 - iii. The patient has three consecutive negative Acid Fast Bacillus (AFB) sputum smears collected in 8-24 hour intervals with at least one specimen being an early morning collection, or
 - iv. The patient has been on treatment for greater than two weeks with anti-TB therapy and the patient is improving clinically.
5. Prior to the discharge of a patient known to have or is being treated for suspected TB, the Case Manager or IP shall notify the TB Nurse Control at the local DHHS.

B. Droplet Precautions (DP): In addition to SP, use DP for patients known or suspected to have an illness transmitted by large particle droplets that can be generated by the patient during coughing, sneezing, talking or during the performance of droplet generating procedures.

1. Patient placement

- a. Place patient in a single patient room. Negative pressure is **NOT** required for DP.
- b. When a private room is not available place the patient in a room with a patient who has active infection with the same microorganism, but with no other infection (cohorting).
- c. When a private room is not available and cohorting is not achievable, maintain spatial separation of at minimum, 6 feet between the infectious patient and other patients and visitors.
 - i. The patient shall be instructed to wear a regular surgical mask.

2. Personal Protective Equipment

- a. Wear a surgical mask when entering the patient's room.
- b. Wear a gown if performing a task that required the need to protect clothing.
- c. Wear a mask and eye protection if performing procedures that are likely to generate droplets or splashes to the mucous membranes per SP procedures.

3. Patient Transport

- a. Limit the movement and transport of the patient from the room to essential purposes.
- b. If transport or movement is necessary, the patient shall wear a regular surgical mask when outside of the patient room.

4. For a full list of infectious conditions requiring DP, see Appendix A. Examples of common infectious conditions requiring DP are:

- Meningococcal Meningitis
- Rule-Out Meningitis
- Influenza (seasonal)
- Diphtheria (pharyngeal)
- Mycoplasma Pneumonia
- Invasive Streptococcal pharyngitis, pneumonia, or Scarlet Fever in infants and young children

5. Discontinuing DP

- a. To discontinue DP, refer to the chart in Appendix A or contact Infection Prevention.

C. **Contact Precautions (CP):** In addition to SP, use CP for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission. CP are initiated for both colonization or infection regardless of the source.

1. Patient Placement

- a. Place patient in a private room. The door to the patient room is not required to stay closed.
- b. When a private room is not available, place the patient in a room with a patient who has active infection with the same microorganism, but with no other infection (cohorting).
- c. When a private room is not available and cohorting is not achievable, consider the epidemiology of the microorganism and the patient population when determining patient placement. Consultation with Infection Prevention is advised prior to patient placement in this situation.

2. Personal Protective Equipment

a. Gloves

- i. Gloves shall be worn when entering the patient room.
- ii. Gloves shall be worn with all contact with the patient or in the patient's environment
- iii. Change gloves after contact with infectious or potentially infectious material (e.g., fecal material, wounds). Perform hand hygiene after glove removal.
- iv. Remove gloves before leaving the patient's room and perform hand hygiene.
- v. After glove removal and hand hygiene, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room. Use a paper towel to touch interior door handle when leaving.

b. Gown

- i. A gown shall be worn when entering the patient room (or cubicle).
- ii. Remove the gown before leaving the patient's room. Perform hand hygiene.
 1. Do not reuse isolation gowns.
- iii. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment.

c. Mask/Eye Protection

- i. Wear a mask and eye protection while performing procedures that are likely to generate droplets or splashes to the mucous membranes per SP

procedure.

3. Patient Care Equipment
 - a. Handle patient care equipment according to SP.
 - b. Use disposable non-critical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment.
 - c. If the use of common equipment or items is unavoidable, they shall be adequately cleaned and disinfected before use for another patient.
4. Environmental Measures
 - a. Ensure that rooms of patients on CP are prioritized for frequent cleaning and disinfection (at least daily) with a focus on frequently touched surfaces (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment within the immediate vicinity of the patient.
5. Patient transport
 - a. Patients on CP and Contact Plus Precautions (CPP) may ambulate in the hall wearing a clean cover gown **IF** the patient has been bathed, instructed on hand hygiene, are continent, and are able to cooperate with such procedures.
 - b. PPE are not to be worn by staff outside of the patient room or procedural areas.
 - c. See section IV of this policy for specific instructions on the transport of patients on isolation precautions.
6. For a full list of infectious conditions requiring CP see Appendix A. Examples of common conditions requiring CP illnesses include:
 - Multi Drug Resistant Organisms (MDRO)
 - Methicillin Resistant *Staphylococcus aureus* (MRSA)
 - Vancomycin Resistant *Enterococcus sp.* (VRE)
 - *Klebsiella pneumoniae* carbapenemase producers (KPC)
 - Extended Spectrum Beta-Lactamase producers (ESBL)
 - Carbapenem-resistant Enterobacteriaceae (CRE)
 - Other common infectious conditions requiring CP
 - RSV
 - Scabies/Lice/Bed Bugs
 - Major draining wounds not contained with a dressing
 - Neonatal Herpes Simplex Virus (HSV)
7. Discontinuing Contact Precaution
 - a. MDRO patients should be off antimicrobial agents for 48 hours prior to ordering screening cultures.
 - i. Does not apply to CRE
 - b. VRE
 - i. Patients last positive VRE culture was less than one year prior, and

- ii. One culture from the original source is negative for VRE, and
 - iii. Three rectal swabs/stool cultures collected one week apart are negative for VRE.
- c. MRSA:
- i. Patients last positive MRSA culture is less than one year prior, and
 - ii. One culture from the original source is negative for MRSA, and
 - iii. One MRSA negative culture from the nares.
- d. Gram Negative MDROs (e.g., ESBL, CRE, KPC)
- i. One negative culture from the original source, collected after the patient has been of antimicrobial agents for at least 48 hours.

D. Contact Plus Precautions (CPP): CPP are used for patients with suspected or confirmed illness caused by spore forming bacteria and diarrheal illness such as *Clostridioides difficile*, Norovirus, or diarrhea of unknown etiology. CPP is also used for patients colonized infected with *C.auris*. CPP includes all the elements of CP in addition to the use of hospital approved bleach or other hospital approved sporicidal disinfection products for environmental and equipment disinfection.

DO NOT use alcohol-based hand sanitizer when caring for patients with known or suspected *C. difficile*.

- Alcohol-based hand sanitizer may be used for hand hygiene ***upon entry*** to the CPP isolation room.
- ***Prior to exiting*** the patient room, and between procedures within the room (as noted under SP), hand hygiene shall be performed using an antimicrobial soap and water wash with a minimum 20 second scrub time.

1. Patient Placement

- a. Place patient in a private Room. Patient room door may remain open.
- b. When a private room is not available, place the patient in a room with a patient(s) who has active infection with the same microorganism, but with no other infection (cohorting).
- c. When a private room is not available and cohorting is not achievable, consider the epidemiology of the microorganism and the patient population when determining patient placement. Consultation with infection control is advised before patient placement.

2. Personal Protective Equipment

- c. Gloves
 - i. Gloves shall be worn when entering the patient room.
 - ii. Gloves shall be worn with all contact with the patient or in the patient's environment
 - iii. Change gloves after contact with infectious or potentially infectious

material (e.g., fecal material, wounds). Perform hand hygiene using soap and water after glove removal.

- iv. Remove gloves before leaving the patient's room and perform hand hygiene with soap and water.
- v. After glove removal and hand hygiene with soap and water, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room. Use a paper towel to touch interior door handle when leaving.

b. Gown

- i. A gown shall be worn when entering the patient room (or cubicle).
- ii. Remove the gown before leaving the patient's room. Perform hand hygiene.
 - 1. Do not reuse isolation gowns.
- iii. After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or the environment.

c. Mask/Eye Protection

- i. Wear a mask and eye protection while performing procedures that are likely to generate droplets or splashes to the mucous membranes per SP procedure.

3. Patient Care Items

- a. Frequently used patient care items (thermometer, tourniquet, stethoscope, blood pressure apparatus, etc.) are preferably single use, and must remain in the patient's room until the precautions have been discontinued or patient discharged.
- b. Ensure that reusable patient care equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Ensure that single-use items are discarded properly.
- c. Environment Cleaning and Disinfection
 - i. Bleach wipes are used for cleaning of high touch areas in the vicinity of the patient and a bleach-based disinfectant should be used for routine cleaning of patient care equipment and daily cleaning of patient's environment (and for discharge cleaning).

4. Discontinuation of Contact Plus Precautions:

- a. Patients on CPP should remain on isolation for the duration of hospitalization.
- b. If conditions suggest the need to discontinue CPP, consult with Infection Prevention.
- c. **DO NOT** conduct "test of cure" for *C. difficile* to assist with discontinuation of CPP.

E. Neutropenic/Reverse Isolation Precautions (NP): In additions to SP, place patients in NP that have been diagnosed with a condition that renders them highly susceptible to infection.

- 1. Place allogeneic hematopoietic stem cell transplant (HSCT) patients in a Protective

Environment as described in the *Guideline to Prevent Opportunistic Infections in HSCCT Patients*, the *Guideline for Environmental Infection Control in Health-Care Facilities*, and the *Guidelines for Preventing Health-Care-Associated Pneumonia, 2003* to reduce exposure to environmental fungi (e.g., *Aspergillus*)

2. When NP are put into place:
 - a. Perform scrupulous hand hygiene and assist the patient to do the same.
 - b. Do not allow roommates, visitors or staff with infections in the room.
 - c. No flowers or potted plants in the room.
 - d. Keep sinks and bathroom fixtures dry.
 - e. Restrict uncooked fruits which cannot be peeled, uncooked vegetables (especially salads), and uncooked meats and fish from the diet.

III Special Instructions for TBP

- A. Patients placed in AP shall be placed in a monitored negative pressure isolation room with a minimum of 6 to 12 air exchanges per hour.
- B. Routine and terminal cleaning of isolation rooms:
 1. Daily room cubicle and bedside furniture of patients on TBP are cleaned using the same procedures used for other patients unless the infectious organism and the amount of environmental contamination indicates special procedures.
 2. The rooms of patients on CPP shall be cleaned with a hospital approved disinfectant that contains bleach.
 3. Upon discharge of a patient on AP that is known to be positive for TB or a zoster virus (shingles or chickenpox), the room must remain closed and under negative pressure for a minimum of 60 minutes (based on number of air exchanges per hour) prior to Environmental Services (EVS) staff entering to clean the room.
 - a. If conditions exist that require the room be available under that 60-minute time frame, EVS must wear an N-95 Respirator during the cleaning process.
 4. Terminal cleaning of CP and CPP upon discharge
 - a. Perform terminal cleaning when the patient is discharged or when taken out of Contact or Contact Plus Precautions.
 - b. Remove and launder privacy curtains
 - c. Contact Precautions sign is to be removed only after terminal cleaning has been completed by the Environmental Services Staff
- C. Nutritional Services Trays: No special precautions are needed for dishes, glasses, or eating utensils for isolation rooms. Personnel entering the room of a TBP room to pass and/or pick up meal trays shall don appropriate PPE as dictated in this policy.
- D. Linen from a TBP room is handled in the same manner as with all other patient rooms.
- E. Trash from a TBP room is handled in the same manner as with all other patient rooms.
- F. Ambulation in Hallway
 1. Patients on CP and CPP may ambulate in the hall wearing a clean cover gown if they have been instructed in and are capable of performing basic hygiene (bathing), hand hygiene, are continent, and are able to cooperate with such procedures.
 2. Patients on AP and DP shall not be permitted to leave the room unless there is a

medical necessity.

- a. In the event the patient must leave the room, they shall wear a regular surgical mask at all times.

IV. Transport of patients on TBP: Limit the transport of the patient from the room to essential purposes only.

- A. If transport is a medical necessity, schedule the patient as the last case of the day if possible.
- B. Notify the receiving department that the patient is on TBP and the category.
- C. Notify EVS of the patient movement to ensure proper cleaning practices.
- D. Patients on AP or DP must wear a surgical mask during transport.
- E. Patients with open draining wounds or skin lesions associated with varicella or smallpox or draining skin lesions caused by *M. tuberculosis*; ensure that the affected areas are covered to prevent aerosolization or contact with the infectious agent in skin lesions.
- F. Healthcare personnel transporting patients who are on DP or AP do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- G. Transport Procedure for CP and CPP
 1. Notify the receiving department of the isolation category.
 2. Wear gloves and gown on entry to the patient room.
 3. Explain the transportation procedure to the patient.
 4. If the patient is transported in their hospital bed, the high contact areas of the bed (e.g., headboard, footboard, handrails) shall be wiped with a hospital approved disinfectant. Use a bleach product when patient in on CPP.
 5. If using a wheelchair or stretcher, drape a clean sheet over the stretcher or wheelchair to cover the contact area.
 6. Once the patient is on the stretcher or wheelchair, place a clean sheet over the patient.
 7. Transport staff shall then remove the gown and gloves and perform hand hygiene with a hospital approved antimicrobial agent appropriate for the isolation category (do not use alcohol-based hand sanitizer if CCP).
 8. Two-person transport of CP or CPP
 - a. If it is anticipated that the patient might require some hands-on intervention during transport (e.g., respiratory care), the safest approach is to have, at minimum, two individuals involved in the transport of the patient to the procedure area.
 - b. Follow the same procedures in letter G above.
 - c. One transporter will be without PPE and will be responsible for physically pushing the bed and manipulating elevators and doors.
 - d. Any additional transporter(s) that will be involved in patient care during movement will don clean gloves and a clean gown.
 - e. Once the patient has reached the destination, the transporter wearing PPE will remove and discard appropriately.
 - f. Perform hand hygiene using a hospital approved antimicrobial agent for the indicated isolation category.

V. Visitation

A. Airborne Precautions

1. Limit visitors to household contacts or individuals essential for patient support.
 - a. Visitors will wear a regular surgical mask.

B. Droplet Precautions

1. Visitors will wear a regular surgical mask.

C. Contact and Contact Plus Precautions

1. Visitors are educated and encouraged to wear PPE and perform hand hygiene.

D. Extenuating Circumstances

1. In the event of an outbreak or emergence of a novel viral or bacterial (Dykewicz, Jaffe, & Kaplan, 2020) (US Department of Health and Human Services Centers for Disease Control and Prevention, 2019) (Tablan, Anderson, Besser, Bridges, & Hajjeh, 2004) agent, visitation elements may be required to be modified. This determination will be made by the Infection Preventionist in consultation with the Infection Control Committee, based on CDC, APIC, SHEA, DHHS, and Regulatory Agency recommendations and/or requirements.

REFERENCES

- Centers for Disease Control and Prevention. (2016). *Transmission-Based Precautions*. Retrieved from CDC: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
- Dykewicz, C. A., Jaffe, H. W., & Kaplan, J. E. (2020). Guidelines for preventing opportunistic infections among hematopoietic stem cell transplant recipients. *MMWR*, 49(RR10), 1-128.
- Tablan, O. C., Anderson, L. J., Besser, R., Bridges, C., & Hajjeh, R. (2004). Guidelines for preventing health-care-associated pneumonia, 2003. *MMWR*, 53(RR03), 1-36.
- US Department of Health and Human Services Centers for Disease Control and Prevention. (2019, July). *HICPAC Guidelines*. Retrieved from Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>

Appendix A

CDC Isolations Chart Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings <https://www.cdc.gov/infectioncontrol/pdf/guidelines/Isolation-guidelines-H.pdf>