

TRANSMISSION BASED PRECAUTIONS IMPLEMENTING ISOLATION MEASURES

There are two levels of controls used in health care to protect against the spread of infection. The first, **Standard Precautions**, protects from bacteria and viruses transmitted in blood and body fluids. **Transmission-based Precautions** are additional measures used to protect against organisms that are spread in ways other than blood and body fluids. Along with hand hygiene and cleaning and disinfecting surfaces, appropriate use of the following strategies is the foundation of an effective infection prevention and control program.

Standard Precautions

Standard precautions are the minimum infection control practices used to prevent the spread of germs that could be present in blood or body fluids. Standard precautions should be used when caring for everyone when coming in contact with blood, urine, serum, mucous, semen, vaginal secretions, and any other moist body substances, regardless of whether it is known if they have an infection. Standard precautions should be used for everyone, every time, and in every care setting. Standard precautions include the following:

- Performing hand hygiene before and after each patient/resident contact.
- The use of personal protective equipment (PPE) including gowns, gloves, masks, and eye protection for all contact with blood or body fluids, and when splash or aerosols can be expected.
 - Respiratory hygiene/cough etiquette practices
<https://www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm>
 - Safe injection practices <https://www.cdc.gov/injectionsafety/index.html>
 - Sharps safety measures
https://www.cdc.gov/niosh/newsroom/feature/needlestick_disposal.html

Transmission-based Precautions

Transmission-based precautions are additional measures that are required for patients/residents when germs are spread in ways other than in blood and body fluids.

Signs

Signs providing visual cues for the PPE and care practices that are indicated should be in place at the entry to the resident room. Standard signs are available through the CDC website.

<https://www.cdc.gov/infectioncontrol/pdf/contact-precautions-sign-P.pdf>
<https://www.cdc.gov/infectioncontrol/pdf/droplet-precautions-sign-P.pdf>

Droplet Precautions

Droplet precautions are used for patients/residents who are thought or known to have infection that can be spread by droplets. Droplets are created when a resident or staff member

coughs, sneezes, talks, or sings and are spread by entering another person's eyes, nose, or mouth.

- Place resident in a private room.
- If private room is not available, consider placing a portable HEPA filter unit between resident beds or using a privacy curtain.
- Limit the resident's movement out of the room. Have the person wear a well-fitting mask when movement outside of the room is necessary.
- Staff should perform hand hygiene and put on (don) a well-fitting mask and eye protection prior to entering the resident room.
- Perform hand hygiene prior to removing mask. Discard contaminated mask into the trash and perform hand hygiene again.

Contact Precautions

Contact precautions are used for residents who have infections that can spread through direct contact with an infected resident or contaminated surfaces.

- Place resident in a private room.
- If private room is not available, consider assigning separate staff to care for each resident and ensure patient care items are not shared between residents.
- Limit the resident's movement out of the room. Ensure that body fluids are contained and the wounds are covered. Encourage the resident to put on freshly laundered clothes prior to leaving their room.
- Healthcare Providers should perform hand hygiene and put on a gown and gloves prior to entering the resident room. Discard gown and gloves prior to leaving room and perform hand hygiene.
- Use dedicated equipment (such as blood pressure cuffs and pulse oximeters). If necessary to share equipment between residents, ensure that equipment is disinfected before use on another resident.

Aerosol Contact Precautions

Aerosol Contact Precautions are used for residents who have or are suspected of having COVID-19 or a novel respiratory virus. Healthcare providers should wear a NIOSH-approved N95 respirator, gown, gloves, and eye protection.

- Place resident in a private room. If available, select a room with negative pressure. If not available, then prioritize a room with higher air exchanges, windows that may open to allow fresh air in and out, or a room that does not allow contaminated air to flow freely into communal spaces.
- If private room is not available, consider placing a portable HEPA filter unit between resident beds and use a privacy curtain.
- Keep resident door closed if safety allows.
- Limit resident's movement out of the room. If necessary to leave room, ensure that resident has fresh clothing, linen, and is wearing a medical mask.

- Staff should perform hand hygiene and put on an N95 respirator, eye protection, gown, and gloves prior to entering room. Discard gown and gloves prior to leaving room and discard N95 respirator outside of room. Eye protection may be discarded outside of room or disinfected for reuse.
- Use dedicated equipment (such as blood pressure cuffs and pulse oximeters). If necessary to share equipment between residents, ensure that equipment is disinfected before use on another resident.

General Isolation Principles

Initiating Isolation

- Place a sign at the entry to the resident room indicating the category of isolation needed.
- Place a cart containing all necessary personal protective equipment (PPE) and Alcohol-based Hand Hygiene (ABHR) at the entry to the resident doorway.
- Ensure that all necessary items are stocked and readily available for use when needed for resident care.
- Instruct HCP to perform hand hygiene before and after each resident contact and before touching their face protection (mask and eye protection).
- Where resident safety and space permit, place a waste bin at the doorway inside the resident room. Consider using bins that are:
 - Large enough to hold discarded PPE generated during the period of time between scheduled trash removal
 - Are fitted with a lid to contain contents and prevent spillover of contaminated items
 - Have hands free operation (such as foot operated)

COVID-19 Resident Placement

- For COVID-19 infection, residents should be placed in a private room with a dedicated bathroom. The door to the resident's room should remain closed.
- If a private room is not possible, the following criteria for roommate selection should be considered:
 - Fully vaccinated resident up-to date boosting
 - Recently recovered from COVID-19 infection
 - Without significant underlying immune-compromising illness
 - Without underlying respiratory illness
 - Consider placement of a portable HEPA filter unit between resident's beds following guidance in *Improving Indoor Air Quality*.
- For facilities with two or more COVID-19 positive residents, consider establishing a COVID-19 Cohort within the facility, following COVID-19 cohorting guidance.



[Limit Transportation and Movement](#)

Eliminate and minimize the resident's movement out of the room. If leaving the room is required (such as for a medical appointment), the resident should be instructed in the use of a well-fitting masks, such as a KN95. When transferring the resident to another provider or facility, ensure that they are notified that COVID-19 is known/suspected.

[Use Disposable or Dedicated Patient Care Equipment](#)

Dedicated patient care items such as blood pressure cuffs, thermometers, and pulse oximetry equipment to the resident. Ensure that equipment is disinfected after each use if dedicating equipment is not possible.

[Increase Frequency of Cleaning and Disinfection](#)

Consider increasing cleaning and disinfection of high-touch surfaces to every 2-4 hours while there are active COVID-19 cases in the building.