



Understanding Isolation

Infection Control is Everyone's Responsibility

Why are isolation precautions required?

At Ross Memorial Hospital (RMH), we use additional precautions and place patients in private rooms to help prevent disease-causing organisms (bacteria and viruses) from spreading to other patients, staff and visitors. A patient may be placed into a private isolation room, with additional precautions, for many reasons, such as:

- symptoms of cough and fever
- contact with a contagious disease or organism
- development of diarrhea and/or vomiting
- laboratory results test positive
- a history of having an antibiotic resistant organism (ARO) such as MRSA, VRE or ESBL.

When a patient is admitted to RMH, often swabs are taken from the patient's nose, rectum and any incisions or wounds. Isolation precautions are put into place if any of the swabs are positive for an ARO. Patients that are transferred directly from a hospital outside Ontario for admission to RMH are placed in isolation precautions; a series of swabs are taken from the patient's nose, rectum and any incisions or wounds. Once all of the swab results are reported as negative (in 2 or 3 days), the isolation precautions are stopped.

What types of precautions are taken?

There are five types of isolation precautions to be used by staff and visitors:

1. Airborne (white sign)
2. Droplet (blue sign)
3. Contact (yellow sign)
4. Droplet/Contact (green sign)
5. Droplet/Contact with N95 (purple sign)

* Isolation signs are placed at the doorway to the patient's isolation room, along with a stop sign. This means that everyone entering the room must take the precautions.

* In most cases, the isolated patient is advised that they must stay in their room.

* No personal equipment (wheelchair or IV pole) can leave the room until it is cleaned.

* All persons entering the room of an isolated patient must wear personal protective equipment (PPE) **as stated on the sign, such as:**

Eye protection – goggles or face shield; eyeglasses alone aren't enough protection.

Gown - tied at the neck and back.

Gloves - to fit your hand size (S/M/L), placing top of glove over gown cuff.

Mask - The Procedure Mask with eye shield is the most commonly used mask. To put it on, spread the pleats out to cover the nose and mouth, reaching under the chin. Place the elastic strings over ears and form the mask down over the bridge of the nose. Masks with no eye shield are provided for patient use only.

The **N-95 mask** is worn for airborne isolation precautions. The nurse will help you find this mask, which must be worn at all times while inside the room. Visitors who may be at high risk for the disease may not be able to enter the room.

What special protection do I need?

Before putting on personal protective equipment, clean your hands with alcohol-based rub. Then, check the sign on the door. This will tell you what is required:

Airborne: (White sign)

(Organisms that travel long distances in a fine mist through the air)

N-95 mask

Gown/Gloves/Eye protection – only needed for entry into the patients room, if splashes of blood or body fluids is likely.

Droplet: (Blue sign)

(Organisms are large droplets and fall from the air within 2 metres of the patient)

Procedure Mask with eye shield

Gown/Gloves – not required for entry into the patients room, only if splashes or sprays of blood or body fluids is likely.

Contact: (Yellow sign)

(Organisms found on surfaces, spread by unwashed hands and contaminated equipment)

Gown & Gloves

Droplet/Contact: (Green sign)

(Combination of droplets in the air and contaminated surfaces)

PPE is the combination of Droplet and Contact precautions listed above.

Gown & Gloves

Procedure Mask with eye shield -when within 2 metres of the patient.

Droplet/Contact + N95

Same information as Droplet/Contact except for mask.

N95 mask

Eye protection

How do I remove the protective equipment safely?

Carefully remove each item in the following order, before leaving the patient's room:

- Remove gloves carefully rolling inside out from the wrist down and place in the garbage
- Untie gown and carefully roll off the arms touching only the inside of the gown and place in the garbage
- Cleanse hands with alcohol-based hand sanitizer
- Remove procedure mask by pulling the strings at the sides or back of your head and place in the garbage
- If the patient is in Airborne Precautions (white sign) do not remove N95 mask until outside of the patient's room and the door is tightly shut
- Remove eye-wear
- Cleanse hands with alcohol-based hand sanitizer

Are there special considerations?

In special circumstances, parents or caregivers may be caring for an isolated patient for many hours or days in an isolation room. They may choose not to wear the personal protective equipment while in the patient's room, especially if they have already been exposed or living with the patient. In this situation the caregiver must wear a mask when outside the isolation room traveling in and out of the hospital.

Hand hygiene is a very important step to prevent the spread of organisms. Wash hands with soap and running water if visibly soiled. Always turn off the water taps using a paper towel to keep your hands clean. If your hands don't appear soiled, use the alcohol hand sanitizer before entering and when leaving the patient's room.

Is there special advice for visitors?

Yes, visitors are asked not enter an isolation room until they receive instruction from the nursing staff about the safe use of personal protective equipment. For visitors' safety, it is important that they know how to put on and remove equipment properly.

Visitors should not take personal items into the patient's room i.e. coat, purse, food etc. Visitors should place their coats on hooks outside the room or over the hand railing. They should place purses into plastic bags before taking them into the isolation room.

Ask the nurse for further direction.