01.19.02 – Isolation Precautions in Clinics

Purpose

To define isolation precautions in a clinic setting.

Audience

Clinics

General principles

Isolation status should be determined primarily by the suspected disease and/or pathogen.
In the clinic setting, a history of colonization by a multiple-drug resistant organism (MDRO) is likely less relevant than the clinical picture at the time of appointment. Clinical syndromes can be used for empiric selection of isolation precautions. See Appendix A.

Possible Exposures

Instances of contact prior to implementation of precautions should be reported to Infection Control and Healthcare Epidemiology by phone (409-772-3192), paging the on-call infection preventionist (409-643-3133), or e-mailing the director or any infection preventionist. The assigned infection preventionist will determine if an exposure has occurred, and will send the clinic manager 2 forms, one for a list of exposed staff members and one with instructions for the exposed employee. The infection preventionist will also inform Employee Health of the exposure event and provide the list of exposed persons. Patient exposures: clinic staff will contact patients for follow-up. The director of Infection Control and Healthcare Epidemiology will provide guidance as needed.

High risk or high-consequence infections:

- When tuberculosis is suspected, mask the patient (surgical/procedure mask) and refer to a hospital with airborne infection isolation (negative-pressure) rooms.
- For a patient who screens positive when travel alerts/exposure alerts are activated for high consequence infections such as Ebola viral disease, follow policy 04.01. Place patient in private room, using All Barrier precautions, and begin the notification process to assess the patient's potential for exposure and infection. Do not treat further until exposure/infection have been ruled out. The County Health Authority will arrange for transportation to UTMB's Biocontainment Critical Care Unit when that is indicated.

For other clinical syndromes, implement precautions as outlined below.

A. Contact Precautions: Place patient in private room and implement precautions (gowns and gloves for contact with patient or immediate surroundings) for the following syndromes:
   1. Diarrhea (possible pathogen: enteric bacteria or viruses). Place in an exam room as soon as possible.

2. Abscess or draining wound that cannot be covered nor drainage contained (standard precautions only for minor wound infection).
3. Lice or scabies (if not treated ≥24 hours prior to visit).
4. Acute viral (acute hemorrhagic) conjunctivitis.
5. Herpes simplex, mucocutaneous: disseminated or primary, severe (until lesions have crusted)

B. Extended contact (gown, gloves, surgical mask)
1. Projectile vomiting and diarrhea (possible pathogen: Norovirus): place in exam room as soon as possible. Add droplet precautions (surgical mask). Clean surfaces with 1:10 dilution of bleach if patient has been vomiting. Notify Infection Control and Healthcare Epidemiology (772-3192 or page 643-3133) if Norovirus is suspected, see policy 01.44.
2. C. difficile: suspected or recurring. Clean surfaces with 1:10 solution of bleach.

C. Contact plus droplet precautions: Possible RSV or other respiratory virus. Place in an exam room as soon as possible.

D. Contact plus airborne precautions (gown, gloves, N95 respirator or surgical mask)
1. Vesicular rash (possible varicella-zoster). Place in exam room as soon as possible. Staff who are immune may wear surgical/procedure mask rather than respirator.
2. Varicella zoster (shingles)-disseminated or localized in immunosuppressed patient. Standard precautions for localized zoster.

E. Airborne: as noted above, refer to hospital with airborne infection isolation rooms. Mask patient if possible. If patient is not masked, staff should wear an N95 respirator. Refer to facility with airborne isolation rooms)
1. Cough, fever, upper lobe infiltrate, especially if accompanied by other symptoms of tuberculosis (e.g. unplanned weight loss, night sweats). Notify Infection Control and Healthcare Epidemiology for exposures to possible TB.
2. Cough, fever, pulmonary infiltrate in an HIV-infected patient or patient at high risk of HIV (possible TB).
3. Maculopapular rash with cough, coryza, and fever (possible measles). Place in exam room as soon as possible. Notify Infection Control and Healthcare Epidemiology (409-772-3192 or page 409-643-3133) **immediately** if measles is suspected. This is considered a public health emergency.

F. Droplet precautions (surgical/procedure/isolation mask). Mask patient until the patient can be moved into a private exam room.
   1. Fever and cough (flu like illness)
   2. Fever, prolonged cough or paroxysmal coughing, vomiting after coughing (possible pertussis).
   3. Meningitis (transport to acute care facility as soon as possible)
   4. Petechial/eccymotic rash with fever (possible meningococcemia)

G. All Barrier Precautions (gown, gloves, mask/respirator, eye protection).
   1. Cough, fever, pulmonary infiltrate in patient with history of recent travel to area with active outbreaks of avian influenza, MERS (middle east respiratory syndrome). Place in exam room as soon as possible, place surgical mask on patient. Follow policy 03.01. Notify the infection preventionist on call by paging 409-643-3133 or call 214-497-8454.
   2. Petechial/ecchymotic rash with fever AND history of travel to an area with an ongoing outbreak of viral hemorrhagic fever in 10 days before onset of fever. Follow policy 04.01. Place in exam room immediately and begin by consulting Infectious Disease Service. Notify infection preventionist on call by paging 409-643-3133).

Appendix A

Clinical conditions warranting empiric transmission-based precautions in addition to standard precautions pending confirmation of diagnosis.

Clinical syndrome or condition	Potential Pathogens	Empiric precautions (plus standard precautions)
Diarrheal Illness		
Acute diarrhea with likely infectious cause in an incontinent or diapered patient	Enteric pathogens (e.g. shiga toxin-producing *E. coli, Shigella, Salmonella*, Rotavirus)	Contact Precautions (pediatrics and adults)
Diarrhea associated with antibiotics or chemotherapy	*C. difficile*	Extended Contact (contact precautions plus disinfection of environment and equipment with 1:10 solution of bleach)
Diarrhea and projectile vomiting, especially if known exposure to Norovirus is known	Norovirus (be alert for additional cases-tends to cause outbreaks)	Extended Contact plus droplet (**vomitus is infectious**). See policy 2.30.
Meningitis	*Neisseria meningitidis* (any suspected bacterial meningitis until initial test results are available).	Droplet Precautions for 1st 24 hours of antimicrobial therapy; mask and facial protection (e.g. shield or goggles) for intubation. Transport to an acute care facility as soon as possible. Notify Infection Control and Healthcare Epidemiology immediately (409-772-3192 or pager 643-3133)
	Enteroviruses	Contact Precautions for infants and children.
	M. tuberculosis	Airborne Precautions **only if pulmonary infection is suspected** (e.g. fever and cough or pulmonary infiltrate on chest radiograph). Airborne plus Contact Precautions if potentially infectious draining body fluid is present. **Standard Precautions if not respiratory and no draining wound.** Transport to an acute care facility as soon as possible.
Rash or exanthemas		
Petechial/ecchymotic with fever (general)	*Neisseria meningitides (meningococcemia)*	Droplet Precautions for 1st 24 hours of antimicrobial therapy; mask and facial protection (e.g. shield or goggles) for intubation. Transport to an acute care facility as soon as possible. Notify Infection Control and Healthcare Epidemiology immediately (2-3192 or pager 643-3133)

Clinical syndrome or condition	Potential Pathogens	Empiric precautions (plus standard precautions)
Petechial/ecchymotic with fever (general) and positive history of travel to an area with an ongoing outbreak of viral hemorrhagic fever in the 10 days before onset of fever	Ebola, Lassa, Marburg viruses-(patients who screen positive when travel alert is activated)	**All barrier precautions (**gown, gloves, N95 respirator, facial protection, sharps safety-avoid using sharps if possible)**.** Consult Infectious Disease Service. Notify Infection Control and Healthcare Epidemiology immediately (409-772-3192, pager 643-3133, phone 214-497-8454). **Do not send to hospital until cleared to do so.**
Vesicular rash	Common: Varicella-zoster, herpes simplex, Potential exposure and/or travel alert: variola (smallpox), vaccinia viruses (smallpox vaccine), monkeypox	Airborne plus Contact precautions for chickenpox, disseminated zoster, localized zoster in an immunocompromised patient. (Standard precautions for localized zoster in a patient who is not immunocompromised). Contact Precautions for herpes simplex (mucocutaneous-disseminated or primary, severe), vaccinia (recent vaccination for smallpox or contact with recently vaccinated person). If suspected vaccinia, smallpox, or monkeypox: consult the Infectious Diseases Service and notify Infection Control and Healthcare Epidemiology immediately (409-772-3912, page 643-3133, or call 214-497-8454.
Maculopapular with cough, coryza,and fever	Rubeola (measles) virus	Airborne Precautions. Notify Infection Control and Healthcare Epidemiology immediately (409-772-3192, page 643-3133, or call 214-497-8454)
Ectoparasites	Head lice Body lice Scabies	Contact Precautions for 24 hours after treatment.
Respiratory Infections		
Cough, fever, upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	*M. tuberculosis*, respiratory viruses, *S. pneumoniae*, *S. aureus* (MSSA or MRSA)	Suspected TB: Airborne Precautions. Arrange for transport to an acute care facility with airborne infection isolation rooms. If TB is not suspected, standard precautions.

Clinical syndrome or condition	Potential Pathogens	Empiric precautions (plus standard precautions)
Cough, fever, pulmonary infiltrate in any lung location In a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza, MERS, H7N9 or other novel influenza viruses.	Coronavirus, novel/severe strains of influenza	All Barrier Precautions (gowns, gloves, N95 respirator, facial protection). Consult Infectious Diseases. Notify Infection Control and Healthcare Epidemiology (409-772-3192, page 643-3133, or call 214-497-8454). Do not transport patient to the hospital until cleared to do so.
Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	Respiratory syncytial virus (RSV), parainfluenza virus, adenovirus, influenza virus, human metapneumovirus	Droplet plus Contact Precautions (may discontinue Droplet Precautions when adenovirus and influenza have been ruled out.).
Paroxysmal coughing w/ or w/o “whoop”, post-tussive vomiting.	Pertussis	Droplet Precautions.
Skin or Wound Infection		
Skin/soft tissue infection with no drainage or minimal drainage contained by a bandage		Standard Precautions (no isolation)
Abscess or draining wound that cannot be covered or drainage cannot be adequately contained.	MRSA, VRE, other drug-resistant organisms	Contact Precautions
MDRO Colonization	MRSA, VRE, most resistant gram negative organisms (e.g. ESBLs).	Standard Precautions in absence of acute infection. Acute infection (e.g. draining abscess): Contact Precautions
	Extremely drug-resistant organisms (XDRO), e.g. Carbapenemase resistant Enterobacteriaceae (CRE), multi-drug resistant *Acinetobacter, Candida auris.* The isolation flag will show the organism type.	Contact Precautions for colonization and acute infection. The treating physician will be contacted for information about the patient and to consult on treatment, including source control (e.g. potential removal of infected device).

References:

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007. http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf

2. Healthcare Infection Control Practices Advisory Committee, Guideline for Management of Multidrug Resistant Organisms in Healthcare Settings. 2006. https://www.cdc.gov/infectioncontrol/pdf/guidelines/mdro-guidelines.pdf

3. *Candida auris* Interim Recommendations for Healthcare Facilities and Laboratories. Feb 16, 2017. https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html