

Approved for Use:

Bronson Battle Creek Hospital
Bronson LakeView Hospital
Bronson Methodist Hospital
Bronson South Haven Hospital

System IP O-01 STANDARD PRECAUTIONS PROCEDURE AND SPECIAL PRECAUTIONS GUIDELINE

APPLIES TO: All staff

PURPOSE:

To provide infection prevention recommendations for healthcare workers, ancillary staff, patients and visitors in the hospital.

DEFINITIONS:




- **Standard precautions** are a group of infection prevention practices that apply to all patients at all times regardless of suspected or confirmed infection status. **Standard precautions** are based on the principle that all blood and body fluids are considered potentially infectious.
- **Transmission-Based Precautions** are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone. There are six categories of **Transmission-Based Precautions**:
 1. **Contact Precautions**
 2. **Contact Plus Precautions**
 3. **Droplet Precautions**
 4. **Droplet Plus Precautions**
 5. **Airborne Precautions**
 6. **Combination Precautions**



Transmission-based precautions are initiated for patients with known or suspected infections or evidence of syndromes that represent an increased risk for transmission. Transmission-based precautions can be ordered by nursing.

GENERAL INFORMATION:

- Application of **Standard Precautions** during patient care is determined by the nature of the healthcare worker-patient interaction and extent of anticipated blood, body fluid, or pathogen exposure. Its intention is to protect patients by ensuring that healthcare workers do not transmit infectious agents to patients on their hands or via equipment. **Special Precautions** required for specific infections and syndromes can be viewed here: [Type and Duration of Precautions Recommended for Selected Infections and Conditions](#)
- Special Precautions in the **Behavioral Health units** may require modification depending on the needs of the patient's therapy. Infection Preventionists should be consulted when patients on the Behavior Health units require special precautions. Modified special precautions may be determined on a case by case basis to help meet the needs of this patient population.

QUICK REFERENCE: Transmission-Based Precautions

SPECIAL PRECAUTIONS	WHEN ENTERING	WHEN EXITING	WHEN A PATIENT LEAVES THEIR ROOM	INFECTIOUS DISEASE EXAMPLES
Airborne 	<ul style="list-style-type: none"> • Perform hand hygiene • Don PPE: <ul style="list-style-type: none"> ✓ PAPR or N95 and face shield 	<ul style="list-style-type: none"> • Perform hand hygiene • Follow procedure to remove and store PAPR or N95 and face shield (outside patient room) 	<ul style="list-style-type: none"> • Patient performs hand hygiene • Place an isolation mask on patient 	<ul style="list-style-type: none"> • Chicken Pox (Varicella) • Tuberculosis (TB) • Disseminated Herpes Zoster (disseminated shingles)
Contact 	<ul style="list-style-type: none"> • Perform hand hygiene • Don PPE: <ul style="list-style-type: none"> ✓ Gown ✓ Gloves ✓ Isolation mask ✓ Face shield 	<ul style="list-style-type: none"> • Remove gloves and gown before leaving the room • Perform hand hygiene • Don clean gloves • Exit room • Disinfect face shield • Doff gloves • Perform hand hygiene • Clean and disinfect hospital equipment before it leaves room 	<ul style="list-style-type: none"> • Patient performs hand hygiene • Patient wears a clean (new) gown or covers with clean robe to ambulate outside of room • Patient wears a cloth mask 	<ul style="list-style-type: none"> • Unknown skin rash • Draining wounds • MDROs (excluding VRE and MRSA; not isolating for these during PPE conservation) • Lice • Scabies • Diarrheal illness (other than Contact Plus pathogens) if patient is incontinent or young child/infant
Contact Plus 	<ul style="list-style-type: none"> • Perform hand hygiene • Don PPE: <ul style="list-style-type: none"> ✓ Gown ✓ Gloves ✓ Isolation mask ✓ Face shield 	<ul style="list-style-type: none"> • Remove gloves and gown before leaving the room • Perform hand hygiene • Don clean gloves • Exit room • Disinfect face shield • Doff gloves • Perform hand hygiene with soap and water • Clean and disinfect equipment with bleach product before it leaves room 	<ul style="list-style-type: none"> • Patient performs hand hygiene with soap and water • For <i>active C. difficile</i> infections, patient <u>may not ambulate in corridors</u> • If patient is continent of stool (<i>making it to the bathroom</i>), patient <u>can ambulate</u> outside of room wearing clean (new) gown or covered by clean robe and a cloth mask 	<ul style="list-style-type: none"> • Clostridium difficile • Norovirus • Astrovirus • Sapovirus • Hepatitis A

SPECIAL PRECAUTIONS	WHEN ENTERING	WHEN EXITING	WHEN A PATIENT LEAVES THEIR ROOM	INFECTIOUS DISEASE EXAMPLES
<p style="text-align: center;">Droplet</p> 	<ul style="list-style-type: none"> • Perform hand hygiene and don PPE: <ul style="list-style-type: none"> ✓ Isolation mask ✓ Gown ✓ Gloves ✓ Face shield 	<ul style="list-style-type: none"> • Remove gloves and gown before leaving the room • Perform hand hygiene • Don clean gloves • Exit room • Disinfect face shield • Doff gloves • Perform hand hygiene • Clean and disinfect hospital equipment before it leaves room 	<ul style="list-style-type: none"> • Patient performs hand hygiene • Patient wears a clean (new) gown or covers with clean robe to ambulate outside of room • Place an isolation mask on patient 	<ul style="list-style-type: none"> • Influenza • Pertussis • Strep throat • Meningitis • Adenovirus • RSV • Any acute respiratory illness in young child/infant
<p style="text-align: center;">Droplet Plus</p>  <p>(COVID-19 Only)</p>	<ul style="list-style-type: none"> • Perform hand hygiene and don PPE: <ul style="list-style-type: none"> ✓ Isolation mask ✓ Gown ✓ Gloves ✓ Face shield • Place in negative air room if possible • For regular rooms retrofitted with window exhaust fans, turn on fan for aerosol generating procedures • For terminal clean, EVS does not enter until room has been empty one hour. EVS wears gown and gloves; mask and face shield. 	<ul style="list-style-type: none"> • Remove gloves and gown before leaving the room • Perform hand hygiene • Don clean gloves • Exit room • Disinfect face shield • Doff gloves • Perform hand hygiene • Clean and disinfect hospital equipment before it leaves room 	<ul style="list-style-type: none"> • COVID19 patients do not leave their room unless unavoidable* • Place an isolation mask on the patient and cover bedding with a clean sheet when taking the patient out of the room. 	<ul style="list-style-type: none"> • COVID-19
<p style="text-align: center;">Enhanced Droplet</p> <p style="text-align: center;"><i>(aerosol generating procedures only)</i></p>	<ul style="list-style-type: none"> • Used in addition to Droplet (for influenza) and Droplet Plus (for COVID-19) precautions <u>DURING AEROSOL GENERATING PROCEDURES ONLY</u> • Perform hand hygiene and don PPE: <ul style="list-style-type: none"> ✓ PAPR or N95 and face shield ✓ Gown ✓ Gloves • After aerosol generating procedures, anyone entering room for the next hour needs to wear a PAPR or N95 & face shield 	<ul style="list-style-type: none"> • Remove gloves and gown in the room • Perform hand hygiene • Follow procedure to remove and store PAPR or N95 and face shield (outside patient room) 		<ul style="list-style-type: none"> • Influenza • COVID-19
<p>**A combination of special precautions may be required for some infections.</p> <p>**Don't wait for lab confirmation to place patients in special precautions.</p>				

REQUISITES:

Hand hygiene (refer to [System IP O-06 HAND HYGIENE GUIDELINE](#))

Personal protective equipment (PPE) such as gloves, gown, mask, eye protection, face shield, powered air-purifying respirator (PAPR)

PROCEDURE:

I. STANDARD PRECAUTIONS

Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting and apply the following infection prevention practices during the delivery of healthcare:

1. Use Hand Hygiene and don isolation mask.
2. Wear additional personal protective equipment (PPE) when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.
 - a. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., of a patient incontinent of stool or urine) could occur. Change gloves during patient care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (i.e., face).
 - b. Wear a gown that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood or body fluids is anticipated. Do not reuse PPE, even for repeated contacts with the same patient.
 - c. Use a face shield to protect the conjunctiva of the eyes, and mucous membranes of the nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, and/or body fluids. This also will protect your isolation mask from contamination.
 - d. During aerosol-generating procedures, wear one of the following: a face shield that fully covers the front and sides of the face with your isolation mask..
 - e. Respiratory Hygiene/Cough Etiquette - Instruct patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions.
 - f. Offer masks to coughing patients and other symptomatic persons.
 - g. Instruct patients to wash hands before eating and after using the toilet.
 - h. Visitors who will be involved in the care of a patient will be taught gowning and gloving techniques as indicated.
 - i. Instruct visitors to wash their hands with soap and water for 20 seconds or use the hand sanitizer upon entering and leaving the room.

II. TRANSMISSION BASED PRECAUTIONS

- Place an order for special precautions in the EHR.
- Attach the precautions sign outside of the patient's room; do not remove unless the order is discontinued (leave up after discharge for EVS to take down after terminal clean is completed).
- Precautions apply to everyone entering the room. Family and visitors must talk with a nurse before entering.

NOTE: If patient must be transported by Transport personnel, Diagnostic department should enter the precautions with the order in **Patient Transport Tracking** so the page will indicate patient isolation precautions are needed. Additionally, make sure precautions are indicated on the **Ticket to Ride** report that is sent with the patient.

1. Contact Precautions

- a. Contact Precautions in addition to Standard Precautions are used to prevent the spread of infectious agents which are easily transmitted by direct or indirect contact with the patient or the patient's environment.
- b. Contact Precautions also apply when the presence of excessive wound drainage, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission.
- c. Contact Precautions include:
 - 1) Hand hygiene
 - 2) Wearing a gown, gloves, isolation mask and face shield
 - 3) Healthcare workers should:
 - Instruct patients to wash their hands before eating and after using the toilet.
 - Instruct visitors who will be involved in the care of a patient gowning and gloving techniques as indicated per unit policy.
 - Instruct visitors to wash their hands with soap and water for 20 seconds or use the hand sanitizer upon entering and leaving the room.
- d. Some examples of infectious agents for which Contact Precautions are indicated include:
 - I. Multidrug Resistant Organisms (MDROs)
 - II. Group A Strep (*Streptococcus pyogenes*) major uncovered wounds
 - III. Rotavirus

2. Contact Plus Precautions

- a. Contact Plus Precautions are in addition to contact precautions and standard precautions, and are used for suspected or confirmed *Clostridium difficile* and norovirus infections. Norovirus is highly transmissible through direct or indirect contact, and *Clostridium difficile* spores are persistent in the environment. Disinfection must be done with bleach for Contact Plus Precautions, and hand hygiene must be with soap and water.
- b. Contact Plus Precautions include:
 - 1) Hand hygiene
 - 2) Wearing a gown, gloves, isolation mask and face shield
 - 3) Healthcare workers should:
 - Instruct patients to wash their hands before eating and after using the toilet.
 - Instruct visitors who will be involved in the care of a patient gowning and gloving techniques as indicated per unit policy.
 - Instruct visitors to wash their hands with soap and water or use the hand sanitizer upon **entering** the room.

- Staff and visitors must wash hands with soap and water for 20 seconds when **leaving** the room. DO NOT USE hand sanitizer.
- c. Infectious agents for which Contact Plus Precautions are indicated include:
 - I. *Clostridium difficile*. See [System IP O-31 Clostridioides Difficile Infection \(CDI\) Special Precautions](#)
 - II. Norovirus
 - III. Astrovirus
 - IV. Sapovirus
 - V. Hepatitis A
- d. Clinician may discontinue Contact Plus Precautions in Epic when patient meets this criteria:
 - Patient has negative C. difficile stool result (and no C. difficile positive stools during admission).
 - If GI Panel was done, must be negative for C. difficile, norovirus, astrovirus, and sapovirus (all four require Contact Plus Precautions).
 - GI panel or C. difficile PCR is discontinued due to testing no longer being appropriate

3. Droplet Precautions

- a. Droplet Precautions will be used in addition to Standard Precautions to prevent the transmission of infectious agents spread by droplets. Droplet transmission involves contact of the conjunctiva or mucous membranes of the nose or mouth of a susceptible person with a large-particle droplet (>5um) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the infectious agent. Droplets may be generated by the patient's coughing, sneezing, talking, or during the performance of procedures, e.g., suctioning.
- b. Droplet Precautions include:
 - 1) Hand hygiene
 - 2) Surgical mask
 - 3) Isolation gown
 - 4) Gloves
 - 5) Face shield
 - 6) Healthcare workers should:
 - Instruct patients to wash their hands before eating and after using the toilet
 - Instruct visitors who will be involved in the care of a patient gowning, gloving and masking techniques.
 - Instructing visitors to wash their hands with soap and water for 20 seconds or use the hand sanitizer upon entering and leaving the room.
- c. Some examples of infectious agents (suspected or confirmed) for which Droplet Precautions are indicated include:
 - I. *B. pertussis*
 - II. Influenza virus
 - III. *N. meningitides*
 - IV. Group A streptococcus (for the first 24 hours of antimicrobial therapy).

- d. Clinician may discontinue Droplet Precautions in Epic when patient meets this criteria: Patient has a negative Respiratory Infectious Disease Panel OR patient has been fever free for 24 hours or longer without the use of antipyretics and respiratory status is back to baseline. (**exceptions:** For influenza, do not discontinue droplet isolation until the patient meets clinical criteria AND it has been at least 7 days since onset of symptoms.)

Before leaving room:

NOTE: Patients in contact, contact plus or droplet isolation may walk outside their room if the below conditions are met. (Patients in **contact plus** who are **incontinent of stool**, patients in **droplet plus**, and patients in **airborne** are **not** to ambulate outside their room.)

- Staff assisting patient in the room to prepare for ambulating need to wear appropriate PPE while in the room. As staff (and patient) exit the room, PPE is removed by staff inside the room consistent with Bronson PPE [doffing guidelines noted below](#).
- Patient is to either be changed into a clean gown or have a clean robe put over the gown before leaving the room. Robe must provide full coverage (long sleeves); another clean gown turned around backwards is not considered a robe for isolation purposes because this is not enough coverage.
- Patient needs to do hand hygiene before they leave the room (instructed and assisted by staff as needed).
- Patient wears isolation mask if they are in droplet isolation.
- Any patient equipment coming with them (oxygen, IV pole, walker, cane, etc.) is to be wiped down with hospital disinfectant wipes before leaving the room (not necessary to wipe wheels).

Outside the room:

- Discourage patient from sitting in common areas.
- If the patient uses the corridor chairs during the ambulation process staff will put on gloves and use hospital disinfectant wipes to clean the chair as soon as possible.
- If the patient uses the side rails attached to the wall in the hallway during ambulation the staff will put on gloves and use hospital disinfectant wipes to clean the side rails as soon as possible
- Staff do not wear PPE while they are supporting patients ambulating (including Rehab staff). (I.e. no gown, gloves or mask on staff.) *Bioburden has been reduced on the patient as the source: patient has done hand hygiene and is wearing a clean barrier themselves (the clean gown or robe over their gown).*

4. Droplet Plus Precautions

- a. Droplet Plus Precautions will be used in addition to Standard Precautions to prevent the transmission of high consequence pathogens that are spread by droplets and require barriers in addition to those needed for Droplet Precautions.

- i. Infection (suspected or confirmed) for which Droplet Plus Precautions are indicated: **COVID-19**
 - ii. Droplet transmission involves contact of the conjunctiva or mucous membranes of the nose or mouth of a susceptible person with a large-particle droplet (>5um) containing microorganisms generated from a person who has a clinical disease or who is a carrier of the infectious agent.
 - iii. Droplets may be generated by the patient's coughing, sneezing, talking, or during the performance of procedures, e.g., suctioning.
- b. Droplet Plus Precautions include:
- 1) Hand hygiene
 - 2) Surgical mask
 - 3) Isolation gown
 - 4) Gloves
 - 5) Face shield
 - 6) PAPR or N95 and face shield for aerosol generating procedures
 - 7) Healthcare workers should:
 - Instruct patients to wash their hands before eating and after using the toilet
 - Instruct visitors who will be involved in the care of a patient gowning, gloving and masking techniques.
 - Instruct visitors to wash their hands with soap and water for 20 seconds or use the hand sanitizer upon entering and leaving the room.
 - Do not enter room without PAPR/N95 and face shield during aerosol generating procedures or for one hour after.
 - Keep the door shut unless entering or exiting.
 - Patients are placed in a negative pressure room when possible.
 - Patient stays in the room unless necessary. New bedding should be used to cover them during transportation. The patient wears an isolation mask.
 - Nursing does daily cleans (not EVS). EVS does terminal clean after discharge, and does not enter until one hour after discharge.
- c. Clinician may discontinue Droplet Plus Precautions in Epic when patient meets this criteria: Provider confirmation that patient is no longer suspected of having COVID19; for recovering cases consider discontinuing isolation when afebrile x72 hours without antipyretics and 10 days from onset of symptoms.

5. Enhanced Droplet

(subcategory of both 'Droplet' and 'Droplet Plus' Precautions)

- a. For influenza and COVID-19 patients, certain high-risk procedures require an increased level of protection. The procedures listed below are highly aerosol generating and pose a risk for the person providing care or anyone within 6 feet of the head of bed. These procedures require the use of PAPR and include:
 - Airway intubation and extubation
 - Bag valve mask ventilation (BVM)
 - Cardiopulmonary resuscitation (CPR)

- Nebulized medication administration
 - Open suctioning
 - Invasive procedures of the upper aerodigestive tract (biopsy)
 - Interventional Radiology (Bronchial stenting)
 - Cath lab (STEMI)
 - L & D (Crash C-section)
 - When a patient is mechanically ventilated or on CPAP/BIPAP – PAPR required at all times
- b. Place a Enhanced Droplet Precautions sign on the door of the patients who need this added protection for the duration of their droplet isolation for influenza or droplet plus for COVID-19. Signs are located with the PAPRs and on the Respiratory Care web page.
 - c. When any of these aerosolized generating procedures (AGPs) are performed, the date and time of the procedure will be written on the enhanced precautions sign. This lets other care providers know if they need to wear a PAPR or N95 & face shield when entering the room. A dry erase marker will be used so it can be updated.
 - d. In an emergency when a PAPR or N95 and face shield is not available, please use a standard droplet mask until a PAPR or N95 and face shield arrives.

6. Airborne Precautions

- a. Airborne Precautions will be used in addition to standard precautions for patients known or suspected to be infected with a disease spread by very small droplet nuclei (5um or smaller). These particles may be spread through the air and carried on air currents or inhaled. Special air handling/ventilation is needed.
- b. Airborne Precautions include:
 1. Hand hygiene
 2. Airborne infection isolation room (AIIR) equipped with special air handling and ventilation capacity.
 - BMH: see [BMH IP O-15 AIRBORNE NEGATIVE PRESSURE PRECAUTION ROOM PROCEDURE](#); notify Facilities Services that room has been activated for BMH.
 - BBC: see [BBC-IC 060 Tuberculosis Control Plan](#).
 - BLH: see [BLH IP-031 Tuberculosis Control Plan](#).
 - BSH: see [BSH-Tuberculosis Control Program](#))
 3. Personnel restrictions – Restrict susceptible healthcare personnel from entering the rooms of patients known to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare workers are available.
 4. PPE - Wear powered air purifying respirator (PAPR) or N95 respirator.
- c. Infectious agents (suspected or confirmed) for which airborne precautions are indicated include:
 - i. Infectious pulmonary or laryngeal tuberculosis
 - ii. Smallpox
 - iii. Chickenpox (varicella)*
 - iv. Disseminated herpes zoster*
 - v. Measles*

*NOTE: everyone wears a PAPR for airborne isolation when caring for patients with these infections, even if the healthcare worker has known immunity to chickenpox or measles.

- In case of suspected tuberculosis or smallpox, visitors should be encouraged to wear a surgical mask.
- Transportation of patients in Airborne Isolation should be limited. Patients must wear an isolation mask when outside of an airborne isolation room.
- An Airborne Isolation room must be left vacant with the door closed before the room is cleaned and used for another patient. For a negative pressure room, leave closed and do not enter without a PAPR for 1 hour. For a non-negative pressure room, leave closed 4 hours.

NOTE:

- **Patients in Airborne Precautions are not to ambulate outside their room.**
- Airborne Precautions can only be discontinued by Infection Prevention.

7. **Combination Precautions** – In some instances it will be necessary to use more than one transmission based precaution, in addition to Standard Precautions. Ebola is an example of an infectious condition that will require combination precautions (standard, contact, droplet and airborne) and specific equipment.

8. Donning Personal Protective Equipment

Donning PPE is done immediately before entering the patient's room.

Follow sequence below:

a. **GOWN**

- Select appropriate type and size
- Opening goes in the back
- Fully cover torso from neck to knees, arms to end of wrist, and wrap around the back
- Fasten in back at neck and waist



b. **MASK**

- In times of PPE conservation, follow standard work for use as instructed.
- Place over nose, mouth and chin
- Secure ties or elastic band at middle of head and neck
- *For single use of mask (or putting on for first time):* Fit flexible band to nose bridge



c. **GLOVES**

- Use non-sterile for isolation
- Select according to hand size
- Extend to cover wrist of isolation gown

d. **PAPR**

- For donning instructions, see [System IP O-26 USE OF PAPRS FOR AIRBORNE ISOLATION](#)

e. **N95**

- In times of PPE conservation, follow standard work for donning as instructed.
- *For single use of N95 (or putting on for first time):* Hold the respirator in the palm of your hand with the straps facing the floor.
- Place the N95 respirator on your face covering your nose and mouth.
- Pull the bottom strap up and over top of your head, and put it behind your head below your ears. Take the upper strap and put it behind your head towards the crown of your head.
- *For single use of N95 (or putting on for first time):* Mold the nose piece of the respirator over the bridge of your nose to obtain a tight seal.
- Perform a fit check to ensure there is a good seal against the skin.

8. Safe Work Practices with Personal Protective Equipment

- Keep hands away from face
- Avoid touching or adjusting other PPE with dirty gloved hands
- Work from clean to dirty
- Limit surfaces touched
- Change when torn or heavily contaminated
- Perform hand hygiene before donning new gloves

9. Doffing Personal Protective Equipment

- Be mindful of clean vs. contaminated areas of your PPE – in general, the outside front and sleeves of the gown, outside of the gloves, and outside front of the mask are contaminated, regardless of whether there is visible soil.
- Areas considered clean are parts touched when removing PPE, including inside the gloves, inside and back of the gown and gown ties, and the ties/elastic/or ear pieces of the mask.
- Remove PPE (other than PAPR/N95) at the doorway before leaving the patient's room and discard into bins next to the door. Remove PAPR/N95 outside of the patient's room, after the door is shut.

Follow the below sequence for doffing:

a. **GOWN AND GLOVES – DISPOSABLE**

- Gown front and sleeves and outside of gloves are contaminated!
- Cross arms and grasp gown at deltoids using two hands. In one swift forward motion, pull the gown forward to break the closure at the back of the neck, touching the outside of gown only with gloved hands.
- Undo and/or break the waist tie by pulling gown forward with two hands at your waist.
- Roll the gown down from the shoulders into a ball, holding it away from your body and turning it inside out as you go (so the



contaminated side is toward the inside of the ball).

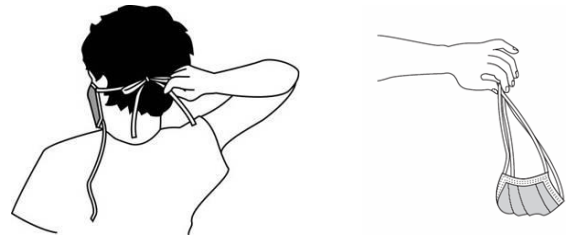
- As you are removing the gown, peel off your gloves at the same time (turning them inside out). Only touch the inside of the gloves and gown with your bare hands.
- Discard into waste container Perform hand hygiene

b. GOWN AND GLOVES – CLOTH

- Gown front and sleeves and outside of gloves are contaminated!
- Remove gloves
- Perform hand hygiene
- Unfasten gown ties, taking care that sleeves do not contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard into linen bag
- Perform hand hygiene

c. MASK

- Front of mask is contaminated!
- Grasp **ONLY** bottom then top ties/elastics and remove
- Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the mask.
- Discard in waste container or in times of PPE conservation follow standard work to store as instructed.
- Do not wear mask outside of room
- Perform hand hygiene



d. PAPR

- For doffing instructions, see [System IP O-26 USE OF PAPRS FOR AIRBORNE ISOLATION](#)

e. N95

- Front of mask is contaminated!
- Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.
- Discard in waste container or in times of PPE conservation follow standard work to store as instructed.
- Perform hand hygiene

Note: If hands become visibly contaminated during PPE removal, wash hands before continuing to remove PPE.

DOCUMENTATION:

Document use of isolation precautions in the electronic health record every 12 hours.

CROSS REFERENCE POLICIES:

[BLH IP-031 Tuberculosis Control Plan](#)

[BBC-IC 060 Tuberculosis Control Plan](#)

[BSH-Tuberculosis Control Program](#)

[System IP O-06 HAND HYGIENE GUIDELINE](#)

[BMH IP O-15 AIRBORNE NEGATIVE PRESSURE PRECAUTION ROOM PROCEDURE](#)

[System IP O-26 USE OF PAPRS FOR AIRBORNE ISOLATION](#)

[System IP O-28 Standard and Special Precautions for Transporting Patients](#)

[System IP O-31 Clostridioides Difficile Infection \(CDI\) Special Precautions](#)

EVIDENCE-BASED REFERENCES:

Bennett, G. (2010). Infection Prevention Manual for Hospitals. ICP Associates, Inc. Rome, GA.

Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007, Centers for Disease Control

Centers for Disease Control and Prevention. (2016). Prevention Strategies for Seasonal Influenza in Healthcare Settings, Guidelines and Recommendations 2016.

Retrieved from

<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

Centers for Disease Control and Prevention. (2016). Sequence for Putting on Personal Protection Equipment (PPE). Retrieved from

<http://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf>

Centers for Disease Control and Prevention. (2020). Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Retrieved from

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

NIOSH. (2010). How to Properly Put on and Take off a Disposable Respirator.

Retrieved from <https://www.cdc.gov/niosh/docs/2010-133/pdfs/2010-133.pdf>