



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.6

DEPARTMENT: *Infection Control*

SUBJECT: *Isolation Guidelines*

APPROVAL DATE: April 2004

REVISION DATE: Dec. 2020; Nov. 2022

REVIEW DATE: March 2017; Nov 2018; Dec. 2019

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PURPOSE:

1. To stop the spread of infectious diseases by controlling or eliminating the infectious agent.
2. Isolation can protect the compromised resident from the environment or prevent others from being infected.

PROCEDURE:

The following measures will be taken when a resident requires isolation.

1. The IPAC Program Manager/Manager of Resident Care or designate will:
2. Determine the mode of transmission of the infective agent/material.
3. Classify the infection/disease under one of the following types of precautions: Contact, Droplet, Airborne or Droplet/Contact precautions, or Enhanced Droplet/Contact Precautions.
4. Continue daily surveillance and report any changes in isolation procedures to department managers.
5. Notify all departments regarding isolation cases and review isolation responsibilities and procedures with department managers.
6. Notify all department managers when isolation has been discontinued.
7. Explain precautionary measures to the resident. If the resident shares a washroom, the ill resident should have access to the bathroom. A commode can be provided to the well roommate. Ensure that the resident on precautionary measures understands that he/she may not leave the room until directed by the nurse. Clear communication to all care staff regarding which resident to use the commode is imperative.
8. Document all symptoms on surveillance tool and/or Line Listing form provided by Public Health. (Diarrhea: chart number and consistency of stools on Resident Stool Record Chart)
9. Each department manager will initiate departmental isolation procedures.



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Equipment Needed: Door sign indicating precautionary measure that is required (see appendix A), isolation cart (including personal protective equipment (PPE): gowns, gloves, masks (surgical, N95, procedural), eye protection garbage bags, alcohol-based hand sanitizer).

Enteric Precautions

Symptoms must not be attributed to another cause (e.g., medication side effects, laxatives, diet or prior medical condition) and are not present or incubating upon admission and at least one of the following must be met:

- Two or more episodes of diarrhea (i.e., loose/watery bowel movements) within a 24-hour period OR
 - Two or more episodes of vomiting within a 24-hour period; OR
 - One or more episodes of diarrhea AND one or more episodes of vomiting within a 24-hour period.
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- Enteric precautions can be discontinued once resident has been symptom free for 48 hours.
 - Articles that are contaminated with feces should be properly cleaned and/or discarded before placing in the general laundry or garbage.
 - Fecal contaminated linens should be handled, using gloves, a minimal number of times to prevent dispersal of microorganisms into the environment.
 - When 2 or more residents in the same room are on “Precautions” separate gowns and gloves are to be worn for each resident.
 - See section 5 for outbreak measures

Respiratory Precautions

Any resident exhibiting 2 or more symptoms which include:

- Fever/abnormal temperature ($\leq 35.5^{\circ}\text{C}$ or $\geq 37.5^{\circ}\text{C}$; elderly, may not present with fever)
- Chills
- New or increased cough
- Myalgia
- Malaise or loss of appetite
- New headache or eye pain



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- Sore throat/hoarseness/difficulty swallowing
 - Runny nose or sneezing
 - Stuffy nose (i.e. congestion)
 - New or increased shortness of breath or respiratory rate $\geq 25/\text{min}$
 - Abnormal breathing sounds
 - New or increased sputum production
 - Pleuritic chest pain
 - Worsening mental or functional status: significant deterioration in ability to carry out activities of daily living or in cognitive status

Residents with 2 or more respiratory symptoms should be kept in their room for 5 days or 100% symptom free (whichever is shortest) from the onset of symptoms.

Handling Linen and Garbage:

When followed properly, the procedures for handling linen and garbage prevent nursing, housekeeping, laundry and maintenance staff from coming into contact with contaminated materials. In most cases routine laundering is adequate for eliminating pathogens. All staff should follow guidelines for use of PPE's.

All linen and garbage should be removed from isolation room every shift and taken to soiled utility room to be collected by housekeeping/maintenance staff.

For all linen and garbage associated with pathogens requiring special handling such as: cytotoxic materials please follow the policy for that pathogen.

Room Cleaning

- Room cleaning is done daily per routine (in some cases twice daily) using approved disinfectant. Bed changing will be the responsibility of the nursing staff.
- Housekeeping staff will wear PPE's during room cleaning

Dietary

- Dietary staff will prepare trays for nursing staff to deliver to residents and return them to kitchen. Disposable trays are not required unless indicated by public health. Staff should practice good hygiene when handling returned trays.



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Refer to policies IC: 2.19, 2.20, 2.21 and 2.22 for Personal Protective Equipment (PPE) use and requirements.

Refer to Section 5 – Outbreak Management Protocols.

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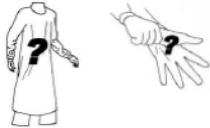
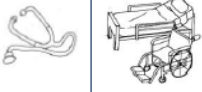


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APPENDIX J: SAMPLE SIGNAGE FOR ENTRANCE TO ROOM OF A RESIDENT REQUIRING DROPLET AND CONTACT PRECAUTIONS IN NON-ACUTE CARE FACILITIES

DROPLET + CONTACT PRECAUTIONS – Non-acute Care Facilities	
	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed:</p> <ul style="list-style-type: none"> ✓ Before and after each resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one’s nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the resident’s environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities if resident hygiene is poor and if available, or maintain a spatial separation of at least 2 metres between the resident and others in the room, with privacy curtain drawn ✓ Door may remain open ✓ Perform hand hygiene on leaving the room
	<p>Mask and Eye Protection or Face Shield</p> <ul style="list-style-type: none"> ✓ Wear within 2 metres of the resident ✓ Remove and perform hand hygiene on leaving the room
	<p>Gown and Gloves [based on risk assessment]</p> <ul style="list-style-type: none"> ✓ Wear a long-sleeved gown for <u>direct care</u>* when skin or clothing may become contaminated ✓ Wear gloves for <u>direct care</u>* ✓ Wearing gloves is NOT a substitute for hand hygiene. ✓ Remove gloves on leaving the room or bed space and perform hand hygiene
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Dedicate routine equipment to the resident if possible (e.g., stethoscope, thermometer) ✓ Disinfect all equipment before it is used for another resident ✓ All high-touch surfaces in the patient’s room must be cleaned at least daily
	<p>Resident Transport</p> <ul style="list-style-type: none"> ✓ Resident to wear a mask during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Non-household visitors wear a mask and eye protection within 2 metres of the resident ✓ Visitors must wear gloves and a long-sleeved gown if they will be in contact with other residents or will be providing <u>direct care</u>* ✓ Visitors must perform hand hygiene before entry and on leaving the room

* **Direct Care:** Providing hands-on care, such as bathing, washing, turning the patient, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

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APPENDIX K: SAMPLE SIGNAGE FOR ENTRANCE TO ROOM OF A PATIENT REQUIRING AIRBORNE PRECAUTIONS IN ALL HEALTH CARE FACILITIES

AIRBORNE PRECAUTIONS – All Facilities	
	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed:</p> <ul style="list-style-type: none"> ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one’s nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident’s environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Client/Patient/Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities ✓ Room must have negative pressure ventilation with room air exhausted outside or through a HEPA filter ✓ Monitor negative pressure daily while in use ✓ Door must remain closed
	<p>N95 Respirator</p> <ul style="list-style-type: none"> ✓ Wear a fit-tested, seal-checked N95 respirator for entry to the room for TB patients ✓ For measles, varicella or disseminated zoster, only immune staff are to enter the room and an N95 respirator is not required
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Equipment that is being used by more than one client/patient/resident must be cleaned between patients/residents ✓ All high-touch surfaces in the patient’s room must be cleaned at least daily
	<p>Transport of the Client/Patient/Resident</p> <ul style="list-style-type: none"> ✓ Client/patient/resident to wear a mask during transport ✓ Transport staff to wear an N95 respirator during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Visitors must be kept to a minimum ✓ Visitors must perform hand hygiene before entry and on leaving the room ✓ For TB, household members do not require an N95 respirator ✓ For TB, non-household visitors require an N95 respirator ✓ For measles/varicella, visitors should be counselled before entering the room

* **Direct Care:** Providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting. Feeding and pushing a wheelchair are not classified as direct care.

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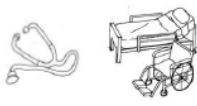


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APPENDIX H: SAMPLE SIGNAGE FOR ENTRANCE TO ROOM OF A PATIENT REQUIRING DROPLET PRECAUTIONS IN ALL HEALTH CARE FACILITIES

DROPLET PRECAUTIONS – All Facilities	
	<p>Hand Hygiene as per Routine Practices Hand hygiene is performed:</p> <ul style="list-style-type: none"> ✓ Before and after each client/patient/resident contact ✓ Before performing invasive procedures ✓ Before preparing, handling, serving or eating food ✓ After care involving body fluids and before moving to another activity ✓ Before putting on and after taking off gloves and other PPE ✓ After personal body functions (e.g., blowing one’s nose) ✓ Whenever hands come into contact with secretions, excretions, blood and body fluids ✓ After contact with items in the client/patient/resident’s environment ✓ Whenever there is doubt about the necessity for doing so
	<p>Client/Patient/Resident Placement</p> <ul style="list-style-type: none"> ✓ Single room with own toileting facilities if available, or maintain a spatial separation of at least 2 metres between the client/patient/resident and others in the room, with privacy curtain drawn ✓ Door may remain open ✓ Perform hand hygiene on leaving the room
	<p>Mask and Eye Protection or Face Shield</p> <ul style="list-style-type: none"> ✓ Wear within 2 metres of the client/patient/resident ✓ Remove and perform hand hygiene on leaving the room
	<p>Environment and Equipment</p> <ul style="list-style-type: none"> ✓ Dedicate routine equipment to the client/patient/resident (e.g., stethoscope, thermometer) ✓ Disinfect all equipment that comes out of the room ✓ All high-touch surfaces in the client/patient/resident’s room must be cleaned at least daily
	<p>Client/Patient/Resident Transport</p> <ul style="list-style-type: none"> ✓ Client/patient/resident to wear a mask during transport
	<p>Visitors</p> <ul style="list-style-type: none"> ✓ Non-household visitors wear a mask and eye protection within 2 metres of the client/patient/resident ✓ Visitors must perform hand hygiene before entry and on leaving the room