



# Washington State Hospital Association Standardization of Isolation Precaution Signage in Washington *Implementation Toolkit*



## Washington State Hospital Association

**Address:** 300 Elliott Avenue West, Suite 300 • Seattle, WA 98119

**Phone:** (206) 577-1831 **Toolkit Website:** <http://www.wsha.org/page.cfm?ID=208>

November 2009

Washington State Hospital Association (WSHA) produced these materials based on documents from the Arizona Hospital and Healthcare Association and other hospital associations.

“Washington Hospitals – Collaborating to Keep Patients Safe”



# Standardization of Isolation Precautions Signage in Washington State



Carol Wagner  
Vice President, Patient Safety  
Washington State Hospital Association  
300 Elliott Ave W, Suite 300  
Seattle, WA 98119  
(206) 577-1831  
[carolw@wsha.org](mailto:carolw@wsha.org)

November 2009

To download a copy of this toolkit, go to  
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Special Thanks to  
**Franciscan Health System**  
&  
**MultiCare Health System**  
for leading the way in  
Washington's quest to  
standardize  
Isolation Precautions Signage.



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# Acknowledgments

We would like to thank the taskforce and participating hospitals that worked on developing the Standardized Isolation Precautions Signage. Each contributed in several ways. Their content expertise, time commitment, continuous suggestions for improvement, and eye for details helped make this work a reality.

Participating hospitals:

Hospital
Central Washington Hospital
Columbia Basin Hospital
Deaconess Medical Center
Franciscan Health System
Harrison Medical Center
Mason General Hospital
MultiCare Health System
Naval Hospital
St. Joseph Hospital- Bellingham
Sacred Heart Medical Center and Children's Hospital
Samaritan Hospital
Seattle Children's
Sunnyside Community Hospital
Swedish Health Services
Valley Medical Center – Renton
University of Washington Medical Center
Yakima Regional Medical and Cardiac Center





# Executive Summary

**STOP STANDARD PRECAUTIONS STOP**  
(If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room  
Cover mouth and nose with arm or tissue when coughing or sneezing

**Doctors and Staff must:**

- Gown and glove if soiling likely
- Wear mask and eye cover if splashing body fluids likely

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**STOP CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room

**Doctors and Staff Must:**

- Gown and glove at door
- Use patient dedicated or disposable equipment.  
Clean and disinfect shared equipment.

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**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

**Everyone must:**

- Wash hands when entering and leaving room

**Doctors and Staff must:**

- Gown and glove at door
- Use patient dedicated or disposable equipment.  
Clean and disinfect shared equipment.

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**STOP DROPLET PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions on information sheet  
(If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room
- Wear mask

**Doctors and Staff must:**

- If contact with secretions likely, use gown, glove, and eye cover

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**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
(ENTER ONLY IF NEEDED)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

**Everyone Must:**

- Clean hands when entering and leaving the room

**Doctors and Staff Must:**

- Airborne Infection Isolation Room required  
Keep door closed
- Gown and glove at door

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**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors need approval before entering room  
Follow instructions from information sheet  
(If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving the room

**Doctors and Staff must:**

- Wear PAPR or fitted N95 mask prior to entering room
- Airborne Infection Isolation Room required  
Keep door closed

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**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Patients, Visitors, Physicians, and Staff clean hands when entering and leaving the room. Follow instructions as given below.  
(If you have questions, go to Nurse Station)

**Everyone must:**

- IP to add symbol and specific directions
- IP to add symbol and specific directions
- IP to add symbol and specific directions

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# Washington State Hospital Association

## Isolation Precaution Signage

### Executive Summary

Washington hospitals provide good care for patients. Yet, we know more needs to be done to make care safer. Across the nation, hospitals are looking for ways to make care safer and less complicated for physicians and staff to deliver.

Instituting standard practices among all hospitals has great potential to reduce the chances of errors created by individual hospital variations. With a large number of physicians and staff working in multiple hospitals, variations among hospitals can create an increased risk for error and add unnecessary complexity and frustration for health caregivers. It also adds a resource burden to hospitals which must spend time educating staff and physicians about the processes unique to their facility. Isolation precaution signage is a place where standardization could have an enormous positive impact.

The Centers for Disease Control and Prevention (CDC) has identified isolation precautions as one of the top seven strategies in preventing the transmission of methicillin-resistant *Staphylococcus aureus* (MRSA) and other multidrug-resistant organisms. In late 2007, Governor Gregoire convened a Scientific Panel in Washington to look at reducing the spread of MRSA. The experts raised concerns about the variation in isolation precaution practices in Washington hospitals. WSHA found these concerns were valid through a survey that revealed wide variation in isolation precaution signage between hospitals. The variation makes it more difficult for physicians and staff to comply with this important practice to reduce the spread of infections in hospitals.

At the request of member hospitals through the Safe Table on Eliminating Hospital Acquired Infections, WSHA staff was asked to convene members to standardize isolation signage in Washington hospitals. *The standardized isolation precautions signage is a means to convey important safe practices about a patient and communicate the specific actions health care workers and family/visitors must take.*



The group was comprised of hospitals of various sizes from across the state. The purpose of the standardization is to:

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (patients worry when practices are done differently);
- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.

As isolation precautions have not been standardized nationally, the group based their work off of the CDC guidelines, the successful initiative to standardize precaution signage in Pierce County, and examples from other Washington State hospitals.

The signage that was created follows the guidelines from the CDC. Expert Infection Preventionists (Infection Control Practitioners) in Washington chose to create two categories for contact precautions and two categories for airborne precautions for the following reasons:

- Adding Contact Enteric reinforces the unique interventions needed to prevent the spread of the highly transmittable *Clostridium difficile* and other similar organisms where staff must wash hands with soap and water and potentially clean using a chlorine-based disinfectant. This organism has impacted Washington patients and forced the closure of patient care units in Washington hospitals and long term care facilities.
- Airborne was split into two types of precautions because there is significant difference in the precautions needed to keep staff and patients safe. Tuberculosis requires fitted masks like PAPR or N95. Measles, herpes zoster, and chickenpox do not require these special masks.

The standardized Washington isolation precautions signage has three components:

- Precaution signs for patient rooms;
- Instructions for healthcare workers on the back; and
- Color-coded patient, family, and visitor information sheets.



We felt it was important to have the materials reviewed by national experts. *Washington State's standardized signage has been commended and endorsed by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), and the Joint Commission.*

The signs were also reviewed by the Washington State Department of Health for regulatory compliance. In addition, input from patients, families, and nursing staff has been incorporated. This work has been supported by the Washington State Nurses Association.

While standardization of isolation precautions signage is voluntary, we hope that all hospitals will implement it. The Washington State Hospital Association is supporting this effort at the request of members who are looking for ways to reduce harm to patients. Hospital leaders believe this process is important because many of our staff and physicians work in multiple hospitals. The Washington State Hospital Association Board has endorsed the uniform signage and encourages Washington hospitals to implement by October 1, 2009.

The types of precautions and colors are:

Type of Precaution	Color
Standard	Yellow
Contact	Orange
Contact Enteric	Orange/Brown Stripe
Droplet	Green
Airborne Contact	Blue/Orange Stripe
Airborne Respirator	Blue/Pink Stripe
Special Precautions	White

Note: All precautions are in addition to Standard Precautions which should be used on all patients.

Special Precautions was designed for Infection Preventionists to be able to create additional precautions for highly unusual infections such as a SARS outbreak.

If you have questions, please contact [CarolW@wsha.org](mailto:CarolW@wsha.org) or (206) 577-1831.





# Isolation Precautions for Adoption (with FAQs)

**STOP STANDARD PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room. Cover mouth and nose with arm or tissue when coughing or sneezing.

Doctors and Staff must:

- Gown and glove if soiling likely.
- Wear mask and eye cover if splashing body fluids likely.

**STOP CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.

Doctors and Staff must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Wash hands when entering and leaving room.

Doctors and Staff must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP DROPLET PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.
- Wear mask.

Doctors and Staff must:

- If contact with secretions likely, use gown, glove, and eye cover.

**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
ENTER ONLY IF IMMUNE  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone Must:

- Clean hands when entering and leaving the room.

Doctors and Staff Must:

- Airborne Infection Isolation Room required (negative pressure). Keep door closed.
- Gown and glove at door.

**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors need approval before entering room. Follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving the room.

Doctors and Staff must:

- Wear PAPR or fitted N95 mask prior to entering room.
- Airborne Infection Isolation Room required (negative pressure). Keep door closed.

**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Patients, Visitors, Physicians, and Staff clean hands when entering and leaving the room. Follow instructions as given below. If you have questions, go to Nurse Station.

Everyone must:

- IP to add symbol and specific directions.
- IP to add symbol and specific directions.
- IP to add symbol and specific directions.





## Standard Precautions

- This precaution is for all patients at all times.
- The purpose of this signage is to remind staff about standard precautions.
- Some facilities may choose to display this sign outside patient rooms when a patient is not another type of isolation.

### Frequently Asked Questions:

**1. What are standard precautions?**

Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.

**2. Why are standard precautions used?**

Standard precautions are designed to reduce the risk of transmission of pathogens from recognized and unrecognized sources of infection in health care settings. They apply to:

- Blood and blood products, all body fluids, secretions and excretions except sweat, non-intact skin, and mucous membranes
- Non-intact skin and mucous membranes
- All patients receiving care regardless of their diagnosis or infectious status

**3. What do standard precautions involve?**

Standard precautions involve:

- Practicing good hand hygiene and respiratory hygiene, using gowns, gloves, mask, eye shield, when in contact with secretions.
- Using safe sharp usage practices and wearing masks when performing certain lumbar injection procedures.
- Cleaning and disinfecting multi-use patient care equipment between patients.



## Contact Precautions



### Common conditions that use Contact Precautions:

- Multidrug resistant organisms
  - Carbapenem resistant Gram-negative rods/ESBL
  - Methicillin-resistant *Staphylococcus aureus* (MRSA)
  - Vancomycin-resistant *Enterococcus* (VRE)
- Scabies
- Wounds or abscesses with uncontained drainage

### Frequently Asked Questions:

**1. Why is orange for contact precautions?**

Orange was selected based on a statewide poll. This color is what was used in the standardization work of North Carolina, the only state that has standardized isolation precaution signage. Washington survey results did not show any consistent color in use.

**2. When are contact precautions used?**

Contact precautions are used for patients known or suspected to be infected or colonized with organisms that are transmitted by contact with the patient or contaminated surfaces with organisms like MRSA.

**3. How does contact transmission occur?**

Transmission can occur directly from the patient or from a surface they have touched. Contact precautions and good hand hygiene can keep you and your patients safe.

**4. What do contact precautions involve?**

Contact precautions consists of practicing good hand hygiene at all times, placing patient in a private room when possible, using gown and gloves, and use of disposable or dedicated equipment in addition to standard precautions.

**5. Who decides when a patient has to be placed in contact precautions?**

The nurse or physician will decide if a patient should be placed in contact precautions. Patients are placed in contact precautions if they are infected or colonized with one of the conditions listed in the table found at <http://www.wsha.org/page.cfm?ID=0208>

**6. Who decides when a patient can be taken out of contact precautions?**

Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



## Contact Enteric Precaution

### Common conditions that use Contact Enteric Precautions:

- Acute diarrhea with unknown etiology
- *Clostridium difficile* (*C. difficile*, *C. diff*)
- Norovirus
- Rotavirus

### Frequently Asked Questions:

- 1. Why is orange with a brown stripe for contact enteric precautions?**

Orange is used for contact precautions. The brown stripe was added to remind staff of the unique care that must be done with these types of patients such as using soap and water for hand hygiene and chlorine-based disinfectant as per facility policy when cleaning. The colors and band is similar to what is used in North Carolina and a few hospitals in Washington state.
- 2. When are contact enteric precautions used?**

Contact enteric precautions are used when a patient is known or suspected to be infected with an enteric organism.
- 3. How does contact enteric transmission occur?**

Transmission can occur directly from the patient or from a surface they have touched. Contact precautions and good hand washing can keep you and your patients safe.
- 4. What do contact enteric precautions involve?**

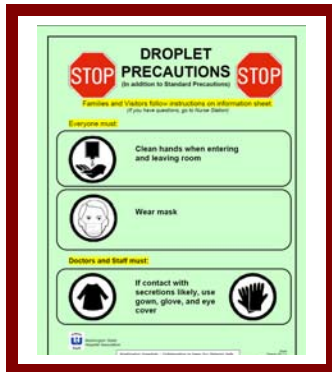
Contact precautions consists of practicing good hand hygiene at all times, placing patient in a private room when possible, using gown and gloves, and use of disposable or dedicated equipment in addition to standard precautions. Staff should wash their hands with soap and water when leaving the room. Room may be cleaned with chlorine-based disinfectant based on your hospital's policy. Family and visitors should not eat in patient room.
- 5. Who decides when a patient has to be placed in contact enteric precautions?**

The nurse or physician will decide if a patient should be placed in contact enteric precautions. Patients are placed in contact enteric precautions if they are infected with one of the above conditions.

**Who decides when a patient can be taken out of contact enteric precautions?**  
Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



## Droplet Precautions



### Common conditions that use Droplet Precautions:

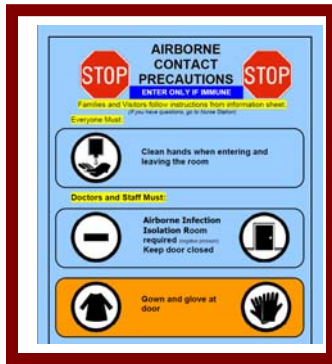
- Influenza
- Meningitis
- Pertussis
- Respiratory viruses

### Frequently Asked Questions:

- 1. Why is green for droplet precautions?**  
Green was selected based on one of the frequent colors of infected secretions. Washington survey results did not show any consistent color in use.
- 2. When are droplet precautions used?**  
Droplet precautions are used when a patient is known or suspected to be infected with organisms that are spread by droplets in the air such as bacterial meningitis.
- 3. How does droplet transmission occur?**  
Droplet transmission occurs through spread of organisms that are carried in large droplets when an infected patient coughs, sneezes, or a splash is produced during a procedure such as suctioning or from contaminated surfaces.
- 4. What do droplet precautions involve?**  
Droplet precautions consists of placing patient in a private room when possible, practicing good hand hygiene all of the time, and using a mask. Gown and gloves per standard precautions. Patients must wear a surgical mask during transport.
- 5. Who decides when a patient has to be placed in droplet precautions?**  
The nurse or physician will decide if a patient should be placed in droplet precautions. Patients are placed in droplet precautions if they are known or suspected of being infected with one of the above conditions.
- 6. Who decides when a patient can be taken out of droplet precautions?**  
Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



## Airborne Contact Precautions



### Common conditions that use Airborne Contact Precautions:

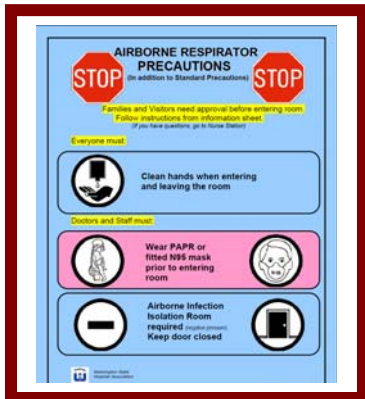
- Chickenpox
- Disseminated herpes zoster (Shingles)
- Localized zoster in immunocompromised individual
- Measles (Rubeola)

### Frequently Asked Questions:

- 1. Why is blue with orange stripe for airborne contact precautions?**  
Blue reminds staff of air. The orange stripe is to call attention to the use of contact precautions that may have to be used. Washington survey results did not show any consistent color in use.
- 2. When are airborne contact precautions used?**  
Airborne contact precautions are used when a patient is known or suspected to be infected with a disease that is spread through the air such as chickenpox.
- 3. How does airborne contact transmission occur?**  
Airborne respirator transmission occurs through spread of organisms that are carried through the air on dust particles or small particle residue (<5 microns). This type of infection is spread by breathing tiny droplets in the air that carry the organism and also contact with draining lesions.
- 4. What do airborne contact precautions involve?**  
Airborne contact precautions consists of placing the patient in an airborne infection isolation negative pressure room, good hand hygiene, using gown and gloves to prevent contact with secretions, and permitting only staff and visitors which are immune to the disease to enter the patient room. Patient must wear a surgical mask during transport. Keep door closed at all times. After patient is discharged, keep door closed for hour before routine cleaning.
- 5. What is an AII or Airborne Infection Isolation or negative pressure room?**  
These are special rooms designed to prevent the flow of air from the room into the corridors and common areas where susceptible persons may be exposed. This is accomplished through special ventilation systems.  
**Who decides when a patient can be taken out of airborne contact precautions?**  
Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



## Airborne Respirator Precautions



### Common conditions that use Airborne Respirator Precautions:

- Pulmonary or Laryngeal Tuberculosis
- Others as designated

### Frequently Asked Questions:

- 1. Why is blue with a pink stripe for airborne respirator precautions?**

Blue was used for airborne respirator precautions with a pink stripe to call attention to the use of a respirator needed to prevent transmission.
- 2. When are airborne respirator precautions used?**

Airborne respirator precautions are used when a patient is known or suspected have a diseases spread by airborne route such as tuberculosis.
- 3. How does airborne respirator transmission occur?**

Airborne respirator transmission occurs through spread of organisms that are carried through the air on dust particles or small particle residue (<5 microns). This type of infection is spread by breathing tiny droplets in the air that carry the organism.
- 4. What do airborne respirator precautions involve?**

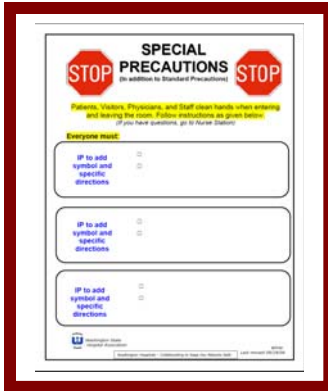
Airborne respirator precautions consists of placing the patient in an airborne infection isolation room (negative pressure), good hand hygiene, using a PAPR or N95 respirator when entering the room, using gown and gloves if necessary, and always keeping the door closed. Patient must wear a surgical mask during transport. Family and visitors must wear a surgical mask. After patient is discharged, keep door closed for hour before routine cleaning.
- 5. What is an AII or Airborne Infection Isolation or negative pressure room?**

These are special rooms designed to prevent the flow of air from the room into the corridors and common areas where susceptible persons may be exposed. This is accomplished through fans and vents that direct the airflow outside of the building and/or through HEPA filters.
- 6. Who decides when a patient can be taken out of airborne respirator precautions?**

Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



## Special Precautions



Used in addition to Standard Precautions

**Color:** White with symbols as required.

- This signage has been created to be used by Hospital Infection Preventionists when needed for organisms that require specific instructions different from the standard signage.
- IPs will create the signage by adding symbols and writing special instructions that need to be followed.
- Electronic symbols are available on the WSHA web site.

### Frequently Asked Questions

**1. How are Special Precautions different from other Isolation Precaution Signage?**

Special Instructions are used when there is a unique patient circumstance requiring special care for a unique disease. The physician or Infection Preventionist will decide what additional care a patient requires.

**2. Who decides when a patient's special precautions can be discontinued?**

The attending physician and Infection Preventionist will decide when a patient does not require special care.

**3. What if I have any questions?**

For questions related to isolation precautions, contact your hospital's Infection Preventionist if you have questions.



## Hand Washing Signage

This signage has been created at the request of hospitals to serve as a reminder to all healthcare workers and visitors to wash their hands. Washington hospitals can order it for free at:

<http://www.wsha.org/page.cfm?id=bookstore&categoryID=3>.

*Help Us Help You*

**Facts About Hand Hygiene...**

- Hand hygiene helps to prevent the spread of infection to you, the patient.
- Germs that cause infections can be spread in a number of ways. The most common is through hands. Hand hygiene removes germs from the hands and helps protect YOU from infections.
- Health care workers can get their hands clean in two ways:
  - washing their hands with soap and water, or
  - sanitizing their hands by rubbing them with alcohol-based gel.

**Washington State Hospital Association**

In partnership with:

- Northwest Organization of Nurse Executives
- Service Employees International Union (1199NW)
- United Staff Nurses Union (USFN 141)
- Washington State Medical Association
- Washington State Nurses Association

*Help us Help you*

**\* PREVENT INFECTIONS \***

To order copies of this brochure or for more information visit:  
<http://www.wsha.org/page.cfm?id=bookstore>  
or contact:  
Janet Van Dyke  
Washington State Hospital Association  
300 Elliott Ave West, Suite 300  
Seattle, WA 98119-4118  
(206) 477-1830 or [janet@wsaha.org](mailto:janet@wsaha.org)

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**¿Se lavó o desinfectó las manos?**

**Por favor pregunte: "¿Se lavó o desinfectó las manos?"**

**Please ask: "Did you wash or sanitize your hands?"**

**Washington State Hospital Association**



# Policy and Procedure

**STOP STANDARD PRECAUTIONS STOP**  
(If you have questions, go to Nurse Station)

Everyone must:

- Clean hands when entering and leaving room  
Cover mouth and nose with arm or tissue when coughing or sneezing

Doctors and Staff must:

- Gown and glove if soiling likely
- Wear mask and eye cover if splashing body fluids likely

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**STOP CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

Everyone must:

- Clean hands when entering and leaving room

Doctors and Staff Must:

- Gown and glove at door
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

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**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

Everyone must:

- Wash hands when entering and leaving room

Doctors and Staff must:

- Gown and glove at door
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

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**STOP DROPLET PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

Everyone must:

- Clean hands when entering and leaving room
- Wear mask

Doctors and Staff must:

- If contact with secretions likely, use gown, glove, and eye cover

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**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
ENTER ONLY IF IMMUNE  
Families and Visitors follow instructions from information sheet  
(If you have questions, go to Nurse Station)

Everyone Must:

- Clean hands when entering and leaving the room

Doctors and Staff Must:

- Airborne Infection Isolation Room required (signs present) Keep door closed
- Gown and glove at door

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**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors need approval before entering room  
Follow instructions from information sheet  
(If you have questions, go to Nurse Station)

Everyone must:

- Clean hands when entering and leaving the room

Doctors and Staff must:

- Wear PAPR or fitted N95 mask prior to entering room
- Airborne Infection Isolation Room required (signs present) Keep door closed

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**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Patients, Visitors, Physicians, and Staff clean hands when entering and leaving the room. Follow instructions as given below.  
(If you have questions, go to Nurse Station)

Everyone must:

- IP to add symbol and specific directions
- IP to add symbol and specific directions
- IP to add symbol and specific directions

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# Policy and Procedure Sample

## Policy name: Transmission Based Isolation Precautions

### Purpose:

To prevent transmission of infections between patients and health care providers.

### Objectives:

This policy is to:

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (patients worry when practices are done differently);
- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.

### POLICY:

1. All patients require *“Standard Precautions”*.
  - Standard Precautions requires that all body fluids be treated as potentially infectious.
2. Isolation precautions for specific patient conditions are required in addition to Standard Precautions. These transmission-based isolation precautions are to be used for patients known or suspected to be infected or colonized with pathogens that can be transmitted by contact with dry skin, contaminated surfaces, airborne, or droplet. These include:
  - Contact Precautions
  - Contact Enteric Precautions
  - Droplet Precautions
  - Airborne Contact Precautions
  - Airborne Respirator Precautions
3. Infection Preventionists may institute special precautions and instructions to prevent transmission of special organisms that the routine unique types of isolation precautions. This can be done using the Special Precautions isolation signage.



4. Signage:

- Use precautions signs to alert health care workers and visitors when additional infection control precautions are required.
- Signage must be posted outside a patient's room.
- Precautions should be indicated in the medical record.
- Appropriate color-coded patient, family, visitor information sheet should be available.

**DEFINITIONS:**

A. Standard Precautions: helps reduce the risk of transmission of pathogens from recognized and unrecognized sources of infection in hospitals.

B. Contact Precautions: prevents the spread of infection transmitted by directly touching the patient or something they have touched.

*Contact Precautions signage is orange in color and is posted outside the patient's room; isolation precaution is indicated the medical record.*

C. Contact Enteric Precautions: prevents the spread of infection transmitted by directly touching the patient or something they have touched. They involve infection pertaining to the gastro intestinal organisms that are difficult to kill with standard precautions; so hand hygiene must be carried out by washing hand with soap and water.

*Contact Enteric Precautions signage is orange in color with a brown stripe indicating hand hygiene with soap and water, and is posted outside the patient's room; isolation precaution is indicated in the medical record.*

D. Droplet Precautions: prevents the spread of infection transmitted primarily during coughing, sneezing and talking, or during the performance of certain aerosolizing procedures such as suctioning and irrigation.

*Droplet Precautions Signage is green in color and is posted outside the patient's room; isolation precaution is indicated in the medical record.*

E. Airborne Contact Precautions: prevents the spread of infections transmitted by breathing droplets in the air that carry germs and from contact with lesions.

*Airborne Contact Precautions Signage is blue with an orange stripe and is posted outside the patient's room; isolation precaution is indicated in the medical record.*



- F. Airborne Respirator Precautions: prevents spread of infections transmitted through the air. When someone with an active infection of the lungs or airways breathes out, coughs, sneezes or sometimes even just talks, tiny droplets containing germs are released into the air. These droplets can stay in the air for hours and can infect if inhaled.

*Airborne Respirator Precautions Signage is blue with a pink stripe indicating that a special type of mask has to be worn when with the patient and is posted outside the patient's room; isolation precaution is indicated in the medical record.*

### **RESPONSIBILITIES:**

- A. All physicians and staff entering the room must follow Standard Precautions.
- B. Nursing staff is to inform all isolation related information at change of shift and before transferring patient to another department.
- C. Department Manager will ensure employee compliance with this policy.
- D. Environmental Services will complete room cleaning as directed for each isolation precaution.
- E. Central Supply will distribute and maintain supplies as needed.

### **PROCEDURES FOR ISOLATION:**

1. Patient Placement-
  - Patients to be placed in private rooms when possible.
  - When a private room is not available patient can be placed in a room with a patient with the same organism or disease and no other infection.
2. Signage, Equipment-
  - Appropriate color-coded signage is posted outside the patient's room
  - Precautions are indicated in the patient's chart.
  - Isolation equipment should be outside the room or in anteroom if available.



3. Hand Hygiene –
  - Hands must be cleaned before, after, and between patient contacts and when visibly soiled after all contact with blood, body fluids, secretions, excretions, equipment, and other contaminated articles.
  - Alcohol hand sanitizer may be used but when indicated and when hands are visibly soiled wash hands with soap and water.
  
4. Gown and Gloves –
  - Put on gloves after hand hygiene for potential contact with infective materials, surfaces, or patient.
  - Hand hygiene after taking off or changing gloves and when touching the patient environment.
  - Wearing gloves does not replace need for hand hygiene.
  - Remove and discard gloves prior to leaving patient room.
  - Put on a gown when there is a possibility of contamination of clothing and to protect the skin from exposure to blood and body fluids.
  - Gowns are single use.
  - Remove and discard gowns prior to leaving patient room.
  
5. Mask and Eye Protection (face shield/goggles) –
  - Wear masks and eye protection when indicated to reduce the risk of exposure to body fluids.
  - Wear a mask with eye protection to protect face from droplets when caring for a patient in Droplet Precautions.
  - If splashing or spraying the face is anticipated, don an eye shield.
  - Wear a PAPR or N95 respirator for Airborne Respirator Precautions.
  
6. Equipment/Supplies –
  - Use patient-dedicated or disposable equipment
  - Clean and disinfect shared equipment
  - All disposable supplies or items brought into the room must be discarded when patient is discharged.
  
7. Linen –
  - Linen must be bagged in patient's room.
  
8. Kitchenware –
  - Must be sanitized in dishwasher
  - Any medications/IV solutions, baby food, tube feedings that are taken inside an isolation room and not used must be discarded.



#### 9. Transportation of Patients –

- Patients should leave the room only if necessary. Both patients and staff must clean their hands on leaving and returning.
- Appropriate barriers must be used when patients leave their room for essential purposes; these include masks, and a clean bathrobe as needed.
- Patients on Droplet Precautions, Airborne Contact Precautions, and Airborne Respirator Precautions should wear a mask on transport.
- Staff should not wear protective clothing that is potentially contaminated in the hallways.
- Notify receiving area of patient's isolation precautions.
- Educate patients and visitors on how to prevent transmission.
- Protect wheelchairs and stretchers with linens.
- Do not allow children on isolation precautions in the playroom.

#### 10. Visitors –

- Should not eat in room of patients with Contact Enteric Precautions.
- Visitors should wear a mask when patient is in Droplet Precautions.
- Visitors for patients in Airborne Contact Precautions should only enter room if they are immune.
- Visitors for patients with Airborne Respirator Precautions must wear a mask and may visit only if already exposed.
- Gel or wash hands on entering and leaving room. May not visit with other patients.
- The nurse may discuss exceptions with the Infection Preventionist.

#### 11. Room Cleaning: Routine & Terminal

- Clean rooms daily.
- Pay special attention to bedside equipment and high touch environmental surfaces – door knobs, bedside tables, faucet handles, bedrails.)
- Perform terminal/discharge cleaning on patient discharge, including the privacy curtain if visibly soiled.
- If patient is in Contact Enteric Precaution, use chlorine-based cleaning agent if there is an outbreak.



## Transmission-based Isolation Precautions Summary

Precautions to be Instituted	Disease and Instructions
<p>Contact Precautions (Orange)</p> <ul style="list-style-type: none"> <li>▪ Hand Hygiene</li> <li>▪ Gown</li> <li>▪ Gloves</li> <li>▪ Dedicated Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Multidrug resistant organisms               <ul style="list-style-type: none"> <li>○ Gram negative/ESBL/Carbapenems</li> <li>○ Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)</li> <li>○ Vancomycin-resistant <i>Enterococcus</i> (VRE)</li> </ul> </li> <li>• Scabies</li> <li>• Wounds or abscesses with uncontained drainage</li> </ul>
<p>Contact Enteric Precautions (Orange/Brown)</p> <ul style="list-style-type: none"> <li>• Hand Hygiene (wash with soap &amp; water)</li> <li>• Gown</li> <li>• Gloves</li> <li>• Dedicated Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Acute diarrhea with unknown etiology</li> <li>• <i>Clostridium difficile</i> (<i>C. difficile</i>, <i>C. diff</i>)</li> <li>• Norovirus</li> </ul> <p><b>Wash hands with soap and water</b></p>
<p>Droplet Infections (Green)</p> <ul style="list-style-type: none"> <li>▪ Hand Hygiene</li> <li>▪ Mask</li> <li>▪ Gown and Gloves if soiling likely</li> </ul>	<ul style="list-style-type: none"> <li>• Influenza</li> <li>• Meningitis</li> <li>• Pertussis</li> <li>• Respiratory viruses (RSV)</li> </ul>
<p>Airborne Contact Precautions (Blue/Orange)</p> <ul style="list-style-type: none"> <li>▪ Hand Hygiene</li> <li>▪ AII room</li> <li>▪ Gown</li> <li>▪ Gloves</li> </ul>	<ul style="list-style-type: none"> <li>• Chickenpox</li> <li>• Disseminated herpes zoster (shingles)</li> <li>• Localized zoster in immunocompromised individuals</li> <li>• Measles (Rubeola)</li> </ul> <p><b>Place patient in airborne infection isolation room (AII room)</b>  <b>Only those immune can enter patient room</b></p>
<p>Airborne Respirator (Blue/Pink)</p> <ul style="list-style-type: none"> <li>▪ Hand Hygiene</li> <li>▪ PAPR or N 95 mask</li> <li>▪ AII room</li> </ul>	<ul style="list-style-type: none"> <li>• Pulmonary/laryngeal TB, others are designated</li> <li>• Tuberculosis</li> </ul> <p><b>Place patient in airborne infection isolation room (AII room)</b>  <b>Family and visitors my visit only if exposed.</b></p>

### Special Preacutions –

- Hospital Infection Preventionists can create special isolation precautions when needed for unique cases requiring additional precautions.
- IPs will create the signage by adding symbols and writing special precautions that need to be followed.



**STAFF AND PATIENT EDUCATION:**

1. Staff education regarding isolation precautions will occur during the new orientation process and reinforced as indicated.
2. Department Managers along with the Infection Preventionists are responsible for staff education and updating them on new changes and policies.
3. Patient/family information sheets should be provided for with those under isolation precautions.

**DISCONTINUING ISOLATION:**

Decision to discontinue isolation as per policy or approval of the Infection Preventionist and established policies.





# Staff and Patient Education Materials

**STOP STANDARD PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room. Cover mouth and nose with arm or tissue when coughing or sneezing.

Doctors and Staff must:

- Gown and glove if soiling likely.
- Wear mask and eye cover if splashing body fluids likely.

**STOP CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.

Doctors and Staff Must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Wash hands when entering and leaving room.

Doctors and Staff must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP DROPLET PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions on information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.
- Wear mask.

Doctors and Staff must:

- If contact with secretions likely, use gown, glove, and eye cover.

**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
**ENTER ONLY IF IMMUNE**  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone Must:

- Clean hands when entering and leaving the room.

Doctors and Staff Must:

- Airborne Infection Isolation Room required (negative pressure). Keep door closed.
- Gown and glove at door.

**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors need approval before entering room. Follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving the room.

Doctors and Staff must:

- Wear PAPR or fitted N95 mask prior to entering room.
- Airborne Infection Isolation Room required (negative pressure). Keep door closed.

**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Patients, Visitors, Physicians, and Staff (clean hands when entering and leaving the room. Follow instructions as given below. If you have questions, go to Nurse Station).

Everyone must:

- IP to add symbol and specific directions.
- IP to add symbol and specific directions.
- IP to add symbol and specific directions.





## ***Key Preparation Before You Start***



Review your section under the “Implementation Work Plan” to be sure you have included all of your stakeholders in this process. Consider all of the stakeholders in your organization when it comes to isolation precaution signage and who is impacted in this system change.

Thoughts to consider:

1. While ultimately the nurses are the people that usually isolate patients, care for them, and perform necessary activities, the health unit clerks are greatly involved in the system process. Include them in the training. They can better assist the nurses when they are included.
2. Consider the housekeeping staff. They are vital to cleaning, disinfecting, and maintaining the patient room. If the housekeeping staff knows that an orange signage with brown stripe means using soap and water to wash hands, they can assist patients, visitors, and themselves in complying with the appropriate isolation precaution.
3. What about the staff that transport patients? If transport staff knows that a blue signage with pink stripe stands for Airborne Respirator Precautions. The patient wears the mask, not the transporter unless in an enclosed vehicle.
4. Medical staff needs to get this information. Attendings, intensivists, residents, need to know what these colors mean. Include them in the process.
5. Who else? Make sure to include radiology, ED, Laboratory and places where the patient may visit while in hospital. Take a few minutes to quietly observe the activities of the day at one of the nursing stations. In just a 30 minute observation you will probably “see” and “hear” things that help identify another stakeholder. Include them in the education process. Once done, you can begin the actual training part.



### **Getting Started on Training**

Most hospitals will use this document as the main content for the education on isolation precaution signage. It contains most of the pertinent information staff needs to know for this initiative.

Materials to help you as you do the training:

- Isolation Precautions Frequently Asked Questions (pages 9 – 15)
- Policies and Procedures (page 18)
- Frequently Asked Questions for Script for Staff to Talk with Patient or Family Member (page 29)
- Staff Education Poster Sample (page 31)
- Staff Sign-In Sheet (page 33)
- PowerPoint Presentation (page x)
- Sample Communication Letter and Article (page 37)

## **Main Points of Training:**

# 1

**Start with a story or rationale** – adults want to know “why” they should do something; simply telling them they need to start doing this “because they do” is not sufficient information to get high levels of compliance. Besides, isn’t that what you would want to know, too?

Then purpose of standardizing isolation precautions signage is to:

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (patients worry when practices are done differently);
- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.

# 2

**Introduce the Isolation Precautions & Colors** – There are five different isolation precautions that we are going to discuss that are a part of the statewide standardization. All of these precautions are in addition to Standard Precautions.



Type of Precaution	Color
Standard	Yellow
Contact	Orange
Contact Enteric	Orange/ Brown Stripe
Droplet	Green
Airborne Contact	Blue/ Orange Stripe
Airborne Respirator	Blue/Pink Stripe

### 3

**Teaching Patients** - We know that *how* we say something is just as important as *what* we say. Patients and their loved ones are scared, vulnerable and unfamiliar with hospital ways. We need to communicate to them in a respectful and simple way without being condescending. The sample Frequently Asked Questions on page XX was written as an easy way to help staff answer patients and family questions. Staff should hand out the color-coded patient/family/visitor information sheet. By having a consistent message, we reinforce the information – this helps patients and families retain the information.

### 4

**And finally.... Review with staff the points listed below.** These are the items that are listed on the staff competency checklist so it is important to clarify that staff has a good understanding of these items. You should emphasize, “this is what would impact your tasks every day...” and review those points. This is a good time to hand out your hospital’s policy and procedure. Be sure your policy covers the areas listed below as they are also a part of the staff competency checklist. If your policy does not address any of the items on the staff competency checklist, then you should remove it from the list.

- ✓ Isolation Precaution Signage – what do these mean?
- ✓ How does a patient get placed into isolation?
- ✓ Policy on discontinuing isolation precautions.
- ✓ Patient, family, and visitor education and what they should be doing.
- ✓ Adhering to isolation precautions during transport.
- ✓ Discharge instructions for home and/or facility transfer.
- ✓ Document patient education.





## Frequently Asked Questions Patient, Family, and Visitors

**1. What is isolation?**

Isolation is a special means to keep patients safe from the spread of germs from a patient to others in the hospital.

**2. Why am I in isolation?**

You may be placed in isolation if you have an infection or are suspected to have an infection that can spread to healthcare providers or other patients. Some patients in the hospital can catch infections easily and even if you are not ill but are carrying the germs, you may be placed in isolation.

**3. Who decides that I need isolation?**

The nurse or physician will decide if you need to be in isolation based on the guidelines by the Centers for Disease Control & Prevention.

**4. Do I need a sign on my door?**

Yes, an isolation signage will be posted on your door to communicate to healthcare workers to take necessary steps to prevent the spread of germs. The signage will not have your name or infection. It lists only the precautions that need to be followed.

**5. How can I learn more about my isolation precaution?**

Your nurse will provide you with a color-coded information sheet that will tell you more about the isolation you are in. If you have more questions feel free to ask your nurse, physician, or infection preventionist.

**6. What specific precautions will be taken?**

The precautions taken will depend on the type of germ you have and how it spreads. Typically, you will see staff and visitors using gloves, gowns, masks, before entering the room.

**7. Can I leave my room door open?**

For most isolation precautions your room door can be left open. The room door has to be kept closed for certain germs in which case your nurse will inform you if this is needed.



- 8. Can I go out of my room?**  
For most types of isolation, you will be asked to remain in your room whenever possible. Your nurse will let you know if it is all right for you to walk in the halls.
- 9. Can my family visit me?**  
Review the Patient, Family, and Visitor information sheet to see the restrictions in visitors which are important to keeping you, your visitor, and other patients safe.
- 10. What do I have to do if I am visiting someone in isolation precautions?**  
Check at the nurses' station before entering the room and follow the instructions given on the signage. Always wash your hands well.
- 11. When will the isolation precautions end?**  
Your doctor and infection control practitioner will decide when to stop the isolation precautions.
- 12. Do I do anything special when I go home?**  
If anything special is needed, you will be instructed by your nurse before discharge.
- 13. Do I do anything special when I come back to the clinic for a follow up appointment?**  
If you return to a clinic in the same hospital, you may be placed in isolation. If you go to a clinic outside the hospital, please inform the staff about your past isolation precautions so that they can plan if they need to place you in precautions.
- 14. What if I have more questions?**  
Ask your nurse, physician, or infection preventionist.
- 15. How can I help?**  
You can help by washing your hands, and reminding staff, visitors, and family to also wash their hands. You can also help by reminding anyone who enters your room to follow the precautions. Please follow all instructions carefully.



## Staff Poster (Sample -1)

### Have you seen the new Isolation Precaution Signs?



### Help Our Hospital be the Leader in Safe Patient Care

**What is this?** Isolation precaution signage is designed to help prevent the spread of infection. These include:

- Standard Precautions
- Contact Precautions
- Contact Enteric Precautions
- Droplet Precautions
- Airborne Contact Precautions
- Airborne Respirator Precautions

**Why?** The purpose of the isolation precautions signage is to:

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (patients worry when practices are done differently);
- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.

**How?** Attend an in-service and learn about the new signage.

Questions? Contact: \_\_\_\_\_ ext: \_\_\_\_\_



## Staff Poster (Sample -2)

### Learn about the New Isolation Precautions Signs



### Join us for an in-service on the new isolation precautions

Day / Date / Time:

\_\_\_\_\_

Location: \_\_\_\_\_

Day / Date / Time:

\_\_\_\_\_

Location: \_\_\_\_\_

Day / Date / Time:

\_\_\_\_\_

Location: \_\_\_\_\_

Questions? Contact: \_\_\_\_\_ ext: \_\_\_\_\_



## Staff Sign-In Sheet (Sample)

Date : \_\_\_\_\_ Unit/Dept/Location \_\_\_\_\_

Educator:

\_\_\_\_\_

Topic: **New Isolation Precaution Signage**

**Objective:**

- 1. To inform staff of the new isolation precautions and signage in use effective**
- 2. Staff to demonstrate understanding of information through feedback of information.**

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Shift: \_\_\_\_\_



## Staff Competency Isolation Precautions & Signage Checklist (Sample)

Purpose: These are the standards of the technical competencies.

To meet competency standards, the employee must demonstrate proficiency in performing the technical procedures safely as evidenced by department specific criteria.

**Methods to Use:**

- |                                 |                    |
|---------------------------------|--------------------|
| A. Demonstration                | D. Skills Lab      |
| B. Direct Observation/Checklist | E. Self Study/Test |
| C. PowerPoint Review            | F. Data Management |

Supervisor's initials signify competency was met.

Employee Name \_\_\_\_\_

Job Title \_\_\_\_\_

New Isolation Precautions and Signage	Date	Method Used	Supervisor's Initials	Comments
Isolation Precaution Signage - what do the color-coded precautions mean?				
How does a patient get placed in isolation?				
Policy on discontinuing isolation precautions.				
Patient, family, and visitor education and what they should be doing.				
Adhering to isolation precautions during transport.				
Discharge instructions for home and/or facility transfer.				

Supervisor Signature  
Initials/Date

Initials/Date

Employee Signature



# Communication Materials

**STOP STANDARD PRECAUTIONS STOP**  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room  
Cover mouth and nose with arm or tissue when coughing or sneezing

**Doctors and Staff must:**

- Gown and glove if soiling likely
- Wear mask and eye cover if splashing body fluids likely

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**STOP CONTACT PRECAUTIONS STOP**  
 Families and Visitors follow instructions from information sheet  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room

**Doctors and Staff Must:**

- Gown and glove at door
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

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**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
 Families and Visitors follow instructions from information sheet  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- Wash hands when entering and leaving room

**Doctors and Staff must:**

- Gown and glove at door
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

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**STOP DROPLET PRECAUTIONS STOP**  
 (In addition to Standard Precautions)  
 Families and Visitors follow instructions on information sheet  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving room
- Wear mask

**Doctors and Staff must:**

- If contact with secretions likely, use gown, glove, and eye cover

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**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
 (ENTER ONLY IF IMMUNE)  
 Families and Visitors follow instructions from information sheet  
 (If you have questions, go to Nurse Station)

**Everyone Must:**

- Clean hands when entering and leaving the room

**Doctors and Staff Must:**

- Airborne Infection Isolation Room required (single patient). Keep door closed
- Gown and glove at door

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**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
 (In addition to Standard Precautions)  
 Families and Visitors need approval before entering room  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- Clean hands when entering and leaving the room

**Doctors and Staff must:**

- Wear PAPR or fitted N95 mask prior to entering room
- Airborne Infection Isolation Room required (single patient). Keep door closed

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**STOP SPECIAL PRECAUTIONS STOP**  
 (In addition to Standard Precautions)  
 Patients, Visitors, Physicians, and Staff clean hands when entering and leaving the room. Follow instructions as given below  
 (If you have questions, go to Nurse Station)

**Everyone must:**

- IP to add symbol and specific directions
- IP to add symbol and specific directions
- IP to add symbol and specific directions

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## Ordering Infection Prevention & Control Resource Materials

### **Electronic:**

All signs and symbols can be downloaded at <http://www.wsha.org/page.cfm?ID=020>.

### **Ordering**

1. Infection prevention and control printed resource material is ordered through the WSHA Bookstore.
2. Laminated signage will be available in early 2009 after hospitals have the opportunity to use and provide additional feedback.



## Communication Tools

The following communication tools can be used to communicate to your medical staff, hospital staff, community, and media.

- *Model letter to hospital employees from CEO*
- *Model hospital employee newsletter article or internal staff web page content*



# Model Letter

## **MODEL LETTER TO HOSPITAL EMPLOYEES FROM CEO**

*We recommend that you modify this letter for different groups of employees, and look for internal co-signers. For example, have the chief of your medical staff and hospital epidemiologist co-sign the letter to doctors, and the head of your nursing union bargaining unit and hospital epidemiologist co-sign the letter to nurses. Another option is to have the head of infection control co-sign all letters with the CEO.*

*Some hospitals may choose to enclose the isolation precautions policy; others may want to make them available but not enclose them. Please modify the letter accordingly.*

Dear xxxxx,

I am excited to let you know that [HOSPITAL NAME] is part of a state-wide initiative to improve the care we provide to every patient who comes through our doors through the standardization of isolation precaution signage. Our goal is to keep our staff safe and healthy and ensure that patients with certain infections are cared for properly 100 percent of the time using CDC guidelines. The new isolation precaution signage was created through the collaborative work of several hospitals throughout the state. It is color-coded, clear, and easy to follow.

Many transmission based infections are serious and can easily spread to you and other patients in the hospital and community. Following appropriate isolation precautions is one of the best ways to prevent the spread of infections. *Many of our staff members work in several hospitals and adopting the standardized isolation precaution signage will help improve our efforts to reduce confusion and improve compliance.*

### ***Why are we changing to new isolation precaution signs?***

We are adopting new isolation precaution standards in order to:

1. Prevent the spread of infections between patients and to staff;
2. Support hospitals in meeting CDC guidelines;
3. Help patients feel more secure (patients worry when practices are done differently);
4. Reduce duplication of work;
5. Create consistency enabling physicians and staff to deliver safe care;
6. Increase compliance and understanding of consistent expectations; and



7. Inform family and visitors what they can do to help prevent the spread of infection.

***What is special about the new standardized isolation precaution signage?***

The new Isolation precaution signage is designed to care for patients known or suspected to be infected with highly transmissible organisms that require additional precautions beyond Standard Precautions to prevent transmission of infections in health care settings. These include:

- Contact Precautions
- Contact Enteric Precaution
- Droplet Precautions
- Airborne Contact Precautions
- Airborne Respirator Precautions

Enclosed is an updated copy of our isolation precautions policy for you to review and Frequently Asked Questions related to the new isolation precautions. [IF YOU ARE NOT SENDING THE POLICY, TELL THEM HOW TO GET ONE OR WHERE IT IS ON YOUR WEB SITE.]

Together we understand the need for good hand hygiene and adherence to proper isolation precautions to prevent the spread of infection.

***We welcome your input***

If you have comments or questions, please contact [CORRECT CONTACT PERSON / PHONE / EMAIL].

Sincerely,

[HOSPITAL CEO]

[CO-SIGNER]

Enclosures [IF YOU WANT TO INCLUDE THEM]:

- [HOSPITAL NAME] isolation precautions policy



# Employee Newsletter

## **MODEL HOSPITAL EMPLOYEE NEWSLETTER ARTICLE OR INTERNAL STAFF WEB PAGE CONTENT**

[HOSPITAL NAME] provides good care for patients. Yet, we know more needs to be done to make care safer. Many transmission based infections are serious and can easily spread to you and other patients in the hospital and community. Following appropriate isolation precautions is one of the best ways to prevent the spread of infections.

We also know that many staff work in multiple hospitals. Differences in common practices leads to confusion by staff who want to provide safe care. Washington hospitals are working to standardize some basic practices such as isolation precaution signage so that it is easier for physicians and staff to provide good care and keep safe.

### ***Why are we changing to new isolation precaution signs?***

1. Prevent the spread of infections between patients and to staff;
2. Support hospitals in meeting CDC guidelines;
3. Help patients feel more secure (patients worry when practices are done differently);
4. Reduce duplication of work;
5. Create consistency enabling physicians and staff to deliver safe care;
6. Increase compliance and understanding of consistent expectations; and
7. Inform family and visitors what they can do to help prevent the spread of infection.

### ***What is special about the new standardized isolation precaution signage?***

The new Isolation precaution signage is designed to care for patients known or suspected to be infected with highly transmissible organisms that require additional precautions beyond Standard Precautions to prevent transmission of infections in health care settings. These include:

- Contact Precautions
- Contact Enteric Precaution
- Droplet Precautions
- Airborne Contact Precautions
- Airborne Respirator Precautions



*How can staff help?*

Staff can sign up for an in-service and to learn about the new isolation precaution signage. Together we understand the need for good hand hygiene and adherence to proper isolation precautions to prevent the spread of infection to you and your patients.

If you did not receive these materials, or if you have comments or questions, please contact [CORRECT CONTACT PERSON / PHONE / EMAIL].

IMAGE SUGGESTIONS:

Staff Poster



## PowerPoint Presentation

The following presentation has been created to:

1. Support education of physicians, nurses, and other patient care staff.
2. Inform department leaders and senior management.

Speaker notes can be viewed at the bottom of each page.

**Please go to <http://www.wsha.org/page.cfm?ID=020> for an electronic copy of the presentation.**





## Isolation Precaution Signage in Washington State



Welcome, today we will be sharing the new isolation precaution signage that hospitals in Washington State are implementing. This is one of the many ways which Washington hospitals are working together to reduce harm to patients.

In this presentation we will review:

- Why standardization of isolation precautions is important.
- What precautions and colors we will be using.
- Important information in caring for patients in isolation precautions.



## History of Standardization Work

- Hospitals in Washington State have been working to reduce hospital acquired infections
  - Hand hygiene
  - Central line bundle
  - Ventilators bundle
  - Timely antibiotics for surgery patients
  - Multidrug resistant organisms i.e. MRSA, C. Difficile

Supported by the Washington State Hospital Association

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Our hospital like the other hospitals in Washington is very concerned about hospital acquired infections.

Hospitals in Washington State have been working to reduce hospital acquired infections. This includes work in:

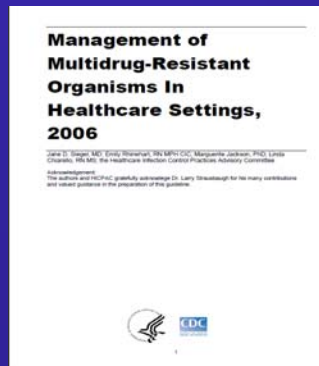
- Hand hygiene
- Central line bundle
- Ventilator bundle
- Timely antibiotics for surgery patients
- Multidrug resistant organisms

Although we have done a lot, we know that more needs to be done to reduce hospital acquired infections.



## Reducing Multidrug Resistant Organisms

- In addition to hand hygiene, an important ways to reduce transmission of multidrug resistant organisms is through isolation precautions.



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In addition to hand hygiene, one of the important ways to reduce infections is through isolation precautions.

The Centers for Disease Control and Prevention (CDC) states that isolation precautions are one of the seven most important strategies to reduce multidrug resistant organisms.

(The citation if needed is Management of MDRO in Healthcare Settings, 2006-*Infection Control Precautions to Prevent Transmission*)

Hospitals in Washington have come together to develop isolation precaution signage which supports the CDC guidelines.



## Related Guidelines

- To meet Centers for Disease Control and Prevention (CDC) guidelines, Management of MDRO in Healthcare Settings, 2006- *Infection Control Precautions to Prevent Transmission*
- Isolation signage to be meet CDC “*Guideline for Isolation Precautions: Preventing transmission of Infections Agents in Healthcare Settings 2007*” (219 pages)
- Address concern on the variation in isolation practices in Washington hospitals on isolation from the Governor's Scientific Panel.

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Isolation signage is designed to meet the CDC “*Guideline for Isolation Precautions: Preventing transmission of Infections Agents in Healthcare Settings 2007*” (219 pages)

It also helps address concern from the public, infection control experts, and government officials on the variation in isolation practices in Washington hospitals.



## State-Wide Isolation Precaution Survey

- Conducted winter 2008 found large variation in the isolation signage being used in Washington hospitals.
  - Different color in hospitals
  - Names of signage meaning different things
  - Not all hospitals up to date with new CDC guidelines

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The Washington State Hospital Association conducted a survey in the winter of 2008 to gather information on the current practices regarding isolation signage. Many hospitals responded and we were able to get a good picture of what is being done currently. Amongst the respondents were large urban & small rural hospitals across the state of Washington.

The survey found that there is wide variation in the isolation precautions being used by Washington hospitals. There are different colors being used, names for signage meaning different things.



## Reasons for Standardization

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (Patients worry when practices are done differently);

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So the new isolation signage will help us to:

- Prevent the spread of infections between patients and to staff;
- Support hospitals in meeting CDC guidelines;
- Help patients feel more secure (patients worry when practices are done differently);
- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.



## Reasons for Standardization

- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.

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It will also help us to:

- Reduce duplication of work;
- Create consistency enabling physicians and staff to deliver safe care;
- Increase compliance and understanding of consistent expectations; and
- Inform family and visitors what they can do to help prevent the spread of infection.



## Task Force & Participating Hospitals

- Central Washington Hospital
- Columbia Basin Hospital
- Deaconess Medical Center
- Franciscan Health System
- Harrison Medical Center
- Mason General Hospital
- MultiCare Health System
- Naval Hospital
- PeaceHealth, St. Joseph's Hospital
- Sacred Heart Medical Center & Children's Hospital
- Samaritan Hospital
- Seattle Children's
- Sunnyside Community Hospital
- Swedish Health Services
- Valley Medical Center
- University of Washington Medical Center
- Yakima Regional Medical Center

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There have been many hospitals participating in this effort. The collaboration has helped to hear many different viewpoints and create much better signage.



## Standardization Simplifying Care

- Many physicians and nurses work in multiple hospitals.
- Variation leads to confusion and the potential of harm to patients and self.
- Variation makes the jobs of physicians and nurses, and other staff more difficult.

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The variation in isolation precaution practices and colors used makes it more difficult for staff and physicians who work in multiple hospitals. This variation leads to confusion and the potential of harm. The variation makes routine care more difficult.



## What Was Done?

- Pierce County hospitals led the way in standardizing isolation precaution signage
- Hospitals requested assistance of Washington State Hospital Association in standardizing across the state
- State-wide task force was convened
- Hospital Association Board – endorsed



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Hospitals in Washington have asked for assistance from the Washington State Hospital Association in standardizing isolation precaution signage. Representatives from large and small hospitals from across the state participated in reviewing the national guidelines.

With the goal of making it easier for physicians and staff care to provide safe care for patients, standard signage was created.



## What Was Done?

- Signage checked with:
  - Patients
  - Staff
  - Centers for Disease Control and Prevention (CDC)
  - Joint Commission
  - Association for Professionals in Infection Control & Epidemiology (APIC)
  - Washington State Department of Health



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The signage was shared with patients and staff for feedback. The feedback was very positive. Some changes were made to the signage based on in particular feedback from staff and patients which made them much better.

The signage was reviewed and work commended by the CDC, Joint Commission, Association for Professionals in Infection Control and Epidemiology. The signs have also been reviewed by the Washington State Department of Health to ensure that they meet standards.



## Core Philosophies

- Signage to have simple, big, easy to see pictures
- Signage to minimize reading
- Signage to not send family and visitors looking for nursing staff (STOP sign)
- Provide easy access to information by staff
- Color coded between family education and signage

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The signs were created to be:

- Easy to read with big pictures and few words.
- Not send family and visitors looking for the nurse every time they visit.
- Provide easy access for staff to information when they have questions.
- Provide family and visitor education on what they need to do.



## Standardized Categories and Colors of Precautions

Precaution Type	Color
Standard	Yellow
Contact	Orange
Contact Enteric	Orange/Brown stripe
Droplet	Green
Airborne Contact	Blue/Orange stripe
Airborne Respirator	Blue/ Pink stripe
Special Precautions	White

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You can see the types of precautions and colors which will be used.



## Components of Isolation Precautions Signage

- Precaution signs for patient rooms
- Staff instructions
- Color coded patient, family, and visitor information sheets



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The isolation signage has three parts:

- Precaution signs for patient rooms.
- Staff instructions which are on the back of the signs.
- Color coded patient, family, and visitor information sheets.



Standard precautions is the basic level of care to be used on all patients all of the time to prevent the spread of infection to you and other patients. Some facilities may choose to display this sign on all patient room doors even when patient is not in isolation.

**Standard precautions involve:**

Practicing good hand hygiene, ensuring that respiratory hygiene is completed, using gowns, gloves, mask, eye shield if touching or splashing of fluids, and appropriate use of patient care equipment.

Using safe sharp usage practices and wear masks when performing certain lumbar injection procedures.

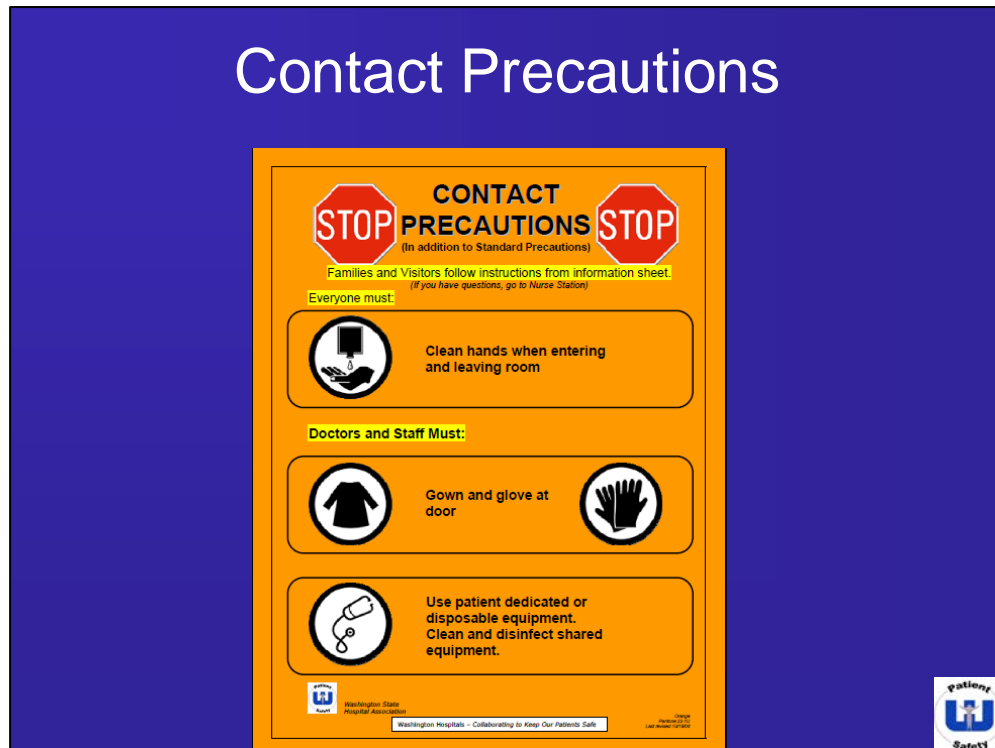
Cleaning and disinfecting multi-use patient care equipment between patients.

**What if I have any questions?**

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For questions related to isolation precautions, contact your hospital Infection Preventionist.



**Common conditions that use Contact Precautions:**

- Multidrug resistant organisms
- Carbapenem resistant Gram-negative rods/ESBL
- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococcus* (VRE)
- Scabies
- Wounds or abscesses with uncontained drainage

**Why is orange for contact precautions?**

Orange was selected based on a statewide poll. This color is what was used in the standardization work of North Carolina, the only state that has standardized isolation precaution signage. Washington survey results did not show any consistent color in use.

**When are contact precautions used?**

Contact precautions are used for patients known or suspected to be infected or colonized with organisms that are transmitted by contact with the patient or contaminated surfaces with organisms like MRSA.

**How does contact transmission occur?**

Transmission can occur directly from the patient or from a surface they have touched. Contact precautions and good hand hygiene can keep you and your patients safe.

**What do contact precautions involve?**



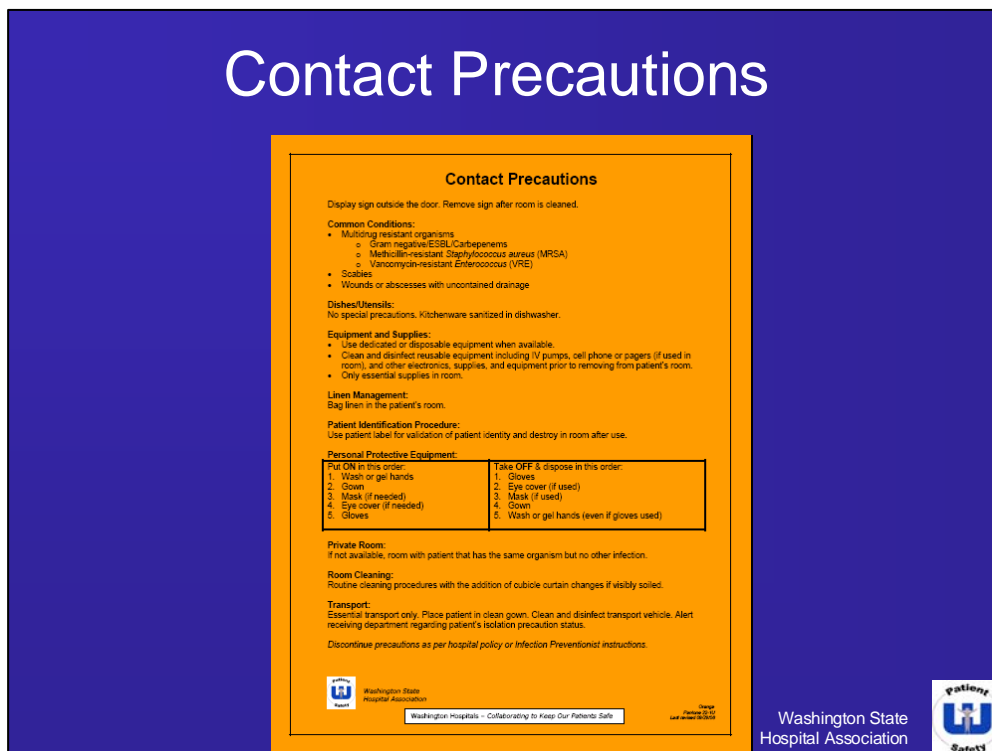
Contact precautions consists of practicing good hand hygiene at all times, placing patient in a private room when possible, using gown and gloves, and use of disposable or dedicated equipment in addition to standard precautions.

**Who decides when a patient has to be placed in contact precautions?**

The nurse or physician will decide if a patient should be placed in contact precautions. Patients are placed in contact precautions if they are infected or colonized with one of the conditions listed in the table found at <http://www.wsha.org/page.cfm?ID=0208>

**Who decides when a patient can be taken out of contact precautions?**

Follow facility policy or contact your hospital's Infection Preventionist if you have questions.



The back of each sign is an easy resource for physicians and staff.

Some helpful tips are:

- When using gloves, it is important to remember to wash or gel hands prior to putting the gloves on and after taking them off.
- Personal protective equipment should be put on at the doorway and removed before leaving the room. Do not carry dirty gowns, gloves, or masks outside of the room or dispose of them at the nurses station.
- Staff should don protective equipment when entering the room as you are likely to either touch the patient or equipment that may be contaminated. Help keep yourself and other patient's safe.



When transporting patients on contact isolation, place the patient in a clean gown. Make sure the receiving department is alerted to the patient's isolation precaution status.

# Contact Precautions

**PATIENT, FAMILY AND VISITORS**

**Contact Precautions**  
You or your loved one is in Contact Precautions. These precautions prevent spread of infection between patients in hospitals. This type of infection is spread by directly touching the patient or something they have touched.

An orange sign saying "Contact Precautions" is outside the room letting staff, families, and visitors know what they can do to help keep patients safe.

**As a patient, family, or visitor you must help by:**

- Cleaning hands when you enter and leave the room.
- Limiting where you go outside the room unless given permission by the nurse so that germs are not spread to other patients, visitors, and staff.
- Asking physicians and staff to wash or sanitize their hands as they enter and leave the room even if they are using gloves.
- Limiting visitors to close contacts only.

You will see doctors and staff doing the following:

**Hand Hygiene**

- Cleaning hands before and after caring for the patient.

**Gloves, Gowns, Masks, Goggles**

- They will wear gloves and gown while in the room and remove them before leaving. They might also wear mask and goggles.

**Transportation**

- If the patient needs to go out of the room for a test, staff will help patient to wear a clean gown.
- Staff will clean their hands.

*If you have additional questions about Contact Precautions, ask your nurse.*

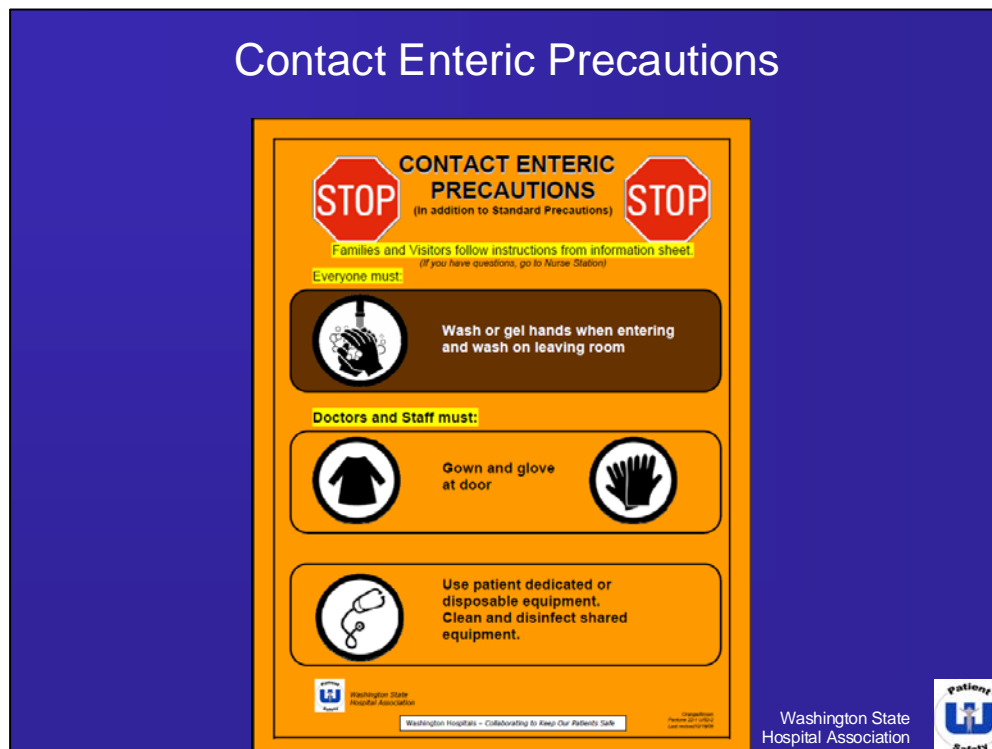
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Patient Safety

Washington State Hospital Association  
Patient Safety

This is an example of the color coded Patient, Family, and Visitor signage.

It tells them to:

- Clean hands when entering and leaving room.
- Limit where they go outside the room unless given permission by the nurses so that germs are not spread to other patients.
- Ask physicians and staff to wash or sanitize their hands.
- Limit visitors to close contacts only.



**Common Conditions which use precaution:**

- Acute diarrhea with unknown etiology
- Clostridium *difficile* (*C. difficile*, *C. diff*)
- Norovirus
- Rotavirus

**Why is orange with a brown stripe for contact enteric isolation precautions?**

Orange is used for contact precautions. The brown stripe was added to remind staff of the unique care that must be done with these types of patients such as using soap and water for hand hygiene when leaving the room and chlorine-based disinfectant as per facility policy when cleaning.

**When is contact enteric precautions used?**

Contact enteric precautions are used when a patient is known or suspected to be infected with an enteric organism.

**How does contact enteric transmission occur?**

Transmission can occur directly from the patient or from a surface they have touched. Contact precautions and good hand washing can keep you and your patients safe.

**What does contact enteric isolation precautions involve?**

Contact precautions consists of practicing good hand hygiene at all times, placing patient in a



private room when possible using gown and gloves, and use of disposable or dedicated equipment in addition to standard precautions. In addition, staff should wash their hands with soap and water when leaving the room and the room should be cleaned with chlorine-based disinfectant to kill the organism. **Visitors should not eat in the room of patients on Enteric Contact Precautions.**

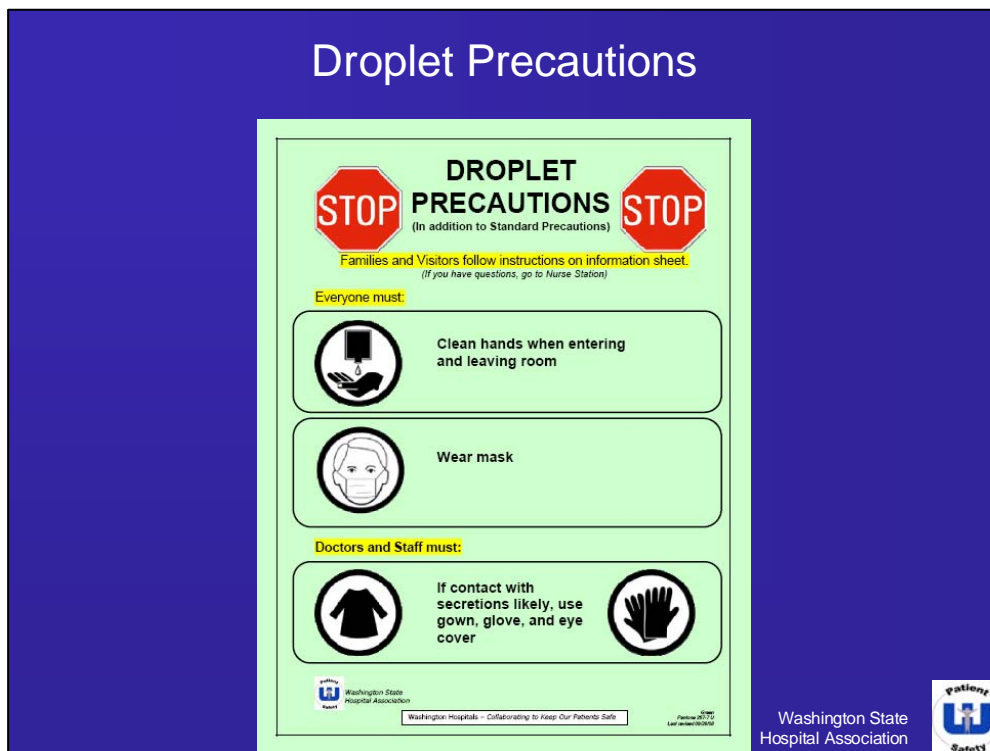
**Who decides when a patient has to be placed in contact precautions?**

The nurse or physician will decide if a patient should be placed in contact precautions.

**Who decides when a patient can be taken out of contact enteric isolation precautions?**

Follow facility policy or contact Infection Preventionist if questions.

Transport and visitor instructions are the similar as for Contact Precautions. At patient discharge, do not remove isolation signage until housekeeping has cleaned the room.



**Common conditions which use precaution:**

- Influenza
- Meningitis
- Pertussis
- Respiratory viruses

**Why is green for droplet isolation precautions?**

Green was selected based on one of the frequent colors of infected secretions. Washington survey results did not show any consistent color in use.

**When is droplet precautions used?**

Droplet precautions are used when a patient is known or suspected to be infected with organisms that are spread by droplets in the air such as bacterial meningitis.

**How does droplet transmission occur?**

Droplet transmission occurs through spread of organisms that are carried in large droplets when an infected patient coughs, sneezes, or a splash is produced during a procedure such as suctioning or from contaminated surfaces.

**What do droplet precautions involve?**

Droplet precautions consists of placing patient in a private room when possible, practicing good hand hygiene all of the time, using a mask. Use gown and gloves is likely to come in contact with



secretions. **Visitors should check with nurse before entering room for the first time. Only allow them to visit already exposed. Visitors should wear a mask in the room.**

**Who decides when a patient has to be placed in contact precautions?**

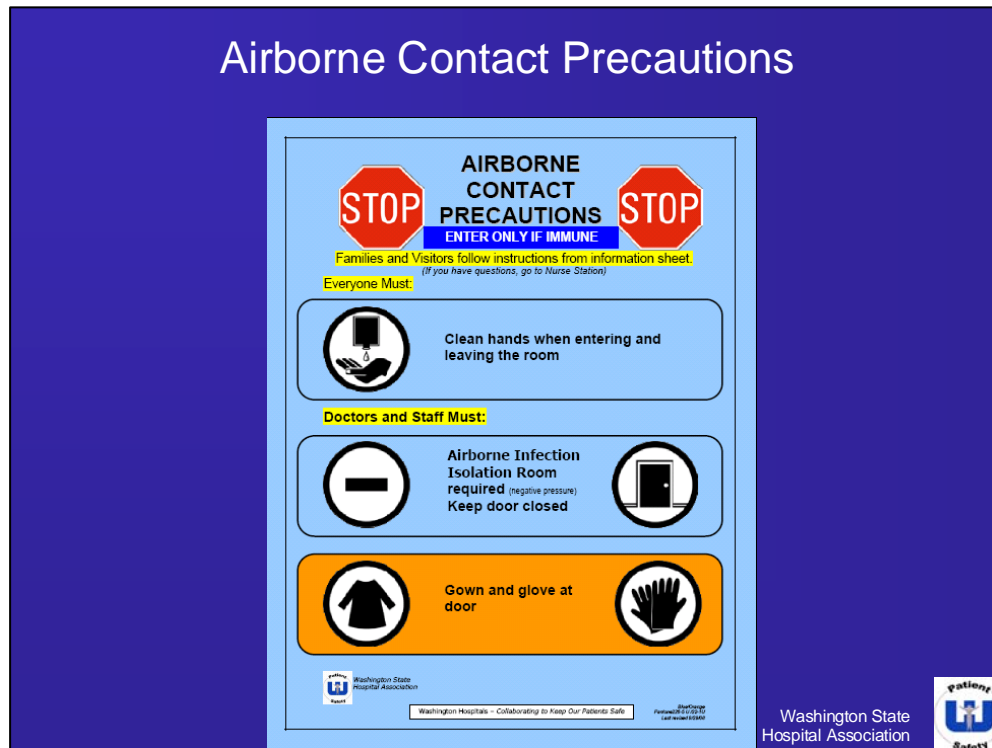
The nurse or physician will decide if a patient should be placed in contact precautions.

**Who decides when a patient can be taken out of droplet isolation precautions?**

Follow facility policy or contact Infection Preventionist if questions.

**How do I transport a patient?**

Place patient in a clean gown and have patient wear a mask. Alert the receiving department of the isolation status. **At patient discharge, do not remove isolation signage until housekeeping has cleaned the room.**



**Common Conditions which use precaution:**

Chickenpox

Disseminated herpes zoster (Shingles)

Localized zoster in immunocompromised individual

Measles (Rubeola)

**Why is blue with orange stripe for airborne contact precautions?**

Blue reminds staff of air. The orange stripe is to call attention to the use of contact precautions that may have to be used.

**When is airborne contact precautions used?**

Airborne contact precautions are used when a patient is known or suspected to be infected with a disease that is spread through the air in tiny droplets such as chickenpox.

**How does airborne contact transmission occur?**

Airborne transmission occurs through spread of organisms that are carried through the air on dust particles or small particle residue. This type of infection is spread by breathing droplets in the air that carry the organism and through contact with draining lesions.

**What does airborne contact precautions involve?**

Airborne precautions consists of placing the patient in an airborne infection isolation negative pressure room, practicing good hand hygiene, using gown and gloves, and **permitting only staff and visitors**



who are immune to enter the patient room. The door to the patient's room must be shut at all times. After patient is discharged, keep room door closed for one hour before cleaning room.

**What is an AII room or Airborne Infection Isolation or negative pressure room?**

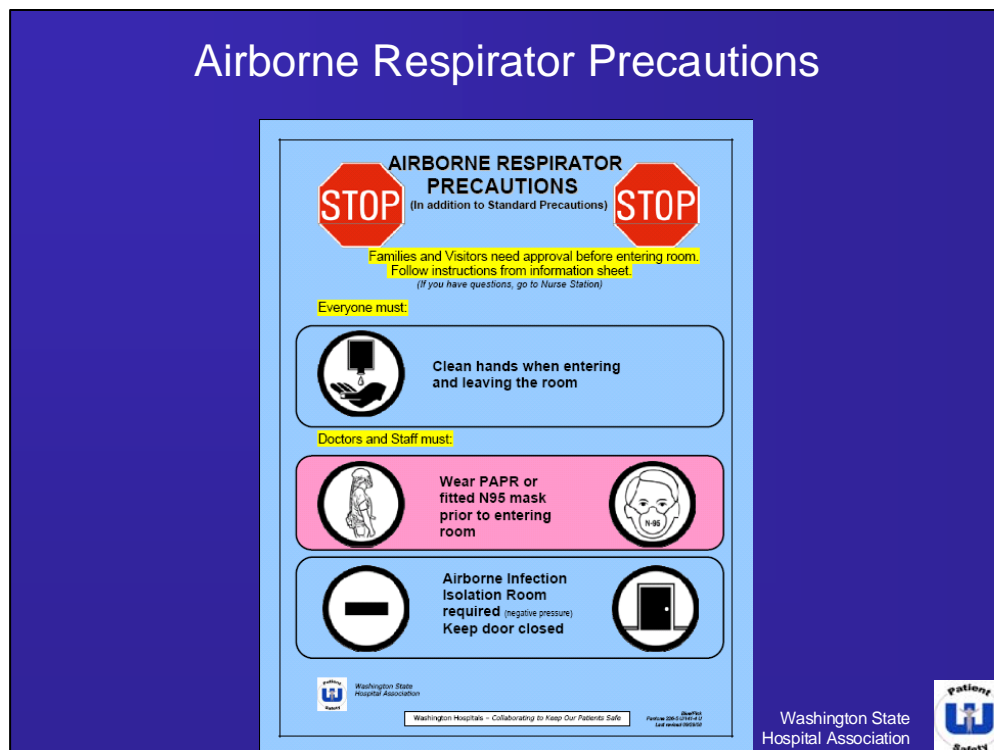
AII or negative pressure rooms are specially designed to prevent the flow of air from the room into the corridors and common areas where susceptible persons may be exposed. This is accomplished through special ventilation systems.

**Who decides when a patient can be taken out of airborne contact isolation precautions?**

Follow facility policy regarding when the Airborne Contact Precautions sign can be removed for safe entry or contact Infection Preventionist if you have questions.

**For transport, patients should wear a surgical mask.**

**At patient discharge, do not remove isolation signage until housekeeping has cleaned the room.**



**Common conditions which use Airborne Respirator Precautions:**

Pulmonary or Laryngeal Tuberculosis

Others as designated

**Why is blue with a pink stripe for airborne respirator precautions?**

Blue was used for air and airborne precautions and a pink stripe was added to call attention to the type of respirator for this isolation precaution.

**When is airborne respirator precautions used?**

Airborne respirator precautions are used when a patient is known or suspected to be infected with diseases spread by airborne route such as tuberculosis.

**How does airborne respirator transmission occur?**

Airborne respirator transmission occurs through spread of organisms that are carried through the air on dust particles or small particle residue. This type of infection is spread by breathing tiny droplets in the air that carry organisms and poor hand hygiene.

**What do airborne respirator precautions involve?**

Airborne respirator precautions consists of placing the patient in an airborne infection isolation room (negative pressure), practicing good hand hygiene, **using a PAPR or N95 respirator when entering the room, and always keeping the door closed. Patient must wear a surgical mask during transport. Family**

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and visitors should wear a surgical mask. After patient is discharged, keep room door closed for one hour before cleaning room.

**What is an AII room or Airborne Infection Isolation or negative pressure room?**

AII or negative pressure rooms are specially designed to prevent the flow of air from the room into the corridors and common areas where susceptible persons may be exposed. This is accomplished through special ventilation systems.

**Who decides when a patient can be taken out of airborne respirator precautions?**

Follow facility policy or contact Infection Preventionist if you have questions.

**At patient discharge, do not remove isolation signage until housekeeping has cleaned the room.**

**Special Precautions**

**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)

Patients, Visitors, Physicians, and Staff clean hands when entering and leaving the room. Follow instructions as given below.  
(if you have questions, go to Nurse Station)

**Everyone must:**

IP to add symbol and specific directions

IP to add symbol and specific directions

IP to add symbol and specific directions

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White  
Last revised 09/29/08

Washington State Hospital Association

This signage has been created to be used by Hospital Infection Preventionists when needed for cases that required specific instructions other than the standardized ones. If you see it, follow the instructions outlined.



## Isolation Precaution Signage Based On

- **Content**
  - Franciscan Health System
  - MultiCare Health System
  - University of Washington Medical Center
- **Symbols**
  - Seattle Children's
  - Swedish Medical Center
  - Valley Medical Center
- **Format**
  - Central Washington Hospital
  - Columbia Basin Hospital
  - Deaconess Medical Center
  - Valley Medical Center
- **National Framework**
  - Naval Hospital
- **Rural Focus**
  - Samaritan HealthCare
  - Sunnyside Community Hospital

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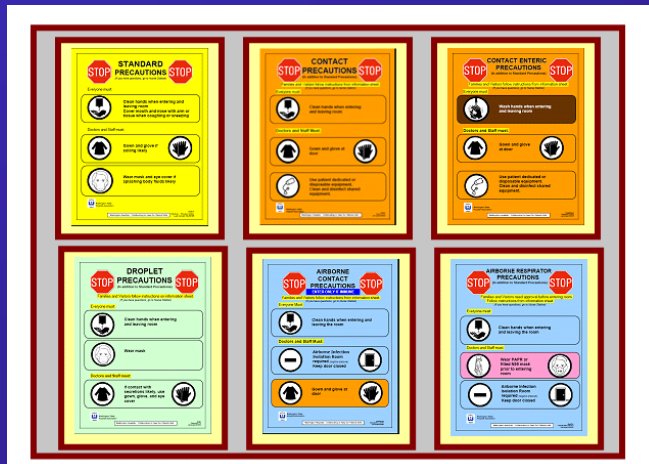


These signs are a combination of the best parts of the signage from many hospitals.

It has been recognized by the CDC and the Joint Commission as a national best practice but it is only as good as we are in using them....keeping ourselves and our patients safe.



## Our Hospital's Policy



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Review your hospital's policy.



## Summary and Review

- Isolation Precaution Signage – What do the five color-coded precautions mean?
- How does a patient get placed into isolation?
- Policy on discontinuing isolation precautions.
- Patient, family, and visitor education and what they should be doing.
- Adhering to isolation precautions during transport.
- Discharge instructions for home and/or facility transfer.

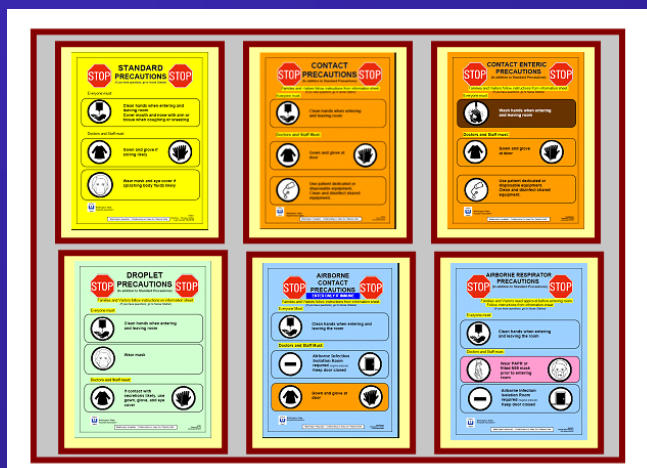
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Go through each of these points



## When Do We “Go Live”



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Discuss your implementation process



## Questions?

Contact \_\_\_\_\_ if you have additional questions.

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Do you have any questions?



# Work Plan – How to Implement

**STOP STANDARD PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room. Cover mouth and nose with arm or tissue when coughing or sneezing.

Doctors and Staff must:

- Gown and glove if soiling likely.
- Wear mask and eye cover if splashing body fluids likely.

**STOP CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.

Doctors and Staff Must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP CONTACT ENTERIC PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Wash hands when entering and leaving room.

Doctors and Staff must:

- Gown and glove at door.
- Use patient dedicated or disposable equipment. Clean and disinfect shared equipment.

**STOP DROPLET PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors follow instructions on information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving room.
- Wear mask.

Doctors and Staff must:

- If contact with secretions likely, use gown, glove, and eye cover.

**STOP AIRBORNE CONTACT PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
ENTER ONLY IF IMMUNE  
Families and Visitors follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone Must:

- Clean hands when entering and leaving the room.

Doctors and Staff Must:

- Airborne Infection Isolation Room required (negative pressure). Keep door closed.
- Gown and glove at door.

**STOP AIRBORNE RESPIRATOR PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Families and Visitors need approval before entering room. Follow instructions from information sheet. If you have questions, go to Nurse Station.

Everyone must:

- Clean hands when entering and leaving the room.

Doctors and Staff must:

- Wear PAPR or fitted N95 mask prior to entering room.
- Airborne Infection Isolation Room required (negative pressure). Keep door closed.

**STOP SPECIAL PRECAUTIONS STOP**  
(In addition to Standard Precautions)  
Patients, Visitors, Physicians, and Staff (clean hands when entering and leaving the room. Follow instructions as given below. If you have questions, go to Nurse Station).

Everyone must:

- IP to add symbol and specific directions.
- IP to add symbol and specific directions.
- IP to add symbol and specific directions.





# Suggested Work Plan

## Hospital Awareness and Approval

1. Identify key stakeholders and committees needed to approve the adoption of the signage and get on meeting agendas.
2. Update various administration, nursing leadership, physician champions, and other key stakeholders.
3. Finalize date for implementation - "Go Live".
4. Revise isolation precaution policy and get approved.

## Materials Procurement

1. If your hospital plans on laminating signs, work with materials management or key people to have the signage ready and available prior to "Go Live" date.
2. If your hospital plans on printing the signage in-house, go <http://www.wsha.org/page.cfm?ID=020> to download signage to print.
3. Keep adequate stock of:
  - Health care worker information sheets
  - Patient/family information sheets
  - Frequently asked questions
  - Posters

## Communication Plan

1. Draft letter from CEO and physician leadership if possible to be sent to physicians and patient care staff.
2. Publish articles in employee newsletter.
3. Post posters for training.
4. Update new hire orientation education materials.
5. Update agency worker orientation materials.

## Education Plan

1. Familiarize yourself/trainer with training content and the tools (Frequently Asked Questions)
2. Schedule presentations with various groups within the hospital - like physicians, patient safety, nursing practice council, quality council.
3. Schedule in-service for staff to update on new isolation precautions.
4. Schedule meetings with managers and unit based educators.



5. Review new isolation precautions at staff meetings, safety meetings, clinical operations meetings for ancillary services, environmental care services, and all new orientations. Also share at medical staff meetings.
6. If your hospital has a “Patient/Community Education” Committee, update them with the new information.

#### **Two Weeks Before Roll Out - ‘Go Live’ Date**

1. Send reminder email to all trainers reminding them to make copies of the various hand outs for their staff.
2. Check with unit managers of possible questions/issues that may have arisen.
3. Make sure that all units are well stocked with signage and information sheets for healthcare workers and patients/families.



For questions, comments, or feedback,  
contact:

Cat Ernevad  
Director Patient Safety Practices  
Washington State Hospital Association  
Email - [cate@wsha.org](mailto:cate@wsha.org)  
Phone - (206) 577-1820