Appendix 2: Isolation Signs

Contact Isolation Patient Information Sheet

**CONTACT ISOLATION**

Visitors ~ See Nurse before entering

Entry/Exit:

STOP

Clean Hands ~ Gown & Gloves for ALL entries

PATIENTS in CONTACT ISOLATION

- Place in a private room unless a shared space has been approved by Infection Control
- May leave room after cleaning hands and putting on a clean hospital gown
- Are not allowed in communal spaces (playroom, school room, solarium etc.) but may emblazon in hallways if continent, cooperative and clean.

STAFF Caring for Patients in CONTACT ISOLATION

PROCEDURES

- Wash hands with alcohol-based hand rub (ABHR) or soap and water on entry
- Put on a gown and gloves before entering the room
- Remove and discard gloves and gown
- Clean hands with alcohol-based hand rub (ABHR) or soap and water before leaving the patient's room. If patient is in semi-private room or multi-bed bay situation, clean hands with alcohol-based hand rub (ABHR) or soap and water before leaving the patient's direct area.

WORKFLOW

- Place the following supplies outside the patient's room: GOWNS, GLOVES, THIS SIGN
- Use dedicated disposable equipment (e.g. stethoscope, blood pressure cuff, thermometer, etc.) when possible. If personal stethoscope is used, wipe with Sani-Cloth upon completion of examination

VISITORS

- VISITORS are not required to wear gowns/gloves unless they visit other patients OR are visiting a patient with CRE (see * below)
- Instruct VISITORS to clean their hands before entering and before exiting the patient's room

GENERAL INDICATIONS for CONTACT ISOLATION

- Drainage (abscess, cellulitis, ulcer, burn or wound) not contained adequately by dressing or not dressed
- Impetigo or rash of unknown etiology

COMMON SPECIFIC INDICATIONS for CONTACT ISOLATION

- Adenovirus or RSV (with Droplet Precautions for respiratory infections in infants and young children)
- Carbapenem intermediate or resistant Enterobacteriaceae (CRE)
- Rotavirus
- Entero virus (infants and young children)
- Linezolid-resistant VRE
- Lice
- Scabies
- HSV in neonates

For additional information, refer to "Standard and Transmission-based Precautions Policy" and "Isolation Precautions Table" at http://infectioncontrol.ucsfmedicalcenter.org or page the Infection Control Practitioner on call at 415.888.0269.
Enteric Contact Isolation  Patient Information Sheet

ENTERIC CONTACT ISOLATION

Visitors ~ See Nurse before entering

STOP

WASH HANDS WITH SOAP AND WATER ON EXIT

Clean Hands ~ Gown & Gloves for ALL entries

PATIENTS in ENTERIC CONTACT ISOLATION

- Place in a private room unless a shared space has been approved by Infection Control
- May leave room after washing hands with soap and water and putting on a clean hospital gown
- Are not allowed in communal spaces (playroom, school room, solarium etc.) but may ambulate in hallways if continent, cooperative and clean.

STAFF Caring for Patients in ENTERIC CONTACT ISOLATION

- Wash hands with alcohol based hand rub (ABHR) or soap and water on entry
- Put on a gown and gloves before entering the room
- Remove and discard gloves and gown
- Clean hands with soap and water before leaving the patient’s room. If patient is in semi-private room or multi-bed bay situation, clean hands with soap and water before leaving the patient's direct area.

WORKFLOW

- Place the following supplies outside the patient’s room: GOWNS, GLOVES, THIS SIGN
- Attach this sign to the ABHR dispenser inside of the patient's room
- Use dedicated disposable equipment (e.g. stethoscope, blood pressure cuff, thermometer, etc.) when possible. If personal stethoscope is used, wipe with Sani-Cloth upon completion of examination

VISITORS

- VISITORS are not required to wear gowns/gloves unless they visit other patients OR are visiting a patient with CRE (see * below)
- Instruct VISITORS to clean their hands before entering and to wash hands with soap and water before exiting the patient's room

GENERAL INDICATIONS for ENTERIC CONTACT ISOLATION

- Acute diarrhea of unknown etiology

COMMON SPECIFIC INDICATIONS for ENTERIC CONTACT ISOLATION

- Clostridium difficile infection
- Norovirus

For additional information, refer to “Standard and Transmission-based Precautions Policy” and “Isolation Precautions Table” at http://Infectioncontrol.ucsfmedicalcenter.org or page the Infection Control Practitioner on call at 415.800.0269.
Droplet Isolation Patient Information Sheet

DROPLET ISOLATION

Visitors ~ See Nurse before entering

STOP

Clean Hands ~ Surgical Mask ~ Eye Protection

PATIENTS IN DROPLET ISOLATION
- Place in a private room unless a shared space has been approved by Infection Control
- Must wear a regular mask (surgical or paper) over mouth and nose when outside the room
- May leave the room after cleaning hands, unit policy permitting
- Are not allowed in communal spaces (playroom, school room, solarium etc.)

STAFF Caring for Patients in DROPLET ISOLATION

PROCEDURES
- Wear a regular mask (surgical or paper) over mouth and nose, and eye protection (safety goggles, fluid shield) upon entry to patient room
- Remove and discard disposable PPE in waste basket and clean hands before leaving the patient environment
- Goggles may be disinfected and reused
- Encourage patients to remain in the room except for essential purposes

WORKFLOW
- Place the following outside patient room: PAPER MASKS w/ FACE SHIELDS, PAPER OR SURGICAL MASKS, GOGGLES, FACE SHIELDS

VISITORS
- Offer masks and eye protection and instructions for use
- Instruct visitors to clean their hands before entering and exiting the patient’s room

GENERAL INDICATIONS for DROPLET ISOLATION
- Bronchiolitis
- Symptoms consistent with upper respiratory infection, etiology unknown
- Patients with cardiomyopathy of unknown etiology
- Meningitis, bacterial
- Respiratory virus DFA/PCR, parvovirus or pertussis PCR or Group A strep (pediatric patients only) testing ordered on respiratory specimen

COMMON SPECIFIC INDICATIONS for DROPLET ISOLATION
- Respiratory viruses: influenza, parainfluenza, parvovirus, metapneumovirus, rhinovirus
- Adenovirus or RSV (with Contact Precautions for respiratory infections in infants and young children)
- Group A streptococcus pharyngitis in infants and young children
- Pertussis
- Neisseria meningitidis pneumonia, meningitis or sepsis

For additional information, refer to “Standard and Transmission-based Precautions Policy” and “Isolation Precautions Table” at http://infectioncontrol.ucsfmedicalcenter.org or page the Infection Control Practitioner on call at 415.806.0289
Airborne Isolation Patient Information Sheet

**AIRBORNE ISOLATION**

Visitors ~ See Nurse before entering

STOP

Clean Hands ~ N-95 or PAPR ~ Negative Pressure / Door Closed

PAPR High-Hazard Medical Procedures (See other side)

**STAFF Caring for Patients in AIRBORNE ISOLATION**

- Keep the door closed
- Remain in the room except for essential purposes (off-unit testing, surgical procedures, etc.)
- Wear a regular mask (surgical or paper, NOT an N-95 respirator) over mouth and nose when outside the negative pressure environment

**PROCEDURES**

- Wear a fit tested N-95 respirator or Powered Air Purifying Respiratory (PAPR or CAPR) upon room entry even if immune to the patient's condition; do not remove the respirator/CAPR/PAPR until outside the room
- Remove and discard respirator after each patient encounter; for CAPR/PAPR cleaning, refer to instructions in the Airborne isolation cart
- Place the following outside patient room: N-95 RESPIRATORS (VARIOUS SIZES), CAPR/PAPR, THIS SIGN

**VISITORS**

- Limit visitors to household members, offer a surgical mask or N-95 respirator and instructions on use
- Instruct visitors to clean their hands before entering and exiting the patient's room

**GENERAL INDICATIONS for AIRBORNE ISOLATION**

- Vesicular (fluid-filled) rash
- Chest radiograph consistent with pulmonary tuberculosis
- Symptoms consistent with pulmonary tuberculosis (i.e. cough, night sweats, hemoptysis, unexplained weight loss)
- AFB culture ordered on a respiratory specimen where pulmonary tuberculosis is being ruled out

**COMMON SPECIFIC INDICATIONS for AIRBORNE ISOLATION**

- Mumps
- Varicella (chickenpox)
- Mycobacterium tuberculosis
- Zoster, disseminated OR localized zoster (shingles) in an immunocompromised patient

For additional information, refer to “Standard and Transmission-based Precautions Policy” and “Isolation Precautions Table” at [http://infectioncontrol.ucsfmedicalcenter.org](http://infectioncontrol.ucsfmedicalcenter.org) or page the Infection Control Practitioner on call at 415.506.0268.

**High-Hazard Medical Procedures (HHMP, aka Aerosol-Generating Procedures)**

- CAPR/PAPR is required for HHMP in airborne infectious disease cases. HHMP include:
  - aerosolized administration of medications
  - sputum induction
  - planned intubation/extubation
  - autopsy, clinical, surgical and laboratory procedures that may aerosolize pathogens (e.g. thoracotomy, bronchoscopy or open lung biopsy)