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| TITLE:<br><b>Transmission Based Precautions</b> |                                   |                         |

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| <b>Purpose:</b>     | <p>Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.</p> <p>Transmission-Based Precautions (TBP) are used in addition to Standard Precautions to reduce the risk of transmission of a known or suspected source of infection.</p>  |
| <b>Definitions:</b> | <p><u>Airborne Precautions</u>: Precautions that apply to patients with known or suspected microorganisms that can be transmitted by the airborne route. Also referred to as “Extended Air Precautions” by CDC.</p> <p><u>Contact Precautions</u>: Precautions that apply to patients with known or suspected microorganisms that can be transmitted by direct or indirect contact.</p> <p><u>Contact Plus Precautions</u>: Precautions that apply to patients with known or suspected microorganisms that can be transmitted by direct or indirect contact and require additional precautions.</p> <p><u>Droplet Precautions</u>: Precautions that apply to patients with known or suspected microorganisms that can be transmitted by droplets. Also referred to as “Routine Air Precautions” by CDC.</p> <p><u>Enhanced Precautions</u>: Precautions that apply to patients with known or suspected microorganisms that can be transmitted by direct or indirect contact or respiratory secretions. Also referred to as “Special Air Precautions” by CDC. Not to be confused with “Enhanced Barrier” precautions used by skilled nursing facilities.</p> <p><u>Colonization</u>: The presence of organisms in testing in an asymptomatic patient. The organism can be transmitted to other people or the environment.</p> <p><u>Infection</u>: The patient is symptomatic with an invasive organism. The organism can be transmitted to other people or the environment.</p> <p><u>Personal Protective Equipment (PPE)</u>: Equipment that provides a protective barrier to help prevent the transmission of microorganisms, including gloves, gowns, masks, goggles, or face shields.</p> <p><u>Standard Precautions (SP)</u>: Standard Precautions are used for all patient care. They’re based on a risk assessment and make use of common-sense</p> |

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|                             | <p>practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient.</p> <p><u>Transmission-Based Precautions (TBP)</u>: are used in addition to Standard Precautions for patients documented or suspected to be infected with highly transmissible or epidemiologically significant pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals.</p> <p><u>Empiric Precautions</u>: Implementation of Transmission-Based Precautions at the time a patient develops signs and symptoms consistent with a transmissible infection</p>   |
| <b>Keywords:</b>            | Transmission-Based Precautions, TBP, Standard Precautions  |
| <b>Applicability:</b>       | <p>TMC Health: TMC Hospital Main and TMC Hospital at Rincon, including all inpatient and outpatient departments, Peppi's House – TMC Hospice, TMC Integrative Pain Clinic, and TMC Wound Care Center; TMC Medical Network and TMCOne, including all ambulatory primary and specialty care clinics, TMC Urgent Care – Rincon, and TMC Urgent Care – Wyatt; Benson Hospital, including Benson Hospital Rehabilitation, Benson Family Health Care Clinic, Benson San Pedro Clinic, and Vail Valley Family HealthCare; Northern Cochise Community Hospital, including Sulphur Springs Medical Center and Sunsites Medical Clinic; and all other TMC HealthCare subsidiaries except as otherwise noted.</p> <p>For purposes of this Policy, Affiliates do not include Tucson4Health LLC, Southern Arizona Hospital Alliance or TMCH joint ventures with physicians.</p> |
| <b>Statement of Policy:</b> | TMC HealthCare Workforce Members will follow all procedures associated with this policy document in order to avoid the spread of hospital acquired infections.   |
| <b>Procedure:</b>           | <p><b>1. Important Information</b></p> <p>1.1 Refer to <a href="#">Isolation by Organism (Appendix A)</a> available on eConnection for a complete list of diseases and precautions required.</p>   |

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|  | <p>1.2 Isolation will be resolved in consultation with Infection Prevention.</p> <p>1.3 TMC utilizes 5 types of isolation – Contact, Contact Plus, Droplet, Airborne, and Enhanced Precautions. They may be used singularly or in combination. Transmission-Based Precautions (TBP) are always used in conjunction with Standard Precautions (SP).</p> <p>1.4 Hand Hygiene (use of waterless antimicrobial hand gel or hand washing) is the single most important measure to reduce the risk of transmitting microorganisms from one person to another or from one site to another on the same patient. Refer to Policy IC-01-152.</p> <p>1.5 Patients requiring isolation will be placed in a private room. Any exceptions will be cleared through Infection Prevention or House Supervisor for off shifts.</p> <p>1.6 Cleaning of Room: Isolation sign to remain posted until terminal cleaning is complete. Environmental Services (EVS) will remove the sign when the room is ready for use. Refer to the following Environmental Services procedures for additional information:</p> <p style="padding-left: 40px;">(a) Patient Room Cleaning – Daily TBP (Isolation)</p> <p style="padding-left: 40px;">(b) Patient Room Cleaning – Terminal TBP (Isolation)</p> <p>1.7 Patients are to be provided with education for isolation precautions. Handouts can be ordered through Docucenter. Document that education was given to patient.</p> <p>1.8 Visitors should speak with a nurse before entering the room of a patient on isolation precautions. Visitors can be provided with PPE as needed per isolation category. Provide visitors education on hand hygiene and encourage frequent hand hygiene when visiting.</p> <p>1.9 Visitation may be restricted during outbreaks or for unusual organisms.</p> <p>1.10 Correctional facility staff responsible for incarcerated patients on isolation precautions will be provided with PPE to accommodate</p> |
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|  | <p>their needs.</p> <p>1.11 For linen and laundry, refer to Policy IC-01-122: Handling Linen Soiled with Blood and Body Fluids.</p> <p>1.12 For trash and waste, refer to Policy IC-01-76: Biohazardous Waste Procedures.</p> <p>1.13 Patients in isolation should be provided dedicated equipment such as a disposable stethoscope, blood pressure cuff, and thermometer.</p> <p>1.14 Cleaning of Patient Care Equipment</p> <p>(a) Contaminated, reusable <i>critical medical devices</i> or patient care equipment will be sent to CSPD for evaluation and/or reprocessing.</p> <p>(b) Reusable, non-critical equipment (equipment that touches intact skin) contaminated with blood, body fluids, secretions, or excretions will be cleaned and disinfected after use according to hospital procedure.</p> <p>(c) Contaminated disposable equipment is handled and transported in a manner that reduces the risk of transmission of microorganisms and decreases environmental contamination in the hospital; the equipment is disposed of according to hospital policy. Refer to Policy IC-01-76: Biohazardous Waste Procedures</p> <p>1.15 The immune status of employees will be considered when assigning staff to care for patients in isolation. Refer to Employee Health for any concerns.</p> <p>1.16 Volunteers should NOT enter the room of a patient on isolation precautions. NOTE: Exceptions may be made for Hospice and Pediatric Volunteers with appropriate training documented.</p> <p><b>2. Empiric Precautions</b></p> <p>2.1 Diagnosis of many infections requires laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, TBP must be implemented while test results are pending based on the</p> |
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|  | <p>clinical presentation and likely pathogens. Use of appropriate TBP at the time a patient develops symptoms or signs of transmissible infection, or arrives at a healthcare facility for care, reduces transmission opportunities.</p> <p>2.2 Empiric Precautions for Contact, Contact Plus, (Droplet, Enhanced or Airborne isolation may be initiated until a diagnosis is either confirmed or ruled out.</p> <p>2.3 Examples include patients with:</p> <ul style="list-style-type: none"> <li>(a) A history of infection with multi-drug resistant organisms or active pulmonary tuberculosis (TB).</li> <li>(b) Signs or symptoms such as rash with fever, Influenza-like illness, or an abscess or draining wound that cannot be covered.</li> <li>(c) A diagnosis of meningitis, atypical pneumonia with a travel history, respiratory infections of unknown etiology (particularly in infants and young children), necrotizing fasciitis or Toxic Shock Syndrome.</li> </ul> <p>2.4 <b>Pediatric population only:</b> Patients with respiratory symptoms are to remain on Contact/Droplet precautions for duration of hospital admission. Patients with an extended length of stay can be evaluated on a case-by-case basis by the physician and Infection Prevention.</p> <p><b>3. Contact Precautions</b></p> <p>3.1 Definition/Application</p> <ul style="list-style-type: none"> <li>(a) Apply to patients known or suspected to be infected or colonized with a microorganism that can be transmitted by direct or indirect contact. <i>Exception:</i> MRSA colonization of the nares does not require contact isolation.</li> <li>(b) Direct-contact transmission involves skin-to-skin contact and physical transfer of the microorganism to a susceptible host from an infected or colonized person, such as when personnel turn, bathe, or perform other patient-care activities that requires physical contact. Direct contact</li> </ul> |
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|  | transmission can also occur between patients (hand to hand).  |  |
|  | (c) Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment (e.g., stethoscope, bed rails). |  |
|  | (a) Refer to <a href="#">Isolation by Organism (Appendix A)</a> available on eConnection for a complete list of diseases and duration.  |  |
|  | Hand Hygiene  | Alcohol-based hand rub or soap and water   |
|  | PPE   | Gown and gloves at room entry  |
|  | Transportation  | Transportation attendants do not wear PPE during transport. Notify receiving department of required precautions.   |
|  | Room Placement  | Private room and bathroom required. Consult Infection Prevention before cohorting patients.  |
|  | Cleaning  | Hospital-approved disinfectant   |
|  | Visitors  | Visitors should check with staff prior to entering the room. PPE can be provided as requested. Provide visitors education on hand hygiene and encourage frequent hand hygiene when visiting. |
|  | Common Infections   | Multidrug-resistant Organisms (MRSA, VRE, ESBL, CRE); Major Abscesses, Localized shingles that can't be covered.<br><br>Respiratory and GI illness in pediatric populations                  |

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#### 4. Contact Plus Precautions

##### 4.1 Definition/Application

- (a) Precautions that apply to patients with known or suspected microorganisms that can be transmitted by direct or indirect contact and require additional precautions.
- (b) Direct-contact transmission involves skin-to-skin contact and physical transfer of the microorganism from an infected or colonized person. Examples include turning or bathing a patient, and other patient-care activities that requires physical contact.
- (c) Indirect-contact transmission involves contact of a with a contaminated intermediate object, usually inanimate, in the patient's environment (e.g., stethoscope, bed rails).
- (d) Patients with *C. difficile* will remain on Contact Plus precautions until discharge.

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| Hand Hygiene   | Soap and water required after exiting. Alcohol-based hand rub is acceptable for entry.   |
| PPE            | Gown and gloves at room entry  |
| Transportation | Transportation attendants do not wear PPE during transport. Notify receiving department of required precautions.                                     |
| Room Placement | Private room and bathroom required. Consult Infection Prevention before cohorting patients.  |
| Cleaning       | Hospital-approved bleach and UV light  |
| Visitors       | Visitors should check with staff prior to entering the room. Encourage visitors to wear a gown and gloves. PPE can be provided as requested. Provide |

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|  |  | visitors education on hand hygiene and encourage frequent hand hygiene when visiting.   |
|  | Common Infections  | <i>C. difficile, C. auris</i>   |
|  | <p><b>5. Droplet Precautions</b></p> <p>5.1 Definition/Application</p> <ul style="list-style-type: none"> <li>(a) Also referred to as “Routine Air Precautions”</li> <li>(b) Apply to patients known or suspected to be infected with microorganisms that can be transmitted by infectious droplets.</li> <li>(c) Transmission via large particle droplets (larger than 5 microns) requires close contact between source and recipient (usually 6 feet or less)</li> <li>(d) Droplets do not remain suspended in the air, and therefore, special handling and ventilation are not required.</li> <li>(e) Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of aerosol-producing procedures such as suctioning or bronchoscopy.</li> </ul> |   |
|  | Hand Hygiene   | Alcohol-based hand rub or soap and water  |
|  | PPE  | Mask at room entry  |
|  | Transportation   | Patient to wear mask if tolerated. Transportation attendant will wear a mask if patient unable to tolerate a mask. Notify the receiving department of required precautions. |



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|   | Room Placement    | Private room required. Consult Infection Prevention before cohorting patients.  |
|   | Cleaning          | Hospital-approved disinfectant  |
|   | Visitors          | Visitors should check with staff prior to entering the room. Encourage visitors to wear a mask. PPE can be provided as requested. Provide visitors education on hand hygiene and encourage frequent hand hygiene when visiting. |
|   | Common Infections | Influenza, Rhinovirus<br><br>Respiratory illness in pediatric populations   |
| <b>6. Enhanced Precautions</b><br><br>6.1 Definition/Application <ul style="list-style-type: none"> <li>(a) Also known as “Special Air Precautions”</li> <li>(b) Apply to patients known or suspected to be infected with microorganisms that can be transmitted by direct or indirect contact or with respiratory secretions.</li> </ul> |                   |   |
|   | Hand Hygiene      | Alcohol-based hand rub or soap and water  |
|   | PPE               | Gown, gloves, eye protection, and N-95 mask or CAPR at room entry. Exception: For SARS-CoV-2 (COVID-19), N-95/CAPR required for aerosolizing procedures, otherwise wear a surgical mask.  |
|   | Transportation    | Patient to wear surgical mask if tolerated. Transportation attendants will wear a surgical mask if the patient is unable to tolerate a mask. Notify the receiving department of required precautions.                           |

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|  | Room Placement    | Private room required. Consult Infection Prevention before cohorting patients.  |
|  | Cleaning          | Hospital-approved disinfectant  |
|  | Visitor           | Visitors should check with staff prior to entering the room. Encourage visitors to wear a mask, gown, and gloves. PPE can be provided as requested. Provide visitors education on hand hygiene and encourage frequent hand hygiene when visiting. |
|  | Common Infections | COVID-19, Mpox, Emerging Pathogens  |
| <b>7. Airborne Precautions</b><br><br>7.1 Definition/Application<br><br>(a) Also referred to as “Extended Air Precautions”<br><br>(b) Apply to patients known or suspected to be infected with microorganisms that can be transmitted by the airborne route. |                   |   |
|  | Hand Hygiene      | Alcohol-based hand rub or soap and water  |
|  | PPE               | N-95 respirator mask or CAPR at room entry  |
|  | Transportation    | Patients should only leave room for medically necessary procedures. Patient to wear mask if tolerated. Transportation attendant will wear a mask if patient unable to tolerate a mask. Notify the receiving department of required precautions.   |
|  | Room Placement    | Place patient in private, negative pressure room within 2 hours of airborne isolation order being   |

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|   |                   | placed. Patient to stay in private, negative pressure room until airborne isolation is discontinued. Door must remain closed. See Policy IC-01-135 for more information.  |
|   | Cleaning          | Hospital-approved disinfectant. Room must remain closed for 1 hour prior to terminal cleaning to allow for air exchanges. (Exception: Doors must remain closed for 14 minutes in operating rooms and 18 minutes in Cath Lab prior to terminal cleaning).  |
|   | Visitor           | Visitors should check with staff prior to entering the room. Visitors will wear a hospital-issued, well-fitted N95 mask that fully covers their mouth and nose. If visitors cannot comply, they may be asked to leave. PPE will be provided as requested. |
|   | Common Infections | Tuberculosis, Chickenpox (Varicella), Disseminated Shingles (Herpes Zoster/Varicella), Measles  |
| <b>8. Table 1 Negative Pressure Rooms</b> |                   |   |
| Unit                                      |                   | Rooms   |
| Mom/Baby                                  |                   | 119   |
| CDU                                       |                   | CD58, CD59  |
| NICU                                      |                   | 147   |
| L & D                                     |                   | 184   |
| Pediatrics                                |                   | 201, 203, 220, 221, 222, 223, 231   |

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|  | PICU                        | 268, 270           |
|  | Peds ED                     | 6                  |
|  | Unit 420                    | 421, 422, 423, 424 |
|  | Unit 470                    | 470                |
|  | ICU                         | 450, 480           |
|  | Unit 750                    | 761, 784, 786      |
|  | Unit 800                    | 810                |
|  | Unit 850                    | 884                |
|  | Unit 950                    | 970                |
|  | Unit 4000                   | 4025               |
|  | ED                          | 1, 36, 37          |
|  | Precath                     | 8                  |
|  | Cath Lab PACU               | 20                 |
|  | 2 <sup>nd</sup> Floor Preop | PR21               |
|  | 2 <sup>nd</sup> Floor PACU  | 20                 |
|  | GI Lab                      | North Bronchoscopy |

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|  | 3 <sup>rd</sup> Floor Preop  | PR20 |
|  | 3 <sup>rd</sup> Floor PACU   | 20   |
| <b><u>Attention: An electronic link to this procedure is embedded within the EMR/Epic: Prior to posting any updates to this procedure, notify the Help Desk at 4-1212 to submit a service request for maintenance to the link.</u></b> |  |      |
| <b>Standard Work:</b>  | The Standard Work for this Policy is: <ul style="list-style-type: none"> <li>Isolation Cart Standard Work</li> </ul>   |      |
| <b>References:</b>   | IC-01-82: Standard Precautions – General Procedures<br>IC-01-152: Hand Hygiene<br>IC-01-129: Cleaning of Unit-Owned Equipment<br>EN-01-06: Patient Care Room – Daily Cleaning<br>EN-01-07: Patient Care Room – Terminal Cleaning<br>IC-01-76: Biohazardous Waste Procedures<br>IC-01-135: Negative Pressure Room Monitoring<br>IC-01-06: OSHA Bloodborne Pathogen Standard<br>IC-01-03: OSHA Tuberculosis Standard<br>IC-01-126: Tuberculosis Exposure Control Plan<br>IC-01-117, IC-01-93, IC-01-92, IC-01-94, IC-01-95: PPE<br>IC-01-63: Transmission-Based Precautions Dedicated Supplies and Equipment<br>IC-01-86: Transport of Patients with Transmission-Based Precautions<br>IC-01-122: Handling Linen Soiled with Blood and Body Fluids.<br>RI-01-05: Visitation Policy |      |

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|                           | <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html</a><br><br><a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html</a> |
| <b>Policy Creator:</b>    | Infection Prevention Director  |
| <b>Executive Sponsor:</b> | Chief Nursing Officer  |
| <b>Review:</b>            | This Policy shall be reviewed as needed per changes in applicable laws, regulations, and accreditation or operational requirements, but no less often than every three (3) years.  |

Approved: /s/ Suzette Chavez 04/26/2024  
Suzette Chavez Date  
Director of Infection Prevention