



Resident Sticker
 Last Name First Name
 DOB


Standard Precautions apply to all residents


The following Transmission based Isolation Precautions are Required until resident meets discontinuation protocol based on policy #13473.17

ISOLATION TYPE	RATIONAL	PPE REQUIRED
<input type="checkbox"/> <i>Contact Precautions</i>	<input type="checkbox"/> Active MDRO infection (i.e. MRSA, VRE, ESBL, CRE) <input type="checkbox"/> Draining wound, where drainage is not easily contained <input type="checkbox"/> Secretions that cannot be easily contained (i.e. tracheostomy) <input type="checkbox"/> Diarrhea that cannot be contained (i.e. incontinent or ostomy bag) <input type="checkbox"/> Unreliable personal hygiene <input type="checkbox"/> Untreated parasitic infection (i.e. lice, scabies...)	<ul style="list-style-type: none"> • Gown • Gloves
<input type="checkbox"/> <i>Contact Special Precautions</i>	<input type="checkbox"/> Stool culture positive for <i>Clostridium difficile</i> <input type="checkbox"/> Watery diarrhea, suspect <i>Clostridium difficile</i>	<ul style="list-style-type: none"> • Gown • Gloves
<input type="checkbox"/> <i>Droplet Precautions</i>	<input type="checkbox"/> Invasive <i>Haemophilus influenzae type b</i> or <i>Neisseria meningitidis</i> <input type="checkbox"/> Bacterial respiratory infections including: (pharyngeal Diphtheria, Mycoplasma pneumonia, Pertussis, Pneumonic plague, Group A Strep pharyngitis or pneumonia) <input type="checkbox"/> Viral respiratory infections including: (Adenovirus, Influenza, Mumps, Parvovirus B19, Rubella)	<ul style="list-style-type: none"> • Mask • Face Shield if risk of splash to face • Gloves

Order may be initiated by Infection Preventionist or by RCC/Charge RN

Signature   Role

Start Date/Time 

End Date/Time 

Comments:

Isolation Precautions Checklist for staff

Resident Sticker
 Last Name First Name
 DOB

Resident meets criteria for the following Isolation Precautions

Isolation orders were initiated on 

The following applies until Oversight committee determines the resident has met discontinuation criteria.

REQUIRED FOR STAFF

Contact Precautions (ALL of the following apply)

Personal Protective Equipment

- Isolation Gown
- Gloves

Hand Hygiene

- Normal Hand Hygiene principals apply

Re-usable equipment cleaning

- Purple top Sani-Wipes

Contact Special Precautions (ALL of the following apply)

Personal Protective Equipment

- Isolation Gown
- Gloves

Hand Hygiene

- Must wash hands with Soap and Water rather than alcohol based hand sanitizer

Re-usable equipment cleaning

- Yellow top (BLEACH) Sani-Wipes

Droplet Precautions (ALL of the following apply)

Personal Protective Equipment

- Surgical Mask
- Face Shield if risk of splash to face
- Gloves

Hand Hygiene

- Normal Hand Hygiene principals apply

Re-usable equipment cleaning

- Purple top Sani-Wipes

**Dedicated equipment should be used whenever possible (B/P cuff, stethoscope, gait belt, etc...)*

RESIDENT MUST BE ABLE TO COMPLY WITH THE FOLLOWING CRITERIA BEFORE LEAVING ROOM

Contact and Contact Special Precautions

- All drainage and secretions contained (Clean, Dry dressing in place)
- Changed into clean clothes
- Appropriate hand hygiene performed

Droplet Precautions

- Wearing a surgical mask (at ALL TIMES)
- Appropriate hand hygiene performed

If above criteria cannot be met, consult with Infection Prevention

IF ABOVE CRITERIA IS MET, RESIDENT MAY

- Eat in dining room (If criteria is not met, they should eat in their room)
- Attend all activities as desired

SPECIAL CONSIDERATIONS

- Residents should be bathed in a shower chair or shower gurney as the last shower of the day. EVS should be notified to clean shower room after Isolation Patient use
- Water and Ice should be delivered in clean, disposable liners. Do not take pitcher out of resident's room
- If resident transfer is necessary (i.e. for appointment), notify the receiving department or facility prior to transfer of resident. Bring your own PPE supplies if needed

Notifications

Resident and family educated about Isolation Precautions Rational and expectations.

Date Time Initials

EVS to follow their policy on cleaning Isolation rooms.

Date Time Initials

Laundry Date Time Initials

Provider Date Time Initials

Dietary Date Time Initials

Activities Date Time Initials

Signature Initials Date/Time