

Children’s Hospital and Health System Infection Prevention and Control Manual

This policy applies to the following entity(s):

Children’s Hospital and Health System

SUBJECT: Isolation Precautions Infection Control (IC) Policy

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POLICY

For Isolation Chart, see Isolation Precautions Infection Control (IC) Chart posted online

The Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007 identifying the Two Tier System of precautions to prevent transmission of infectious agents will be applied to the care of all in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent.

There are two tiers of isolation:

- 1. Standard Precautions** are used to prevent the spread of known or suspected infectious diseases to patients, visitors, healthcare workers and volunteers. The basic concept of Standard Precautions is to treat all patients' blood or body fluids as if they are infectious material. This concept originated from the Bloodborne Pathogen Standard directed by the Occupational Safety and Health Administration (OSHA) in 1991.

Original 4/2007

Revised: 6/9/2022, 4/20/2023

Effective: 4/20/2023

Isolation Precautions IC Policy/ Process Owner: Infection Prevention Team

- 2. Transmission–based Isolation Precautions**, designed to reduce the risk of airborne, droplet, or by contact transmission in healthcare facilities, and are to be used in addition to standard precautions.
- Transmission-based Precautions are used alone or in combination.
 - Isolation Precautions may be ordered as indicated by physicians or nurses.
 - Transmission-based Precautions may be discontinued based on symptom resolution, testing results, and specific patient information. See the Infection Control Isolation Chart or contact Infection Prevention for additional guidance.

Additional Isolation Requirements

1. All patients should be isolated based on symptoms, unless symptoms present are part of a pre-existing non-infectious diagnosis. (I.e. diarrhea associated with Crohn’s or ulcerative colitis flare up, or cough with diagnosis of allergy or exercise induced asthma with no other infectious symptoms such as runny nose or fever.)
2. If testing for a potentially infectious organism is ordered (i.e. viral swabs, enteric pathogens), isolation based on testing **MUST** be ordered (i.e. special contact for enteric pathogens, contact droplet for viral swabs etc.), and remain in place until **ALL** results are final.
 - a. If an infectious organism is identified, isolation orders should be tailored to that specific organism based on information provided in appendix.
 - b. If all test are negative but the patient remains symptomatic, isolation orders should be continued until all symptoms have resolved.
 - c. If all results are negative **AND** patient is asymptomatic, isolation orders can be discontinued at that time.

Restrict susceptible health-care personnel from entering the rooms of patients known or suspected to have measles (rubeola) or chicken pox (varicella) if other immune health-care personnel are available. See [Employee Health and Wellness Services](#) P&P

PROCEDURE

I. RECOMMENDATIONS

These recommendations are designed to prevent transmission of infectious agents among patients and healthcare personnel in all settings where healthcare is delivered unless otherwise stated. As in other CDC (Centers for Disease Control)/HICPAC (Healthcare Infection Control Advisory Committee) guidelines, each recommendation is categorized on the basis of existing scientific data, theoretical rationale, applicability and when possible, economic impact.

II. **EDUCATION AND TRAINING**

- A. Provide education and training on prevention and transmission of infectious agents associated with healthcare during orientation, on a yearly basis, and as needed with emerging pathogens.
- B. Provide instructional materials for patients and visitors on recommended hand hygiene practices and application of transmission-based precautions.

III. **STANDARD PRECAUTIONS**

- A. **Standard Precautions** are a group of infection prevention practices that include hand hygiene, use of gloves, gowns, masks, eye protection, or face shields depending on anticipated exposure to potentially infectious material, and incorporating respiratory etiquette in daily activities in caring for all patients. See **Hand Hygiene** and **Standard Precautions P&Ps**.

IV. **DONNING AND DOFFING OF PPE**

A. **Donning**

1. Gown
 - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
 - Fasten in back of neck and waist
2. Mask or Respirator
 - Secure ties, elastic bands or ear loops
 - Fit flexible band to nose bridge
 - Fit snug to face and below chin
 - Fit-check respirator
3. Goggle or Face Shield
 - Place over face and eyes and adjust to fit
4. Gloves
 - Extend to cover wrist of isolation gown

B. **Doffing**

1. Gown and Gloves
 - Gown front and sleeves and the outside of gloves are contaminated
 - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - For disposable gowns:
 - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
 - While removing the gown, fold or roll the gown inside-out into a bundle
 - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands.
 - Immediately dispose in patient room

- Perform hand hygiene (use soap and water for special contact isolation)
 - For reusable gowns:
 - Remove gloves
 - Perform hand hygiene (use soap and water for special contact isolation)
 - Untie gown and pull away from body
 - Avoid touching clothing underneath
 - Immediately place in laundry hamper in patient room
 - Perform hand hygiene again
 - After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environmental surfaces.
2. Goggles or Face Shield
 - Outside of goggles or face shield are contaminated
 - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Remove goggles or face shield without touching the front of the goggles or face shield
 3. Mask or Respirator
 - Front of mask/respirator is contaminated —DO NOT TOUCH
 - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
 - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front.

C. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

V. TRANSMISSION BASED PRECAUTIONS

A. GENERAL PRINCIPLES

1. In addition to Standard Precautions, use transmission-based precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission.
2. DO NOT change isolation signs on rooms after discharge. EVS will change the sign once the room is cleaned.

B. CONTACT PRECAUTIONS

1. Use **CONTACT** Precautions as recommended for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission, including colonization or infection with Multi-Drug Resistant Organisms (MDROs). These patients are identified with an MDRO flag. See Management of Patients Colonized with Multi-Drug Resistant Organisms (MDRO) P&P.

2. Use of Personal Protective Equipment

a. Gown and Gloves:

- Don gown/gloves prior to entering the patient's room.
- Anticipate that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or items in the patient's room.
- Follow donning and doffing of gown and gloves as outlined above.
- After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environmental surfaces.

3. Visitors

- a. **Parents/guardians or consistent care givers** are not required to wear isolation PPE unless they are providing cares which would put them in contact with infectious bodily fluids (i.e. changing diaper on a patient with C. difficile or norovirus). They should follow standard precautions at all times.
- b. **Non-caregiver visitors** are required to wear the same PPE as healthcare workers when entering the patient's room.

4. Patient Transport

- a. Limit transport and movement of patients outside of the room to medically necessary purposes. When transport is required, ensure that infected or colonized areas of the patient are contained and covered.
- b. Wipe down wheelchair or stroller with hospital approved cleaner prior to and after patient use.
- c. Wipe down headboard, footboard and side rails with hospital approved cleaner prior to exiting patient's room.
- d. Any employee assisting in transport may wipe down bed, wheelchair, etc.
- e. Remove contaminated PPE. Staff AND patient (if able) should perform hand hygiene prior to exiting room. .
- f. Put on clean PPE to handle the patient when the transport destination has been reached.
- g. If 2 transporters are needed due to patient condition, one transported should wear gown/gloves to attend to patient needs. The other transporter does NOT need to wear gown/gloves and should open doors, push elevator buttons, etc.

5. Patient Care Equipment

- a. Manage patient care equipment according to Equipment Cleaning Disinfection Sterilization P&P.

6. Patient and family food

- a. Any patient or family food should have the container wiped down with a hospital approved disinfectant wipe (if possible) and then placed in a clean plastic bag prior to storage in patient or family refrigerator.

7. Environmental Measures

- a. Use disposable patient care items (e.g. blood pressure cuffs) wherever possible or implement patient-dedicated use of non-critical equipment to avoid sharing between patients. If use of common equipment or items is unavoidable, clean and disinfect them after use.
- b. Ensure that rooms of patients on CONTACT Precautions are given cleaning priority with a focus on daily cleaning and disinfection of high touch surfaces (e.g., bed rails, over-bed tables, bedside commodes, faucet handles, doorknobs, carts, charts) and equipment in the immediate vicinity of the patient.

C. SPECIAL CONTACT PRECAUTIONS (CONTACT PLUS-FOX VALLEY)

1. Patients with 1) vomiting and/or diarrhea with unknown etiology or 2) patients positive for C. difficile, Norovirus, Sapovirus, or Cryptosporidium should be placed in Special Contact Precautions:
 - a. Special Contact Precautions requires use of soap and water to clean hands after leaving a patient's room. **DO NOT USE ALCOHOL BASED HAND SANITIZER.**
 - b. Bleach wipes are to be used to clean all equipment exiting the patient's room. Upon discharge, the room should be cleaned with a bleach solution (a 1:10 dilution) and all privacy and shower curtains removed for laundering
 - c. Patients should be placed in SPECIAL CONTACT Precautions for duration of diarrhea and for 48 hours after diarrhea has subsided regardless if therapy for diarrhea is completed.

2. Use of Personal Protective Equipment

- a. Gown and Gloves:
 - Don gown/gloves prior to entering the patient's room.
 - Anticipate that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or items in the patient's room.
 - Follow donning and doffing of gown and gloves as outlined above.
 - Change gloves immediately if visibly soiled and after touching or handling surfaces or materials that may be contaminated with feces, and perform hand hygiene between changing of gloves.
 - After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environmental surfaces.

3. Visitors

- a. **Parents/guardians or consistent care givers** are not required to wear isolation PPE unless they are providing cares which would put them in contact with infectious bodily fluids (i.e. changing diaper on a patient with C. difficile or norovirus). They should follow standard precautions at all times.

- b. **Non-caregiver visitors** are required to wear the same PPE as healthcare workers when entering the patient's room.
- c. Educate families regarding use of soap and water.

4. **Patient Transport**

- a. Limit transport and movement of patients outside of the room to medically necessary purposes. When transport is required, ensure that any possible stool output is contained.
- b. If a continent patient uses a bathroom outside of patient room, bathroom must be wiped with a bleach solution.
- c. Wipe down wheelchair or stroller prior to and after patient use.
- d. Wipe down headboard, footboard and side rails with bleach solution prior to exiting patient's room.
- e. Any employee assisting in transport may wipe down bed, wheelchair, etc.
- f. Remove contaminated PPE. Staff AND patient (if able) should perform hand hygiene with soap and water prior to exiting room. .
- g. Put on clean PPE to handle the patient when the transport destination has been reached.
- h. If 2 transporters are needed due to patient condition, one transported should wear gown/gloves to attend to patient needs. The other transporter does NOT need to wear gown/gloves and should open doors, push elevator buttons, etc.

5. **Patient Care Equipment**

- a. Whenever possible, provide dedicated blood pressure cuffs and other dedicated patient care equipment.
- b. If equipment needs to be shared or taken out of the patient's room prior to discharge for another patient's use, each piece of equipment requires a thorough wipe down/cleaning with bleach wipes prior to reuse.
- c. Use a thermometer dedicated for single patient use, and dispose of open temperature probe boxes upon discharge or when the patient is moved to a clean room.

6. **Patient and family food**

- a. **Patient and family food should not be stored in patient or family refrigerators until patient has met criteria for isolation removal and has been moved to a new room.**

7. **Cleaning**

- a. For routing daily cleaning, use a 1:10 dilution bleach solution to reduce risk of transmission. **High-touch surfaces should not be overlooked.**

8. In the event of a suspected cluster or outbreak:

- a. Changes to the cleaning process will be instituted at the direction of the Infection Prevention Team in collaboration with Environmental Services Supervisor.

D. DROPLET PRECAUTIONS

1. Indications for DROPLET Precautions

- a. Use Droplet Precautions as recommended for patients known or suspected to be infected with microorganisms transmitted by large respiratory droplets that can be generated by the patient during coughing, sneezing, talking, or the performance of cough-inducing procedures.

2. Use of Personal Protective Equipment

- a. Mask and Eye Protection for Healthcare Personnel
 - Always wear a mask to enter room.
 - Remove mask and dispose of INSIDE patient room upon exit. Perform hand hygiene.

3. Visitors

- a. **Parents/guardians or consistent care givers** are not required to wear isolation PPE unless they are providing cares which would put them in contact with infectious bodily fluids (i.e. changing diaper on a patient with C. difficile or norovirus). They should follow standard precautions at all times.
- b. **Non-caregiver visitors** are required to wear the same PPE as healthcare workers when entering the patient's room.

4. Patient Transport

- a. Limit movement and transport of the patient outside of the room to medically necessary purposed.
- b. Instruct patient to wear a mask and perform hand hygiene prior to exiting room. If patient is unable to wear a mask, place mist hut over the patient. No mask is required for person handling transport.
- c. Wipe down headboard, footboard and side rails with appropriate cleaner prior to exiting patient's room.
- d. Wipe down wheelchair or stroller prior to patient use. Any employee assisting in transport may wipe down bed, wheelchair, etc.

5. Patient Care Equipment

- a. Manage patient care equipment according to Equipment Cleaning Disinfection Sterilization P&P.

6. **Patient and family food**

- a. Any patient or family food should have the container wiped down with a hospital approved disinfectant wipe (if possible) and then placed in a clean plastic bag prior to storage in patient or family refrigerator

E. **AIRBORNE INFECTION ISOLATION PRECAUTIONS (AII)**

(See Airborne VAR and Airborne VAR Contact for Varicella [AKA Chicken Pox])

1. **General**

Use AII as recommended in [Isolation Precaution Infection Control Isolation Chart](#). For patients known or suspected to be infected with infectious agents transmitted by the airborne route (e.g., M. tuberculosis, measles)

2. **Patient Placement**

- a. Place the patient in an AII room equipped with the following:
 - Continuous, monitored negative air pressure in relation to the air pressure in the corridor.
 - For hospitalized patient rooms, negative pressure (NP) rooms are denoted by the NP on the room sign.
 - **The negative pressure in AII rooms is always on.**
 - AII isolation rooms have direct exhaust of air to the outside.
 - Children's Wisconsin meets the standard of 6-12 air exchanges per hour in these patient rooms.
 - The monitor boxes outside of patient room are part of an electronic monitoring system.
 - Staff should review air pressure monitoring device outside of room to ensure continuous negative pressure
An automatic page will be sent to Facilities and Infection Prevention and Control for awareness when airborne isolation is ordered.

3. **Use of Personal Protective Equipment**

- a. Wear a CAPR when entering the room of a patient when airborne isolation is indicated as noted in the [Isolation Precaution Infection Control Isolation Chart](#).
- b. If a CAPR is unavailable, wear an N95 and eye protection.

4. **Visitors**

- a. **Parents/guardians** or consistent care givers are not required to wear isolation PPE unless they are providing cares which would put them in contact with infectious bodily fluids (i.e. changing diaper on a patient with C. difficile or norovirus). They should follow standard precautions at all times.
- b. **Non-caregiver visitors** are required to wear the same PPE as healthcare workers when entering the patient's room.

5. Patient Transport

- a. Limit the movement and transport of patients who require AII precautions to medically necessary purposes.
- b. If transport or movement outside an AII room is necessary, Instruct patient to wear a mask and perform hand hygiene prior to exiting room. If patient is unable to wear a mask, place mist hut over the patient.
- c. Cover lesions if present as able.
- d. Wipe down wheelchair or stroller with hospital approved cleaner prior to and after patient use.
- e. Wipe down headboard, footboard and side rails with hospital approved cleaner prior to exiting patient's room.
- f. Any employee assisting in transport may wipe down bed, wheelchair, etc.

6. Patient Care Equipment

- b. Manage patient care equipment according to Equipment Cleaning Disinfection Sterilization P&P.

7. Patient and family food

- a. Any patient or family food should have the container wiped down with a hospital approved disinfectant wipe (if possible) and then placed in a clean plastic bag prior to storage in patient or family refrigerator

F. AIRBORNE VAR AND AIRBORNE VAR CONTACT

1. This isolation applies ONLY to patients with Varicella virus infections (Varicella/chicken pox or Disseminated Shingles) **or** Varicella Exposure isolation alerts. These alerts are placed with a positive PCR result from lab **or** if Infection Prevention and Control identifies a patient exposed to the Varicella virus that at risk of developing disease.

2. Patient Placement

- a. Place the patient in an AII room equipped with the following:
 - Continuous, monitored negative air pressure in relation to the air pressure in the corridor.
 - For hospitalized patient rooms, negative pressure (NP) rooms are denoted by the NP on the room sign.
 - **The negative pressure in All rooms is always on.**
 - All isolation rooms have direct exhaust of air to the outside.
 - Children's Wisconsin meets the standard of 6-12 air exchanges per hour in these patient rooms.
 - The monitor boxes outside of patient room are part of an electronic monitoring system.
 - Staff should review air pressure monitoring device outside of room to ensure continuous negative pressure

An automatic page will be sent to Facilities and Infection Prevention and Control for awareness when airborne isolation is ordered.

3. Use of Personal Protective Equipment

- a. Restrict susceptible health-care personnel from entering the rooms of patients known or suspected Varicella virus infections (Varicella/chicken pox or Disseminated Shingles) or Varicella Exposure if other immune health-care personnel are available.
- b. Wear a CAPR when entering the room of a patient in AIRBORNE VAR or AIRBORNE VAR CONTACT isolation patient **UNLESS**
 - The healthcare worker has a teal badge card which indicates that they have had their immunity to varicella verified through a titer by Employee Health and Wellness (or Medical Staff Services for providers)
 - ALL healthcare workers **MUST** wear an isolation gown and gloves when AIRBORNE VAR CONTACT is ordered regardless of immunity
 - Employees of Children's Wisconsin (Children's) can verify if they are immune through Ready-Set
 - Leadership teams on each unit will be responsible for providing teal cards to the Children's employees that are verified immune to varicella.
 - MCW employees should contact Medical Staff Services
 - All Children's employees must complete the education module in Children's University prior to being able to receive their teal badge

4. Visitors

- a. **Parents/guardians** or consistent care givers are not required to wear isolation PPE unless they are providing cares which would put them in contact with infectious bodily fluids (i.e. changing diaper on a patient with C. difficile or norovirus). They should follow standard precautions at all times.
- b. **Non-caregiver visitors** are required to wear the same PPE as healthcare workers when entering the patient's room.

5. Patient Transport

- a. Limit the movement and transport of patients who require AII precautions to medically necessary purposes.
- b. If transport or movement outside an AII room is necessary, Instruct patient to wear a mask and perform hand hygiene prior to exiting room. If patient is unable to wear a mask, place mist hut over the patient.
- c. Cover lesions if present as able.
- d. Wipe down wheelchair or stroller with hospital approved cleaner prior to and after patient use.
- e. Wipe down headboard, footboard and side rails with hospital approved cleaner prior to exiting patient's room.
- f. Any employee assisting in transport may wipe down bed, wheelchair, etc.

6. Patient Care Equipment

- a. Manage patient care equipment according to Equipment Cleaning Disinfection Sterilization P&P.

7. Patient and family food

- a. Any patient or family food should have the container wiped down with a hospital approved disinfectant wipe (if possible) and then placed in a clean plastic bag prior to storage in patient or family refrigerator

G. Heightened Isolation Precautions

1. These precautions are reserved for emerging pathogens of concern as identified by Infection Prevention.
2. Precautions are tailored to specific pathogens of concern
3. Contact Infection Prevention for concerns regarding heightened isolation precautions.

4. Patient Care Equipment

- a. Manage patient care equipment according to Equipment Cleaning Disinfection Sterilization P&P.

5. Patient and family food

- a. Any patient or family food should have the container wiped down with a hospital approved disinfectant wipe (if possible) and then placed in a clean plastic bag prior to storage in patient or family refrigerator

VI. VISITORS

See Visitor and Special Guests P&P for visitor specifics isolation.

VII. AMBULATORY SETTINGS

1. **Ambulatory settings** are defined as patient care facilities in which the patient does not stay overnight. This includes sleep lab for patients not admitted to the hospital. (This section does NOT apply to the MACC Fund Clinics, or Pulmonary Clinics. Please see MACC Fund Infection Control Guidelines and the Cystic Fibrosis Guidelines for further information regarding these clinics.) Education and training for healthcare workers in these settings should be provided on hire and annually.
2. **Basic Concepts-** Adhering to Standard Precautions is the same in both hospital and outpatient settings.
 - a. Adhere to good hand hygiene practices
 - b. Use PPE as needed for anticipated exposure to potentially infectious bodily fluids.
3. **Multidrug resistant organisms (MDRO) and Carbapenem Resistant Enterobacteriaceae (CRE)**-Standard Precautions are recommended in most ambulatory care settings to prevent transmission of MDROs and CREs.

Original 4/2007

Revised: 6/9/2022, 4/20/2023

Effective: 4/20/2023

Isolation Precautions IC Policy/ Process Owner: Infection Prevention Team

- a. The Centers for Disease Control and Prevention (CDC) guidelines for MDROs states that: "In ambulatory settings, use Standard Precautions for patients known to be infected or colonized with target MDROs, making sure that gloves and gowns are used for contact with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and ostomy tubes and bags." The risk of spread in outpatient facilities is reduced because of short stays, lower intensity of care, and relatively healthy patients.
4. **Carbapenemase Producing-Carbapenem Resistant Organism (CP-CRO)**
Information: Ambulatory Settings where patients do not remain overnight, use CONTACT Precautions for patients known to be infected or colonized with CP-CRO.
5. **Candida Auris:** Ambulatory Settings where patients do not remain overnight, use CONTACT Precautions for patients known to be infected or colonized with Candida auris.
6. **Suspected Airborne (All) Disease: Per the CDC definition "Airborne Precautions prevent transmission of infectious agents that remain infectious over long distances when suspended in the air (e.g., rubeola virus [measles], varicella virus [chickenpox], M. tuberculosis, and possibly SARS-CoV)"**
 - a. Place mask on patient.
 - b. Immediately place these patients in negative pressure room if available.
 - c. If negative pressure room is not available, immediately place patient in an examination room at the farthest distance from other patient rooms, with door closed.
 - d. Once the patient leaves, the room should remain vacant for the appropriate time according to the number of air changes per hour to allow for a full exchange of air.

References

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Approved by Infection Control Committee June 9, 2022

Original 4/2007

Revised: 6/9/2022, 4/20/2023

Effective: 4/20/2023

Isolation Precautions IC Policy/ Process Owner: Infection Prevention Team