

# Implementing Isolation DROPLET PRECAUTIONS

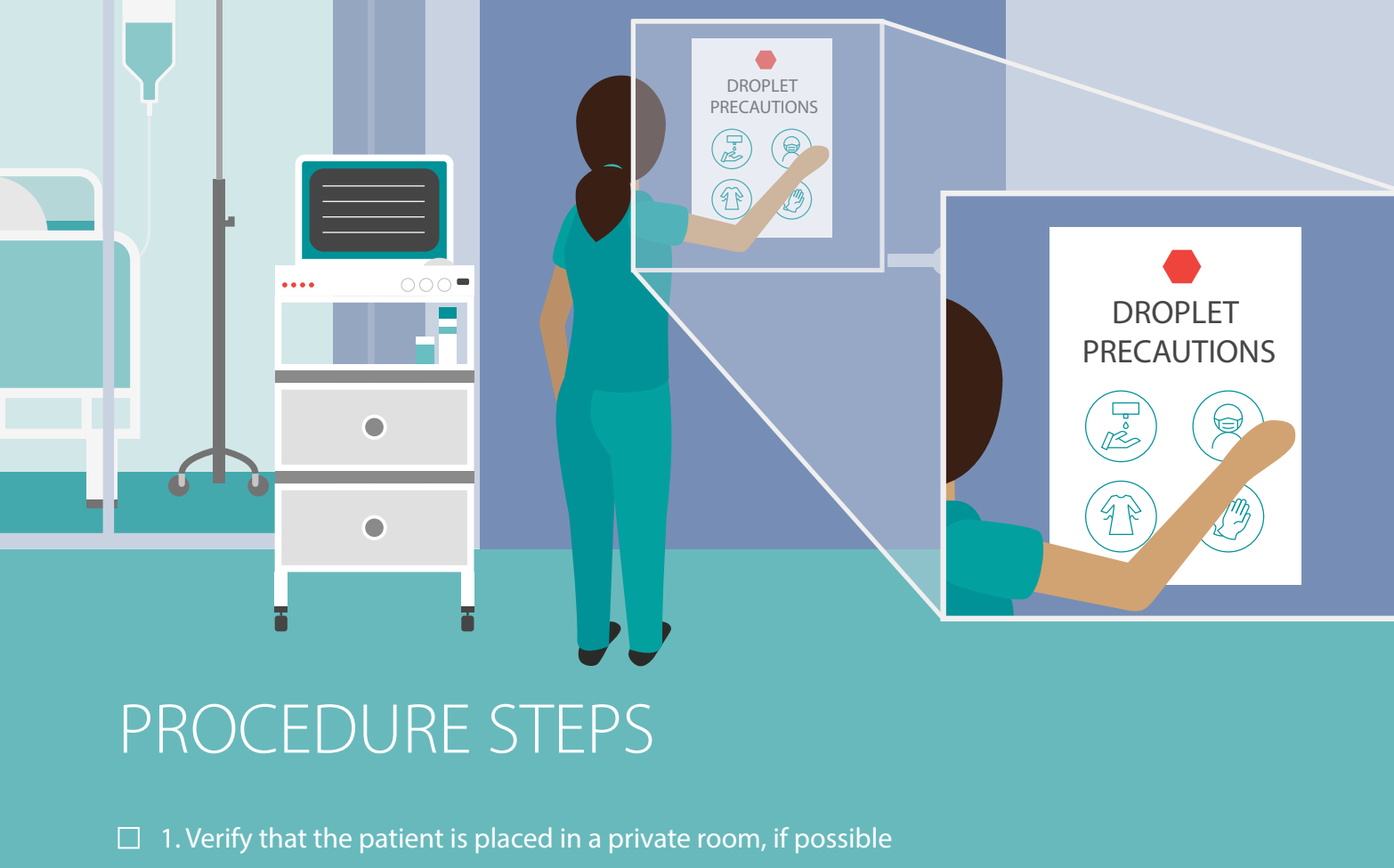
## Are Your Nurses Checking All the Boxes?

The 2017/2018 flu season is shaping up to be one of the worst in recent record. With a **30% efficacy rate** for this year's flu vaccine and a **7.7% infection rate** in the U.S., rivaling that of the 2009 "swine flu" pandemic, hospitals are seeing an exceedingly high volume of flu admissions this year. **Nurses play a critical role** in preventing the spread of the flu to other hospitalized patients and implementing isolation droplet precautions is one tactic of defense shown to mitigate that risk. Check out the *Dynamic Health™* **competency checklist below** to see if your nurses are checking all the boxes when it comes to implementing isolation droplet precautions.



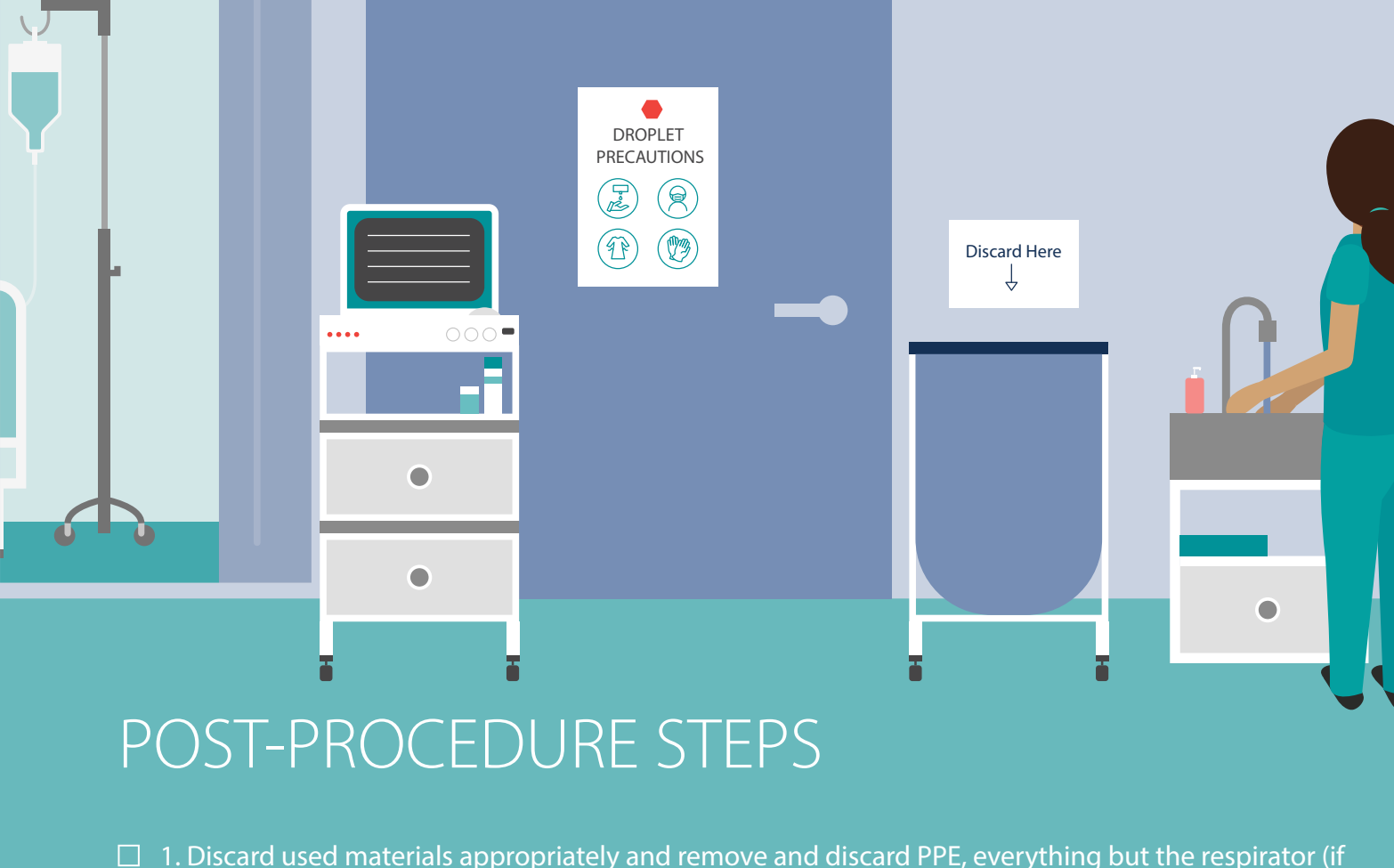
## PRE-PROCEDURE STEPS

- 1. Review the facility/unit specific protocol for implementing isolation precautions, if one is available
- 2. Review the treating clinician's orders for isolation precautions, including the rationale for patient isolation
- 3. Determine if the patient/family requires special considerations regarding communication. Make arrangements to meet these needs if they are present.
- 4. Use a professional certified medical interpreter when a communication barrier exists
- 5. Review the patient's medical history/medical record
- 6. Verify completion of facility informed consent, if necessary
- 7. Check the orders and care plan
- 8. Review the manufacturer's instructions for all supplies to be used, and verify that they are in good working order
- 9. Maintain level of infection precautions, as appropriate
- 10. Provide privacy for the patient
- 11. Identify the patient
- 12. Introduce yourself
- 13. Explain the procedure
- 14. Perform hand hygiene according to facility protocol, and don personal protective equipment (PPE), as appropriate
- 15. Assess general health status, including pain level and provide prescribed analgesic, if necessary, before proceeding
- 16. Recruit other staff members to assist as necessary
- 17. Verify that all patient-care equipment (e.g., blood pressure cuff) is disposable, or if non-disposable equipment must be used, is dedicated for the sole use for the patient on isolation precautions
- 18. Ensure that all non-disposable equipment is properly cleaned and disinfected before being used for another patient
- 19. Note: Reusable dishware and utensils may be used for patients on isolation precautions because the combination of detergents and hot water used for cleaning in commercial facilities is adequate to decontaminate these items.



## PROCEDURE STEPS

- 1. Verify that the patient is placed in a private room, if possible
- 2. Maintain patient isolation by keeping the door to the patient's room closed
- 3. Attempt to locate the patient with another patient with the same diagnosis, if a private room is unavailable
- 4. As a last resort, position the patient's bed away from adjacent beds and maintain patient isolation by drawing the curtain surrounding the patient's bed
- 5. Locate an isolation cart stocked with necessary PPE to the anteroom or the area immediately outside the entrance to the patient's room
- 6. Clinical tip: If a respirator will be worn—a respirator can be required if the patient has a novel influenza type A virus that requires airborne precautions—it is prudent to position a biohazard waste receptacle and alcohol-based hand rub immediately outside the patient's room.
- 7. Place a notice on the isolation card advising of the presence of latex-based items, if applicable. Family members and visitors may use items in the cart.
- 8. Place a sign at the entrance to the patient's room and at strategic locations in the patient's room to notify staff members and visitors that droplet precautions are being observed
- 9. Delineate specific steps on the sign that should be employed to reduce transmission of the pathogen
- 10. Include the name of the specific pathogen involved so that non-immunized individuals will not enter the room
- 11. Perform hand hygiene and don a surgical or isolation mask prior to entering the patient's room
- 12. Don additional PPE if there is risk for exposure to bodily fluids or contact with contaminated surfaces
- 13. Don eye protection or an eye shield, according to facility protocol and the risk for exposure to body fluids
- 14. Don a gown, if indicated
- 15. Don gloves, if indicated. Pull the wrist of the gloves over the cuffs of the gown.
- 16. Explain details of droplet precautions. Assess the patient's emotional response to the initiation of isolation precautions and provide emotional support and additional information as appropriate.
- 17. Limit patient movement beyond the confines of the room
- 18. The patient should perform hand hygiene and don a standard surgical or isolation mask at all times while outside his/her room, if intrahospital/facility transport is necessary
- 19. Educate the patient to adhere to respiratory hygiene and cough etiquette (e.g., cover the mouth and nose with a tissue when coughing/sneezing, dispose of the tissue in a trash receptacle, and perform careful hand hygiene)
- 20. Educate family members and other visitors about the importance of maintaining droplet precautions, especially the need to wear a surgical or isolation mask and perform careful hand hygiene
- 21. Assess the patient for psychological effects of being placed on isolation precautions, which can include signs of depression and emotional withdrawal. Be aware that patients react differently to being placed on isolation precautions.
- 22. Discard used materials appropriately and remove and discard PPE, everything but the respirator (if worn), in the patient's room
- 23. Repeat hand hygiene and don new PPE, if performing patient care to a cohorted patient in the same room



## POST-PROCEDURE STEPS

- 1. Discard used materials appropriately and remove and discard PPE, everything but the respirator (if worn), in the patient's room
- 2. Perform hand hygiene according to facility protocol
- 3. Exit the patient's room and close the door
- 4. Remove the mask by grasping the back ties or elastic—DO NOT TOUCH THE FRONT OF THE MASK because it is contaminated. Grasp only the elastic or the bottom ties, and then untie the top ties and remove; discard in appropriate container.
- 5. If wearing a respirator, use appropriate technique to avoid contaminating self and equipment
- 6. Note: The respirator can be discarded in a biohazard container or saved, per facility protocol, and placed in a labeled, closed bag for future use by the same clinician within a prescribed period of time for a prescribed number of wearings
- 7. If wearing a respirator, wait until removing the respirator outside the patient's room to perform hand hygiene. Many facilities include alcohol-based hand rub as part of the isolation cart supplies so that clinicians are able to perform hand hygiene immediately after removing the respirator outside the patient's room.
- 8. Notify the environmental services department of the need to clean more frequently as compared with other patient care areas
- 9. After the patient has undergone treatment, additional testing may be performed to determine if the infectious agent is no longer transmissible
- 10. The infectious agent will not spread to anyone who cares for or visits with the patient
- 11. Support strategies will be initiated by clinical staff and/or family members to reduce adverse emotional or psychological outcomes related to isolation precautions

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