Policy Applies to: All staff employed by Mercy Hospital.
Credentialed Specialists, patients, visitors, and contractors will be supported to meet policy requirements.

Related Standards:

- Ngā Paewera Standards NZS 8134.3:2021. Section 5, Infection Prevention and Antimicrobial Stewardship

Rationale:

A two-tiered approach is used to protect patients, healthcare workers (HCWs) and others from cross-infection of micro-organisms. The two levels of transmission-based precautions are Standard Precautions and Expanded Precautions (previously known as isolation precautions).

Cultural Considerations:

Isolation practices can negatively impact Māori and Pasifika patients and their whānau. Communication and reassessment of the clinical need for isolation during the inpatient stay is especially important.

- **Whānau Involvement:** Ensuring that whānau are involved in the care process as much as is desired, as they play a significant role in decision-making and support.
- **Use of Interpreters:** Providing interpreters for patients and their families who may not speak/understand English fluently, to facilitate clear and accurate communication.
- **Respect for Cultural Practices:** Acknowledging and integrating cultural practices and beliefs in the care plan, such as prayer or the presence of cultural artifacts, the importance of whānau and collective decision-making needs.
- **Privacy and Dignity:** Preserving the patient's privacy and dignity, being mindful of cultural sensitivities around modesty and personal space.

- **Health Literacy:** Clear explanations about health and safety procedures should be offered in a culturally sensitive manner, using visual aids or simple language.

Communication:

- In the Preadmission phase of the patient journey, the isolation is communicated to relevant clinical, housekeeping, food services and laundry staff by email. A TRAK and NHI Alert, either existing or newly created also notifies those that use the TRAK and NHI alerts systems when looking at the specific patient records.

Admission and inpatient phases, the clinical decision for isolation, is to be documented in the clinical record and verbally handed over to staff that care for the patient.

- Relevancy of the transmission precautions should be reviewed regularly throughout the stay. This is to ensure that patient exposure to Isolation care is minimised as much as possible.
- It is important for staff, patients and their whānau to be informed of the type of isolation required and what this will entail.
- The information sheet, Contact Isolation Information for Patients and their Whānau, **Appendix 8** must be given to and discussed with the patient and this action documented in the patient notes.

Definitions:

Standard Precautions: A collection of actions that form the basis of infection prevention and control e.g., safe sharps use and disposal, correct linen and waste management, appropriate cleaning and disinfection processes, the provision and use of correct personal protective equipment, appropriate hand hygiene, and safe handling of blood and body fluids to avoid exposure. These actions apply to everyone, regardless of known or unknown infectious state.

Transmission-based (Isolation) Precautions: Are additional precautions used for patients known of suspected infections. The precautions used are dependent on the method of transmission or spread.

- Contact (**Appendix Three**)
- Enteric (**Appendix Four)**
- Droplet (**Appendix Five**)
- Airborne (**Appendix Six**) (Mercy Hospital does not have negative pressure air isolation rooms).
- Protective (**Appendix 7**) (to create a protective environment for immune-compromised patients).

Some organisms/infections have multiple methods of transmission and therefore multiple types are used/combined. See **Infectious Diseases – Patient Management Policy** for information on specific isolation requirements needed.

Abbreviations

ACN: Associate Charge Nurse

IPC: Infection Prevention and Control

MDRO: Multidrug-Resistant Organisms

PPE: Personal Protective Equipment

HCW: Healthcare Worker

Objectives:

- To ensure that the highest standard of isolation management is maintained for the duration of the infectivity period.

- To ensure that patients with or suspected as having an infectious disease/infections are cared for using the correct category of transmission-based precautions to prevent cross-infection and prevent further spread of infection
- To ensure staff have current IPC resources and understanding to provide IPC assessment and care of patients requiring transmission-based precautions.

Implementation:

Assessment

- If a patient is known or suspected to have an infection, the I**nfectious Diseases – Patient Management Policy** is your resource. This details the type of isolation required, infectivity, transmission and if the infection is reportable to the Medical Officer of Health.
- When a patient needs to be isolated, a senior nurse like the Shift Coordinator or ACN will choose a suitable room. They can consult with the Infection Prevention Nurse during weekdays or the Senior Nurse on call outside of office hours. Placement advisement is contained in each relevant isolation **Appendices** and in the **Infectious Disease – Patient Management Policy**.
- The completed Isolation Management Checklist (**Appendix Two**) is audited by the Infection Prevention Nurse or nominated other for accuracy.
- Removal of a patient from isolation will only occur if any one of the following occur;
    - Symptoms of unknown cause vomiting and/ or diarrhoea have not occurred for at least 48 hours.
    - laboratory confirmation of non-infectious status.
    - After consultation with the IPC Nurse or senior nurse on shift or Clinical Microbiologist
    - If no transmission symptoms are present and the patient is assessed as low risk.

Isolation Equipment

See **Appendix One.** Placement of the trolley is dependent on the Isolation type. Follow the signage for the appropriate Isolation type. See Appendices list. Restocking of equipment should occur during the isolation episode and before returning the isolation trolley to the storage area.

Signage

Laminated signage for the appropriate type of Isolation, healthcare worker and Visitor versions must be displayed outside of the isolation room/area. Signage examples are at the end of each Isolation type Appendix. See Appendices list.

- Signage not removed until terminal cleaning of the room/area is completed.

Isolation Assessment

An Isolation Management Checklist, **Appendix Two** must be completed by the clinical staff at the commencement of care (to review compliance with policies and procedures) and a copy emailed to the Infection Prevention Nurse and placed in the clinical record.

TrakCare and TrendCare

Document isolation charges in Trak Care per 8 hr shift

Document the type of isolation required in TrendCare, for each 8-hour shift e.g., Contact precautions.

Patient Care Equipment	See Appendix 10	Should be dedicated to the patient for length of stay. **Note:** Clinical documents should not enter the room/space	**Clean and disinfect before removing from the room**

Personal Protective Equipment (PPE)	See Appendix list for isolation specific needs	How organisms spread (transmission) guides the need for PPE	**Seek help if unsure**
Cleaning	Appendix 10 Appendix 11	**Note** different wipes for different organisms. Clinical HCW – to clean clinical equipment and strip room of bedding and equipment before terminal clean.	**Leave signage until terminal cleaning is finished**
Laundry	Appendix 9	**Notify** Laundry before sending	
Meal Delivery	Appendix 10	**Delivery** to patient- by area Clinical HCW **Pick up**- double bag by Clinical HCW and leave outside the isolation space	
Waste	Appendix 10	Store in dirty utility or send directly to lower ground floor	
Transportation of patient	See Appendix list for isolation specific needs		

Evaluation:

- The Infection Prevention Nurse will review all the completed Patient Isolation Management Assessment forms for appropriateness (**Appendix two**).
- Reporting of patient isolation management including, delayed admission or referral to another healthcare facility, will be documented by the Infection Prevention and

Control Nurse to the Infection Prevention and Control Committee, Quality and Risk Group and Mercy Board.

Associated Documents:

External

- NZS 8134.3:2021.5 Health and Disability Services (Infection Prevention and Control) Standards
- Health New Zealand Te Whatu Ora, Communicable Disease Control Manual, and supportive documents (last updated 17 April 2024)
- Guidelines for the Control of Multidrug-resistant Organisms in New Zealand, Ministry of Health (2007)
- Guidelines for the Control of Methicillin-resistant *Staphylococcus aureus* in New Zealand. Ministry of Health (2002)
- Lippincott – clinical guidelines

Internal

- Standard Precautions Policy
- Infectious Diseases – Patient Management Policy
- MDRO policy and Appendices
- Hand Hygiene Policy
- Personal Protective Equipment – Infection Prevention and Control
- Waste Management Policy
- Environmental Cleaning Policy
- Laundry Policy
- Linen Services Work Manual: Infectious Linen
- Housekeeping Work Manual: Isolation Room Cleaning Guidelines, MDRO Protocols
- Theatre Service Assistant Work Manual

Appendices