

SUBJECT: Communicable Disease	REFERENCE:
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APPROVED BY: Administrative Leadership Team	EFFECTIVE: 07/01/2014
	REVISED: 07/09/2018, 06/08/2015

I. PURPOSE:

To reduce the risk of transmission of communicable diseases at the CSUSB SHC.

A. Standard Precautions:

1. Adequate hand hygiene at all times.
2. Disinfecting surfaces and equipment between patient uses.
3. Appropriate use of Personal Protective Equipment (PPE) (e.g., gowns, gloves, mask, N-95 respirators, eye protection) for reasonably anticipated contact with body substances or contaminated equipment.

B. Source control measures at point of entrance:

1. Staff remains alert for patients arriving with symptoms of active infection (fever, diarrhea, rash, respiratory symptoms, draining wounds etc.)
2. Patients with symptoms of active infection are placed in to an exam room as soon as possible to minimize exposing others.
3. Respiratory hygiene and cough etiquette are encouraged
 - a. Posted signs encourage covering mouth/nose when coughing or sneezing, using and discarding tissues, and performing hand hygiene.
 - b. Masks are available at a mask station in the lobby and with the receptionists.
 - c. A hand sanitizer dispenser is stationed in the lobby
 - d. Patients are instructed to stand at least 6 feet away from others when possible.
4. If patients call ahead with symptoms of active infection:
 - a. They are scheduled to arrive when the clinic is less crowded, if possible.
 - b. Staff is alerted to place the patient in a private exam room upon arrival
 - c. They may be instructed to enter through the back entrance of the clinic, if appropriate.
 - d. Patients with severe or urgent symptoms are directed to an Emergency Room or Urgent Care Clinic.

C. TRANSMISSION-BASED PRECAUTIONS

The following precautions apply to conditions listed in Appendix A. These may be used alone, or in combination for diseases with multiple routes of transmission. *A provider's order is not required to initiate Transmission-Based Precautions*

1. Contact Precautions

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- a. Apply to conditions that are spread through touching the patient or the patient's environment, or by using contaminated gloves or equipment.
- b. Conditions requiring Contact Precautions include (but are not limited to):
 - Abscesses
 - Burns
 - Cellulitis
 - Clostridium difficile infection
 - Conjunctivitis
 - Gastroenteritis (diarrhea/vomiting)
 - Herpes simplex
 - Impetigo
 - Lice
 - Scabies
 - Rash or exanthems
 - Ulcers/wounds
 - Ostomy tubes and/or bags draining body fluids
 - (See Appendix A for complete list of conditions)
- c. Contact Precautions requirements:
 - i. Cleaning equipment (e.g., stethoscope, blood pressure cuff, thermometer, etc.) with disinfectant (e.g. disposable detergent disinfectant-impregnated wipes) after each use.
 - ii. Healthcare workers should:
 - Clean hands before putting on gloves.
 - Wear a gown if substantial contact with the patient or their environment is anticipated.
 - Remove and discard gloves and gown
 - Clean hands before leaving the patient's room
 - For patients with diarrhea, use soap and water to clean hands upon exiting
 - iii. Prioritize placement of patients in an exam room if they have any of the above listed conditions
 - iv. Patients with afebrile rash are placed into a designated "rash room" (Room 117), for ease of cleaning (as room has no fabric seats)
 - v. Clean/disinfect equipment and the exam room accordingly

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- vi. Instruct patients with known or suspected infectious diarrhea to use a separate bathroom, if available; clean/disinfect the bathroom before it can be used again

2. **Droplet Precautions**

- a. Apply to conditions in which infectious droplets produced by a person's sneeze/cough are propelled a short distance (about 3 feet), and may contact another person's mucous membranes (eyes, nose or mouth). Droplets do not remain suspended in the air, and are not transmitted by the airborne route.
- b. Conditions requiring Droplet Precautions include (but are not limited to):
- Hemorrhagic fevers (suspect Ebola cases etc)
 - Influenza
 - Meningitis
 - Meningococcal disease
 - Mumps
 - Parvovirus B19 infection
 - Pertussis
 - Pharyngitis
 - Pneumonia
 - Streptococcal disease (group A streptococcus)
 - Respiratory symptoms (cough, rhinorrhea)
 - Rubella
 - (See Appendix A for complete list of conditions)
- c. Droplet Precaution requirements:
- i. Patients are placed in an exam room as soon as possible, particularly those with excessive cough and sputum production.
 - ii. If an exam room is not available, the patient is provided a facemask and placed in a separate area as far from other patients as possible while awaiting care.
 - iii. Patients are to wear a regular mask (without the eye shield).
 - iv. Healthcare workers should:
 - Clean hands before putting on gloves.
 - Wear a surgical or paper mask (to cover mouth and nose)
 - Wear eye protection (safety goggles, fluid shield).

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- Wear a gown and a face shield if substantial spraying of respiratory fluids is anticipated
- If feasible, wear eye protection and N-95 respirator to perform high hazard procedures (Aerosol nebulizer, Peak Expiratory Flow/Spirometry, Suction/aspiration, CPR)
- Remove and discard mask/respirator and clean hands before leaving the patient's room.
- Goggles may be cleaned with a disinfectant wipe.
- v. Clean and disinfect the exam room accordingly

3. **Airborne Isolation Precautions**

- a. Apply to conditions in which infectious particles 5 microns or smaller are released into the air carried via air currents.
- b. Conditions requiring Airborne Precautions include (but are not limited to):
 - COVID-19 (Novel Coronavirus 2019)
 - Influenza (Swine flu H1N1, Avian flu H5N1)
 - Chickenpox (until lesions are crusted over)
 - Measles
 - Severe acute respiratory syndrome (SARS)
 - Smallpox (variola)
 - Tuberculosis
 - Zoster (in immunocompromised patient) or disseminated herpes zoster (until lesions are crusted over)
 - (See Appendix A for complete list of conditions)
- c. Airborne Isolation Precaution requirements:
 - i. Patients are asked enter through a dedicated isolation entrance to avoid lobby area of the clinic
 - ii. Patients are placed immediately in the airborne infection isolation room (AIIR)
 - iii. If the AIIR is not available:
 - Provide a facemask (surgical or paper) to the patient and place the patient immediately in an exam room with a closed door. (Patients with airborne transmitted diseases are not required to wear an N-95 respirator.)

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- Instruct the patient to keep the facemask on while in the exam room, if possible, and to change the mask if it becomes wet
- Initiate protocol to transfer patient to a healthcare facility that has the recommended infection-control capacity to properly manage the patient
- iv. Health care workers should:
 - Wear a fit-tested N-95 or higher level disposable respirator
 - The respirator should be donned prior to room entry and removed after exiting room
 - If substantial spraying of respiratory fluids is anticipated, gloves and gown as well as goggles or face shield should be worn
 - If feasible, wear Powered Air Purifying Respirator (PAPR) when performing high hazard procedures (Aerosol nebulizer, Peak Expiratory Flow/Spirometry, Suction/aspiration, CPR)
 - Perform hand hygiene before and after touching the patient and after contact with respiratory secretions and/or body fluids and contaminated objects/materials; *note:* use soap and water when hands are visibly soiled (e.g., blood, body fluids)
 - Keep N-95 respirators and PAPRs on when exiting the room. Then discard them outside patient door and clean hands.
- v. Instruct patient to wear a facemask when exiting the exam room, avoid coming into close contact with other patients , and practice respiratory hygiene and cough etiquette
 - Once the patient leaves, the exam room should remain vacant for generally one hour before anyone enters; however, adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly*
- vi. If staff must enter the room during the wait time, they are required to use respiratory protection
- vii. For patients with chickenpox, disseminated varicella or measles, susceptible healthcare workers or visitors should not enter the room. NOTE: No vaccine is perfect and breakthrough cases of

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mild disease are not uncommon in vaccinated people. Vaccinated personnel who care for patients with chickenpox or disseminated zoster should monitor themselves for symptoms following exposure.

- viii. Outside of the negative pressure room, patients must wear a regular mask (surgical or paper) at all times.

D. Procedure for Terminal Cleaning of Isolation Room:

1. Clean and disinfect all surfaces that contacted the patient or may have become contaminated during patient care.
2. Wipe down bed/table with an EPA-approved hospital disinfectant
3. Privacy curtains should be removed, placed in a bag in the room and transported to be laundered.
4. No special treatment is needed for window curtains, ceilings, and walls unless there is evidence of visible soil.
5. Do no spray (ie.fog) occupied or unoccupied rooms with disinfectant. This is a potentially dangerous practice that has no proven disease control benefit.

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