

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE
INFECTION CONTROL MANUAL**

CATEGORY: ISOLATION POLICY AND
PROCEDURES

APPROVED:

SUBJECT: GUIDELINES FOR PATIENT
PLACEMENT FOR INFECTION
CONTROL OF MRO'S

REVISED

PRINCIPLE:

The reception staff, clinic nurses and the Infection Control Coordinator will work cooperatively to place patients in clinic rooms in order to most effectively minimize the risk of spreading infection to other patients as well as employees in the clinic settings.

Standard Precautions are implemented for all patients within the SIU SOM clinics. Standard Precautions represent prudent practices that protect patients, visitors, and employees from transmission of infections, known and unknown.

MRO (Multi-resistant organism) Contact Isolation is designed to prevent transmission of infections easily transmitted by direct patient contact or by contact with items in the patient's environment. These organisms are resistant to multiple or all current antibiotics and deemed epidemiologically significant by the Infection Control & Safety Committee.

Everyone, including physicians, medical students, residents, nurses, reception staff, visitors, etc. must adhere to the required procedures based upon implementation of contact precautions when an infection is recognized, known or rule out diagnosis.

POLICY:

- I. Any patient care clinic can safely accept a patient requiring Contact Precautions if the appropriate contact precautions are implemented. Note: AFB isolation – see TB Control Plan.
 - A. Patients who have or are suspected of having respiratory tuberculosis are to be placed in the Negative air pressure room – (only one negative air pressure room exists at SIU SOM, in the 751 building, room 1100. Negative pressure can be acquired by placing a fan in an open window of a clinic room)
 1. Ideally, masks should be worn by the patient to clinic and the patient should be placed in a negative air pressure room as soon as the patient is checked in by reception.
If the patient has failed to wear a mask to clinic, one will be provided at the time the patient arrives in the reception area.

1. In general, infants and young children (i.e., under the age of 10) with respiratory tuberculosis do not require isolation precautions because they rarely cough and their bronchial secretions contain few AFB compared with adults with respiratory tuberculosis. However, those children should be placed in an exam room and restricted from contact with other children in the reception area.
- B. Individual clinics should designate one room for patient's with MRO's (e.g. MRSA, MSSA, VRE, VRSA, etc.).
 1. When clinic appointments are scheduled, the individual scheduling the appointment should ask if the patient has any infections, and if an infection is present, where the infection is located. (e.g. sputum, via trache, wound, urine, etc.). as well as whether the infection is an MRO (multi-resistant organism such as MRSA, MSSA, VRE, VRSA, etc.)
 2. Designated exam rooms should not have articles that the patient can contaminate, such as magazines, pamphlets, toys, visible articles such as containers with tongue depressors, stethoscopes, etc. Patients should be encouraged to wash hands when entering the exam room to lessen contamination of exam room surfaces. Patients should also wash their hands when leaving the exam room.
 3. Following the patient's discharge from the clinic room, housekeeping is to be notified to clean the room thoroughly, including all surfaces in the room that could be contaminated, with approved disinfectant/sanitizer.(e.g. exam table, countertops, sink, faucet handles, blood pressure cuff, doorknob, etc.)
 4. If the MRO is contained in a dressing, care should be taken in removal and proper disposal of the old dressing in the designated receptacle as needed. Care should also be taken in containing any drainage from the wound, and proper disposal of drainage after a new dressing has been applied.

For some diseases or conditions more stringent isolation precautions are recommended for infants and young children than for adults since the risk of spread and the consequence of infection are greater in infants and young children.