



HEALTH HOLDING

HAFER ALBATIN HEALTH  
CLUSTER  
MATERNITY AND  
CHILDREN HOSPITAL

<b>Department:</b>	Infection Prevention and Control Department		
<b>Document:</b>	Multidisciplinary Policy and Procedure (MPP)		
<b>Title:</b>	Protective Isolation		
<b>Applies To:</b>	Health Care Workers		
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## 1. PURPOSE:

- 1.1 To provide a safe environment for patients who have an increased susceptibility to infection because they have a compromised immune system (immunosuppressed) or extensive skin loss due to burns or other trauma.

## 2. DEFINITIONS:

- 2.1 Protective isolation is used for severely immunocompromised patients in order to prevent contamination and/or infection with microorganisms (bacteria and viruses). For example, protective isolation is used for patients with burns or leukemia.

## 3. POLICY:

- 3.1 Criteria for patients requiring protective isolation (e.g., undergoing chemotherapy, organ transplant recipients).
- 3.2 Implementing protective measures, helps protect vulnerable patients and minimize infection risks in healthcare settings.
- 3.3 Practice aseptic technique with all procedures.

## 4. PROCEDURE:

- 4.1 Isolation Procedures
  - 4.1.1 Room Requirements: Private room with positive air pressure, HEPA filtration, and limited foot traffic.
  - 4.1.2 Personal Protective Equipment (PPE): Guidelines for staff and visitors regarding masks, gowns, and gloves.
  - 4.1.3 Doors must be kept closed except for essential entrances and exits.
  - 4.1.4 Minimize the length of time that patient/s are outside their rooms for diagnostic procedures and other activities.
- 4.2 Standard infection control precautions must be applied when providing care to neutropenic or other severely immunosuppressed patients, in particular:
  - 4.2.1 Hand hygiene and Personal Protective Equipment (PPE)
    - 4.2.1.1 Hand hygiene facilities should be easily accessible inside and outside of the single room.
    - 4.2.1.2 Clinical staff and visitors must decontaminate hands on entry and exit of the room.
    - 4.2.1.3 Patients should be strongly encouraged to clean hands regularly, either with soap and water, particularly after using the toilet and before eating.
    - 4.2.1.4 PPE (gloves, aprons/gowns, face masks/visors (where appropriate) should be prominently available outside the room entrance.



- 4.2.1.5 Protective equipment should only be worn by relatives carrying out direct 'hands on care' and not for routine social visiting.
  - 4.2.1.6 Limit and restrict the number of staff and visitors who come into contact with the patient to reduce the potential to spread or introduce infection
- 4.3 Attendants:
  - 4.3.1 No persons suffering from an infection should enter the room.
  - 4.3.2 When possible and practical, only one nurse should take care of the patient during the span of duty.
- 4.4 Visitor Protocols:
  - 4.4.1 Restrictions on the number of visitors and health screening before entry.
  - 4.4.2 Education for visitors on hygiene practices.
- 4.5 Environmental Controls
  - 4.5.1 Regular cleaning and disinfection of the patient's environment.
  - 4.5.2 Avoidance of plants and flowers in the room.
  - 4.5.3 The room must be cleaned twice daily with dedicated cleaning equipment using a hospital approved disinfectant.
  - 4.5.4 Protective isolation rooms should be cleaned before other patient areas.
  - 4.5.5 Daily wet-dusting of horizontal surfaces using cloths moistened with EPA registered hospital disinfectant/detergent. Avoid dusting methods that disperse dust.
- 4.6 Decontamination of Equipment:
  - 4.6.1 Clinical equipment inside the room must be dedicated to the patient until the patient is discharged
  - 4.6.2 Disposable equipment should be used whenever possible. Non-disposable equipment must be cleaned before and after use.
- 4.7 Linen: In some instances, sterile linen may be required e.g. severe burns other cases all linen should be changed at least daily or more frequently if soiling has occurred.
- 4.8 Staff Training
  - 4.8.1 Training on infection control practices and the importance of protective isolation.
- 4.9 Patient Education
  - 4.9.1 Informing patients about the purpose of isolation and encouraging their participation in infection prevention measures.

## **5. MATERIALS AND EQUIPMENT:**

- 5.1 **Forms and Records:**
  - 5.1.1 N/A
- 5.2 **Materials and Equipment**
  - 5.2.1 Protective Isolation Room Signage
  - 5.2.2 PPE (gloves, gown, mask)

## **6. RESPONSIBILITIES:**

- 6.1 It is the responsibility of all healthcare workers to:
  - 6.1.1 Be familiar and adhere to this infection prevention policy to reduce the risk of cross contamination.
  - 6.1.2 Ensure compliance with infection prevention policies.
- 6.2 It is the responsibility of the Infection Prevention and Control Team to monitor and ensure the compliance of this policy.







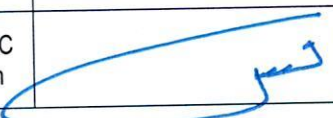
## **7. APPENDICES:**

- 7.1 Isolation room door tag for immunocompromised patients.

## **8. REFERENCES:**

- 8.1 WHO: Practical Guidelines for Infection Control in health Care Facilities.
- 8.2 2007 Guideline for Isolation Precautions: preventing Transmission of Infectious Agents in Healthcare Settings

## 9. APPROVALS:

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7.1 Isolation room door tag for immunocompromised patients.


**MATERNITY AND CHILDREN'S HOSPITAL**  
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**INFECTION PREVENTION AND CONTROL DEPARTMENT**



## PROTECTIVE ISOLATION



**IN ADDITION TO STANDARD PRECAUTIONS**

احتياطات التنفسية

**VISITORS see NURSE** المسادة الزوار يرجى مراجعة استقبال التمريض قبل الدخول لغرفة المريض

All visitors must register at Visitor's LOGBOOK يرجى من جميع الزوار كتابة اسمائهم

**EVERYONE MUST** يجب على الجميع

**PERFORM HAND HYGIENE BEFORE AND AFTER PPE's**



تنظيف الأيدي قبل وبعد لمس أدوات العناية الشخصية

**DOCTORS AND STAFF MUST:**

**Wear Isolation Gown, Surgical Mask and Gloves**

اللبس المعزلة الخاصة بغرفة العزل والقناع الجراحي والقفازات





Remove all PPE before exiting the patient room except a MASK. Remove mask after leaving the patient room and closing the door.

DO NOT REMOVE SIGN UNTIL AFTER ROOM HAS BEEN CLEANED IPCD ext no: 2174