

AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

Institution Name: Al Masarra Hospital

Document Title: Policy and Procedure of Initiating and Discontinuing Isolation

## **Approval Process**

	Name	Designation	Institution	Date	Signature
Written by	Siham Al Zadjali	Infection Control Practitioner	Al Masarra Hospital	20/4/22	05.100/
Reviewed by	Noora Al Zadjali	HOD Infection Control	Al Masarra Hospital	24.5.2022	wasa
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	Jule 2022	Dunco
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	24.5.2.23	)3





AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

## **Content Table:**

	Acronyms	3
1.	Introduction	4
2.	Scope	4
3.	Purpose	4
4.	Definition	4-5
5.	Policy	5
6.	Procedure	5-7
7.	Responsibility	7-8
8.	Document History and Version Control	8
9.	Related Documents	8
10.	References	9
	Appendices	10-15
	Appendix 1. Request for Single Room for Isolation Form	10
	Appendix 2. Audit Tool	11-13
	Appendix 3. Document Request Form	14
	Annendiy 4 Document Validation Checklist	15



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

## Acronyms

AMRH	Al Masarra Hospital
CSSD	Central Sterile Supply Department
HOD	Head of Department
ICP	Infection Control Practitioner



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

## Policy and Procedure of Initiating and Discontinuing Isolation

#### 1. Introduction

In health care facilities, initiating of isolation and discontinuing of isolation represents one of the several measures that can be taken to implement infection control. Appropriate isolation precautions must be applied after confirmation of laboratory results or physician diagnosis. Isolation precautions are also called transmission based precautions which are used to prevent the transmission of infection among healthcare workers, patients and visitors. They are used for patients who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission. There are three categories of Transmission-Based Precautions: Contact Precautions, Droplet Precautions, and Airborne Precautions.

### 2. Scope

This document is applicable to all healthcare workers in Al Masarra Hospital (AMRH).

### 3. Purpose

- 3.1 To provide principles of isolation precautions (also known as expanded precautions) needed to further reduce or prevent the spread of epidemiologically significant or highly transmissible pathogens when standard precautions alone are insufficient.
- 3.2 To provide a policy on the process of initiating and discontinuing isolation precautions for patients with a confirmed or suspected infectious diseases that carries the risk of nosocomial transmission.

#### 4. Definitions

**4.1 Aseptic technique:** is a method employed to prevent contamination of wounds and other susceptible sites by potentially pathogenic organisms. An aseptic technique must be used during any procedure, which breaches the body's natural defenses.



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

- 4.2 Isolation Precaution: also known as transmission-based precaution which is designed for patients documented to be or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are required. This is applied in addition to the Standard Precautions.
- 4.3 **Mucous membrane:** the membrane lining body cavities and canals that lead to outside.
- 4.4 **Standard Precaution**: is designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals. Standard precautions apply to blood, all body fluids (secretions and excretions except sweat regardless of whether they contain blood), non-intact skin and mucous membranes. This is also applied to all patients in all situations.
- 4.5 **Solvent:** a molecule that has the ability to dissolve other molecules.

#### 5. Policy

- 5.1 The Infection Control Department of Al Masarra Hospital (AMRH) is dedicated in preventing the transmission of infectious diseases within the facility, thus the initiating and discontinuing isolation policy and procedure must be adhered and maintained when there is suspected or confirmed diagnosis of an infectious disease.
- 5.2 Isolation precautions may be combined for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

#### 6. Procedure

- 6.1 Three (3) Types of Isolation precautions:
  - 6.1.1 Airborne precautions
  - 6.1.2 Droplet precautions
  - 6.1.3 Contact precautions



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

### **6.2 Initiating Isolation**

- 6.2.1 Physicians shall conduct tests and identify patients with either a suspected or confirmed infection/disease.
- 6.2.2 Ensure that the information about suspected or confirmed infection/disease should be available on the patient's chart upon admission or as soon as the infection becomes apparent.
- 6.2.3 Confer with the physician(s) regarding suspected/diagnosed infection.
- 6.2.4 Notify Infection Control Practitioner (ICP) for assistance regarding the type of isolation to be used.
- 6.2.5 Infection Control Practitioner shall communicate with and advise nursing staff regarding the type of isolation.
- 6.2.6 Place the patient in an appropriate room (some patients with the same type of infection can be grouped together; ICP will advise).
- 6.2.7 Place the appropriate isolation signs on the outside of the door of the patient's room.
- 6.2.8 Ensure that the appropriate isolation precautions are maintained for the duration of the infection of the patient.
- 6.2.9 Fill out a Request for Single Room for Isolation form for Infection Control

  Department. (See Appendix 1. Request for Single Room for Isolation form)

#### 6.3 **Discontinuing Isolation**

- 6.3.1 Infection Control Practitioner shall monitor the patient's infectious status and make recommendations on rescreening, maintaining, or discontinuing isolation.
- 6.3.2 Infection Control Practitioner shall confer with the attending physician regarding the patient's clinical assessment.
- 6.3.2 Staff Nurse shall discontinue isolation in consultation with the ICP.
- 6.3.3 Request housekeeping staff to carry out a terminal cleaning of the isolation room.
- 6.3.4 Return reusable instruments to the department responsible for reprocessing used medical instruments and supplies.



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

6.3.5 Ensure cleaning and storage of other patient care items/equipment as necessary.

### 7. Responsibility

#### 7.1 **Physicians Shall:**

- 7.1.1 Conduct assessment and tests to identify patients with either a suspected or confirmed infectious diseases.
- 7.1.2 Ensure that a complete information is available on the patient's chart upon admission or as soon as the infection becomes apparent.

#### 7.2 Nurses Shall:

- 7.2.1 Adhere and comply to the procedures stipulated in this document at all times.
- 7.2.2 Communicate and confer with physician(s) regarding suspected/diagnosed infections.
- 7.2.2 Notify ICP for assistance regarding the type of isolation to be used.
- 7.2.3 Ensure that the appropriate isolation precautions are maintained for the duration of the infection of the patient.
- 7.2.4 Provide the necessary care and services needed by the patient throughout the duration of the isolation until its discontinuation.

#### 7.3 Infection Control Practitioner Shall:

- 7.3.1 Communicate with nursing staff regarding the type of isolation precaution necessary to provide for the patient.
- 7.3.2 Confer with the attending physician regarding the patient's clinical assessment.
- 7.3.3 Monitor the patient's infectious status and make recommendations on rescreening, maintaining, or discontinuing isolation.
- 7.3.4 Monitor healthcare workers' compliance with standard and isolation precautions and give consultations where necessary.



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

### 7.4 Housekeeping (Cleaner) Personnel Shall:

- 7.4.1 Carry out a terminal cleaning of the isolation room appropriately.
- 7.4.2 Ensure cleaning and storage of other patient care items/equipment as necessary.
- 7.4.3 Adhere and comply with the procedures stipulated in this document.

### 8. Document History and Version Control

	Document History and Vo	ersion Control	
Version	Description of Amendment	Author	Review Date
1	Initial Release	Siham Al Zadjali	January 2021
2	Review and Update	Siham Al Zadjali	April 2025
Written by	Reviewed by	Approve	ed by
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader A	ll Habsi

### 9. Related Documents

- 9.1 Appendix 1. Request for Single Room for Isolation form
- 9.2 Appendix 2. Audit Tool



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

### 10. References

Title of book/journal/articles/	Author	Year of	Page
Website		Publication	
Initiating and discontinuing isolation	Infection Prevention & Control Manual GCC Centre for Infection Control. Ministry of National Guard. KSA	2013	Section 3



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

### **Appendices**

### Appendix 1. Request for Single Room for Isolation form

### Ministry of Health Al Masarra Hospital

# REQUEST FOR SINGLE/PRIVATE ROOM ON MEDICAL GROUND OR FOR ISOLATION

#### Part I

(To be completed by senior most physicians recommending the single room facility)

P Number:		
Ward/Bed No.:		
Date of Admission: _		
Diagnosis:		
Period Recommende	l for stay in single	/private room:
From:	To:	To be extended up to
Name, Designation a		
Name, Designation a	nd Signature of Ph	
Name, Designation a	nd Signature of Ph	nysician:
Name, Designation a	nd Signature of Ph	nysician:  <u>Part II</u>
Name, Designation and Signature of Infection	nd Signature of Ph	nysician: <u>Part II</u> ge:



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

### **Appendix 2. Audit Tool**

<b>Department:</b>	Date:
--------------------	-------

S.N.	Audit Process	Standard/Criteria	Yes	Partial	No	N/A	Comment
		INITIATING ISOLATION					
	Interview	Are physicians conducting tests and identifying patients with					
1.	Document	either a suspected or confirmed infection/disease during					
	review	admission?					
	Observation	Is the information about suspected or confirmed					
	Interview	infection/disease ensured to be available on the patient's chart					
2.	Document	upon admission or as soon as the infection becomes apparent?					
	review						
	Interview	Is the Staff Nurse conferring with the physician(s) regarding					
3.		suspected/diagnosed infection?					
	Interview	Is the Staff Nurse notifying the Infection Control Practitioner					
4.		(ICP) for assistance regarding the type of isolation to be used?					
	Interview	Is the Infection Control Practitioner communicating with and					
5.	Document	advising nursing staff regarding the type of isolation to be					
	review	used?					



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

6.	Observation	Is the patient placed in an appropriate room?	
7.	Observation Document review	Are the appropriate isolation signs placed outside the door of the patient's room?	
8.	Observation Interview	Are the appropriate isolation precautions maintained for the duration of the infection of the patient?	
9.	Document review	Is the Request for Single Room for Isolation form filled completely and appropriately for Infection Control Department?	
10.	Interview Document	Is the Infection Control Practitioner monitoring the patient's infectious status and make recommendations on rescreening,	
11.	Interview Document review	maintaining, or discontinuing isolation?  Is the Infection Control Practitioner conferring with the attending physician regarding the patient's clinical assessment?	
12.	Interview Document review	Is the Staff Nurse discontinuing isolation in consultation with the Infection Control Practitioner (ICP)?	
13.	Observation Interview	Is the housekeeping staff requested to carry out a terminal cleaning of the isolation room after discontinuation of patient	



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

		isolation?			
	Observation	1			
14.	Interview	responsible for reprocessing used medical instruments and supplies?			
15.	Observation Interview	Is the cleaning and storage of other patient care items/equipment ensured as necessary?			



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

## **Appendix 3. Document Request Form**

		Document	Reques	t Form	
Section A: Com	pleted by Do	cument Req	uester		
1. Requester D	etails				
Name	Siham Al Zadj	ali	Date of	Request	April 2022
nstitute	Al Masarra Ho	ospital	Mobile		93693628
Department -	Infection Con Sterilization S		Email		siham.mohd@hotmail.com
The Purpose of Rec	quest				
□ Develop No	ew Document	₾ Modif	ication of	Document	☐ Cancelling of Document
1. Document	Information				-
Document Title	Policy and Pr	ocedure of Initi	ating and	Discontinuir	ng Isolation
Document Code	AMRH/IC/P	&P/015/Vers.02	2		
Section B: Compl	eted by Docum	ent Controlle	r		
Approved		□ Cancell	ed	☐ Forw	vard To:
Comment and Rec	commendation:				
Name	Kunooz Al B	alushi	Date		April 2022
Signature	June		Stamp		



AMRH/IC/P&P/015/Vers.02 Effective Date: April 2022 Review Date: April 2025

## **Appendix 4. Document Validation Checklist**

Document Title: Policy and Procedure of Initiating and Discontinuing Isolation			nent C H/IC/Pa	5/Vers.02		
No	Criteria		s the C	riteria	Comments	
		Yes	No	N/A		
1.	Approved format used					
1.1	Clear title - Clear Applicability					
1.2	Index number stated	/				
1.3	Header/ Footer complete	/				
1.4	Accurate page numbering	/	e.			
1.5	Involved departments contributed	V				
1.6	Involved personnel signature /approval	/				
1.7	Clear Stamp	1				
2.	Document Content					
2.1	Clear purpose and scope	1				
2.2	Clear definitions	/				
2.3	Clear policy statements (if any)	/				
3.	Well defined procedures and steps					
3.1	Procedures in orderly manner	V				
3.2	Procedure define personnel to carry out step	V				
3.3	Procedures define the use of relevant forms	1				
3.4	Procedures to define flowchart		1	+		
3.5	Responsibilities are clearly defined	1			ĝ.	
3.6	Necessary forms and equipment are listed	V				
3.7	Forms are numbered	/				
3.8	References are clearly stated	1				
4.	General Criteria					
4.1	Policy is adherent to MOH rules and regulations	V				
4.2	Policy within hospital/department scope	V				
4.3	Relevant policies are reviewed	1	1			
4.4	Items numbering is well outlined	V				
4.5	Used of approved font type and size	V	20			
4.6	Language is clear, understood and well structured	V		To		

