



Policy and Procedure of
Contact Isolation Precaution

AMRH/IC/P&P/004/Vers.02
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Institute Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Contact Isolation Precaution					
Approval Process					
	Name	Designation	Institution	Date	Signature
Written by	Siham Al Zadjali	Infection Control Practitioner	Al Masarra Hospital	20/4/22	
Reviewed by	Noora Al Zadjali	HOD Infection Control	Al Masarra Hospital	24.5.2022	
Validated by	Kunooz Al Balushi	Document Manager	Al Masarra Hospital	June 2022	
Approved by	Dr. Bader Al Habsi	Hospital Director	Al Masarra Hospital	24.5.2022	





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Acronyms

AMRH	Al Masarra Hospital
HOD	Head of Department
PPE	Personal Protective Equipment
P&P	Policy & Procedure



Policy and Procedure of Contact Isolation Precaution

1. Introduction

In addition to standard precautions, Contact Isolation Precaution is intended to reduce the risk of transmission of epidemiologically important microorganisms by direct or indirect contact with the patients or the patients' environment. Transmission of disease can occur through direct and indirect contact. Direct contact transmission involves direct skin-to-skin contact and physical transfer of microorganisms from a source person to a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object.

2. Scope

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

3. Purpose

3.1 To provide a standard practice in initiating and maintaining contact precautions when there is a suspected or confirmed diagnosis of an infectious disease that is transmitted by the contact route.

4. Definitions

4.1 **Contact Precaution:** measures used for diseases that are spread by contact transmission.

4.2 **Personnel Protective Equipment (PPE):** are equipment designed to provide barrier between a person and a known or potential infectious material in order to minimize or reduce the risk of exposure to the infectious material.



5. Policy

- 5.1 The Infection Control Department of Al Masarra Hospital is dedicated in preventing the transmission of infectious diseases within the facility, thus contact precaution must be initiated and maintained when there is suspected or confirmed diagnosis of an infectious disease that is transmitted by contact route.
- 5.2 Contact precautions must be used together with standard precautions.

6. Procedure

- 6.1 Notify Infection Control Practitioner that the patient is placed in contact isolation.
- 6.2 Infection Control Practitioner shall send the Isolation form to the ward in-charge or to assigned staff. *(See Appendix 1. Isolation Form)*
- 6.3 The treating doctor will fill the form and then the ward in-charge will countersign before sending the form to Infection Control Department.
- 6.4 Contact isolation should be initiated and maintained when there is a suspected or confirmed diagnosis of an infectious disease that is transmitted by the contact route.
- 6.5 The patient should be in a single room. A neutral pressure room is indicated.
- 6.5.1 Put a contact isolation sign on the door. *(See Appendix 4. Contact Isolation Sign)*
- 6.5.2 Keep the door closed.
- 6.6 All healthcare workers must wear the appropriate Personal Protective Equipment (PPE) such as gown and gloves, when anticipating contact with patient or the patient's environment. *(See Appendix 3. Personal Protective Equipment)*
- 6.7 Change the gown and gloves between patients even if both patients share a room and both are under Contact Precautions.
- 6.8 The **“5 Moments of Hand Hygiene”** must be followed by all personnel entering and leaving the patient care area. *(See Appendix 2. 5 Moments of Hand Hygiene)*
- 6.9 Explain the purpose of contact precaution to the patient and visitors to encourage their cooperation with hand hygiene.



- 6.10 Limit patient transport outside the room to medically necessary purposes. If the patient is to be transported, inform the destination department/facility of the patient's isolation status during transport.
- 6.11 Environmental measures:
 - 6.11.1 Housekeepers should wear gowns and gloves before room entry to clean the patient's room, and gowns and gloves should be discarded when leaving.
- 6.12 Discontinue isolation precautions in consultation with infection control.

7. Responsibility

7.1 Infection Prevention and Control Staff/Practitioner Shall:

- 7.1.1 Send the Isolation form to Ward In-charge or to assigned staff.
- 7.1.2 Initiate and maintain isolation when there is suspicion or confirmed diagnosis of an infectious disease that is transmitted by the droplet route.
- 7.1.3 Maintain the standard and isolation-based precautions done by all health care workers entering the isolation room.
- 7.1.4 Discontinue the isolation precaution whenever the patient is treated.

7.2 Treating Doctor/Physician Shall:

- 7.2.1 Sign in the isolation/single room use form and sign.

7.3 Staff Nurses Shall:

- 7.3.1 Notify the Infection Prevention and Control Department.
- 7.3.2 Initiate the isolation-based precautions.
- 7.3.3 Maintain the availability of the appropriate personnel protective equipment.
- 7.3.3 Implement the isolation based precautions whenever come in contact with the patient or his surroundings.
- 7.3.4 Carry out the order of discontinuing isolation precautions.



7.4 Housekeeping Staff Shall:

- 7.4.1 Clean the area of high touched surfaces with hospital-approved disinfectant is appropriate.
- 7.4.2 Ensure to wear a surgical mask before entering the room.
- 7.4.3 Maintain separate mops and cleaning materials for isolation room.
- 7.4.4 Discontinue isolation precautions in consultation with Infection Control Department.
- 7.4.5 Disinfect all equipment used for patient care with antiseptic wipe (Hypochlorite Sodium).
- 7.4.6 Do the terminal environmental cleaning under supervision of staff nurse after discontinuing isolation.

8. Document History and Version Control

Document History and Version 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	Approved by	
Siham Al Zadjali	Noora Al Zadjali	Dr. Bader Al Habsi	



9. Related Documents

- 9.1 Appendix 1. Isolation Form.
- 9.2 Appendix 2. 5 Moments of Hand Hygiene.
- 9.3 Appendix 3. Personal Protective Equipment.
- 9.4 Appendix 4. Contact Isolation Sign.
- 9.5 Appendix 5. Flowchart of Contact Isolation Precaution.
- 9.6 Appendix 6. Audit Tool.

10. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
Infection Prevention & Control Manual	GCC Centre for Infection Control. Ministry of National Guard	2013	51-52
Isolation precautions recommendations for isolation precautions in hospitals	Association for Professionals in Infection Control (APIC) and Epidemiology	2009	Chapter 18



Appendices

Appendix 1. 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)

NAME of Patient: _____

IP Number: _____

Ward/Bed No.: _____

Date of Admission: _____

Diagnosis: _____

Period Recommended for stay in single/private room:

From: _____ **To:** _____ **To be extended up to:** _____

Name, Designation and Signature of Physician: _____

Part II

Signature of Infection Control In-charge: _____

Signature of Executive Director: _____

Part III

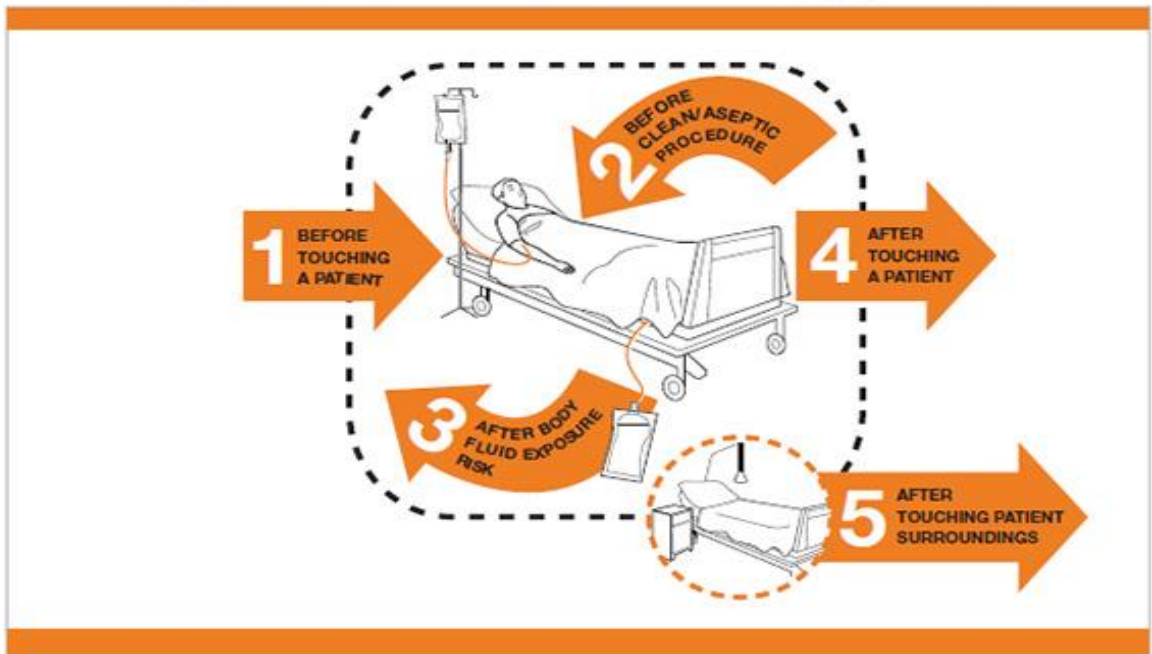
Admitted in single/private room on: _____

Name and Signature of Nurse In-charge of the Ward: _____



Appendix 2. Five (5) Moments of Hand Hygiene

My 5 Moments for Hand Hygiene





Appendix 3. Personal Protective Equipment (PPE)

**HOW TO PUT ON AND TAKE OFF
Personal Protective Equipment (PPE)**

World Health Organization

How to put on PPE (when all PPE items are needed)

Step 1
- Identify hazards & manage risk. Gather the necessary PPE.
- Plan where to put on & take off PPE.
- Do you have a buddy? Mirror?
- Do you know how you will deal with waste?

Step 2
- Put on a gown.

Step 3a
- Put on face shield.

OR

Step 3b
- Put on medical mask and eye protection
le.g. eye visor/goggles!

Note: If performing an aerosol-generating procedure (e.g. aspiration of respiratory tract, intubation, resuscitation, bronchoscopy, autopsy), a particulate respirator (e.g. US NIOSH-certified N95, EU FFP2, or equivalent respirator) should be used in combination with a face shield or an eye protection. Do user seal check if using a particulate respirator.

Step 4
- Put on gloves lower cuff.

How to take off PPE

Step 1
- Avoid contamination of self, others & the environment
- Remove the most heavily contaminated items first

Remove gloves & gown
- Peel off gown & gloves and roll inside, out
- Dispose gloves and gown safely

Step 2
- Perform hand hygiene

Step 3a
If wearing face shield:
- Remove face shield from behind
- Dispose of face shield safely

Step 3b
If wearing eye protection and mask:
- Remove goggles from behind
- Put goggles in a separate container for reprocessing
- Remove mask from behind and dispose of safely

Step 4
- Perform hand hygiene

(World Health Organisation, 2007).



Appendix 4. Contact Isolation Sign

Dear Visitor
Inform the nursing station before entering the Isolation room

عزيمي الزائر
الرجاء إبلاغ مكتب التمريض قبل دخول غرفة العزل



Contact Precautions
In addition to Standard Precautions

Keep door close all the times

Use eye protection if there is risk of splashes

Before entering room

 <p>1 نظف يديك Perform hand hygiene</p>	 <p>2 ارتدي الرداء الواقعي Put on gown</p>	 <p>3 ارتدي القفازات Put on gloves</p>
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Before leaving room

 <p>1 إزل القفازات Remove gloves</p>	 <p>2 نظف يديك Perform hand hygiene</p>	 <p>3 انزع الرداء الواقعي Remove gown</p>	 <p>4 نظف يديك Perform hand hygiene</p>
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سلطنة عمان - وزارة الصحة
دائرة التثقيف وبرامج التوعية الصحية

Central Department of Infection
Prevention and Control
Ministry of Health Sultanate of Oman



Contact Precaution

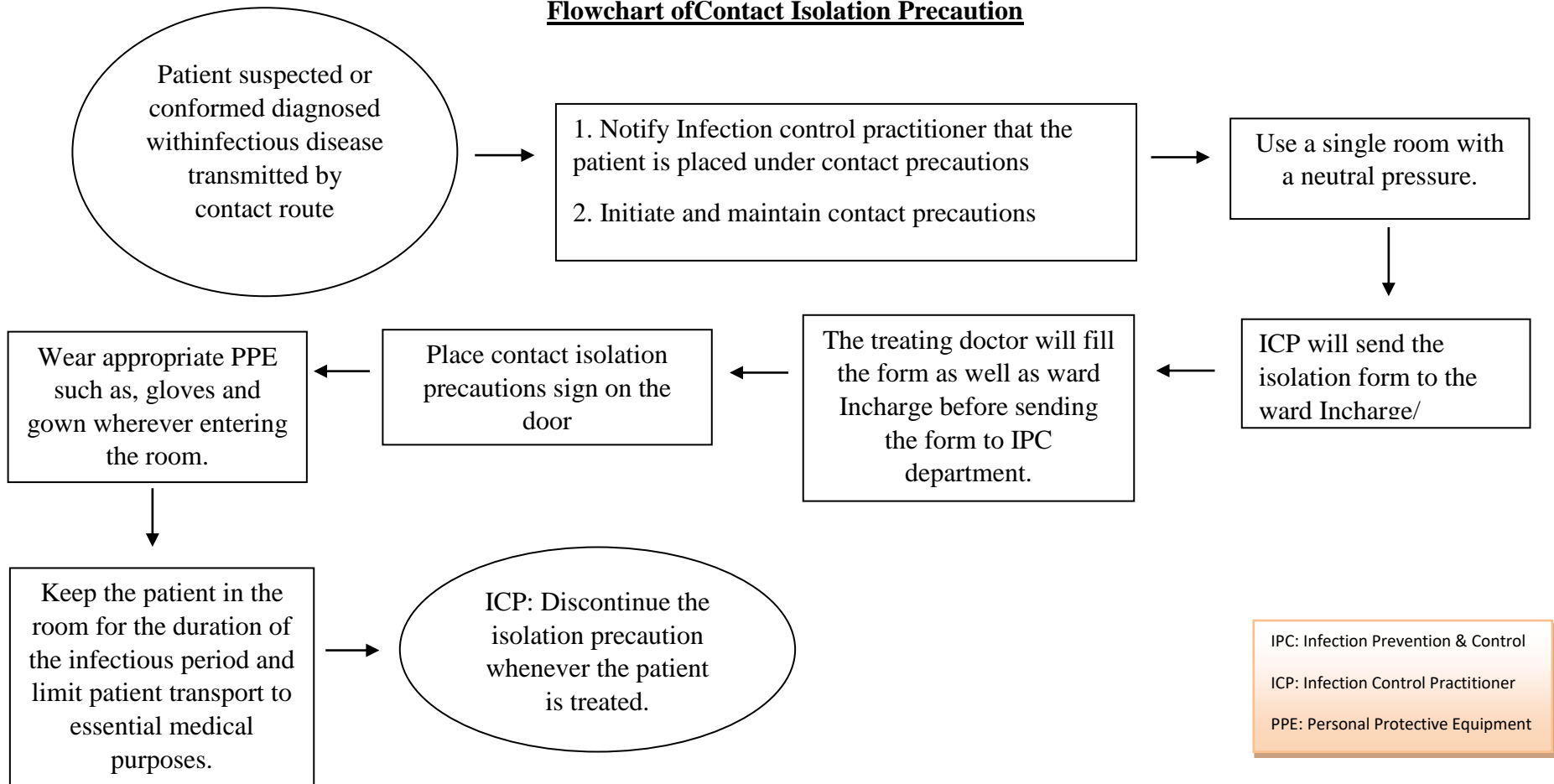
- ▶ Contact precaution is applied in addition to standard precautions.
- ▶ Common examples according to the following table:

Disease and/or infective agent	Comments
Abscess Drainage major (not contained by dressing)	▶ Isolate for duration of illness
Cellulitis e.g. Group A streptococci	▶ Side room until they have had 48 hours of appropriate antibiotics therapy
Extended spectrum antibiotic resistant gram negatives bacteria	▶ Isolation for admission duration and in consultation with IPC
Neonatal herpes simplex Disseminated herpes simplex	▶ Isolate for duration of illness
Head lice	▶ Transmission occurs through head to head contact.
Impetigo	▶ Until completed 24 hours of treatment
Infective jaundice	▶ until cause identified
Listeria	▶ High risk in neonatal unit due to shedding in faeces
Pubic lice	▶ Until cured
Scabies	▶ Until cured
Shingles (Herpes Zoster)	▶ Only immune staff to have patient contact
Vancomycin resistant enterococcus	▶ Isolate if having diarrhea



Appendix 5. Flowchart of Contact Isolation Precaution

Al Massara Hospital
Infection Prevention and Control Department
Flowchart of Contact Isolation Precaution





Appendix 6. Audit Tool

Infection Prevention & Control Department Contact Precaution

Department: _____

Date: _____

Code	Audit Process	Standers /Criteria	Yes	Partial	No	N/A	Comment
1.	Observation Interview Document Review	Is the contact precaution initiated and maintained when there is suspected or confirmed diagnosis of an infectious disease that is transmitted by contact route?					
2.	Observation Interview	Is the contact precautions used together with standard precautions?					
3.	Observation Interview	Is the Infection Control Practitioner notified that the patient is placed in contact isolation?					
4.	Observation Document Review	Is the treating doctor filling the form and the ward in-charge countersigns before sending the form to Infection Control Department?					
6.	Observation Interview	Is the patient kept in a neutral pressure single room?					
7.	Observation Document Review	Is a contact isolation precaution sign placed on the door of the isolation room?					
8.	Observation Interview	Is the door of the isolation room kept closed at all times?					



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9.	Observation Interview	Are all healthcare workers wearing the appropriate Personal Protective Equipment (PPE) such as gown and gloves, when anticipating contact with patient or the patient's environment?					
10.	Observation Interview	Are gowns and gloves changed between patients even if both patients share a room and both are under Contact Precautions?					
11.	Observation Interview	Is the "5 Moments of Hand Hygiene" being followed by all personnel entering and leaving the patient care area?					
12.	Observation Interview	Is the purpose of contact precaution explained to the patient and visitors to encourage their cooperation with hand hygiene?					
13.	Observation Interview	Is the patient transport limited outside the room for medically necessary purposes only?					
14.	Interview	If the patient is to be transported, is the destination department/facility being informed of the patient's isolation status during transport?					
14.	Observation Interview	Are all housekeepers wearing gowns and gloves before room entry to clean the patient's room, and gowns and gloves discarded when leaving?					
15.	Observation Interview	Is the isolation precaution discontinued in consultation with infection control department?					



Appendix 7. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Siham Al Zadjali	Date of Request	April 2022
Institute	Al Masarra Hospital	Mobile	93693628
Department	Infection Control and Sterilization Service	Email	siham.mohd@hotmail.com
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
1. Document Information			
Document Title	Policy and Procedure of Contact Isolation Precaution		
Document Code	AMRH/IC/P&P/004/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	April 2022
Signature		Stamp	





Appendix 8. Document Validation Checklist

Document Validation Checklist					
Document Title: Policy and Procedure of Contact Isolation Precaution			Document Code: AMRH/IC/P&P/004/Vers.02		
No	Criteria	Meets the Criteria			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	✓			
1.5	Involved departments contributed	✓			
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
	2. Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
	3. Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
	4. General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations <input checked="" type="checkbox"/> For implementation More revision To be cancelled.....					
Reviewed by: <u>Kunooz Al Balushi</u> Reviewed by: <u>Ruvilee Ramel-Bueno</u>					

