

## Background

In hospital and clinic settings, it is imperative to utilize the correct infection control precautions when required to limit the spread of infection to and from our patients. With the advent of the COVID-19 pandemic, the judicious utilization of PPE became essential. The CDC describes three major types of transmission based precautions: droplet, contact, and airborne. These precautions are selected when a patient has tested positive for a certain infection. At Children's Hospital of New Orleans (CHNOLA), residents often order precautions and discontinue them when appropriate. Our quality improvement group noted a lack of knowledge of precautions for common infections and when they can be discontinued among our residents and identified the need for further education. An infection control card was developed with the assistance of the hospital's infection control department and made readily available to Louisiana State University (LSU) pediatrics residents.

## Methods

- Pocket card was created with assistance of Jennifer Schroeder from the Infection Control Department at CHNOLA
- Distributed by physical copies and online to LSU Pediatrics residents
- Survey distributed one month after card distribution and again after one year

Isolation at CHNOLA		
Infection	Isolation Needed	When to Discontinue
Respiratory		
Adenovirus	Contact + Droplet	7 days after positive test AND Asymptomatic (or back to baseline)
Non-SARS Coronavirus	None	
(all variants)		
SARS COV 2	Level 2 (no aerosol procedure)	10 days after positive test, symptor improvement AND patient moved t a new room
	Level 3 (aerosol procedure)	
Human Metapneumovirus	Contact	7 days after positive test AND Asymptomatic (or back to baseline)
Rhino/Entero	Droplet	7 days after positive test AND Asymptomatic (or back to baseline)
(only isolate for Rhino <b>IF</b> patient is not having diarrhea)	(If diarrhea, add Contact)	Asymptomatic (of back to baseline;
Influenza	Droplet	7 days after positive test AND Asymptomatic (or back to baseline)
Parainfluenza	Contact	7 days after positive test AND Asymptomatic (or back to baseline)
RSV	Contact	7 days after positive test AND Asymptomatic (or back to baseline)
Pertussis	Droplet	5 days after starting effective therapy
Tuberculosis	Airborne	After 3 Negative smears or 2 negative smears & PCR negative
Gastrointestinal		
C. difficile	Contact Plus	After completion of treatment and diarrhea free for 48 hours, patient must move to a new room
EAEC,EPEC, ETEC, STEC, EIEC	Standard (if diapered or incontinent, add Contact)	After completion of treatment and diarrhea free for 48 hours
Salmonella	Standard (if diapered or incontinent, add Contact)	After completion of treatment and diarrhea free for 48 hours
Norovirus	Contact	After completion of treatment and diarrhea free for 48 hours
Rotavirus	Contact	After completion of treatment and diarrhea free for 48 hours
Multi-Drug Resistant Organisms		
MRSA/VRE (Only for wounds that cannot be covered and patients with increased	Contact	Wound: After wound can be covere



**Figure 1: Infection Precaution Pocket Card** 

## Infection Precautions Pocket Cards and eCard

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## Aim

It is the goal of this project to increase access to this information by 100% among LSU pediatrics residents, improve resident knowledge, and develop a longstanding resource for medical staff at CHNOLA.

## Results



Figure 3: Usefulness of Card Sections

**Responders also suggested adding precautions for pseudomonas** in an open response area.

	2 <sup>nd</sup> Survey		
5%	5-10 67%, <5 33%		
es	44% regularly, 66% sometimes		

- Cards were more often used on rotations with a higher volume of infections or where infections had the potential to be severe.
- Frequency of card use increased over time
- Number of corrections made increased over time – this was likely related to greater frequency of use
- Infection type, precaution and discontinuation were valuable categories on the card. The second survey group valued the FAQ section less – perhaps due to the higher % of upper level residents responding to 2<sup>nd</sup> survey
- The card transition from physical to online affected use by some residents

- Use in other areas of the hospital: information was made available to nursing staff
- **Continuing evaluation: the Infection Control Office will** continue to update cards once per year
- Efficacy of online vs. physical card? We will have select number of physical cards to continue to be available to residents

# accessed 5/8/2023.



## Conclusion

## **Future Directions**

### References

Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP). Transmission Based Precautions. CDC.gov.