Patient Information Publications
Warren Grant Magnuson Clinical Center
National Institutes of Health

Infection Control at the Clinical Center: Information for Patients and Visitors

The Warren Grant Magnuson Clinical Center strives to be a safe, healthful place for patients, their visitors, and staff. One way to do this is to lessen the chance for the spread of infection.

What is an infection?

An infection is an illness caused by "germs" such as bacteria and viruses. An infection is "contagious" ("infectious") when it can be passed from person to person. The common cold is an example of a contagious disease.

Can the spread of infection be prevented?

Health care staff follow strict measures to prevent infections from spreading. But patients and their visitors have an important role, too. Here is how hospital staff, patients, and their visitors can work together to help control infections.

Patient screening and placement

Health care staff members usually ask each patient about certain infectious diseases. A patient who might carry a contagious disease may be placed in a private room.

Patient transport and activity restrictions

Special care is taken with certain patients whenever they need to move about the Clinical Center.

Patients who might have certain contagious illnesses will be asked not to take part in some activities in the hospital.

Special precautions

Depending on the patient's illness, special precautions are taken by staff, patients, and their visitors. For example, visitors may need to wear protective "barriers," like gloves or gowns. Staff also wear these items when caring for some patients.

Part 1: Universal precautions

Infections (like HIV, the virus that causes AIDS, and hepatitis B) can be passed through contact with blood and other potentially infectious materials.

"Universal precautions," which include handwashing and wearing protective clothing, are good ways to prevent the spread of these and other serious infections. Even visitors must follow universal precautions.

Why universal precautions are used

Someone with HIV or another illness may not look sick. Because of this, universal precautions apply to all patients every time contact with blood or body fluids is possible.

Universal precautions are used at all times with all patients. The fact that your caregivers use universal precautions does not necessarily mean that you have a contagious disease. But to protect you and themselves, they assume that every patient may have an infection.

How universal precautions work

Handwashing
Handwashing is the single most important way to prevent infection. Hands should be washed before and after visits with patients, after contact with blood or other potentially infectious materials, and after removing gloves or other protective barriers.

Wearing protective barriers
Health care workers and visitors must wear protective barriers, such as gloves, whenever contact with blood or other potentially infectious materials is likely. Disposable gowns, masks, eyewear, and other protective barriers help protect the face and skin.

Safely handling contaminated items
- Anyone handling contaminated items, such as waste, soiled linens, or patient care items, must avoid contact with blood or other potentially infectious materials.
- Visitors should ask staff how to handle and dispose of contaminated items.

Handwashing–Doing it right

Wet your hands; then apply soap.

Rub the soap lather all over your hands.

Wash all surfaces of your hands and fingers for 10 to 15 seconds. Be sure to get under your nails, around cuticles, and between fingers.

Rinse your hands well, until all the soap comes off. Point your hands down as you rinse.

Dry your hands with a clean, disposable or single-use towel.

Turn off the faucet with a paper towel to avoid contaminating your clean hands.

Handwashing makes a difference! Wash your hands often. *Visitors should wash their hands before and after visits with patients.*

Part 2: Isolation precautions–what they are

Isolation precautions are used when a patient is known to have, or thought to have, a contagious disease. They are stopped either when a patient is found not to have an infectious disease, or when the patient is no longer infectious. These precautions are used with universal precautions. Patients on isolation precautions will have signs posted outside their hospital doors and on their hospital charts.

Strict isolation
This applies to rare diseases (such as rabies or Ebola virus) that spread through the air or by contact with infectious material.

How it works
Visitors should report to the nurses' station and speak with a nurse before entering the patient's room.

The patient's room
- It will be private, or patients who have the same disease may share a room.
- The room may have special ventilation.
- The door must stay closed.

Protective barriers
Staff and visitors entering the patient's room must wear gloves, disposable gowns, and surgical masks.

Patient transportation
Patients should leave their rooms as seldom as possible. If patients must leave their rooms, they should wear gloves, disposable gowns, and surgical masks.

Contact isolation
This applies to diseases spread by direct patient contact, contact with infectious material, or by contact with contaminated items in the patient's environment. (Examples are certain resistant bacterial infections and some kinds of diarrhea.)

How it works
Visitors should report to the nurses' station and speak with a nurse before entering the patient's room.

The patient's room
It will be private, or patients who have the same disease may share a room. If these arrangements are not possible, staff may take other precautions.

Protective barriers
Staff entering the patient's room must wear gloves and change them when they become soiled. Visitors may be asked to wear gloves and a disposable gown.

Patient transportation
Patients should leave their rooms as seldom as possible. If they must leave their rooms, they should avoid touching people or objects.

Handwashing
Everybody must wash their hands and avoid touching objects before leaving the room.

Respiratory isolation
This applies to diseases such as influenza and tuberculosis that spread through the air.

How it works
Visitors should report to the nurses' station and speak with a nurse before entering the patient's room. Respiratory isolation may be Level 1, Level 2, or Level 3.

Level 1 (Used for diseases spread by large droplets from coughs or sneezes.)

The patient's room
- It will be private, or patients who have the same disease may share a room.
- Patients in the same room, but with different diseases, will be separated by at least 3 feet.

Protective barriers

- Staff entering the patient's room must wear gloves and surgical masks. Also, staff will wear protective eyewear if facial contact with respiratory secretions/mucus is likely, for example, if the patient is coughing or sneezing.
- Visitors entering the patient's room may be asked to wear a surgical mask. They should obey staff instructions if asked to use other protective barriers.

Patient transportation

Patients should leave their rooms as little as possible. They will not be allowed to go to the playroom or the Children's Inn. If they must leave their rooms, patients should wear surgical masks.

Handwashing

Hands must be washed before and after contact with the patient and after removing gloves. Be careful not to touch eyes or nose with gloves or with unwashed hands.

Level 2 (Used for diseases spread by the air.)

How it works

Visitors should report to the nurses' station and speak with a nurse before entering the patient's room.

The patient's room

- It will be private, or patients who have the same disease may share a room.
- The room may have special ventilation.
- The door must stay closed.

Protective barriers

- Staff and visitors entering the patient's room must wear surgical masks.
- If a patient is thought to have measles or chickenpox, visitors who are not certain they are immune (by previous infection or vaccination) should not enter the room.

Patient transportation

Patients should leave their rooms as seldom as possible. If they must leave their rooms, they should wear surgical masks.

Level 3 (Used for diseases spread by the air.)

How it works

Visitors should report to the nurses' station and speak with a nurse before entering the patient's room.

The patient's room

- It will be private, or patients who have the same disease may share a room.
- The room will have special ventilation.
- The door must stay closed.

Protective barriers

- Staff and visitors must wear either a particulate respirator mask (PR, N–95) or a powered air purifying respirator (PAPR).
- Only essential visitors may enter the patient's room, and they must use protective masks.
- A training manual and staff are available to show visitors how to wear protective masks.

Patient transportation
Patients should leave their rooms as seldom as possible. If they must leave their rooms, a health care worker will go with them. Patients must wear surgical masks. A private elevator will be used.

CNS precautions
These apply to rare diseases spread by contact with cerebrospinal fluid, brain tissue, blood, or other potentially infectious materials. (An example is Creutzfeldt–Jakob disease.)

How it works
Visitors should report to the nurses' station and speak with a nurse before entering the patient's room.

The patient's room
A private room is usually not needed.

Protective barriers
Protective barriers are usually not needed, but staff may ask visitors to wear them.

Patient transportation
Usually, there are no room restrictions. Patients will not need protective barriers when leaving their rooms.

Part 3: Summary guidelines for visitors

- Ask about special instructions.
  You may be asked not to bring personal items or flowers, which can harbor germs harmful to some patients.
- Follow instructions on signs.
  If the patient is on isolation (strict isolation, contact isolation, respiratory isolation, CNS precautions), report to the nurses' station for instructions before entering the patient's room.
- Use protective barriers.
  Wear whatever barriers the staff recommends. These may include gloves, disposable gowns, masks, and eyewear. Here are some useful tips:
  - Put barriers on before entering the patient's room.
  - Put them on in this order: eyewear first, then mask, disposable gown, and gloves.
  - Take barriers off in this order: eyewear, disposable gown, gloves, mask.
  - When removing barriers, avoid touching their outer surfaces. They may be contaminated.
  - Dispose of barriers as you were instructed to by staff.
  - Wash your hands.
- Do not visit if you are ill.
  Avoid visiting if you know you have been exposed to a contagious illness or if you are sick. You could spread disease to others.
- Ask about rules for visiting.
  Depending on how the patient's disease is spread, your visit may be discouraged or limited. Ask the staff.
- Be understanding.
  These precautions may seem extreme, but remember, they help protect everyone.

Final notes

- Feel free to ask questions.
  Staff will be happy to talk with you about infection control.

- Remember to wash your hands.
  Do this often, and correctly.

Thank you for doing your part to fight the spread of infection in the Clinical Center.

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This information is prepared specifically for patients participating in clinical research at the Warren Grant Magnuson Clinical Center at the National Institutes of Health and is not necessarily applicable to individuals who are patients elsewhere. If you have questions about the information presented here, talk to a member of your healthcare team.

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