



College of Veterinary Medicine Policies and Procedures

Subject: **Isolation**

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Isolation

The isolation facility will be used to prevent, as much as is possible, transmission of communicable diseases. Detailed protocols are to be followed explicitly to mitigate exposure and disease transmission to patients as well as personnel handling and treating patients. For review of these protocols see the Animal Health Center Administration or the Equine Service Chief. An addendum entitled "Equine Isolation Protocol" can be found to follow, as well.

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Isolation Protocol

1. Read the isolation protocol before entering isolation.
2. When in doubt concerning the protocol, ask an equine clinician. These procedures are important in preventing the spread of contagious diseases/pathogens to other animals and people, preventing immunocompromised horses from contracting common diseases and minimizing the legal liability of MSU CVM.
3. The protocol is only effective if everyone follows it. This includes those who are treating the horse, cleaning the stall and anyone who happens to walk in to see what is happening.
4. An ID card is required to enter the isolation area. Initial personnel entry is through the north side card-access door. The isolation area is divided into zones according to potential contamination levels with specific attire and procedures required for each zone and to move between zones. The zones and appropriate attire are as follows:
 - i. Clean zone – clean bathroom hallway and bathrooms; entered from the northside card-access door.
 - Purpose: area to remove regular clothes and shoes down to undergarments and don clean isolation coveralls and clean isolation slippers to prepare to work in isolation, and to change back into regular clothing to exit the facility. To enter isolation, enter clean hall, pick up a pair of clean hall isolation slippers and coveralls and enter restroom. In the restroom there are two sets of hooks- one to hang isolation coveralls and the other for your regular clothes. Please hang them separately to prevent cross contamination. To exit isolation, enter appropriate clean bathroom from clean corridor, remove clean isolation slippers and isolation coveralls, don regular clothes and shoes then wash hands before exiting bathroom and dip regular shoes upon exiting isolation door.
 - clothing: regular clothes and shoes, clean isolation coveralls, clean isolation slippers
 - ii. Level 1 risk – Anteroom corridor. Connects stall anterooms and adjoins clean bathroom corridor on one end
 - Purpose allow travel between stall anterooms. To enter from clean area sit on barrier bench between corridors, leave clean isolation slippers in clean hall and don level 1 slippers in anteroom corridor. To exit to clean bathroom corridor, sit on barrier bench, leave level 1 slippers in anteroom corridor, don clean isolation slippers.
 - Clothing in level 1 anteroom corridor: clean isolation coveralls and level 1 slippers
 - iii. Level 2 risk -Anteroom zone. Wash room/staging area adjoining stall considered contaminated.
 - To enter from anteroom corridor sit on barrier bench at anteroom entrance door. Leave level 1 slippers in anteroom corridor. Don necropsy boots that were initially brought from the shelf in the anteroom corridor and subsequently kept in the anteroom while the patient is in isolation. Don disposable gown and gloves.
 - To exit to anteroom corridor, remove gloves and disposable gown. Wash hands. Sit on barrier bench to remove necropsy boots then turn to

- anteroom corridor, clean hands with disinfectant solution and don level 1 slippers.
- Clothing in anteroom zone: Necropsy boots, disposable gown over isolation coveralls, and disposable gloves.
- iv. Level 3 risk – stall, considered most contaminated
- Enter stall with full PPE donned in anteroom
 - To exit to anteroom, knock shavings off boots, step in disinfectant footbath, change to new disposable gloves.
 - Clothing in stall zone: Necropsy boots, disposable gown over isolation coveralls, and disposable gloves.
- v. Level 3a risk – Horse/manure corridor behind stalls. Considered contaminated; however we desire to minimize cross contamination between stalls when more than 1 patient is present in isolation.
- To enter horse/manure corridor from stall, knock shavings from boots, dip boots in disinfectant solution, discard disposable gloves and don new gloves. Put plastic booties over necropsy boots.
 - To enter stall from horse/manure corridor, discard booties, dip boots in disinfectant solution, discard disposable gloves and don a new pair.
 - Clothing in horse/manure corridor: Necropsy boots, disposable gown over isolation coveralls, clean disposable gloves, plastic booties.
5. When a horse arrives and is suspected of having a disease requiring isolation, the horse is unloaded at the isolation garage door in the red square. The horse is not brought up to the clinic first. Two people are required.
6. Prior to entering isolation, 6 to 8 bags of shavings are moved from the small storage building adjoining isolation and placed in the horse/manure corridor of isolation through the large door on the north wall near the card-access door. Two to 3 flakes of hay are placed in a large trash bag and are also taken from the storage building into the isolation building via the card-access personnel door as personnel enter isolation through the card-access door on the north side. After changing into appropriate isolation coveralls and slippers, enter the anteroom corridor as described and take an appropriate size set of necropsy boots to the anteroom of the stall to be used. Change into the necropsy boots and don the disposable gown and gloves. Place the hay you brought in the anteroom. Move through the stall into the horse/manure corridor and take the shavings previously placed in the corridor and bed the stall with shavings. Discard the shavings bags in the biohazard trash. Water buckets are filled by using the hose in the stall. Water buckets can be emptied into the yellow manure cart or drain in the back corridor. Do not empty the water buckets by dumping them into the anteroom sink. Shavings, hay, feed and hair will plug the drain, which prevents use of the sink for washing hands. A half block of salt should be brought for the horse. Due to the nature of these cases the student will most often be responsible for feeding and watering as well as environmental maintenance. After the horse is put into the stall, a yellow manure cart is moved adjacent to the stall door. The cart is placed in alignment with the upper inset door of the stall door. The upper inset door is opened to scoop manure and soiled bedding from the stall into the manure cart. After removing manure from the stall, the horse/manure corridor must be cleaned using the

hose and disinfectant solution. LARAC personnel may be asked to strip and rebed the stall as needed. LARAC personnel will wear isolation coveralls and boots that are not worn outside of isolation. The cleaning equipment never leaves isolation.

7. A sharps container and a syringe container are provided. Please do not put sharps in the trash. This places anyone handling the trash at risk.
8. Medications are taken to isolation on a daily basis. If you take more medication than is necessary into isolation, then the client will absorb the costs whether the substance is used by the patient or not.
9. If there are two horses in isolation, they are treated separately. To walk from one stall to the other, remove disposable gown and gloves in the stall anteroom, and then remove necropsy boots as you sit on the doorway bench. Turn to the anteroom corridor and don level 1 slippers to walk to the next stall. Sit on the bench in the anteroom doorway of the next stall to remove level 1 slippers, spin and put on necropsy boots in the anteroom, then put on a disposable gown and gloves from the second isolation anteroom. Use the supplies that are provided in each isolation anteroom. Do not carry materials from room to room.
10. The telephones in isolation (1221) will play a recording after 4 rings. Let the telephone ring less than 4 times if possible.
11. The majority of the record needs to stay in the LA nurses' station. The only portion of the record that may be kept in the level 1 anteroom corridor outside the stall is that day's treatment sheet. These may be written and kept in the anteroom hallway only. They may not enter the anteroom or stall and may be handled only after removing disposable gloves and washing after handling the patient. These sheets may not leave isolation. To be entered into the medical record, they will need to be transcribed to a clean sheet. Ideally, once the treatment sheet is finalized, a copy should be made. One copy goes to isolation, and one is taped to the nurses station door. As treatments are made and data recorded, the student in isolation may call up to the nurse's station and have another student record the information, or, if they can remember everything, transcribe the information the next time they come up from isolation. This sheet then becomes a permanent part of the medical record.
12. Upon admission to isolation, there should be a red tool cabinet with the basic necessities to begin treatment, ie catheter supplies, gloves, syringes, needles, etc. The blue commodities sheet on top of the tool cabinet should be labeled with the patient's label and be turned into the equine technician. Supplies may be replenished as needed. However, please avoid bringing in excess amounts of supplies. All supplies brought into the isolation stall are considered contaminated, cannot be saved for use on another patient, and, therefore, have to be charged to the patient whether used or not. At the time of discharge, all unused supplies in the isolation stall are discarded and the red cabinet is cleaned and restocked.