

**Protocol:** Burn Center Contact Isolation Protocol

**Category:**

Clinical Practice

**Approval Date:**

September 28, 2020

**Review Date:**

September 28, 2022

**Applicable To:**

- VUH       Children's       DOT       VMG Off-Site Locations       VMG       VPH       Other

**Team Members Performing:**

- All faculty & staff       Faculty & staff providing direct patient care or contact       MD       House Staff       APRN/PA       RN       LPN
- Other

**Content Experts:**

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**I. Objectives:**

Describe a protocol for contact precautions and reverse isolation for patients admitted to the BICU and Burn Step-Down Unit

**II. Scope:**

All adult and pediatric patients admitted to the burn unit regardless of admission diagnosis

**III. Audience:**

All individuals involved in the caring for burn patients

**IV. Guidance:**

The following patients will be placed on isolation upon admission to the burn unit:

- Any patient meeting greater Vanderbilt University Medical Center guidelines for isolation.
- For burn patients, any patient with  $\geq 20\%$  TBSA of open wounds (this includes burn wounds, SJS/TENS, and donor sites; % open will be determined by burn provider) will be placed on isolation.<sup>1,2</sup> This includes both burn and stepdown patients.
  - A sign will be placed on the door indicating reverse isolation contact precautions.
  - Reverse isolation precautions will remain in effect throughout the patient's hospitalization until their wounds are  $< 20\%$  open.
  - Reverse isolation precautions will continue when the patient travels off of the unit for operations, procedures and/or imaging.
  - Family members/visitors should adhere to reverse isolation precautions.

**Precautions during burn wound care:**

- Any person actively participating in the wound care of a burn patient will wear a gown, gloves, mask, and hair cover for the entirety of the wound care. Persons coming in to evaluate wounds will wear full PPE if the patient is  $\geq 20\%$  TBSA open, otherwise, a mask is required.

**V. References**

1. Coban Y.K. (2012). Infection control in severely burned patients. *World Journal of Critical Care Medicine*. 1(4): 94-101.
2. Church, D., Elsayed, S., Reid, O., Winston, B., & Lindsay, R. (2006). Burn wound infections. *Clinical microbiology reviews*, 19(2), 403–434. <https://doi.org/10.1128/CMR.19.2.403-434.2006>