

LETTERS TO THE EDITOR

Isolation Without Contact

To the Editor—Many infectious diseases specialists and infection control practitioners have had to create policies for visitors of hospitalized patients who are in contact isolation. On the one hand, it is imperative that the spread of epidemiologically important organisms be contained, but it also is obvious that comparable isolation precautions typically are not continued when patients return to their homes and families. Published guidelines state that “the use of gowns, gloves, or masks by visitors in health care settings has not been addressed specifically in the scientific literature.... Specific recommendations may vary by facility or by unit and should be determined by the specific level of interaction.”¹(pS106-S107) Thus, although some hospitals require visitors to use the same personal protective equipment and follow the same precautions as healthcare workers, other hospitals extend such requirements only to visitors who are involved in personal care of the patient or will be visiting other patients. Whether policies should differ for patients with active infections versus those who are merely colonized is also unclear.

Indeed, apropos the recent survey by the Society for Healthcare Epidemiology of America assessing isolation precautions for visitors, I offer the following relevant poem, “Isolation Without Contact,” which was a product of my participation in our medical school’s Department of Humanities’ Physician Writers Group, followed by my comments (in quotation marks) that accompanied a recent reading of this poem to the first-year medical school class at the beginning of their Medical Humanities course.

She is in street clothes,
Her husband in the hospital bed.
She watches us enter,
As we adjust our yellow gowns.
“Wash in/Wash out,” the sign says.
The Purell evaporating from our fingers,
We pull the gloves over our hands.
Gowned and gloved,
We examine her husband.
She watches us, in her street clothes.

“To put this poem into context: many hospitalized patients are in contact isolation as a result of being colonized with resistant organisms, such as methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant *Enterococcus* (VRE). Sadly, such patients often were given these organisms as a souvenir from a previous hospitalization, a colonization event that might not have occurred if healthcare workers always washed their hands and cleaned their stethoscopes. And consider that these patients will be placed in contact isolation every time they are rehospitalized, perhaps for the

rest of their lives. A strange fact about contact isolation, which is intended to prevent healthcare workers from carrying resistant organisms to other patients, is that many hospitals do not require visitors and family members to gown and glove (unless they are participating in personal care of the patient or visiting other patients). In fact, we discharge these patients home to those family members, who may find this practice confusing. And the irony, of course, is that our gowns and gloves for contact isolation separate us from our patients and result in isolation without contact.”

The purpose of this letter, in addition to demonstrating how alternative settings can be used to introduce important infection control concepts to medical students early in their education, is to highlight the following issues with which I suspect others have similarly struggled: (1) the need to mitigate any adverse effects of isolation precautions on patient-centered care, (2) the distinction between the hospital and nonhospital setting with regard to isolation precautions, (3) the variability between policies at different hospitals, and (4) the difficulty in explaining the logic of our policies to patients, visitors, and very often healthcare staff.

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REFERENCES

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L; Health Care Infection Control Practices Advisory Committee. 2007 Guideline for isolation precautions: preventing transmission of infectious agents in health care settings. *Am J Infect Control* 2007;35:S65–S164.