



COPIES ARE ONLY VALID ON THE DAY PRINTED

FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital HSHS St. Vincent Hospital Dialysis Center Green Bay HSHS St. Vincent Hospital Dialysis Center Oconto Falls HSHS St. Nicholas Hospital Dialysis Center	MANUAL: Infection Prevention and Control
	TITLE: Infection Prevention Guidelines I	
SUPERSEDES:	SVGB 100-06-007 SMGB IP-26 SNS HA-In.11 SCO ICPP11	POLICY NUMBER: IP-005

I. POLICY:

Center for Disease Control & Prevention guidelines for Isolation Precautions are followed by departments who care for patients or handle items that may be contaminated by patient body substances.

II. PURPOSE:

- To reduce risk for transmission of infectious agents between patients and colleagues.
- To comply with U.S. Department of Health and Human Services guidelines.

III. GUIDELINES/PROCEDURES:

The isolation precautions contain two tiers of prevention:

- 1) Standard Precautions
- 2) Transmission-based precautions

Standard Precautions are designed to be used with individuals, regardless of their presumed infection status. Standard precautions assumes that every person is potentially infected or colonized with an organism that could be transmitted in the health care setting during delivery of care.

Transmission-based Precautions are designed to prevent the spread of pathogens from individuals known or suspected to be infected or colonized with pathogens, based upon the modes of transmission of those suspected or known pathogens. Included in this tier are **Airborne Precautions, Droplet Precautions, and Contact Precautions.**

When Transmission-based Precautions are used, they are used in addition to Standard Precautions.

Special Contact Precautions and Special Airborne/Contact Precautions are used to address infections spread by multiple routes.

STANDARD PRECAUTIONS

- A. Hand hygiene, which includes hand-washing and hand antisepsis, is performed as stated in the *Infection Prevention - Hand Hygiene* policy.

B. Glove procedures - patient care

Gloves are worn when:

1. Touching blood and all body substances, mucous membrane surfaces, or non-intact skin or potentially contaminated intact skin of patients.
2. Handling items or surfaces soiled with or anticipated to be soiled with blood or body substances.
3. Performing venipuncture, finger/heelstick, and other vascular access procedures.
4. Gloves are changed between activities on the same patient if hands will move from a contaminated body-site to a clean body-site.
5. Gloves are changed between tasks and procedures on the same patient and after contact with material that may contain a high concentration of microorganisms.
6. Gloves are changed immediately if puncture or tear occurs as promptly as patient safety permits.
7. Gloves are not to be washed or decontaminated for re-use.
8. Gloves must be removed before leaving the patient care area (room or treatment area).

C. Glove procedures - non-patient care

Disposable medical exam gloves or utility gloves are worn for:

1. General housekeeping procedures
2. Cleaning and decontamination of instruments and other patient care items
3. When handling and sorting contaminated linen
4. If utility gloves are worn, they may be washed or decontaminated for reuse. They are regularly inspected for signs of deterioration and are replaced as necessary.

D. Face and eye protection:

1. Are used as necessary to keep patient body substances off of the mucous membrane surfaces of the eyes, nose, and mouth and for procedures likely to generate droplets or splashes of blood or body fluids.
2. During aerosol-generating procedures (bronchoscopy, suctioning respiratory tract [if not using in-line suction], endotracheal intubation), one of the following is worn in addition to gown and gloves:
 - a. A face-shield that fully covers the front & sides of the face
 - b. A mask with attached shield
 - c. A mask and goggles

E. Cover gowns or aprons:

1. Are worn as necessary to protect skin and prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions (e.g. extensive wound care [irrigation], clean-up of large spills, uncontrolled bleeding situations).
2. Are worn for direct patient contact if the patient has uncontained secretions or excretions.
3. Are removed and hand hygiene is performed before leaving the patient's environment.
4. Are worn per manufacturer's instructions for use.

Title: Infection Prevention Guidelines

- F. Resuscitation devices are used for emergency respiratory arrest to prevent mucous membrane contact.
 - 1. Are available for use in patient rooms and in patient care areas.
 - 2. Single-patient use items are disposed of after use.
 - 3. Reusable devices are sterilized or receive high-level disinfection per manufacturer's instructions for use.
- G. For patient protection, a surgical mask is worn by bedside caregivers when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelogram, lumbar puncture and spinal or epidural anesthesia).
- H. Respiratory hygiene/cough etiquette is a standard practice and includes:
 - 1. Signage posted at entrances and strategic places (cafeteria, elevators, waiting areas) provides instruction to persons to cover their mouths/noses when coughing or sneezing, use and disposal of tissues, and performance of hand hygiene.
 - 2. Provision of tissues and no-touch receptacles for disposal of tissues.
 - 3. Provision of conveniently located alcohol-based hand rubs for hand hygiene.
 - 4. Offering masks to coughing patients and other symptomatic persons upon entry into the facility.
 - 5. Separating symptomatic patients, ideally by 3 feet, from others in common waiting areas.
- I. Safe injection practices:
 - 1. Single-use needles with safety engineered features and syringes are used whenever possible. Reusable patient care items must be sterilized before use.
 - 2. Needles are not bent, broken, removed from syringes or manipulated in any way.
 - 3. Needles are not to be recapped, however, if a situation exists where a needle must be recapped, it is done using a recapping device or one-handed technique (one-handed scoop method).
 - 4. Sharps and needles with safety features are used as intended to protect the user and those who may be exposed downstream.
 - 5. Needles and sharps are disposed of in puncture-resistant sharps containers located as close as possible to the use area.
- J. Patient care equipment and instruments/devices:
 - 1. Are cleaned wearing PPE (personal protective equipment) (e.g. gloves, gown, face & eye protection) according to level of anticipated contamination.
 - 2. Are point of use cleaned, manually cleaned as per manufacturer's instructions for use
 - 3. Are reprocessed by approved sterilization methods or high level disinfection appropriate for the type of instrument.
 - 4. Multi-use electronic equipment and other mobile devices that are moved in and out of patient rooms frequently are cleaned and disinfected between each patient and as per manufacturer's instructions for use .
 - 5. Gait belts are assigned to an individual patient for use.
 - a. The belt is labeled with patient name.
 - b. When no longer needed, the belt is laundered before use on another patient.

Title: Infection Prevention Guidelines

- c. If the belt is made of a smooth, non-porous surface (i.e. vinyl), it can be cleaned with a disinfectant wipe and used for other patients.

K. Fans in Patient Care Areas:

- Fans must be approved as electrically safe by Plant Services.
 - a. Personal Patient fans
 - Single Use 10" fans for patient use only
 - AC adaptor is included in boxed fan. AC adaptor NOT to be used in the hospital
 - Fans with AC adapter to be sent home with the patient
 - If the patient does not take his/her fan home, the fan will be brought down by EVS for mission donations
 - Fans will not be used by colleagues
 - Used fans will not be taken home or used in the hospital setting by colleagues

L. Toys - Selection/Cleaning

1. Toys are selected that can be easily cleaned and disinfected.
2. Stuffed or furry toys are not allowed if they will be shared.
3. Large stationary toys (climbing equipment) are cleaned at least weekly or whenever visibly soiled.
4. If toys are likely to be mouthed, rinse with water after disinfection or wash in a dishwasher.
5. When toys require cleaning, it should be done immediately or placed in a designated labeled container separate from toys that are clean and ready for use.

M. Specimens

1. Specimens are handled as though potentially infectious.
2. Specimens of blood or other potentially infectious materials are placed in containers that prevent leakage.
3. If contamination of the outside of the primary specimen container occurs, place it in a secondary leak-proof container.
4. Any specimen which could puncture a primary container is placed in a secondary container which is puncture resistant.
5. Specimens that are obtained utilizing a needle and syringe have the needle removed and a blunt cap placed on the end of the syringe prior to being taken to the lab.
6. When specimens are sent to another facility, the outside container is labeled with the biohazard symbol.

N. Textiles and Laundry

1. Linen is handled as though potentially infectious.
2. Soiled linen is handled as little as possible and without agitation to prevent airborne contamination.
3. Soiled linen is bagged to prevent leakage at the site of use and transported away from clothing/uniform.
4. Bagged linen is placed in the laundry chute.

5. Colleagues will sort soiled linen wearing utility gloves and gowns.

O. Medical Waste

1. Medical waste is segregated into the medical waste stream at the point of generation.
2. Medical waste (other than sharps) is red-bagged and placed in a medical waste collection container.
3. Medical waste collection containers are inspected daily; the waste is collected and brought to a staging area for final inspection, packaging, and disposal. (See *Waste Management Plan* policy).
4. Bulk blood, suctioned fluids, excretions, and secretions are carefully poured down a drain connected to a sanitary sewer or managed with a solidifier for proper disposal.
5. Personal protective attire is used to protect skin and mucous membrane surfaces from exposure while bulk body fluids are being disposed of.

P. Care of the Environment

1. Horizontal surfaces (bedside tables, bedrails, bedside equipment, floors) are cleaned daily, when soiling or spills occur, and when the patient is discharged.
2. Special attention is paid to frequently touched surfaces, especially those in close proximity to the patient.
3. An EPA-approved disinfectant is used for routine cleaning. An appropriate amount of disinfectant is applied to meet required exposure time.
4. In the event that there is evidence of ongoing transmission of an infectious agent (e.g. norovirus, *C. difficile*), a change may be made to a more effective disinfectant (e.g. bleach or sporicidal disinfectant).
5. Cleaning of walls, blinds, and curtains is recommended only if visible soiling has occurred or per infection prevention recommendation.
6. Privacy curtains will be cleaned annually unless visibly soiled or patient has an infectious condition such as *C. Diff* or Norovirus. A cleaning schedule log will be maintained by Environmental Services.

Q. Blood Spill Cleanup

1. Wipe spills of blood or body substances with a hospital-grade disinfectant or a freshly prepared 1:10 bleach solution. Use paper towels and dispose. Gloves are worn for cleanup. Decontaminate area an additional time with a fresh solution of the same disinfectant.
2. Large spills of blood are flooded with a hospital-grade disinfectant or bleach solution. Cleanup is accomplished wearing gloves and using disposable paper towels. Decontaminate area an additional time with a fresh solution of the same disinfectant.

TRANSMISSION-BASED PRECAUTIONS are used in addition to Standard Precautions as defined by the CDC for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens.

- Patients may be placed on transmission-based precautions by the RN without an MD order if infection spread by airborne, droplet, or contact route is known or suspected.
- Isolation may be discontinued based on criteria defined by the CDC (i.e., length of treatment, clinical improvement, etc.). The decision to discontinue isolation is made collaboratively by the physician and nursing.
- Infection Prevention is consulted as needed.
- The duration of transmission-based-precautions for immunosuppressed patients with viral infections will be extended due to prolonged shedding of viral agents that may be transmitted to others.

A. AIRBORNE PRECAUTIONS

Are used for patients who are known or suspected to be infected with infectious agents transmitted by the airborne route from person to person. (Refer to Appendix A - Pathogen Specific Recommendations - attached).

1. Patient Placement

- a. Patient is placed in an airborne infection isolation room (AIIR) with monitored negative air pressure, 6-12 air exchanges per hour, which is exhausted to the outside or filtered with a HEPA filter before being recirculated:
 - i. St. Vincent Hospital (SVGB): (Critical Care Services, use 6ICU rooms 8, 9, 18, 19; 7th floor rooms 709, 711; PICU room 4, PIMCU rooms 5, 6, 7; CVICU room 1 and ED room 3. Patients who require airborne precautions for surgical recovery are recovered in the PACU isolation room.
 - ii. St. Mary's Hospital (SMGB): ED rooms: 5, 6, 7, 12, 14A, 14B, 22, 23, 24; inpatient rooms: 310, 351, 524, and PACU Isolation Room.
 - iii. St. Nicholas Hospital (SNS): ED rooms 4, 12; Inpatient 522, 524; Outpatient 222,422.
 - iv. St. Clare Hospital (SCO): ED Rooms 2, 3; Inpatient Rooms 187-2, 108
- b. The door to the room is kept closed.
- c. Air pressure is monitored daily with a visual indicator (airflow monitor, flutterstrips, or smoke tube) and results are documented in the patient care record.
- d. If the air pressure measurement is not negative, Plant Services and Infection Prevention are notified.
- e. In the event of an outbreak or exposure involving large numbers of patients who require airborne precautions, consult infection prevention staff to assist with patient placement.

2. Respiratory Protection

- a. Wear a fit-tested NIOSH approved N-95 Respirator or PAPR to enter the isolation room of a patient suspected or known to have infectious pulmonary or laryngeal TB, or infected TB skin lesions during procedures that would aerosolize viable organisms (irrigation, I&D, whirlpool treatment). (Visitors are offered a surgical mask). Additional TB Precautions are addressed in the *Infection Prevention - Tuberculosis* policy. Protective attire is kept in anteroom or outside patient room.
- b. Caregivers must be immune to measles to care for patients with measles. Caregivers must be immune to chickenpox to care for patients with chickenpox and shingles. In this case, no respiratory protection is necessary.
- c. Visitors who are not immune to the diseases in (b) who wish to enter wear a regular surgical mask. The mask is applied before entering the patient room.

3. Colleague Restrictions

Susceptible healthcare colleagues (non-immune status) are restricted from entering the rooms of patients known or suspected to have measles (rubeola), chickenpox (varicella), disseminated zoster, or small pox if other immune colleagues are available. If they need to enter room, a fit-tested NIOSH approved N-95 Respirator or PAPR must be worn.

4. Patient Transport

- a. Movement of patients from the isolation room is limited to medically necessary purposes only.
- b. If transport or movement of the patient is necessary, place a standard surgical mask on the patient and instruct on observance of respiratory hygiene/cough etiquette.
- c. For patients with skin lesions caused by mycobacterium tuberculosis (MTB), cover the affected areas to prevent aerosolization or contact with the infectious agent.
- d. Notify the department that receives the patient of the necessary precautions.

- e. Healthcare colleagues transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

5. Patient Supplies

Supplies that are wrapped in an intact package, not visibly soiled and kept in a designated clean area may be removed and used in another room..

6. Exposure Management

Immunization or provision of the appropriate immune globulin will be provided to susceptible persons as soon as possible following unprotected contact (i.e., exposed) to a patient with measles, varicella or smallpox:

- a. Measles vaccine will be administered to exposed susceptible persons within 72 hours after the exposure or, immune globulin within 6 days of the exposure event for high-risk persons in whom vaccine is contraindicated.
- b. Varicella vaccine will be administered to exposed susceptible persons within 120 hours after the exposure or, varicella zoster immune globulin (VZIG or alternative product), when available, within 96 hours for high-risk persons in whom vaccine is contraindicated (e.g., immunocompromised patients, pregnant women, newborns whose mother's varicella onset was <5 days before or within 48 hours after delivery).
- c. Smallpox vaccine to exposed susceptible persons within 4 days after exposure.

7. Airborne precautions are discontinued according to pathogen-specific recommendations in Appendix A.

B. DROPLET PRECAUTIONS

Are used in addition to Standard Precautions for patients with open tracheostomies and when patients are known or suspected to be infected with microorganisms transmitted by respiratory droplets (large particle droplets, > 5 micron in size) that are generated by the patient during coughing, sneezing, talking or during the performance of procedures. (Refer to Appendix A for pathogen specific recommendations).

1. Patient Placement:

- a. Ideally, a single patient room is used.
- b. If a single patient room is not available, the following principles are used in decision-making:
 - i. prioritize patients who have excessive cough and sputum production for single-patient room placement
 - ii. place together in the same room (cohort) patients who are infected with the same pathogen
- c. If it becomes necessary to place patients who require Droplet Precautions in a room with a patient who does not have the same infection:
 - i. avoid placing patients on Droplet Precautions in the same room with patients who are immunocompromised or have anticipated prolonged length of stay
 - ii. provide physical separation by at least 3 feet; draw privacy curtain between beds
 - iii. change protective attire and perform hand hygiene between contact with patients in the same room

2. Mask Use

- a. A regular surgical mask is applied upon entry into the patient room or cubicle when coming within 3 feet of patient.
- b. Visitors wear a surgical mask when visiting within 3 feet of patient.
- c. Masks are kept outside the room or immediately inside room on a clean table.

3. Patient Transport

- a. The movement and transport of patients is limited to medically necessary purposes only.
- b. If the patient must leave the room, the patient wears a surgical mask and is instructed in cough etiquette/respiratory hygiene practices.
- c. No mask is required by staff transporting patients on Droplet Precautions.

d. Notify the department that receives the patient of the necessary precautions.

4. Patient Supplies

Supplies that are wrapped in an intact package, not visibly soiled and kept in a designated clean area may be removed and used in another room.

5. Droplet precautions are discontinued after signs and symptoms have resolved according to pathogen-specific recommendations in Appendix A.

C. CONTACT PRECAUTIONS

In addition to Standard Precautions, Contact Precautions are used for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission.

1. Patient Placement

- a. Place the patient in a single-patient room when possible.
- b. When a single-patient room is not available, apply the following principles to make decisions regarding patient placement:
 - i. prioritize patients with conditions that facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.
 - ii. place together in the same room (cohort) patients who are infected or colonized with the same pathogen.
- c. If it becomes necessary to place a patient who requires contact precautions in a room with a patient who is not infected or colonized with the same infectious agent:
 - i. avoid placing patients on Contact Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection (immunocompromised or invasive catheters, non-intact skin present).
 - ii. ensure that patients are physically separated (i.e., curtain between beds to minimize opportunities for direct contact).
 - iii. ensure that protective attire is changed in between contact and hand hygiene is performed regardless of whether one or both patients are on contact precautions.
- d. If questions regarding the best plan are unresolved, consult with Infection Prevention staff.

2. Gloves and hand hygiene - Perform hand hygiene upon entering room, before donning gloves or gown.

- a. Gloves are worn upon entry of the room or cubicle for performing any task that involves touching patient skin, surfaces and articles in close proximity to the patient.
- b. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material & wound drainage).
- c. Remove gloves before leaving the patient's environment (room or treatment area) and wash hands with soap and water or disinfect hands with alcohol hand sanitizer.
- d. After glove removal and hand hygiene, do not touch environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

3. Gown

- a. A gown is worn to protect skin and clothing from contact with the patient, and potentially contaminated environmental surfaces or equipment in close proximity to the patient.
- b. Don a gown upon entry to the patient room or cubicle after performing hand hygiene.
- c. Remove the gown, perform hand hygiene, before leaving the patient room. Ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganisms to other patients or environmental surfaces.

4. Isolation Supplies - A designated isolation cart outside the patient room is maintained for gowns and gloves.

5. Patient Transport

- a. Transport of the patient is limited to medically-necessary purposes only.
- b. If the patient must be transported, the need for contact precautions is communicated to the destination department(s).
- c. Infected or colonized areas of the patient's body are contained and covered.
- d. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting the patient (after placed in wheelchair or onto stretcher).
- e. Contact isolation patients who are transported out of their room on a stretcher or bed have the patient chart and other supplies located either under the stretcher or on a clean piece of linen on the bed to avoid contamination.
- f. Clean PPE is donned to handle the patient at the transport destination.
- g. At times a long-term patient on contact precautions may be allowed to leave their room for a non-medical reason (i.e. to go to cafeteria, gift shop). In this situation, the following conditions must be met:
 - i. Patient must be continent
 - ii. Wounds must be covered
 - iii. Clothing must be clean
 - iv. Hand hygiene must be performed prior to leaving room

6. Patient Care Equipment and Instruments/Devices

- a. Whenever possible, disposable or dedicated reusable patient care equipment (stethoscopes, B/P cuffs, O2 Sat monitors, etc.) are used until the patient is discharged. If reusable patient care equipment is used, then items are cleaned and disinfected per manufacturer's instructions for use before used on another patient.
- b. When common use of equipment for multiple patients is unavoidable, such equipment is cleaned and disinfected before use on another patient.
- c. Tape from contact isolation rooms should be disposed of or sent home with the patient.
- d. **Supply cabinets should have minimal amount of supplies in them, especially if the cabinet doors are not locked.**
- e. Any left over patient care supplies in room must be disposed of or sent home with patient. If unused supplies can be easily and appropriately wiped with disinfectant wipes, they will be able to be used with another patient.

7. Environmental Control

- a. Environmental surfaces in the patient room are cleaned and disinfected at least daily with focus on frequently-touched surfaces including bed rails, over-bed table, bedside commode, telephone, call buttons, TV controls, bathroom surfaces, doorknobs) and equipment in the immediate vicinity of the patient by the Environmental Services staff.
- b. When possible, only necessary supplies are brought in the patient room to avoid unnecessary contamination.
- c. Avoid touching curtains with contaminated hands.
- d. Curtains are changed when visibly soiled.
- e. Walls are washed when visibly soiled.
- f. After patient discharge, the isolation sign is left posted outside the patient door until Environmental Services colleagues have cleaned the room.

8. Visitors

- a. The most important measure for visitors is hand hygiene before and after visiting the patient. Nursing staff should educate visitors on appropriate hand hygiene methods.
- b. It is not necessary that gloves or gowns be worn unless participation in care is practiced or close contact occurs (holding an infant that may have diarrhea or emesis, etc.).

D. SPECIAL CONTACT PRECAUTIONS

1. Patient Placement - Patients known or suspected to have C. difficile infection or norovirus are placed in a single-patient room.

2. Contact precautions criteria (C. 2-8) are followed with variations listed below.
 - a. Hand hygiene is performed by washing hands with soap and water.
 - b. A sign is placed over alcohol hand sanitizer dispenser that alerts colleague to wash hands with soap and water rather than using alcohol hand sanitizer.
 - c. A “special contact precaution” sign is placed outside the patient room or cubicle indicating the detail of the precautions and cleaning procedures to be followed.
 - d. Cubicle curtains are changed at discharge or transfer.
3. Environmental surfaces are cleaned with 1:10 bleach solution or approved sporicidal disinfectant daily.
4. Visitors are required to wear gowns, gloves and perform hand hygiene with soap and water.

E. SPECIAL AIRBORNE/CONTACT PRECAUTIONS

Are used in addition to standard precautions for patients known or suspected to be infected with infectious agents transmitted by airborne and contact routes. (Refer to Appendix A - Pathogen Specific Recommendations - attached).

1. Patient Placement
 - a. Patient is placed in an airborne infection isolation room (AIIR) with monitored negative air pressure, 6-12 air exchanges per hour which is exhausted to the outside or filtered with a HEPA filter before being recirculated.
 - b. The door to the room is kept closed.
 - c. Air pressure is monitored daily with a visual indicator (airflow monitor, flutter strips or smoke tube) and results are documented in the patient care record).
2. Personal Protective Equipment
 - a. Wear a fit-tested NIOSH-approved N-95 respirator or PAPR to enter the isolation room.
 - b. Goggles are worn to protect mucous membrane surfaces of eyes.
 - c. Gown and gloves are worn to prevent skin and clothing contamination.
3. Patient Transport
 - a. The movement and transport of patients is limited to medically necessary purposes only.
 - b. If the patient must leave the room, place a standard surgical mask on the patient and instruct on observance of respiratory hygiene/cough etiquette.
 - c. Notify colleagues in the destination department of the need for airborne/contact precautions.
 - d. Colleagues don gown, gloves, N-95, and eye protection while moving the patient from their bed to a wheelchair or stretcher.
 - e. After the patient has been moved to the wheelchair or stretcher, the PPE can be removed and hand hygiene performed prior to transport.
 - f. Clean PPE is donned at the destination site by all who will provide care.
4. Guidelines for handling patient care equipment and cleaning the environment are addressed under contact precautions #6 and 7.
5. Visitors are limited to those essential for emotional well-being and support of the patient.

Nursing instructs and assists visitors with donning of gown, gloves, surgical mask, and eye protection.
6. If N-95 shortage exists and direction is received from Wisconsin Department of Health (WDOH) to conserve and reuse, colleagues receive instruction in safe removal and storage of their N-95 (see steps below). This applies when contact transmission is a risk in addition to airborne transmission.

- a. Cover the N-95 with a face shield or surgical mask during use. Remove and discard the face shield or surgical mask immediately before leaving the isolation room. Then remove gown and gloves and perform hand hygiene. Remove the N-95 once outside the isolation room.
- b. The N-95 may be placed in a plastic or paper bag and marked with the user's name to avoid re-use by another person.
- c. The N-95 may be reused until it is visibly soiled, torn or damaged, until it becomes moist from condensation of exhaled air, or until the user can no longer get a good fit when doing a fit check.
- d. The face shield may also be re-used during shortages if it is cleaned and disinfected with an EPA registered hospital approved disinfectant.

F. PROTECTIVE ENVIRONMENT

Definition of protective Environment: A specialized patient-care area with positive air flow relative to the corridor. Combination of high-efficiency particulate air (HEPA) filtration, and air exchanges of > 12/hour, minimal leakage of air into the room, scrubable surfaces that can be cleaned to prevent dust accumulation provide an environment that can safely accommodate patient with a severely compromised immune system.

1. A protective environment may be used for patients with severe prolonged neutropenia (ANC < 1000 for more than one week).
2. To maintain positive pressure, the door to corridor and ante room door are both kept closed. Only one door is open at a time for people and equipment to move in and out.
3. The patient wears a mask when traveling outside of their protected area.
4. Fresh or dried flowers or plants are not allowed in the patient room.

IV. REFERENCES:

- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Setting 2007. Healthcare Infection Control Practices Advisory Committee (HICPAC), U. S. Department of Health & Human Services, CDC. Updated September 2018.
- Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. MMWR 10/25/02, Vol. 51, No. RR-16.
- Guidance for Surveillance, Clinical and Laboratory Evaluation, and Reporting (In the Absence of SARS-CoV Transmission Worldwide), Version 2 (Jan. 21, 2004) www.cdc.gov/ncidod/SARS
- Management of Multidrug-Resistant Organisms in Healthcare Settings 2006, HICPAC, U.S. Department of Health & Human Services, CDC. Last Updated February 17, 2017

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Abscess Draining, major	Contact + Standard	Duration of Illness (with lesions, until wounds stop draining)	Until drainage stops or can be contained by dressing	
Abscess Draining, minor or limited	Standard		Dressing covers and contains drainage	
Acinetobacter baumannii - multi-drug resistant			See multi-drug resistant organisms (MDRO)	
Acquired human immunodeficiency syndrome (HIV)	Standard		Post-exposure chemoprophylaxis for some blood exposures	
Actinomycosis	Standard		Not transmitted from person to person	
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)				
Amebiasis	Standard		Person to person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported [1045]. Use care when handling diapered infants and mentally challenged persons [1046].	
Anthrax	Standard		Infected patients do not generally pose a transmission risk	
Anthrax Cutaneous	Standard		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol based antiseptics since alcohol does not have sporicidal activity [983].	
Anthrax Pulmonary	Standard		Not transmitted from person to person	
Anthrax Environmental: aerosolizable spore-containing powder or other substance		Until environment completely decontaminated	Until decontamination of environment complete [203]. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites --- United States, 2001--2002)	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
			Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores [983]. Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND	
Antibiotic-associated colitis (see <i>Clostridiodes difficile</i>)				
Arthropod-borne • viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and • viral fevers (dengue, yellow fever, Colorado tick fever)	Standard		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally [530, 1047]. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.	
Ascariasis	Standard		Not transmitted from person to person	
Aspergillosis	Standard		Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations required [154].	
Avian influenza (see influenza, avian below)				
Babesiosis	Standard		Not transmitted from person to person except rarely by transfusion.	
Blastomycosis, North American, cutaneous or pulmonary	Standard		Not transmitted from person to person	
Botulism	Standard		Not transmitted from person to person	
Bronchiolitis (see respiratory infections in infants & young children)	Contact + Standard	Duration of Illness	Use mask according to standard precautions	
Brucellosis (undulant, Malta, Mediterranean fever)	Standard		Not transmitted from person to person except rarely via banked spermatozoa and sexual contact [1048, 1049]. Provide antimicrobial prophylaxis following laboratory exposure [1050].	
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)				
Candidiasis, all forms including mucocutaneous, excluding <i>Candida Auris</i>	Standard			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Candida Auris	Standard + Special Contact		Bleach or sporicidal environmental cleaning
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard		Not transmitted from person to person
Cellulitis	Standard		
Chancroid (soft chancre) (<i>H. ducreyi</i>)	Standard		Transmitted sexually from person to person
Chickenpox (see >varicella)			
<i>Chlamydia trachomatis</i> Conjunctivitis	Standard		
<i>Chlamydia trachomatis</i> Genital (lymphogranuloma venereum)	Standard		
<i>Chlamydia trachomatis</i> Pneumonia (infants ≤ 3 mos. of age)	Standard		
<i>Chlamydia pneumoniae</i>	Standard		Outbreaks in institutionalized populations reported, rarely
Cholera (see gastroenteritis)			
Closed-cavity infection Open drain in place; limited or minor drainage	Standard		Contact Precautions if there is copious uncontained drainage
Closed-cavity infection No drain or closed drainage system in place	Standard		
<i>Clostridium</i>			
<i>Clostridium botulinum</i>	Standard		Not transmitted from person to person
<i>Clostridioides difficile</i> (see Gastroenteritis, <i>C. difficile</i>)	Special Contact	See comments	Continue entire hospital stay
<i>Clostridium perfringens</i> Food poisoning	Standard		Not transmitted from person to person
<i>Clostridium perfringens</i> Gas gangrene	Standard		Transmission from person to person rare; one outbreak in a surgical setting reported [1053]. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever) Draining lesions	Standard		Not transmitted from person to person except under extraordinary circumstances because the infectious

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
				arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans [1054].
Coccidioidomycosis (valley fever) Pneumonia	Standard			Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans [1054, 1055]. Not transmitted from person to person except under extraordinary circumstances
Colorado tick fever	Standard			Not transmitted from person to person
Congenital rubella	Contact + Standard	Until 1 yr of age		Standard Precautions if nasopharyngeal & urine cultures repeatedly neg. after 3 mos. of age
Conjunctivitis Acute bacterial	Standard			
Conjunctivitis Acute bacterial <i>Chlamydia</i>	Standard			
Conjunctivitis Acute bacterial <i>Gonococcal</i>	Standard			
Conjunctivitis Acute viral (acute hemorrhagic)	Contact + Standard	Duration of Illness		Adenovirus most common; enterovirus 70 [1056], Coxsackie virus A24 [1057] also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings. [460, 814, 1058, 1059 461, 1060].
Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)				
Coxsackie virus disease (see enteroviral infection)				
Creutzfeldt-Jakob disease	Standard			Refer to policy on CJD

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
CJD, v CJD			
Croup (see respiratory infections in infants & young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	Standard		
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant [1062, 1063]
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	Standard		Not transmitted from person to person
Cytomegalovirus infections, including in neonates & immunosuppressed patients	Standard		No additional precautions for pregnant HCWs
Decubitus ulcer (see Pressure ulcer)			
Dengue fever	Standard		Not transmitted from person to person
Diarrhea, acute-infective etiology suspected (see gastroenteritis)			
Diphtheria Cutaneous	Contact + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hrs. apart negative
Diphtheria Pharyngeal	Droplet + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hrs. apart negative
Ebola virus (see viral hemorrhagic fevers)			Ebola Virus Disease for Healthcare Workers [2014]: Updated recommendations for healthcare workers can be found at Ebola: for Clinicians (https://www.cdc.gov/vhf/ebola/clinicians/index.html accessed September 2018).
Echinococcosis (hydatidosis)	Standard		Not transmitted from person to person
Echovirus (see enteroviral infections)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (endomyometritis)	Standard		
Enterobiasis (pinworm disease, oxyuriasis)	Standard		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i> , gastroenteritis)			
Enteroviral infections (i.e., Group A & B Coxsackie viruses & Echo viruses) (excludes polio virus)	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness and to control outbreaks
Epiglottitis, due to <i>Haemophilus influenzae type b</i>	Droplet + Standard	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies)
Epstein-Barr virus infections, including infectious mononucleosis	Standard		
Erythema infectiosum (also see Parvovirus B 19)			
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Food poisoning			
Food poisoning Botulism	Standard		Not transmitted from person to person
Food poisoning <i>C. perfringens or welchii</i>	Standard		Not transmitted from person to person
Food poisoning Staphylococcal	Standard		Not transmitted from person to person
Furunculosis, staphylococcal	Standard		Contact Precautions if drainage not controlled or if MRSA
Furunculosis Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		Not transmitted from person to person

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Gastroenteritis	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below
Gastroenteritis Adenovirus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis <i>Campylobacter</i> species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Cholera (<i>Vibrio cholerae</i>)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis <i>C. difficile</i>	Special Contact	See comments	Do not share electronic thermometers; consistent environmental cleaning & disinfection; hypochlorite cleaning; hand hygiene with soap & water. Continue precautions after colectomy entire hospital stay. Continue precautions entire hospital stay.
Gastroenteritis Cryptosporidium species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis E. coli Enteropathogenic O157:H7 and other shiga toxin-producing strains	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis E. coli Other species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis <i>Giardia lamblia</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Noroviruses	Special Contact & Droplet	Until minimum 48 hours after resolution of symptoms	Wear a mask with eye protection for patient care if anticipated splash during vomiting or cleanup of emesis or stool since virus can be aerosolized from these body substances. Bleach or sporicidal is recommended for cleaning.
Gastroenteritis Rotavirus	Contact + Standard	Duration of Illness	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
			occur in both immunocompetent and immunocompromised children and the elderly.	
Gastroenteritis Salmonella species (including <i>S. typhi</i>)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Gastroenteritis Shigella species (Bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Gastroenteritis Vibrio parahaemolyticus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Gastroenteritis Viral (if not covered elsewhere)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks	
Gastroenteritis <i>Yersinia enterocolitica</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness	
German measles (see rubella; see congenital rubella)				
Giardiasis (see gastroenteritis)				
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	Standard			
Gonorrhea	Standard			
Granuloma inguinale (Donovanosis, granuloma venereum)	Standard			
Guillain-Barre' syndrome	Standard		Not an infectious condition	
<i>Haemophilus influenzae</i> (see disease-specific recommendations)				
Hand, foot, and mouth disease (see Enteroviral Infection)				
Hansen's Disease (see Leprosy)				
Hantavirus pulmonary syndrome	Standard		Not transmitted from person to person	
Helicobacter pylori	Standard			
Hepatitis, viral Type A	Standard		Provide hepatitis A vaccine post-exposure as recommended	
Hepatitis, viral Type A-Diapered or incontinent patients	Contact + Standard		Maintain Contact precautions in infants & children <3 years of age for duration of hospitalization; for children 3-14 yrs of age for 2 weeks after onset of symptoms; >14 yrs of age for 1 week after onset of symptoms	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Hepatitis, viral Type B-HBsAg positive; acute or chronic	Standard		See specific recommendations for care of patients in hemodialysis centers
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard		See specific recommendations for care of patients in hemodialysis centers
Hepatitis, viral Type D (seen only with hepatitis B)	Standard		
Hepatitis, viral Type E	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness
Hepatitis, viral Type G	Standard		
Herpangina (see enteroviral infection)			
Hookworm	Standard		
Herpes simplex (Herpesvirus hominis) Encephalitis	Standard		
Herpes simplex (Herpesvirus hominis) Mucocutaneous, disseminated or primary, severe	Contact + Standard	Until lesions dry & crusted	
Herpes simplex (Herpesvirus hominis) Neonatal	Contact + Standard	Until lesions dry & crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section & if mother has active infection & membranes have been ruptured for more than 4-6 hrs until infant surface cultures obtained at 24-36 hrs of age negative after 48 hr incubation
Herpes zoster (varicella-zoster) (shingles) Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne* + Contact + Standard	Duration of Illness	➤ Airborne Isolation Room required, however a respirator is not required. Susceptible Health Care Workers should not enter room if immune caregivers are available; if must enter room wear a surgical mask
Herpes zoster (varicella-zoster) (shingles) Localized in patient with intact immune system with lesions that can be contained/covered	Standard	Duration of illness (with wound lesions, until wounds stop draining)	Susceptible HCWs should not provide direct patient care when other immune caregivers are available
Histoplasmosis	Standard		Not transmitted person to person

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
Human immunodeficiency virus (HIV)	Standard		Post-exposure chemoprophylaxis for some blood exposures
Human metapneumovirus	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	HAI reported , but route of transmission not established. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.
Impetigo	Contact + Standard	Until 24 hours after initiation of effective therapy	
Infectious mononucleosis	Standard		
Influenza			
Influenza Human (seasonal influenza)	Droplet	7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility	See Prevention Strategies for Seasonal Influenza in Healthcare Settings (https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm accessed September 2018). [Current version of this document may differ from original.] for current seasonal influenza guidance.
Influenza Avian (e.g., H5N1, H7, H9 strains)			See [This link is no longer active: www.cdc.gov/flu/avian/professional/infect-control.htm . Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infection-

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
			control.htm accessed September 2018)] for current avian influenza guidance.	
Influenza Pandemic influenza (also a human influenza virus)	Droplet + Standard	7 days from onset of symptoms	See [This link is no longer active: http://www.pandemicflu.gov . Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm accessed September 2018)] for current pandemic influenza guidance.	
Kawasaki syndrome	Standard		Not an infectious condition	
Lassa fever (see viral hemorrhagic fevers)				
Legionnaires' disease	Standard		Not transmitted from person to person	
Leprosy	Standard			
Leptospirosis	Standard		Not transmitted from person to person	
Lice Head (pediculosis)	Contact + Standard	Until 24 hours after initiation of effective therapy	See CDC's Parasites-Lice (assessed September 2018)	
Lice Body	Standard		Transmitted person-to-person through infested clothing. Wear gown and gloves when removing clothing according to CDC's Parasites-Lice (assessed September 2018)	
Lice Pubic	Standard		Transmitted person-to-person through sexual contactSee CDC's Parasites-Lice (assessed September 2018)	
Listeriosis (listeria monocytogenes)	Standard		Person-to-person transmission rare; cross-transmission in neonatal settings reported	
Lyme disease	Standard		Not transmitted from person to person	
Lymphocytic choriomeningitis	Standard		Not transmitted from person to person	
Lymphogranuloma verereum	Standard			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Malaria	Standard		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care.	
Marburg virus disease (see viral hemorrhagic fevers)				
Measles (rubeola)	Airborne + Standard*	4 days after onset of rash; duration of illness (with wound lesions, until wounds stop draining) in immune compromised	<p>➤ Airborne Isolation Room required, however a respirator is not required.</p> <p>Interim Measles Infection Control [July 2019] See Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings (https://www.cdc.gov/infectioncontrol/guidelines/measles) Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available [17, 1032, 1034]. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel.</p>	
Melioidosis, all forms	Standard		Not transmitted from person to person	
Meningitis Aseptic (nonbacterial or viral; also see enteroviral infections)	Standard		Contact for infants & small children	
Meningitis Bacterial, gram-negative enteric, in neonates	Standard			
Meningitis Fungal	Standard			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Meningitis <i>Haemophilus influenzae</i> , type b known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Meningitis <i>Listeria monocytogenes</i> (see Listeriosis)	Standard		
Meningitis <i>Neisseria meningitides</i> (meningococcal) known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	See meningococcal disease below
Meningitis <i>Streptococcus pneumoniae</i>	Standard		
Meningitis <i>M. tuberculosis</i>	Standard		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and /or Airborne Precautions; for children, airborne precautions until active tuberculosis ruled out in visiting family members
Meningitis Other diagnosed bacterial	Standard		
Meningococcal disease: sepsis, pneumonia, meningitis	Droplet + Standard	Until 24 hours after initiation of effective therapy	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks
Molluscum contagiosum	Standard		
Monkeypox	Airborne* + Contact + Standard	Airborne-Until monkeypox confirmed and smallpox excluded Contact-Until lesions crusted	➤ Airborne Isolation Room required. Respirator required. See CDC’s Monkeypox website (assessed September 2018) Transmission in hospital settings unlikely. Pre- and post-exposure smallpox vaccine recommended for exposed HCWs.
Mucormycosis	Standard		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., CRE, MRSA, VRE, VISA/VRSA, ESBLs, MDR-ACB)	Contact + Standard		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
			recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings. See recommendations for management options in Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006 (https://www.cdc.gov/infectioncontrol/guidelines/mdro/ accessed May 2016) [870]. Contact state health department for guidance regarding new or emerging MDRO.
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	<p>Mumps Update [October 2017]: The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on a 2008 MMWR report: Updated Recommendations for Isolation of Persons with Mumps. (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5740a3.htm accessed September 2018).</p> <p>After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. The below note has been superseded by the above recommendation update</p> <p>Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.)</p>

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person	
Mycobacteria, nontuberculosis (atypical) Pulmonary	Standard			
Mycobacteria, nontuberculosis (atypical) Wound	Standard			
Mycoplasma pneumonia	Droplet + Standard	Duration of Illness		
Necrotizing enterocolitis	Standard		Contact Precautions when cases clustered temporally	
Nocardiosis, draining lesions, or other presentations	Standard		Not transmitted person-to-person	
Norovirus (see gastroenteritis)				
Norwalk agent gastroenteritis (see gastroenteritis)				
Orf	Standard			
Parainfluenza virus infection, respiratory in infants & young children	Contact + Standard	Duration of Illness	Viral shedding may be prolonged in immunosuppressed patients.	
Parvovirus B 19 (Erythema infectiosum)	Droplet + Standard		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred	
Pediculosis (lice)	Contact + Standard	Until 24 hours after initiation of effective therapy after treatment	See CDC's Parasites-Lice (assessed September 2018)	
Pertussis (whooping cough)	Droplet + Standard	Until 5 days after initiation of effective antibiotic therapy	Single patient room preferred. Cohorting an option. Postexposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions [863]. Recommendations for Tdap vaccine in adults under development. Tdap Vaccine Recommendations Update [2018]: Current recommendations can be found at Tdap / Td ACIP Vaccine Recommendations	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
			(https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html accessed September 2018).
Pinworm infection (Enterobiasis)	Standard		
Plague (Yersinia pestis) Bubonic	Standard		
Plague (Yersinia pestis) Pneumonic	Droplet + Standard	Until 48 hrs	Antimicrobial prophylaxis for exposed HCW
Pneumonia Adenovirus	Droplet + Contact + Standard	Duration of Illness	In immunocompromised hosts, extend duration of Droplet & Contact Precautions due to prolonged shedding of virus
Pneumonia Bacterial not listed elsewhere (including gram-negative bacterial)	Standard		
Pneumonia <i>B. cepacia</i> in patients with CF, including respiratory tract colonization	Contact + Standard	Unknown	Avoid exposure to other persons with CF; private room preferred.
Pneumonia Chlamydia	Standard		
Pneumonia Fungal	Standard		
Pneumonia Haemophilus influenzae, type B Adults	Standard		
Pneumonia Haemophilus influenzae, type B Infants and children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Pneumonia <i>Legionella spp.</i>	Standard		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Pneumonia Meningococcal	Droplet + Standard	Until 24 hours after initiation of effective therapy	See meningococcal disease above	
Pneumonia Multidrug-resistant bacterial(see multidrug-resistant organisms)				
Pneumonia <i>Mycoplasma</i> (primary atypical pneumonia)	Droplet	Duration of Illness		
Pneumonia Pneumococcal pneumonia	Standard		Use Droplet Precautions if evidence of transmission within a patient care unit or facility	
Pneumonia <i>Pneumocystitis jiroveci (Pneumocystis carinii)</i>	Standard		Avoid placing in same room with immunocompromised patient	
Pneumonia <i>Staphylococcus aureus</i>	Standard		For MRSA, see MDROs	
Pneumonia <i>Streptococcus</i> , group A Adults	Droplet + Standard	Until 24 hours after initiation of effective therapy	See streptococcal disease (group A streptococcus) below Contact Precautions if skin lesions present	
Pneumonia, <i>Streptococcus</i> , group A Infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present	
Pneumonia Varicella zoster (See Varicella-Zoster)				
Pneumonia Viral Adults	Standard, Droplet if Influenza suspected			
Pneumonia, Viral Infants and young children (see respiratory	Contact if RSV suspected; Droplet if			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
infectious disease, acute, or specific viral agent)	influenza suspected		
Poliomyelitis	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	
Pressure ulcer (decubitus ulcer, pressure sore) infected Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Pressure ulcer (decubitus ulcer, pressure sore) infected Minor or limited	Standard		If dressing covers and contains drainage
Prion disease (see Creutzfeld-Jacob Disease)			
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)	Standard		Not transmitted from person to person
Q fever	Standard		
Rabies	Standard		Person to person transmission rare; if patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post-exposure prophylaxis
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	Standard		Not transmitted from person to person
Relapsing fever	Standard		Not transmitted from person to person
Resistant bacterial infection or colonization (see multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere) Adults	Standard		
	Contact + Standard	Duration of illness (with	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
Respiratory infectious disease, acute (if not covered elsewhere) Infants and young children		wound lesions, until wounds stop draining)	
Respiratory syncytial virus (RSV) ** ALL patient population	Contact + Droplet + Standard	Duration of illness (with wound lesions, until wounds stop draining) Until discharge from NICU	
Reye's syndrome	Standard		Not an infectious condition
Rheumatic fever	Standard		Not an infectious condition
Rhinovirus	Droplet + Standard	Duration of illness (with wound lesions, until wounds stop draining)	Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants)
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	Standard		Not transmitted from person to person
Rickettsialpox (vesicular rickettsiosis)	Standard		Not transmitted from person to person
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Rarely, outbreaks have occurred in healthcare settings. Use Contact Precautions if outbreak occurs
Ritter's disease (staphylococcal scalded skin syndrome)	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	See staphylococcal disease, scalded skin syndrome below)
Rocky Mountain spotted fever	Standard		Not transmitted from person to person
Roseola infantum (exanthem subitum; caused by HHV-6)	Standard		
Rotavirus infection (see gastroenteritis)			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Rubella (German measles) (also, see congenital rubella)	Droplet + Standard	Until 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. Pregnant women who are not immune should not care for these patients. Place exposed susceptible patients on Droplet Precautions
Rubeola (see measles)			
Salmonellosis (see gastroenteritis)			
Scabies	Contact + Standard	U 24 hrs	
Scalded skin syndrome, staphylococcal	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	See staphylococcal disease, scalded skin syndrome below
Schistosomiasis (bilharziasis)	Standard		
Severe acute respiratory syndrome (SARS)	Airborne + Droplet + Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining) plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	➤ Airborne Isolation Room Required. Respirator Required. N95 or higher respiratory protection required. Wear goggles, face shield during aerosol-generating procedures. Vigilant environmental disinfection Similar information may be found at CDC Severe Acute Respiratory Syndrome (SARS), (assessed September 2018)
Shigellosis (see gastroenteritis)			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Smallpox (variola; see vaccinia for management of vaccinated persons)	Airborne + Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	<p>➤ Airborne Isolation Required. N95 or higher respiratory protection for susceptible & successfully vaccinated individuals.</p> <p>Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available.</p>	
Sporotrichosis	Standard			
<i>Spirillum minor</i> disease (rate-bite fever)	Standard		Not transmitted from person to person	
Staphylococcal disease (<i>S. aureus</i>) Skin, wound, or burn Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	No dressing or dressing does not contain drainage adequately	
Staphylococcal disease (<i>S. aureus</i>) Skin, wound, or burn Minor or limited	Standard		Dressing covers and contains drainage adequately	
Staphylococcal disease (<i>S. aureus</i>) Enterocolitis	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness	
Staphylococcal disease (<i>S. aureus</i>) Multidrug-resistant (see multidrug-resistant organisms)				
Staphylococcal disease (<i>S. aureus</i>) Pneumonia	Standard			
Staphylococcal disease (<i>S. aureus</i>) Scalded skin syndrome	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	Consider healthcare personnel as potential source of nursery, NICU outbreak	
Staphylococcal disease (<i>S. aureus</i>) Toxic shock syndrome	Standard			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
<i>Streptobacillus monilliformis</i> disease (rat-bite fever)	Standard		Not transmitted from person to person
Streptococcal disease (group A streptococcus) Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	No dressing or dressing does not contain drainage
Streptococcal disease (group A streptococcus) Skin, wound, or burn Minor or limited	Standard		Dressing covers and contains drainage adequately
Streptococcal disease (group A streptococcus) Endometritis (puerperal sepsis)	Standard		
Streptococcal disease (group A streptococcus) Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A streptococcus) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A streptococcus) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A streptococcus) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions for draining wounds as above
Streptococcal disease (group B streptococcus), neonatal	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere Multidrug-resistant (see multidrug-resistant organisms)	Standard		
Strongyloidiasis	Standard		
Syphilis	Standard		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Latent (tertiary) and seropositivity without lesions			
Syphilis Skin and mucous membrane, including congenital, primary, secondary	Standard		
Tapeworm disease <i>Hymenolepis nana</i>	Standard		Not transmitted from person to person
Tapeworm disease <i>Taenia solium</i> (pork)	Standard		Not transmitted from person to person
Tapeworm disease Other	Standard		Not transmitted from person to person
Tetanus	Standard		Not transmitted from person to person
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person-to-person transmission
Toxoplasmosis	Standard		Transmission from person to person rare
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	Standard		Droplet Precautions for first 24 hours after implementation of antibiotic therapy if Group A strep suspected
Trachoma, acute	Standard		
Transmissible spongiform encephalopathy (see Creutzfeldt-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	Standard		
Trichinosis	Standard		
Trichomoniasis	Standard		
Trichuriasis (whipworm disease)	Standard		
Tuberculosis (<i>M. tuberculosis</i>) Extra pulmonary, draining lesion	Airborne + Contact + Standard		➤ Airborne Isolation Room Required. Respirator Required. Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Tuberculosis (<i>M. tuberculosis</i>) Extra pulmonary, no draining lesion, meningitis	Standard		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family member ruled out.
Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, confirmed	Airborne + Standard		➤ Airborne Isolation Room Required. Respirator Required. Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days or, if unable to obtain sputum, has had 2 weeks of 3 or 4 drug therapy and clinical improvement. (MMWR 2005: 54: RR-17 Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care settings , 2005) (assessed September 2018)
Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, suspected	Airborne + Standard		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1. there is another diagnosis that explains the clinical syndrome or 2. the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen
Tuberculosis (<i>M. tuberculosis</i>) Skin-test or TB blood assay positive with no evidence of current active disease	Standard		
Tularemia Draining lesion	Standard		Not transmitted from person to person
Tularemia Pulmonary	Standard		Not transmitted from person to person
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)			
Typhus <i>Rickettsia prowazekii</i> (Epidemic or Louse-borne typhus)	Standard		Transmitted from person to person through close personal or clothing contact
Typhus <i>Rickettsia typhi</i>	Standard		Not transmitted from person to person

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard			
Vaccinia (vaccination site, adverse event following vaccination)*			Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care	
Vaccinia Vaccination site care (including autoinoculated areas)	Standard		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, about 3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes	
Vaccinia (adverse events following vaccination) Eczema vaccinatum	Contact + Standard	Until lesions dry & crusted, scabs separated	For contact with virus-containing lesions and exudative material	
Vaccinia (adverse events following vaccination) Fetal vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material	
Vaccinia Generalized vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material	
Vaccinia Progressive vaccinia	Contact + Standard		For contact with virus-containing lesions and exudative material	
Vaccinia VacciniaPostvaccinia encephalitis	Standard			
Vaccinia Blepharitis or conjunctivitis	Contact + Standard		Use Contact Precautions if copious drainage	
Vaccinia Iritis or keratitis	Standard			
Vaccinia	Standard		Not an infectious condition	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions		
	Type *	Duration ♦	Comments	
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)				
Vaccinia Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	Standard + Contact		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage	
Varicella Zoster	Airborne + Contact + Standard	Until lesions dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection, i.e., surgical mask or respirator for susceptible HCWs. In immunocompromised host with varicella Pneumonia, prolong duration of precautions for duration of illness. Post-exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5days before delivery or within 48 hours after delivery) provide VZIG, when available, within 96 hours; if unavailable, use IVIG, Use Airborne for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received VZIG, regardless of postexposure vaccination	
Variola (see smallpox)				
<i>Vibrio parahaemolyticus</i> (see gastroenteritis)				
Vincent's angina (trench mouth)	Standard			
Viral hemorrhagic fevers Due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Standard + Droplet + Contact *Airborne	Duration of illness (with wound lesions, until wounds stop draining)	Single-patient room required Barrier protection against blood and body fluids upon entry into room: <ul style="list-style-type: none"> • Double gloves • Fluid-resistant or impermeable gown • PAPR or N95 • Boot Covers 	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition		Precautions	
	Type *	Duration ♦	Comments
			<ul style="list-style-type: none"> • Surgical Hood • Fluid-resistant apron for contact with body fluids • Appropriate waste handling per CDC and contracted waste handling guidelines • Dedicated equipment such as stethoscopes, thermometers, BP cuffs <p>*Strongly consider airborne isolation precautions as well (negative pressure room) immediate upon patient presentation</p> <p>Ebola Virus Disease Update [2014]: Updated recommendations for healthcare workers can be found at Ebola for Clinicians (assessed September 2018)</p>
Viral respiratory diseases (not covered elsewhere) Adults	Standard		
Viral respiratory diseases (not covered elsewhere)Infants and young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections Major	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	No dressing or dressing does not contain drainage adequately
Wound infections Minor or limited	Standard		Dressing covers and contains drainage adequately
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	Duration ♦	Comments
Zygomycosis (phycomycosis, mucormycosis)	Standard		Not transmitted person-to-person

RESPIRATORY PCR PANEL ISOLATION REQUIREMENTS

VIRUS	ISOLATION	DURATION	NOTES
Adenovirus	Droplet, Contact	Duration of Illness	In immunocompromised hosts, extend duration of Droplet & Contact Precautions due to prolonged shedding of virus
Coronavirus 229E	Adults--standard Infants and young children--Contact	Duration of Illness	
Coronavirus HKU1	Adults--standard Infants and young children--Contact	Duration of Illness	
Coronavirus NL63	Adults--standard Infants and young children--Contact	Duration of Illness	
Coronavirus OC43	Adults--standard Infants and young children--Contact	Duration of Illness	
Metapneumovirus	Contact	Duration of Illness	
Rhinovirus/Enterovirus	Droplet	Duration of Illness	Add Contact Precautions if copious moist secretions and close contact likely to occur (e. g., young infants)
Influenza A	Droplet	7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility Duration of Illness in immunocompromised patient	
Influenza B	Droplet	7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility Duration of Illness in immunocompromised patient	
Parainfluenza 1	Contact in infants and young children	Duration of Illness	
Parainfluenza 2	Contact in infants and young children	Duration of Illness	
Parainfluenza 3	Contact in infants and young children	Duration of Illness	
Parainfluenza 4	Contact in infants and young children	Duration of Illness	

	Contact and droplet on ALL patient populations	Duration of Illness	Until discharge from NICU
RSV **			
Bordetella Pertussis	Droplet	U 5 days	Single patient room preferred
Chlamydia Pneumoniae	Standard		
Mycoplasma Pneumoniae	Droplet	Duration of Illness	

** Per HSHS EWD Infectious Disease Medical Director decision for more stringent isolation than CDC required