HSHS St. Vincent
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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**	**ORIGINATING DEPARTMENT:** Infection Prevention
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.

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.
    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. <u>Gloves are worn for cleanup</u>. 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 <u>wearing gloves</u> 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.

- Order for isolation and documentation of isolation initiation in the medical record must be done immediately upon notification OR upon suspicion of highly transmissible or epidemiologically important pathogens.
- 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 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 baumanni - multi-drug resistant			See multi-drug resistant organisms (MDRO)
Acquired human immunodeficiency syndrome (HIV)	**Standard**		Post-exposure chemopropylaxis 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% chlorhexidene 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 *Clostridiodes difficile*)			
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].
Campylobacter gastroenteritis (see gastroenteritis)			
Candidiasis, all forms including mucocutaneous, excluding Candidas Auris	**Standard**		

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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) (H. ducreyi)	**Standard**		Transmitted sexually from person to person
Chickenpox (see >varicella)			
Chlamydia trachomatis Conjunctivitis	**Standard**		
Chlamydia trachomatis Genital (lymphogranuloma venereum)	**Standard**		
Chlamydia trachomatis Pneumonia (infants ≤ 3 mos. of age)	**Standard**		
Chlamydia pneumoniae	**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**		
Clostridium			
Clostridium *botulinum*	**Standard**		Not transmitted from person to person
Clostridioides *difficile* (see Gastroenteritis, *C. difficile*)	**Special Contact**	**See comments**	Continue entire hospital stay
Clostridium *perfringens* *Food poisoning*	**Standard**		Not transmitted from person to person
Clostridium perfringens 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

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
			arthroconidial form of Coccidioides immitis 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 Coccidioides immitis 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 *Chlamydia*	**Standard**		
Conjunctivitis Acute bacterial *Gonococcal*	**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 and SARS-CoV2) (see severe acute respiratory syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease	**Standard**		Refer to policy on CJD

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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**		

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, *C. difficile* (see *C. difficile*, 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 *Haemophilus influenzae type b*	**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)			
Escherichia coli gastroenteritis (see gastroenteritis)			
Food poisoning			
Food poisoning Botulism	**Standard**		Not transmitted from person to person
Food poisoning *C. perfringens or welchii*	**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

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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 *Campylobacter* species	**Standard**		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Cholera (*Vibrio cholerae*)	**Standard**		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis *C. difficile*	**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 *Giardia lamblia*	**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

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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 S. typhi)	**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 *Yersinia enterocolitica*	**Standard**		Use Contact Precautions for diapered or incontinent persons for the duration of illness
German measles (see rubella; see congenital rubella)			
Giardiasis (see gastroentereitis)			
Gonococcal ophthalmia neonatorum (gonorrheal opththalmia, acute conjunctivitis of newborn)	**Standard**		
Gonorrhea	**Standard**		
Granuloma inguinale(Donovanosis, granuloma venereum)	**Standard**		
Guillain-Barre' syndrome	**Standard**		Not an infectious condition
Haemophilus influenzae (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

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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
Human immunodeficiency virus (HIV)	**Standard**		Post-exposure chemoprophylaxis for some blood exposures

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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-control.htm accessed September 2018)] for current avian influenza guidance.

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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**		
Malaria	**Standard**		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care.

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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**	**Airborne Isolation Room required, however a respirator is not required.** 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.
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**		
Meningitis *Haemophilus influenza*e, type b known or suspected	**Droplet + Standard**	**Until 24 hours after initiation of effective therapy**	
Meningitis *Listeria monocytogenes* (see Listeriosis)	**Standard**		

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Meningitis *Neisseria meningitides* (meningococcal) known or suspected	**Droplet + Standard**	**Until 24 hours after initiation of effective therapy**	See meningococcal disease below
Meningitis *Streptococcus pneumoniae*	**Standard**		
Meningitis *M. tuberculosis*	**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. **FOR Eastern Wisconsin, MRSA requires Contact Precautions when the patient has open, draining and/or weeping wounds despite date of identification.** Contact Precautions 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

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
			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**	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). 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 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.)
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person
Mycobacteria, nontuberculosis (atypical) Pulmonary	**Standard**		
Mycobacteria, nontuberculosis (atypical) Wound	**Standard**		

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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 (https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html accessed September 2018).
Pinworm infection (Enterobiasis)	**Standard**		
Plague (Yersinia pestis) Bubonic	**Standard**		

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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 *B. cepacia* 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 *Legionella spp.*	**Standard**		
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 *Mycoplasma* (primary atypical pneumonia)	**Droplet**	**Duration of Illness**	

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Pneumonia Pneumococcal pneumonia	**Standard**		Use Droplet Precautions if evidence of transmission within a patient care unit or facility
Pneumonia *Pneumocystitis jiroveci (Pneumocystis carinii)*	**Standard**		Avoid placing in same room with immunocompromised patient
Pneumonia *Staphylococcus aureus*	**Standard**		For MRSA, see MDROs
Pneumonia *Streptococcus*, 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, *Streptococcus*, 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 infectious disease, acute, or specific viral agent)	**Contact if RSV suspected; Droplet if influenza suspected**		
Poliomyelitis	**Contact + Standard**	**Duration of illness (with wound lesions, until wounds stop draining)**	

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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) (*Chlamydia psittaci*)	**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 (*Streptobacillus moniliformis* disease, *Spirllum minus* 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**		
Respiratory infectious disease, acute (if not covered elsewhere) **Infants and young children**	**Contact + Standard**	**Duration of illness (with 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)**	

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Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
		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 subiturn; caused by HHV-6)	**Standard**		
Rotavirus infection (see gastroenteritis)			
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,**	See staphylococcal disease, scalded skin syndrome below

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
		until wounds stop draining)	
Schistosomiasis (bilharziasis)	**Standard**		
Severe acute respiratory syndrome (SARS)	**Airborne + Droplet + Contact + Standard with eye protection**	**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)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	**Airborne + Contact + Standard**	**Duration of illness (with wound lesions, until wounds stop draining)**	**Airborne Isolation Required. N95 or higher respiratory protection for susceptible & successfully vaccinated individuals.** Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available.
Sporotrichosis	**Standard**		
Spirillum minor disease (rate-bite fever)	**Standard**		Not transmitted from person to person
Staphylococcal disease (S. aureus) 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 (S. aureus)	**Standard**		Dressing covers and contains drainage adequately

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Skin, wound, or burn Minor or limited			
Staphylococcal disease (S. aureus) Enterocolitis	**Standard**		Use Contact Precautions for diapered or incontinent children for duration of illness
Staphylococcal disease (S. aureus) Multidrug-resistant (see multidrug-resistant organisms)			
Staphylococcal disease (S. aureus) Pneumonia	**Standard**		
Staphylococcal disease (S. aureus) 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 (S. aureus) Toxic shock syndrome	**Standard**		
Streptobacillus monilliformis 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**	

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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 Latent (tertiary) and seropositivity without lesions	**Standard**		
Syphilis Skin and mucous membrane, including congenital, primary, secondary	**Standard**		
Tapeworm disease *Hymenolepsis nana*	**Standard**		Not transmitted from person to person
Tapeworm disease *Taenia solium* (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**		

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	**Standard**		
Trichinosis	**Standard**		
Trichomoniasis	**Standard**		
Trichuriasis (whipworm disease)	**Standard**		
Tuberculosis (M. tuberculosis) 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
Tuberculosis (M. tuberculosis) 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 (M. tuberculosis) 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 turberculosis in Health-Care settings , 2005) (assessed September 2018)
Tuberculosis (M. tuberculosis) 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

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Tuberculosis (M. tuberculosis) 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 (*Salmonella typhi*) fever (see gastroenteritis)			
Typhus *Rickettsia prowazekee* (Epidemic or Louse-borne typhus)	**Standard**		Transmitted from person to person through close personal or clothing contact
Typhus *Rickettsia typhi*	**Standard**		Not transmitted from person to person
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

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TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
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 Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	**Standard**		Not an infectious condition
Vaccinia Secondary bacterial infection (e.g., S. aureus, 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

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
Variola (see smallpox)			
Vibrio parahaemolyticus (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: • Double gloves • Fluid-resistant or impermeable gown • PAPR or N95 • Boot Covers • Surgical Hood • Fluid-resistant apron for contact with body fluids • Appropriate waste handling per CDC and contracted waste handing guidelines • Dedicated equipment such as stethoscopes, thermometers, BP cuffs *Strongly consider airborne isolation precautions as well (negative pressure room) immediate upon patient presentation Ebola Virus Disease Update [2014]: Updated recommendations for healthcare workers can be found at Ebola for Clinicians (assessed September 2018)
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,**	No dressing or dressing does not contain drainage adequately

APPENDIX A

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Precautions		
	Type *	**Duration ♦**	**Comments**
		until wounds stop draining)	
Wound infections Minor or limited	**Standard**		Dressing covers and contains drainage adequately
Yersinia enterocolitica gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			
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**	

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

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