

PROCEDURE: ISOLATION PRECAUTIONS GUIDELINES SUBJECT: SURVEILLANCE, PREVENTION AND CONTROL OF INFECTION		PROCEDURE NO. <u>106.028</u>	PAGE 1 of 29
DEPARTMENT: ADMINISTRATION AFFECTS: ALL DEPARTMENTS	EFFECTIVE DATE: 9/96	REVISION DATES: 12/99, 05/06, 09/08, 07/11	
APPROVED BY: Infection Control Committee Chair: _____ Administrator: _____		REVIEW DATES:	

Isolation Precautions are used to care for the patient with a transmissible infectious agent. The purpose of the Isolation Precautions is to interrupt the transmission of the disease and prevent transmission of the infection to the staff and other patients.

The use of Isolation Precautions is a two tiered process. Standard Precautions are used for all patients and the category of Isolation Precautions is added according to the mode of transmission of the disease.

Appendix A contains an alphabetical list of infectious diseases and the correct category of isolation to be used.

Initiation of Isolation Precautions:

1. The nurse may initiate Isolation Precautions based on information obtained in the nursing assessment. The nurse then informs the physician of the need for an Isolation Precautions order.
2. Physician's order
3. Infection Control nurse, Infectious Disease Physician or Infection Control Committee Chairman may initiate isolation precautions.
4. Post the appropriate Isolation Precaution Sign outside the patient room.

Discontinue Isolation Precautions:

A physician's order is required.

Patient Transport:

1. Notify receiving department of isolation status by entering the information in the comments section of the order entry screen in Meditech. Verbal communication must also occur with the receiving department prior to the patient's arrival.
2. Limit movement of the patient throughout the hospital or clinic.
3. Airborne and droplet isolation precautions require a surgical mask be placed on the patient. If the patient is unable to tolerate or refuses to wear a mask, inform the nursing supervisor, Infection control, the infectious disease physician or the Chair of the Infection Control Committee.

Airborne Precautions

Diseases requiring airborne precautions are transmitted via airborne droplet nuclei or small particles in the respirable size range carrying infectious agents.

Patient Placement

1. Place the patient in a negative air pressure room.
2. Rooms that are designated negative air pressure rooms are:
Ventura County Medical Center:
Emergency Department: observation room
2 West: room 213
3 West: rooms 338, 339, 340, 341
Pediatrics: room 307
Definitive Observation Unit: room "O"
Intensive Care Unit: room "A"
Neonatal Intensive Care Unit: "A" nursery, rooms 1 and 2
Santa Paula Hospital:
Call maintenance at 652-3219 between 0800 and 1700h, after hours, page maintenance through the Operator 652-6075
3. The doors of these rooms must remain closed at all times when the rooms are being used for airborne isolation.

Ambulatory Care Clinics: Each clinic has a designated room.

Behavioral Health Clinics: Use outside smoking area. If inclement weather prohibits the use of the outside area, use a private room. Refer patient for medical clearance.

In the event that additional negative air pressure rooms are required, contact the nursing supervisor or maintenance.

Respiratory Protection

1. Healthcare workers: wear an N95 mask or respirator when in room.
2. Susceptible persons should not enter the room of patients known or suspected to have rubeola (measles) or varicella (chickenpox) if other immune caregivers are available.-
3. Visitors: wear surgical mask.

Droplet Precautions

Diseases requiring droplet precautions are transmitted a short distance, approximately three feet, from the respiratory tract of infectious individuals to susceptible mucosal surfaces of the recipient.

Patient Placement

1. Place the patient in a private room.
2. When a private room is not available, consultation with infection control personnel is recommended.

Respiratory Protection

1. Wear a mask.

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Contact Precautions

Diseases requiring contact precautions are transmitted by infectious agents via direct and indirect contact with the patient or their environment.

Patient Placement

1. Place the patient in a private room.
 2. When a private room is not available, consult the nursing supervisor or infection control personnel
- Exception: Patients colonized or infected with methicillin resistant staphylococcus aureus. Follow the cohorting memo entitled "Room placement of a patient infected or colonized with methicillin resistant staphylococcus aureus" in Appendix B

Gloves and gown

1. Gloves and gown must be worn upon entering the room.
2. Gloves and gown must be removed immediately upon exiting the room.
3. Perform hand hygiene after removal of gloves and gown.

Hand hygiene and the patient with Clostridium difficile infection:

1. Wash hands with soap and water.
2. Do not use alcohol gel for hand hygiene.
3. Use the Contact Precaution sign with the brown color coded border for patients with Clostridium difficile infection.

Patient Care Equipment

1. Do not share patient care equipment.
2. Return to Sterile Processing for cleaning and disinfection.

Reference: Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007. Centers for Disease Control and Prevention
<http://www.cdc.gov/ncidod/dhap/pdf/isolation2007.pdf>

APPENDIX A¹

TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Type*	Duration [†]	Precautions/Comments
Abscess			
Draining, major	C	DI	No dressing or containment of drainage; until drainage stops or can be contained by dressing
Draining, minor or limited	S		Dressing covers and contains drainage
Acquired human immunodeficiency syndrome (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures ⁸⁶⁶ .
Actinomycosis	S		Not transmitted from person to person
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)			
Amebiasis	S		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	S		Infected patients do not generally pose a transmission risk.
Cutaneous	S		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 .
Pulmonary	S		Not transmitted from person to person
Environmental: aerosolizable spore-containing powder or other substance		DE	Until decontamination of environment complete ²⁰³ . Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm) 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 Clostridium 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)	S		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	S		Not transmitted from person to person
Aspergillosis	S		Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required ¹⁵⁴ .
Avian influenza (see influenza, avian below)			
Babesiosis	S		Not transmitted from person to person except rarely by transfusion,
Blastomycosis, North American, cutaneous or pulmonary	S		Not transmitted from person to person
Botulism	S		Not transmitted from person to person
Bronchiolitis (see respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions.
Brucellosis (undulant, Malta, Mediterranean fever)	S		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	S		

Cat-scratch fever (benign inoculation lymphoreticulosis)	S		Not transmitted from person to person
Cellulitis	S		
Chancroid (soft chancre) (<i>H. ducreyi</i>)	S		Transmitted sexually from person to person
Chickenpox (see varicella)			
Chlamydia trachomatis			
Conjunctivitis	S		
Genital (lymphogranuloma venereum)	S		
Pneumonia (infants < 3 mos. of age))	S		
Chlamydia pneumoniae	S		Outbreaks in institutionalized populations reported, rarely ^{1051, 1052}
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage
No drain or closed drainage system in place	S		
<i>Clostridium</i>			
C. botulinum	S		Not transmitted from person to person
C. difficile (see Gastroenteritis, C. difficile)	C	DI	
C. perfringens			
Food poisoning	S		Not transmitted from person to person
Gas gangrene	S		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	S		Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans ¹⁰⁵⁴ .

Pneumonia	S		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} .
Colorado tick fever	S		Not transmitted from person to person
Congenital rubella	C	Until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly neg. after 3 mos. of age
Conjunctivitis			
Acute bacterial	S		
Chlamydia	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	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 CJD, vCJD	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures ¹⁰⁶¹
Croup (see respiratory infections in infants and young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	S		

Cryptococcosis	S		Not transmitted from person to person, except rarely via tissue and corneal transplant ^{1062, 1063}
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	S		Not transmitted from person to person
Cytomegalovirus infection, including in neonates and immunosuppressed patients	S		No additional precautions for pregnant HCWs
Decubitus ulcer (see Pressure ulcer)			
Dengue fever			
Diarrhea, acute-infective etiology suspected (see gastroenteritis)			
Diphtheria			
Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart negative
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart negative
Ebola virus (see viral hemorrhagic fevers)			
Echinococcosis (hydatidosis)	S		
Echovirus (see enteroviral infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (endomyometritis)	S		
Enterobiasis (pinworm disease, oxyuriasis)	S		
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 and B Coxsackie viruses and Echo viruses)	S		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks

(excludes polio virus)			
Epiglottitis, due to Haemophilus influenzae type b	D	U 24 hrs	See specific disease agents for epiglottitis due to other etiologies)
Epstein-Barr virus infection, including infectious mononucleosis	S		
Erythema infectiosum (also see Parvovirus B19)			
Escherichia coli gastroenteritis (see gastroenteritis)			
Food poisoning			
Botulism	S		Not transmitted from person to person
C. perfringens or welchii	S		Not transmitted from person to person
Staphylococcal	S		Not transmitted from person to person
Furunculosis, staphylococcal	S		Contact if drainage not controlled. Follow institutional policies if MRSA
Infants and young children	C	DI	
Gangrene (gas gangrene)	S		Not transmitted from person to person
Gastroenteritis	S		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
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Campylobacter species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Cholera (Vibrio cholerae)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
C. difficile	C	DI	Discontinue antibiotics if appropriate. Do not share electronic thermometers ^{853, 854} ; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues ⁸⁴⁷ . Handwashing with soap and water preferred

			because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs ⁹⁸³ .
Cryptosporidium species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
E. coli			
Enteropathogenic O157:H7 and other shiga toxin-producing Strains	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Other species	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Giardia lamblia	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Noroviruses	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances ^{142, 147 148} ; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled ^{273, 1064}). Hypochlorite solutions may be required when there is continued transmission ²⁹⁰⁻²⁹² . Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination ²⁹⁴ . Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.
Rotavirus	C	DI	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly ^{932, 933} .
Salmonella species (including S. typhi)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Shigella species (Bacillary dysentery)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Vibrio parahaemolyticus	S		Use Contact Precautions for diapered or incontinent persons for the

			duration of illness or to control institutional outbreaks
Viral (if not covered elsewhere)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
<i>Yersinia enterocolitica</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
German measles (see rubella; see congenital rubella)			
Giardiasis (see gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhea	S		
Granuloma inguinale (Donovanosis, granuloma venereum)	S		
Guillain-Barré' syndrome	S		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	S		Not transmitted from person to person
<i>Helicobacter pylori</i>	S		
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine post-exposure as recommended ¹⁰⁶⁵
Diapered or incontinent patients	C		Maintain Contact Precautions in infants and 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 ^{833, 1066, 1067}
Type B-HBsAg positive; acute or	S		See specific recommendations for care of patients in hemodialysis centers

	chronic			778
	Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers 778
	Type D (seen only with hepatitis B)	S		
	Type E	S		Use Contact Precautions for diapered or incontinent individuals for the duration of illness ¹⁰⁶⁸
	Type G	S		
Herpangina (see enteroviral infection)				
	Hookworm	S		
Herpes simplex (Herpesvirus hominis)				
	Encephalitis	S		
	Mucocutaneous, disseminated or primary, severe	C	Until lesions dry and crusted	
	Mucocutaneous, recurrent (skin, oral, genital)	S		
	Neonatal	C	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs until infant surface cultures obtained at 24-36 hrs. of age negative after 48 hrs incubation ^{1069, 1070}
Herpes zoster (varicella-zoster) (shingles)				
	Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out	A, C	DI	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs.
	Localized in patient with intact immune system with lesions that can be contained/covered	S	DI	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.

Histoplasmosis	S		Not transmitted from person to person
Human immunodeficiency virus (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures ⁸⁶⁶ .
Human metapneumovirus	C	DI	HAI reported ¹⁰⁷¹ , but route of transmission not established ⁸²³ . 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	C	U 24 hrs	
Infectious mononucleosis	S		
Influenza			
Human (seasonal influenza)	D	5 days except DI in immuno compromised persons	Single patient room when available or cohort; avoid placement with high-risk patients; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks ⁶¹¹ . Use gown and gloves according to Standard Precautions may be especially important in pediatric settings. Duration of precautions for immunocompromised patients cannot be defined; prolonged duration of viral shedding (i.e. for several weeks) has been observed; implications for transmission are unknown ⁹³⁰ .
Avian (e.g., H5N1, H7, H9 strains))			See www.cdc.gov/flu/avian/professional/infect-control.htm for current avian influenza guidance.
Pandemic influenza (also a human influenza virus)	D	5 days from onset of symptoms	See http://www.pandemicflu.gov/ for current pandemic influenza guidance.
Kawasaki syndrome	S		Not an infectious condition
Lassa fever (see viral hemorrhagic fevers)			
Legionnaires' disease	S		Not transmitted from person to person
Leprosy	S		
Leptospirosis	S		Not transmitted from person to person
Lice			See http://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm
Head (pediculosis)	C	U 24 hrs	

Body	S		Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance above
Pubic	S		Transmitted person to person through sexual contact
Listeriosis (<i>listeria monocytogenes</i>)	S		Person-to-person transmission rare; cross-transmission in neonatal settings reported ^{1072, 1073 1074, 1075}
Lyme disease	S		Not transmitted from person to person
Lymphocytic choriomeningitis	S		Not transmitted from person to person
Lymphogranuloma venereum	S		
Malaria	S		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care ¹⁰⁷⁶⁻¹⁰⁷⁹ . Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities
Marburg virus disease (see viral hemorrhagic fevers)			
Measles (rubeola)	A	4 days after onset of rash; DI in immune compromised	Susceptible HCWs should not enter room if immune care providers are available; no recommendation for face protection for immune HCW; no recommendation for type of face protection for susceptible HCWs, i.e., mask or respirator ^{1027, 1028} . For exposed susceptibles, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available ^{17, 1032, 1034} . Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine ¹⁷ .
Melioidosis, all forms	S		Not transmitted from person to person
Meningitis			
Aseptic (nonbacterial or viral; also see enteroviral infections)	S		Contact for infants and young children
Bacterial, gram-negative enteric, in neonates	S		
Fungal	S		

Haemophilus influenzae, type b known or suspected	D	U 24 hrs	
Listeria monocytogenes (See Listeriosis)	S		
Neisseria meningitidis (meningococcal) known or suspected	D	U 24 hrs	See meningococcal disease below
Streptococcus pneumoniae	S		
M. tuberculosis	S		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 (see tuberculosis below) ⁴²
Other diagnosed bacterial	S		
Meningococcal disease: sepsis, pneumonia, meningitis	D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks ^{15,17} .
Molluscum contagiosum	S		
Monkeypox	A, C	A-Until monkeypox confirmed and smallpox excluded C-Until lesions crusted	Use See www.cdc.gov/ncidod/monkeypox for most current recommendations. Transmission in hospital settings unlikely ²⁶⁹ . Pre- and post-exposure smallpox vaccine recommended for exposed HCWs
Mucormycosis	S		
Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant S. pneumoniae)	S/C		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. 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 Organisms In Healthcare Settings, 2006 ⁸⁷⁰ . Contact state health department for guidance regarding new or emerging MDRO.

Mumps (infectious parotitis)	D	U 9 days	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. 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
Pulmonary	S		
Wound	S		
Mycoplasma pneumonia	D		
Necrotizing enterocolitis	S		Contact Precautions when cases clustered temporally ¹⁰⁸⁰⁻¹⁰⁸³ .
Nocardiosis, draining lesions, or other presentations	S		Not transmitted person-to-person
Norovirus (see gastroenteritis)			
Norwalk agent gastroenteritis (see gastroenteritis)			
Orf	S		
Parainfluenza virus infection, respiratory in infants and young children		DI	Viral shedding may be prolonged in immunosuppressed patients ^{1009, 1010} . Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19 (Erythema infectiosum)	D		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 ⁹²⁹ .
Pediculosis (lice)	C	U 24 hrs after treatment	
Pertussis (whooping cough)	D	U 5 days	Single patient room preferred. Cohorting an option. Post-exposure

			chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions ⁸⁶³ . Recommendations for Tdap vaccine in adults under development.
Pinworm infection (Enterobiasis)	S		
Plague (Yersinia pestis)			
Bubonic	S		
Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCW ²⁰⁷ .
Pneumonia			
Adenovirus	D, C	DI	Outbreaks in pediatric and institutional settings reported ^{376, 1084-1086} . In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus ⁹³¹
Bacterial not listed elsewhere (including gram-negative bacterial)	S		
B. cepacia in patients with CF, including respiratory tract colonization	C	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline ²⁰
B. cepacia in patients without CF(see Multidrug-resistant organisms)			
Chlamydia	S		
Fungal	S		
Haemophilus influenzae, type b			
Adults	S		
Infants and children	D	U 24 hrs	
Legionella spp.	S		
Meningococcal	D	U 24 hrs	See meningococcal disease above
Multidrug-resistant bacterial (see multidrug-resistant organisms)			
Mycoplasma (primary atypical pneumonia)	D	DI	

Pneumococcal pneumonia	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility ^{196-198, 1087}
Pneumocystis jiroveci (Pneumocystis carinii)	S		Avoid placement in the same room with an immunocompromised patient.
Staphylococcus aureus	S		For MRSA, see MDROs
Streptococcus, group A			
Adults	D	U 24 hrs	See streptococcal disease (group A streptococcus) below Contact precautions if skin lesions present
Infants and young children	D	U 24 hrs	Contact Precautions if skin lesions present
Varicella-zoster (See Varicella-Zoster)			
Viral			
Adults	S		
Infants and young children (see respiratory infectious disease, acute, or specific viral agent)			
Poliomyelitis	C	DI	
Pressure ulcer (decubitus ulcer, pressure sore) infected			
Major	C	DI	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Minor or limited	S		If dressing covers and contains drainage
Prion disease (See Creutzfeld-Jacob Disease)			
Psittacosis (ornithosis) (Chlamydia psittaci)	S		Not transmitted from person to person
Q fever	S		
Rabies	S		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported ^{539, 1088} . If patient has bitten another individual or saliva has contaminated an open wound or mucous

			membrane, wash exposed area thoroughly and administer postexposure prophylaxis. ¹⁰⁸⁹
Rat-bite fever (Streptobacillus moniliformis disease, Spirillum minus disease)	S		Not transmitted from person to person
Relapsing fever	S		Not transmitted from person to person
Resistant bacterial infection or colonization (see multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere)			
Adults	S		
Infants and young children	C	DI	Also see syndromes or conditions listed in Table 2
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	C	DI	Wear mask according to Standard Precautions ²⁴ CB ^{116, 117} . In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding ⁹²⁸). Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Reye's syndrome	S		Not an infectious condition
Rheumatic fever	S		Not an infectious condition
Rhinovirus	D	DI	Droplet most important route of transmission ^{104 1090} . Outbreaks have occurred in NICUs and LTCFs ^{413, 1091, 1092} . Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants) ^{111, 833} .
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S		Not transmitted from person to person except through transfusion, rarely
Rickettsialpox (vesicular rickettsiosis)	S		Not transmitted from person to person
Ringworm (dermatophytosis, dermatomycosis, tinea)	S		Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU ¹⁰⁹³ , rehabilitation hospital ¹⁰⁹⁴). Use Contact Precautions for outbreak.

Ritter's disease (staphylococcal scalded skin syndrome)	C	DI	See staphylococcal disease, scalded skin syndrome below
Rocky Mountain spotted fever	S		
Roseola infantum (exanthem subitum; caused by HHV-6)	S		
Rotavirus infection (see gastroenteritis)			
Rubella (German measles) (also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients ^{17,33} . Administer vaccine within three days of exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine.
Rubeola (see measles)			
Salmonellosis (see gastroenteritis)			
Scabies	C	U 24	
Scalded skin syndrome, staphylococcal	C	DI	See staphylococcal disease, scalded skin syndrome below)
Schistosomiasis (bilharziasis)	S		
Severe acute respiratory syndrome (SARS)	A, D,C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne Precautions preferred; D if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets ^{93, 94, 96} . Vigilant environmental disinfection (see www.cdc.gov/ncidod/sars)
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	A, C	DI	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or

			higher respiratory protection for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective ^{108, 129, 1038-1040} .
Sporotrichosis	S		
Spirillum minor disease (rat-bite fever)	S		Not transmitted from person to person
Staphylococcal disease (S aureus)			
Skin, wound, or burn			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness
Multidrug-resistant (see multidrug-resistant organisms)			
Pneumonia	S		
Scalded skin syndrome	C	DI	Consider healthcare personnel as potential source of nursery, NICU outbreak ¹⁰⁹⁵ .
Toxic shock syndrome	S		
Streptobacillus moniliformis disease (rat-bite fever)	S		Not transmitted from person to person
Streptococcal disease (group A streptococcus)			
Skin, wound, or burn			
Major	C, D	U 24 hrs	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	U 24 hrs	
Pneumonia	D	U 24 hrs	
Scarlet fever in infants and young	D	U 24 hrs	

children			
Serious invasive disease	D	U 24 hrs	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel ^{162, 972, 1096-1098} Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions ¹⁶⁰ .
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere			
Multidrug-resistant (see multidrug-resistant organisms)			
Strongyloidiasis	S		
Syphilis			
Latent (tertiary) and seropositivity without lesions	S		
Skin and mucous membrane, including congenital, primary, Secondary	S		
Tapeworm disease			
Hymenolepis nana	S		Not transmitted from person to person
Taenia solium (pork)	S		
Other	S		
Tetanus	S		Not transmitted from person to person
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	S		Rare episodes of person-to-person transmission
Toxoplasmosis	S		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology

Trachoma, acute	S		
Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	S		
Trichinosis	S		
Trichomoniasis	S		
Trichuriasis (whipworm disease)	S		
Tuberculosis (M. tuberculosis)			
Extrapulmonary, draining lesion)	A, C		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage ^{1025, 1026} . Examine for evidence of active pulmonary tuberculosis.
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out ⁴²
Pulmonary or laryngeal disease, confirmed	A		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 (MMWR 2005; 54: RR-17 www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e) ¹² .
Pulmonary or laryngeal disease, suspected	A		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
Skin-test positive with no evidence of current active disease	S		
Tularemia			
Draining lesion	S		Not transmitted from person to person
Pulmonary	S		Not transmitted from person to person

Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)				
Typhus				
	<i>Rickettsia prowazekii</i> (Epidemic or Louse-borne typhus)	S		Transmitted from person to person through close personal or clothing contact
	<i>Rickettsia typhi</i>	S		Not transmitted from person to person
Urinary tract infection (including pyelonephritis), with or without urinary cathete		S		
Vaccinia (vaccination site, adverse events 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.
	Vaccination site care (including autoinoculated areas)	S		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes ^{205, 221, 225} .
	Eczema vaccinatum	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material
	Fetal vaccinia	C		
	Generalized vaccinia	C		
	Progressive vaccinia	C		
	Postvaccinia encephalitis	S		
	Blepharitis or conjunctivitis	S/C		Use Contact Precautions if there is copious drainage
	Iritis or keratitis	S		
	Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		Not an infectious condition
	Secondary bacterial infection (e.g., S.	S/C		Follow organism-specific (strep, staph most frequent) recommendations

aureus, group A beta hemolytic streptococcus			and consider magnitude of drainage
Varicella Zoster	A, C	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 hrs after delivery) provide VZIG, when available, within 96 hours; if unavailable, use IVIG, Use Airborne Precautions 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. ¹⁰³⁶
Variola (see smallpox)			
<i>Vibrio</i> parahaemolyticus (see gastroenteritis)			
Vincent's angina (trench mouth)	S		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	S, D, C	DI	Single-patient room preferred. Emphasize: 1) use of sharps safety devices and safe work practices, 2) hand hygiene; 3) barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and 4) appropriate waste handling. Use N95 or higher respirators when performing aerosol-generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected ^{212, 314, 740, 772} Also see Table 3 for Ebola as a bioterrorism agent
Viral respiratory diseases (not covered elsewhere)			

Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections			
Major	C	DI	No dressing or dressing does not contain drainage adequately
Minor or limited	S		Dressing covers and contains drainage adequately
Yersinia enterocolitica gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		Not transmitted person-to-person

1 Type of Precautions: A, Airborne Precautions; C, Contact; D, Droplet; S, Standard; when A, C, and D are specified, also use S.

† Duration of precautions: CN, until off antimicrobial treatment and culture-negative; DI, duration of illness (with wound lesions, DI means until wounds stop draining); DE, until environment completely decontaminated; U, until time specified in hours (hrs) after initiation of effective therapy; Unknown: criteria for establishing eradication of pathogen has not been determined

**Ventura County Medical Center
Santa Paula Hospital
Infection Control Department
Memorandum**

Date: March 6, 2008

To: Clinical Coordinators, Nursing Supervisors

From: Elise McKee RN, Infection Control

Subject: Room Placement of the patient infected or colonized with a multi-drug resistant organism – Methicillin Resistant Staphylococcus Aureus (MRSA)

In the care of patients colonized or infected with multi-drug resistant organisms, appropriate patient management may include cohorting. The circumstances under which cohorting may take place are:

For patients with culture results positive for Methicillin Resistant Staphylococcus aureus (MRSA), review the antibiotic sensitivities on the culture reports. If resistance or susceptibilities to the following drugs match, then from the infection control perspective the patients are candidates for cohorting.

- Clindamycin
- Linezolid
- Synercid
- Rifampin
- Tetracycline
- Trimethoprim-Sulfamethoxazole
- Vancomycin

Once a patient has been identified as colonized or infected with a multi-drug organism, future admissions to VCMC and SPH will require contact precautions.

Reference: CDC, HICPAC Guideline for Isolation Precautions, Preventing Transmission of Infectious Agents in Healthcare Settings June 2004

SHEA Guideline for Preventing Nosocomial Transmission of Multi-Drug Resistant Strains of Staphylococcus aureus and Enterococcus 2003. Infection Control and Epidemiology Vol.24, 362-386

CDC, Management of Multidrug –Resistant Organisms in Healthcare Settings,
2006

Approved: Infection Control Committee, May 2005
Revised: Infection Control Committee, November 2006
Reviewed: Infection Control Committee, March 2008