01.19 - Isolation

Purpose

To facilitate safe care of all patients presenting themselves to The University of Texas Medical Branch Hospitals with a known or suspected communicable disease.

Audience

All employees, contract workers, licensed independent practitioners, volunteers, and students who have contact with patients in isolation at UTMB.

Policy

Standard Precautions will be used in the care of all patients.

Respiratory hygiene procedures will be followed in care of all patients with respiratory tract infections.

Patients with known or suspected communicable diseases will be placed on the appropriate type of isolation precautions on admission to the UTMB hospitals or upon identification of a condition requiring isolation.

Isolation orders may be entered by a physician or Infection Control and Healthcare Epidemiology (ICHE) personnel. If the order is placed by ICHE, the responsible infection preventionist (IP) will chart the rationale in a progress note as applicable. Isolation equipment and supplies may be obtained from Clinical Equipment Services (CES), Materials Management, and the Laundry. (Masks may be ordered directly from Materials Management). Isolation carts for Contact Precautions, Extended Contact Precautions and All Barrier Precautions are available from CES.

Questions concerning isolation precautions during non-office hours may be referred to the IP carrying the ICHE pager at 409-643-3133.

Everyone, including physicians, medical students, nurses, employees of environmental services, technicians, etc. is responsible for complying with isolation precautions and for tactfully calling observed infractions to the attention of offenders.

Upon patient discharge, disposable items are either sent home with the patient or discarded. Reusable equipment will be disinfected.

Implement Contact Precautions for patients who are admitted with a Contact Precautions flag in EPIC. Contact ICHE for questions.

Refer to Appendix A for specific guidance for patient precautions for infectious diseases.

Refer to Appendix B for specific discontinuation criteria related to patients in Neonatal Intensive Care Unit (NICU), Pediatric Ward, Pediatric Intensive Care Unit with confirmed or suspected respiratory viral illness.

Nursing Responsibilities

The Department of ICHE should be contacted before Airborne Precautions are discontinued.

If a patient is to be transported to another location (OR, Radiology, etc.) nursing should notify the Transportation Department and the receiving department prior to transport, that the patient is on a particular type of isolation precautions.

The appropriate isolation sign is placed at the patient's door and the patient's EPIC record is flagged

- Hospital personnel should instruct visitors about precautions to be taken while visiting or attending patients in isolation.

All patients in isolation will be reviewed daily by the nurse in charge and responsible physician(s) to determine the need for change in isolation status or for discontinuing isolation. Findings will be noted in the patient's medical record.

Transportation Department Responsibilities

Transport patients by the most direct routes to their destination. Avoid contact with employees and visitors as much as possible.

Disinfect wheelchairs and stretchers with a hospital-grade disinfectant after use for a patient on isolation and prior to returning the wheelchair/stretcher to service.

Cleaning of wheelchairs will be focused on the seat, arm rest, and back rest. The metal portion of the wheelchair will be inspected for contamination with blood and other body fluids and once removed, all surfaces will be decontaminated with a hospital grade disinfectant.

Cleaning of the stretchers will focus on the upper and lower surfaces of the stretcher pad. The metal portion of the stretcher will be inspected for contamination with blood and body fluids and once removed, all surfaces decontaminated with a hospital grade disinfectant except for *C. difficile* in which case a 1:10 dilution of sodium hypochlorite will be used.

Patient Compliance

In the event a patient is non-compliant with the isolation precautions the following steps will be taken:

- The nurse and or physician will explain the isolation precautions to the patient and encourage the patient's compliance with the precautions (i.e. staying in the room, wearing a mask).

Isolation Precautions

Guidelines for specific types of isolation are listed below, and include:
Airborne, All Barrier, Droplet, Contact, Extended Contact Precautions, Extended Respiratory and Extremely Drug Resistant Organisms Precautions (XDRO).

Airborne Precautions

Airborne Precautions will be used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [3-5µm in size] of evaporated droplets containing

microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance).

Airborne Precautions include placement in an airborne infection isolation room (AIIR) meeting the following criteria:

PRIVATE ROOM - necessary for all patients in this category.

- Monitored negative air pressure in relation to the surrounding areas.
- Twelve (12) air changes per hour, and
- Appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is recirculated to other areas in the hospital.
    - If an AIIR is not available, ICHE, upon consultation with Property Services, will recommend an alternate method of managing airborne droplet nuclei.

RESPIRATORY PROTECTION - A fit tested particulate respirator (N-95) will be worn when entering the room for all patients in this category. Use of a powered air purifying respirator PAPR) is also acceptable.

- Persons susceptible to measles (Rubeola) or chickenpox (Varicella Zoster Virus) will not enter the room of patients known or suspected to have measles or chickenpox if other immune caregivers are available.
- For chickenpox, a gown and gloves will also be worn (Airborne plus Contact Precautions).
- For pulmonary tuberculosis: All patients requiring work up for pulmonary tuberculosis, will have MTB PCR, AFB smear, and AFB cultures performed on adequately collected sputum samples. In general, infectiousness, hence the need for airborne precautions can be determined accurately by MTB PCR. All patients require AFB smears and cultures regardless of PCR results. Negative PCR but positive AFB smear usually indicates non-tuberculous mycobacteria.
    - For patients with suspected pulmonary TB, airborne precautions will continue until the patient **has one negative PCR** on sputum samples, and after considering all other clinically relevant information. In some cases, results of additional PCR, AFB smears and culture results may be required before discontinuing airborne precautions; this decision may be guided by infectious disease specialists.
    - For patients with PCR for AFB or culture confirmed pulmonary TB: Airborne precautions should continue until symptoms improve, the patient has complied with an adequate TB treatment regimen for at least 2 weeks, and patient has **two negative PCR or 3 negative smears** on sputum samples which are obtained at least 8 hours apart. Extrapulmonary tuberculosis: evaluate for concomitant pulmonary infection.

DOOR - Keep the room door closed and the patient in the room. Place an Airborne Precautions sign on the patient's door.

HANDS - Will be washed with an antimicrobial soap or an alcohol hand rub will be applied before entering and after leaving the room.

FOOD TRAYS – Patients will be served meals on regular food trays.

PATIENT TRANSPORT - Limit the movement and transport of the patient from the room to essential purposes only. If transport is necessary, place a surgical mask on the patient during transport. A mask is not necessary for the transporter.

Extended Respiratory Precautions

In addition to Standard Precautions, Extended Respiratory Precautions will be used for patients known or suspected to be infected with microorganisms that transmit primarily through large particle droplets and contact. Some treatments may cause aerosolization of droplets to the extent that a higher level of protection is required. In addition, eye protection is required.

Diseases requiring the use of Extended Respiratory Precautions include COVID-19, SARS, and MERS.

Room placement:

- Private room
- Airborne infection isolation room (negative pressure room) is ONLY required for prolonged or frequent aerosol-generating procedures.
- Door should be kept closed

PPE Required:

- Respiratory protection
    - An N95 respirator will be worn for all patient care activities
    - An N95 respirator (PAPR for those who cannot be fit-tested for N95 and who must participate in care) will be worn to perform aerosol-generating procedures. (These include, but are not limited to: intubating the patient, extubating the patient, suctioning, use of CPAP.)
- Eye protection – The following are acceptable forms of eye protection, but must function well with the respiratory protection worn:
    - Isolation masks with attached face shields
    - Disposable safety glasses or face shields
    - Reusable hard plastic safety glasses, goggles, or face shields
- Contact precautions:
    - Isolation or fluid-resistant gown
    - Gloves that cover the cuff of the gown

FOOD TRAYS - Patients will be served meals on regular food trays.

PATIENT TRANSPORT – Limit the movement and transport of the patient from the room to essential purposes only. The patient will don a clean gown, will wear a surgical mask, will practice hand hygiene and will be covered by a clean sheet whether transported by stretcher or wheelchair. For most EIDs, the transporter will clean hands and don PPE prior to entering the room, will retain PPE until the patient is placed on the stretcher or in a wheelchair, and then will remove the PPE and clean hands. For some EIDs, the transporter will be required to wear a surgical mask during transport.

PATIENT-CARE EQUIPMENT – Dedicate the use of patient-care equipment when possible. If equipment must leave the patient's room, the healthcare

worker will remove the equipment (removing PPE as previously instructed). All surfaces of the equipment will be cleaned with a hospital grade disinfectant

All Barrier Precautions

All Barrier Precautions will be used for patients known or suspected to have an Emerging Infectious Disease (EID) when both contact and airborne transmission are important. Note: for some high-consequence infections (e.g. Ebola virus disease), the Biocontainment Critical Care Unit (BCCU) will be activated. Limit movement of patient to extent possible.

If the BCCU is activated, BCCU-specific protocols will be followed. All Barrier Precautions for other inpatient areas include:

PRIVATE ROOM – necessary for all patients in this category.

- Monitored negative pressure in relation to the surrounding areas.
- Twelve (12) air exchanges per hour, and
- Appropriate discharge of air outdoors or monitored high-efficiency filtration of room air before the air is recirculated to other areas in the hospital.

PERSONAL ITEMS – All rings, watches, bracelets, pagers, or any other personal items should be removed prior to donning personal protective equipment (PPE) as described below.

RESPIRATORY PROTECTION – A fit tested particulate respirator (N-95) will be worn when entering the room for all patients in this category.

- Healthcare workers who enter the room must have been previously fit tested for the N-95 mask. If not, the healthcare worker must not enter the room.
- PAPRs may be required for care in the BCCU and may be utilized for entry into any room where a patient in Airborne Precautions is housed if the staff member cannot be fit-tested for an N95 respirator

PROTECTIVE EYEWEAR – Wear protective eyewear when entering the room unless a PAPR or face shield is worn.

FACESHIELD – Wear faceshield over the N-95 mask and gown when performing aerosol-generating procedures unless a PAPR is worn.

GLOVES – Wear gloves (clean, nonsterile gloves are adequate) when entering the room.

GOWNS – Wear a gown when entering the room.

HANDS - Will be washed with an antimicrobial soap or an alcohol hand rub applied before entering and after leaving the room.

DONNING PPE ORDER:

- Don gown
- Don N-95 mask

- Don goggles
- Don gloves
- Make sure gown is secured behind the neck and with the tie behind the back
- Pull gloves up over gown sleeve cuffs

ORDER OF REMOVAL OF PPE:

- Remove gloves
- Remove protective eyewear
- Remove gown
- Exit room and WASH HANDS WITH AN ANTIMICROBIAL SOAP or APPLY AN ALCOHOL HAND RUB; then remove the N-95 mask and WASH HANDS WITH AN ANTIMICROBIAL SOAP OR APPLY AN ALCOHOL HAND RUB.
- Note: if transmission of the infection is by contact, clean hands after removing gloves and between removing each item of PPE.
- See http://www.utmb.edu/hce/ or Healthcare Epidemiology under Clinical on the UTMB home page.

POWERED AIR-PURIFYING RESPIRATOR (PAPR)-PAPR's may be worn in lieu of an N95 during aerosol-generating procedures such as bronchoscopy, endotracheal intubation, endotracheal tube suctioning when not using a closed system. A PAPR may be required for care of the patient in the BCCU (see BCCU department protocols).

DOOR - Keep the room door closed and the patient in the room. Place an All-Barrier Precautions sign on the patient's door.

TRASH AND LINEN – Trash and linen will be handled as for any isolation room.

FOOD TRAYS - Trays will be delivered on disposable plates with disposable cutlery.

PATIENT TRANSPORT – Limit the movement and transport of the patient from the room to essential purposes only. The patient will don a clean gown, will wear a surgical mask, will practice hand hygiene, and will be covered by a clean sheet whether transported by stretcher or wheelchair. For most EIDs, the transporter will clean hands and don PPE prior to entering the room, will retain PPE until the patient is placed on the stretcher or in a wheelchair, and then will remove the PPE and clean hands. For some EIDs, the transporter will be required to wear a surgical mask during transport.

PATIENT-CARE EQUIPMENT – Dedicate the use of patient-care equipment when possible. If equipment must leave the patient's room, the healthcare worker will remove the equipment (removing PPE as previously instructed). All surfaces of the equipment will be cleaned with a hospital grade disinfectant

OUTPATIENT CLINICS – No personal protective equipment is required for registration of patients. Patient may be required to use isolation mask. Gowns and gloves are required for invasive procedures. Hand hygiene

(handwashing with an antimicrobial soap and water or application of an alcohol handrub to hands) is required before and after contact with all patients.

Droplet Precautions

Droplet Precautions will be used for patients known or suspected to be infected with microorganisms transmitted by droplets (large-particle droplets [larger than 10µm in size]) that can be generated by the patient during coughing, sneezing, talking, or during the performance of cough-inducing procedures).
Droplet Precautions include:

PRIVATE ROOM - necessary for all patients in this category.

WHEN PRIVATE ROOM IS NOT AVAILABLE:

- Place the patient in a room with a patient who has an infection with the same microorganism, (same species) unless otherwise recommended, but with no other infection (cohorting).
- When cohorting is not achievable, maintain spatial separation of ≥3 feet between the infected patient and other patients and visitors. (Special air handling and ventilation are not necessary).

RESPIRATORY PROTECTION - Don a surgical mask prior to entering the patient's room.

DOOR - May remain open. Place Droplet Precautions sign on the patient's door.

HANDS - Will be washed with an antimicrobial soap or an alcohol hand rub applied before entering and after leaving the room.

FOOD TRAYS – Patients will be served meals on regular food trays.

PATIENT TRANSPORT - Limit the movement and transport of the patient from the room to essential purposes only. If transport is necessary, place a surgical mask on the patient prior to transport. A mask is not necessary for the transporter.

Contact Precautions

Contact Precautions will be used for specified patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient (hand or skin-to-skin contact that occurs when performing patient-care activities that require touching the patient's dry skin) or indirect contact (touching) with environmental surfaces or patient care items in the patient's environment.

PRIVATE ROOM - necessary for all patients in this category.

FOOD TRAYS – Patients will be served meals on regular food trays.

Extended Contact Precautions

Extended Contact Precautions will be used for specified patients known or suspected of being colonized or infected with *Clostridium difficile* or *Norovirus*. This microorganism may be transmitted to patients by the contaminated hands or clothing of healthcare workers or by contact with contaminated inanimate or environmental surfaces.

PRIVATE ROOM – necessary for all patients in this category.

WHEN PRIVATE ROOM IS NOT AVAILABLE:

- Consultation with the Department of Healthcare Epidemiology will be necessary before patient placement.

GLOVES – Wear gloves (clean, nonsterile gloves are adequate) when entering the room.

- Change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material).
- Remove gloves before leaving the patients environment and wash hands immediately with an antimicrobial soap and water. **DO NOT use alcohol hand rub for this type of isolation.** Alcohol will not kill *C. difficile* spores or *Noroviruses*.

GOWNS – Wear a gown when entering the room.

- Remove the gown before leaving the patient's environment.
- After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.

DOOR – Place an Extended Contact Precautions sign on the patient's door.

FOOD TRAYS – Patients will be served meals on regular food trays.

PATIENT TRANSPORT – Limit the movement and transport of the patient from the room for essential purposes only. If the patient is transported, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces or equipment. Patients on Extended Contact Precautions must be transported on a stretcher or wheelchair covered with a sheet or other physical barrier. It is not necessary for the patient or the transporter to wear gown and/or gloves during transport. The transporter should wear a gown and gloves to assist the patient in and out of the wheelchair/stretcher. Hands must be washed with an antimicrobial soap after gloves are removed. **Do not use an alcohol hand rub after patient contact or upon entering the patient's care space. Alcohol will not kill *C. difficile* spores or *Noroviruses*.**

PATIENT CARE EQUIPMENT – When possible, dedicate the use of non-critical patient-care equipment to a single patient to avoid sharing between

patients. If use of common equipment or items is unavoidable, then clean and disinfect them before use on another patient.

OUTPATIENT CLINICS - No personal protective equipment is required for registration of patients. Gowns and gloves are required for invasive procedures. Hand hygiene (handwashing with an antimicrobial soap and water or application of an alcohol hand rub) is required before and after contact with all patients.

APPENDIX A

	Precautions **A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions**	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
Abscess		
• Draining, major[1]	C	DI
• Draining, minor or limited[2]	S	
Acquired immunodeficiency syndrome[3]	S	
Actinomycosis	S	
Adenovirus infection, in infants and young children	D, C	DI
Amebiasis	S	
Anthrax		
• Cutaneous	S	
• Pulmonary	S	
• Environmental contaminant: aerosolizable spore containing powder or other substance		DE
Antibiotic-associated colitis (see *Clostridiodes difficile*)		
Arthropodborne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis, West Nile Virus)	S	
Arthropodborne viral fevers (dengue, yellow fever, Colorado tick fever)	S	
Ascariasis	S	
Aspergillosis	S	
Babesiosis	S	
Blastomycosis, North American, cutaneous or pulmonary	S	
Botulism	S	
Bronchiolitis (see respiratory infections in infants and young children)	C	DI
Brucellosis (undulant, Malta, Mediterranean fever)	S	
***Campylobacter* gastroenteritis (see gastroenteritis)**	S[8]	
Candidiasis other than infection caused by *C. auris*, all forms including mucocutaneous	S	

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
Candida auris	XD	
Cat-scratch fever (benign inoculation lymphoreticulosis)	S	
Cellulitis, uncontrolled drainage	C	DI
Chancroid (soft chancre)	S	
Chickenpox (see varicella)	A,C	Footnote 4
Chlamydia trachomatis		
• Conjunctivitis	S	
• Genital	S	
• Pneumonia (infants ≤ 3 mos of age)	S	
Chlamydia pneumoniae	S	
Cholera (see gastroenteritis)	S[8]	
Closed-cavity infection		
• Draining, limited or minor	S	
• Not draining	S	
Clostridiodes difficile (C diff)	ECP	DI[21]
***Clostridium:* see list below**		
• *C. botulinum*	S	
• *C. perfringens*	S	
• Food poisoning	S	
• Gas gangrene	S	
Coccidioidomycosis (valley fever)		
• Draining lesions	S	
• Pneumonia	S	
Colorado tick fever	S	
Congenital rubella	C	Until 1yr of age[5]
Conjunctivitis		
• Acute bacterial	S	
• *Chlamydia*	S	
• Gonococcal	S	
• Acute viral (acute hemorrhagic)	C	DI
Coronavirus		
• **Common strains (e.g. HKU1, NL63, 229E,**		

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
OC43)		
○ **Adults-not immunocompromised**	S	
○ **Adults immunocompromised**	D	DI[22]
○ **Children**	C	DI[22]
○ **Neonatal (NICU)**	C, D	DI[22]
• **Covid-19**	C, D, ERP, Eye Protection[23]	Until cleared by ICHE [23]
• **MERS, SARS (also see middle eastern respiratory syndrome and severe acute respiratory syndrome)**	ERP	Until cleared by ICHE. See Emerging Infectious Disease Protocol.
Coxsackievirus disease (see enteroviral infection)		
Creutzfeldt-Jakob disease	S[6]	
Croup (see respiratory infections in infants and young children)		
Crimean – Congo Fever (see Viral Hemorrhagic Fever)	S	
Cryptococcosis	S	
Cryptosporidiosis (see gastroenteritis)		
Cysticercosis	S	
Cytomegalovirus infection, neonatal or immunosuppressed	S	
Decubitus ulcer, (see Pressure ulcer)		
Dengue	S	
Diarrhea, acute - infective etiology suspected (see gastroenteritis)		
Diphtheria		
• Cutaneous	C	CN[7]
• Pharyngeal	D	CN[7]
Echinococcosis (hydatidosis)	S	
Echovirus (see enteroviral infection)		
Encephalitis or encepalomyelitis (see specific etiologic agents)		

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
Endometritis	S	
Enterobiasis (pinworm disease, oxyuriasis)	S	
***Enterococcus* species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)**		
Enterocolitis, *Clostridium difficile*	ECP	DI
Enteroviral infections		
• Adults	S	
• Infants and young children	C	DI
Epiglottitis, due to *Haemophilus influenzae,* type b	D	U[24 hrs]
Epstein-Barr virus infection, including infectious mononucleosis	S	
Erythema infectiosum (also see Parvovirus B19)		
***Escherichia coli* gastroenteritis (see gastroenteritis)**		
Extremely drug resistant organisms (XDRO)	XDRO	DH
Food poisoning		
• Botulism	S	
• *Clostridium perfringens* or *welchii*	S	
• Staphylococcal	S	
Furunculosis - staphylococcal	S	
• Infants and young children	C	DI
Gangrene (gas gangrene)	S	
Gastroenteritis: see specific agents below		
• Adenovirus	S	
• *Campylobacter* species	S[8]	
• Cholera	S[8]	
• *Clostridium difficile*	ECP	DI[21]
• *Cryptosporidium* species	S[8]	
• *Escherichia coli*		
○ Enterohemorrhagic 0157:H7	S	
○ Diapered or incontinent	C	DI
○ Other species	S	

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
• *Giardia lamblia*	S	
• Norovirus	ECP	
• Rotavirus	C	DI
• *Salmonella* species (including *S. typhi*)	S	
○ Diapered or incontinent	C	DI
• *Shigella* species	S	
○ Diapered or incontinent	C	DI
• *Vibrio parahaemolyticus*	S[8]	
• Viral (if not covered elsewhere)	S[8]	
• *Yersinia enterocolitica*	S[8]	
German measles (rubella)	D	Until 7 days after onset of rash
Giardiasis (see gastroenteritis)		
Gonococcal ophthalmia neonatorum (gonorrheal opthalmia, acute conjunctivitis of newborn)	S	
Gonorrhea	S	
Granuloma inguinale (donovanosis, granuloma venereum)	S	
Guillain-Barré syndrome	S	
Hand, foot, and mouth disease (see enteroviral infection)		
***Hantavirus* pulmonary syndrome**	S	
Helicobacter pylori	S	
Hemorrhagic fevers (see viral hemorrhagic fevers)		
Hepatitis, viral		
• Type A		
○ Diapered or incontinent patients	C[9]	
• Type B - HBsAg positive	S	
• Type C and other unspecified non-A, non-B	S	
• Type E	S	
• Type G	S	
Herpangina (see enteroviral infection)		
Herpes simplex (*Herpesvirus hominis*)		

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
• Encephalitis	S	
• Neonatal	C[10]	Until lesions dry and crusted
• Mucocutaneous, disseminated or primary, severe	C	Until lesions dry and crusted
• Mucocutaneous, recurrent (skin, oral, genital)	S	
Herpes zoster (varicella-zoster)		
• Localized in immunocompromised patient, or disseminated	A,C[11]	DI
• Localized in normal patient	S	DI
Histoplasmosis	S	
HIV (see human immunodeficiency virus)	S	
Hookworm disease (ancylostomiasis, uncinariasis)	S	
Human immunodeficiency virus (HIV) infection[3]	S	
Human metapneumovirus	C	DI[22]
Impetigo	C	U[24 hrs]
Infectious mononucleosis	S	
Influenza, seasonal	D[12]	7 days except DI in immunocompromised persons
Influenza, Swine	ABP	7 days from onset of symptoms or until afebrile for 24 hours, whichever is longer except DI in immunocompromised persons
Kawasaki syndrome	S	
Lassa fever (see Viral Hemorrhagic Fevers)	ABP	BCU protocol
Legionnaires' disease	S	
Leprosy	S	
Leptospirosis	S	
Lice		
• Head (pediculosis)	C	U 24 hours
• Body	S	

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
• Pubic	S	
Listeriosis	S	
Lyme disease	S	
Lymphocytic choriomeningitis	S	
Lymphogranuloma venereum	S	
Malaria	S	
Marburg virus disease (see Viral Hemorrhagic Fevers).	ABP	BCU Protocol
Measles (rubeola), all presentations	A	4 days after onset of rash; DI in immune compromised patients
Melioidosis, all forms	S	
Meningitis		
• Aseptic (nonbacterial or viral meningitis [also see enteroviral infections])	S	
• Bacterial, gram-negative enteric, in neonates	S	
• Fungal	S	
• *Haemophilus influenzae*, known or suspected	D	U[24 hrs]
• *Listeria monocytogenes*	S	
• *Neisseria meningitidis* (meningococcal) known or suspected	D	U[24 hrs]
• Pneumococcal	S	
• Tuberculosis	S[13]	
• Other diagnosed bacterial	S	
Meningococcal pneumonia	D	U[24 hrs]
Meningococcemia (meningococcal sepsis)	D	U[24 hrs]
Middle Eastern respiratory syndrome (MERS)	ERP	See Emerging Infectious Disease Protocol.
Molluscum contagiosum	S	
Monkeypox	A, C	A - until monkey pox confirmed and smallpox excluded; C - until lesions crusted
Mucormycosis	S	

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Infection/Condition	**Type***	**Duration†** see P 24 for detail
Multidrug-resistant organisms, infection or colonization[14]		*See MDR policy-some highly resistant organisms may require additional precautions*
• Gastrointestinal	C	CN
• Respiratory	C	CN
• Pneumococcal	S	
• Skin, wound, or burn	C	CN
• Methicillin-resistant *Staphylococcus aureus* (MRSA)-infection (clinical isolate)	C	DC[15]
• Vancomycin-resistant enterococci (VRE)	C	DC[16]
Mumps (infectious parotitis)	D	For 9 days after onset of swelling
Mycobacteria, nontuberculosis (atypical)		
• Pulmonary	S	
• Wound	S	
***Mycoplasma* pneumonia**	D	DI
Necrotizing enterocolitis	S	
Nocardiosis, draining lesions or other presentations	S	
Norovirus gastroenteritis (see viral gastroenteritis)		
Orf	S	
Parainfluenza virus infection, respiratory in infants and young children	C	DI
Parvovirus B19		
• **Erythema infectiosum (immunocompetent patients)**	S	
• **Immunosuppressed patients**	D	DH
• **Chronic disease in immunocompromised patient**	D	DH
• **Patients with transient aplastic crisis**	D	Seven days after onset
Pediculosis (lice)	C	U[24 hrs]
Pertussis (whooping cough)	D	For 5 days after patient placed on effective therapy

	Precautions A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
Pinworm infection	S	
Plague		
• Bubonic	S	
• Pneumonic	D	U[48 hrs]
Pleurodynia (see enteroviral infection)		
Pneumonia		
• Adenovirus	D,C	DI
• Bacterial not listed elsewhere (including gram-negative bacterial)	S	
• *Burkholderia cepacia* in cystic fibrosis (CF) patients, including respiratory tract colonization	C[17]	
• *Chlamydia*	S	
• Fungal	S	
• *Haemophilus influenzae*, type b		
○ Adults	S	
○ Infants and children (any age)	D	U[24 hrs]
• *Legionella*	S	
• Meningococcal	D	U[24 hrs]
• Multidrug-resistant bacterial (see multidrug-resistant organisms)		
• *Mycoplasma* (primary atypical pneumonia)	D	DI
• Pneumococcal	S	
• Multidrug-resistant (see multidrug-resistant org)		
• *Pneumocystis jiroveci (Pneumocystis carinii)*	S[18]	
• *Pseudomonas cepacia* (see *Burkholderia cepacia*)		
• *Staphylococcus aureus*	S	
• *Streptococcus*, Group A		
○ Adults	D	U[24hrs]
○ Infants and young children	D	U[24 hrs]
• Viral		
• Adults	S	
• Infants and young children (see respiratory infectious disease, acute or specific viral agent)		
Poliomyelitis	C	DI

	Precautions A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
Pressure ulcer (decubitus ulcer, pressure sore) infected		
• **Major**	C	DI
• **Minor or limited**	S	If dressing covers and contains drainage
Psittacosis (ornithosis)	S	
Q fever	S	
Rabies	S	
Rat-bite fever (*Streptobacillus moniliformis* disease, *Spirillum minus* disease)	S	
Relapsing fever	S	
Resistant bacterial infection or colonization (see multidrug-resistant organisms)		
Respiratory infectious disease, acute (if not covered elsewhere)		
• Adults	S	
• Infants and young children[3]	C	DI
Respiratory syncytial virus infection, in infants and young children, and immunocompromised adults	C	DI
Reye's syndrome	S	
Rheumatic fever	S	
Rhinovirus	D	DI[22]
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S	
Rickettsialpox (vesicular rickettsiosis)	S	
Ringworm (dermatophytosis, dermatomycosis, tinea)	S	
Ritter's disease (staphylococcal scalded skin syndrome)	C	DI
Rocky Mountain spotted fever	S	
Roseola infantum (exanthem subitum)	S	
Rotavirus infection (see gastroenteritis)		
Rubella (German measles; also see congenital rubella)	D	For 7 days after onset of rash

	Precautions A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
Salmonellosis (see gastroenteritis)		
Scabies	C	U[24 hrs]
Scalded skin syndrome, staphylococcal (Ritter's disease)	C	DI
Schistosomiasis (bilharziasis)	S	
Severe Acute Respiratory Syndrome (SARS)	ERP	See Emerging Infectious Disease Protocol.
Shigellosis (see gastroenteritis)		
Smallpox (variola; see vaccinia for management of vaccinated persons)	ABP	DI
Sporotrichosis	S	
***Spirillum minus* disease (rat-bite fever)**	S	
Staphylococcal disease (*S. aureus*)		
• Skin, wound, or burn		
○ Major[1]	C	DI
○ Minor or limited[2]	S	
• Enterocolitis	S[8]	
• Multidrug-resistant (see multidrug-resistant org)		
• Pneumonia	S	
• Scalded skin syndrome	C	DI
• Toxic shock syndrome	S	
***Streptobacillus moniliformis* disease (rat-bite fever)**	S	
Streptococcal disease (group A streptococcus)		
• Skin, wound, or burn		
○ Major[1]	C, D	U[24 hrs]
○ Minor or limited[2]	S	
• 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 children	D	U[24 hrs]
• Serious invasive disease	D	U[24 hrs]
Streptococcal disease (group B streptococcus), neonatal	S	
Streptococcal disease (not group A or B) unless	S	

	Precautions A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
covered elsewhere		
Multidrug-resistant (see multidrug-resistant orgs)		
Strongyloidiasis	S	
Swine Influenza (see Influenza, swine)		
Syphilis		
• Skin and mucous membrane, including congenital, primary, secondary	S	
• Latent (tertiary) and seropositivity without lesions	S	
Tapeworm disease		
• *Hymenolepis nana*	S	
• *Taenia solium* (pork)	S	
• Other	S	
Tetanus	S	
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	S	
Toxoplasmosis	S	
Toxic shock syndrome (staphylococcal disease)	S	
Trachoma, acute	S	
Trench mouth (Vincent's angina)	S	
Trichinosis	S	
Trichomoniasis	S	
Trichuriasis (whipworm disease)	S	
Tuberculosis		
• Extrapulmonary, draining lesion (including scrofula)	A, C	
• Extrapulmonary, no draining lesion meningitis[13]	S	
• Pulmonary, or laryngeal disease, confirmed or suspected	A[20]	
• Skin-test positive with no evidence of current pulmonary disease	S	
Tularemia		
• Draining lesion	S	
• Pulmonary	S	

	Precautions A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
Typhoid (*Salmonella typhi*) fever (see gastroenteritis)		
Typhus, endemic and epidemic	S	
Urinary tract infection (including pyelonephritis), with or without urinary catheter	S	
Vaccinia (vaccination site, adverse events following vaccination)	See bulleted list below	
• Vaccinated site (including autoinoculated areas)	S	Until lesions dry and crusted
• Eczema vaccinatum	C	
• Fetal vaccinia	C	
• Generalized vaccinia	C	
• Progressive vaccinia	C	
• Post-vaccinia encephalitis	S	
• Blepharitis or conjunctivitis	S/C	
• Iritis or keratitis	S	
• Vaccinia-associated erythema multiforme (Stevens-Johnson Syndrome)	S	
• Secondary bacterial infection (e.g., S. aureus, Group A Beta hemolytic streptococcus	S/C	
Varicella (chickenpox)	A,C[4]	
***Vibrio* parahaemolyticus (see gastroenteritis)**		
Vincent's angina (trench mouth)	S	
Viral hemorrhagic fevers (Lassa, Ebola, Marburg, Crimean-Congo fever viruses)	ABP	DI-BCU protocol
Viral respiratory (if not covered elsewhere)		
• Adults	S	
• Infants / young children (see respiratory infectious disease, acute)		
Whooping cough (see pertussis)		
Wound infections		
• Major[1]	C	DI
• Minor or limited[2]	S	
***Yersinia enterocolitica* gastroenteritis (see gastroenteritis)**		
Zika	C in L&D S in all other	Through delivery

	Precautions **A-Airborne; ABP-All Barrier Precautions; C-Contact; D-Droplet; ECP-Extended Contact Precautions; XD-XDRO Precautions; S-Standard Precautions only. Standard Precautions-all patient care; ERP-Extended Respiratory Precautions**	
Infection/Condition	**Type***	**Duration†** see P 24 for detail
	settings	
Zoster (varicella-zoster)		
• Localized in immunocompromised patient, or disseminated	A,C	DI[11]
• Localized in normal patient	S[11]	
Zygomycosis (phycomycosis, mucormycosis)	S	

APPENDIX B

RESPIRATORY ISOLATION GUIDELINES FOR NEONATAL AND PEDIATRIC UNITS

Isolation Location:

Patients in the Neonatal Intensive Care Unit (NICU), Pediatric Ward or Pediatric Intensive Care Unit with confirmed or suspected respiratory viral illness should be placed in a private room on contact and droplet precautions. When a single patient room is not available, consultation with infection control personnel is recommended to assess the risks associated with other patient placement options.

Duration of Isolation:

Isolation precautions should be maintained based on the patient and the organism:

- **For Influenza or RSV** illness, precautions should be implemented at the onset of signs and symptoms. In NICU patients with Influenza contact precautions should be used in addition to droplet isolation precautions.
  Precautions should be maintained until the following conditions are met:
  - For a minimum of 14 days after onset of signs and symptoms AND improvement of symptoms.
  - Patient has 1 negative Influenza/RSV PCR collected after meeting the above conditions.
  - If positive, weekly PCR must be performed until 1 negative result.
- **For Rhinovirus illness detected by multiplex PCR,** precautions should be implemented at the onset of signs and symptoms.
  Precautions should be maintained until the following conditions are met:
  - For a minimum of 14 days after onset of signs and symptoms AND improvement of symptoms.
  - Patient has 2 negative respiratory viral multiplex PCR, obtained one week apart with the first collection after meeting the above conditions.
  - If positive, weekly PCR must be performed until 2 consecutive negative results are achieved.
- **For COVID illness,** precautions should be implemented at the onset of signs and symptoms, and or positive PCR test, or direct exposure has been identified (NICU only).
  Precautions should be maintained until the following conditions are met:
  - NICU only: all patients with direct exposure have been identified and should be isolated and cohorted for a minimum of 7 days from the date of exposure.
    - Isolation may be removed IF **two negative PCR tests** have been received on **day 1** and **day 5** post exposure AND no signs and symptoms have been identified.
    - In the event viral testing is not performed then isolation is indicated through day 10 AND no signs and symptoms have been identified.
  - Confirmed COVID patients.
    - Isolation may be removed IF one negative **antigen** test (do not order PCR for these patients) after isolation day 10 in patients who have substantially improved and have no other high-risk immune suppressive conditions.
- **For any other viral respiratory illness detected by multiplex PCR,** precautions should be implemented at the onset of signs and symptoms.
  Precautions should be maintained until the following conditions are met
  - For a minimum of 14 days after onset of signs and symptoms AND improvement of symptoms.
  - Patient has 1 negative Influenza/RSV PCR collected after meeting the above conditions.
  - If positive, weekly PCR must be performed until 1 negative result

In some cases, infection control staff may advise continued precautions for longer periods based on clinical judgment and outbreak situations.

Type and Duration of Precautions Needed for Selected Infections and Conditions

Abbreviations: type of precautions: A, Airborne; ABP, All Barrier Precautions; BCU-Biocontainment Unit; C, Contact; D, Droplet; ECP, Extended Contact Precautions; XD-XDRO Contact Precautions; S, Standard Precautions; when A,C, and D are specified, also use S.

†Duration of precautions: CN, until off antibiotics and culture-negative (additional requirements for carbapenem resistance or pan-resistance); DC, duration of colonization; DH, duration of hospitalization; DI, duration of illness (with wound lesions, DI means until they stop draining); ED, until environment completely decontaminated U, until time specified in hours (hrs) after initiation of effective therapy.

[1] No dressing or dressing does not contain drainage adequately.

[2]Dressing covers and contains drainage adequately.

[3]Also see syndromes or conditions listed in Table 2.

[4]Maintain precautions until all lesions are crusted. The average incubation period for varicella is 10 to 21 days. After exposure, use varicella zoster immune globulin (VZIG) when appropriate, and discharge susceptible patients if possible. Place exposed susceptible patients on Airborne Precautions beginning 10 days after the first exposure and continuing until 21 days after last exposure (up to 28 days if VZIG has been given). Susceptible persons should not enter the room of patients on precautions if other immune caregivers are available.

[5]Place infant on precautions during any admission until 1 year of age, unless nasopharyngeal and urine cultures are negative for virus after age 3 months.

[6]Additional special precautions are necessary for handling and decontamination of blood, body fluids and tissues, and contaminated items from patients with confirmed or suspected disease. See latest College of American Pathologists (Northfield, Illinois) guidelines or other references.

[7]Until two cultures taken at least 24 hours apart are negative.

[8]Use Contact Precautions for diapered or incontinent children <6 years of age for duration of illness.

[9]Maintain precautions in infants and children < 3 years of age for duration of hospitalization; in children 3 to 14 years of age, until 2 weeks after onset of symptoms; and in others, until 1 week after onset of symptoms.

[10]For infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours.

[11]Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; therefore, susceptibles should not enter the room if other immune caregivers are available.

[12]The “Guideline for Prevention of Nosocomial Pneumonia” recommends surveillance, vaccination, antiviral agents, and use of private rooms with negative air pressure as much as feasible for patients for whom influenza is suspected or diagnosed. Many hospitals encounter logistic difficulties and physical plant limitations when admitting multiple patients with suspected influenza during community outbreaks. If sufficient private rooms are unavailable, consider cohorting patients or, at the very least, avoid room sharing with high-risk patients. See “Guideline for Prevention of Nosocomial Pneumonia” for additional prevention and control strategies.

[13]Patient should be examined for evidence of current (active) pulmonary tuberculosis. If evidence exists, additional precautions are necessary (see tuberculosis).

[14]Resistant bacteria judged by the Department of Healthcare Epidemiology, based on current state, regional, or national recommendations, to be of special clinical and epidemiological significance.

[15]Patients may be removed from Contact Precautions and have the Contact Precautions flag removed from the EMR when two consecutive cultures from nares and any other previously colonized/infected body sites taken ≥ one week apart are negative. *Note: precautions are not*

initiated for patients whose only isolate was from a surveillance culture. Follow-up surveillance cultures are required for patients who had a clinical isolate/infection.

[16] Patient may be removed from Contact Precautions and have Contact Precautions flag removed from the EMR when 2 consecutive perirectal and any other previously infected body sites are take ≥ one week apart are negative.

[17]Avoid cohorting or placement in the same room with a CF patient who is not infected or colonized with *B cepacia*. Persons with CF who visit or provide care and are not infected or colonized with *B cepacia* may elect to wear a mask when within 3 ft of a colonized or infected patient.
[18]Avoid placement in the same room with an immunocompromised patient.
[19]Patients will be isolated until 10 days after resolution of fever given that respiratory symptoms are absent or resolving. Prior to discontinuing isolation, the Department of Healthcare Epidemiology should be notified to assure that we concur with the decision to discontinue ABP.

[20]Discontinue precautions. See pages 2-3 for more information

[21] Patients testing positive for *C. difficile* will remain on precautions until all the following conditions are met:

a. Patient is receiving adequate treatment for *C. difficile*
b. Resolution of symptoms for 48 hours
c. Patient is discharged or transferred from the room so that all surfaces in the room may be cleaned thoroughly (Note: patient must be bathed, placed in a clean gown, and placed in a clean bed when transferred to a new private room)
d. Approval is received from HCE (call or page department or infection preventionist assigned to the unit/area). Only HCE personnel have access to the infections (HCE) flag in EPIC. Contact information: page 490-643-3133

[22] Improvement in respiratory symptoms and afebrile for 24 hours without the use of fever-reducing medication. For NICU, additional requirements may apply as needed.

[23]For persons under investigation or confirmed cases who have milder illness (e.g., not mechanically ventilated), Contact and Droplet Precautions will be used in conjunction with eye protection (face shield, safety glasses or goggles. A fit tested N95 respirator or higher level of protection will be worn at all times. Precautions will apply until COVID-19 infection is ruled out. If the initial test is negative, isolation may be discontinued (unless required for another pathogen isolated from respiratory secretions). If the initial test is positive, isolation will continue until cleared by ICHE following CDC guidelines. Visitation subject to a variety of internal and external COVID-19 indicators.

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TABLE 1

SYNOPSIS OF TYPES OF PRECAUTIONS AND PATIENTS REQUIRING THE PRECAUTIONS*

Standard Precautions

Use Standard Precautions for the care of all patients (see Table 2).

Airborne Precautions

In addition to Standard Precautions, use Airborne Precautions for patients known or suspected to have serious illnesses transmitted by airborne droplet nuclei. Examples of such illnesses include:

Measles
Varicella (including localized zoster in an immunocompromised patient and disseminated zoster)†
Tuberculosis

All Barrier Precautions

In addition to Standard Precautions, use All Barrier Precautions for patients who screen positive as a Person Under Investigation (PUI) for specified infections at their first point of contact with the hospital or clinics or for a person with a confirmed infection with a high-consequence infectious disease who is admitted to the Biocontainment Unit.

Droplet Precautions

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to have serious illnesses transmitted by large droplets. Examples of such illnesses include:

Invasive *Haemophilus influenzae* type b disease, including meningitis, pneumonia, epiglottitis, and sepsis

Invasive *Neisseria meningitidis* disease, including meningitis, pneumonia, and sepsis

Other serious bacterial respiratory infections spread by droplet transmission, including:

Diphtheria (pharyngeal)
Mycoplasma pneumonia
Pertussis
Pneumonic plague
Streptococcal pharyngitis, pneumonia, or scarlet fever in infants and young children

Serious viral infections spread by droplet transmission, including:

Adenovirus†
Influenza
Mumps
Parvovirus B19
Rubella

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to have serious illnesses easily transmitted by direct patient contact or by contact with items in the patient's environment. Examples of such illnesses include:

Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug-resistant bacteria judged by the Department of Healthcare Epidemiology, based on current state, regional, or national recommendations, to be of special clinical and epidemiological significance

Enteric infections with a low infectious dose or prolonged environmental survival, including:

Clostridium difficile

For diapered or incontinent patients: enterohemorrhagic *Escherichia coli* 0157:H7, *Shigella*, hepatitis A, or rotavirus

Respiratory syncytial virus, parainfluenza virus, or enteroviral infections in infants and young children

Skin infections that are highly contagious or that may occur on dry skin, including:

Diphtheria (cutaneous)
Herpes simplex virus (neonatal or mucocutaneous)
Impetigo
Major (noncontained) abscesses, cellulitis, or decubiti
Pediculosis
Scabies
Staphylococcal furunculosis in infants and young children
Varicella
Zoster (disseminated or in the immunocompromised host)†

Viral/hemorrhagic conjunctivitis

Extended Contact Precautions (ECP)

In addition to Standard Precautions use Extended Contact Precautions for patients known or suspected to have *Clostridiodes difficile* infection. For patients on ECP, hands must be washed with an antimicrobial soap and water. Alcohol cannot be used for hand hygiene for patients on this type of isolation, because alcohol will not kill spores.

Extremely Drug-Resistant Organism Precautions (XDRO)

Pan resistant organisms

Extended Respiratory Precautions

In addition to Standard Precautions, use Extended Respiratory Precautions for patients known or suspected to be infected with microorganisms that transmit primarily through large particle droplets to the extent that a higher level of protection is required in addition to eye protection. Diseases include: COVID-19, SARS and MERS.

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*See Appendix A for a complete listing of infections requiring precautions, including appropriate footnotes.

† Certain infections require more than one type of precaution.

TABLE 2

RECOMMENDATIONS FOR APPLICATION OF STANDARD PRECAUTIONS FOR THE CARE OF ALL PATIENTS IN ALL HEALTHCARE SETTINGS

COMPONENT	RECOMMENDATIONS
Hand hygiene	After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.
Personal protective equipment (PPE)	
Gloves	For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and nonintact skin.
Gown	During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated.
Mask, eye protection (goggles), face shield*	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation.
Soiled patient-care equipment	Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.
Environmental control	Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.
Textiles and laundry	Handle in a manner that prevents transfer of microorganisms to others and to the environment.
Needles and other sharps	Do not recap, bend, break, or hand manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container.
Patient resuscitation	Use mouthpiece, resuscitation bag, or other ventilation devices to prevent contact with mouth and oral secretions.
Patient placement	Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.
Respiratory hygiene/cough etiquette (source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas in emergency departments and physician offices)	Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, >3 feet if possible. Patient should be instructed to wear ear-loop style isolation mask.

*During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols (e.g., SARS), wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face/eye protection.

TABLE 3

CLINICAL SYNDROMES OR CONDITIONS WARRANTING ADDITIONAL EMPIRIC PRECAUTIONS TO PREVENT TRANSMISSION OF EPIDEMIOLOGICALLY IMPORTANT PATHOGENS PENDING CONFIRMATION OF DIAGNOSIS

Clinical Syndrome or Condition[†]	Potential Pathogens[‡]	Empiric Precautions
Diarrhea		
Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens[§]	Contact
Diarrhea in an adult with a history of recent antibiotic use until test results are available	*Clostridiodes difficile*	Extended Contact
Meningitis	*Neisseria meningitidis*	Droplet
Rash or exanthems, generalized, etiology unknown		
Petechial/ecchymotic with fever	*Neisseria meningitidis*	Droplet
Vesicular	Varicella	Airborne and Contact
Maculopapular with coryza and fever	Rubeola (measles)	Airborne
Respiratory infections		
Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for HIV infection	*Mycobacterium tuberculosis*	Airborne
Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	*Mycobacterium tuberculosis*	Airborne
Paroxysmal or severe persistent cough during periods of pertussis activity	*Bordetella pertussis*	Droplet
Respiratory infections, particularly bronchiolitis and croup, in infants and young children	Respiratory syncytial or parainfluenza virus, adenovirus, influenza virus, Human metapneumovirus	Contact and Droplet
Risk of multidrug-resistant microorganisms	May utilize precautions in an outbreak situation	Contact or XDRO precautions as needed
History of infection or colonization with multidrug-resistant organisms[‖]	Resistant bacteria	Contact
Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent	Resistant bacteria	Contact
Skin or wound infection		
Abscess or draining wound that cannot be covered	*Staphylococcus aureus,* Group A streptococcus	Contact

[†] Patients with the syndromes or conditions listed in the column below may present with atypical signs or symptoms (e.g., pertussis in neonates and adults may not have paroxysmal or severe

cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

‡ The organisms listed under the column "Potential Pathogens" are not intended to represent the complete, or even most likely, diagnoses, but rather possible etiologic agents that require additional precautions beyond Standard Precautions until they can be ruled out.

§ These pathogens include enterohemorrhagic *Escherichia coli* 0157:H7, *Shigella*, hepatitis A virus, norovirus, rotavirus and *C. difficile*.

‖ Resistant bacteria judged by the Department of Healthcare Epidemiology, based on current state, regional, or national recommendations, to be of special clinical or epidemiological significance.

***Reference*:**

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007. http://www.cdc.gov/ncidod/dhqp/pdf/isolation2007.pdf

2. Infection Prevention and Control Recommendations for Hospitalized Patients Under Investigation (PUIs) for Ebola Virus Disease (EVD) in U.S. Sept 3, 2015Hospitals https://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html

3. *Candida auris* Interim Recommendations for Healthcare Facilities and Laboratories. Feb 16, 2017. https://www.cdc.gov/fungal/diseases/candidiasis/recommendations.html

4. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html

5. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) (cdc.gov)