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Communicable Disease Management: Standard and Transmission Based/Isolation Precautions, HS-QM226

I. PURPOSE:

The following infection prevention and control strategies and guidelines are established to protect patients and staff by facilitating the identification, prevention, and control of nosocomial and other epidemiologically important pathogens.

II. POLICY:

All patients require Standard Precautions, to prevent transmission of infection. Provision of additional precautions and protection is instituted as appropriate to the identified pathogen.

III. SCOPE:

It is the responsibility of each member of the Community Memorial Health System (CMHS) to prevent and control infections.

IV. DEFINITIONS:

A. **CDC/NHSN surveillance definition of healthcare-associated infection:** A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that was not present on admission to the acute care facility. An infection is considered an HAI if all elements of a CDC/NHSN site-specific infection criterion were first present together on or after the 3rd hospital day (day of hospital admission is day 1).

B. **Colonization:** The persistence of organisms on skin, in open wounds, or in excretions or secretions but are not causing adverse clinical signs or symptoms.

C. **Community Associated**: Those found in patients who enter the hospital with a known or incubating infection. A patient admitted with an infection has the ability to spread it to susceptible persons in a

hospital; therefore, community associated infections are relevant to the general trend of hospital associated infections.

D. **Definitions of Infections:** Refer to the attachment – Chapter 17 of the NHSN Patient Safety Manual most current edition.

E. **Endogenous sources:** Body sites, such as the skin, nose, mouth, gastrointestinal (GI) tract, or vagina that are normally inhabited by microorganisms.

F. **Exogenous sources:** External to the patient, such as patient care personnel, visitors, patient care equipment, medical devices, or the healthcare environment.

G. **Transmission-based/Isolation Precautions:** The categories below will be used *in addition to* Standard Precautions:

1. **Airborne Precautions (AP):** Recommended for patients known or suspected to be infected with infectious agents/ epidemiologically important pathogens that can be transmitted by the airborne route. Requires the use of N95 respirator or PAPR and an airborne infection isolation room. (Refer to the Aerosol Transmissible Diseases Exposure Control Plan. Examples of qualifying organisms/illnesses: TB, measles, disseminated zoster, Monkeypox.
2. **Contact Precautions (CP):** Recommended for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission via contact with the patient or contaminated surfaces they have touched (such as target Multi- Drug Resistant Organisms (MDROs) [MRSA, CRE, VRE, *Candida auris*] and for patients previously identified as colonized as determined by Infection Control Committee). Refer to Lippincott Procedures for "Contact Precautions" for diseases requiring this level of precaution. Currently CMH**S** requires colonized Methicillin Resistant Staphylococcus aureus (MRSA) to be in Standard Precautions only; however, infectious process [pneumonia, UTI, BSI, skin and soft tissue] will require Contact Precautions. (See HS-QM216 MRSA Screening Management).
3. **Contact Plus Precautions (CP Plus):** Recommended for patients with known or suspected infections or evidence of symptoms/risk factors that represent increased potential for transmission via contact with the patient or contaminated surfaces. Individuals exiting the patient room/area must clean their hands using soap and water only (alcohol sanitizer alone is not sufficient. Examples of qualifying organisms/illnesses: unknown diarrhea, C.diff, Norovirus. If C.diff test is negative, consider testing with stool PCR panel. Maintain Contact Plus precautions.
4. **Droplet Precautions (DP):** Recommended for patients known or suspected to be infected with microorganisms transmitted by respiratory droplets (large-particle droplets [>5 µm in size] that can be generated by the patient during coughing, sneezing, talking). Refer to Lippincott Procedures "Droplet Precautions for diseases/Pathogens Requiring Droplet Precautions."
5. **Expanded Precautions (EP):** Recommended for patients with a suspected/confirmed infectious disease of epidemiological priority**.** Includes the use of N95 respirator, gown, gloves and face protection for staff and visitors. Refer to Infection Prevention for isolation details regarding these patients.
6. **Enhanced Standard Precautions (ESP):** Use of gown and glove for nursing home residents with wounds and indwelling devices during specific high-contact resident care activities associated with MDRO transmission.

H. **Electronic Medical Record (EMR**): Patient's chart, medical documentation record.

I. **Environmental Protection Agency (EPA):** Agent of the United States government created to protect human health which classifies all pesticides (detergents and cleaning solutions) and determines approval for use in healthcare.

J. **Hand Hygiene**: perform hand hygiene before and after patient contact, procedures, body fluid exposure

risk and after contact with patient environment. Applies to Standard and Transmission Based/Isolation Precautions.

K. **Infection**: The presence of organism(s) in body tissue or fluids accompanied by a clinically adverse effect (either locally or systemically) on the host.

L. **Inflammation:** A condition that results from tissue response to injury or stimulation by noninfectious agents (i.e. chemicals).

M. **National Health and Safety Network:** The NHSN is a secure, internet-based surveillance system that expands and integrates former CDC surveillance systems, including the National Nosocomial Infections Surveillance System (NNIS), National Surveillance System for Healthcare Workers (NaSH), and the Dialysis Surveillance Network (DSN). In addition, facilities that participate in certain reporting programs operated by the Centers for Medicare and Medicaid Services (CMS) can do so through use of NHSN.

N. **Nosocomial or Healthcare Associated Infection (HAI):** The National Health and Safety Network [NHSN] defines a nosocomial infection as a localized or systemic condition:

1. That results from adverse reaction to the presence of an infectious agent(s)or its toxin(s)and;
2. That was not present or incubating at the time of admission to the hospital.

O. **Novel (unknown) aerosol transmissible disease (ATD):** a pathogen capable of causing serious human disease meeting the following criteria:

1. There is credible evidence that the pathogen is transmissible to humans by aerosols; and
2. The disease agent is:
    a. A newly recognized pathogen
    b. A newly recognized variant of a known pathogen and there is reason to believe that the variant differs significantly from the known pathogen in virulence or transmissibility, or
    c. A recognized pathogen that has been recently introduced into the human population, or
    d. A not yet identified pathogen.

P. **Standard Precautions:** Putting a barrier between the healthcare worker and the blood or body fluids of any patient. Assume that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting. Refer to Lippincott Procedures "Standard Precautions" for detail.

V. PROCEDURE:

A. Precautions will be guided by current CDC recommendations and will be instituted by:

1. Physician order
2. Recommendation of Infection Prevention or the nurse caring for the patient. (Physician will be informed by nursing that precautions initiated

B. Discontinuation of isolation will be by physician order or nursing in consultation with Infection Prevention. Airborne precautions for patients suspected or confirmed Tuberculosis will continue until the case is reviewed by the Hospital Epidemiologist and/or Infection Prevention Department.

C. **Standard Precautions:**

1. All employees must follow Standard Precautions. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital. It includes the use of personal protective equipment when

contact with blood or body fluids is anticipated.

D. **Transmission-Based/Isolation Precautions** may be used in addition to Standard Precautions when there is a special component of communicability or transmission for a disease. All personnel are responsible to ensure correct signage is noted at the door of the patient room that requires transmission-based/ isolation precautions.

E. All personnel are responsible to ensure proper education of visitors in the methods of Standard Precautions and Transmission-Based/Isolation Precautions and the visitors' responsibility for compliance. Educational materials are provided in multiple formats, including the quick reference guide and printable individualized materials. Document all education provided to patients and visitors in the electronic medical record.

F. Hand Hygiene (HH) is required upon entry/exit of all patient areas: Refer to Hand Hygiene Policy (HS-QM211).

G. Personal Protective Equipment (PPE) is available at point of use and stored in the personal protective equipment cabinet or cart located *in* at the entrance or in the patient room. Isolation cart/Cabinet supplies are obtained through the Central Supply/Purchasing department and stocked by unit personnel. Additional supplies are available in the clean utility. Refer to Lippincott Procedure "Personal Protective Equipment" for details on donning and doffing.

H. Environmental Control is maintained by:

    1. Daily room cleaning and disinfection with an EPA and Infection Control Committee approved sporicidal by the Environmental Services personnel;
    2. Cleaning of patient care equipment between patients (EKG/ x-ray machines, walkers, etc.) and room located items (over-bed table, side rails, call light, Bed TV control, phone, etc.) frequently during patient's stay with Sani-Cloth Plus or other hospital approved disinfectant. Avoid using tape; tears or breaks in surfaces are to be reported for repair.

I. Outpatient Clinics refer to Lippincott Procedures for "Isolation precautions, ambulatory care".

J. Safe Injection Practices: Refer to Lippincott Procedures specific to the situation and HS-PHA079 for Pharmaceutical Waste disposal.

    1. Infection Control Practices For Special Lumbar Puncture Procedures: refer to Lippincott Procedure "Lumbar puncture, assisting".

K. AEROSOL TRANSMISSIBLE DISEASES (ATD) Refer to the ATD Exposure Control Plan

    1. Donning and doffing: Refer to Respiratory Protection Program and Lippincott Procedures "Personal Protective Equipment" for details on donning or doffing.
    2. Long Term Care: residents are transferred to higher level of care if airborne precautions is needed.

L. MULTI–DRUG RESISTANT ORGANISM MITIGATION through Chlorhexidine Bathing.

    1. Patient hygiene is supplemented with chlorhexidine gluconate (CHG) bathing which has been shown to be highly effective at reducing regrowth of pathogens on patient skin. All patients at high-risk for healthcare associated infections (HAIs) are to be bathed with CHG which is provided in every patient room.
    2. Chlorhexidine Bathing Program includes:
        a. Critical Care – applies to every patient
        b. Medical /Surgical /Telemetry with indwelling devices
        c. Labor and Delivery prior to C-section

d. Continuing Care Center with indwelling devices.

e. Perioperative Services – selected procedures

3. Patients allergic to CHG will be bathed with available soap.

VI. TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

- - See Appendix A in this policy

VII. FOR CCC ONLY: Isolation Guidelines

Precautions	Applies to	PPE used for these situations	Required PPE	Room Restriction	Duration of Isolation
Standard Precautions	All residents	Any potential exposure to: • Blood • Body fluids • Mucous membranes • Non-intact skin • Potentially contaminated environmental surfaces or equipment	**Depending on anticipated exposure**: gloves, gown, aseptic mask and eye protection and hand hygiene **(change PPE before caring for another resident).**	None	None

Enhanced Barrier Precautions	All residents with any of the following: • Residents with indwelling devices (**urinary catheters, central venous catheters, trach tubes, G-tubes**) • Residents with history of multi-drug resistant organisms, **per IP designation** • Resident with chronic wounds (Example of **chronic wounds include, but are not limited to, pressure injury, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers**) • Other residents, **per IP guidance** When possible, dedicate the use of noncritical resident-care equipment to a single resident. **If common equipment is used, clean and disinfect between residents.**	During high-contact resident care activities: • Morning and evening care • Toileting & changing incontinence briefs • Bathing/ showering • Device care and when providing treatments • Wound care • Mobility assistance & preparing to leave room • Transferring • Cleaning and disinfecting the environment • Changing linens	Gloves and gown prior to the high-contact care activity • Face protection may also be needed if performing activity with risk of splash or spray • Change PPE before caring for another resident	None	Until device removal and/or wounds are healed and IP approval.

Contact Precautions	All residents infected with a MDRO in any of the following situations: • Presence of draining wounds or other sites of secretions or excretions that are unable to be covered or contained. • Other residents, **per IP guidance** (contact IP for infected or colonized with CRO, ESBL, VRE, MRSA or any other organisms of special interest). • All residents who have another infectious condition (e.g., scabies, lice).	Any room entry	Gloves and Gown (Don before room entry, doff before room exit; change before caring for another resident) Face protection may also be needed if Performing activity with risk of splash or spray	Yes, for those residents with wounds unable to be covered or contained and bodily fluids which cannot be contained. Infectious conditions like scabies, lice, etc. Resident may leave the room after appropriate treatment	Symptoms resolve. When wound drainage is present, drainage needs to be contained, before removing isolation precautions. **(Contact IP for additional information)**
Contact Plus Precautions	All residents infected or colonized with an organism that requires BLEACH cleaning and disinfection, in any of the following situations: • Presence of acute diarrhea, that is unable to be contained (diapered or incontinent) • All residents who have the following infections: C. difficile, Norovirus, C. Auris) or condition for which Contact **PLUS** Precautions is recommended	Any room entry	Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) Face protection may also be needed if performing activity with risk of splash or spray	Yes, except for medically necessary care	48-hours until resident has completed treatment and continent or not diapered with loose stools. If questions contact IP for removal.

Other Isolation Precautions	All residents infected with any of the following situations: • CoVID-19: refer to the "**CMH CoVID-19 Hospital Admission and Testing and Isolation Algorithm**" and "**Discontinuing Isolation for Inpatients with CoVID-19 at CMH**" (Intranet under- Infection Prevention tab) **Contact IP for:** • For other infections: RSV, Influenza (all types), Human metapneumovirus, Parainfluenza, Rhinovirus, Pulmonary/ Laryngeal Tuberculosis, Herpes/Shingles, or any Special Pathogens.	Any room entry	Covid-19: Gloves and gown (Don before room entry, doff before room exit; change before caring for another resident) Face protection including: eye protection, aseptic mask or N95 respirator, may also be needed	Yes, except for medically necessary care	Based on a case-by-case basis. Contact IP x 5004 for Isolation Precautions removal.

Reference: CDC Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs): https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html

APPENDIX A: TYPE AND DURATION OF PRECAUTIONS RECOMMENDED FOR SELECTED INFECTIONS AND CONDITIONS

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact	Duration of illness	Until drainage stops or can be contained by dressing
Draining, minor	Standard		
Acquired human	Standard		Postexposure

immunodeficiency syndrome (AIDS)			chemoprophylaxis for some blood exposures
Actinomycosis	Standard		Not transmitted
Adenovirus infection (see agent-specific guidance under gastroenteritis, conjunctivitis, pneumonia)			
Amebiasis	Standard		Person-to-person transmission is rare. Use care when handling diapered infants and mentally challenged persons
Anthrax			
Cutaneous	Standard		Until decontamination of environment complete: wear respirator (N95 or PAPR), protective clothing, decontaminate persons with powder on them. Hand hygiene: handwashing 30-60 seconds with soap and water or 2% CHG after spore contact
Pulmonary Environmental: aerozolizable spore-containing powder or other substance	Expanded	Until environment completely decontaminated	
Arthropod-borne viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and viral fevers (dengue, yellow fever, Colorado tick fever	Standard		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally
Ascariasis	Standard		Not transmitted from person to person
Aspergillosis	Standard		Contact Precautions Plus Airborne if massive soft tissue infection with copious drainage and repeated irrigations required
Babesiosis	Standard		Not transmitted from person to person, except rarely by transfusion
Blastomycosis, North American cutaneous or pulmonary	Standard		Not transmitted from person to person

Botulism	Standard		Not transmitted from person to person
Bronchiolitis	Contact		Use mask according to Standard Precautions
Brucellosis (undulant, Malta, Mediterranean fever)	Standard		Not transmitted from person to person, except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following lab exposure
Campylobacter gastroenteritis (see Gastroenteritis)			
Candida auris	Contact Plus	Lifetime isolation	Contact IP; refer to policy HS-QM232 Candida auris Surveillance
Candidiasis, other	Standard		
Cat scratch fever (benign inoculation lymphoreticulosis)	Standard		Not transmitted person to person
Cellulitis	Standard		
Chancroid (soft chancre, *H. ducreyi*)	Standard		Transmitted sexually from person to person
Chickenpox (see Varicella)			
Chlamydia trachomatis			
Conjunctivitis	Standard		
Genital	Standard		
Pneumonia	Standard		
Chlamydia pneumoniae	Standard		
Cholera (see Gastroenteritis)			
Closed-cavity infection Open drain in place; limited or minor drainage)	Standard		Contact Precautions if there is copious uncontained drainage
Clostridioides difficile	Contact Plus	Hospitalization, or per Infection Prevention	
Clostridium botulinum	Standard		Not transmitted from person to person
Clostridium perfringens			
Food poisoning	Standard		Not transmitted from person to person
Gas gangrene	Standard		Transmission is rare. Use

			Contact Precautions if wound drainage is extensive
Coccidioidomycosis (valley fever)			Not transmitted from person to person except in extraordinary circumstances (inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung)
Draining lesions	Standard		
Pneumonia	Standard		
Colorado tick fever	Standard		Not transmitted from person to person
Congenital rubella	Contact	Until 1 year of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 months of age
Conjunctivitis			
Acute bacterial	Standard	Duration of illness	Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with community outbreaks. Highly contagious.
Acute viral	Contact		
COVID-19 (SARS-CoV-2)	Expanded	Per physician approval, symptom-based. (For mild-moderate illness, CDC recommends **isolation** at least until 10 days after symptom onset with fever resolution for at least 24 hours w/o fever reducing medication, and symptoms must improve. If severe illness or immune compromised increase to 20 days in addition to fever resolution and symptom improvement)	**Private room,** N95 or higher respiratory protection, eye protection (e.g., goggles, face shield) for patient care; **AIIR for** aerosol-generating procedures; vigilant environmental disinfection needed • open suctioning of airways, • sputum induction, • cardiopulmonary resuscitation, • endotracheal intubation and extubation, • non-invasive ventilation (e.g., BiPAP, CPAP), • bronchoscopy,

			• nebulizer administration (substitute with a MDI if possible), • high flow O2 delivery, or • manual ventilation.
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (CJD, vCJD)	Standard		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been ruled out; no special burial procedures. Refer to policy HS-QM230 CJD
Croup (see Respiratory infections in infants and young children)			
Crimean-Congo Fever (see viral hemorrhagic fever)			
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant
Cryptosporidiosis (see Gastroenteritis)			
Cysticercosis	Standard		Not transmitted from person to person
Cytomegalovirus infection, including in neonates and immunosuppressed patients	Standard		No additional precautions for pregnant HCWs
Dengue fever	Standard		Not transmitted from person to person
Diphtheria Cutaneous	Contact	Until off antimicrobial treatment and culture neg.	Until 2 cultures taken 24 hours apart are negative
Diphtheria Pharyngeal	Droplet	Until off antimicrobial treatment and culture neg.	Until 2 cultures taken 24 hours apart are negative
Ebola virus (see Viral Hemorrhagic Fevers)			Refer to policy HS-QM234 Management of Patients with Suspected or

			Confirmed Ebola VD
Endometritis	Standard		
Enterobiasis (pinworm disease, exyuriasis)	Standard		
Enterovirual infections (e.g., Group A and B Coxsackie viruses and Echo viruses; excludes polio virus)	Standard		Use Contact Precautions for diapered and incontinent children for duration of illness and to control institutional outbreaks
Epiglottitis, due to Haemophilus influenzae type B	Droplet	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies
Epstein-Barr virus infection, including infectious mononucleosis	Standard		
Food poisoning			Not transmitted from person to person
Botulism	Standard		
C. perfringens or welchii	Standard		
Staphylococcal	Standard		
Furunculosis, staphylococcal	Standard		Not transmitted from person to person
Furuncolosis, staphylococcal Infants and young children	Contact	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		Not transmitted from person to person
Gastroenteritis	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below
Gastroenteritis Adenovirus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Campylobacter species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis	Standard		Use Contact Precautions

Cholera (Vibrio cholerae)			for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Cryptosporidium species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis E coli Enteropathogenic O127:H7 and other shiga toxin producing strains	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Giardia lamblia	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Noroviruses	Contact Plus		Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks.
Gastroenteritis Rotavirus	Contact	Duration of illness	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
Gastroenteritis Salmonella species (including S. typhi)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Shigella species (bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Vibrio parahaemolyticus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks

Gastroenteritis Viral (if not covered elsewhere)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gastroenteritis Yersinia enterolitica	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks
Gonococcal ophthalmia neonatorum (gonorrheal opthalmia, acute conjunctivitis of newborn)	Standard		
Gonorrhea	Standard		
Hand, foot, and mouth disease (see Enteroviral infection)			
Hansen's Disease (see Leprosy)			
Hantavirus pulmonary syndrome	Standard		Not transmitted from person to person
Helicobacter pylori	Standard		
Hepatitis, viral Type A	Standard		Provide hepatitis A vaccine postexposure as recommended
Hepatitis, viral Type A – Diapered or incontinent patients	Contact		Maintain Contact Precautions in infants and children < 3yrs of age for duration of hospitalization; for children 3-14 yrs for 2 weeks after onset of symptoms; >14 yrs for 1 week after onset of symptoms
Hepatitis, viral Type B-HBsAG positive, acute or chronic	Standard		Refer to Infection Prevention for care of patients on dialysis
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard		Refer to Infection Prevention for care of patients on dialysis
Hepatitis, viral Type D (seen only with hepatitis B)	Standard		

Hepatitis, viral Type E	Standard		Use Contact Precautions for diapered or incontinent individuals for the duration of illness
Hepatitis, viral Type G	Standard		
Herpangina (see Enteroviral infection)			
Hookworm	Standard		
Herpes simplex (Herpesvirus hominis) Encephalitis	Standard		
Herpes simplex (Herpesvirus hominis) Mucocutaneous, disseminated or primary, severe	Contact	Until lesions dry and crusted	
Herpes simplex (Herpesvirus hominis) Mucocutaneous, recurrent (skin, oral, genital)	Standard		
Herpes simplex (Herpesvirus hominis) Neonatal	Contact	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 hours until infant surface cultures obtained at 24-36 hours of age negative after 48 hours incubation
Herpes zoster (varicella-zoster; shingles) Disseminated disease in any patient; Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne, Contact	Until lesions dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available
Herpes zoster (varicella-zoster; shingles) Localized in patient with intact immune	Standard	Until lesions dry and crusted	Susceptible HCWs should not provide direct patient care when other immune caregivers are available

system with lesions that can be contained/covered			
Histoplasmosis	Standard		Not transmitted from person to person
Human Immunodeficiency virus (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures
Human metapneumovirus	Contact	Duration of illness	Wear masks per Standard Precautions
Impetigo	Contact	Until 24 hours after initiation of effective therapy	
Infectious mononucleosis	Standard		
Influenza	Droplet	Duration of illness	
Lassa Fever (see Viral Hemorrhagic Fevers)			
Legionnaires' disease	Standard		Not transmitted from person to person
Lice Head (pediculosis)	Contact	Until 24 hours after initiation of effective therapy	
Lice Body	Standard		Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes per CDC guidance
Lice Pubic	Standard		Transmitted person to person through sexual contact
Listeriosis	Standard		Person to person transmission rare; cross-transmission in neonatal settings reported
Lyme disease	Standard		Not transmitted person to person
Malaria	Standard		Not transmitted from person to person, except through transfusion rarely and through failure to follow Standard Precautions during patient care
Marburg virus (see Viral Hemorrhagic Fevers)			

Measles (Rubeola)	Airborne	4 days after onset of rash; duration of illness in immuno-compromised	Susceptible HCW should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCW should use respiratory protection that is at least as protective as a fit-tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area.
Meningitis Aseptic (nonbacterial or viral; also see enteroviral infections)	Standard		Contact Precautions for infants and young children
Meningitis Bacterial, gram negative enteric, in neonates	Standard		
Meningitis Fungal	Standard		
Meningitis Haemophilus influenzae, type B or suspected	Droplet	Until 24 hours after initiation of effective therapy	
Meningitis Neisseria meningitides (meningococcal), known or suspected	Droplet	Until 24 hours after initiation of effective therapy	See Meningococcal Disease below
Meningitis Streptococcus pneumoniae	Standard		
Meningococcal disease: sepsis, pneumonia, meningitis	Droplet	Until 24 hours after initiation of effective therapy	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks
Molluscum contagiosum	Standard		
Monkeypox	Expanded	Until all lesions have crusted, have separated, and fresh layer of healthy skin has formed underneath.	AIIR room for aerosol generating procedures Refer to policy HS-QM235 Management of Monkeypox.

Multidrug resistant organisms (active infection only): **VRE, MRSA**	Contact	Hospitalization	
Multidrug resistant organisms (MDROs) infection or colonization **ESBLs**	Contact	Until 1 year after last positive culture	
Multidrug resistant organism: Infection or colonization, Carbapenem resistant Enterobacteriaceae (CRE) Carbapenem resistant Acinetobacter B (CRAB), Carbapenem resistant Pseudomonas A (CRPA)	Contact	Lifetime isolation	MDROs judged by Infection Prevention based on public health recommendations to be of clinical and epidemiologic significance.
Mumps (infectious parotitis)	Droplet	Until 5 days after the onset of swelling	After onset of swelling, susceptible HCWs should not provide care if immune caregivers are available
Mycobacterial, nontuberculosis (atypical)	Standard		
Mycoplasma pneumonia	Droplet	Duration of illness	
Necrotizing enterocolitis	Standard		Contact Precautions when cases clustered temporally
Nocardiosis, draining lesions or other presentations	Standard		Not transmitted from person to person
Norovirus (see Gastroenteritis)			
Orf	Standard		
Parainfluenza virus infection, respiratory in infants and young children	Contact	Duration of illness	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain
Parvovirus B19 (Erythema infectiosum)	Droplet		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.
Pediculosis (lice)	Contact	Until 24 hours after effective treatment	
Pertussis (whooping cough)	Droplet	Until 5 days after treatment	Single patient room preferred. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions.
Pinworm infection (Enterobiasis)	Standard		
Plague (Yersinia pestis)			
1. Bubonic	Standard	Until 48 hours after initiation of after treatment	Antimicrobial prophylaxis for exposed HCW
2. Pneumonic	Droplet		
Pneumonia			
Adenovirus pneumonia	Droplet, Contact	Duration of illness	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
B. cepacia in patients with CF, including respiratory tract colonization	Contact		Avoid exposure to other persons with Cystic Fibrosis. Private room preferred.
Haemophilus influenzae, type b, in infants and children	Droplet	Until 24 hours after treatment	Standard Precautions for adults.
Meningococcal pneumonia	Droplet	Until 24 hours after treatment	
Mycoplasma (primary atypical pneumonia)	Droplet	Duration of illness	
Pneumococcal pneumonia	Standard		Use Droplet Precautions if evidence of transmission within a patient care unit or facility
Pneumocystis jiroveci (pneumocystis carinii)	Standard		Avoid placement in the same room with an immunocompromised

			patient
Staphylococcus aureus	Standard		For MRSA, see MDROs
Streptococcus, group A Adults, infants and young children	Droplet &	Until 24 hours after treatment	Add Contact Precautions if skin lesions present
Poliomyelitis	Contact	Duration of illness	
Pressure ulcer (decubitus ulcer, pressure sore) infected			
Major	Contact	Duration of illness	If no dressing or containment of drainage; until drainage stops or can be contained by dressing
Minor	Standard		Standard if minor & dressing covers and contains drainage
Psittacosis (ornithosis; Chlamydia psittaci)	Standard		Not transmitted from person to person
Rabies	Standard		Person to person transmission rare; transmission via corneal, tissue, and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area, wash exposed area thoroughly and administer post-exposure prophylaxis
Rat-bite fever (Streptobacillus moniliformis disease, Spirillum minus disease)	Standard		Not transmitted from person to person
Relapsing fever	Standard		Not transmitted from person to person
Respiratory infectious disease, acute (if not covered elsewhere), infants and young children	Contact	Duration of illness	
Respiratory syncytial virus infection in infants, young children, and immunocompromised	Contact, Droplet	Duration of illness	Wear an aseptic mask. In immunocompromised patients, extend the duration of Contact

adults			Precautions due to prolonged shedding.
Reye's syndrome	Standard		Not an infectious condition
Rheumatic fever	Standard		Not an infectious condition
Rhinovirus	Droplet	Duration of illness	Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants)
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus)	Standard		Not transmitted from person to person except through transfusion, rarely
Rickettsialpox (vesicular rickettiosis)	Standard		Not transmitted from person to person
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Rarely, outbreaks have occurred in healthcare settings (NICU, rehab). Use Contact Precautions in outbreak settings.
Ritter's disease (Staphylococcal scalded skin syndrome)	Contact	Duration of illness	
Roseola infantum (exanthema subitum, caused by HHV-6)	Standard		
Rubella (German measles)(also see congenital rubella)	Droplet	Until 7 days after rash onset	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection if immune. Pregnant women who are not immune should not care for these patients. Administer vaccine within 3 days of exposure for non-pregnant susceptible individuals. Place exposed susceptible individuals on Droplet Precautions; exclude susceptible HCW from duty from day 5 after 1st exposure to day 21 after last exposure, regardless of post-exposure vaccine
Rubeola (see measles)			

Salmonellosis (see gastroenteritis)			
Scabies	Contact	Until 24 hours after treatment	
Scalded skin syndrome, staphylococcal	Contact	Duration of illness	
Schistosomiasis (bilharziasis)	Standard		
Severe acute respiratory syndrome (SARS); does not include COVID-19 (SARS-CoV-2)	Expanded	Duration of illness + 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Contact Infection Prevention ASAP. N95 or higher respiratory protection. Eye protection (goggles, face shield); aerosol-generating procedures and "super shedders" highest risk for transmission via small droplet nuclei and large droplets. Vigilant environmental disinfection.
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	Expanded	Duration of illness	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCW should not provide care when immune HCW are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; post-exposure vaccine within 4 days of exposure protective
Sporotrichosis	Standard		
Staphylococcal disease (S. aureus)			
Major skin, wound, burn	Contact Standard	Duration of illness	No dressing or dressing does not contain drainage adequately
Minor			Standard if minor & dressing covers and contains drainage adequately
S. aureus Enterocolitis	Standard		Contact Precautions for diapered or incontinent children for duration of illness
Pneumonia	Standard		

Streptococcal disease (group A streptococcus)			
Major skin, wound, burn	Contact, Droplet Standard	Until 24 hours after treatment	No dressing or dressing does not contain drainage adequately
Minor			Standard if minor, dressing covers and contains drainage adequately
Endometritis (puerperal sepsis)	Standard		
Pharyngitis in infants and young children	Droplet	Until 24 hours after treatment	
Pneumonia	Droplet	Until 24 hours after treatment	
Scarlet fever in infants and young children	Droplet	Until 24 hours after treatment	
Serious invasive Strep A disease	Droplet	Until 24 hours after treatment	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and HCW. Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions.
Streptococcal disease (group B streptococcus), neonatal	Standard		
Streptococcal disease (not group A or B) unlessed covered elsewhere	Standard		
Strongyloidiasis	Standard		
Syphilis	Standard		
Tapeworm disease	Standard		Not transmitted from person to person
Tetanus	Standard		Not transmitted from person to person
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person to person transmission
Toxic Shock Syndrome (staphylococcal disease, streptococcal disease)	Standard		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if group A strep is a likely etiology

Trachoma, acute	Standard		
Toxoplasmosis	Standard		Person to person transmission is rare
Trench mouth (Vincent's angina)	Standard		
Trichinosis	Standard		
Trichomoniasis	Standard		
Trichuriasis (whipworm disease)	Standard		
Tuberculosis (M.tuberculosis)			
Extrapulmonary, draining lesion	Airborne, Contact		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary TB.
Extrapulmonary TB, no draining lesion, meningitis	Standard		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
Pulmonary or laryngeal disease, confirmed	Airborne		Consult with Infection Prevention prior to removal of airborne precautions.
Pulmonary or laryngeal disease, suspected	Airborne		Consult with Infection Prevention prior to removal of airborne precautions. Precautions will be discontinued 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 from AFB are negative. Each of the specimens should be collected at least 8 hours apart, and at least one should be an early morning specimen
Tularemia	Standard		

Typhoid (Salmonella typhi)(see gastroenteritis)			
Typhus			
Rickettsia prowazekii	Standard		
Rickettsia typhi	Standard		
Vaccinia			
Vaccination site care (including autoinoculated areas)	Standard		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes
Eczema vaccinatum, fetal vaccinia, generalized vaccinia, progressive vaccinia	Contact	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material
Postvaccinia encephalitis	Standard		
Blepharitis or conjunctivitis	Standard, Contact		Use Contact Precautions if there is copious drainage
Iritis or keratitis	Standard		
Varicella zoster (Chickenpox)	Airborne, Contact	Until lesions are 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

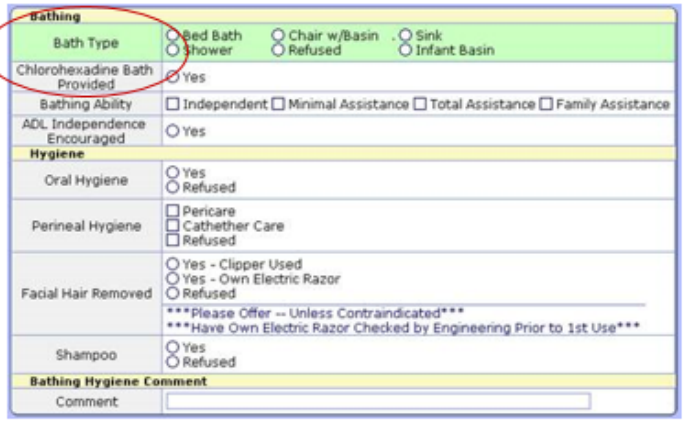
			(immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5days before delivery or within 48 hrs after delivery) provide VZIG, as soon as possible and within 10 days of exposure**;** if unavailable, use IVIG, Use Airborne Precautions for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received VZIG, regardless of post-exposure vaccination.
Vibrio parahaemolyticus (see gastroenteritis)			
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Expanded	Duration of illness	Notify Public Health and Infection Prevention immediately. 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. Refer to HS-QM 234 Ebola

			Management
Yersinia enterocolitica (see gastroenteritis)			
Zoster (see herpes zoster; varicella-zoster)			
Zygomycosis	Standard		Not transmitted from person to person

VIII. DOCUMENTATION:

A. The nurse will post the appropriate type of precautions initiated in the patient record. Positive LabID for communicable disease or resistant organism is documented by the Infection Control Department.

B. Nursing: document the daily CHG bath in the activity bath area as shown.



Keyword Search:

Isolation , Precautions, CHG, MDRO, MRSA, Hibiclens

Attachments:

- NHSN patient Safety Manual – Definitions of HAI January 2017
- HAI Prevention Toolkit
- SHEA Compendium of Strategies to Prevent HAI

Related Policies:

Management of Infectious Diarrhea; MRSA Screening and Management; Respiratory Protection Program

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Replaced by:

02/25/2020

This document is no longer current once it is printed.

Attachments

Isolation Guidelines Table

Approval Signatures

Step Description	Approver	Date

References

Ambulatory Med, CCC, Ojai Hospital, Ventura Hospital