

Children's Hospital and Health System
Infection Prevention and Control Policy and Procedure
Subject: ISOLATION CHART (for PATIENT Care)

See Addendum A for Infection Prevention precautions based on symptoms.

YELLOW = Higher risk infections (Enhanced Contact or Airborne precautions)

RED = Highest risk/Severe infections (Heightened Isolation Precautions)

GREEN = Protective Environment isolation precautions

*Wear eye protection (goggles and/or face shield) when there is potential for splash or spray of blood, respiratory secretions, or other bodily fluids.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
ABSCESS		Drainage	Contact	Gown Gloves	Until drainage stops or can be contained	Follow precautions for specific organism if found. If no specific organism found, continue isolation as noted for drainage. No isolation required if dressing covers and contains drainage.	Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
ACQUIRED HUMAN IMMUNODEFICIENCY SYNDROME (AIDS)		Blood, body fluids, body tissue	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
ACTINOMYCOSIS		Normal Flora	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
ACUTE CHEST SYNDROME			Contact and Droplet	Mask Eye Protection* Gown Gloves	24 hours after initiation of antibiotics	Not an infectious disease, but can mimic or mask a true infectious process (i.e. pneumonia, upper respiratory infection)	After patient leaves, clean and disinfect room with approved disinfectant.
ADENOVIRUS	<i>Blood</i>	Blood	Standard			Isolation for symptoms present as noted for Adenovirus. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Conjunctivitis, gastroenteritis</i>	Eye secretions, stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Pneumonia or respiratory tract infections</i>	Respiratory secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Prolonged shedding of virus in immunocompromised patients	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
AEROMONAS		Contaminated food or drink	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
AMEBIASIS		Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours	Person-to-person transmission is rare.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
ANTHRAX	Cutaneous lesions	Drainage	Special Contact (Contact Plus in FV)	Gown Gloves	24 hours after INITIATION of antibiotics	Transmission possible through non-intact skin contact with draining lesions. Hand hygiene: Wash hands with soap and water (alcohol hand sanitizers do not have sporicidal activity). Environmental cleaning: Use BLEACH wipes.	If appointment is not urgent, reschedule for 24 hours after initiation of antibiotics. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.
	Pulmonary	N/A	Standard			Not transmitted person-to-person. Environmental cleaning: Use BLEACH wipes. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with BLEACH wipes.
	Environmental exposure: aerosolizable spore-containing powder or other substance	Bioterrorism agent	Heightened Isolation Precautions (HIP)	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**Notify the Infection Preventionist on call through Secure chat or via pager. Be sure to include the concern for ANTHRAX in the notification to IP ** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. Hand hygiene: Wash hands for 30-60 seconds with soap and water or 2% chlorhexidine gluconate (CHG) after spore contact (alcohol hand rubs are inactive against spores). Environmental cleaning: Use BLEACH wipes.	IMMEDIATELY call 911! **Notify the Infection Preventionist on call through Secure chat or via pager. Be sure to include the concern for ANTHRAX in the notification to IP ** Patient (and any family or visitors accompanying patient) must mask. Make sure patient/family are roomed immediately in a negative pressure room OR an individual room with HEPA, keep door closed. (See comments section for hand hygiene information.) Room must remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with BLEACH wipes.
ASPERGILLOSIS		Fungus, Exposure in environment	Standard (possible Airborne and Contact – see comments)	(N95 mask with Eye Protection [or CAPR], Gown, and Gloves, if isolation needed – see comments)	(Until drainage stops or can be contained, if isolation needed – see comments)	Airborne and Contact Precautions if massive soft tissue infection with copious drainage and repeated irrigations required.	After patient leaves, clean and disinfect room with approved disinfectant. (See comment section for additional precautions) (If Airborne isolation needed, immediately room patient in individual room with HEPA, keep door closed, cluster care. Room must remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.)
ASTROVIRUS		Stool	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
BARTONELLA (CAT-SCRATCH FEVER)		Cat/kitten scratch or bite	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
BLASTOMYCOSIS		Fungus, Exposure in environment	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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BOTULISM		Exposure to Clostridium Botulinum bacteria toxin	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
BRONCHIOLITIS		Respiratory secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours	Follow precautions for specific organism, if found. If no specific organism found, continue isolation as noted.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
BRUCELLOSIS		Bacteria from under cooked meat, unpasteurized dairy	Standard	See comments (For AGPs: N95 mask with Eye Protection, or CAPR.)		Person-to-person transmission is rare. Can be transmitted via birth or breast milk to infants. Contact lab if testing for Brucella due to isolation needs for specimen handling. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids. If aerosol-generating procedures (AGPs) are being performed, use an N95 mask with eye protection, or CAPR.</i>	After patient leaves, clean and disinfect room with approved disinfectant. (See comment section for additional precautions)
BURNS	<20% of body	n/a	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
	>20% of body	n/a	Protective Environment	Mask Gown Gloves Bouffant cap	Once surgeon deems burn/graft is healed	Create a protective environment: - Place patient in a POSITIVE pressure room. Contact Facilities Operations to confirm positive pressure alarms are activated for patient room. Patient should not be admitted into a negative pressure room, unless airborne illness is detected. - Change out patient’s bed every 10 days. - Move patient to a new room with a new bed every 20 days. - Do not transport patient outside of room unless medical necessary per provider discretion. Patient must wear a mask when leaving the room. - No plants, animals, or fans allowed in patient room.	Room patient immediately and prepare for transfer to higher level of care. After patient leaves, clean and disinfect room with approved disinfectant.
CAMPYLOBACTER GASTROENTERITIS		Undercooked or contaminated food. Also obtained through fecal-oral route	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
CANDIDA AURIS		Infected or colonized body part or bodily fluid	Enhanced Contact	Gown Gloves	NONE – isolation precautions are indefinite.	1-on-1 nursing, if possible. Environmental cleaning: Use BLEACH wipes. Family/Visitors may not leave the room unless medically necessary. Family providing care to patient and all other visitors must wear PPE. <i>See MDRO policy for additional information.</i>	If appointment is not urgent, and active infection was recent, reschedule for 48 hours after symptom resolution. Otherwise, room immediately! After patient leaves, clean and disinfect room with BLEACH wipes.
CANDIDIASIS	All forms including mucocutaneous (excluding Candida auris)	Yeast	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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CELLULITIS		Drainage	Contact	Gown Gloves	Until drainage can be contained or stops	No Isolation required if dressing covers and contains drainage.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
CHANCROID		Genital ulcers	Standard			Transmitted sexually from person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CHICKENPOX	See VARICELLA ZOSTER						
CHLAMYDIA PNEUMONIAE		Respiratory Secretions	Droplet	Mask Eye Protection*	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
CHLAMYDIA TRACHOMATIS	<i>Conjunctivitis, Genital, Pneumonia (infants <3 mo)</i>	Drainage	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CHOLERA		Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
CLOSTRIDIUM	<i>C. botulinum</i> – See BOTULISM						
	<i>C. difficile</i>	Stool/feces	Special Contact (Contact Plus in Fox Valley)	Gown Gloves	To discontinue isolation: • Patient must have resolution of symptoms (i.e. diarrhea) for 48 hours • No screening stool sample is required to discontinue isolation. • Patient should shower or bathe if able. (If unable to bathe, use comfort bath wipes.) • Place in clean clothing or gown. • Transfer patient to a new clean room with a new clean bed. • Personal belongings should be placed in bags and brought home for washing. • Terminal cleaning after room change or discharge must be completed with BLEACH solution. • Contact Infection Prevention to request removal of infection alert	Hand hygiene: Wash hands with soap and water (alcohol hand rubs are inactive against spores). Environmental cleaning: Use BLEACH wipes.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.

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	<i>C. perfringens (food poisoning)</i>	Bacteria in undercooked or spoiled food	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
	<i>C. myonecrosis (Gas gangrene)</i>	Bacteria contamination of open wounds	Contact	Gown Gloves		Transmission person-to-person is rare, but transmission risk is increased when wound drainage is extensive.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
COCCIDIOIDOMYCOSIS (Valley Fever)		Fungus, Exposure in environment	Standard			Care should be taken in handling changing and discarding dressings, casts, and similar material in which arthroconidial contamination could occur. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
COLORADO TICK FEVER		Ticks	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CONJUNCTIVITIS	<i>Acute bacterial</i>	Drainage	Contact	Gown Gloves	Resolution of symptoms for 48 hours.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Chlamydia</i>	Drainage	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Gonococcal</i>	Drainage	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Acute viral</i>	Drainage	Contact	Gown Gloves	Resolution of symptoms for 48 hours.	Highly contagious in pediatric, neonatal, and eye clinic settings. Adenovirus most common; enterovirus 70 and Cocksackie virus A24 also associated with outbreaks.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
CORONAVIRUS (SEASONAL; NOT COVID-19 OR MERS)		Respiratory secretions or contact with infected person	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE	INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
COVID-19 (Novel Coronavirus, SARS-CoV2)	COVID-19 Infection	Respiratory secretions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves 10 days after date of positive result *Date of positive result = Day 0 Must also have resolution of symptoms for 48 hours, including no fever, without the use of fever-reducing medications Contact Infection Prevention to request removal of infection alert.	Place all patients with suspected or confirmed COVID-19 in Airborne and Contact isolation. Place patients with a confirmed COVID-19 infection in a negative pressure room. Contact Facilities Operations to verify alarms are activated for patient room.	If appointment is not urgent, reschedule for 10 days after symptom onset OR 10 days after date of positive result and at least 48 hours after symptom resolution. Otherwise, patient (and any family or visitors with patient) must mask. Room immediately into a negative pressure room OR an individual room with a HEPA, keep door closed. After patient leaves, room must remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After room rest, clean and disinfect with approved disinfectant.
	COVID-19 in immunocompromised patient	Respiratory secretions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves 20 days after date of positive result *Date of positive result = Day 0 Must also have resolution of symptoms for 48 hours, including no fever, without the use of fever-reducing medications Contact Infection Prevention to request removal of infection alert.	Place all immunocompromised patients with confirmed COVID-19 in a negative pressure room. (Never place in a positive pressure room.) Contact Facilities Operations to verify alarms are activated for patient room.	If appointment is not urgent, reschedule for 20 days after symptom onset or 20 days after date of positive result and at least 48 hours after symptom resolution. Otherwise, Patient (and any family or visitors accompanying patient) must mask. Room patients with suspected or confirmed COVID-19 immediately into a negative pressure room OR an individual room with a HEPA, keep door closed. After patient leaves, room must remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After room rest, clean and disinfect with approved disinfectant.
	Exposure to COVID-19 or PUI (Person Under Investigation, i.e. COVID Rule-out)		COVID-19 Exposure/PUI (Airborne and Contact in Fox Valley)	N95 mask with Eye Protection (or CAPR) Gown Gloves <u>Exposure</u> : Negative COVID-19 test on day 7 from exposure OR 10 days after exposure to COVID-19 *Date of exposure = Day 0 <u>PUI</u> : If positive, refer to COVID-19 Infection above. If negative, must have resolution of symptoms for 48 hours, including no fever, without the use of fever-reducing medications	<u>Exposure</u> : Place all patients with exposure to COVID-19 in the last 10 days (20 days if living with COVID-19 positive person) in COVID-19 Exposure/PUI isolation. *Date of exposure = Day 0 ONLY WHILE ADMITTED, patient should be swabbed for COVID on admit and day 7 after exposure. If symptoms develop while patient is hospitalized, test with Respiratory Pathogen Panel (which includes COVID-19 test) to see if there is an alternate diagnosis for symptoms. <u>PUI</u> : PUI alert will automatically resolve once COVID-19 lab has resulted.	<u>Exposure</u> : If appointment is not urgent, reschedule for 10 days after date of exposure or 15 days after date of exposure if living with COVID-19 positive person. <u>PUI</u> : If appointment is not urgent, reschedule for after lab has resulted. If negative, reschedule for at least 48 hours after of symptom resolution. If positive, refer to COVID-19 Infection. Otherwise, Patient (and any family or visitors accompanying patient) must mask. Room patients with exposure to or pending test for COVID-19 immediately into a negative pressure room OR an individual room with a HEPA, keep door closed. After patient leaves, room must remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After room rest, clean and disinfect with approved disinfectant.

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COXSACKIE VIRUS DISEASE		Oral secretions/ stool	Contact	Gown Gloves	Resolution of symptoms for 48 hours	Fecal viral shedding for several weeks or months.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
		Respiratory secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours	Respiratory tract shedding usually 1-2 weeks.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
CP-CRO (Carbapenemase-Producing Carbapenem-Resistant Organism)		Etiology dependent	Enhanced Contact	Gown Gloves	NONE – isolation precautions are indefinite.	1-on-1 nursing, if possible. Environmental cleaning: Use BLEACH wipes. Family/Visitors may not leave the room unless medically necessary. Family providing care to patient and all other visitors must wear PPE. <i>See MDRO policy for additional information.</i>	If appointment is not urgent, and active infection was recent, reschedule for 48 hours after symptom resolution. Otherwise, room immediately! After patient leaves, clean and disinfect room with BLEACH wipes.
CRO (Carbapenem-Resistant Organism)		Etiology dependent	Contact	Gown Gloves	NONE – isolation precautions are indefinite.	<i>See MDRO policy for additional information.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CREUTZFELDT-JAKOB DISEASE	CJD or vCJD	Prion disease - contact with contaminated neurological tissue	Standard			Use disposable instruments only. Special decontamination process is required (see Creutzfeldt-Jakob Disease-CJD policy). No special burial procedures required. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CRIMEAN-CONGO FEVER		Respiratory secretions, bioterrorism agent	Heightened Isolation Precautions (HIP)	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for CRIMEAN-CONGO FEVER in the notification to IP** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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). 4) Appropriate waste handling. Largest viral load in final stages of illness when hemorrhage may occur.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for CRIMEAN-CONGO FEVER in the notification to IP** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA. • Keep door closed.

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CROUP	<i>Etiology unknown</i>	Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
CRYPTOCOCCOSIS		Fungus, Exposure in environment	Standard			Transmission person-to-person is rare. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
CRYPTOSPORIDIOSIS		Parasite	Special Contact (Contact Plus in FV)	Gown Gloves	Per Infection Prevention and Health Department	Hand hygiene: Wash hands with soap and water Environmental cleaning: Use BLEACH wipes.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.
CYCLOSPORIASIS		Food or water contaminated with feces	Special Contact (Contact Plus in FV)	Gown Gloves	To discontinue isolation: • Patient must have resolution of symptoms (i.e. diarrhea) for 48 hours. • No screening stool sample is required to discontinue isolation. • The patient should be showered or bathed if able. (If unable to bathe, use comfort bath wipes.) • Place in clean clothing or gown. • Transfer patient to a new room with a new clean bed. • Personal belongings should be placed in bags and brought home for washing. • Terminal cleaning after room change or discharge must be completed with BLEACH solution.	Hand hygiene: Wash hands with soap and water Environmental cleaning: Use BLEACH wipes. For testing, order <i>Micro Misc</i> and indicate “Cyclospora.” Inpatient areas: Collect stool specimen, and submit to lab immediately . Off-campus clinics: Send patient to Milwaukee campus lab for collection. If family is unable to travel to Milwaukee campus, collect specimen, refrigerate and enter STAT lab pick up.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.
CYTOMEGALOVIRUS INFECTION	<i>CMV (Including neonatal or immunosuppressed)</i>	Contact with secretions or bodily fluids	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
DENGUE FEVER		Virus spread by mosquitoes	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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DIPHThERIA	Cutaneous	Drainage	Contact	Gown Gloves	1.) 24 hours after COMPLETION of antibiotics, <u>AND</u> 2.) Two negative cultures of skin lesions taken 24 hours apart	Post-exposure prophylaxis (PEP) guided by EHW and IP.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
	Pharyngeal	Droplets	Droplet	Mask Eye Protection*	1.) 24 hours after COMPLETION of antibiotics, <u>AND</u> 2.) Two negative cultures of nares and throat taken 24 hours apart	Post-exposure prophylaxis (PEP) guided by EHW and IP.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
EBOLA VIRAL HEMORRHAGIC FEVER		Blood and bodily fluids	Heightened Isolation Precautions (HIP)	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for EBOLA in the notification to IP** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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). 4) Appropriate waste handling.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for EBOLA in the notification to IP ** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA. • Keep door closed.
ECHOVIRUS	See ENTEROVIRUS						
EHRlichiosis	(Human Ehrlichiosis and Anaplasmosis)	Bacteria spread by Fleas, Mites, or Ticks	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
ENCEPHALITIS or Encephalomyelitis		Organism specific	Contact and Droplet	Mask Eye Protection* Gown Gloves	Infectious agent is ruled out, or resolution of symptoms for 48 hours	Follow precautions for specific organism if found.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
ENTERObiasis	(pinworm disease, oxyuriasis)	Fecal-oral transmission	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.

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ENTEROVIRUS (excludes polio virus)	Blood	Blood	Standard			Isolation for symptoms present as noted for Enterovirus. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
	Conjunctivitis, gastroenteritis	Oral secretions, eye secretions, stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Fecal-viral shedding for several weeks or months.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Pneumonia or respiratory tract infections	Respiratory secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Respiratory tract shedding usually 1-2 weeks.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	CNS infection – See MENINGITIS-Aseptic (nonbacterial or viral)						
EPIGLOTTITIS		Droplets or respiratory tract secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours	Follow precautions for specific organism if found.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
EPSTEIN-BARR VIRUS	Infectious Mononucleosis	Oral secretions	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
ESCHERICHIA COLI GASTROENTERITIS		Undercooked or contaminated food. Also obtained through fecal-oral route	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Toxin-producing E. Coli is the most common cause of Hemolytic Uremic Syndrome (HUS).	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
FIFTH DISEASE	See PARVO B-19 (Parvovirus)						
GASTROENTERITIS or GI ILLNESS RULE-OUT	Etiology unknown	Stool/feces, vomitus	Special Contact (Contact Plus in FV)	Gown Gloves	Resolution of symptoms for 48 hours	Follow precautions for specific organism if found. Hand hygiene: Wash hands with soap and water Environmental cleaning: Use BLEACH wipes.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.
GIARDIASIS	Giardia duodenalis	Protozoan parasite from contaminated feces, water, or food	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		After patient leaves, clean and disinfect room with approved disinfectant.
GONOCOCCAL OPTHALMIA NEONATORUM	(gonorrheal ophthalmia, acute conjunctivitis of newborn)	Eye drainage	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
GONORRHEA		Sexually transmitted	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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GRANULOMA INGUINALE	(Donovanosis, granuloma venereum)	Feces, from mother to infant, or sexually transmitted	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
HAEMOPHILUS INFLUENZAE	Meningitis, epiglottitis, or pneumonia	Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	24 hours after INITIATION of effective treatment and resolution of any respiratory symptoms (if present) for 48 hours	If meningitis is suspected, ALL visitors, including primary caregivers, should wear PPE until after 24 hrs of effective treatment. Sibling visitation is discouraged.	If appointment is not urgent, reschedule for 24 hours after INITIATION of effective treatment and 48 hours after resolution of any respiratory symptoms (if present). Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
HAND, FOOT and MOUTH disease	See COXSACKIE VIRUS DISEASE.						
HANTAVIRUS PULMONARY SYNDROME		Mice	Standard			Not transmitted person-to-person. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
HEPATITIS, VIRAL	A	Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant
	B (HbsAg positive; acute or chronic)	Blood, body fluids, body tissue	Standard			For infants born to HBsAg-positive mothers, no special care in addition to Standard Precautions, other than removal of maternal blood by a gloved attendant is necessary. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	C	Blood, body fluids, body tissue	Standard			Bloodborne pathogen. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	D	Blood, body fluids, body tissue	Standard			Requires HBV co-infection. Bloodborne pathogen. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	E	Fecal-oral transmission	Contact	Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.

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HERPES SIMPLEX	CNS infection/Encephalitis	CSF	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	Severe Mucocutaneous, disseminated, or primary infection	Lesions	Contact	Gown Gloves	Lesions are dry and crusted		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Mucocutaneous, recurrent or localized (skin, oral, genital)	Lesions	Standard or Contact (see comments)	Gown Gloves	Lesions are dry and crusted	Acyclovir-resistant HSV requires Contact precautions even if recurrent or localized.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Neonates with HSV Infection	Lesions	Standard or Contact (see comments)	Gown Gloves	Lesions are dry and crusted	Use Contact precautions if mucocutaneous lesions are present. Place infant in Contact isolation precautions during any admission until criteria for removal of isolation is met.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant
HERPES SIMPLEX EXPOSURE	Neonatal exposed to active HSV infection during Delivery	Lesions	Contact	Gown Gloves	Until 6 weeks after birth	Infant born to women with active HSV lesions should be managed with Contact Precautions from birth to 6 weeks. Contact Precautions are unnecessary if exposed infants were born by caesarean delivery, provided membranes were ruptured for less than 4 hours, UNLESS work up is being done for HSV. Risk of HSV for infants born to mothers with a history of recurrent genital herpes who have no genital lesions at delivery is low; however, if testing for HSV is done, maintain Contact precautions until results are back. *If lesions develop or HSV test is positive, refer to “Neonates with HSV infection” row above.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant
	Neonatal contact with Mothers with active HSV Infection	Lesions	Standard			Instruct about the importance of careful hand hygiene before and after caring for their infants. The mother may wear a clean covering gown to help avoid contact of the infant with lesions or infectious secretions. A mother with herpes in or on her oral cavity should wear a disposable surgical mask when touching her newborn infant until the lesions have crusted and dried. She should not kiss or nuzzle her newborn until lesions have cleared. Herpetic lesions on other skin sites should be covered. Breastfeeding is acceptable if no lesions are present on the breasts and if active lesions elsewhere on the mother are covered. *If lesions develop, refer to “Neonates with HSV infection” above. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant

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HERPES ZOSTER (SHINGLES) LOCALIZED and DISSEMINATED	See SHINGLES (HERPES ZOSTER)						
HERPES ZOSTER (SHINGLES) EXPOSURE	See VARICELLA ZOSTER EXPOSURE.						
HISTOPLASMOSIS		Fungus, Exposure in environment	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
HIV (Human Immunodeficiency Virus)		Blood, body fluids	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
HOOKWORM DISEASE	<i>Ancylostomiasis, Uncinariasis</i>	Parasite	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
HUMAN METAPNEUMOVIRUS		Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Duration of viral shedding 1 to 2 weeks. Extended shedding of virus in immunocompromised.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
HEMOLYTIC UREMIC SYNDROME	<i>(HUS)</i>	*If caused by toxin-producing E.Coli, see ESCHERICHIA COLI GASTROENTERITIS.	Contact	Gown Gloves	Resolution of symptoms (i.e. diarrhea) for 48 hours OR until infectious cause is ruled out.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. After patient leaves, clean and disinfect room with approved disinfectant.
IMPETIGO (FURUNCULOSIS)		Lesions	Contact	Gown Gloves	All lesions are crusted		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
INFLUENZA	<i>Human (seasonal including H1N1, strain) Avian (H5N1, H7, H9 strains) Pandemic influenza</i>	Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Duration of viral shedding 7 days. Extended shedding of virus in immunocompromised.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
KAWASAKI SYNDROME		Etiology unknown	Standard			Not an infectious condition. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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LASSA FEVER	<i>Viral Hemorrhagic fever</i>	Inhalation of aerosolized secretions, bioterrorism agent	Heightened Isolation Precautions (HIP)	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for LASSA FEVER in the notification to IP ** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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 (Double gloves and fluid resistant or impermeable gown, face/eye protection with masks, goggles or face shields). 4) Appropriate waste handling.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for LASSA FEVER in the notification to IP ** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or in a room furthest from other patients. • Keep door closed.
LEPROSY	<i>Hansen's disease</i>	Nasal & oral secretions	Standard			Transmitted via PROLONGED close contact with infected individual over months. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
LEPTOSPIROSIS		Wild and domestic animals	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i> Use extra precautions when handling patient urine.	After patient leaves, clean and disinfect room with approved disinfectant.
LICE (PEDICULOSIS)	<i>Head, body, or pubic</i>	Person-to-person close contact	Contact	Gown Gloves	Until effective treatment as recommended by product-specific packaging instructions is COMPLETED.	For head lice, patient to wear head covering until treatment is COMPLETED. Put all hats, bedding, clothing, and towels used in the previous 3 days in a bag immediately and machine wash and dry using hot water and hot air cycles. Clothing and items that are not washable can be dry cleaned or sealed in a plastic bag and stored for 2 weeks. Brushes and combs can be soaked in hot water (at least 130°F) for 5 to 10 minutes. Monitor for resistant lice.	If appointment is not urgent, reschedule for after treatment is completed. Otherwise, minimize time in waiting room. Avoid contact with linens, curtains, upholstered areas, clothes, and stuffed animals. After patient leaves, double-bag all linens, clothing, etc. and place bag in soiled holding or room where dirty linen is stored for pick-up. Vacuum any carpeted/upholstered areas where there was patient contact. Clean and disinfect room with approved disinfectant.
LISTERIOSIS	<i>Listeria monocytogenes</i>	Food Borne Illness	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
LYME DISEASE	<i>Tick borne illness</i>	Tick bites	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
LYMPHOCYTIC CHORIOMENINGITIS	<i>Spread by rodents</i>	Rodents	Standard			Not transmitted person-to-person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
MALARIA	<i>Mosquito borne illness</i>	Mosquitoes	Standard			Not transmitted person-to-person except through transfusion rarely. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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MARBURG VIRUS DISEASE	<i>Viral Hemorrhagic fever</i>	Bioterrorism agent; Contact with infected individual	Airborne and Contact	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MARBURG VIRUS DISEASE in the notification to IP ** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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 (Double gloves and fluid resistant or impermeable gown, face/eye protection with masks, goggles or face shields). 4) Appropriate waste handling.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MARBURG VIRUS DISEASE in the notification to IP ** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or in a room furthest from other patients. • Keep door closed.
MEASLES	<i>Rubeola OR Measles Rule-Out</i>	Respiratory Secretions	Airborne	N95 mask with Eye Protection (or CAPR)	4 days after the onset of rash for otherwise healthy patients. 48 hours after symptom resolution for immunocompromised patients.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MEASLES in the notification to IP ** Measles susceptible HCW's should not enter room if immune care providers are available. Contact Facilities Operations to verify alarms are activated for patient room.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MEASLES in the notification to IP ** If appointment is not urgent, reschedule for at least 4 days after onset of rash for previous healthy patients or 48 hours of symptom resolution for immunocompromised patients.Otherwise, Patient (and any family or visitors accompanying patient) must mask. Room patient immediately into a negative pressure room or an individual room with HEPA, keep door closed. (See comments for additional information.) After patient leaves, exam room should remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.
	<i>Exposure to measles</i>		Airborne	N95 mask with Eye Protection (or CAPR)	Through 21 days from exposure (28 days if the patient received immune globulin as post-exposure prophylaxis)	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MEASLES EXPOSURE in the notification to IP ** Measles susceptible HCW's should not enter room if immune care providers are available. Contact Facilities Operations to verify alarms are activated for patient room.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MEASLES EXPOSURE in the notification to IP ** If appointment is not urgent, reschedule for after at least 21 days from exposure (28 days if the patient received immune globulin as post-exposure prophylaxis). Otherwise, Patient (and any family or visitors accompanying patient) must mask. Room patient immediately into a negative pressure room or an individual room with HEPA, keep door closed. (See comments for additional information.) After patient leaves, exam room should remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.

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MENINGITIS (Meningoencephalitis)	Organism initially unknown Rule Out Sepsis (ROS) Febrile Neonate		Contact and Droplet	Mask Eye Protection* Gown Gloves	Maintain isolation until organism is identified, then follow meningitis organism specific isolation requirements. If no organism is identified, maintain isolation until 24 hours of antibiotic therapy AND resolution of respiratory symptoms for 48 hours, if present.	ALL visitors, including primary caregivers, should be encouraged to wear PPE and sibling visitation should be discouraged until organism identified.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Aseptic (nonbacterial or viral)	Etiology Specific	Contact	Gown Gloves	Resolution of symptoms for 48 hours.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Bacterial, gram negative enteric in <u>neonates</u> (E-coli, Klebsiella, Enterobacter, Proteus, Citrobacter, Pseudomonas)	Stool/feces	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Fungal	Environmental exposure	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	Haemophilus influenza – See HAEMOPHILUS INFLUENZAE						
	Listeria Monocytogenes – See LISTERIOSIS						
	Mycobacterium tuberculosis – See TUBERCULOSIS (M. Tuberculosis)						
	Neisseria meningitidis, known or suspected – See MENINGOCOCCAL DISEASE (Neisseria meningitidis)						
	Streptococcus pneumoniae – See STREPTOCOCCAL DISEASE (Streptococcus pneumoniae)						
	Other diagnosed bacterial	N/A	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
MENINGOCOCCAL DISEASE (Neisseria meningitidis)	Sepsis, pneumonia, meningitis	Respiratory Secretions	Droplet	Mask Eye Protection*	Until 24 hrs after effective treatment is INITIATED	ALL visitors, including primary caregivers, MUST wear PPE until 24 hours after effective treatment is INITIATED. Sibling visitation is strongly discouraged.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
MERS-CoV		Respiratory Secretions	Heightened Isolation Precautions (HIP)	CAPR Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MERS-CoV in the notification to IP ** Patient should be placed in a single patient room in HIP unit (specifically trained staff for this unit) Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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 (Double gloves and fluid resistant or impermeable gown, face/eye protection with masks, goggles or face shields.) 4) Appropriate waste handling.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for MERS-CoV in the notification to IP ** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or in a room furthest from other patients. • Keep door closed.
MICROSPORIDIA	Watery, non-bloody diarrhea	Contact with infected feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
MOLLUSCUM CONTAGIOSUM		Lesions/ Drainage	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
MPOX	Suspected or confirmed Mpox infection OR Exposure to Mpox with symptoms	Respiratory secretions, contact with lesions, or infected person	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Until all lesions have crusted over, scabs have fallen off, and new skin has formed	**Notify the Infection Preventionist on call through Secure chat or via pager. Be sure to include the concern for MPOX in the notification to IP ** Contact lab if testing for Mpox due to isolation needs for specimen handling. Place all patients with suspected or confirmed Mpox in Airborne and Contact isolation. Place patients with a confirmed Mpox infection in a negative pressure room. Contact Facilities Operations to verify alarms are activated for patient room. Patients exposed to Mpox should monitor for symptoms for at least 21 days.	• Notify Infection Prevention On-Call via Secure chat or pager. **Be sure to include the concern for MPOX in the notification to IP ** • If appointment is not urgent, reschedule for after all lesions have crusted over, scabs have fallen off, and new skin has formed. Otherwise... • Patient (and any family or visitors accompanying patient) must mask. • Immediately place patient in a negative pressure room OR an individual room with HEPA OR in a room furthest from other patients • Keep door closed • Staff should wear isolation gowns, face shield or eye protection, gloves, and an N95 when interacting with the suspect case. • If there is need for the patient to be sent to the EDTC notify the EDTC prior to patient departure stating there is concern for Mpox
MONONUCLEOSIS	See EPSTEIN-BARR VIRUS						
MUCORMYCOSIS		Fungus, Exposure in environment	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.

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ISOLATION CHART (for PATIENT Care)

YELLOW = Higher risk infections (Enhanced Contact or Airborne precautions)

RED = Highest risk/Severe infections (Heightened Isolation Precautions)

GREEN = Protective Environment isolation precautions

*Wear eye protection (goggles and/or face shield) when there is potential for splash or spray of blood, respiratory secretions, or other bodily fluids.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)	New or Active infection OR Colonization in NICU	Infected body part or bodily fluid	Contact	Gown Gloves	See MDRO policy for guidelines to discontinue precautions.	See MDRO policy for additional information.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	History of/ Colonization with MRSA (not in NICU); No concern for active infection		Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	Minimize time in waiting room. Wear gown and gloves for any MRSA patient with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and/or ostomy tubes and bags. After patient leaves, clean and disinfect room with approved disinfectant.
MULTI DRUG RESISTANT ORGANISM (MDRO); Infection or Colonization		Infected or colonized body part or bodily fluid	Contact	Gown Gloves	NONE – isolation precautions are indefinite.	See MDRO policy for additional information.	If appointment is not urgent, and patient has active infection, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. Wear gown and gloves for any MDRO patient with uncontrolled secretions, pressure ulcers, draining wounds, stool incontinence, and/or ostomy tubes and bags. After patient leaves, clean and disinfect room with approved disinfectant.
MUMPS	Infectious Parotitis	Respiratory Secretions	Droplet	Mask Eye Protection*	Until 5 days from onset of parotid swelling. Contact Infection Prevention to request removal of infection alert.	Mumps susceptible HCWs should not provide care if immune caregivers are available.	If appointment is not urgent, reschedule for after 5 days from onset of symptoms. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
MYCOBACTERIA, NONTUBERCULOSIS (atypical)		Etiology Dependent	Standard			Not transmitted from person to person. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
MYCOPLASMA PNEUMONIA		Respiratory secretions	Droplet	Mask Eye Protection*	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
NECROTIZING ENTEROCOLITIS		Bowel infection in neonates	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
NOROVIRUS		Stool/feces and vomitus	Special Contact (Contact Plus in Fox Valley)	Gown Gloves	To discontinue isolation: • Patient must have resolution of symptoms (i.e. diarrhea) for 48 hours. • No screening stool sample is required to discontinue isolation. • The patient should be showered or bathed if able. (If unable to bathe, use comfort bath wipes.) • Place in clean clothing or gown. • Transfer patient to a new room with a new clean bed. • Personal belongings should be placed in bags and brought home for washing. • Terminal cleaning after room change or discharge must be completed with BLEACH solution. • Contact Infection Prevention to request removal of infection alert	Wear masks to clean areas contaminated with feces or vomitus since virus can be aerosolized from these body substances. Ensure consistent environmental cleaning and disinfection with BLEACH , focus on restrooms even when apparently unsoiled.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.
PARAINFLUENZA Virus	Respiratory infection in infants and young children	Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Viral shedding 1 to 3 weeks. Viral shedding prolonged in immunocompromised patients.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
PARAPERTUSSIS		Respiratory secretions	Droplet	Mask Eye Protection*	Until 5 days after start of effective treatment. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 5 days after start of effective treatment. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
PARACHOVIRUS		Respiratory secretions, and stool/feces	Contact or Contact and Droplet (See Comments)	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact and Droplet precautions if respiratory symptoms present.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.

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PARVO B-19 (Parvovirus) or PARVOVIRUS RULE-OUT	<i>Fifth Disease (Erythema Infectiosum)</i>	Respiratory secretions	Droplet	Mask Eye Protection*	If symptom onset date confirmed: Resolution of symptoms for 48 hours. If symptom onset date unknown: 7 days after the date of identification. (For patients with aplastic crisis from parvovirus, see comments.) Contact Infection Prevention to request removal of infection alert	Pregnant healthcare workers may care for patients with Parvo virus while following good isolation practices. For patients with aplastic crisis from parvovirus, isolation should continue for a minimum of 7 days, or until the reticulocyte count has recovered to at least 2%.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
PERTUSSIS or PERTUSSIS RULE-OUT	<i>Whooping cough</i>	Respiratory secretions	Droplet	Mask Eye Protection*	Until 5 days after start of effective treatment. Contact Infection Prevention to request removal of infection alert.	Post-exposure prophylaxis (PEP) for household contacts and HCWs with prolonged unprotected exposure to respiratory secretions guided by EHW and IP.	If appointment is not urgent, reschedule for 5 days after start of effective treatment. Otherwise, patient (and any family or visitors accompanying patient) should mask. Room patient as soon as possible. After patient leaves, clean and disinfect room with approved disinfectant.
PINWORMS	<i>Enterobiasis</i>	Parasite	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
PLAGUE (Yersinia pestis)	<i>Bubonic</i>	Rats	Standard or Contact (see comments)	Gown Gloves		From infected rats. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i> Use Contact precautions if draining lesions present.	After patient leaves, clean and disinfect room with approved disinfectant.
	<i>Pneumonic</i>	Respiratory Secretions	Droplet	Mask Eye Protection*	Until 48 hours after initiation of effective treatment	Antibiotic prophylaxis for exposed HCWs guided by EHW.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
PLESIOMONAS		Contaminated food or drink	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
PNEUMONIA		Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Until organism is identified, then follow organism specific guidelines.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
POLIOMYELITIS		Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours.		After patient leaves, clean and disinfect room with approved disinfectant.
PSITTACOSIS	<i>Ornithosis</i>	Birds	Standard			Spread through birds. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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PUI (Person Under Investigation) aka pending COVID-19 test	See COVID-19 (Novel Coronavirus, SARS-CoV2)						
RABIES		Animals	Standard or Contact or Contact and Droplet (see comments)	Eye Protection* Gown Gloves		Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids. Contact precautions are indicated if exposure to saliva or blood is probable. Use eye protection when there is possibility of coming in contact with bodily fluids. Person to person transmission rare, transmission via corneal, tissue and organ transplants reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post exposure prophylaxis.	After patient leaves, clean and disinfect room with approved disinfectant.
RAT-BITE FEVER	Streptobacillus Moniliformis Disease, Spirillum Minus Disease	Rats	Standard			Not transmitted person to person. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
RHEUMATIC FEVER		This is a condition, not an infection unless strep positive	Standard			Not an infectious condition unless the patient is still strep positive in throat. If strep positive place patient in droplet precautions until 24 hours of appropriate treatment. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
RHINOVIRUS or RHINO/ENTEROVIRUS		Respiratory Secretions	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Duration of viral shedding 10 days to 3 weeks, prolonged in immunocompromised patients.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
RICKETTSIALPOX	Vesicular rickettsiosis	Mice	Standard			From the bite of a house mouse mite. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
RINGWORM		Fungus	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
RITTER'S DISEASE	See STAPHYLOCOCCAL DISEASE – Staph Scalded Skin Syndrome						
ROCKY MOUNTAIN SPOTTED FEVER		Ticks	Standard			Not transmitted person to person. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
ROSEOLA INFANTUM	Exanthem Subitum, Herpes Virus 6	Lesions	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
ROTAVIRUS		Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.

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RUBELLA	German measles	Respiratory Secretions	Droplet	Mask Eye Protection*	Until 7 days after the onset of rash	Rubella susceptible HCW's should not enter room if immune care providers are available.	If appointment is not urgent, reschedule for after 7 days of onset of rash. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Congenital	Transmitted from mother	Contact and Droplet	Mask Eye Protection* Gown Gloves	Per Infection Prevention	Rubella susceptible HCW's should not enter room if immune care providers are available.	If appointment is not urgent, reschedule until patient is cleared by IP. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
RSV (Respiratory syncytial virus)		NP secretions and droplets	Contact and Droplet	Mask Eye Protection* Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.	Duration of viral shedding 3 to 4 weeks.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
SALMONELLOSIS	Salmonella typhi, Typhoid Fever	Stool/feces	Contact	Gown Gloves	Negative results from 3 consecutive stool specimens obtained at least 48 hours after completing antimicrobial therapy. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule after completing antimicrobial therapy and 3 consecutive stool specimens are negative. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Salmonella species (excluding Salmonella typhi)	Undercooked or contaminated food. Also obtained through fecal-oral route	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
SAPOVIRUS		Stool	Special Contact (Contact Plus in Fox Valley)	Gown Gloves	To discontinue isolation: • Patient must have resolution of symptoms (i.e. diarrhea) for 48 hours. • No screening stool sample is required to discontinue isolation. • The patient should be showered or bathed if able. (If unable to bathe, use comfort bath wipes.) • Place in clean clothing or gown. • Transfer patient to a new room with a new clean bed. • Personal belongings should be placed in bags and brought home for washing. • Terminal cleaning after room change or discharge must be completed with BLEACH solution. • Contact Infection Prevention to request removal of infection alert	Wear masks to clean areas contaminated with feces or vomitus since virus can be aerosolized from these body substances. Ensure consistent environmental cleaning and disinfection with BLEACH , focus on restrooms even when apparently unsoiled.	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting area. Use soap & water when performing hand hygiene. After patient leaves, clean and disinfect room with BLEACH wipes.

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SCABIES		Mite	Contact	Gown Gloves	Until appropriate treatment with scabicide complete		If appointment is not urgent, reschedule after appropriate treatment with scabicide is complete. Otherwise, minimize time in waiting area. Thorough vacuuming of environmental services is recommended. After patient leaves, clean and disinfect room with approved disinfectant.
SCHISTOSOMIASIS	Bilharziasis	Parasite	Standard			Parasite, cannot be transmitted person to person. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
SEVERE COMBINED IMMUNODEFICIENCY (SCID) or COMMON VARIABLE IMMUNODEFICIENCY (CVID)		N/A	Protective Environment	Mask Gown Gloves Bouffant cap		Create a protective environment: - Place patient in a POSITIVE pressure room. Contact Facilities Operations to confirm positive pressure alarms are activated for patient room. Patient should not be admitted into a negative pressure room, unless airborne illness is detected. - Change out patient’s bed every 10 days. - Move patient to a new room with a new bed every 20 days. - Do not transport patient outside of room unless medical necessary per provider discretion. Patient must wear a mask when leaving the room. - No plants, animals, or fans allowed in patient room.	Room patient immediately and prepare for transfer to higher level of care. After patient leaves, clean and disinfect room with approved disinfectant.
SHIGELLOSIS	Shigella species (Bacillary dysentery)	Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
SHINGLES (HERPES ZOSTER)*** ***Patients must have a known history of chickenpox (Varicella zoster) to be diagnosed with Shingles (Herpes zoster), UNLESS Shingles diagnosis has been confirmed by an ID and/or Dermatology provider.	LOCALIZED in patient with intact immune system with lesions that CAN be contained/covered	Lesions	Standard			Ensure all lesions are fully covered. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	If appointment is not urgent, reschedule for 48 hours after symptom resolution. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	LOCALIZED in patient with intact immune system with lesions that CAN'T be contained/covered	Lesions	Contact	Gown Gloves	All lesions are crusted over and no new lesions in greater than 24 hours. Contact Infection Prevention to request removal of infection alert.	Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	If appointment is not urgent, reschedule for 48 hours after symptom resolution including all lesions are crusted over. Otherwise, room patient immediately! (See comments for additional information about who should provide patient care.) After patient leaves, clean and disinfect room with approved disinfectant.

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	LOCALIZED in immunocompromised patient	Lesions and Respiratory/Oral secretions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	All lesions are crusted over and no new lesions for greater than 24 hours. Contact Infection Prevention to request removal of infection alert.	Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available. Contact Facilities Operations to verify alarms are activated for patient room.	• If appointment is not urgent, reschedule for after all lesions have crusted over and no new lesions have formed in greater than 24 hours. • Otherwise, Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or a room furthest from other patients. Keep door closed. • (See comments for additional information about who should provide patient care.) • After patient leaves, exam room should remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.
	DISSEMINATED disease in any patient – Lesions are present on more than two dermatomes	Lesions, Respiratory secretions, Aerosolized droplets	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	All lesions crusted over and no new lesions for greater than 24 hours. Contact Infection Prevention to request removal of infection alert.	Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available. Contact Facilities Operations to verify alarms are activated for patient room.	
	Neonatal EXPOSURE during birth	Vesicular fluid, scabs, lesions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Until after 21 days of age OR 28 days of age if they received VariZIG or IVIG. Contact Infection Prevention to request removal of infection alert.	Airborne and contact precautions are recommended for neonates born to mothers with <u>disseminated</u> herpes zoster (shingles). No precautions are needed for neonates born to mothers with <u>localized</u> herpes zoster (shingles) as long as mother’s lesions are covered . Infants with varicella embryopathy (congenital varicella) do not require isolation if they do not have active skin lesions. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available. Contact Facilities Operations to verify alarms are activated for patient room.	
SHINGLES (HERPES ZOSTER) EXPOSURE	See VARICELLA ZOSTER – <i>Exposure to Shingles</i>						
SMALLPOX		Respiratory Secretions	Heightened Isolation Precautions (HIP)	N95 mask with Eye Protection (or CAPR) Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for SMALLPOX in the notification to IP** Patient should be placed in a single patient room in HIP unit (specifically trained staff for this unit) Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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 (Double gloves and fluid resistant or impermeable gown, face/eye protection with masks, goggles or face shields.) 4) Appropriate waste handling.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for SMALLPOX in the notification to IP** • If appointment is not urgent, reschedule for after the health department or IP has cleared the patient. Otherwise... • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or in a room furthest from other patients. • Keep door closed.

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SPOROTRICHOSIS		Fungus, Exposure in environment	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
STAPHYLOCOCCAL DISEASE	MINOR or limited	Drainage	Standard			Dressing covers and contains drainage adequately. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	MAJOR skin, wound, or burn	Drainage	Contact	Gown Gloves		Contact precautions for wounds that cannot be covered with a dressing or dressing does not contain secretions.	If appointment is not urgent, reschedule for 48 hours after wound is contained. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Enterocolitis	Stool/feces	Contact	Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Pneumonia		Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	Staph Scalded Skin Syndrome	Drainage	Contact	Gown Gloves	Resolution of symptoms for 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Toxic Shock Syndrome	Tampon use, cutaneous lesions	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
STEVENS-JOHNSON SYNDROME (SJS)		N/A	Protective Environment	Mask Gown Gloves Bouffant cap	Transfer out of Intensive Care Unit (ICU)	Create a protective environment: - Place patient in a POSITIVE pressure room. Contact Facilities Operations to confirm positive pressure alarms are activated for patient room. Patient should not be admitted into a negative pressure room, unless airborne illness is detected. - Change out patient’s bed every 10 days. - Move patient to a new room with a new bed every 20 days. - Do not transport patient outside of room unless medical necessary per provider discretion. Patient must wear a mask when leaving the room. - No plants, animals, or fans allowed in patient room.	Room patient immediately and prepare for transfer to higher level of care. After patient leaves, clean and disinfect room with approved disinfectant.

YELLOW = Higher risk infections (Enhanced Contact or Airborne precautions)

RED = Highest risk/Severe infections (Heightened Isolation Precautions)

GREEN = Protective Environment isolation precautions

*Wear eye protection (goggles and/or face shield) when there is potential for splash or spray of blood, respiratory secretions, or other bodily fluids.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
STREPTOCOCCAL DISEASE	Group A Streptococcus Pharyngitis, Pneumonia, Scarlet Fever	Respiratory secretions	Droplet	Mask Eye Protection*			If appointment is not urgent, reschedule for 24 hours after initiation of appropriate antibiotics. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Group A Streptococcus Skin, wound or burn	Drainage	Contact and Droplet	Mask Eye Protection* Gown Gloves	Until 24hrs after initiation of appropriate antibiotics	Extensive or draining cutaneous infections that cannot be covered or contained adequately by dressings.	If appointment is not urgent, reschedule for 24 hours after initiation of appropriate antibiotics. Otherwise, patient (and any family or visitors accompanying patient) should mask. Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Group B Streptococcus Neonatal	Passed from mother during birth	Standard			Standard Precautions UNLESS nursery outbreak. (If nursery outbreak, use Contact precautions.) Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
	Streptococcus pneumoniae (Pneumococcal Pneumonia)		Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
STREPTOBACILLUS MONILIFORMIS DISEASE	See RAT-BITE FEVER						
SYPHILIS	Congenital, primary, and secondary syphilis	Moist open lesions, secretions, blood, and other bodily fluids	Contact	Gown Gloves	Until 24 hours after initiation of appropriate treatment		If appointment is not urgent, reschedule for 24 hours after initiation of appropriate treatment. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
	Latent or tertiary syphilis and seropositivity		Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
TAPEWORM		Parasite	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
TETANUS		Exposure in environment	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
TINEA	Fungus Infection Dermatomycosis, Ringworm	Fungus	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
TOXOPLASMOSIS		Protozoan parasite from contaminated feces, or food.	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
TRICHOMONIASIS		Protozoan	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
TUBERCULOSIS (M. Tuberculosis)	Pulmonary (cough with cavitary lesion)	Respiratory secretions.	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for TB in the notification to IP ** *Refer to Tuberculosis (TB) Prevention Program Plan policy to assess isolation needs. Household contacts should be assessed for symptoms of TB (refer to TB policy). Household contacts should report directly to the patient's room and not visit other areas in facility. Patient and family must mask at all times when outside of room. Contact Facilities Operations to verify alarms are activated for patient room.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for TB in the notification to IP ** • Patient (and any family or visitors accompanying patient) must mask. • Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or a room furthest from other patients. Keep door closed. • After patient leaves, exam room should remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.
	Extrapulmonary, draining lesion	Drainage	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Per Infection Prevention		
	Laryngeal	Respiratory Secretions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Per Infection Prevention		
	Extrapulmonary, <u>NO</u> draining lesion	N/A	Standard			Household contacts should be assessed for symptoms of TB (refer to TB policy). Household contacts should report directly to the patient's room and not visit other areas in facility. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	Any symptomatic household contacts should wear a mask. After patient leaves, clean and disinfect room with approved disinfectant.
	Meningitis	N/A	Standard			Household contacts should be assessed for symptoms of TB (refer to TB policy). Household contacts should report directly to the patient's room and not visit other areas in facility. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	Any symptomatic household contacts should wear a mask. After patient leaves, clean and disinfect room with approved disinfectant.
	Latent TB	N/A	Standard			Household contacts should be assessed for symptoms of TB (refer to TB policy). Household contacts should report directly to the patient's room and not visit other areas in facility. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	Any symptomatic household contacts should wear a mask. After patient leaves, clean and disinfect room with approved disinfectant.
TULAREMIA		Rats, rodents, rabbits, domestic cats, ticks	Standard			Not transmitted person to person. Contact lab if testing for Tularemia due to isolation needs for specimen handling. <i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.
TYPHOID FEVER	See SALMONELLOSIS – <i>Salmonella typhi</i>						
TYPHUS	Endemic and epidemic	Fleas	Standard			<i>Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.</i>	After patient leaves, clean and disinfect room with approved disinfectant.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
VARICELLA ZOSTER *For SHINGLES, see “SHINGLES (HERPES ZOSTER)”	Chickenpox	Lesions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Until lesions are crusted over and no new lesions for 24 hours. Contact Infection Prevention to request removal of infection alert.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VARICELLA in the notification to IP ** Varicella susceptible individuals should not enter room. Contact Facilities Operations to verify alarms are activated for patient room.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VARICELLA in the notification to IP ** - If appointment is not urgent, reschedule for after all lesions have crusted over and no new lesions have formed in greater than 24 hours and 48 hours after symptom resolution. Contact Infection Prevention to request removal of infection alert. Otherwise... - Patient (and any family or visitors accompanying patient) must mask. - Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or a room furthest from other patients. Keep door closed. - After patient leaves, exam room should remain empty with door closed for a minimum of 90 minutes without HEPA, 30 minutes with HEPA on max setting. After that time, clean and disinfect room with approved disinfectant.
	Immunocompromised patients	Lesions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Until lesions are crusted over and no new lesions for 24 hours and resolution of symptoms for greater than 48 hours. Contact Infection Prevention to request removal of infection alert.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VARICELLA in the notification to IP ** Varicella susceptible individuals should not enter room. Contact Facilities Operations to verify alarms are activated for patient room.	
	Varicella pneumonia	Respiratory secretions	Airborne and Contact	N95 mask with Eye Protection (or CAPR) Gown Gloves	Resolution of symptoms for greater than 48 hours. Contact Infection Prevention to request removal of infection alert.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VARICELLA in the notification to IP ** Varicella susceptible individuals should not enter room. Contact Facilities Operations to verify alarms are activated for patient room.	
	Non-immune patient Exposed to Chickenpox (Varicella zoster) or Shingles (Herpes zoster)	N/A	Airborne	N95 mask with Eye Protection (or CAPR)	Continue precautions from day 8 after initial exposure through day 21 (or through day 28 if Acyclovir or immunoglobulin was given). Contact Infection Prevention to request removal of infection alert.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VARICELLA EXPOSURE in the notification to IP ** If chickenpox develop add Contact Precautions until lesions are crusted over and no new lesions for 24 hours. Contact Facilities Operations to verify alarms are activated for patient room.	
VIBRO PARAHAEMOLYTICUS (Vibriosis)		Undercooked or contaminated food.	Contact	Gown Gloves	Resolution of symptoms for greater than 48 hours		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
VIRAL HEMORRHAGIC FEVER	Due to Lassa, Ebola, Marburg, or Crimean-Congo fever viruses	Respiratory Secretions, blood and bodily fluids	Heightened Isolation Precautions (HIP)	N95 mask with Eye Protection (or CAPR) Bunny suit Double Gloves Bouffant Cap Shoe Covers	Per Infection Prevention	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VIRAL HEMORRHAGIC FEVER in the notification to IP** Patient should be placed in a single patient negative pressure HIP room (with specifically trained staff to care for patients with special pathogens). Health care workers should have no skin exposed, and a buddy system should be used for supervision of donning and doffing PPE. 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). 4) Appropriate waste handling. Largest viral load in final stages of illness when hemorrhage may occur.	**NOTIFY IP On-Call immediately via Secure chat or pager if suspected. Be sure to include the concern for VIRAL HEMORRHAGIC FEVER in the notification to IP** - Patient (and any family or visitors accompanying patient) must mask. - Room patient/family immediately in a negative pressure room, or an individual room with HEPA, or in a room furthest from other patients. - Keep door closed.

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DISEASE		INFECTIOUS MATERIAL	TYPE OF ISOLATION REQUIRED	PPE REQUIRED	CRITERIA FOR REMOVAL OF ISOLATION	COMMENTS	OUTPATIENT SETTINGS
VRE (Vancomycin-Resistant Enterococci)		Etiology dependent	Contact	Gown Gloves	See MDRO policy for guidelines to discontinue precautions.	See MDRO policy for additional information.	Minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
WEST NILE VIRUS	From Mosquitoes	Mosquitoes	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
WHOOPING COUGH	See PERTUSSIS						
YELLOW FEVER		Mosquitoes	Standard			Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
YERSINIOSIS	Yersinia enterocolitica	Undercooked or contaminated food. Also obtained through fecal-oral route	Contact	Gown Gloves	Resolution of symptoms for greater than 48 hours. Contact Infection Prevention to request removal of infection alert.		If appointment is not urgent, reschedule for 48 hours after symptom resolution. Otherwise, minimize time in waiting room. After patient leaves, clean and disinfect room with approved disinfectant.
ZIKA		Mosquitoes	Standard			Transmitted by specific mosquito. Bloodborne pathogen. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.
ZYGOMYCOSIS	Phycomycosis, mucormycosis	Fungus, Exposure in environment	Standard			Not transmitted from person to person. Per Standard Precautions, use PPE whenever there is a possibility of exposure to blood or other bodily fluids.	After patient leaves, clean and disinfect room with approved disinfectant.

Addendum A – Infection Prevention Precautions for Symptomatic Patients

*Wear eye protection (goggles and/or face shield) when there is potential for splash or spray of blood, respiratory secretions, or other bodily fluids.

Infection Prevention Precautions for Symptomatic Patients			
Non-Intact Skin OR Bodily Fluids: • Draining wounds • Rashes • Uncontrolled secretions • Pressure ulcers	Gastrointestinal Symptoms: • Vomiting • Diarrhea • Increased ostomy output • Stool incontinence • Bloody stool	Respiratory Symptoms: • Cough • Congestion • Runny nose • Sore throat • Wheezing	At least <u>one</u> of the following: • Tested positive for an airborne illness • Pending test for an airborne illness • Exposed to an airborne illness • Symptoms of an airborne illness (i.e. COVID-19, varicella, measles, Tb)
CONTACT	SPECIAL CONTACT / CONTACT PLUS (in FV)	DROPLET	AIRBORNE
<u>Staff & providers:</u> ▪ Gown & gloves ▪ Minimize time patient is in waiting room	<u>Staff & providers:</u> ▪ Gown & gloves ▪ Soap & water ▪ Minimize time patient is in waiting room ▪ Use BLEACH wipes to disinfect room	<u>Staff & providers:</u> • Mask & Eye protection* • Often combined with Contact or Special Contact (gown & gloves) • Minimize time patient is in waiting room <u>Patient & family:</u> • Mask	<u>Staff & providers:</u> ▪ Room patient immediately! ▪ N95 mask & Eye protection (or CAPR) ▪ Gown & gloves <u>Patient & family:</u> ▪ Mask