

**Children's Hospital and Health System  
Infection Prevention and Control Policy and Procedure  
SUBJECT: Isolation Precautions Infection Control Isolation Chart**

Disease	Infectious Material	Type of Isolation Required	Mask	Gown	Gloves	Allowed in Playroom		Comments	Ambulatory Setting (excludes MACC clinics and Pulmonology clinics)	
						<6yrs old	≥ 6 yrs old			
ABCESS	Draining, major	Drainage	Contact		X	X	No	No	Isolation precautions can be discontinued once drainage can be contained or stops. Follow precautions for specific organism if found. If no specific organism found, continue isolation as noted for major or minor drainage.	Room should be wiped down with approved cleaner after patient leaves
	Draining, minor	Drainage	Standard				Yes	Yes	No isolation required as long as dressing covers and contains drainage	Normal room turn over
ACQUIRED HUMAN IMMUNODEFICIENCY SYNDROME (AIDS)		Blood, body fluids, body tissue	Standard				Yes	Yes	For blood exposure consult Employee Health and Wellness purple blood and body fluid exposure packet	Normal room turn over
ACTINOMYCOSIS		Normal Flora	Standard				Yes	Yes	Not transmitted person to person	Normal room turn over
ADENOVIRUS	Blood								Isolation for symptoms present as noted for Adenovirus	Normal room turn over
	Conjunctivitis	Eye secretions	Contact		X	X	No	No	Duration of illness. Highly contagious. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Normal room turn over
	Gastroenteritis	Stool/feces	Standard or Contact (see comments)				No	Yes	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves
	Pneumonia or respiratory tract infections	Respiratory secretions	Contact and Droplet	X	X	X	No	No	Duration of illness, For immunocompromised patients- extend isolation due to prolonged shedding of virus. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
AMEBIASIS		Stool/feces	Contact		X	X	No	No	Person to person transmission rare. Use care when handling diapered patients. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves. Normal room turn over
Anthrax	Cutaneous lesions	Drainage	Special Contact (Contact Plus in FV)		X	X	Yes	Yes	Transmission through non-intact skin contact with draining lesions possible. Hand washing with soap and water alcohol hand sanitizers do not have sporicidal activity.	Normal room turn over
	Pulmonary	N/A	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over
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ANTHRAX (CONT.)	Environmental exposure: aerosolizable spore- containing powder or other substance	Bioterrorism agent	Airborne and Contact				No	No	Until decontamination of environment and patient complete, wear respirator (CAPR), protective clothing; decontaminate persons with powder on them. Hand hygiene: Hand washing for 30-60 seconds with soap and water or 2% chlorhexidene gluconate after spore contact (alcohol hand rubs inactive against spores). Post-exposure prophylaxis following environmental exposure may be up to 60 days of antimicrobial	IMMEDIATELY call 911
ASPERGILLOSIS		Fungus, Exposure in environment	Standard				Yes (unless in isolation)	Yes (unless in isolation)	CONTACT Precautions and AIRBORNE Precautions if massive soft tissue infection with copious drainage and repeated irrigations required.	Normal room turn over
ASTROVIRUS		Stool	Contact		X	X	No	No	Duration of illness.	Room should be wiped down with approved cleaner after patient leaves
BARTONELLA (CAT-SCRATCH FEVER)	Benign inoculation lymphoreti culosis	cat/kitten scratch or bite	Standard				Yes	Yes	Not transmitted from person to person.	Normal room turn over
BLASTOMYCOSIS	North American, cutaneous or pulmonary	Fungus, Exposure in environment	Standard				Yes	Yes	Not transmitted person to person	Normal room turn over
BOTULISM		Exposure to Clostridium Botulinum bacteria toxin	Standard				Yes	Yes	Not transmitted person-person	Normal room turn over
BRONCHIOLITIS		Respiratory secretions	Contact and Droplet	X	X	X	No	No	Duration of illness.	Follow Respiratory Ettiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
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BRUCELLOSIS		Bacteria from under cooked meat, unpasteurized dairy	Standard or Contact(see notes)				Yes	Yes	Not transmitted person-person except rarely via banked spermatozoa and sexual contact. Can be transmitted via breast milk to infants. CONTACT precautions for draining wounds. Provide antimicrobial prophylaxis following laboratory exposure. <b>IF AGPs are being performed use an N95.</b>	Normal room turn over
BURNS	<30% of body	n/a	Standard				Yes	Yes		Normal room turn over
	>30% of body	n/a	Contact		X	X	No	No	Create a protective environment for individuals. Once surgeon deems burn/graft is healed, isolation precautions may be discontinued	Normal room turn over
CAMPYLOBACTER GASTROENTERITIS		Undercooked or contaminated food. Also obtained through fecal oral route	Standard or Contact (see comments)				No	Yes	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves
CANDIDA AURIS			Contact		X	X	No	No	C. auris is treated as a multidrug resistant organism	
CANDIDIASIS	All forms including mucocutaneous (excluding C. auris)	Yeast	Standard				Yes	Yes		Normal room turn over
CELLULITIS	No drainage or contained drainage	n/a	Standard				Yes	Yes		Normal room turn over
	Uncontrolled drainage	Drainage	Contact		X	X	No	No	Duration of illness	Room should be wiped down with approved cleaner after patient leaves
CHANCROID	(Soft chancre) (H. ducreyi)	Genital ulcers	Standard				Yes	Yes	Transmitted sexually from person- person.	Normal room turn over
CHLAMYDIA PNEUMONIAE		Respiratory Secretions	Droplet		X		No	No	Duration of symptomatic illness	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
CHLAMYDIA TRACHOMATIS	Conjunctivitis	Drainage	Standard				Yes	Yes		Normal room turn over
CHLAMYDIA TRACHOMATIS	Genital (lymphogranuloma venereum)	Sexually transmitted	Standard				Yes	Yes		Normal room turn over
CHLAMYDIA TRACHOMATIS	Pneumonia (infants <3 mos. of age)	Acquired from mother	Standard				Yes	Yes		Normal room turn over

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CHOLERA	Cholera (Vibrio cholerae)	Stool/feces	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves
CLOSTRIDIUM	C. botulinum	Exposure to Clostridium Botulinum bacteria toxin	Standard				Yes	Yes	Not transmitted person to person. Immediate public health reporting required.	Normal room turn over
	C. difficile	Stool/feces	**Special Contact (Contact Plus in Fox Valley)				No	No	Hand hygiene: Hand washing with soap and water are required (alcohol hand rubs inactive against spores). To discontinue isolation: Patients should be asymptomatic (i.e. no diarrhea) for 48 hours. No screening stool sample is required to discontinue isolation. Transfer patient to a new room with a new clean bed. The patient should be showered if able and must be placed in clean clothing or gown. Personal belongings should be placed in bags and brought home for washing. To have room cleaned after discharge, enter an EVS bed request, choose "special contact" in cleaning protocols.	Room should be wiped down with approved <b>bleach cleaner</b> after patient leaves
	C.perfringens (food poisoning)	Bacteria in undercooked or spoiled food	Standard				No	No	Not transmitted person to person	Normal room turn over
	C. myonecrosis (Gas gangrene)	Bacteria contamination of open wounds	Standard				No	No	Transmission from person to person rare. Use CONTACT Precautions if wound drainage is extensive.	Normal room turn over
COCCIDIOIDOMYCOSIS (Valley Fever)	Fungus, Exposure in environment	Standard				Yes	Yes	Care should be taken in handling changing and discarding dressings, casts, and similar material in which arthroconidial contamination could occur	Normal room turn over	

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COLORADO TICK FEVER		Ticks	Standard						Not transmitted person to person	Normal room turn over	
CONJUNCTIVITIS	Acute bacterial	Drainage	Contact		X	X	No	No		Room should be wiped down with approved cleaner after patient leaves	
	Chlamydia	Drainage	Standard				No	Yes		Normal room turn over	
	Gonococcal	Drainage	Standard				No	Yes		Normal room turn over	
	Acute viral	Drainage	Contact		X	X	No	No	Highly contagious in pediatric, neonatal and eye clinic settings. Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with outbreaks. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves	
CORONA VIRUS (NOT SARS OR MERS)		Respiratory secretions or contact with infected person	Contact and Droplet				No	No	Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette- patients and family that are coughing, sneezing or runny nose should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves	
COVID-19 (Novel Coronavirus, SARS-CoV2)		Respiratory secretions	Heightened Isolation Precautions		CAPR	X	X	No	No	Patients with confirmed SARS-CoV2 (COVID-19) should have HIP (Heightened Isolation Precautions) ordered and used. For suspected or exposure patients please see Epic infection alerts and patient placement algorithm for most current PPE and patient placement recommendations.	Patients with suspected or confirmed SARS-CoV2 should be roomed immediately into a room with a HEPA filter. N95, gown, gloves, and eye protection should be worn. Room turnover: wipe down with approved cleaner and allow room to rest based on HEPA guidelines for particular room/clinic
COXSACKIE VIRUS DISEASE		Oral secretions/ stool	Standard or Contact/ Droplet precautions for Respiratory symptoms			X	X	No	No	Duration of illness. Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Droplet precautions if respiratory symptoms present at any age. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves

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CREUTZFELDT-JAKOB DISEASE	CJD or vCJD	Prion disease - contact with contaminated neurological tissue	Standard				Yes	Yes	Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been r/o. No special burial procedures.	Normal room turn over
CRIMEAN- CONGO FEVER		Respiratory secretions, bioterrorism agent	Contact and Droplet, (Airborne as needed- see comments)	X	X	X	No	No	Patient should be placed in HIP Unit. Airborne isolation for procedures that could generate aerosols (i.e. coughing, intubation, suctioning)Duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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. ** Use CAPR Largest viral load in final stages of illness when hemorrhage may occur; addition PPE, including double gloves, leg and shoe coverings may be used, specially in resource-limited settings where options for cleaning and laundry are limited. **NOTIFY IC Immediately if suspected. ext 63382	**NOTIFY IC Immediately if suspected at 414-266-3382
CROUP	Etiology unknown	Respiratory Secretions	Contact and Droplet	X	X	X	No	No	Duration of Illness or until infectious etiology ruled out	Follow Respiratory Ettiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask
CRYPTOCOCCOSIS		Fungus, Exposure in environment	Standard				Yes	Yes	Not transmitted person to person, except rarely via tissue and corneal transplant.	Normal room turn over
CRYPTOSPORIDIOSIS		Parasite	Special Contact		X	X	No	No	Three negative stool cultures required to remove patient from isolation if they remain inpatient	Room should be wiped down with approved <b>bleach cleaner</b> after patient leaves
CYTOMEGALOVIRUS INFECTION	CMV (Including neonatal or immunosuppressed)	Contact with secretions or bodily fluids	Standard				Yes	Yes	No additional precautions for pregnant Health Care Workers	Normal room turn over

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DENGUE FEVER		Virus spread by mosquitoes	Standard						Not transmitted from person to person.	Normal room turn over
DIPHTHERIA	Cutaneous	Drainage	Contact		X	X	No	No	Until off antibiotics for 24 hours and two negative cultures of skin lesions taken 24 hours apart	Room should be wiped down with approved cleaner after patient leaves
	Pharyngeal	Droplets	Droplet	X			No	No	Until off antibiotics for 24 hours and two negative cultures of nares and throat taken 24 hours apart	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
EBOLA VIRAL HEMORRHAGIC FEVER		Blood and bodily fluids	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in HIP Unit. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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. <b>**NOTIFY Infection Prevention on call via pager or Voalte Immediately if suspected.</b>	<b>**NOTIFY Infection Prevention on call via pager or voalte Immediately if suspected</b>
ECHOVIRUS		Oral secretions/ stool	Standard or Contact/ Droplet precautions for Respiratory symptoms	X	X	X	No	No	Duration of illness. Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Droplet precautions if respiratory symptoms present at any age. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
EHRlichiosis	(Human Ehrlichiosis and Anaplasmosis)	Bacteria spread by Fleas, Mites, or Ticks	Standard							Normal room turn over
ENCEPHALITIS or Encephalomyelitis		Infectious Material is organism specific	Contact/ Droplet	X	X	X	No	No	Maintain isolation precautions until infectious agent is ruled out.	Follow Respiratory Etiquette-patients coughing should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves

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ENTEROBIASIS	(pinworm disease, oxyuriasis)	Fecal oral transmission	Standard				Yes	Yes	Normal room turn over	
ENTEROVIRAL INFECTION	(Group A and B Coxsackie viruses and Echoviruses) Excludes polio virus)	Oral secretions/ stool	Standard or Contact or Contact and Droplet (See Comments)	X	X	X	No	No	Duration of illness. Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Droplet precautions if respiratory symptoms present at any age. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette- patients coughing should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves
EPIGLOTTITIS		Droplets or respiratory tract secretions	Droplet	X			No	No		Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
EPSTEIN-BARR VIRUS INFECTION	Including infectious mononucleosis	Saliva	Standard				No	No		Normal room turn over
ESCHERICHIA COLI GASTROENTERITIS	All E. Coli associated diarrhea illnesses	Undercooked or contaminated food. Also obtained through fecal oral route	Contact		X	X	No	No	Use Contact precautions for duration of illness. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves
FIFTH DISEASE	Caused by parvovirus	Respiratory secretions	Droplet	X			No	No	Pregnant healthcare workers may care for patients with Parvo virus while following good isolation practices. If exposure occurs to a pregnant healthcare worker without proper isolation, the employee should notify their primary physician and Employee Health and Wellness. 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%	Follow Respiratory Etiquette- patients coughing should be asked to wear a mask. Normal room turn over
GASTROENTERITIS	Etiology unknown	Stool/feces, vomitus	Special Contact		X	X	No	No	Use Special Contact Precautions until etiology determined.	Room should be wiped down with approved cleaner after patient leaves
GIARDIASIS	Giardia duodenalis	Protozoan parasite from contaminated feces, water, or food	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves



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GONOCOCCAL OPHTHALMIA NEONATORUM	(gonorrheal ophthalmia, acute conjunctivitis of newborn)	drainage	Standard				Yes	Yes		Normal room turn over
GONORRHEA		Sexually transmitted	Standard				Yes	Yes		Normal room turn over
GRANULOMA INGUINALE	(Donovanosis, granuloma venereum)	Feces, from mother to infant, or sexually transmitted	Standard				Yes	Yes		Normal room turn over
HAEMOPHILUS INFLUENZAE	Meningitis, epiglottitis, or pneumonia	Respiratory Secretions	Droplet	X			No	No	ALL visitors, including primary care givers should wear PPE until 24 hrs of effective treatment if suspect meningitis. Sibling visitation is discouraged. Isolation for infection other than meningitis should continue until 24 hours after initiation of effective treatment.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
HAND, FOOT and MOUTH disease	coxsackie virus	Oral secretions/ stool	Standard or Contact or Contact and Droplet (See Comments)		X	X	No	No	Duration of illness. Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Droplet precautions if respiratory symptoms present at any age. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette- patients and family that are coughing, sneezing or runny nose should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves
HANTAVIRUS PULMONARY SYNDROME		Mice	Standard				Yes	Yes	Not transmitted from person to person.	Normal room turn over
HEPATITIS, VIRAL	A	Stool/feces	Standard or Contact (see comments)		X	X	No	Yes if continent	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves
	B (HbsAg positive; acute or chronic)	Blood, body fluids, body tissue	Standard				No	Yes	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.	Normal room turn over
	C	Blood, body fluids, body tissue	Standard				No	Yes	Blood Borne pathogen	Normal room turn over
	D	Blood, body fluids, body tissue	Standard				No	Yes	Requires HBV co-infection. Blood borne pathogen	Normal room turn over

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HEPATITIS, VIRAL (CONT.)	E	Fecal oral transmission			X	X	No	Yes if continent	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Normal room turn over	
HERPES SIMPLEX	CNS infection	CSF	Standard				Yes	Yes		Normal room turn over	
	Encephalitis	CSF	Standard				Yes	Yes		Normal room turn over	
	Severe Mucocutaneous, disseminated, or primary infection	Lesions	Contact			X	X	No	No	As long lesions are present.	Room should be wiped down with approved cleaner after patient leaves
	Mucocutaneous, recurrent or localized (skin, oral, genital)	Lesions	Standard or Contact (see comments)			X	X			Acyclovir resistant HSV requires Contact precautions even if recurrent or localized	Room should be wiped down with approved cleaner after patient leaves
	Neonates with HSV Infection	Lesions	Standard or Contact (see comments)			X	X	No	No	Use Contact precautions if mucocutaneous lesions are present. Place infant on precautions during any admission unless nasopharyngeal swabs are negative for virus after age of 3 months.	Room should be wiped down with approved cleaner after patient leaves
	Neonatal exposed to HSV during Delivery	Lesions	Contact			X	X	No	No	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 deliver, provided membranes were ruptured for less than 4 hours. Risk of HSV for infants born to mothers with a hx of recurrent genital herpes who have no genital lesions at delivery is low, and special precautions are not necessary.	Room should be wiped down with approved cleaner after patient leaves

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HERPES SIMPLEX (CONT.)	Neonatal contact with Mothers with HSV Infection	Lesions	Contact		X	X	No	No	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. Herpetetic 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.	Room should be wiped down with approved cleaner after patient leaves
HERPES ZOSTER (SHINGLES)	Localized in patient with intact immune system with lesions that <b>CAN'T</b> be contained/covered	Lesions	Contact		X	x	No	No	Until all patient lesions are crusted. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Room should be wiped down with approved cleaner after patient leaves
	Localized in patient with intact immune system with lesions that <b>CAN</b> be contained/covered	Lesions	Standard				No	No		Normal room turn over
	Localized in immunocompromised patient (until disseminated infection ruled out)	Lesions and oral secretions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Duration of illness. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Neonatal exposure during birth	Lesions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	n/a	n/a	Airborne and contact precautions are recommended for neonates born to mothers with varicella and, if still hospitalized, should be continued until 21 or 28 days of age if they received VariZIG or IVIG. Infants with varicella embryopathy do not require isolation	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner

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HERPES ZOSTER DISSEMINATED	Lesion are present on more than one dermatome.	Lesions and aerosolized droplets	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Duration of illness. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
HISTOPLASMOSIS		Fungus, Exposure in environment	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over
HIV (Human Immunodeficiency Virus)		Blood, body fluids	Standard				No	Yes	For blood exposure consult Employee Health and Wellness purple blood and body fluid exposure packet	For blood exposure consult Employee Health and Wellness purple blood and body fluid exposure packet
HOOKWORM DISEASE	Ancylostomiasis, Uncinariasis	Parasite	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over
HUMAN METAPNEUMOVIRUS		Secretions	Contact and Droplet	X	X	X	No	No	Duration of Illness. Duration of viral shedding 1 to 2 weeks. Extended shedding of virus in immunocompromised. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients and family that are coughing, sneezing or runny nose should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves
HEMOLYTIC UREMIC SYNDROME	(HUS)	Usually most common cause is infection with toxin producing E. Coli	Contact		X	X	No	No	Until 48 hours after diarrhea resolves	Room should be wiped down with approved cleaner after patient leaves
IMPETIGO (FURUNCULOSIS)		Lesions	Contact		X	X	No	No	Until all lesions are crusted.	Room should be wiped down with approved cleaner after patient leaves
INFECTIOUS MONONUCLEOSIS	Epstein-Barr Virus	Salvia	Standard				No	No		Normal room turn over
INFLUENZA	Human (seasonal including H1N1, strain) Avian (H5N1, H7, H9 strains) Pandemic influenza	Respiratory Secretions	Contact and Droplet	X	x	x	No	No	Maintain precautions until symptoms have resolved. Duration of precautions prolonged in immunocompromised due to viral shedding for several weeks. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
KAWASAKI SYNDROME		Etiology unknown	Standard				No	No	Not an infectious condition.	Normal room turn over

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						<6yrs old	≥ 6 yrs old			
LASSA FEVER	Viral Hemorrhagic fever	Inhalation of aerosolized secretions, bioterrorism agent	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in HIP Unit. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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 IC Immediately if suspected. ext 63382	**NOTIFY IC Immediately if suspected at 414-266-3382
LEPROSY	Hansen's disease	LONG term close contact with infected individual	Standard				No	No	Not transmitted from person to person.	Normal room turn over
LEPTOSPIROSIS		Wild and domestic animals	Standard or Contact						Use contact precautions when handling patient urine	Normal room turn over
LICE (PEDICULOSIS)	Head	Person to person close contact	Contact, Patient to wear head covering until INITIAL treatment completed		X	X	No	No	Maintain precautions until effective treatment as recommended by product specific packaging instructions is completed. Bag and wash clothing in hot water or dry clean. Monitor for resistant lice.	Avoid contact Linens, clothes, stuffed animals . Vacuum carpeted/upholstered areas where there was patient contact. Normal room turn over
	Body	Person to person close contact	Contact, until INITIAL treatment completed		X	X	No	No	Maintain precautions until effective treatment as recommended by product specific packaging instructions is completed. Bag and wash clothing in hot water or dry clean. Monitor for resistant lice.	Avoid contact Linens, clothes, stuffed animals . Vacuum carpeted/upholstered areas where there was patient contact. Normal room turn over
	Pubic	Person to person close contact	Contact, until INITIAL treatment completed		X	X	No	No	Maintain precautions until effective treatment as recommended by product specific packaging instructions is completed. Bag and wash clothing in hot water or dry clean. Monitor for resistant lice.	Vacuum carpeted/upholstered areas where there was patient contact. Normal room turn over
LISTERIOSIS	Listeria monocytogenes	Food Borne illness	Standard				Yes	Yes		Normal room turn over
LYME DISEASE	Tick borne illness	Tick bites	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over
LYMPHOCYTIC CHORIOMENINGITIS	Spread by rodents	Rodents	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over

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MALARIA	Mosquito borne illness	Mosquitoes	Standard				Yes	Yes	Not transmitted person to person except through transfusion rarely.	Normal room turn over
MARBURG VIRUS DISEASE	Viral Hemorrhagic fever	Bioterrorism agent; Contact with infected individual	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in HIP Unit. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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. <b>**NOTIFY IC Immediately if suspected** VOALTE or PAGE IP ON CALL</b>	<b>**NOTIFY IC Immediately if suspected. VOALTE or PAGE IP ON CALL</b>
MEASLES	Rubeola	Respiratory Secretions	Airborne	CAPR			No	No	Airborne are indicated for 4 days after the onset of rash in otherwise healthy children and for the duration of illness in immunocompromised patients. Measles susceptible HCW's should not enter room if immune care providers are available. For exposed susceptible, post-exposure vaccine within 72 hrs or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible HCW from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine. <b>**NOTIFY IC Immediately if suspected** VOALTE or PAGE IP ON CALL</b>	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner <b>**NOTIFY IC Immediately if suspected** VOALTE or PAGE IP ON CALL</b>
MENINGITIS	Organism initially unknown	Respiratory Secretions	Droplet and Contact	X	X	X	No	No	Maintain Isolation Until Organism is Identified. ALL visitors, including primary care givers should wear PPE until organism identified. Once organism identified, follow meningitis organism specific isolation requirements. Sibling visitation should be discouraged until organism identified.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over

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MENINGITIS (CONT.)	Aseptic (nonbacterial or viral)	Etiology Specific	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Normal room turn over
	Bacterial, gram negative enteric in <u>neonates</u> (E-coli, Klebsiella, Enterobacter, Proteus, Citrobacter, Pseudomonas)	Stool/feces	Standard				N/A	N/A		Normal room turn over
	Fungal	Environmental exposure	Standard				Yes	Yes		Normal room turn over
	Haemophilus influenzae known or suspected	Droplets	Droplet		X		No	No	ALL visitors, including primary care givers MUST wear PPE until 24 hrs of effective treatment. Sibling visitation is strongly discouraged. <b>Chemoprophylaxis may be indicated for direct exposure to index patient's secretions through kissing or through sharing toothbrushes or eating utensils, markers of close social contact, at any time during 7 days before onset of illness. Also included are those that provided mouth-to-mouth resuscitation, unprotected contact during endotracheal intubation at any time from 7 days before onset of illness to 24 hours after initiation of effective antimicrobial therapy</b>	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
	Listeria monocytogenes	Food Borne Illness	Standard				Yes	Yes		Normal room turn over
	Mycobacterium tuberculosis		Standard or Contact and Airborne (see comments)				No	No	Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact precautions and/or Airborne Precautions. For children, Airborne Precautions until active tuberculosis ruled out in all visiting family members (see M tuberculosis below).	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Neisseria meningitidis (Meningococcal) known or suspected	Droplets	Droplet		X		No	No	ALL visitors, including primary care givers MUST wear PPE until 24 hrs of effective treatment. Sibling visitation is strongly discouraged. <b>Chemoprophylaxis may be indicated for direct exposure to index patient's secretions through kissing or through sharing toothbrushes or eating utensils, markers of close social contact, at any time during 7 days before onset of illness. Also included are those that provided mouth-to-mouth resuscitation, unprotected contact during endotracheal intubation at any time from 7 days before onset of illness to 24 hours after initiation of effective antimicrobial therapy</b>	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
	Streptococcus pneumoniae	N/A	Standard				No	No		Normal room turn over
Other diagnosed bacterial	N/A	Standard				No	No		Normal room turn over	

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							<6yrs old	≥ 6 yrs old		
MENINGOCOCCAL DISEASE	Sepsis, pneumonia, meningitis	Respiratory Secretions	Droplet	X			No	No	ALL visitors, including primary care givers should wear PPE until 24 hrs of effective treatment. Sibling visitation is strongly discouraged. <b>Chemoprophylaxis may be indicated for direct exposure to index patient's secretions through kissing or through sharing toothbrushes or eating utensils, markers of close social contact, at any time during 7 days before onset of illness. Also included are those that provided mouth-to-mouth resuscitation, unprotected contact during endotracheal intubation at any time from 7 days before onset of illness to 24 hours after initiation of effective antimicrobial therapy</b>	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
MERS-CoV		Respiratory Secretions	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in HIP Unit. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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. <b>**NOTIFY IC Immediately if suspected. VOALTE or PAGE IP ON CALL</b>	<b>**NOTIFY IC Immediately if suspected VOALTE or PAGE IP ON CALL</b>
MICROSPORIDIA	Watery, non bloody diarrhea	Contact with infected feces	Contact		X	X	No	No		Normal room turn over
MOLLUSCUM CONTAGIOSUM		Lesions/ Drainage	Standard				No	No		Normal room turn over
MONKEYPOX		Respiratory secretions, contact with lesions, or infected person	Airborne and Contact	CAPR	X	X	No	No	<ul style="list-style-type: none"> <li>• Place patient in a negative pressure room</li> <li>• <b>Notify the Infection Preventionist on call through Voalte or via pager. ** Be sure to include the concern for Monkeypox in the notification to IP **</b></li> <li>• Notify facilities that the negative pressure room alarms need to be activated</li> <li>• Place an order for heightened isolation precautions</li> <li>• Enhanced PPE will be used do to the limited knowledge regarding the transmission of Monkeypox <ul style="list-style-type: none"> <li>o Staff should wear a CAPR when caring for a patient with suspect or confirmed Monkeypox to ensure eyes and face are covered</li> <li>o Bunny suits</li> <li>o Hair should be covered with a disposable bouffant cap</li> <li>o Disposable shoes covers</li> <li>o Exam gloves</li> </ul> </li> </ul> <p>When exiting the room doff PPE as follows:</p> <ol style="list-style-type: none"> <li>1. Remove shoe coverings</li> <li>2. Remove bunny suit and gloves taking care not to contaminate clothing</li> <li>3. Dispose of these PPE items in the room</li> <li>4. Clean hands</li> <li>5. Move to ante room</li> <li>6. Apply new exam gloves</li> <li>7. Doff CAPR and clean</li> <li>8. Doff hair covering</li> <li>9. Clean hands</li> </ol>	<ul style="list-style-type: none"> <li>• Place patient in room furthest from other patients</li> <li>• Keep door closed</li> <li>• <b>Notify the Infection Preventionist on call through Voalte or via pager. ** Be sure to include the concern for Monkeypox in the notification to IP **</b></li> <li>• Staff should wear isolation gowns, face shield or eye protection, gloves, and an N95 when interaction with the suspect case.</li> <li>• 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 Monkeypox</li> </ul>
MONONUCLEOSIS	Epstein-Barr Virus	Saliva	Standard				No	No		Normal room turn over



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MUCORMYCOSIS	Fungus, Exposure in environment	Standard				Yes	Yes		Normal room turn over
<b>MRSA- New or Active infection OR colonization in NICU</b>	Infected body part or bodily fluid	Contact		X	X	No	No	See MDRO policy for guidelines to discontinue precautions	Room should be wiped down with approved cleaner after patient leaves.
<b>MRSA- History of/Colonization with no concern for active infection</b>		Standard				Yes	Yes		Normal room turn over
MULTI DRUG RESISTANT ORGANISM (MDROs); Infection or Colonization	Infected or colonized body part or bodily fluid	Contact		X	X	No	No	<b>THERE IS NO CDC GUIDANCE FOR REMOVE ISOLATION PRECAUTIONS FOR MDRO-GNB.</b> For further information, review MDRO policy	Room should be wiped down with approved cleaner after patient leaves.
MUMPS	Infectious Parotitis	Droplet	X			No	No	Droplet precautions for 5 days from onset of symptoms. Mumps susceptible HCWs should not provide care if immune caregivers are available.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
MYCOBACTERIA, NONTUBERCULOSIS (atypical)	Etiology Dependent	Standard				Yes	Yes	Not transmitted from person to person.	Normal room turn over
MYCOPLASMA PNEUMONIA	Respiratory secretions	Droplet	X			No	No	Duration of illness	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over

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NECROTIZING ENTEROCOLITIS	Bowel infection in neonates	Standard				N/A	N/A		Normal room turn over	
NOROVIRUS	Stool/feces and vomitus	**Special Contact (Contact Plus in Fox Valley)		X	X	No	No	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. To discontinue isolation: <ul style="list-style-type: none"> <li>• Patients should be asymptomatic (i.e. no diarrhea) for 48 hours.</li> <li>• No screening stool sample is required to discontinue isolation.</li> <li>• The patient should be showered or bathed if able, if unable use comfort bath.</li> <li>• Place in clean clothing or gown.</li> <li>• Transfer patient to a new room with a new clean bed.</li> <li>• Personal belongings should be placed in bags and brought home for washing.</li> <li>• To have room cleaned after discharge, enter an EVS bed request, choose "special contact" in cleaning protocols. Terminal cleaning completed with bleach solution</li> </ul>	Room should be wiped down with approved <b>bleach cleaner</b> after patient leaves	
PARAINFLUENZA Virus	Respiratory infection in infants and young children	Respiratory Secretions	Contact and Droplet	X	X	X	No	No	Duration of illness. Viral shedding 1 to 3 weeks. Viral shedding prolonged in immunocompromised patients. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask
PARACHOVIRUS		Respiratory secretions, and stool/feces	Standard or Contact or Droplet (See Comments)	X	X	X	No	No	Duration of illness. Fecal viral shedding for several weeks or months. Respiratory tract shedding usually 1-2 weeks. Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness. Droplet precautions if respiratory symptoms present. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
PARVO B-19 (Parvovirus)	Fifth Disease (Erythema Infectiosum)	Respiratory secretions	Droplet	X			No	No	Pregnant healthcare workers may care for patients with Parvo virus while following good isolation practices. If exposure occurs to a pregnant healthcare worker without proper isolation, the employee should notify their primary physician and Employee Health and Wellness. 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%	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
PERTUSSIS	Whooping cough	Respiratory secretions	Droplet	X			No	No	Droplet precautions for 5 days after start of effective treatment. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged unprotected exposure to respiratory secretions.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
PINWORMS	Enterobiasis	Parasite	Standard				No	No		Normal room turn over

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PLAGUE ( <i>Yersinia pestis</i> )	Bubonic	Rats	Standard or Contact				Yes	Yes	From infected rats. Contact precautions if draining lesions present.	Room should be wiped down with approved cleaner after patient leaves.
	Pneumonic	Respiratory Secretions	Droplet	X			No	No	For 48 hours after initiation of effective treatment. Antibiotic prophylaxis for exposed Healthcare Workers	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
Disease		Infectious Material	Type of Isolation Required	Mask	Gown	Gloves	Allowed in Playroom		Comments	Ambulatory Setting (excludes MACC clinics and Pulmonology clinics)
							<6yrs old	≥ 6 yrs old		
PNEUMONIA		Respiratory Secretions	Contact and Droplet	X	X	X	No	No	Contact and Droplet precautions until organism is identified, then follow organism specific guidelines.	Follow Respiratory Etiquette-patients or family that are coughing should be asked to wear a mask. Room should be wiped down with approved cleaner after patient leaves
POLIOMYELITIS		Stool/feces	Contact		X	X	No	No	Duration of illness	Room should be wiped down with approved cleaner after patient leaves.
PSITTACOSIS	Ornithosis	Birds	Standard				Yes	Yes	Spread through birds	Normal room turn over
RABIES		Animals	Standard or Contact (see comments)		X	X	No	No	Contact precautions are indicated if exposure to saliva or blood is probable. Use eye protection when 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.	Normal room turn over
RAT-BITE FEVER	Streptobacillus Moniliformis Disease, Spirillum Minus Disease	Rats	Standard				Yes	Yes	Not transmitted person to person	Normal room turn over
RHEUMATIC FEVER		This is a condition, not an infection unless strep positive	Standard				No	No	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.	Normal room turn over
RHINOVIRUS		Respiratory Secretions	Droplet and Contact (see comments)	X	X	X	No	No	Droplet most important route of transmission. Add Contact Precautions if copious moist secretions and close contact likely to occur (i.e. young infants) Duration of viral shedding 10 days to 3 weeks, prolonged in immunocompromised patients. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette-patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
RICKETTSIALPOX	vesicular rickettsiosis	Mice	Standard				Yes	Yes	From the bite of a house mouse mite	Normal room turn over
RINGWORM		Fungus	Standard				No	No		Normal room turn over
RITTER'S DISEASE	Scalded Skin Syndrome	Drainage	Contact		X	X	No	No	Duration of illness	Normal room turn over

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ROCKY MOUNTAIN SPOTTED FEVER		Ticks	Standard				Yes	Yes	Not transmitted person to person.	Normal room turn over
ROSEOLA INFANTUM	Exanthem Subitum, Herpes Virus 6	Lesions	Standard				Yes	Yes		Normal room turn over
ROTAVIRUS INFECTION		Stool/feces	Contact		X	X	No	No	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers.	Room should be wiped down with approved cleaner after patient leaves.
RUBELLA	German measles	Respiratory Secretions	Droplet	X			No	No	For 7 days after the onset of rash. (Pregnant healthcare providers should inform their physician and Employee Health and Wellness of exposure if it occurred without protective PPE)	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
RUBELLA, CONGENITAL		Transmitted from mother	Contact or Contact and Droplet		X	X	No	No	Contact AND Droplet isolation should be used in patients with suspected respiratory illness or if patient is receiving aerosol generating procedures. Isolation precautions indicated up to 1 yr. of age unless 2 nasopharyngeal & urine cultures obtained 1 month apart after age 3 months are negative consecutively for rubella virus.	Room should be wiped down with approved cleaner after patient leaves.
RSV (Respiratory syncytial virus)		NP secretions and droplets	Contact and Droplet	X	X	X	No	No	Duration of viral shedding 3 to 4 weeks. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Room should be wiped down with an approved cleaner after patient leaves
SALMONELLOSIS	Salmonella species (including S. typhi)	Undercooked or contaminated food. Also obtained through fecal oral route	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs. for duration of illness. Patients with <b>S. typhi must have 3 consecutive stool specimens obtained at least 48 hours after completing antimicrobial therapy before isolation precautions can be removed.</b>	Room should be wiped down with approved cleaner after patient leaves.
SAPOVIRUS		Stool	**Special Contact (Contact Plus in Fox Valley)		X	X	No	No	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. To discontinue isolation: <ul style="list-style-type: none"> <li>• Patients should be asymptomatic (i.e. no diarrhea) for 48 hours.</li> <li>• No screening stool sample is required to discontinue isolation.</li> <li>• The patient should be showered or bathed if able, if unable use comfort bath.</li> <li>• Place in clean clothing or gown.</li> <li>• Transfer patient to a new room with a new clean bed.</li> <li>• Personal belongings should be placed in bags and brought home for washing.</li> <li>• To have room cleaned after discharge, enter an EVS bed request, choose "special contact" in cleaning protocols. Terminal cleaning completed with bleach solution</li> </ul>	Room should be wiped down with approved <b>bleach cleaner</b> after patient leaves

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SCABIES		Mite	Contact		X	X	No	No	Continue isolation until appropriate treatment with scabicide complete.	Thorough vacuuming of environmental services is recommended. Room should be wiped down with approved cleaner after patient leaves.
SCALDED SKIN SYNDROME	Ritters Disease	Drainage	Contact		X	X	No	No	Duration of illness	Room should be wiped down with approved cleaner after patient leaves.
SCHISTOSOMIASIS	Bilharziasis	Parasite	Standard				Yes	Yes	Parasite, cannot be transmitted person to person	Normal room turn over

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						<6yrs old	≥ 6 yrs old			
SHIGELLOSIS	Shigella species (Bacillary dysentery)	Stool/feces	Contact		X	X	No	No	Duration of illness	Room should be wiped down with approved cleaner after patient leaves.
SHINGLES (HERPES ZOSTER)	Localized in patient with intact immune system with lesions that <b>CAN'T</b> be contained/covered	Lesions	Contact		X	x	No	No	Until all lesions are crusted. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Room should be wiped down with approved cleaner after patient leaves.
SHINGLES (HERPES ZOSTER) (CONT.)	Localized in immunocompromised patient	Lesions and Respiratory secretions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Duration of illness. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Disseminated disease in any patient	Lesions and Respiratory secretions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Duration of illness. Varicella susceptible individuals should not provide direct patient care when other immune caregivers are available.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Neonatal exposure during birth	Vesicular fluid, or scab, lesions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Airborne and contact precautions are recommended for neonates born to mothers with varicella and, if still hospitalized, should be continued until 21 or 28 days of age if they received VariZIG or IGIV. Infants with varicella embryopathy do not require isolation if they do not have active lesions	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
SMALLPOX		Respiratory Secretions	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in HIP Unit. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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. <b>**NOTIFY IC Immediately if suspected. VOALTE or PAGE IP ON CALL</b>	<b>**NOTIFY IC Immediately if suspected. VOALTE or PAGE IP ON CALL</b>
SPOROTRICHOSIS		Fungus, Exposure in environment	Standard				Yes	Yes	fungus or yeast- temperature dependent growth	Normal room turn over

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STAPHYLOCOCCAL DISEASE	MAJOR skin, wound, or burn	Drainage	Contact			X	X	No	No	Contact precautions for wounds that cannot be covered with a dressing or dressing does not contain secretions	Room should be wiped down with approved cleaner after patient leaves.
	MINOR or limited	Drainage	Standard					No	No	Dressing covers and contains drainage adequately.	Normal room turn over
Disease		Infectious Material	Type of Isolation Required	Mask	Gown	Gloves	Allowed in Playroom		Comments	Ambulatory Setting (excludes MACC clinics and Pulmonology clinics)	
							<6yrs old	≥ 6 yrs old			
STAPHYLOCOCCAL DISEASE (CONT.)	Enterocolitis	Stool/feces	Standard or Contact (see comments)			X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs. Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves.
	Pneumonia		Standard					Yes	Yes		Normal room turn over
	Scalded Skin Syndrome	Drainage	Contact			X	X	No	No	Continue isolation until patient has had resolution of symptoms for 48 hours. Contact Infection Prevention to request removal.	Room should be wiped down with approved cleaner after patient leaves.
	Toxic Shock Syndrome	Tampon use, cutaneous lesions	Standard					Yes	Yes		Normal room turn over
STREPTOBACILLUS MONILIFORMIS DISEASE	Rat-bite Fever	Rats	Standard					Yes	Yes	Not transmitted person to person	Normal room turn over
STREPTOCOCCAL DISEASE	Group A Streptococcus Pharyngitis, Pneumonia, Scarlet Fever	Respiratory secretions	Droplet		X			No	No	For 24hrs after initiation of appropriate antibiotics.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask
	Group A Streptococcus Skin, wound or burn	Drainage	Contact and Droplet	X	X	X		No	No	Extensive or draining cutaneous infections that cannot be covered or contained adequately by dressings, CONTACT precautions should be used for at least 24 hours after initiation of appropriate therapy	Room should be wiped down with approved cleaner after patient leaves.
	Group B Streptococcus Neonatal	Passed from mother during birth	Standard					N/A	N/A	Standard Precautions unless nursery outbreak.	Normal room turn over
	Streptococcus pneumonie (Pneumococcal Pneumonia )		Standard					No	No		Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
SYPHILIS	Skin and mucous membrane, including congenital , primary, secondary	Blood and bodily fluids	Standard					No	No	Gloves for any patient contact until 24 hours after treatment completed.	Normal room turn over
	Latent (tertiary) and seropositivity without lesions	Blood and bodily fluids	Standard					No	No		Normal room turn over

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TAPEWORM		Parasite	Standard				Yes	Yes		Normal room turn over
TETANUS		Exposure in environment	Standard				Yes	Yes		Normal room turn over
Disease		Infectious Material	Type of Isolation Required	Mask	Gown	Gloves	Allowed in Playroom		Comments	Ambulatory Setting (excludes MACC clinics and Pulmonology clinics)
							<6yrs old	≥ 6 yrs old		
TINEA	Fungus Infection Dermatomycosis, Ringworm	Fungus	Standard				No	No		Normal room turn over
TOXOPLASMOSIS		Protozoan parasite from contaminated feces, or food.	Standard				Yes	Yes		Normal room turn over
TRICHOMONIASIS		Protozoan	Standard				Yes	Yes		Normal room turn over
TUBERCULOSIS Atypical	Mycobacterium avium, etc.)	N/A	Standard				Yes	Yes		Normal room turn over



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						<6yrs old	≥ 6 yrs old			
TUBERCULOSIS (M. Tuberculosis)	Extrapulmonary, draining lesion	Drainage	Airborne and Contact	CAPR	X	X	No	No	<p>Patients &gt;10 years with active pulmonary TB should be isolated.</p> <p>Patients with positive sputum Acid Fast Bacillus smear (even if &lt; 10 years) should be isolated</p> <p>Any patient with suspected TB undergoing an airway procedure (intubation, BAL, etc.) requires airborne precautions.</p> <p>Household contacts should report directly to the patient's room and not visit other areas in facility. Mask must be worn at all times.</p> <p><b>REVIEW THE TB POLICY FOR A RISK ASSESSMENT TO ASSESS ISOLATION NEEDS.</b></p> <p>Contact Infection Prevention on call with questions or concerns.</p>	**Notify Infection Prevention for any patients with potential or suspected TB.
TUBERCULOSIS (M. Tuberculosis) (CONT.)	Extrapulmonary, no draining lesion	N/A	Standard				No	No	Household contacts should report directly to the patient's room and not visit other areas in facility.	Symptomatic contacts should wear a mask. Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Meningitis	N/A	Standard				No	No	Household contacts should report directly to the patient's room and not visit other areas in facility.	Symptomatic contacts should wear a mask. Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Laryngeal	Respiratory Secretions	Airborne	CAPR			No	No	Isolation should continue until patient is on appropriate medication and is clinically improving with 3 consecutive negative sputum smears. Household contacts should report directly to the patient's room and not visit other areas in facility.	**Notify Infection Prevention for any patients with potential or suspected TB.
	Latent TB	N/A	Standard (unless a household contact is symptomatic)				Yes	No		Symptomatic contacts should wear a mask. Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Pulmonary (cough with cavitary lesion)	Respiratory secretions.	Airborne	CAPR			No	No	Household contacts should report directly to the patient's room and not visit other areas in facility.	**Notify Infection Prevention for any patients with potential or suspected TB.

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						<6yrs old	≥ 6 yrs old			
						Yes	Yes			
TULAREMIA	Rats, rodents, rabbits, domestic cats, ticks	Standard				Yes	Yes	Not transmitted person to person	Normal room turn over	
TYPHOID FEVER	Salmonella typhi	Stool/feces	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs. for duration of illness	Room should be wiped down with approved cleaner after patient leaves.
TYPHUS	Endemic and epidemic	Fleas	Standard				No	No		Normal room turn over
VARICELLA ZOSTER Primary Infection	Chickenpox	Lesions	Airborne VAR and Contact	CAPR					Until lesions are crusted. Varicella susceptible individuals should not enter room.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Immunocompromised patients	Lesions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95	X	X	No	No	Duration of illness, varicella susceptible individuals should not enter room.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner.
	Exposure to Chickenpox	N/A	Airborne VAR	CAPR Teal Badge - No CAPR - No N95			No	No	Airborne Precautions from day 8 after initial exposure until 21 days (or 28 days if Acyclovir was given). If chickenpox develop add Contact Precautions until lesions crusted.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner
	Varicella pneumonia	Respiratory secretions	Airborne VAR and Contact	CAPR Teal Badge - No CAPR - No N95					Duration of illness, varicella susceptible individuals should not enter room.	Exam room should remain empty with door closed for a minimum of 2 hours. After that time, the room should be wiped down with an approved cleaner.
VIBRO PARAHAEMOLYTICUS (Vibriosis)		Undercooked or contaminated food.	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves.
VIRAL HEMORRHAGIC FEVER	Due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Respiratory Secretions, blood and bodily fluids	Airborne and Contact	CAPR	X	X	No	No	Patient should be placed in Heightened Isolation Precautions. Isolation continues for duration of illness. Single patient room in HIP unit (specifically trained staff for this unit) 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 IC Immediately if suspected.	**NOTIFY Infection Control Immediately if suspected.

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Disease	Etiology	Dependent	Contact	Mask	Gown	Gloves	Allowed in Playroom		Comments	
							<6yrs old	≥ 6 yrs old		
VRE (Vancomycin Resistant Enterococci)		Dependent	Contact		X	X	No	No	See MDRO policy for guidelines to discontinue precautions.	Normal room turn over
WEST NILE VIRUS	From Mosquitoes	Mosquitoes	Standard				Yes	Yes		Normal room turn over
WHOOPING COUGH	Pertussis	Droplets	Droplet	X			No	No	Droplet precautions for 5 days after start of effective treatment. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged unprotected exposure to respiratory secretions.	Follow Respiratory Etiquette- patients or family that are coughing, sneezing, or runny nose should be asked to wear a mask. Normal room turn over
YELLOW FEVER		Mosquitoes	Standard				Yes	Yes		Normal room turn over
YERSINIOSIS	Yersinia enterocoliti ca	Undercooked or contaminated food. Also obtained through fecal oral route	Standard or Contact (see comments)		X	X	No	No	Use Contact precautions for diapered, or incontinent children, or patients with leaking ostomies, or children <6 yrs for duration of illness	Room should be wiped down with approved cleaner after patient leaves.
ZIKA		Mosquitoes	Standard				Yes	Yes	Transmitted by specific mosquito. Blood borne pathogen	Normal room turn over
ZYGOMYCOSIS	Phycomycosis, mucormycosis	Fungus, Exposure in environment	Standard				Yes	Yes	Not transmitted from person to person	Normal room turn over