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## Isolation Precautions: Standard and Transmission-Based- IC.0039

### PURPOSE

The purpose of this policy is to provide guidelines to reduce the risk of acquisition and transmission of healthcare associated infections (HAI) and epidemiologically significant organisms, including multi-drug resistant bacteria and infections of public health importance and to define precautions to protect all patients, visitors, employees, medical personnel, students, contract personnel and volunteers that either directly or indirectly impact the delivery of safe, high quality patient care. Our policies guide our practices and ensure that we place people at the heart of all we do to deliver the best outcomes and safest care.

### APPLICABILITY

This policy applies to Lakeland Regional Health Medical Center's Workforce

### POLICY

1. Standard Precautions are observed on all patients.  
Every patient is assumed to be potentially infected or colonized with an organism that could be transmitted in the healthcare setting. During respiratory pandemics, standard precautions may include wearing masks with all patients and/or wearing masks in other areas of the hospital dependent on community levels and risk of inadvertent transmission. Standard Precautions includes using PPE whenever there is an expectation of possible exposure to infectious material (e.g. masking with coughing patient, gloves and fluid resistant gown when likely to have contact with infectious materials).
2. Transmission-Based Precautions are used in addition to Standard Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens. Team members are allowed to opt out of mask wearing unless required for sterile areas or processes, while attending patients in Droplet, Contact or Special Precautions or when community levels of a respiratory infection are high enough that a substantial risk of transmitting infection to others is present.
  - A. Precautions are based on the risk of transmission of infection.
  - B. Personal protective equipment (PPE) is donned before entering the patient's room or in the

doorway within the door sweep.

1. Door sweep is defined as the space immediately within the room that the door passes over as it is opened or where sliding doors are in use, within the space immediately inside the doorway.
  2. Healthcare staff may stand in the door sweep to verbally interact with the patient.
  3. PPE must be worn when moving beyond this area into the patient room.
- C. Visitors are educated on the type of isolation and are to wear the same PPE that a healthcare worker would wear performing the same activity, except in the case of Special Precautions or Airborne precautions where a Duckbill N95 is worn instead of a fit-tested N95. (See also policy [Infectious Tuberculosis \(TB\) Exposure Control Plan](#).) Visitors may choose to opt out of mask wearing if an alternative method of infection control is available. Note that an effective alternative method may not be available. Visitors to inpatient rehabilitation are not required to wear PPE while in the gym.
- D. Patients on transmission based precautions are requested not to leave their room unless being escorted to procedure treatment areas. (See policy [Patients Leaving Their Clinical Area](#).) Exceptions to this are Physical Therapy and Inpatient Rehab.
- E. Patients typically require a private room.
- F. Cohorting of patients with the same isolation precautions is considered on a case by case basis and requires consultation with Infection Prevention.
- G. Patients in ambulatory settings such as the Emergency Department that could potentially expose healthcare personnel and other patients, family members, and visitors to respiratory infections when symptomatic are asked to wear a mask at the point of initial encounter.
- H. Non-infected patients are allowed to opt out of mask wearing unless community levels of a respiratory infection are high enough that a substantial risk of transmitting infection to others is present.

## PROCEDURE

Refer to Clinical Skills: [Isolation Precautions: Personal Protective Equipment](#) (Extended Text). Exception: Follow CDC recommendations to wear gowns and gloves for Contact Precautions and not routinely use for other types of isolation (e.g., Droplet, Airborne, or Neutropenic).

All hospital employees and contractual staff use Standard Precautions according to the following:

### 1. **Hand Hygiene:**

Refer to Clinical Skills: [Hand Hygiene](#) (Extended Text). Exception: Rings and watches are required to be removed in invasive procedure areas such as surgery, suggested for removal in other areas. Use soap and water for C diff, Norovirus, and Hepatitis A. See also [Hand Hygiene and Artificial Nails Policy](#)

### 2. **Gloves**

Gloves are worn when it can be reasonably anticipated that the healthcare staff may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin, for example, when performing vascular access procedures, and when handling or touching contaminated items or surfaces. This includes transport of dirty linens/trash to a soiled utility room. Disposable (single use) gloves are replaced as soon as practical when contaminated or immediately if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves are not to be washed or decontaminated for reuse. Change gloves between tasks and procedures on the same patient. Remove gloves promptly after use and perform hand hygiene

immediately.

3. **Masks, Eye Protection, Face Shield, and Donning of PPE:** Refer to Clinical Skills: [Caps, Masks, and Eye Protection](#) (Extended Text) or Clinical Skills: [Isolation Precautions: Personal Protective Equipment](#) (Extended Text).
4. **Patient Care Equipment:** Fans are not allowed in isolation rooms. Trash is kept inside the room, no exclusions for Baker Act patients. See also policy [Patient Room and Equipment Cleaning](#).
5. **Biomedical Waste, Spills, and Sharps Injury Prevention:** See policy [Regulated Medical Waste and General Waste Handling](#).
6. **Transportation of Patients**
  - A. Limiting the movement and transport of patients infected with virulent or epidemiologically important microorganisms and ensuring that such patients leave their rooms only for essential purposes, reduces opportunities for transmission of microorganisms in the hospital.
  - B. When patient transport is necessary, it is important that:
    - Appropriate barriers (e.g., masks, impervious dressings) are worn or used by the patient to reduce the opportunity for transmission of pertinent microorganisms to other patients, personnel, and visitors and to reduce contamination of the environment. Transporters should wear appropriate PPE to protect themselves if an infected patient refuses to mask. In this situation request that additional unprotected people not ride along when on elevators.
    - Any patient in Contact Isolation or with a draining wound or skin lesion should be dressed with a clean hospital gown before leaving the room.
    - Personnel in the area to which the patient is to be taken must be notified of the impending arrival of the patient and of the precautions to be used to reduce the risk of transmission of infectious microorganisms.
    - Patients must be informed of ways by which they can assist in preventing the transmission of their infectious microorganisms to others.
  - C. Stretchers and wheelchairs must be protected with linens or disposable underpads.
  - D. As a rule, healthcare workers should not wear gowns and gloves to transport a patient. Using appropriate barriers on the patient is sufficient to protect the healthcare worker. For those instances when direct patient contact is needed during the transport (i.e., bagging patient on ventilator, emergency transport performing CPR, etc.) or when using barriers on the patient is not appropriate, then two or more healthcare workers are required to perform the transport.
    - One healthcare worker remains "clean" and walks ahead to push elevator buttons and open doors etc.
    - One or more healthcare worker is garbed appropriately (according to type of precautions) and pushes the bed and performs the necessary patient contact activities.
    - Wear N95 and eye protection when transporting Patients who are suspected or confirmed to have COVID
    - Exception for Security Team: Gloves are allowed to be used when transporting potentially violent patients

# PROCEDURE FOR TRANSMISSION-BASED PRECAUTIONS:

Refer to Clinical Skills: [Isolation Precautions: Personal Protective Equipment](#) (Extended Text). Exception: Follow CDC recommendations to wear gowns and gloves for Contact Precautions and not routinely use for other types of isolation (e.g., Droplet, Airborne, or Neutropenic.)

When a patient is suspected to be infected or known to be infected with a pathogen, the [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) is consulted to determine appropriate patient placement as dictated by the required isolation precautions.

## CDC Isolation Types

### Transmission - Based precautions are:

- Contact
- Droplet
- Airborne

#### **Additions to CDC isolation types:**

- Special Airborne
- Special Precautions
- Contact-GI

**SPECIAL AIRBORNE precautions** are used for patients with diseases in which caregivers and visitors may not have immunity.

- A private, negative pressure room is required for measles, chickenpox with draining lesions, and for disseminated Varicella Zoster or localized Zoster (shingles) in an immunocompromised patient until disseminated is ruled out.
- Door must be kept closed. Mask the patient during transport with a surgical mask.
- **Individuals who do not have immunity to Varicella should not enter patient's room.** Staff can verify their immunity through Employee Health, Wellness & Safety.

### **SPECIAL PRECAUTIONS are used for suspect and confirmed COVID-19 or Monkeypox**

- Includes Contact, Droplet and Airborne Precautions
- Gloves and gown
- Fit tested respirator or Powered Air-purifying respirator (PAPR)
- Face shield with close fitting forehead band or goggles that fit close to face without gaps.
- N95 mask during aerosolizing procedures
- Door is kept closed or patient is in a negative pressure room when aerosols are generated
- Patient wears procedure mask during transport
- **See attachment for current COVID-19 PPE guidance based on community transmission**

### **Contact GI**

- Contact precautions plus use bleach or approved bleach alternative for disinfecting patient environment

- Wash hands with soap and water instead of using alcohol based hand sanitizer

### Organism Specific Policies:

- [Methicillin Resistant Staphylococcus Aureus \(MRSA\) Management](#)
- [Vancomycin-Resistant Enterococcus \(VRE\) Management](#)
- [Clostridium Difficile Management](#)
- [Management and Isolation of Gram Negative Bacilli Multidrug-Resistant Organisms \(MDRO\)](#)
- [Infectious Tuberculosis \(TB\) Exposure Control Plan](#)
- [Management of Varicella \(Chickenpox\)](#)

### Implementing Isolation Precautions

- A. Determine the type of isolation required.  
See grid at end of policy for condition specific isolation precautions.
- B. Initiate isolation order in computer. If not automatically placed, then complete task. Licensed healthcare providers are allowed to initiate an isolation order for suspected or confirmed isolation need as defined within this policy.
- C. Update Special Indicator Form with appropriate isolation type. If more than one type is required, choose the highest level of isolation need according to the hierarchy list.
- D. Pick up isolation caddy and supplies if needed from Central Supply.
- E. Select appropriate isolation sign(s).
  1. Select appropriate isolation sign from sign holder, hang the caddy over the door if room does not have isolation cubby.
  2. When isolation has been discontinued or patient discharged:
    - Items left in caddy are returned to clean supply by Nurse/PCA, caddy left on door.
    - Emptied caddies are taken to soiled utility by EVS after terminal clean
    - Transport picks up and takes to SPD (in ED- those team members take to SPD)
    - SPD disinfects and delivers caddies to Central Supply
    - Caddies are stocked in Central Supply for pick up
- F. Print appropriate isolation education from Intranet or order in computer from Krames. Document in computer when isolation education and PPE requirements are reviewed with patient or family.
- G. Notify Infection Prevention for previously undiagnosed patient being placed on isolation. Place consult on computer or voice mail message. (See policy [Reporting Infections or Potential for Infections.](#))
- H. The Special Indicators are patient flags for organisms under surveillance (e.g., MDRO). The flags are entered by Infection Prevention or nursing when self-reported by the patient. The indicators and isolation type are available for review in computer within the Isolation-Special Indicators Form and under Problems and Diagnosis, SBAR (Seven for Safety), Inpatient Summary (Active Problems), and Power Orders (Condition).  
Historical Special Indicators appear during registration so that when readmitted the patient is placed in appropriate isolation.
- I. Discontinuing Isolation: **Only Infection Prevention may remove Confirmed Special Precautions, MDRO, or TB Special Indicators.**
  1. See Nursing Isolation Removal notes for C. difficile, Special Precautions and for guidance on

prolonged viral respiratory infections on the [Infection Prevention Department Page](#).

2. Isolation is not removed for Gram Negative organisms with multiple drug resistance (e.g., ESBL, MDRO, CRE) until consultation with and approval from Infection Prevention is obtained.
3. Call Infection Prevention (ext. #1144) with questions regarding the removal of any other isolation precaution.

**J. Donning and Removal of PPE:**

Refer to Clinical Skills: [Isolation Precautions: Personal Protective Equipment](#) (Extended Text).  
 Refer to [Infection Prevention Department Page](#) for Donning and Doffing PPE. Routine and Viral Hemorrhagic Fevers.  
 See policy [Infectious Tuberculosis \(TB\) Exposure Control Plan](#).

**K. Communication and Education**

This policy is communicated to the appropriate LRHMC personnel via the following channels:

1. An overview of the information within this policy is included in general orientation materials.
2. Nursing and departmental specific education is provided through departmental orientation materials and SOP, e-mail, and annual updates.
3. Medical staff news updates and new employee orientation for physicians.

Reference: [2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)

Exceptions: For ease of use with Respiratory Panel testing, any abnormal result will require Contact and Droplet isolation. [2011 CDC Guidance for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings](#) is followed.

DISEASE	TYPE OF ISOLATION	INFECTIVE MATERIAL/ MODE OF TRANSMISSION	APPLY PRECAUTIONS HOW LONG?	COMMENTS
<b>Abscess</b> • Draining, major	C	Purulent drainage/Hands	Duration of illness	No dressing or dressing does not adequately contain drainage
	S	Purulent drainage/Hands		Dressing covers and adequately contains drainage
<b>Acquired human immunodeficiency syndrome (HIV)</b>	S	Blood-body fluids/Exposure		(See specific opportunistic disease)
<b>Actinomycosis</b>	S			Not transmitted from person to person
<b>Adenovirus infection</b> • Respiratory	D, C	Respiratory secretions	Duration of illness	
	S or C	Feces	Duration of illness	Contact precautions for children and diapered or incontinent patients
<b>Amebiasis</b>	S	Feces/Ingestion		Person to person

				transmission is rare
<b>Anthrax (Bacillus)</b> • Cutaneous	S	Drainage/Non-intact skin		Handwashing with soap and water, not alcohol hand rub; Contact precautions if large amount of uncontained drainage
• Pulmonary	S			Not transmitted from person to person
• Environmental		Spores/ Inhalation of spores from spore containing powder or other substance	Until environmental decontamination	Possible agent of bioterrorism
<b>Arthropod-borne viral encephalitides</b> (Eastern, Western, Venezuelan equine encephalomyelitis; St. Louis, California encephalitis; West Nile virus) <b>and viral fevers</b> (chikungunya, yellow fever, dengue, Colorado tick fever)	S	Blood/ Mosquitoes, ticks		Not transmitted person to person except rarely
<b>Ascariasis</b>	S			Not transmitted from person to person
<b>Aspergillosis</b>	S	Soil/Inhalation of spores in dirt or dust		Contact and Airborne precautions if massive soft tissue infection with copious drainage
<b>Avian influenza (Bird flu)</b> • Avian	A, C	Respiratory secretions/ Inhalation	Duration of illness	See <a href="http://www.cdc.gov/flu/avian/professional/infect-control.htm">www.cdc.gov/flu/avian/professional/infect-control.htm</a> for current guidelines
<b>Babesiosis</b>	S	Ticks transmit disease		Not transmitted person to person except rarely by transfusion
<b>Bed bugs (Cimex lectularius)</b>	C, S		Until patient has been showered, clothing and belongings bagged, room inspected and treated if necessary	See policy <a href="#">Management of Bed Bugs</a>
<b>Blastomycosis</b> North American, cutaneous, or pulmonary	S	Soil/Inhalation of spores in dirt or dust		Not transmitted from person to person

<b>Botulism</b>	S	Toxin in food/ Ingestion		Not transmitted from person to person
<b>Bronchiolitis</b> Etiology unknown in infants and young children	C	Respiratory secretions/ Hands	Duration of illness	Use mask according to Standard Precautions
<b>Brucellosis</b> (Undulant, Malta, Mediterranean fever)	S	Purulent drainage/ Hands		Not transmitted person to person except rarely by sexual contact
<b>Campylobacter</b> (See Gastroenteritis)	S or CG	Feces/ Ingestion		Contact precautions for children and diapered or incontinent patients
<b>Candidiasis</b> , all forms including mucocutaneous except <i>C. auris</i> use Contact-GI	S	Drainage/ Hands		<i>C. auris</i> requires Contact-GI precautions for each admission. Strict adherence to infection prevention protocols and environmental cleaning with a sporicidal agent. OK for nurse to discontinue isolation for <i>C. auris</i> screening when negative on Day 7.
<b>Cat-Scratch fever</b> (Benign inoculation lymphoreticulosis)	S	Blood-body fluids/ Cats or cat fleas		Not transmitted from person to person
<b>Cellulitis</b> , Uncontrolled drainage	C	Purulent Drainage/ Hands	Duration of illness	
<b>Chancroid</b> (Soft chancre) ( <i>H. ducreyi</i> )	S	Contact/ Sexually transmitted		Transmitted sexually from person to person
<b>Chikungunya</b>	S	Blood/ Mosquitoes		Not transmitted from person to person
<b>Chickenpox</b> (Varicella) • Skin lesions only • Respiratory involvement	SA, C	Respiratory secretions and lesion secretions/ Inhalation and contact	Until lesions dry and crusted	Negative pressure room required; Neonates born to mothers with active varicella are placed on precautions at birth; Exposed susceptible patients should be placed on precautions beginning 8 days after exposure until 21 days after last exposure
<b>Chlamydia trachomatis</b> • Conjunctivitis	S	Purulent exudates/ Hands		
• Genital	S	Genital secretions/ Hands		



(lymphogranuloma venereum)		Sexually transmitted		
• Respiratory	S	Respiratory secretions/ Contact		
<b>Chlamydia pneumoniae</b>	S			Outbreaks in institutionalized populations reported, rarely
Chlamydia				
<b>Cholera</b> (Vibrio cholerae)	S or C	Feces/Ingestion		Contact precautions for children and diapered or incontinent patients
<b>Closed-cavity infection</b> • Draining, limited or minor • Not draining	S	Purulent drainage/Hands		Contact precautions if copious uncontained drainage
<b>Clostridium</b> • C. botulinum	S	Toxin in food/ Ingestion		Not transmitted from person to person
• C. difficile	CG	Feces/Ingestion	Duration of diarrhea	Handwashing with soap and water, not alcohol hand rub; clean with bleach; See policy <a href="#">Clostridium Difficile, Management</a>
• C. perfringens Food poisoning	S	Toxin in food/ Ingestion		Not transmitted from person to person
Gas gangrene	S	Purulent drainage/Hands		Transmission from person to person rare; Contact precautions if copious uncontained drainage
<b>Coccidioidomycosis</b> (Valley fever) • Draining lesions	S	Drainage/Hands		Not transmitted from person to person except under extraordinary circumstances
• Pneumonia	S	Spores in soil/ Inhalation		
<b>Colorado tick fever</b>	S	Blood/Tick bite		Not transmitted from person to person
<b>Congenital rubella</b>	C	Urine and respiratory secretions/ Contact with secretions	During any hospitalization until 1 year of age	If nasopharyngeal and urine cultures repeatedly negative for virus after 3 months of age, precautions may be discontinued

<b>Conjunctivitis,</b> • Acute bacterial (sore eye, pink eye)	S	Purulent exudate/Hands		
Chlamydia	S	Purulent exudate/Hands		
Gonococcal	S	Purulent exudate/Hands		
• Acute viral (acute hemorrhagic)	C	Purulent exudate/Hands	Duration of illness	
<b>Coronavirus associated with MERS (MERS-CoV)</b>	A,C	Respiratory secretions	Determined on a case-by-case basis, in conjunction with local, state, and federal health authorities	Eye protection should be utilized
<b>Coronavirus associated with SARS (SARS-CoV)</b>	SP	Respiratory secretions	High and Low Risk Negatives removal by nursing  Positive patients removal by Infection Prevention or designee only	<b>High Risk Symptomatic Negative test:</b> Evaluate at 7 days post admit for improvement of respiratory symptoms including afebrile without use of anti-pyretics for 24 hours (excludes Tylenol solely for pain management)  <b>Low Risk Negative test:</b> Discontinue isolation  <b>Mild to moderately ill Positive:</b> Evaluate symptoms as for High Risk Negative at 10 days from onset or first positive test. Discontinue if resolved or improving.  <b>Critically ill:</b> Evaluate symptoms as for High Risk Negative at 20 days from onset or first positive test.  <b>Severely</b>

				<p><b>Immunocompromised:</b> May remain infectious more than 20 days. Case by case evaluation.</p> <p><b>Patients previously positive,</b> later testing positive within 90 days from initial infection with resolution of symptoms: Isolation is not required.</p> <p><b>Symptoms:</b> Fever, loss of taste/smell, new pulmonary infiltrates associated with hypoxia, increased oxygen need from baseline, SOB or cough without a definitive alternate cause.</p>
<b>Coxsackie virus disease (Hand, foot, mouth disease)</b> (See enteroviral infection)	S	Respiratory secretions/ Feces	Duration of illness	Contact precautions for diapered or incontinent children to control institutional outbreaks
<b>Creutzfeldt-Jakob disease (CJD)</b>	S	Brain tissue and spinal fluid/ Hands		Additional special precautions necessary for handling contaminated items from patients with confirmed or suspected disease; Consult Infection Prevention; see policy <a href="#">Creutzfeldt-Jakob Disease (CJD), Prevention of Transmission in the Hospital Environment</a>
<b>Croup</b> (See respiratory infections in infants and young children)	D, C	Respiratory secretions/ Hands	Duration of illness	
<b>Cryptococcosis</b>	S	Soil/Inhalation of spores		Not transmitted from person to person, except rarely
<b>Cryptosporidiosis</b> (See gastroenteritis)	S or CG	Feces/Ingestion		Contact precautions for children and diapered or incontinent patients
<b>Cysticercosis</b>	S	Feces/Ingestion		Not transmitted from person to person
<b>Cytomegalovirus infection,</b> including in neonates and	S	Urine and respiratory		No additional precautions for pregnant HCWs

immunosuppressed patients		secretions/ Hands		
<b>Decubitus ulcer, infected</b> • Major drainage	C	Purulent drainage/Hands	Duration of illness	Draining and not covered by dressing or dressing does not adequately contain drainage
• Minor or limited drainage	S	Purulent drainage/Hands		Dressing covers and adequately contains drainage
<b>Dengue fever</b> (See arbovirus)	S	Blood/Mosquito bite		Not transmitted from person to person
<b>Diarrhea, acute infective</b> etiology suspected (See gastroenteritis)				
<b>Diphtheria</b> • Cutaneous	C	Drainage/Hands	Until off antibiotic therapy and cultures negative (2 cultures taken at least 24 hours apart)	
• Pharyngeal	D	Respiratory secretions/ Inhalation		
<b>Ebola Viral Disease (EVD)</b>	A, C, D	Blood and body fluids/Exposure	Duration of illness	Negative pressure room; Consult Infection Prevention; see <a href="http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html">http://www.cdc.gov/vhf/ebola/healthcare-us/hospitals/infection-control.html</a>
<b>Echinococcosis</b> (hydatidosis)	S	Feces/Ingestion		Not transmitted from person to person
<b>Echovirus disease</b> (See enteroviral infection)				
<b>Encephalitides, viral</b> (See arthropod-borne)				
<b>Encephalitis</b> (See specific etiologic agent)				
<b>Encephalomyelitis</b> (See specific etiologic agent)				
<b>Endometritis</b> ( <b>endomyometritis</b> )	S	Vaginal discharge/ Hands		
<b>Enterobiasis</b> (pinworm disease, oxyuriasis)	S	Feces/Ingestion		

<b>Enterococcus species (VRE)</b> (See multidrug-resistant or Vancomycin resistant organisms)	S			See policy <a href="#">Vancomycin-Resistant Enterococcus (VRE) Management</a>
<b>Enterocolitis - C. difficile</b>	C	Feces/Ingestion	Duration of illness	
<b>Enteroviral infection</b> (See gastroenteritis)	S, CG	Feces/ingestion	Duration of illness	Contact precautions for children and diapered or incontinent patients
<b>Enterovirus in CSF</b>	S, C			Contact precautions for infants and children
<b>Epi-glottitis</b> , due to haemophilus influenza type b	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
<b>Epstein-Barr virus infection</b> , including infectious mononucleosis	S	Respiratory secretions/ Inhalation		
<b>Erythema infectiosum</b> (Except Parvovirus B19, see below)	S	Respiratory secretions/ inhalation		
<b>Escherichia coli</b> (See gastroenteritis)				
<b>Fifth disease (Parvovirus B19-Erythema infectiosum)</b>	D	Respiratory secretions/ inhalation	Duration of illness in immunocompromised patient	For transient aplastic or red cell crisis, maintain precautions for 7 days
<b>Food poisoning</b> <ul style="list-style-type: none"> <li>• Botulism</li> <li>• Clostridium perfringens or welchii</li> <li>• Staphylococcal</li> </ul>	S	Toxin in food/ Ingestion		Not transmitted from person to person
<b>Furunculosis-staphylococcal</b> <ul style="list-style-type: none"> <li>• Infants and young children</li> </ul>	S, C	Purulent drainage/ Hands	Duration of illness	Contact precautions if drainage not controlled
<b>Gangrene - gas gangrene</b> (Clostridium perfringens)	S	Purulent drainage/ Hands		Not transmitted from person to person
<b>Gastroenteritis</b> <ul style="list-style-type: none"> <li>• Campylobacter species</li> </ul>	S	Feces/Ingestion		Contact precautions for children and diapered or incontinent patients

• Cholera (vibrio cholerae)	S	Feces/Ingestion		Contact precautions for children and diapered or incontinent patients
• C. difficile	CG	Feces/Hands	Duration of illness	Contact precautions for children and diapered or incontinent patients; handwashing with soap and water, not alcohol hand rub
• Cryptosporidium species	S or CG	Feces/Ingestion	Duration of illness or incontinence	Contact precautions for children and diapered or incontinent patients
• Escherichia coli (Enteropathogenic 0157:H7 and other species)	S or CG			
• Giardia lamblia	S or CG			
• Norovirus	CG	Feces/Ingestion/Vomit	Duration of illness or incontinence	Clean with bleach; wear mask if attending to a vomiting patient or flushing commodes with feces. Wash hands with soap and water instead of alcohol hand sanitizer.
• Rotavirus	S or CG	Feces/Ingestion	Duration of illness	Contact precautions for children and diapered or incontinent patients
• Salmonella species (including S. typhi)	S or CG			
• Shigella species (Bacillary dysentery)	S or CG			
• Vibrio parahaemolyticus	S or CG			
• Viral (if not covered elsewhere)	S or CG			
• Yersinia enterocolitica	S or CG			
<b>German measles</b> (Rubella, see also congenital rubella)	D			

		Inhalation		caregivers are available; nonimmune pregnant women should not care for these patients
<b>Giardiasis</b> (See gastroenteritis)				
<b>Gonococcal ophthalmia neonatorum</b> (gonorrheal ophthalmia, acute conjunctivitis of newborn)	S	Purulent exudates/ Hands		
<b>Gonorrhea</b>	S	Discharge/ Sexually transmitted		
<b>Granuloma inguinale</b> (Donovanosis, granuloma venereum)	S	Drainage/Hands		
<b>Guillain-Barre' syndrome</b>	S	Sequela to infectious disease		Not transmitted from person to person
<b>Hand, foot, and mouth disease</b> (See enteroviral infection)	S, CG	Respiratory secretions/ Feces	Duration of illness	Contact precautions for diapered or incontinent children to control institutional outbreaks
<b>Hansen's disease</b> (See leprosy)				
<b>Hantavirus pulmonary syndrome</b>	S	Soil/inhalation of organism		Not transmitted from person to person
<b>Helicobacter pylori</b>	S	Organism in food or water/ Ingestion		
<b>Hepatitis, viral</b> • Type A	CG	Feces/Ingestion	Duration of illness	Contact precautions for children and diapered or incontinent patients; Handwashing with soap and water, not alcohol hand rub; clean with bleach
• Type B, including Hepatitis B antigen (HBsAg carrier)	S	Blood-body fluids/Exposure		
• Type C and other unspecified non-A, non-B	S	Blood-body fluids/Exposure		
• Type E	S or CG	Feces/Ingestion	Duration of illness	Contact precautions for children and diapered or

				incontinent patients
<b>Herpangina</b> (See enteroviral infection)				
<b>Herpes simplex</b> (Herpesvirus hominis) • Encephalitis	S	Body fluid/ Hands		
• Mucocutaneous, disseminated or primary, severe	C	Lesion secretions from infected site/ Hands	Until lesions dry and crusted	
• Mucocutaneous, recurrent (skin, oral, genital)	S	Lesion secretions from infected site/ hands		
• Neonatal	C	Lesion secretions	Until lesions dry and crusted	Place infant on precautions during any admission until 1 year of age; Consult Infection Prevention
<b>Herpes zoster</b> (Shingles and varicella- zoster) (See zoster)				
<b>Histoplasmosis</b>	S	Spores from outdoor environment/ Inhalation		Not transmitted from person to person
<b>HIV</b> (Human immunodeficiency virus)	S	Blood and body fluids/ Exposure		
<b>Hookworm disease</b> (ancylostomiasis, uncinariasis, necatoriasis)	S	Larvae in soil/ Penetrates skin		Not transmitted from person to person
<b>Human immunodeficiency virus (HIV)</b>	S	Blood and body fluids/ Exposure		
<b>Human metapneumovirus (HMPV)</b>	C, D	Respiratory secretions	Duration of illness	
<b>Impetigo</b>	C	Lesions/Hands	For 24 hours after start of effective therapy	
<b>Infectious mononucleosis</b> (See Epstein-Barr virus)	S	Respiratory secretions/ Inhalation		Most adults have already been exposed
<b>Influenza</b> • Seasonal	D, C			See <a href="http://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm">www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm</a> for current guidelines
• Avian	A, C	Respiratory secretions/ Hands	Duration of illness	



		Inhalation		See <a href="http://www.cdc.gov/flu/avian/professional/infect-control.htm">www.cdc.gov/flu/avian/professional/infect-control.htm</a> for current guidelines See <a href="http://www.pandemicflu.gov">http://www.pandemicflu.gov</a> for current guidelines
• <b>Pandemic/Novel</b>	D, C			
<b>Kawasaki syndrome</b>	S	Unknown		Not transmitted from person to person
<b>Lassa fever</b> (See viral hemorrhagic fever)				
<b>Legionnaires' disease</b>	S	Environmental Sources/ Inhalation of water aerosols		Not transmitted from person to person
<b>Leprosy</b>	S	Not clearly established		
<b>Leptospirosis</b>	S	Blood and urine/Exposure		Not transmitted from person to person
<b>Lice</b> (Pediculosis)	C	Clothing and infected area/ Close contact with lice	For 24 hours after effective therapy	
<b>Listeriosis</b> ( <i>Listeria monocytogenes</i> )	S	Contaminated food/Ingestion		Person to person transmission rare; cross contamination in neonatal settings reported
<b>Lyme disease</b>	S	Tick bite		Not transmitted from person to person
<b>Lymphocytic choriomeningitis</b>	S	Drainage/Hands		Not transmitted from person to person
<b>Lymphogranuloma venereum</b>	S	Genital secretions/ Sexually transmitted		
<b>Malaria</b>	S	Blood/Mosquito bite		Not transmitted from person to person, except rarely
<b>Marburg virus disease</b> (See viral hemorrhagic fever)				Possible agent of bioterrorism; negative pressure room required; Consult Infection Prevention
<b>Measles</b> (Rubeola) all presentations	SA	Respiratory secretions/ Inhalation	Until 4 days after onset of rash; Duration of illness in immunocom-	Susceptible HCWs should not enter room if immune caregiver is available

			promised patient	
<b>Melioidosis, all forms</b>	S	Respiratory secretions and sinus drainage/ Hands		Not transmitted from person to person
<b>Meningitis</b> • Aseptic (nonbacterial or viral); also see enteroviral infection)	S	Feces/Ingestion		Contact precautions for infants and young children
	C	For infants and young children with enterovirus in CSF		
• Bacterial, gram-negative rods, in neonates	S	Feces/Ingestion		In Nursery, may cohort infected and colonized infants
• Cryptococcosis	S			
• Fungal (Yeast)	S	Mold in dust and soil/ Inhalation from outdoor environment		Not transmitted from person to person
• Haemophilus influenzae type b, known or suspected (gram-negative coccobacillus)	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Listeria monocytogenes (gram positive rod)	S	Contaminated food/Ingestion		
• Neisseria meningitidis (Meningococcal), known or suspected (gram negative diplococci)	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Pneumococcal streptococcus pneumoniae	S	Respiratory secretions/ Inhalation		

(gram positive diplococci)				
<ul style="list-style-type: none"> <li>M. tuberculosis (Acid fast bacilli), tubercular meningitis</li> </ul>	S			Not contagious. Patients should be examined for evidence of current (active) pulmonary TB; If evidence exists, see Tuberculosis, pulmonary
<ul style="list-style-type: none"> <li>Other diagnosed bacterial</li> </ul>	S			
<b>Meningococcal disease (Sepsis, pneumonia, meningitis)</b>	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
<b>MERS (Middle Eastern Respiratory Syndrome) See: Coronavirus associated with MERS (MERS-CoV)</b>				
<b>Methicillin-resistant staph aureus (MRSA); also see multidrug-resistant organism</b>	S	Wound secretions respiratory secretions urine, feces/Hands		See policy <a href="#">Methicillin Resistant Staphylococcus Aureus (MRSA) Management</a>
<b>Molluscum contagiosum</b>	S	Skin lesion/ Hands		
<b>Monkeypox (M-pox or Orthopox)</b>	SP	Respiratory secretions and skin lesions	Until all lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.	See <a href="#">CDC-Monkeypox</a> for current guidelines
<b>Mononucleosis (See Epstein-Barr virus)</b>				
<b>Mucormycosis</b>	S	Mold in dust & soil/ Inhalation from environment		Not transmitted from person to person
<b>Multidrug-resistant organisms, infection, or colonization (e.g., gram negative rods: ESBL, Strep. pneumoniae)</b>	S, C			See Policy <a href="#">Management and Isolation of Gram Negative Bacilli Multidrug Resistant Organisms (MDRO)</a>
<ul style="list-style-type: none"> <li>Gastrointestinal</li> </ul>	C	Feces/Ingestion	Until off anti-microbials and	Consult Infection Prevention

			culture-negative	
• Respiratory pneumococcal	C	Respiratory secretions/ Hands	Until off antimicrobials and culture-negative	Consult Infection Prevention
• Skin, wound, or burn	C	Purulent drainage and Feces/Hands	Until off antimicrobials and culture-negative	Consult Infection Prevention
• Urinary	C	Urine and Feces/Hands	Until off antimicrobials and culture-negative	Consult Infection Prevention
* The following multiple-resistant organisms are included:				
<b>Mumps (infectious parotitis)</b>	D	Respiratory secretions/ Inhalation	For 9 days after onset of swelling	After onset of swelling, susceptible HCWs should not provide care if immune caregivers are available
<b>Mycobacteria, nontuberculosis (atypical)</b>	S	Organism in soil or water		Not transmitted from person to person
• Pulmonary				
• Wound	S	Drainage/Hands		
<b>Mycoplasma pneumonia</b>	D	Respiratory secretions/ Inhalation	Duration of illness	
<b>Necrotizing enterocolitis</b>	S	Feces/Ingestion		May cohort infants, then use Contact precautions
<b>Necrotizing fasciitis due to group A strep</b>	C			
<b>Nocardiosis</b> Draining lesions or other presentations	S	Drainage/Hands		Not transmitted from person to person
<b>Norwalk agent gastroenteritis</b> (See viral gastroenteritis)				
<b>Norovirus</b> (See gastroenteritis)				
<b>Orf virus disease</b> Contagious pustular dermatitis, ecthyma contagiosum	S	Drainage/Hands		
<b>Parainfluenza virus infection, respiratory in</b>	D, C	Respiratory secretions/	Duration of illness	

infants and young children		Hands		
<b>Parvovirus B19</b> (Fifth disease, erythema infectiosum)	D	Respiratory secretions/ Inhalation	Duration of illness in immunocompromised patient	For transient aplastic or red cell crisis, maintain precautions for 7 days
<b>Pediculosis</b> (Lice)	C	Clothing and infected area/ Close contact with lice	For 24 hours after effective therapy	
<b>Pertussis</b> (Whooping cough)	D	Respiratory secretions/ Inhalation	For 5 days after start of effective therapy	
<b>Pinworm infection</b> (Enterobiasis)	S	Skin in anal area and feces/ Ingestion		
<b>Plague</b> (Yersinia pestis)	S	Purulent drainage/Flea bite, Hands		Potential agent of bioterrorism; Consult Infection Prevention
• Bubonic				
• Pneumonic	D	Respiratory secretions/ Inhalation	For 48 hours after start of effective therapy	
<b>Pleurodynia</b> (See enteroviral infection)				
<b>Pneumonia</b>	D, C	Respiratory secretions/ Inhalation	Duration of illness	
• Adenovirus				
• Bacterial not listed elsewhere (including gram negative bacterial)	S	Respiratory secretions/ Inhalation		
• Burkholderia cepacia (in patients with CF, including respiratory tract colonization)	C	Respiratory secretions/ Inhalation		Avoid cohorting or placement in same room with patient with CF who is not colonized or infected
• Chlamydia	S	Respiratory secretions/ Inhalation		
• Fungal	S	Soil/Inhalation		
• Haemophilus influenzae type b	S	Respiratory secretions/ Inhalation		Not transmitted from person to person

Adults				
Infants and children (any age)	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Legionella spp.	S	Respiratory secretions/ Inhalation		Not transmitted from person to person
• Meningococcal	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Multidrug-resistant bacterial (See multidrug-resistant organisms)	C,D	Respiratory secretions and feces/ Inhalation	Until off antimicrobials and culture-negative	Consult Infection Prevention
• Mycoplasma (Primary atypical pneumonia)	D	Respiratory secretions/ Inhalation	Duration of illness	Consult Infection Prevention
• Pneumococcal multidrug resistant (See multidrug resistant organism)	C, D	Secretions/ Hands		Standard for non-MDRO Pneumococcus; Consult Infection Prevention
• Pneumocystis jiroveci (P. carinii)	S	Secretions, dust, or soil/ Inhalation from environment	Avoid placement with immunocompromised patient	
• Staphylococcus aureus	S	Respiratory secretions/ Hands		
• Streptococcus, group A	D	Respiratory secretions/ Hands and inhalation	For 24 hours after start of effective therapy	Contact precautions if skin lesions present
• Viral Adults Infants and young children (See respiratory infectious disease, acute)	S, D, C	Secretions/ Hands		

<b>Poliomyelitis</b>	S, C	Pharyngeal secretions and feces/Exposure and ingestion	Duration of illness	Consult Infection Prevention
<b>Pressure ulcer, infected</b> <ul style="list-style-type: none"> <li>Major drainage</li> <li>Minor or limited drainage</li> </ul>	C, S	Purulent drainage/Hands	Duration of illness	Draining and not covered by dressing or dressing does not adequately contain drainage Dressing covers and adequately contains drainage
<b>Psittacosis (Ornithosis)</b> (Chlamydia psittaci)	S	Droppings and secretions of infected birds/ Inhalation from environment		Not transmitted from person to person
<b>Q fever</b>	S	Dust and soil/ Inhalation from environment		Not contagious
<b>Rabies</b>	S	Saliva/Bites or scratches		Person to person transmission rare
<b>Rat-bite fever</b> (Streptobacillus moniliformis disease, spirillum minus disease)	S	Saliva of infected animal/ Bite		Not transmitted from person to person
<b>Relapsing fever</b>	S	Blood/Mite bite		Not transmitted from person to person
<b>Respiratory panel adenovirus, influenza, parainfluenza, RSV, coronavirus, human metapneumovirus, rhinovirus/enterovirus, pertussis, chlamydia or mycoplasma pneumoniae</b>	C, D	Respiratory secretions	Duration of illness until fever free and resolution of symptoms	Consult Infection Prevention. See Nursing Removal Notes: <a href="https://intranet.lrmc.com/INF/SitePages/Home.aspx">https://intranet.lrmc.com/INF/SitePages/Home.aspx</a>
<b>Respiratory infectious disease, acute</b> (if not covered elsewhere) <ul style="list-style-type: none"> <li>Adults</li> </ul>	S	Respiratory secretions	Contact: Duration of illness Droplet: May be discontinued when	
<ul style="list-style-type: none"> <li>Infants and young children</li> </ul>	C, D	Respiratory secretions/ Hands	adenovirus, influenza, and pertussis have been ruled out	
<b>Respiratory syncytial virus (RSV) infection</b> (in infants, young children and	C, D	Respiratory secretions/ Hands	Duration of illness until fever free and	In immunocompromised patients, extend the duration of Contact

immunocompromised adults)			resolution of symptoms	precautions due to prolonged shedding. In nursery, patients with RSV may be cohorted; Consult Infection Prevention
<b>Reye's syndrome</b>	S	Sequela to infection		Not transmitted from person to person
<b>Rheumatic fever</b>	S	Sequela to infection		Not transmitted from person to person
<b>Rickettsial fevers, tickborne</b> (Rocky Mountain spotted fever, tickborne typhus fever)	S	Blood/Tick bite		Not transmitted from person to person except through transfusion, rarely
<b>Rickettsialpox</b> (Vesicular rickettsiosis)	S	Secretions/Mite bite		Not transmitted from person to person
<b>Ringworm</b> (Dermatophytosis, dermatomycosis, tinea)	S	Fungal spores in dust, dirt and soil/Hands		Rarely transmitted from person to person; Contact precautions for outbreak
<b>Ritter's disease</b> (Staphylococcal scalded skin syndrome)	C	Lesion drainage/Hands	Duration of illness	
<b>Rocky mountain spotted fever</b>	S	Blood/Tick bite		Not transmitted from person to person except through transfusion, rarely
<b>Roseola infantum</b> (Exanthem subitum)	S	Respiratory secretions/ Hands		
<b>Rotavirus infection</b>	S, C	Feces/Ingestion	Duration of illness	Contact precautions for children and diapered or incontinent patients
<b>Rubella (German measles)</b> (See also congenital rubella)	D	Respiratory secretions/ Inhalation	Until 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available; nonimmune pregnant women should not care for these patients
<b>Rubeola (Measles)</b> all presentations	SA	Respiratory secretions/ Inhalation	Until 4 days after onset of rash; Duration of illness in immunocompromised patient	Susceptible HCWs should not enter room if immune caregiver is available
<b>Salmonellosis</b> • (including <i>S. typhi</i> )	S or C	Feces/Ingestion	Duration of illness	Contact precautions for children and diapered or incontinent patients
<b>SARS</b> (Severe Acute Respiratory Syndrome)				Eye protection should be utilized

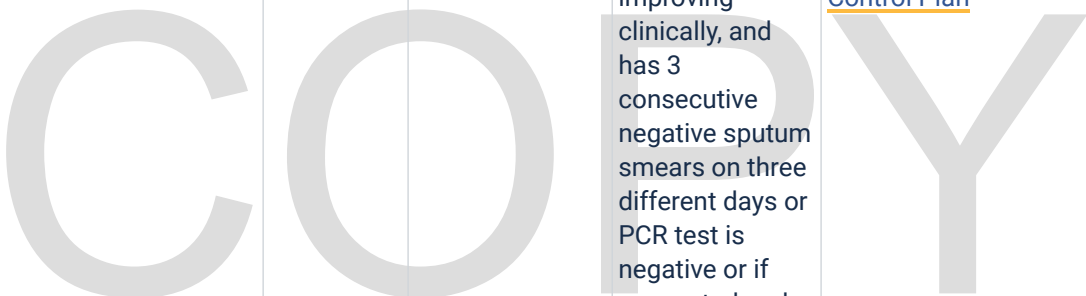


See: <b>Coronavirus associated with SARS (SARS-CoV)</b>				
<b>Scabies</b> (includes extensive, Norwegian)	C	Infected area/ Close contact	For 24 hours after effective therapy	
<b>Scalded skin syndrome staphylococcal</b> (See Ritter's disease)	C	Lesion drainage/Hands	Duration of illness	
<b>Schistosomiasis</b> (Bilharziasis)	S	Larvae in water/ Penetration of skin		
<b>Shigellosis</b> (See gastroenteritis)				
<b>Shingles</b> (See zoster)				
<b>Smallpox</b> (See variola)				
<b>Sporotrichosis</b>	S	Drainage/ Organism in soil		
<b>Spirillum minor disease</b> (Rat-bite fever)	S	Blood/Exposure		Not transmitted from person to person
<b>Staphylococcal disease</b> (S. aureus) Skin, wound, or burn				
• Drug Resistant (MRSA)	S			Where there is limited infection and no uncontained drainage
• Major-includes MRSA	C	Purulent drainage/Hands	Duration of illness	Draining and not covered by dressing or dressing does not adequately contain the drainage
• Minor or limited	S	Purulent drainage/Hands		Dressing covers and adequately contains the drainage
• Enterocolitis	S, C	Feces		Contact precautions for children and diapered or incontinent patients
• Pneumonia	S			
• Scalded skin syndrome	C	Lesion drainage/Hands	Duration of illness	
• Toxic shock syndrome	S	Vaginal discharge/ Hands	Duration of illness	
<b>Streptobacillus moniliformis disease</b> (Rat-bite fever)	S	Blood/Hands		Not transmitted from person to person
<b>Streptococcal disease</b>				

(Group A streptococcus) • Skin, wound, or burn				
Major	C, D		For 24 hours after start of effective therapy	Draining and not covered by dressing or dressing does not adequately contain drainage
Minor or limited	S	Drainage/Hands		Dressing covers and adequately contains drainage
• Endometritis (Puerperal sepsis)	S	Vaginal discharge/ Hands	For 24 hours after start of effective therapy	
• Necrotizing fasciitis due to group A strep	C			
• Pharyngitis in infants and young children	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Pneumonia	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Scarlet fever in infants and young children	D	Respiratory secretions/ Inhalation	For 24 hours after start of effective therapy	
• Serious invasive disease	D	Drainage/Hands	For 24 hours after start of effective therapy	Contact precautions for draining wound
<b>Streptococcal disease</b> (group B strep) neonatal	S	Vaginal secretions/ Hands		
<b>Streptococcal disease (not group A or B unless covered elsewhere)</b>	S	Skin, drainage, secretions, feces/Hands		
<b>Strongyloidiasis</b>	S	Larvae found in soil/Parasite in soil penetrates skin		
<b>Syphilis</b> • Skin and mucous membrane including	S	Lesion secretions and blood/Sexually transmitted and touching skin		

congenital, primary, and secondary		lesions		
<ul style="list-style-type: none"> <li>Latent (tertiary) and seropositivity without lesions</li> </ul>	S	Drainage/Hands		
<b>Tapeworm disease</b>	S	Feces/Ingestion of eggs		Not transmitted from person to person
<ul style="list-style-type: none"> <li>Hymenolepis nana</li> <li>Taenia solium (pork)</li> <li>Other</li> </ul>				
<b>Tetanus</b>	S	Spores found in soil/Puncture of skin, contaminated object		Not transmitted from person to person
<b>Tinea</b> (Fungus infection dermatophytosis, dermatomycosis, ringworm)	S	Spores found in dirt, dust and soil/Hands		Transmission from person to person is rare
<b>Toxoplasmosis</b>	S	Feces/Ingestion		Transmission from person to person is rare
<b>Toxic shock syndrome</b> (Staphylococcal disease, streptococcal disease)	S	Vaginal discharge/ Hands		
<b>Trachoma</b> , acute	S	Purulent exudates		
<b>Trench mouth</b> (Vincent's angina)	S	Not infectious, result of poor oral hygiene		
<b>Trichinosis</b>	S	Undercooked meat/Ingestion		
<b>Trichomoniasis</b>	S	Genital secretions/ Sexually transmitted		
<b>Trichuriasis</b> (Whipworm disease)	S	Feces/Ingestion		
<b>Thrush</b> (See Candidiasis)	S	Overgrowth of normal flora		Not contagious
<b>Tuberculosis</b> <ul style="list-style-type: none"> <li>Extrapulmonary, draining lesion</li> </ul>	A, C	Purulent drainage	Discontinue precautions only when patient is improving	Examine for evidence of active pulmonary tuberculosis

(including scrofula)			clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage	
<ul style="list-style-type: none"> <li>Extrapulmonary, no draining lesion, meningitis</li> </ul>	S	Not infectious		Examine for evidence of pulmonary tuberculosis; For infants and children, use Airborne precautions until active pulmonary tuberculosis in visiting family members ruled out
<ul style="list-style-type: none"> <li>Pulmonary or laryngeal disease confirmed or suspected</li> </ul>	A	Respiratory secretions/ Inhalation	Discontinue only when patient is on effective therapy, is improving clinically, and has 3 consecutive negative sputum smears on three different days or PCR test is negative or if suspected and then ruled out because another diagnosis explains clinical syndrome	Use UV light prior to terminal cleaning of room; also see policy <a href="#">Infectious Tuberculosis (TB) Exposure Control Plan</a>
<ul style="list-style-type: none"> <li>Skin test positive with no evidence of current pulmonary disease (sputum smear is negative, x-ray not suggestive of current/active disease)</li> </ul>	S			
<b>Tularemia</b> <ul style="list-style-type: none"> <li>Draining lesion</li> </ul>	S	Purulent drainage/Hands		Not transmitted from person to person



<ul style="list-style-type: none"> <li>Pulmonary</li> </ul>	S	Respiratory secretions/ Inhalation from environment		
<b>Typhoid fever</b> (Salmonella typhi) (See gastroenteritis)				
<b>Typhus</b>	S	Blood/Mite or tick bite		Transmitted from person to person through close personal or clothing contact
<ul style="list-style-type: none"> <li><b>Rickettsia prowazekii</b> (epidemic or louse-borne typhus)</li> </ul>				
<ul style="list-style-type: none"> <li><b>Rickettsia typhi</b></li> </ul>				Not transmitted from person to person
<b>Urinary tract infection</b> (including pyelonephritis), with or without urinary catheter	S	Urine/Hands		
<b>Vaccinia</b> (Vaccination site, adverse events following vaccination)	S or C	contact with virus-containing lesions and exudative material	If lesions present, Contact precautions until lesions dry and crusted, scabs separated	Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care
<b>Vancomycin-resistant enterococci (VRE)</b>	S	Skin, drainage, secretions, feces/Hands		See policy <a href="#">Vancomycin-Resistant Enterococcus (VRE) Management</a>
<b>Vancomycin intermediated staph aureus (VISA)</b>	C	Skin, drainage, secretions, feces/Hands	Duration of illness	Consult Infection Prevention for further recommendations
<b>Varicella</b> (See chickenpox) <ul style="list-style-type: none"> <li>skin lesions only</li> </ul>	SA, C	Respiratory secretions and lesion secretions/ Inhalation and contact	Until lesions dry and crusted	See policy <a href="#">Management of Varicella (Chickenpox)</a> ; Negative pressure room required
<ul style="list-style-type: none"> <li>respiratory involvement</li> </ul>	SA, C	Respiratory secretions and lesion secretions/ Inhalation and contact	Until lesions dry and crusted	See policy <a href="#">Management of Varicella (Chickenpox)</a> ; Negative pressure room required
<b>Varicella zoster</b> (See zoster)				
<b>Variola (Smallpox)</b>	A, C	Respiratory and	Duration of	Potential bioterrorism

		lesion secretions	illness	agent; Notify Infection Prevention immediately
<b>Vibrio parahaemolyticus</b> (See gastroenteritis)	S	Feces/Ingestion		
<b>Vincent's angina</b> (Trench mouth)	S	Result of poor oral hygiene		Not transmitted from person to person
<b>Viral diseases</b> <ul style="list-style-type: none"> <li>Respiratory (if not covered elsewhere)</li> </ul>	D, C	Respiratory secretions/ Hands	Until fever free and resolution of symptoms	Consult Infection Prevention
<b>Viral hemorrhagic fevers</b> (i.e., Lassa, Ebola, Marburg, Crimean-Congo fever virus)	A, C, D	Blood, body fluids & respiratory secretions	Duration of illness	Consult Infection Prevention
<b>Whooping cough</b> (Pertussis)	D	Respiratory secretions/ Inhalation	For 5 days after start of effective therapy	
<b>Wound infection</b> <ul style="list-style-type: none"> <li>Major</li> </ul>	C	Purulent drainage/Hands	Duration of illness	Draining and not covered by dressing or dressing does not adequately contain the drainage
<ul style="list-style-type: none"> <li>Minor or limited</li> </ul>	S	Purulent drainage/Hands		Dressing covers and adequately contains the drainage
<b>Yersinia enterocolitica</b> (See Gastroenteritis)				
<b>Zoster (Varicella-zoster) (shingles)</b> <ul style="list-style-type: none"> <li>Disseminated disease in any patient</li> <li>Localized disease in immunocompromised patient until disseminated infection ruled out</li> </ul>	SA, C	Lesion secretions/ Hands	Duration of illness until lesions dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available Disseminated is defined as lesions crossing the midline or crossing over adjacent dermatomes on one side of the body
<ul style="list-style-type: none"> <li>Localized in patient with intact immune system with lesions that can be contained/covered</li> <li>Localized in</li> </ul>	S, C	Lesion secretions/ Hands	Duration of illness until lesions dry and crusted	Susceptible HCWs should not provide direct patient care when immune caregivers are available

patient with lesions that can NOT be contained/covered				
<b>Zygomycosis</b> (Phycomycosis mucormycosis)	S			Not transmitted from person to person

**KEY TO PRECAUTIONS:**

S: Standard	C: Contact	D: Droplet	SA: Special Airborne	A: Airborne	SP: Special Precautions CG- Contact GI
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## DEFINITIONS

**Workforce:** All LRH employees, volunteers, trainees/students, contractors, and medical staff.

## REFERENCES

CDC

COPY

### Attachments

[COVID PPE Guidelines 101222.pdf](#)

### Approval Signatures

Step Description	Approver	Date
	Timothy Regan: 0009 President - LPMC/Chief Medical Officer	07/2023
	April Novotny: 4298 VP - LHRMC/ CNE LRH	07/2023
	Paul Needham: 4405 AVP - Quality and Population Health	07/2023
	Daniel Haight: 1005 VP - Community Health/Medical Director LRHS	07/2023
	Michelle Hunt: 0183 Manager - Infection Control	07/2023