

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

01.19 – Isolation Precautions

Purpose	To facilitate safe care of all patients presenting themselves to The University of Texas Medical Branch (UTMB) inpatient and outpatient facilities with a known or suspected communicable disease.
Audience	All employees, contract workers, licensed independent practitioners, volunteers, and students who have contact with patients in isolation at UTMB.
Policy	<p>Standard Precautions will be used in the care of all patients. They are based on a risk assessment and make use of common-sense practices and personal protective equipment use that protect healthcare providers from infection and prevent the spread of infection from patient to patient. This includes performing hand hygiene before and after a patient's care and wearing gloves when performing patient care.</p> <p>Respiratory hygiene procedures will be followed in the care of all patients with respiratory tract infections, such as wearing a face mask if recovering from an illness or covering your cough.</p> <p>Patients with known or suspected communicable diseases will be placed on the appropriate type of isolation precautions upon evaluation at any inpatient or outpatient facility or upon identification of a condition requiring isolation.</p> <p>Isolation orders may be entered by a physician or Infection Control and Healthcare Epidemiology (ICHE) personnel. If the order is placed by ICHE, an Infection Preventionist (IP) will chart the rationale in a progress note as applicable. Personal protective equipment (PPE) and supplies may be obtained from Clinical Equipment Services (CES), Materials Management, and the Laundry. Isolation carts for PPE are available from CES where applicable.</p> <p>Questions concerning isolation precautions during non-office hours may be referred to the IP on call at 409-643-3133.</p> <p>Everyone, including physicians, medical students, nurses, employees of environmental services, technicians, etc. is responsible for complying with isolation precautions and for tactfully calling observed infractions to the attention of offenders.</p> <p>Upon patient discharge, disposable items are either sent home with the patient or discarded. Reusable equipment will be disinfected.</p> <p>Refer to Appendix A for specific guidance for patient precautions for infectious diseases.</p> <p>Refer to Appendix B for specific discontinuation criteria related to patients in Neonatal Intensive Care Unit (NICU), Pediatric Ward, Pediatric Intensive Care Unit with confirmed or suspected respiratory viral illness.</p>
Infection Prevention	Infection Preventionist (IP) will review all infection and isolation flags daily for

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

Responsibilities appropriateness and correct all mismatches. Isolation rounds, performed by the Infection Control team will monitor isolation compliance including signage posted on the patient’s door and personal protective equipment (PPE) availability. The IP will ensure patient education has been documented in the patient’s chart.

Nursing Responsibilities Implement appropriate isolation precautions for patients who are admitted with an isolation precautions flag in EPIC. Contact ICHE for questions.

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

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

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

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

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

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

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

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

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

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

- The nurse and or physician will explain the isolation precautions to the patient and encourage the patient’s compliance with the precautions (i.e.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

staying in the room, wearing a mask). Continued non-compliance will be reported to the higher-level supervisor.

- The nurse will document isolation education provided to the patient and family within the patient’s chart.

Isolation Precautions

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

Airborne Precautions

Airborne Precautions will be used for patients known or suspected to be infected with microorganisms transmitted by airborne droplet nuclei (small-particle residue [3-5µm in size] of evaporated droplets containing microorganisms that remain suspended in the air and that can be dispersed widely by air currents within a room or over a long distance).

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

Private Room: necessary for all patients in this category.

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

Respiratory Protection: A fit tested particulate respirator (N-95) will be worn when entering the room for all patients in this category. Use of a powered air purifying respirator (PAPR) is also acceptable. PAPRs require a fit test, equipment acquisition and training. The facility will provide respiratory protection, no personal items are allowed for use.

- Persons susceptible to measles (Rubeola) or chickenpox (Varicella Zoster Virus) will not enter the room of patients known or suspected to have measles or chickenpox if other immune caregivers are available.
- For chickenpox, a gown and gloves will also be worn (Airborne + Contact Precautions).
- For pulmonary tuberculosis: All patients requiring work up for pulmonary tuberculosis, will have MTB PCR, AFB smear, and AFB cultures performed on adequately collected sputum samples. In general, infectiousness can be determined accurately by MTB PCR. All patients require AFB smears and cultures regardless of PCR results. Negative PCR but positive AFB smear usually indicates non-tuberculous mycobacteria.
 - For patients with suspected pulmonary TB, airborne precautions will continue until the patient **has one negative PCR** on sputum samples, and after considering all other clinically relevant information. In some cases, results of additional PCR, AFB smears and culture results may be required before discontinuing airborne precautions; this decision

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

may be guided by infectious disease specialists.

- For patients with MTB PCR or culture confirmed pulmonary TB: Airborne precautions should continue until symptoms improve, the patient has complied with an adequate TB treatment regimen for at least 2 weeks, and patient has **two negative PCR or 3 negative smears** on sputum samples which are obtained at least 8 hours apart. Extrapulmonary tuberculosis: evaluate for concomitant pulmonary infection.

Door: Keep the room door closed and the patient in the room. Place an Airborne Precautions sign on the patient’s door.

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

Food Trays: Patients will be served meals on regular food trays.

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

**Extended
Respiratory
Precautions**

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

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

Room placement:

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

PPE Required:

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

- Isolation or fluid-resistant gown
- Gloves that cover the cuff of the gown

Food Trays: Patients will be served meals on regular food trays.

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

Patient Care Equipment: Dedicate the use of patient-care equipment when possible. If equipment must leave the patient’s room, the healthcare worker will remove the equipment (removing PPE as previously instructed). All surfaces of the equipment will be cleaned with a hospital grade disinfectant.

All Barrier Precautions for high consequence and special pathogens

All Barrier Precautions will be used for patients known or suspected to have an Emerging Infectious Disease (EID) due to high consequence or special pathogens when both contact and airborne transmission are important. A separate, detailed ICHE policy (**04.01 – Infection Control for the Care of Patients with suspected or Diagnosed High Consequence Pathogens, Viruses of Special Concern or Emerging Infectious Diseases**) addresses the institutional response. The policy includes (i) screening of patients for symptoms and travel history at all points of entry to care which is activated in the electronic medical records when a special alert is issued by health authorities; (ii) guidance on isolation precautions; (iii) informing public health authorities and key hospital staff; and (iii) disposal of waste.

Following is a brief summary of the isolation precautions for these pathogens.

Note: for some high-consequence infections (e.g. Ebola virus disease), the Biocontainment Critical Care Unit (BCCU) will be activated. Limit movement of patient to extent possible.

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

Private Room: necessary for all patients in this category.

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

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

Respiratory Protection: A fit tested particulate respirator (N-95) will be worn

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

when entering the room for all patients in this category.

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

Protective Eyewear: Wear protective eyewear when entering the room unless a PAPR or face shield is worn.

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

Gloves: Wear gloves (clean, nonsterile gloves are adequate) when entering the room.

Gowns: Wear a gown when entering the room.

Hands: Will be washed with a hospital approved antimicrobial soap or an alcohol hand rub applied before entering and after leaving the room.

Donning PPE Sequence:

- Don gown
- Don fit tested N-95 mask
- Don goggles (eyeglasses do not replace the need for goggles)
- Don gloves
- Make sure gown is secured behind the neck and with the tie behind the back
- Pull gloves up over gown sleeve cuffs

Doffing PPE Sequence:

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

Powered Air Purifying Respirator (PAPR): may be worn in lieu of a N-95 mask during aerosol-generating procedures such as bronchoscopy, endotracheal intubation, endotracheal tube suctioning, etc when not using a closed system. A PAPR may be required for care of the patient in the BCCU (see BCCU department protocols).

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

Door: Keep the room door closed and the patient in the room. Place an All-Barrier Precautions sign on the patient’s door.

Trash and Linen: Trash and linen will be handled the same as for any isolation room.

Food Trays: Trays will be delivered on disposable plates with disposable cutlery.

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

Patient Care Equipment: Dedicate the use of patient-care equipment when possible. If equipment must leave the patient’s room, the healthcare worker will remove the equipment (removing PPE as previously instructed). All surfaces of the equipment will be cleaned with a hospital grade disinfectant.

Outpatient Clinics: No personal protective equipment is required for the registration of patients. Patients may be required to wear a facemask. Gowns and gloves are required for invasive procedures. Hand hygiene (handwashing with an antimicrobial soap and water or application of an alcohol handrub to hands) is required before and after contact with all patients.

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

Droplet Precautions include:

Private Room:
necessary for all patients in this category.

When Private Room is NOT available: Place the patient in a room with a patient who has an infection with the same microorganism, (same species) unless otherwise recommended, but with no other infection (cohorting).

- When cohorting is not achievable, maintain spatial separation of ≥ 3 feet between the infected patient and other patients and visitors. (Special air handling and ventilation are not necessary).

Respiratory Protection: Don a surgical mask prior to entering the patient’s room.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

Door: May remain open. Place Droplet Precautions sign on the patient’s door.

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

Food Trays: Patients will be served meals on regular food trays.

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

Contact Precautions

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

Private Room: necessary for all patients in this category.

Gloves: Wear gloves (clean, nonsterile gloves are adequate) when entering the room.

- Change gloves after having contact with infective material such as blood and body fluids.
- Remove gloves before leaving the patients environment Hands will be washed with an antimicrobial soap or an alcohol hand rub applied before entering and after leaving the room.
-

Gowns: Wear a gown when entering the room.

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

Food Trays: Patients will be served meals on regular food trays.

Extended Contact Precautions

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

Private Room: necessary for all patients in this category.

When Private Room is NOT Available:

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

Gloves: Wear gloves (clean, nonsterile gloves are adequate) when entering

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

the room.

- Change gloves after having contact with infective material such as blood and body fluids.
- Remove gloves before leaving the patients environment and wash hands immediately with an antimicrobial soap and water. **DO NOT use alcohol hand rub for this type of isolation. Alcohol will not kill *C. difficile* spores or Noroviruses.**

Gowns: Wear a gown when entering the room.

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

Door: Place an Extended Contact Precautions sign on the patient’s door.

Food Trays: Patients will be served meals on regular food trays.

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

Patient Care Equipment: When possible, dedicate the use of non-critical patient-care equipment to a single patient to avoid sharing between patients. If use of common equipment or items is unavoidable, then clean and disinfect them before use on another patient.

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

Extremely Drug-Resistant Organism Precautions (XDRO)

XDRO precautions will be used for bacteria or fungi that are classified as epidemiologically significant due to their resistance to all first-line antimicrobials. They are also species that has been identified as causes of outbreaks in healthcare facilities.

Private Room: necessary for all patients in this category.

Gloves: Wear gloves (clean, nonsterile gloves are adequate) when entering

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

the room.

- Change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material)
- Remove gloves before leaving the patients environment Hands will be washed with an antimicrobial soap or an alcohol hand rub applied before entering and after leaving the room

Gowns: Wear a gown when entering the room.

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

Protective Eyewear: Wear protective eyewear when performing droplet generating procedures such as suctioning of respiratory secretions, intubation/extubation.

Food Trays: Patients will be served meals on regular food trays.

Patient Transport: Limit the movement and transport of the patient from the room to essential purposes only. Patients on XDRO Precautions must be transported on a stretcher or wheelchair covered with a sheet or other physical barrier. Gown or gloves should not be worn during transport. The transporter should wear a gown and gloves to assist the patient in and out of the wheelchair/stretcher at each destination.

Patient Care Equipment: When possible, dedicate the use of non-critical patient-care equipment to a single patient to avoid sharing between patients. If use of common equipment or items is unavoidable, then clean and disinfect them before use on another patient. Physicians and other healthcare workers may not take a personal stethoscope, cell phone or iPad into the room unless they are covered by the gown and not removed from under gown while in the room. Environmental cultures will be conducted as needed at the discretion of the ICHE department. See policy 01.22- Control of Multi-Durg Resistant Organisms (MDRO) for more information.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

APPENDIX A

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Abscess			
• Draining, major	Contact	DI	Until drainage stops or can be contained by dressing
• Draining, minor or limited	Standard		If dressing covers and contains drainage
Acquired immunodeficiency syndrome	Standard		Postexposure chemoprophylaxis for some blood exposures
Actinomycosis	Standard		Not transmitted from person to person
Adenovirus infection (see agent-specific guidance under Gastroenteritis, Conjunctivitis, Pneumonia)			
Amebiasis	Standard		Person-to-person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons.
Anthrax	Standard		Infected patients do not generally pose a transmission risk.
• Cutaneous	Standard		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol-based antiseptics since alcohol does not have sporicidal activity.
• Pulmonary	Standard		Not transmitted from person to person.
• Environmental contaminant: aerosolizable spore containing powder or other substance		Until environment completely decontaminated	Until decontamination of environment complete. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002 (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5135a3.htm accessed September 2018).) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores.) Postexposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and Postexposure vaccine under IND.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Antibiotic-associated colitis (see <i>Clostridioides difficile</i>)			
Arthropod-borne <ul style="list-style-type: none"> viral encephalitis (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and viral fevers (dengue, yellow fever, Colorado tick fever) 	Standard		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis	Standard		Not transmitted from person to person.
Aspergillosis	Standard		Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations required
Avian influenza (see Influenza, Avian below)			
Babesiosis	Standard		Not transmitted from person to person, except rarely by transfusion.
Blastomycosis, North American, cutaneous or pulmonary	Standard		Not transmitted from person to person.
Botulism	Standard		Not transmitted from person to person.
Bronchiolitis (see respiratory infections in infants and young children)	Contact + Standard	Duration of Illness	Use mask according to Standard Precautions
Brucellosis (undulant, Malta, Mediterranean fever)	Standard		Not transmitted from person to person, except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following laboratory exposure.
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)			
Candidiasis other than infection caused by <i>C. auris</i>, all forms including mucocutaneous	Standard		
<i>Candida auris</i>	Extremely Drug Resistant		
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard		Not transmitted from person to person.
Cellulitis, uncontrolled drainage	Contact	Duration of illness	
Chancroid (soft chancre) (<i>H. ducreyi</i>)	Standard		Transmitted sexually from person to person.
Chickenpox (see varicella)			
<i>Chlamydia trachomatis</i> <ul style="list-style-type: none"> Conjunctivitis Genital (<i>lymphogranuloma venereum</i>) Pneumonia (infants \leq 3 mos of age) 	Standard		
<i>Chlamydia pneumoniae</i>	Standard		Outbreaks in institutionalized populations reported, rarely.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Cholera (see gastroenteritis)			
Closed-cavity infection			
<ul style="list-style-type: none"> Open drain in place; limited or minor drainage 	Standard		Contact Precautions if there is copious uncontained drainage.
<ul style="list-style-type: none"> No drain or closed drainage system in place 	Standard		
<i>Clostridioides difficile (C diff)</i>	Extended Contact + Standard	Duration of Illness	
<i>Clostridium</i>: see list below			
<ul style="list-style-type: none"> <i>C. botulinum</i> 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> <i>C.perfringens</i> (Food poisoning) 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> <i>C.perfringens</i> (Gas gangrene) 	Standard		Transmission from person to person rare; 1 outbreak in a surgical setting reported. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever)			
<ul style="list-style-type: none"> Draining lesions 	Standard		Not transmitted from person to person except under extraordinary circumstances, because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.
<ul style="list-style-type: none"> Pneumonia 	Standard		Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.
Colorado tick fever	Standard		Not transmitted from person to person.
Congenital rubella	Contact + Standard	Until 1yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age.
Conjunctivitis			
<ul style="list-style-type: none"> Acute bacterial 	Standard		
<ul style="list-style-type: none"> <i>Chlamydia</i> 	Standard		
<ul style="list-style-type: none"> Gonococcal 	Standard		
<ul style="list-style-type: none"> Acute viral (acute hemorrhagic) 	Contact + Standard	Duration of illness	Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			other settings.
Coronavirus			
<ul style="list-style-type: none"> • Common strains (e.g. HKU1, NL63, 229E, OC43) 			
<ul style="list-style-type: none"> • Adults-not immunocompromised 	Standard		
<ul style="list-style-type: none"> • Adults immunocompromised 	Droplet	Duration of illness	
<ul style="list-style-type: none"> • Children 	Contact	Duration of illness	
<ul style="list-style-type: none"> • Neonatal (NICU) 	Contact + Droplet	Duration of illness	
<ul style="list-style-type: none"> • Covid-19 	Contact + Droplet + Extended Respiratory		Eye Protection required Until cleared by ICHE. See Emerging Infectious Disease Protocol.
<ul style="list-style-type: none"> • MERS, SARS (also see middle eastern respiratory syndrome and severe acute respiratory syndrome) 	Extended Respiratory		Until cleared by ICHE. See Emerging Infectious Disease Protocol.
Coxsackievirus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (CJD, vCJD)	Standard		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures.
Croup (see respiratory infections in infants and young children)			
Crimean – Congo Fever (see Viral Hemorrhagic Fever)	Standard		
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	Standard		Not transmitted from person to person.
Cytomegalovirus infection, neonatal or immunosuppressed	Standard		No additional precautions for pregnant HCWs.
Decubitus ulcer, (see Pressure ulcer)			
Dengue Fever	Standard		Not transmitted from person to person.
Diarrhea, acute - infective etiology suspected (see gastroenteritis)			
Diphtheria			
<ul style="list-style-type: none"> • Cutaneous 	Contact + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
<ul style="list-style-type: none"> • Pharyngeal 	Droplet +	Until off	Until 2 cultures taken 24 hours apart

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
	Standard	antimicrobial treatment and culture-negative	negative.
Ebola virus (see Viral Hemorrhagic Fevers)			Ebola Virus Disease for Healthcare Workers [2014]: Updated recommendations for healthcare workers can be found at Ebola: for Clinicians (https://www.cdc.gov/vhf/ebola/clinicians/index.html accessed September 2018).
Echinococcosis (hydatidosis)	Standard		Not transmitted from person to person.
Echovirus (see enteroviral infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis	Standard		
Enterobiasis (pinworm disease, oxyuriasis)	Standard		
Enterococcus species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i> (see Gastroenteritis, <i>C. difficile</i>)			
Enteroviral infections			
<ul style="list-style-type: none"> Adults 	Standard		
<ul style="list-style-type: none"> Infants and young children 	Contact		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks
Epiglottitis, due to <i>Haemophilus influenzae</i>, type b	Droplet + Standard	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies.
Epstein-Barr virus infection, including infectious mononucleosis	Standard		
Erythema infectiosum (also see Parvovirus B19)			
<i>Escherichia coli</i> gastroenteritis (see gastroenteritis)			
Extremely drug resistant organisms (XDRO)	Extremely Drug Resistant Organism		Contact ICHE for discontinuation requirements
Food poisoning			
<ul style="list-style-type: none"> Botulism 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> <i>Clostridium perfringens</i> or <i>welchii</i> 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> Staphylococcal 	Standard		Not transmitted from person to person.
Furunculosis - staphylococcal	Standard		Contact if drainage not controlled. Follow institutional policies if MRSA.
<ul style="list-style-type: none"> Infants and young children 	Contact + Standard	Duration of illness (with	

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
		wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		Not transmitted from person to person.
Gastroenteritis: see specific agents below	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below.
• Adenovirus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• <i>Campylobacter</i> species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• Cholera	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• <i>Clostridium difficile</i>	Contact + Standard	Duration of illness	Discontinue antibiotics if appropriate. Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs
• <i>Cryptosporidium</i> species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• <i>Escherichia coli</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
○ Enterohemorrhagic 0157:H7	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
○ Diapered or incontinent	Contact + Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
○ Other species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• <i>Giardia lamblia</i>	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
• Norovirus	Extended Contact		Use Extended Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus

Section: UTMB On-line Documentation Subject: Infection Control & Healthcare Epidemiology Policies and Procedures Topic: 01.19 – Isolation Precautions	01.19 - Policy 6.25.24 - Revised 1981- Author
--	--

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			<p>can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled. Hypochlorite solutions may be required when there is continued transmission. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination.</p> <p>Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.</p> <p>Gastroenteritis, Noroviruses Precaution Update [May 2019]: The Type of Precaution was updated from “Standard” to “Contact + Standard” to align with Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011)</p>
<ul style="list-style-type: none"> • Rotavirus 	Contact + Standard	Duration of illness	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly
<ul style="list-style-type: none"> • <i>Salmonella</i> species (including <i>S. typhi</i>) <ul style="list-style-type: none"> ○ Diapered or incontinent 	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> ○ Diapered or incontinent 	Contact + Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> • <i>Shigella</i> species <ul style="list-style-type: none"> ○ Diapered or incontinent 	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> ○ Diapered or incontinent 	Contact + Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> • <i>Vibrio parahaemolyticus</i> 	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> • Viral (if not covered elsewhere) 	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<ul style="list-style-type: none"> • <i>Yersinia enterocolitica</i> 	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
German measles (see Rubella; see Congenital Rubella)			

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Giardiasis (see gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)	Standard		
Gonorrhea	Standard		
Granuloma inguinale (donovanosis, granuloma venereum)	Standard		
Guillain-Barré syndrome	Standard		Not an infectious condition
<i>Haemophilus influenzae</i> (see disease-specific recommendations)			
Hand, foot, and mouth disease (see enteroviral infection)			
Hansen’s Disease (see Leprosy)			
<i>Hantavirus pulmonary syndrome</i>	Standard		Not transmitted from person to person.
<i>Helicobacter pylori</i>	Standard		
Hemorrhagic fevers (see viral hemorrhagic fevers)			
Hepatitis, viral			
• Type A	Standard		Provide hepatitis A vaccine postexposure as recommended.
o Diapered or incontinent patients	Contact + Standard		Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms
• Type B - HBsAg positive	Standard		See specific recommendations for care of patients in hemodialysis centers.
• Type C and other unspecified non-A, non-B	Standard		See specific recommendations for care of patients in hemodialysis centers.
• Type D (seen only with hepatitis B)	Standard		
• Type E	Standard		Use Contact Precautions for diapered or incontinent individuals for the duration of illness.
• Type G	Standard		
Herpangina (see enteroviral infection)			
Herpes simplex (<i>Herpesvirus hominis</i>)			
• Encephalitis	Standard		
• Neonatal	Contact + Standard	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours of age negative after 48 hours incubation.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
<ul style="list-style-type: none"> Mucocutaneous, disseminated or primary, severe 	Contact + Standard	Until lesions dry and crusted	
<ul style="list-style-type: none"> Mucocutaneous, recurrent (skin, oral, genital) 	Standard		
Herpes zoster (varicella-zoster) (Shingles)			
<ul style="list-style-type: none"> Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out 	Airborne + Contact + Standard	Duration of illness	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection (i.e. surgical mask or respirator) for susceptible HCWs.
<ul style="list-style-type: none"> Localized in patient with intact immune system with lesions that can be contained/covered 	Standard	Until lesions dry and crusted	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Histoplasmosis	Standard		Not transmitted from person to person.
HIV (see human immunodeficiency virus)			
Hookworm disease (ancylostomiasis, uncinariasis)	Standard		
Human immunodeficiency virus (HIV) infection³	Standard		Postexposure chemoprophylaxis for some blood exposures
Human metapneumovirus	Contact + Standard	Duration of illness	HAI reported, but route of transmission not established . Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.
Impetigo	Contact + Standard	Until 24 hours after initiation of effective therapy	
Infectious mononucleosis	Standard		
Influenza, seasonal	Droplet + Standard	7 days except DI in immunocompromised persons	See Prevention Strategies for Seasonal Influenza in Healthcare Settings (https://www.cdc.gov/flu/professionals/infectioncontrol/health_caresettings.htm accessed September 2018). [Current version of this document may differ from original.] for current seasonal influenza guidance.
Influenza, Swine	All Barrier	7 days from onset of symptoms or until afebrile for 24 hours, whichever is longer except DI in immunocompromised persons	

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Influenza, Avian (e.g., H5N1, H7, H9 strains)	Droplet + Standard		See https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm accessed September 2018 for current avian influenza guidance.
Influenza, Pandemic Influenza (also a human influenza virus)	Droplet + Standard		See https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm accessed September 2018 for current pandemic influenza guidance.
Kawasaki syndrome	Standard		
Lassa fever (see Viral Hemorrhagic Fevers)	All Barrier		BCU protocol
Legionnaires' disease	Standard		Not transmitted from person to person.
Leprosy	Standard		
Leptospirosis	Standard		Not transmitted from person to person.
Lice			
• Head (pediculosis)	Contact + Standard	Until 24 hours after initiation of effective therapy	See https://www.cdc.gov/parasites/lice/index.html accessed September 2018
• Body	Standard		Transmitted person-to-person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance Parasites – Lice (https://www.cdc.gov/parasites/lice/index.html accessed September 2018).
• Pubic	Standard		Transmitted person-to-person through sexual contact. See CDC's Parasites – Lice (https://www.cdc.gov/parasites/lice/index.html accessed September 2018).
Listeriosis	Standard		Person-to-person transmission rare; cross-transmission in neonatal settings reported.
Lyme disease	Standard		Not transmitted from person to person.
Lymphocytic choriomeningitis	Standard		Not transmitted from person to person.
Lymphogranuloma venereum	Standard		
Malaria	Standard		Not transmitted from person to person, except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Marburg virus disease (see Viral Hemorrhagic Fevers).	All Barrier		BCU Protocol

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Measles (rubeola), all presentations	Airborne + Standard	4 days after onset of rash; duration of illness in immune compromised	<p>Interim Measles Infection Control [July 2019] See Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings (https://www.cdc.gov/infectioncontrol/guidelines/measles)</p> <p>Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fit- tested, NIOSH-certified N95 respirator upon entry into the patient's room or care area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel.</p>
Melioidosis, all forms	Standard		Not transmitted from person to person.
Meningitis			
<ul style="list-style-type: none"> Aseptic (nonbacterial or viral meningitis [also see enteroviral infections]) 	Standard		Contact for infants and young children.
<ul style="list-style-type: none"> Bacterial, gram-negative enteric, in neonates 	Standard		
<ul style="list-style-type: none"> Fungal 	Standard		
<ul style="list-style-type: none"> <i>Haemophilus influenzae</i>, type b known or suspected 	Droplet + Standard	Until 24 hours after initiation of effective therapy	
<ul style="list-style-type: none"> <i>Listeria monocytogenes</i> (see Listeriosis) 	Standard		
<ul style="list-style-type: none"> <i>Neisseria meningitidis</i> (meningococcal) known or suspected 	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease below.
<ul style="list-style-type: none"> <i>Streptococcus pneumoniae</i> 	Standard		
<ul style="list-style-type: none"> M. tuberculosis 	Standard		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne. For children, Airborne Precautions until active tuberculosis ruled out in visiting family members (see Tuberculosis below).
<ul style="list-style-type: none"> Other diagnosed bacterial 	Standard		
Meningococcal disease: sepsis, pneumonia, Meningitis	Droplet + Standard	Until 24 hours after initiation	Postexposure chemoprophylaxis for household contacts, HCWs exposed to

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
		of effective therapy	respiratory secretions; postexposure vaccine only to control outbreaks.
Middle Eastern respiratory syndrome (MERS)	Extended Respiratory		See Emerging Infectious Disease Protocol.
<i>Molluscum contagiosum</i>	Standard		
Monkeypox (mpox)	Airborne + Contact	A - until monkey pox confirmed and smallpox excluded; C - until lesions crusted	See CDC's Monkeypox website (https://www.cdc.gov/poxvirus/monkeypox/ci-nicians/infection-control-healthcare.html accessed May 2022) for information on infection prevention and control.
Mucormycosis	Standard		
Multidrug-resistant organisms (MDROs) , infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant <i>S. pneumoniae</i>)	Contact + Standard		<i>See MDR policy-some highly resistant organisms may require additional precautions</i>
• Gastrointestinal	Contact + Standard		
• Respiratory	Contact + Standard		
• Pneumococcal	Standard		
• Skin, wound, or burn	Contact + Standard		
• Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)-infection (clinical isolate)	Contact + Standard		
• Vancomycin-resistant enterococci (VRE)	Contact + Standard		
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	Mumps Update [October 2017]: The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on a 2008 MMWR report: Updated Recommendations for Isolation of Persons with Mumps . (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5740a3.htm accessed September 2018). After onset of swelling, susceptible HCWs should not provide care if immune caregivers are available. The below note has been superseded by the above recommendation update. Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			appropriate in community settings; however the implications for healthcare personnel and high- risk patient populations remain to be clarified.)
Mycobacteria, nontuberculosis (atypical)			
• Pulmonary	Standard		
• Wound	Standard		
Mycoplasma pneumonia	Droplet + Standard	Duration of Illness	
Necrotizing enterocolitis	Standard		Contact Precautions when cases clustered temporally.
Nocardiosis, draining lesions or other presentations	Standard		Not transmitted person-to-person.
Norovirus gastroenteritis (see viral gastroenteritis)			
Orf Virus (Sore Mouth Infection)	Standard		
Parainfluenza virus infection, respiratory in infants and young children	Contact + Standard	Duration of illness	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19			
• Erythema infectiosum (immunocompetent patients)	Standard		
• Immunosuppressed patients	Droplet + Standard		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient.
• Chronic disease in immunocompromised patient	Droplet + Standard		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient.
• Patients with transient aplastic crisis	Droplet + Standard		For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred.
Pediculosis (lice)	Contact + Standard	Until 24 hours after initiation of effective therapy after treatment	
Pertussis (whooping cough)	Droplet + Standard	Until 5 days after initiation of effective antibiotic therapy	Single patient room preferred. Cohorting is an option. Postexposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions. Recommendations

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			for Tdap vaccine in adults under development. Tdap Vaccine Recommendations Update: Current recommendations can be found at Tdap / Td ACIP Vaccine Recommendations (https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/dtap.html accessed September 2018).
Pinworm infection	Standard		
Plague			
<ul style="list-style-type: none"> Bubonic 	Standard		
<ul style="list-style-type: none"> Pneumonic 	Droplet + Standard	Until 48 hours after initiation of effective antibiotic therapy	Antimicrobial prophylaxis for exposed HCW.
Pleurodynia (see enteroviral infection)			
Pneumonia			
<ul style="list-style-type: none"> Adenovirus 	Droplet + Contact + Standard	Duration of illness	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
<ul style="list-style-type: none"> Bacterial not listed elsewhere (including gram-negative bacterial) 	Standard		
<ul style="list-style-type: none"> <i>Burkholderia cepacia</i> in cystic fibrosis (CF) patients, including respiratory tract colonization 	Contact + Standard	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline.
<ul style="list-style-type: none"> <i>Chlamydia</i> 	Standard		
<ul style="list-style-type: none"> Fungal 	Standard		
<ul style="list-style-type: none"> <i>Haemophilus influenzae</i>, type b <ul style="list-style-type: none"> Adults 	Standard		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Infants and children (any age) 	Droplet + Standard	Until 24 hours after initiation of effective therapy	
<ul style="list-style-type: none"> <i>Legionella</i> 	Standard		
<ul style="list-style-type: none"> Meningococcal 	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease above.
<ul style="list-style-type: none"> Multidrug-resistant bacterial (see multidrug-resistant organisms) 			
<ul style="list-style-type: none"> <i>Mycoplasma</i> (primary atypical pneumonia) 	Droplet + Standard	Duration of illness	
<ul style="list-style-type: none"> Pneumococcal pneumoniae 	Standard		Use Droplet Precautions if evidence of transmission within a patient care unit or

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			facility.
<ul style="list-style-type: none"> • <i>Pneumocystis jiroveci</i> (<i>Pneumocystis carinii</i>) 	Standard		Avoid placement in the same room with an immunocompromised patient.
<ul style="list-style-type: none"> • <i>Pseudomonas cepacia</i> (see <i>Burkholderia cepacia</i>) 			
<ul style="list-style-type: none"> • <i>Staphylococcus aureus</i> 	Standard		For MRSA, see MDROs and MRSA policy.
<ul style="list-style-type: none"> • <i>Streptococcus</i>, Group A <ul style="list-style-type: none"> ○ Adults 	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Streptococcal Disease (group A <i>Streptococcus</i>) below Contact Precautions if skin lesions present.
<ul style="list-style-type: none"> ○ Infants and young children 	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present.
<ul style="list-style-type: none"> • Viral 			
<ul style="list-style-type: none"> • Adults 	Standard		
<ul style="list-style-type: none"> • Infants and young children (see respiratory infectious disease, acute or specific viral agent) 			
Poliomyelitis	Contact + Standard	Duration of illness	
Pressure ulcer (decubitus ulcer, pressure sore) infected			
<ul style="list-style-type: none"> • Major 	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
<ul style="list-style-type: none"> • Minor or limited 	Standard		If dressing covers and contains drainage.
Psittacosis (ornithosis)	Standard		Not transmitted from person to person.
Q fever	Standard		
Rabies	Standard		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer post exposure prophylaxis.
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	Standard		Not transmitted from person to person.
Relapsing fever	Standard		Not transmitted from person to person.
Resistant bacterial infection or colonization (see multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere)			
<ul style="list-style-type: none"> • Adults 	Standard		
<ul style="list-style-type: none"> • Infants and young children 	Contact + Standard	Duration of illness	Also see syndromes or conditions listed in Table 2.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
Respiratory syncytial virus infection (RSV), in infants and young children, and immunocompromised adults	Contact + Standard	Duration of illness	Wear mask according to Standard Precautions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Reye's syndrome	Standard		Not an infectious condition.
Rheumatic fever	Standard		Not an infectious condition.
Rhinovirus	Droplet + Standard	Duration of illness	Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants).
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	Standard		Not transmitted from person to person except through transfusion, rarely.
Rickettsialpox (vesicular rickettsiosis)	Standard		Not transmitted from person to person.
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU, rehabilitation hospital. Use Contact Precautions for outbreak.
Ritter's disease (see staphylococcal scalded skin syndrome)			
Rocky Mountain spotted fever	Standard		Not transmitted from person to person except through transfusion, rarely.
Roseola infantum (exanthem subitum)	Standard		
Rotavirus infection (see gastroenteritis)			
Rubella (German measles; also see congenital rubella)	Droplet	For 7 days after onset of rash	
Salmonellosis (see gastroenteritis)			
Scabies	Contact + Standard	Until 24	
Scalded skin syndrome, staphylococcal (Ritter's disease)	Contact + Standard	Duration of illness	See Staphylococcal Disease, scalded skin syndrome below.
Schistosomiasis (bilharziasis)	Standard		
Severe Acute Respiratory Syndrome (SARS)	Extended Respiratory		See Emerging Infectious Disease Protocol.
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	Airborne + Contact + Standard	Duration of illness	Until all scabs have crusted and separated (3-4 weeks). Non- vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective.
Sporotrichosis	Standard		
<i>Spirillum minus</i> disease (rat-bite fever)	Standard		Not transmitted from person to person.
Staphylococcal disease (<i>S. aureus</i>)			
• Skin, wound, or burn			
○ Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
○ Minor or limited	Standard		If dressing covers and contains drainage adequately.
• Enterocolitis	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness.
• Multidrug-resistant (see multidrug-resistant org)			
• Pneumonia	Standard		
• Scalded skin syndrome	Contact + Standard	Duration of illness	Consider healthcare personnel as potential source of nursery, NICU outbreak.
• Toxic shock syndrome	Standard		
<i>Streptobacillus moniliformis</i> disease (rat-bite fever)	Standard		Not transmitted from person to person.
Streptococcal disease (group A streptococcus)			
• Skin, wound, or burn			
○ Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	Until drainage stops or can be contained by dressing.
○ Minor or limited	Standard		If dressing covers and contains drainage.
• Endometritis (puerperal sepsis)	Standard		
• Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
• Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
• Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
• Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel. Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			conditions.
Streptococcal disease (group B streptococcus), neonatal	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere	Standard		
Multidrug-resistant (see multidrug-resistant orgs)			
Strongyloidiasis	Standard		
Swine Influenza (see Influenza, swine)			
Syphilis			
<ul style="list-style-type: none"> • Skin and mucous membrane, including congenital, primary, secondary 	Standard		
<ul style="list-style-type: none"> • Latent (tertiary) and seropositivity without lesions 	Standard		
Tapeworm disease			
<ul style="list-style-type: none"> • <i>Hymenolepis nana</i> 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> • <i>Taenia solium</i> (pork) 	Standard		
<ul style="list-style-type: none"> • Other 	Standard		
Tetanus	Standard		Not transmitted from person to person.
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person-to-person transmission.
Toxoplasmosis	Standard		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease)	Standard		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A <i>Streptococcus</i> is a likely etiology.
Trachoma, acute	Standard		
Trench mouth (Vincent's angina)	Standard		
Trichinosis	Standard		
Trichomoniasis	Standard		
Trichuriasis (whipworm disease)	Standard		
Tuberculosis (<i>M. tuberculosis</i>)			
<ul style="list-style-type: none"> • Extrapulmonary, draining lesion (including scrofula) 	Airborne + Contact + Standard		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are 3 consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.
<ul style="list-style-type: none"> • Extrapulmonary, no draining lesion meningitis 	Standard		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			ruled out.
<ul style="list-style-type: none"> Pulmonary, or laryngeal disease, confirmed or suspected 	Airborne + Standard		Discontinue precautions only when patient on effective therapy is improving clinically and has 3 consecutive sputum smears negative for acid-fast bacilli collected on separate days (MMWR 2005; 54: RR-17 Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm accessed September 2018) [12].
<ul style="list-style-type: none"> Pulmonary or laryngeal disease, suspected 	Airborne + Standard		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either <ol style="list-style-type: none"> there is another diagnosis that explains the clinical syndrome, or 2 negative MTB PCRs or the results of 3 sputum smears for AFB are negative. Each of the 3 sputum specimens should be collected 8-24 hours apart, and at least 1 should be an early morning specimen.
<ul style="list-style-type: none"> Skin-test positive with no evidence of current pulmonary disease 	Standard		
Tularemia			
<ul style="list-style-type: none"> Draining lesion 	Standard		Not transmitted from person to person.
<ul style="list-style-type: none"> Pulmonary 	Standard		Not transmitted from person to person.
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)			
Typhus, <i>Rickettsia prowazekii</i> (Epidemic or Louse-borne Typhus)	Standard		Transmitted from person to person through close personal or clothing contact.
Typhus, <i>Rickettsia typhi</i>	Standard		Not transmitted from person to person.
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard		
Vaccinia (vaccination site, adverse events following vaccination)	See bulleted list below		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.
<ul style="list-style-type: none"> Vaccinated site (including autoinoculated areas) 	Standard		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			for dressing changes.
<ul style="list-style-type: none"> Eczema vaccinatum 	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
<ul style="list-style-type: none"> Fetal vaccinia 	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
<ul style="list-style-type: none"> Generalized vaccinia 	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
<ul style="list-style-type: none"> Progressive vaccinia 	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
<ul style="list-style-type: none"> Post-vaccinia encephalitis 	Standard		
<ul style="list-style-type: none"> Blepharitis or conjunctivitis 	Contact + Standard		Use Contact Precautions if there is copious drainage.
<ul style="list-style-type: none"> Iritis or keratitis 	Standard		
<ul style="list-style-type: none"> Vaccinia-associated erythema multiforme (Stevens-Johnson Syndrome) 	Standard		Not an infectious condition.
<ul style="list-style-type: none"> Secondary bacterial infection (e.g., S. aureus, Group A Beta hemolytic streptococcus) 	Standard + Contact		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage.
Varicella (chickenpox)	Airborne + Contact + Standard	Until lesions dry and crusted	<p>Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection (i.e., surgical mask or respirator) for susceptible HCWs.</p> <p>In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness.</p> <p>Varicella Post-exposure Prophylaxis Update [May 2019] Postexposure prophylaxis: provide postexposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5 days before delivery or within 48 hours after delivery) provide varicella zoster immune globulin as soon as possible after exposure and within 10 days.</p> <p>Use Airborne for exposed susceptible persons and exclude exposed susceptible</p>

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

<u>Infection/Condition</u>	<u>Type of Precaution</u>	<u>Duration of Precaution</u>	<u>Precautions/Comments</u>
			healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received varicella zoster immune globulin, regardless of postexposure vaccination.
<i>Vibrio parahaemolyticus</i> (see gastroenteritis)			
Vincent's angina (trench mouth)	Standard		
Viral hemorrhagic fevers (Lassa, Ebola, Marburg, Crimean-Congo fever viruses)	All Barrier	Duration of illness	See BCU protocol
Viral respiratory (if not covered elsewhere)			
• Adults	Standard		
• Infants / young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections			
• Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
• Minor or limited	Standard		If dressing covers and contains drainage
<i>Yersinia enterocolitica</i> gastroenteritis (see gastroenteritis)			
Zika	Contact for L&D Standard in all other settings	Through delivery	
Zoster (varicella-zoster) (see Herpes Zoster)			
Zygomycosis (phycomycosis, mucormycosis)	Standard		Not transmitted person-to-person.

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

APPENDIX B

RESPIRATORY ISOLATION GUIDELINES FOR NEONATAL AND PEDIATRIC UNITS

Isolation Location:

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

Duration of Isolation:

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

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

TABLE 1

SYNOPSIS OF TYPES OF PRECAUTIONS AND PATIENTS REQUIRING THE PRECAUTIONS*

Standard Precautions

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

Airborne Precautions

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

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

All Barrier Precautions

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

Droplet Precautions

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

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

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

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

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

Serious viral infections spread by droplet transmission, including:

- Adenovirus
- Influenza
- Mumps
- Parvovirus B19
- Rubella

Contact Precautions

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

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

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

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

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

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

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

Extended Contact Precautions (ECP)

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

Extremely Drug-Resistant Organism Precautions (XDRO)

Pan resistant organisms

Extended Respiratory Precautions

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

TABLE 2

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

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

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	6.25.24 - Revised
Topic: 01.19 – Isolation Precautions	1981- Author

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

TABLE 3

Clinical Syndromes or Conditions Warranting Empiric Transmission- Based Precautions in Addition to Standard Precautions

Disease	Clinical Syndrome or Condition†	Potential Pathogens‡	Empiric Precautions (Always Includes Standard Precautions)
Diarrhea	Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens§	<u>Contact Precautions</u> (pediatrics and adult)
Diarrhea	Diarrhea in an adult with a history of recent antibiotic use until test results are available	<i>Clostridioides difficile</i>	<u>Extended Contact Precautions</u>
Meningitis	Meningitis	Neisseria meningitidis	<u>Droplet Precautions</u> for first 24 hours of antimicrobial therapy; mask and face protection for intubation
Meningitis	Meningitis	Enteroviruses	<u>Contact Precautions</u> for infants and children
Meningitis	Meningitis	M. tuberculosis	<u>Airborne Precautions</u> if pulmonary infiltrate <u>Airborne Precautions plus Contact Precautions</u> if potentially infectious draining body fluid present
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general)	Neisseria meningitidis	<u>Droplet Precautions</u> for first 24 hours of antimicrobial therapy
Rash or Exanthems, Generalized, Etiology Unknown	Petechial/ecchymotic with fever (general) If positive history of travel to an area with an ongoing outbreak of VHF in the 10 days before onset of fever	Ebola, Lassa, Marburg viruses	<u>Droplet Precautions plus Contact Precautions</u> , with face/eye protection, emphasizing safety sharps and barrier precautions when blood exposure likely. Use N95 or higher respiratory protection when aerosol- generating procedure performed. Ebola Virus Disease Update [2014]: Updated recommendations for healthcare workers can be found at Ebola: for Clinicians (https://www.cdc.gov/vhf/ebola/clinicians/index.html accessed September 2018).
Rash or Exanthems, Generalized, Etiology Unknown	Vesicular	Varicella-zoster, herpes simplex, variola (smallpox), vaccinia viruses	<u>Airborne plus Contact Precautions</u> . <u>Contact Precautions</u> only if Herpes simplex, localized zoster in an immunocompetent host or vaccinia viruses most likely
Rash or	Maculopapular with	Rubeola (measles)	<u>Airborne Precautions</u>

Section: UTMB On-line Documentation Subject: Infection Control & Healthcare Epidemiology Policies and Procedures Topic: 01.19 – Isolation Precautions	01.19 - Policy 6.25.24 - Revised 1981- Author
--	--

Exanthems, Generalized, Etiology Unknown	cough, coryza and fever	virus	
Respiratory Infections	Cough/fever/upper lobe pulmonary infiltrate in an HIV-negative patient or a patient at low risk for human immunodeficiency virus (HIV) infection	M. tuberculosis, Respiratory viruses, S. pneumoniae, S. aureus (MSSA or MRSA)	<u>Airborne Precautions plus Contact precautions</u>

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	11.10.23 - Revised
Topic: 01.19 - Isolation	1981- Author

Disease	Clinical Syndrome or Condition†	Potential Pathogens‡	Empiric Precautions (Always Includes Standard Precautions)
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or a patient at high risk for HIV infection	<i>M. tuberculosis</i> , Respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	<u>Airborne Precautions plus Contact Precautions</u> . Use eye/face protection if aerosol-generating procedure performed or contact with respiratory secretions anticipated. If tuberculosis is unlikely and there are no AIIRs and/or respirators available, use Droplet Precautions instead of Airborne Precautions Tuberculosis more likely in HIV-infected individual than in HIV negative individual
Respiratory Infections	Cough/fever/pulmonary infiltrate in any lung location in a patient with a history of recent travel (10-21 days) to countries with active outbreaks of SARS, avian influenza	<i>M. tuberculosis</i> , severe acute respiratory syndrome virus (SARS- CoV), avian influenza	<u>Airborne plus Contact Precautions</u> plus eye protection. If SARS and tuberculosis unlikely, use Droplet Precautions instead of Airborne Precautions.
Respiratory Infections	Respiratory infections, particularly bronchiolitis, croup and pneumonia, in infants and young children	Respiratory syncytial virus, parainfluenza virus, adenovirus, influenza virus, <i>Human metapneumovirus</i>	<u>Contact plus Droplet Precautions</u> ; Droplet Precautions may be discontinued when adenovirus and influenza have been ruled out
Respiratory Infections	Paroxysmal or severe persistent cough during periods of pertussis activity	<i>Bordetella pertussis</i>	<u>Droplet Precautions</u>
Multi-drug Resistant Infections	Risk of multidrug-resistant microorganisms [¶]	May utilize precautions in an outbreak situation	<u>Contact Precautions or XDRO Precautions</u> as needed
Multi-drug Resistant Infections	History of infection or colonization with multidrug-resistant organisms [¶]	Resistant bacteria	<u>Contact Precautions</u>
Multi-drug Resistant Infections	Skin, wound, or urinary tract infection in a patient with a recent hospital or nursing home stay in a facility where multidrug-resistant organisms are prevalent [¶]	Resistant bacteria	<u>Contact Precautions</u>
Skin or Wound Infection	Abscess or draining wound that cannot be covered	<i>Staphylococcus aureus</i> (MSSA or MRSA), group A streptococcus	<u>Contact Precautions</u> Add Droplet Precautions for the first 24 hours of appropriate antimicrobial therapy if invasive Group A streptococcal disease is suspected

Section: UTMB On-line Documentation	01.19 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	11.10.23 - Revised
Topic: 01.19 - Isolation	1981- Author

† Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g. neonates and adults with pertussis may not have paroxysmal or severe cough). The clinician's index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

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

§ These pathogens include enterohemorrhagic *Escherichia coli* O157:H7, *Shigella spp*, hepatitis A virus, noroviruses, rotavirus, *C. difficile*.

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

Reference:

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, Updated July 2023.
[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) \(cdc.gov\)](#)
2. Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers (VHF) Updated Sept 11, 2023 [Infection Prevention and Control Recommendations for Patients in U.S. Hospitals who are Suspected or Confirmed to have Selected Viral Hemorrhagic Fevers \(VHF\) | Ebola Virus Disease | Clinicians | Ebola \(Ebola Virus Disease\) | CDC](#)
3. Infection Prevention and Control for *Candida auris*. Updated Jan 17, 2023.
[Infection Prevention and Control for *Candida auris* | *Candida auris* | Fungal Diseases | CDC](#)
4. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. Updated May 8, 2023
[Infection Control: Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) | CDC](#)