| Subject: | Section: | Policy Number: | Page: |
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| **ISOLATION PRECAUTIONS** | | IN 16 | 1 of 14 |
| | Application: Medical Center Wide/ASC | Date of Issue: October 2023 | |
| | Contact Person: Infection Prevention and Control | Supersedes: August 2022 | |
| Recommended:<br><br>_____<br>Sharon Holmes, MPH, MT, CIC<br>Director, Infection Prevention and Control | Approved:<br><br>_____<br>Marc Mazade, MD, Chairman,<br>Infection Control Committee<br><br>_____<br>Cheryl Petersen, MBA, BSN, RN, NE-BC<br>Vice President & CNO | | |

| Review: | | | | | |
|---|---|---|---|---|---|
| Initial/Date | _____<br>04/28/2021 | | | | |

**PURPOSE:**

A. To prevent the transmission of infectious agents within the medical center and ambulatory care centers. The type of isolation precautions indicated will be based on the pathogen, known mode of transmission, susceptibility of host and clinical syndrome.

B. To prevent exposure between potentially pathogenic microorganisms and uninfected patients, visitors, and health care workers.

**POLICY:**

It is the policy of Cook Children's Medical Center (CCMC)/Ambulatory Surgical Center (ASC) to isolate patients assessed to have communicable diseases whether diagnosed or being considered. Isolation precautions for patients with specific diseases are used in addition to **Standard/Universal Precautions.** Patients may be in more than one category of isolation at the same time. Patients in isolation are not allowed out of their room except for procedures and under special circumstances as approved by Infection Prevention.

A. The receiving nurse is responsible for placing the patient in isolation according to this policy and for educating the patient and/or family.

B. The charge nurse/patient nurse is responsible for initiating and maintaining proper isolation techniques as determined by this policy.

C. If there is a disagreement between the physician and hospital policy regarding patient isolation or infection control policies, the Hospital Epidemiologist should be notified to make the final decision.

D. All personnel having contact with isolated patients are responsible for complying with hospital and departmental isolation policies.

E. The Infection Prevention & Control (IP&C) staff are responsible for maintaining records on all patients with infectious and contagious diseases. The infection control staff act as a consultant on isolation procedures and techniques, and updates these as necessary. IPC is responsible for contacting the local health department regarding reportable diseases.

F. The Hospital Epidemiologist, nursing staff, and the IP&C staff have the authority to initiate and discontinue isolation without an attending physician's order.

G. Isolation protocols for Ebola, SARS, MERS, Smallpox, Avian Flu, pandemic flu, and selected pathogens for bioterrorism are described in the supporting documents for the Emergency Management Plan for High Consequence Infectious Diseases on the Infection Prevention & Control Intranet site in Cooknet.

**PROCEDURE:**

**INITIATING ISOLATION STATUS:**

A. Room Accommodations

1. Most patients admitted to the medical center are assigned a bed through the nursing supervisor/bed control. The patient's diagnoses and laboratory tests are taken into consideration to determine isolation needs and bed requirements.

2. Patients with conditions requiring isolation will be placed in a private room. Patients in a bay setting must be at least 6 feet apart with the curtain pulled.

3. Patients requiring **AIRBORNE or Strict** isolation must be placed in a negative pressure room with the door closed. The exception is patients that are positive for COVID-19, which does not require negative pressure per the CDC. Pressure monitors are in place outside of each isolation room. Pressure must be verified by nurse prior to admitting patient to room. Facilities Management provides 24/7 monitoring of all pressurized rooms. Negative pressure rooms are listed below:

   a. 3North-3006, 3007, 3008, 3009;
   b. 3South-3106, 3107, 3108, 3109;
   c. 4North-4206, 4207, 4208, 4209;
   d. 4South-4306, 4307, 4308, 4309;
   e. 5North-5406, 5407, 5408, 5409;
   f. 5South-5306, 5307, 5308, 5309;
   g. 3PAV-P306, P307, P309, P310;
   h. 4PAV-P406, P407, P409, P410;
   i. ST5121, ST5107
   j. PICU-2806, 2807;2251, 2252, 2253, 2254, 2255, 2256

k. NICU-NIE05, NIC08
l. Emergency Room- 11, 12, 14, 15
m. Infectious Disease Clinic-Exam #1
n. Bronchoscopy suites in the Special Procedure Unit and OR19 and 20; and
o. PACU – 2315
p. Cardiac Intensive Care Unit (CICU) – STA 01
q. Cardiac Prep/Recovery – ST3350 B01

4. Allogeneic HSCT and/or SCIDS patients requiring **Protective Environment** isolation to reduce exposure to environmental fungal agents must be placed in a positive pressure hepa-filtered room with the door closed. Pressure monitors are in place outside of each isolation room. Positive pressure must be verified by nurse prior to admitting patient to room. If patient sent to neutral pressure room, place in contact/respiratory isolation. Protective Environment rooms are listed below:

   a. 5PAV-P501, P502, P503, P504, P506, P507, P508, P509
   b. PICU-2819, 2820, 2821, 2822
   c. NICU-2C08

5. Patients with non-communicable diseases may be placed in negative pressure rooms. Severely immunocompromised patients should not be placed in negative pressure rooms unless infected with varicella, pulmonary tuberculosis, or other highly communicable airborne organisms. A portable Hepa filter may be placed in the room to protect the patient from incoming air.

6. Only patients with the exact same microbiologic diagnosis may be cohorted in the same room. Siblings may be cohorted. Personnel protective equipment (PPE) are to be changed between patients in the same room.

B. When a patient is admitted with, or diagnosis is changed, to a communicable disease requiring isolation, the charge nurse or patient's nurse will initiate isolation precautions.

C. The nursing staff will place the isolation notice on the patient's room door, and in the isolation anteroom, noting needed transmission-based precautions.

D. The charge nurse or patient's nurse will place the specific isolation category in the isolation field in the patient EMR.

E. The nurse will obtain from the supply cart appropriate isolation supplies, which may include gowns, gloves, masks, appropriate disinfectant, and alcohol gel. These items are to be placed in the isolation anteroom, cabinet, or on a cart outside the door if anteroom is unavailable. A disposable thermometer, blood pressure cuff, and stethoscope are to be placed in the room for patients in Strict, Contact, Modified Contact, or Drainage/Secretion isolation.

F. From the floor stock supply the following items are to be obtained:

1. Linen bags (blue in color) with the "soiled linen" label for linen (double bagging is not necessary). If the patient is in a private room, these supplies should be placed on a cart and kept outside the patient's room.

2. Disinfectant should be readily available to clean/disinfect reusable items brought into patients' room.

G. The nurse shall explain the purpose and the procedure for isolation to the family and inform the family that (except caretaker) visitors should be limited while the patient is in isolation. Toys and personal items that are brought into the room, should be easily cleaned and disinfected,

or disposable. Patient/parent education of isolation procedures should be documented in the EMR and handouts should be provided as available in CookNet (Patient Education database).

## PERSONNEL PROTECTIVE EQUIPMENT (PPE)

PPE refers to a variety of barriers and respirators used alone or in combination to protect mucous membranes, airways, skin, and clothing from contact with infectious agents. The selection of PPE is based on the nature of the patient interaction and/or the likely mode(s) of transmission.

### A. Isolation Gowns

Isolation gowns are used to protect the healthcare workers (HCW) arms and exposed body areas and prevent contamination of clothing with potentially infectious agents. Isolation gowns are always worn in combination with gloves, and with other PPE when indicated. Gowns are usually the first piece of PPE to be donned. Full coverage of the arms and body front, from neck to the mid-thigh or below will ensure that clothing and exposed upper body areas are protected.

### B. Isolation Masks

Masks are used for three primary purposes in healthcare settings:

1. Placed on healthcare personnel to protect them from contact with infectious material from patients e.g., respiratory secretions and sprays of blood or body fluids;
2. Placed on healthcare personnel when engaged in procedures requiring sterile technique to protect patients from exposure to infectious agents carried in a healthcare worker's mouth or nose;
3. Placed on coughing patients to limit potential dissemination of infectious respiratory secretions from the patient to others (i.e., Respiratory Hygiene/Cough Etiquette).

Isolation masks should not be confused with particulate respirators (N-95) that are used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.

### C. Gloves

Gloves are used to prevent contamination of HCW's hands when;

1. Anticipating direct contact with blood or body fluids, mucous membranes, non-intact skin and other potentially infectious material;
2 Having direct contact with patients who are colonized or infected with pathogens transmitted by the contact route (e.g., VRE, CRE, C. difficile, RSV).
3. Handling or touching visibly or potentially contaminated patient care equipment and environmental surfaces.

Gloves can protect both patients and healthcare personnel from exposure to infectious material that may be carried on hands. When gloves are worn in combination with other PPE, they are put on last. Gloves that fit snugly around the wrist are preferred for use with an isolation gown because they will cover the gown cuff and provide a more reliable continuous barrier for the arms, wrists, and hands. Gloves that are removed properly will prevent hand contamination.

Hand hygiene following glove removal, further ensures that the hands will not carry potentially infectious material that might have penetrated through unrecognized tears, or that could contaminate the hands during glove removal.

**ENTERING AND LEAVING ISOLATION ROOM**

A. Persons entering the room shall read isolation sign and determine what PPE (gowns, mask, gloves, etc.) is necessary to enter room. These items are disposable and are to be worn only once. If unsure, persons are to check with the charge nurse as to what precautions to take.

B. Refer to **Attachment A** for donning and removal of PPE sequences.

C. Be sure room is entered with all necessary equipment to provide patient care. Should it be necessary to obtain equipment once inside the room, call on the Vocera for someone to bring what is needed. Never leave the room with isolation apparel on.

**DISCONTINUATION OF ISOLATION**

Isolation is discontinued, when appropriate, if the patient is no longer contagious, not shedding pathogens or after appropriate therapy. For patients with C. difficile, isolation may be discontinued when treatment completed, symptoms are resolved, and patient transferred to a new room.

**ADMINISTRATION OF MEDICINE**

All medications and supplies needed for administration to patients in isolation will be disposable and disposed as per Medication Storage policy PS 173, D. Disposition of Medications dependent if non-hazardous versus hazardous medications.

If medication is not administered and is not a narcotic, the medication is to be placed in sharps container. Patient labels are to be marked out and/or discarded in HIPAA bin.

Isolation patients with parents rooming in will follow steps provided by Rooming policy PS 241.

**EQUIPMENT/SUPPLIES**

A. When possible, dedicate the use of non-critical patient care equipment to a single patient.

B. Handle all other equipment according to Standard/Universal Precautions.

C. All disposable supplies or items that cannot be cleaned should be discarded when the patient is discharged from the room. Supplies may be bagged and sent with the patient if transferred to another room.

D. All equipment should be thoroughly cleaned and disinfected.

**PATIENT TRANSPORT**

A. Transport of isolation patients should be limited to essential purposes, such as diagnostic and therapeutic procedures that cannot be performed in the patient's room.

B. When transport is necessary appropriate barriers should be used on the patient (e.g., mask, clean linen or use of impervious dressings to cover the affected area(s) when infectious skin

lesions or drainage are present. All transport personnel shall wear appropriate PPE when transporting patients requiring isolation.

C. The receiving department should be notified regarding patient isolation status to ensure appropriate isolation is maintained.

D. Equipment used for transported is to be cleaned/disinfected after use.

**USE OF ISOLATION IN SPECIAL CARE AREAS**

Patient care will not be compromised because of isolation requirements.

Patients requiring isolation (except for specific diseases listed in infection control policies) may be cared for in the Special Care Areas. These patients should be placed in the isolation room or private room (if negative pressure not required) in the TCU/RCU, NICU and PICU. Normal isolation procedures should be followed in providing care for these patients.

**FAMILY/VISITORS**

A. Visitors should be limited for the patient in isolation. Children (except siblings) are not to visit patients in isolation.

B. Family/Visitors are not to go from an isolation room to other patient rooms.

C. Family/Visitors should be instructed on hand hygiene by nursing staff.

D. Sibling visitors of isolated patients are not allowed in the playroom and must stay in the patient room.

**OUT PATIENTS REQUIRING ISOLATION:**

A. Surgical Suite/Post Anesthesia Care Unit

Surgery will routinely review the patient profile for isolation information on all surgeries and document the information on Intra operative record and report it to Recovery. The patient care area should notify surgery regarding any isolation that may be in effect on a scheduled surgery patient. Surgery should notify the Recovery Room of patients requiring isolation.

B. Outpatient Clinics/Centers/Settings

Outpatients known or suspected of having an illness or colonized with a multiple drug resistant organism that requires isolation shall be brought to an examination room as soon as possible and will follow department specific policies.

CF patients will be in Modified Contact isolation. See below.

**CATEGORIES OF ISOLATION AND DISEASE PROCESSES-**Contact Infection Control if the disease of concern is not listed for specific isolation information. See **Attachment A** for donning and removal sequences for PPE. See **Attachment B** for Type and Duration of isolation for selected infections and conditions.

A. **Strict Isolation** is intended for those infectious agents which may be transmitted by the airborne and contact routes such as varicella (refer to Varicella Zoster MC 174). A negative pressure room is required, except in the case of patients with COVID 19, who do not require negative pressure. All persons are to enter and exit through anteroom if present.

1. Required PPE

- Gowns are required for entering the room
- Gloves are required for entering the room
- Masks (isolation mask) are required for entering the room
- N-95 required for COVID -19
- Eye protection is required for COVID-19

***Family does not need to wear PPE's**

B. **Contact Isolation** is intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact with the patient or the patient's environment. A single patient room is preferred for patients who require Contact Isolation. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). In multi-patient rooms, greater than 6 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between the infected/colonized patient and other patients. Doors may be open.

1. Required PPE

- Gowns are required for entering the room.
- Gloves are required for entering the room.
- Masks are indicated for all persons entering the room if there is a respiratory component to the infectious disease .Refer to Attachment B.

* **Family does not need to wear PPE's while in room**

2. **Modified Contact Isolation**. All Cystic Fibrosis (CF) patients will be placed in modified contact isolation while in ambulatory and inpatient settings. The patient may leave their room but will wear a mask when out of his/her room. The patient will be instructed to wash hands before leaving room. Staff must wear gown and gloves upon entry into room and pay strict attention to hand hygiene. CF patients are not to visit each other's rooms.

   CF patients should not have close (less than 6 feet) contact with each other. Refer to Infection Control Practices for Patients with Cystic Fibrosis IN 12.

3. Isolation procedures for long term patients with CRE and VRE will be followed. The Infection Control Staff and Hospital Epidemiologist will determine exceptions to this

policy. If it is determined that the patient may leave their room, precautions must be maintained and instructions from the infection control staff obtained. In general:

- Patients are to wash hands before leaving room and not touch any surfaces until outside. Patients are not to go to the gift shop, cafeteria, Starbucks, Yogurt Shop, Mirror-Mirror, etc. Staff must escort the patient in the back elevator, which should have no other occupants.
- Patients are not to wear isolation gowns and gloves (only mask if respiratory); staff are to contact IPC to determine which PPE's will be worn by attending staff. This depends on which body sites are colonized and what activities attending staff will perform.
- Staff are to perform hand hygiene upon return to patient's room.

C. **Respiratory Isolation (Droplet)** is intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Because these pathogens do not remain infectious over long distances in a healthcare facility, special air handling and ventilation are not required to prevent droplet transmission. A single patient room is preferred for patients who require Respiratory Isolation. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). Spatial separation of greater than 6 feet and drawing the curtain between patient beds is especially important for patients in multi-bed rooms with infections transmitted by the droplet route. Doors may be open.

1. Required PPE

   - Mask required for entering room Refer to Attachment B.
   - Parents of patients diagnosed with Pertussis are to wear a mask when exiting patient's room until outside of building. Duration for five (5) days after initiation of appropriate therapy.

D. **AIRBORNE Isolation** is indicated for patients infected with organisms spread through the airborne route via small droplet nuclei. These particles may remain suspended in the air for a prolonged period of time and may travel long distances. Preventing transmission requires special air handling and ventilation systems. Patients must be placed in a negative pressure room, refer TB Exposure Control Plan (IC400).

1. Required PPE
   - N-95 mask is to be used by staff which have been fit tested or PAPR is required for TB, SARS, and Avian Flu.

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E. **Drainage/Secretion Isolation** is indicated where the presence of excessive wound drainage, fecal incontinence, or other body secretions suggest an increased potential for extensive environmental contamination and risk of transmission. A single patient room is preferred. When a single-patient room is not available, consultation with infection control personnel is recommended to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate). Doors may be open.

Healthcare personnel caring for patients should wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Donning PPE upon room entry and discarding before exiting

the patient room is done to contain pathogens, especially those that have been implicated in transmission through environmental contamination (e.g., *Rotavirus,* and other intestinal tract pathogens).

1. Required PPE
   - Gloves if soiling likely
   - Gown if soiling likely

**Reference:**

CDC. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. Update 2014, 2017, July 2019 July, 2023

CF Foundation –Infection Prevention Guidelines, updated July 2021

Red Book: 2021–2024 Report of the Committee on Infectious Diseases

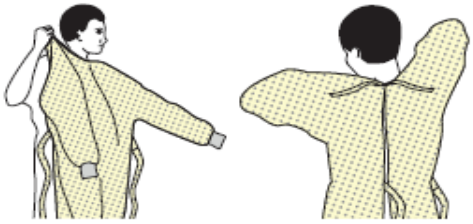
# Attachment A

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

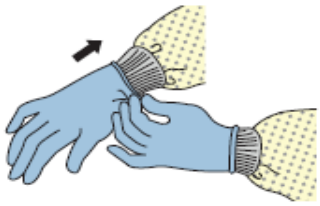
- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator

### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

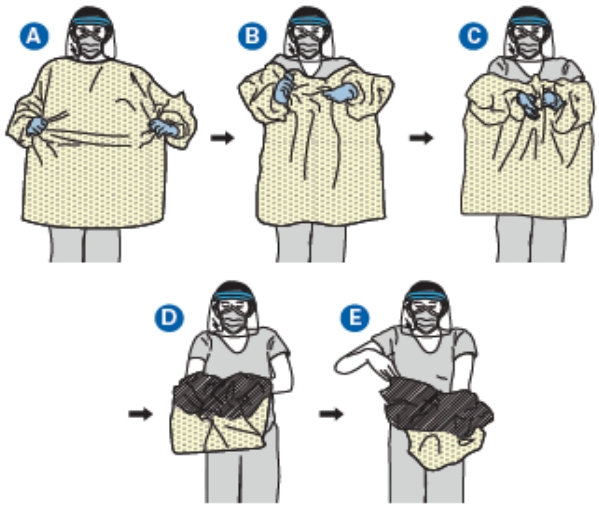
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



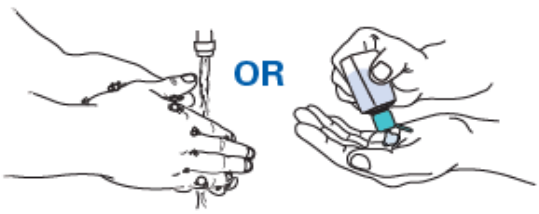

## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

## 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

## 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE




**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

CDC

CS250672-E

**ATTACHMENT B**
**Type and Duration of ISOLATION PRECAUTIONS Recommended for Selected INFECTIONS and CONDITION**

| Infection/Condition | Isolation* | Duration† | Comments |
|---|---|---|---|
| Abscess/Cellulitis/Osteomyelitis /Septic Arthritis | Drainage/Secretion | Until resolved | Draining wounds/uncontained secretions. |
| Adenovirus<br>Respiratory infection<br>Gastrointestinal | <br>Contact/Respiratory<br>Drainage/Secretion | <br>Duration of illness<br>Duration of illness | <br><br>Isolation for diapered or incontinent patient |
| Bronchiolitis/unspecified respiratory virus | Contact/Respiratory | duration of illness | Isolation for duration of illness |
| Carbapenem resistant Enterobacteriaceae (CRE) | Contact | Duration Admission | Refer to Resistant Organism policy IN18 |
| Candida auris | Contact | Duration Admission | Refer to Resistant Organism policy IN18 |
| Chicken Pox (Varicella) | Strict | Until lesions scabbed | Negative pressure room required, regular mask |
| Congenital Rubella | Contact | Until 1 year old | |
| Conjunctivitis (viral) | Contact | Duration of illness | |
| Coronaviruses (Novel)<br>**SARS-CoV-2/COVID-19** | Strict | 10-21 days and resolution of illness | Contact IPC On-Call |
| Croup | Contact/Respiratory | Duration of illness | |
| Cystic Fibrosis (non MRSA or B. cepacia) | Modified Contact | Duration of admission | May be out of room with mask |
| Extended spectrum beta lactam producers (ESBL) E. coli | Contact | Duration of Treatment | Drainage/Secretion isolation for diapered or incontinent patient after completion of treatment |
| Enterovirus includes Coxsackie, Echoviruses, Viral Syndrome | Drainage/Secretion | Duration of illness | Isolation for diapered or incontinent patient |
| Gastroenteritis-viral, bacterial | Drainage/Secretion | Duration of illness | Isolation for diapered or incontinent patient |
| Gastroenteritis<br>**C. difficile**<br>**Norovirus** | Contact | Duration of illness | Hand hygiene with soap and water only; door sign<br>Isolation for all patients, PDI Bleach for surface cleaning.<br>When caring for a norovirus patient with active vomiting, don a procedure mask. |
| Haemophilus Type B | Contact/Respiratory | 24 hours antibiotic | |
| Hepatitis A | Drainage/Secretion | For one week after onset | Isolation for diapered or incontinent patients |
| Herpes Simplex<br>Mucocutaneous, disseminated or primary | Contact | Until lesions dry | |

**ATTACHMENT B**
**Type and Duration of ISOLATION PRECAUTIONS Recommended for Selected INFECTIONS and CONDITION**

| Infection/Condition | Isolation* | Duration† | Comments |
|---|---|---|---|
| Impetigo | Contact | 24 hours of ABX | |
| Influenza, Seasonal and H1N1 | Contact/Respiratory | 10 days | Isolate for duration of illness in immunocompromised-N-95 for aerosolizing procedures |
| Lice | Contact | Until treated | Check efficacy after first treatment, retreat if needed |
| Measles (rubeola) | Strict | 4 days after rash | N95 for staff. Use regular mask for patient, isolate for duration of illness in immunocompromised. |
| Meningitis<br>Viral<br>Bacterial-Neisseria meningitidis, H-flu; Known or suspected | <br>Drainage/Secretion<br>Respiratory | <br>Duration of illness<br>24 hours ABX | <br>Isolation for diapered or incontinent patients<br>See meningococcal disease below |
| Meningococcal diseases: sepsis, pneumonia | Respiratory | 24 hours ABX | |
| MRSA Wounds | Drainage/Secretions | Until resolved | Draining wounds/uncontained secretions. |
| Mumps | Respiratory | 5 days | Isolate after onset of parotitis for 5 days |
| Parainfluenza | Contact/Respiratory | Duration of illness | |
| Parvovirus B 19 | Respiratory | Duration of illness | Isolation for immunosuppressed patients; for patients in red cell crisis, or transient aplastic crisis 7 day isolate |
| Pertussis | Respiratory | 5 days ABX | Parents to complete 5 days ABX |
| Pneumonia (Mycoplasma) | Respiratory | Duration of illness | Patient to wear mask when out of room |
| Respiratory Syncytial Virus (RSV) | Contact/Respiratory | 21 days | |
| Rhinovirus | Contact/Respiratory | Duration of illness | |
| Rubella (German measles) | Respiratory | 7 days after rash | |
| Scabies | Contact | Until treated | |
| Scalded Skin Syndrome, staph | Drainage/Secretion | Until resolved | Uncontained drainage |
| Streptococcus-Group A; pneumonia, sepsis, pharyngitis<br>Skin, wound, or burn | Respiratory<br><br>Contact | 24 hours ABX<br><br>24 hours ABX | |
| Pulmonary Tuberculosis | Airborne | Until cleared by infection control | Negative pressure room, refer to Tuberculosis Exposure Control Plan-N-95 mask |
| Varicella Zoster | Strict | Until lesions scabbed | Refer to Varicella Zoster Infection Control Policy MC 174-negative pressure room |
| Vancomycin Resistant Enterococcus faecalis/faecium (VRE) | Contact | Duration of illness | Refer to Transmission of VRE policy IN43. Isolation will continue for 3 years from last positive culture. |

***† INFECTION CONTROL AT 682-885-4173 or page On Call IPC via Operator 682-885-4000 for Isolation Precautions concerns.**

Oct, 2023/ts

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