

# APPROVED

THE  
**University of Vermont**  
HEALTH NETWORK

**Alice Hyde Medical Center**

THE ALICE CENTER

Identification Number	IPC NH-7000
Type of Policy	Departmental
Applicability	AHMH
Owner's Dept	Nursing Home
Title of Owner	Director Of Nursing
Title of Approving Official	Nursing Home Administrator
Date Created	4/2003
Date Released	10/2024
Next Review Date	10/2026

**SUBJECT:** Pandemic Emergency Plan

**PURPOSE:** To reduce the risk of infection occurrence and transmission, and to provide a consistent level of care for residents, employees, physicians, visitors, and others who enter The Alice Center.

## **POLICIES:**

### **A. Standard Precautions:**

Standard precautions are minimum infection control practices regardless of suspected or confirmed infection status of a resident in any setting where health care is delivered. Using standard precautions protects the healthcare worker and prevents the healthcare worker from spreading the infection.

- Standard Precautions include:
  - Hand hygiene.
  - Personal Protective Equipment (PPE).
  - Respiratory hygiene etiquette.
  - Sharps safety.
  - Safe injection practices.
  - Sterile instruments and devices.
  - Clean/disinfected environmental services.

### **B. Contact Transmission—requires Contact Precautions:**

Contact precautions are used to prevent transmission of pathogens from infected or colonized residents by direct or indirect contact.

- Contact Isolation Precautions include:
  - Yellow isolation sign on the door signifying isolation status.
  - PPE-Gown and gloves must be worn, additionally, you may wear eye protection when entering room.
  - PPE removed at doorway and proper hand hygiene performed.
- Resident Equipment:
  - Use disposable equipment or resident specific equipment.
  - If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
- Transport and Procedures:
  - Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.

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- Ensure infected or colonized areas of the residents body are contained and covered if able when exiting room, if resident wishes to leave their room or cannot be left unsupervised in their room.
- Notify receiving department of resident precautions.
- Don clean PPE prior to resident transport.
- Cleaning:
  - Re-usable equipment must be cleaned with approved disinfectant.
  - Routine cleaning should be completed with staff wearing appropriate PPE.
- Discontinuation:
  - Isolation is discontinued based on laboratory results, provider review, and Interdisciplinary Team (IDT) recommendation. May be individualized on a case-by-case basis.
- Visitors:
  - Visitors are encouraged to wear gown and gloves when visiting resident on precautions.
  - Hand hygiene is encouraged when entering/exiting room and unit.

## **C. C. Difficile—requires Contact “C” Precautions:**

Contact “C” precautions are used to prevent transmission of C. difficile from infected residents by direct or indirect contact. Enhanced environmental cleaning will be completed with bleach. Alcohol-based hand sanitizer will not be used for C. difficile.

- Contact “C” Isolation Precautions include:
  - Green isolation sign on the door signifying isolation status.
  - PPE-Gown and gloves must be worn.
  - PPE removed at doorway and proper hand hygiene performed with soap and water.
  - Resident on Contact “C” Precautions should be placed in a private room when able.
- Resident Equipment:
  - Use disposable equipment or resident specific equipment.
  - If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room with approved methods for C. Difficile.
- Transport and Procedures:
  - Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - If resident can remain continent of bowel, free of loose stools, and has proper hand hygiene, resident may exit room for meals and socially distance. This will be reviewed on a case-by case basis.
  - Notify receiving department of resident precautions.
  - Don clean PPE prior to resident transport.
- Cleaning:
  - Re-usable equipment must be cleaned with approved disinfectant.

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- Routine cleaning should be completed with staff wearing appropriate PPE.
- Discontinuation:
  - Precautions can be discontinued once residents symptoms resolve (resident has <3 unformed stools in a 24-hour period), provider review, and IDT recommendation. May be individualized on a case-by-case basis.
- Visitors:
  - Visitors are encouraged to wear gown and gloves when visiting resident on precautions.
  - Hand hygiene is encouraged when entering/exiting room and unit using soap and water.

### **D. Droplet Transmission—requires Droplet Precautions:**

Droplet precautions are used to prevent diseases such as; influenza, pertussis, RSV, and bacterial meningitis that are transmitted by contact of the conjunctiva or mucous membranes of the nose and mouth with large-particle droplets that do not remain suspended in the air and travel only short distances (usually less than 3 feet).

- Droplet Isolation Precautions include:
  - Blue isolation sign on the door signifying isolation status.
  - PPE-surgical mask and gloves must be worn; eye protection and a gown may be additionally needed when entering room.
  - PPE removed at doorway and proper hand hygiene performed.
- Resident Equipment:
  - Use disposable equipment or resident specific equipment.
  - If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
- Transport and Procedures:
  - Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - Notify receiving department of resident precautions.
  - Resident should wear a mask when exiting their room.
  - Don clean PPE prior to resident transport.
- Cleaning:
  - Re-usable equipment must be cleaned with approved disinfectant.
  - Routine cleaning should be completed with staff wearing appropriate PPE.
- Discontinuation:
  - Isolation is discontinued based on laboratory results, provider review, and IDT recommendation. May be individualized on a case-by-case basis.
- Visitors:
  - Visitors are encouraged to wear a surgical mask when visiting resident on precautions.
  - Hand hygiene is encouraged when entering/exiting room and unit.

### **E. Airborne Transmission—requires Airborne Precautions:**

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Airborne precautions are used to prevent the transmission of infections such as; pulmonary or laryngeal tuberculosis, varicella, SARS, COVID (see Coronavirus Policy), that are transmitted by organisms that can remain in the air for considerable lengths of time and may be dispersed over long distances.

- Airborne Isolation Precautions include:
  - Black isolation sign on the door signifying isolation status.
  - Door to the bedroom is kept closed as much as safely possible and during respiratory treatments.
  - The Alice Center is not equipped with negative air pressure rooms, any resident requiring negative air pressure rooms will be transported out of the facility to an appropriate facility.
  - PPE-Gown, gloves, eye protection/face shield, and a fit-tested N-95 mask, or higher-level respirator must be worn when entering room.
  - PPE removed at doorway and proper hand hygiene performed.
- Resident Equipment:
  - Use disposable equipment or resident specific equipment.
  - If unable to use disposable or resident specific equipment, sanitize equipment prior to leaving room.
- Transport and Procedures:
  - Residents are encouraged to stay in their rooms. Except for essential therapeutic or diagnostic procedures.
  - Notify receiving department of resident precautions.
  - Resident should wear a mask when exiting their room.
  - Don clean PPE prior to resident transport.
- Cleaning:
  - Re-usable equipment must be cleaned with approved disinfectant.
  - Routine cleaning should be completed with staff wearing appropriate PPE.
- Discontinuation:
  - Isolation is discontinued based on laboratory results, provider review, and IDT recommendation. May be individualized on a case-by-case basis.
- Visitors:
  - Visitation is discouraged, however not prevented, with a resident on airborne precautions.
  - Visitors are encouraged to wear gown, gloves, eye protection, and a surgical mask when visiting resident on precautions.
  - Hand hygiene is encouraged when entering/exiting room and unit.

### **F. Enhanced Barrier Precautions:**

The Enhanced Barrier Precautions (EBP) are established to reduce transmission of multidrug resistant organisms (MRDOs) during high-contact resident care activities in a Skilled Nursing Facility. Enhanced Barrier Precautions involve the usage of gowns and gloves during these activities only.

**EBP are indicated for residents with any of the following:**

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1. Infection or colonization with CDC-targeted MRDOs when contact precautions do not otherwise apply.

- CDC-targeted MRDOs are:
  - Pan-resistant organisms.
  - Carbapenemase-producing carbapenem-resistant Enterobacterales.
  - Carbapenemase-producing carbapenem-resistant Pseudomonas.
  - Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii.
  - Candida auris.
- Additional MDROs that should be considered for discussion by provider and during IDT meeting for placement on EBP:
  - Methicillin – resistant Staphylococcus aureus (MRSA).
  - ESBL- producing Enterobacterales.
  - Vancomycin-resistant Enterocci (VRE).
  - Multidrug-resistant Pseudomonas aeruginosa.
  - Drug Resistant Streptococcus Pneumoniae.
- Post signage on the door / or outside the room.

2. Chronic open wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO.

- Chronic open wounds include, but are not limited to:
  - Pressure ulcers (stage II and above).
  - Diabetic foot ulcers.
  - Unhealed surgical wounds.
  - Venous stasis ulcers.
- Indwelling medical devices include the following:
  - Central lines (peripheral IV lines are not considered an indwelling medical device).
  - Urinary Catheters.
  - Feeding tubes.
  - Tracheostomies.

**EBP are used during the following high-contact care activities:**

- Dressing.
- Bathing/showering.
- Transferring—however, when performing transfers in common areas where duration of contact is short, gown and gloves are **not** necessary.
- Providing hygiene.
- Changing linens.
- Changing briefs or assisting with toileting.
- Device care or use: central line, urinary catheter, feeding tube, tracheostomy care.
- Wound care.
- Therapy sessions where prolonged contact is anticipated.
- Enhanced Barrier Precautions include:
  - Orange isolation sign on the door signifying isolation status.
  - Door may be open.
  - PPE—gown and gloves must be worn during the specified tasks/activities listed above.
  - PPE removed at the doorway and proper hand hygiene performed.

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- Resident Equipment:
  - Sanitize equipment prior to leaving room.
- Transport and Procedures:
  - Resident is not restricted to room.
  - Notify receiving department of resident precautions.
- Cleaning:
  - Re-usable equipment must be cleaned with approved disinfectant.
  - Routine cleaning should be completed with staff wearing proper PPE.
- Discontinuation:
  - EBP will remain in place for the duration of resident stay or until the wound is resolved or indwelling medical device is discontinued.
- Visitors:
  - Hand hygiene is encouraged when entering/exiting room.

## **G. Isolation Precautions:**

- The Infection Control Registered Nurse is responsible for implementing infection control practices based on federal and state public health advisories, guidelines, and rules.
- Isolation shall be maintained until the criteria for the involved organism/disease as listed in the Disease Charts (Attachment A) have been met unless otherwise specified

## **H. Staffing Criteria During Recognized Outbreak period:**

- When possible, there will be dedicated, consistent staffing teams who directly interact with residents that are confirmed or suspected to be infected with a contagious or infectious disease; and those designated staff members who have direct resident contact to specified area of the facility with the outbreak, will not be rotated between areas of the facility during the period they are working each day.
- Infection Control Registered Nurse and Staffing Supervisor will work collaboratively during an outbreak to assess staffing status and staffing needs daily.

## **I. Communication of Infection Status:**

- Daily communication with staff, residents, and resident's families regarding status of infections in the facility will be completed with a daily announcement and will be posted in the front lobby for review.

## **J. Screening During a Contagious or Infectious Disease Outbreak:**

- Facility will require screening of every individual entering the facility, including staff, for symptoms associated with the infectious disease outbreak. (Attachment A)

## **K. Cleaning Procedure for Equipment and Supplies:**

- Facility has access to necessary supplies for hand hygiene for staff, residents, and visitors readily available in resident rooms, on units, and in supply rooms.

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- Disinfectants are available for necessary and appropriate cleaning/disinfecting of surfaces and shared resident care equipment in supply rooms:

ITEM	FREQUENCY	RESPONSIBILITY
Patient utensils	after each use between residents	Nursing Environ Svcs
Commodes	after each use between residents	Nursing Environ Svcs

ITEM	FREQUENCY	RESPONSIBILITY
IV poles	prn in use between residents	Nursing or Env. Svcs Environ Svcs
Portable electronic thermometer	prn after use daily	Nursing Nursing
Portable blood pressure unit	prn after use daily	Nursing Nursing
IV pumps	prn in use between residents	Nursing or Env Svcs Central Service
Mechanical lift and sling	prn after use daily	Nursing Environ Svcs
Scale	prn after use daily	Nursing Environ Svcs
Bed scale	prn after use daily	Nursing Environ Svcs
Suction machines	daily after use	Nursing Central Service
Sterile instrument trays	after use	Nursing then → C.S.
Wheelchairs	prn after use weekly	Environ Svcs Environ Svcs
Geri-chairs	prn after use weekly	Environ Svcs Environ Svcs

### L. Supply/equipment storage:

- Clean and sterile resident care supplies are stored in cabinets or on shelves. They are not stored under sinks or on the floor.
- Large, infrequently used equipment is kept covered with plastic bags or sheets to reduce dust collection on the equipment.
- Clean and sterile equipment and supplies are stored in clean supply rooms on each unit. Main central supply located on second floor.
- Soiled equipment is placed in the soiled utility room.

### M. Drugs and Solutions:

- Expiration after opening:

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- Drugs and solutions with expiration dates are checked at the time of use. If expired or about to expire, they are discarded.
- Open multi-dose vials of normal saline or distilled water for injection:
- those which contain a preservative: all open vials are discarded per the manufacturer's expiration date
- Sterile irrigation solutions in pour bottles are poured into a new sterile specimen cup for each use. Open bottles of sterile irrigation solution used for any purpose are labeled with date and time when opened and discarded within 24 hours.
- Storage:
  - Drugs and solutions are stored in cabinets, shelves, or in the medication carts, not under sinks or on the floor.
  - Drugs and solutions requiring refrigeration are stored in the designated Medication Refrigerator.

### **N. Management of trash and regulated medical waste:**

- Sharps are disposed of in AHMC approved sharps containers that are located in each dirty utility room, medication carts, and medication rooms.
  - Sharps containers are sealed when no more than  $\frac{3}{4}$  full; and replaced with an empty container or every 30 days even if less than  $\frac{3}{4}$  full.
  - Sealed containers are placed in the regulated medical waste container in the soiled utility room.
  - Changing sharps containers is a shared responsibility of environmental services and nursing.
- Regulated medical waste is disposed of in red bags that are then placed in the regulated medical waste container in the soiled utility room.

### **O. Management of clean and soiled linens:**

- Clean linens are stored on the linen carts and in linen closets. Carts in the hallway shall have the covers in the down position at all times.
- Soiled facility linens are placed (with gloves on) in water-resistant laundry bags and then taken to the soiled utility room.
- Soiled resident linens are placed in mesh laundry bags or clear laundry bags and taken to the soiled utility room.
- For residents on precautions, a laundry bag and hamper should be kept in the resident's room.

### **P. Infection Prevention and Control Education:**

- Orientation:
  - Prior to resident contact, new employees receive orientation on Infection Control and Prevention Policies.
- Annual education:
  - Employees are required to participate in annual education programs related to Infection Control and Prevention Policies.
  - Additional education is provided on an as-needed/as-requested basis.
  - Staff education records kept on infection prevention and control.

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- **Prevention Strategies:**
  - Post signs at the entrance in regard to visitation.
  - Sick leave policies are in place to allow employees to stay home if they have symptoms of respiratory infections (please contact Occupational Health and Wellness).
  - Residents admitted into the facility with a verified COVID 19 test result will quarantine the required amount of time.
  - Assess resident's symptoms of respiratory infection upon admission to facility and implement appropriate infection prevention practices for incoming symptomatic residents.
  - Staff will wear appropriate PPE per current guidelines.
  - Symptomatic employees will not be allowed to work and will be referred to occupational health.
- **Prevention within facility:**
  - Keep residents, families and employees informed.
  - Routine facilities updates are provided to residents/ families.
  - Monitor residents as well as employees for fever or respiratory symptoms.
  - Resident education provided on signs and symptoms of COVID, and routine check in to answer questions or concerns.
  - Place residents with fever or acute respiratory symptoms on Airborne precautions in their rooms. If they must leave their room, ask them to wear appropriate PPE.
  - Communal activities and dining are held in accordance with state and federal regulations.
  - Use Standard, Contact, Droplet and Airborne precautions as warranted.
  - Support hand and respiratory hygiene, as well as cough etiquette by residents, visitors, and employees.
  - Ensure proper PPE equipment is available for staff, visitors, and residents for compliance.
  - Staff education and competency.

### **Q. Quality Improvement Indicators and Monitoring:**

- Infection surveillance data is provided quarterly by the Infection Prevention & Control RN.
- Infection Prevention and Control Rounds are performed at least annually.
- Additional indicators and monitoring are implemented as determined by the Director of Nursing and Infection Prevention & Control RN.
- Infection Prevention & Control RN will maintain a record of incidence of infections at the nursing home.

### **R. Employee Leave During an Outbreak**

- Any staff member with a positive diagnosis of an infectious disease will be removed from active duty per state and federal regulations and will

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follow up with Occupational Health and Wellness for further instruction.

### **REFERENCES:**

Center for Disease Control and Prevention. Implementation of Personal Protective Equipment in Nursing Homes to prevent Spread of Novel or Targeted Multidrug-resistant Organisms (MDROs). Updated: July 12, 2022. <https://www.cdc.gov/hai/pdfs/containment/PPE-Nursing-Homes-H.pdf>

*Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes | HAI | CDC.* (2021, February 22). [Www.cdc.gov. https://www.cdc.gov/hai/containment/faqs.html](https://www.cdc.gov/hai/containment/faqs.html)

*SUBJECT: Enhanced Barrier Precautions in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs).* (2024). <https://www.cms.gov/files/document/qso-24-08-nh.pdf>

**REVIEWERS:**            **Infection Control RN, Assistant Director of Nursing, Medical Director**

**BOARD APPROVAL: N/A**

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**Alice Hyde Medical Center**

THE ALICE CENTER

## **POLICY & PROCEDURE CHECKLIST**

**Policy Title: Infection Prevention/Control Policies for Nursing Home**

**Policy #: IPC-NH 7000**

**Requester: Director of Nursing**

**Extension: 8002**

**Department: Infection Prevention and Control**

**Policy Type: ☐ Administrative ☐ Departmental ☐ EOC Manual ☒ IP/C**

**Is this Policy: ☐ Deletion**

**☐ New Policy**

**☐ Replacement**

**☐ Review, no revision**

**☒ Revision**

**Related Standards: (Check all that apply)**

**☒ FEDERAL ☒ NYSDOH ☒ JCAHO ☐ Other \_\_\_\_\_**

**Justification for change: (Note the new policy/procedure revision and rationale).  
Update**

**List all Reviewers (Include Individuals and Committees)**

<b><i>Reviewer/Committee Name</i></b>	<b><i>Signature/Date Indicating Approval</i></b>
<b>Infection Control Nurse</b>	
<b>Medical Director</b>	
<b>Assistant Director Of Nursing</b>	

\_\_\_\_\_  
**Policy Owner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Approving Official's Signature**

\_\_\_\_\_  
**Date Released**

**Reference: [illegible]**

(Attachment-A)  
Comments

Disease	Category	Duration	Comments
Acute Respiratory Infections in Infants and Young Children	Droplet, Contact - see pediatric infection control guidelines	Duration of illness	
Adenovirus Children	Droplet, Contact	Duration of illness	
Anthrax Draining lesion	U.S.P. Contact		Contaminated linens or dressing should be red bagged
Antibiotic Resistant Organisms CRE ESBL MDR-GNR	Contact Contact Contact		Never downgrade-Contact IPC
Arthropod borne Viral Fevers (Dengue, Yellow Fever)	U.S.P.		Not transmitted person-to-person
Avian Flu	Airborne & Contact		Consult Infection Control
Babesiosis	U.S.P.		
Bedbugs	Contact		Equipment stays in room Notify EVS. Follow policy
Botulism	U.S.P.		Consult Infection Control
Brucellosis	U.S.P.		
Burns	U.S.P.		Private room. Additional precautions as ordered by MD
Candida auris	Contact/Special **		Contact IPC ** Enhanced cleaning, bleach
Chickenpox (Varicella)	Airborne + Contact	Until lesions are dried and crusted	Non-immune HCW - report exposures to OHW. Non-immune HCW must be reassigned.
Chlamydia pneumoniae	Droplet	Duration of illness	
Cholera	Contact	Duration of illness	
C. difficile	Contact Enteric	Duration of hospitalization and readmission if within 60 days of positive testing	Wash hands with soap and water. Cleaning-Bleach based products
Covid-19	Airborne +Contact N95, eye protection, gowns and gloves	Minimally 10 days	Contact IPC
Coxsackie Virus disease (Hand, foot, and mouth)	U.S.P.		Contact for diapered or incontinent children
Conjunctivitis (pink eye)	Contact	Duration of illness	
CRE	Contact		Do not downgrade
Creutzfeldt-Jakob's Disease	U.S.P.		Use disposable instruments for contact with neural tissue. CSF infectious. Contact IPC immediately
Cytomegalovirus—CMV	U.S.P.		Risk to fetus, pregnant HCWs must be reassigned
Diarrhea	Contact	Duration of illness (24-48 hrs w/o symptoms)	Consult Infection Control
Diphtheria Pharyngeal Cutaneous	Droplet Contact	Off antibiotics and culture negative	
Draining Lesions: Major-Not Contained Minor-Contained	Contact U.S.P.	Until drainage stops or can be contained	
Ebola	Droplet, Contact, Airborne	Duration of illness	See "Ebola Preparedness policy"
Epididymitis H-Flu	Droplet	24 hours after appropriate ABX treatment started	
Enterocolitis,	Contact	Duration of illness	Wash hands with soap and water. Contact ICP
Enterovirus D68	Droplet, Contact	Duration of illness	
Encephalitis, viral	U.S.P.		
ESBL	Contact		Do not downgrade
Fleas	Contact		1) Pt. belongings must be bagged and single knotted. 2) Notify environmental services
Furunculosis	Contact		

<b>Gastroenteritis:</b> <b>Bacterial</b> Campylobacter C difficile E coli O157 Salmonella Shigella Yersinia Vibrio-Cholera <b>Giardia</b> <b>Cryptosporidium</b> <b>Viral</b> Rotavirus Norovirus Norwalk virus	Contact  Contact Enteric	Duration of illness	Use mask to clean up vomit and feces
<b>Hepatitis, Viral</b> Type A Type B HBsAG Carrier Non A-Non B (Type C) Type D Type E Type G	Contact U.S.P. U.S.P. U.S.P. U.S.P. Contact U.S.P.	Duration of hospitalization	
<b>Herpes</b> Simplex, HSV Zoster/Disseminated more than one dermatome involved Zoster, Localized (shingles)	U.S.P. Airborne/Contact  Contact	Until lesions are dried and crusted	Non immune HCWs should be reassigned. Report exposures to OHW
HIV, (AIDS)	U.S.P.		If blood to blood exposure call OHW
Human metapneumovirus	Contact	Duration of illness	
Immunosuppression Neutropenic	U.S.P. Protective		Private Room Avoid Fresh Fruit, vegetables, and flowers
Impetigo	Contact	24 hours post antibiotic treatment	
Influenza	Droplet	7 days from start of symptoms	
<b>Hemorrhagic fever</b> Lassa Fever Arenavirus Bunyavirus Marburg Ebola	Contact, Airborne, Droplet	Duration of illness	Eye protection, double glove, shoe coverings  See separate Ebola policy
Leptospirosis	Contact		
Lice (Pediculosis)	Contact	24 hours post treatment	Use nit comb on patient for several days. Any fabric furniture in room, contact EVS for chemical treatment
Malaria	U.S.P.		
Marburg Virus -See hemorrhagic fever	Contact, Airborne, Droplet	Duration of illness	Eye protection, double glove, shoe coverings.
MDR-GNR	Contact		Do not downgrade
Measles (Rubeola)	Airborne	Duration of illness	Non-immune HCWs should be reassigned. Report exposures to OHW
Measles, German (Rubella) congenital	Droplet Contact	7 days post onset of rash 1 year of age	
Meningitis H-Flu Meningococcus (Neisseria meningitidis) Other (Aseptic Viral)	Droplet Droplet U.S.P.	24 hours after the start of antibiotic treatment	Report exposures to OHW for potential post exposure
Meningococcal Pneumonia	Droplet	24 hours after start of antibiotic treatment	Report exposures-OHW
Meningococcemia	Droplet	24 hours after start of antibiotic treatment	Report exposures-OHW
MERS	Airborne and Contact	Duration of illness	
Monkeypox	Airborne & Contact	Until lesions dried and crusted	Consult IP/C
Mononucleosis	U.S.P.		
MRSA	U.S.P.		

Mumps	Droplet	9 days after onset of Parotid Swelling	Non-immune HCWs must be reassigned, report exposures OHW
Necrotizing Enterocolitis	Contact	Duration of illness	
Necrotizing Fascitis	Contact	Duration of illness	
Parainfluenza virus	Droplet	Duration of illness	
Parvovirus	Droplet		Pregnant HCWs must be reassigned
Pertussis (whooping cough)	Droplet	5 days from the start of treatment	Report exposures to OHW
Plague, Pneumonic	Droplet	72 from the start of treatment	Report exposures to OHW
Pneumonia Adenovirus Burkholderia cepacia Haemophilus influenza Group A strep Meningococcal Mycoplasma MRSA	U.S.P. Droplet, Contact Droplet, Contact Droplet Droplet Droplet Droplet Droplet	Duration of illness 24 hours of antibiotics 24 hours of antibiotics 24 hours of antibiotics Duration of illness	For Cystic Fibrosis Pts.
Polio myelitis	Contact		
Rabies	U.S.P.		Report exposure (bite) to Health department
Rat Bite Fever	U.S.P.		
Relapsing Fever	U.S.P.		
Rhinovirus	Droplet	Duration of illness	
Ringworm	U.S.P.  Contact isolation for HC outbreaks		Transmissible with intense skin to skin contact. Avoid direct contact with infection
RSV (Respiratory Syncytial Virus)	Contact, Droplet	Duration of illness	
Rubella (German Measles) Congenital	Droplet Contact	7 days after onset of rash 1 year of age	Non-immune HCWS must be reassigned
Rubeola (Measles)	Airborne	Duration of illness	Non-immune HCWs must be reassigned
SARS	Airborne & Contact (see SARS attachment)	Duration of illness plus 10 additional days	Goggles or face shield
Scabies	Contact	24 hours post treatment	
Scalden Skin Syndrome (Ritters)	Contact	Duration of illness	
Shingles (localized herpes zoster)	Contact	Until lesions are dried and crusted	Non-immune HCWs must be reassigned
Smallpox (see Attachment B)	Airborne & Contact	Duration of illness	Non-immune HCWs must be reassigned. Report exposures
Streptococcus Group A Pneumonia Pharyngitis (children) Invasive disease Major wound Scarlet fever	Droplet Droplet Droplet Droplet, Contact Droplet	24 hours of treatment with antibiotics	
Syphilis (primary and Secondary with skin and membrane lesions)	U.S.P.		
Tuberculosis Pulmonary, Laryngeal	Airborne	Improving clinically, 3 neg AFB smears. ID Consult	N 95 mask
Tularemia	U.S.P.		
Typhoid Fever	Contact	Duration of illness	
Vaccinia	Contact	Until lesions dried and crusted	Vaccinated HCWs if available otherwise HCW must not have contraindication to vaccine.
Varicella Chickenpox	Airborne, Contact	Until lesions dried and crusted	Non-immune HCWs must be reassigned, report exposures of non-immune HCWs
Varicella (Herpes) Zoster Disseminated (>1 dermatome) Localized (shingles)	Airborne, Contact Contact	Duration of illness	Non-immune HCWs must be reassigned. Report exposures of non-immune HCWs
VRE	U.S.P.		

Whooping Cough (Pertussis)	Droplet	5 days from start of antibiotic treatment	Report exposures OHW
Wound, abscess, lesion Major, uncontained drainage Minor	Contact USP		
Zika Virus	U.S.P.		Work with Local Health department for reporting and testing
NOTE: All transmission driven requires private rooms			
This is not an all- inclusive list, please refer to CDC: <i>Infection Control Guideline for Isolation Precautions</i> for additional information; <a href="https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html">https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html</a>			