

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
A				
Abscess, draining				
Major	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness or until drainage stops or can be contained by dressing	Major: Defined as when the dressing is unable to contain drainage adequately
Minor or limited	Standard	▪ Hand Hygiene ▪ Gloves		Note: Standard precautions include the use of gloves when touching blood, body fluids, and non-intact skin.
Acinetobacter baumannii				
Multidrug-resistant	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	
Acute Flaccid Myelitis/Paralysis				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	If suspected, contact Infection Prevention.
Adenovirus				
Conjunctivitis	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	
Gastroenteritis	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	
Respiratory Infection	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of symptoms	If an aerosol-generating procedure is performed, post the Aerosol Generating Procedure sign. Wear an N95 or PAPR during the procedure and when entering the room within 1 hr after the procedure.

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B				
Bed Bugs				
Initial Discovery	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Contact EVS. Bag patient possessions in two sealed plastic bags. Do not use laundry bags or biohazard bags. Label the bags with the patient's name and instruct the patient not to remove any belongings. If possible, transfer the bags to a trusted family member or visitor, instructing them to wash and dry items using high heat. Next, shower the patient and place them in a clean gown. Transfer the patient to a new bed in a new room. Shut down the vacated room until extermination treatment (if needed) and EVS cleaning are complete.	
Post-intervention	Standard	▪ Hand Hygiene	Contact isolation is no longer required if no additional bedbugs are discovered after the patient is transferred to the new room.	
Bordetella spp. (Pertussis and Whooping Cough)				
B. Pertussis	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection	Until 5 days of effective antibiotic therapy	
B. parapertussis	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection	Until 5 days of effective antibiotic therapy	
Bronchiolitis				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	Initiate isolation when test to rule out viral pathogens is ordered.
Bubonic Plague (See Yersinia pestis)				

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C				
Campylobacter (See Gastroenteritis)				
Candida auris				
Suspect, infection, or colonization	Enhanced Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	Immediately contact Infection Prevention. Use BLEACH to disinfect surfaces and equipment
Chickenpox (See Varicella)				
Clostridioides difficile				
C. difficile gastroenteritis, enterocolitis	Enhanced Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Consult with Infection Prevention to discontinue precautions.	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated upon exiting the room. Use BLEACH to disinfect surfaces and equipment
Congenital rubella (German measles)				
	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	During ANY admission until the infant is 1 year of age unless nasopharyngeal and urine cultures are repeatedly negative for virus after age 3 months	
Conjunctivitis				
Acute bacterial	Standard			
Acute viral	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	Adenovirus is the most common cause of viral conjunctivitis, also enterovirus and coxsackie.
COVID-19 confirmed or suspect				
	Contact Droplet Airborne	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Eye Protection ▪ Gloves	Consult with Infection Prevention to discontinue precautions.	

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Coxsackievirus disease (Hand, Foot, and Mouth Disease)				
Infants and young children	Contact	- Hand Hygiene - Gown - Gloves	Duration of illness	
CPO / CRE / CRO (See Multidrug-Resistant Organisms)				
Croup (infants and young children only)				
When clinical syndrome is suspected and/or no organism identified on further testing	Contact Droplet	- Hand Hygiene - Gown - Mask + Eye Protection - Gloves	Duration of illness or until a specific pathogen is known	Initiate isolation when test is ordered to rule out viral pathogens.

D

Decubitus ulcer, infected				
Major	Contact	- Hand Hygiene - Gown - Gloves	Duration of illness	Major: Defined as when the dressing is unable to contain drainage adequately
Minor or limited	Standard	- Hand Hygiene - Gloves		Note: standard precautions include the use of gloves when touching blood, body fluids, and non-intact skin.
Diarrhea - Infectious (See also Gastroenteritis)				
Of unknown etiology	Enhanced Contact	- Hand Hygiene - Gown - Gloves	Duration of illness	Hand Hygiene with soap and water (not alcohol based hand rub) is indicated until cause of diarrhea is determined.
Diphtheria (<i>Corynebacterium diphtheriae</i>)				
Cutaneous	Contact	- Hand Hygiene - Gown - Gloves	Until off antibiotics and 2 cultures collected at least 24 hours apart are negative	
Pharyngeal	Droplet	- Hand Hygiene - Mask + Eye Protection	Until off antibiotics and 2 cultures collected at least 24 hours apart are negative	

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E				
Enterovirus (coxsackievirus disease, echovirus, hand foot and mouth disease, herpangina, pleurodynia)				
Infants and young children	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	
All other patients	Standard			
Epiglottitis (due to Haemophilus influenzae type b)				
	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection		
ESBL (See Multidrug-Resistant Organisms)				

F				
Furunculosis, staphylococcal, in infants and young children				
	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	

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G				
Gastroenteritis				
Campylobacter	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
E. coli	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Norovirus	Enhanced Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Adult and pediatric hematology/oncology/BMT patients: Duration of hospitalization All others: Enteric Contact isolation can be discontinued if (1) patient has had no diarrhea for ≥48 hours AND (2) patient has been transferred to clean room	Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with BLEACH. Focus on restrooms even when apparently unsoiled. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination.
Parasitic (Cryptosporidium , Giardia lamblia)	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Rotavirus	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Contact isolation can be discontinued if (1) patient has had no diarrhea for ≥48 hours AND (2) patient has been transferred to clean room.	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
Salmonella (including S. typhi)	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Shigella (Bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Vibrio cholerae (Cholera)	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Vibrio parahaemolyticus	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	
Yersinia enterocolitica	Standard		Use Contact Precautions for diapered or incontinent persons for the Duration of illness or to control institutional outbreaks.	

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H				
Hepatitis, viral Type A				
Diapered or incontinent patients	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	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	
Herpes simplex				
Mucocutaneous – Recurrent (skin, oral, genital)	Standard	▪ Hand Hygiene	Until mucocutaneous lesions are dry and crusted	
Mucocutaneous - Disseminated or primary, severe	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until lesions are dry and crusted	Contact precautions are required for patients with a severe primary infection or disseminated infection.
Labor and Delivery – Maternal history of HSV w/ NO active genital lesions with or w/o skin or oral lesions.	Standard	▪ Hand Hygiene	Standard Precautions: for both mother and infant	
Labor and Delivery – Mom w/ active genital lesions	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	DURATION OF PRECAUTIONS: Maternal: until lesions are dried and crusted over.	
Labor and Delivery – Infant born to mother with active genital lesions	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	ASYMPTOMATIC EXPOSED INFANTS: Maintain contact precautions if 1) delivered vaginally; OR 2) delivered by C-section and membranes have been ruptured for more than 4 hours. Contact precautions may be dc'd at 4 weeks OR when infant surface cultures obtained at 24-36 hours of age are negative after 48 hours incubation. SYMPTOMATIC INFANTS w/ MUCOCUTANEOUS LESIONS: Maintain contact precautions until lesions are dry and crusted	
ACTIVE HSV LESIONS (oral, skin, or genital): stress good Hand Hygiene and not to touch lesion. Oral: instruct the mother to wear a disposable surgical mask when touching the newborn infant until the lesions have crusted. The mother should not kiss or nuzzle the newborn until lesions have cleared. Skin: Herpetic lesions on other skin sites should be covered. VISITORS Cold Sores & Visitors: Educate the mother to screen visitors for cold sores. If visitors' cold sores are recurrent, they may visit and follow the same guidelines as the mother would. If visitors are unsure if this is their first time having a cold sore, they should not visit. OTHER CONSIDERATIONS: Breastfeeding: Temporarily interrupted if there is a breast lesion. When only one breast has a lesion, breastfeeding may occur on the non-infected breast.				

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Mother's EBM Supplementation: Permitted, ONLY if NO PART of the breast pump flange comes in contact with the lesion of the dressing. If the flange or any part of the breast pump comes in contact with the lesion or dressing the EBM must be discarded. Maternal/Infant Separation: Required ONLY if condition is severe and/or disseminated with multiple lesions. DOES NOT require maternal-infant separation when maternal HSV status is recurrent or primary Location: open crib in mother's room or incubator isolation away from other newborns in a <i>designated isolation area</i> PROCEDURES: Newborn Care and Feeding Outside Incubator: The newborn may be removed from the incubator for Newborn Care and Feeding by the asymptomatic band-holder wearing PPE and following isolation precautions in the mother's room or the <i>designated isolation area</i> . Circumcision: The newborn may be circumcised in a nursery circumcision room or a designated procedure room. Terminal cleaning required after procedure if procedure performed away from the mother's room or the <i>designated isolation area</i> . Car Seat Challenge: Testing may be performed in the mother's room or the <i>designated isolation area</i> .				
Herpes zoster (Shingles) [Dermatome Map]				
Disseminated disease in any patient	Airborne Contact	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Gloves	Until lesions are dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available.
Localized disease in immunocompromised patient	Airborne Contact	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Gloves	Until lesions are dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available.
Localized in patient with intact immune system	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until lesions are dry and crusted	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Human metapneumovirus				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of illness	

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I				
Impetigo				
	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until 24 hours after initiation of effective therapy	
Infectious condition uncertain				
Fever – Labor and Delivery Settings	Contact Droplet Precautions IF respiratory symptoms present	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until infectious condition ruled out	Breastfeeding: Temporary interruption if ordered by the medical provider Mother's EBM Supplementation: Temporary interruption if ordered by the medical provider Maternal/Infant Separation: Should be offered to the mother or should occur if ordered by the medical provider Location: Incubator isolation that may be in the Well Newborn Nursery Procedures: If able, delay circumcision or the car seat challenge test until infectious condition ruled-out
Fever – Non-Labor and Delivery Settings	Contact Droplet Precautions IF respiratory symptoms present	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until infectious condition ruled out	
Signs & Symptoms of Respiratory Illness	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until infectious condition ruled out	
Signs & Symptoms of Respiratory Illness – Infants and Young Children	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Until infectious condition ruled out	

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Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
Influenza (seasonal influenza)				
Adult	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	At least 7 days after illness onset or until 24 hours after the resolution of fever coupled w/ an improvement of respiratory symptoms, whichever is longer.	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative If an aerosol-generating procedure is performed, post the Aerosol Generating Procedure sign. Wear an N95 or PAPR during the procedure and when entering the room 1 hr after the procedure.
Children	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	At least 7 days after illness onset or until 24 hours after the resolution of fever coupled w/ an improvement of respiratory symptoms, whichever is longer.	
Labor and Delivery	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	At least 7 days after illness onset or until 24 hours after the resolution of fever coupled w/ an improvement of respiratory symptoms, whichever is longer.	
Breastfeeding: Temporary interruption Mother's EBM Supplementation: Permitted Maternal-Infant Separation: Recommended or should occur if ordered by the medical provider LOCATION: Incubator Isolation Asymptomatic newborn: may be in well newborn nursery ONLY if the minimum distance between the isolation incubator and another bed is at least 6 feet AT ALL TIMES Symptomatic Newborn: MAY NOT be in the well newborn nursery. Requires separate isolation area. PROCEDURES Newborn Care and Feeding: The newborn may be removed from the isolation incubator by an asymptomatic band-holder wearing PPE and following isolation precautions in a SEPARATE PRIVATE LOCATION. The room must be terminally cleaned after the Newborn Care and Feeding. Circumcision: Newborn may be circumcised in the nursery circumcision room or a designated procedure room. Room must be terminally cleaned after the procedure. Car Seat Challenge: Testing is performed in a separate location. Room must be terminally cleaned after screening.				
Influenza, Avian (H5N1, H7N9)				
	Contact Droplet Airborne	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Eye Protection ▪ Gloves		If suspected or confirmed, IMMEDIATELY contact Infection Prevention.

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Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
L				
Lice				
Head lice	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until 24 hours after initiation of effective therapy, which requires at least two treatments spaced at least 7 days apart. Bag patient possessions in two sealed plastic bags. Do not use laundry bags or biohazard bags. Label the bags with the patient's name and instruct the patient not to remove any belongings. If possible, transfer the bags to a trusted family member or visitor, instructing them to wash and dry items using high heat.	
Body lice	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until 24 hours after initiation of effective therapy, which requires at least two treatments spaced at least 7 days apart. Bag patient possessions in two sealed plastic bags. Do not use laundry bags or biohazard bags. Label the bags with the patient's name and instruct the patient not to remove any belongings. If possible, transfer the bags to a trusted family member or visitor, instructing them to wash and dry items using high heat.	
Pubic lice	Standard			

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Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
M				
Measles (See Rubeola)				
Meningitis				
Haemophilus influenzae, type b (known or suspected)	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection	Until 24 hours after initiation of effective therapy	
Neisseria meningitidis (known or suspected)	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks.
Meningococcal disease: sepsis, pneumonia, meningitis				
	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks.
Multidrug-Resistant Organisms				
CPO / CRE / CRO (Carbapenemase-Producing Organism / Carbapenem Resistant Enterobacterales / Carbapenem Resistant Organism)				
Carbapenemase-gene positive (CPO)	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	If suspected or confirmed, IMMEDIATELY contact Infection Prevention.
Carbapenemase-gene negative	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	
History or Colonization	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	
ESBL (Extended Spectrum Beta-Lactamase producing organisms)				
Active Infection, Colonization, or History within 6 months	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization	
History greater than 6 months – HIGH RISK	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	See Appendix C	
History greater than 6 months – LOW RISK	Standard	▪ Hand Hygiene	See Appendix C	

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MDRO/XDRO (Multidrug-Resistant Organism / Extensively Drug-Resistant Organism)				
Active Infection	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	
History or Colonization	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	
MRSA (Methicillin Resistant Staphylococcus aureus)				
Active Infection, Colonization, or History within 6 months	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization	
History greater than 6 months – HIGH RISK	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	See Appendix A	
History greater than 6 months – LOW RISK	Standard	▪ Hand Hygiene	See Appendix A	
VISA/VRSA (Vancomycin Intermediate or Resistant Staphylococcus aureus)				
Active Infection	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	If suspected or confirmed, IMMEDIATELY contact Infection Prevention.
History or Colonization	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	If suspected or confirmed, IMMEDIATELY contact Infection Prevention.
VRE (Vancomycin Resistant Enterococci)				
Active Infection, Colonization, or History within 6 months	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization	
History greater than 6 months – HIGH RISK	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	See Appendix B	
History greater than 6 months – LOW RISK	Standard	▪ Hand Hygiene	See Appendix B	

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Mpox				
	Contact Droplet Airborne	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Eye Protection ▪ Gloves	Please continue isolation until the case is discussed with Infection Prevention. Isolation will be needed until lesions have crusted, those crusts have separated, and a fresh layer of healthy skin has formed underneath.	If suspected or confirmed, IMMEDIATELY contact Infection Prevention.
MRSA (See Multidrug-Resistant Organisms)				
Mumps				
	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 5 days after the onset of swelling	Susceptible HCWs should not provide care if immune caregivers are available. HCWs should use masks regardless of immune status.
Mycoplasma pneumoniae				
	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	

N

Norovirus (See [Gastroenteritis](#))

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P				
Parainfluenza				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of illness	Initiate isolation when test is ordered to rule out viral pathogens
Parechovirus				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	
Parvovirus B19 (Erythema infectiosum)				
Immunocompromised patient	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	For duration of hospitalization when chronic disease occurs	Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred.
Patient with transient aplastic or red-cell crisis	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Seven days from symptom onset if known. Use date of identification if symptom onset date unclear.	
Pertussis / Parapertussis (See Bordetella)				
Plague (See Yersinia pestis)				

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Pneumonia				
Adenovirus	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Burkholderia cepacia in patients with CF, including respiratory tract colonization	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Unknown	In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Haemophilus influenzae , type b infants and children	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
MDROs	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Consult w/ Infection Prevention	
Meningococcal	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
Mycoplasma (Primary atypical pneumonia)	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Duration of illness	
Streptococcus, Group A	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions are present.
Varicella-Zoster	Airborne Contact	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Gloves	Duration of illness	Susceptible HCWs should not enter room if immune caregivers are available

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Poliomyelitis				
	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	
Pressure Ulcer				
Major	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	Major: Defined as when the dressing is unable to contain drainage adequately
Minor or limited	Standard	▪ Hand Hygiene ▪ Gloves		Note: standard precautions include the use of gloves when touching blood, body fluids, and non-intact skin.
Pseudomonas sp.				
Multi-drug resistant (Carbapenem-resistant)	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of hospitalization and all subsequent admissions	

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R				
Rashes				
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]	Viral Hemorrhagic Fever			
Petechial/ecchymotic with fever (general)	Meningitis			
Vesicular	Shingles ; Chickenpox ; Herpes simplex			
Maculopapular with cough, coryza and fever	Rubeola (measles)			
Respiratory infectious disease, acute (See Infectious Condition Uncertain)				
Respiratory syncytial virus (RSV)				
	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of illness	
Rhinovirus				
Adults	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of illness	*Add Contact Precautions if copious moist secretions and close contact likely to occur
Children	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Adult and Pediatric hematology/oncology/BMT patients: Duration of illness AND retest is negative. All other patients: Duration of illness	

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Rotavirus (See Gastroenteritis)				
Rubella (See also Congenital Rubella)				
(German Measles)	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 7 days after the onset of the rash.	Susceptible HCWs should not provide care if immune caregivers are available. HCWs should use masks regardless of immune status
Rubeola (Measles)				
	Airborne	▪ Hand Hygiene ▪ N95 or PAPR ▪ Gloves	Until 4 days after onset of rash; Duration of illness in immunocompromised	If suspected or confirmed, IMMEDIATELY contact Infection Prevention.
			Susceptible healthcare personnel (HCP) should not enter the 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, use a 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.	

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Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
S				
Salmonella (See Gastroenteritis)				
Scabies				
	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Until 24 hours after initiation of effective therapy, which may requires at least two treatments spaced at least 7 days apart. Bag patient possessions in two sealed plastic bags. Do not use laundry bags or biohazard bags. Label the bags with the patient's name and instruct the patient not to remove any belongings. If possible, transfer the bags to a trusted family member or visitor, instructing them to wash and dry items using high heat.	
Shigella (See Gastroenteritis)				
Shingles (See Herpes Zoster)				
Stenotrophomonas maltophilia				
Critical Care Setting	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves		
Staphylococcal disease (MRSA or MSSA)				
MRSA – Active Infection	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves		
Pneumonia (MSSA)	Standard			
Scalded skin syndrome (MSSA)	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	
Skin, wound, or burn, MAJOR (MSSA)	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	Until drainage stops or can be contained by dressing.

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Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
Streptococcal Disease (group A Streptococcus)				
Pharyngitis	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
Pneumonia	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
Scarlet fever	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
Serious invasive disease	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	Add Contact Precautions for draining wounds
Skin, wound, or burn	Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ Mask + Eye Protection ▪ Gloves	Until 24 hours after initiation of effective therapy	
Syphilis				
Skin and mucous membrane, including congenital, primary, secondary	Standard			Add Contact Precautions for vesicular lesions with drainage that cannot be contained.
Latent (tertiary) and seropositivity without lesions	Standard			

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
T				
Tuberculosis				
Latent (tertiary) and seropositivity without lesions	Standard			
Draining lesions	Airborne Contact	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Gloves	Discontinue isolation only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.	
Latent TB Infection	Standard		Standard precautions when there is no evidence of active pulmonary disease	
Meningitis	Standard		Standard precautions when there is no evidence of active pulmonary disease	
PPD or QFT positive	Standard		Standard precautions when there is no evidence of active pulmonary disease	
Pulmonary (Suspected or Confirmed) OR laryngeal disease	Airborne	▪ Hand Hygiene ▪ N95 or PAPR ▪ Gloves	Consult with Infection Control”“	

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
V				
Varicella-zoster (chickenpox)				
Non-Labor and Delivery Settings	Airborne Contact	- Hand Hygiene - Gown - N95 or PAPR - Gloves	Exposure: until 21 days after exposure if asymptomatic Active: Until ALL lesions are crusted over In immunocompromised host with varicella pneumonia, prolong duration of precautions for Duration of illness.	If suspected, IMMEDIATELY contact Infection Prevention. Administer varicella vaccine ASAP after exposure but within 120 hours to susceptible, exposed persons without contraindications. For those with contraindications, provide varicella zoster immune globulin as soon as possible after exposure and within 10 days. Susceptible healthcare personnel (HCP) should not enter the room if immune HCP are available.
Labor and Delivery Settings	Airborne Contact	- Hand Hygiene - Gown - N95 or PAPR - Gloves	Exposure: Until 21 days after exposure if asymptomatic or until 28 days if Varicella Zoster Immune Globulin or IGIV was administered. Active: until ALL lesions are crusted over	Provide varicella zoster immune globulin as soon as possible after exposure and within 10 days to susceptible exposed pregnant women and newborns whose mother's varicella onset is <5 days before delivery or within 48 hours after delivery.
Breastfeeding: Temporary interruption Mother's EBM Supplementation: Yes, provided no lesions are evident on the breast and must be provided by staff or an asymptomatic band-holder Maternal/Infant Separation: YES if newborn is asymptomatic. If the newborn is born with varicella or develops clinical varicella, the mother and her newborn can be isolated together. Location: The asymptomatic newborn may NOT be in the well newborn nursery. Requires separate isolation area in a negative pressure room. Procedures: Requires pediatric approval for performing circumcision or the car seat challenge test				
Vibrio (See Gastroenteritis)				
VISA/VRSA (See Multidrug-Resistant Organisms)				
VRE (See Multidrug-Resistant Organisms)				

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Infection/Condition	Isolation	PPE	Duration of Precaution(s)	Comments
Viral Hemorrhagic Fever				
(Ebola, Lassa, Marburg, Crimean-Congo)	Airborne Contact Droplet	▪ Hand Hygiene ▪ Gown ▪ N95 or PAPR ▪ Eye Protection ▪ Gloves	Duration of illness	Immediately contact Infection Prevention.

W

Whooping Cough (See [Bordetella](#))

Wound infection

Major	Contact	▪ Hand Hygiene ▪ Gown ▪ Gloves	Duration of illness	“Major” defined as “Dressing does not contain drainage adequately”
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Y

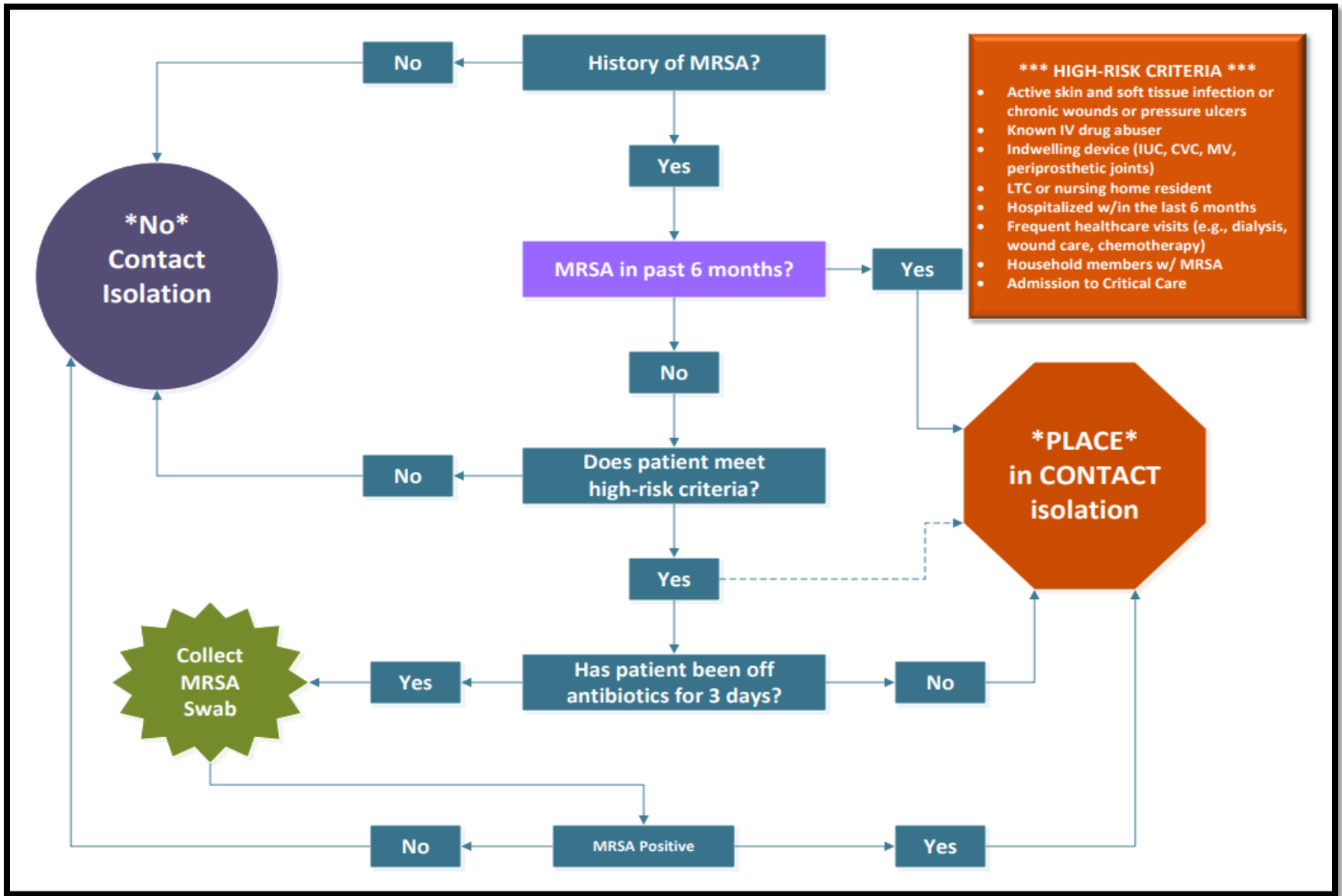
Yersinia enterocolitica (See [Gastroenteritis](#))

Yersinia pestis

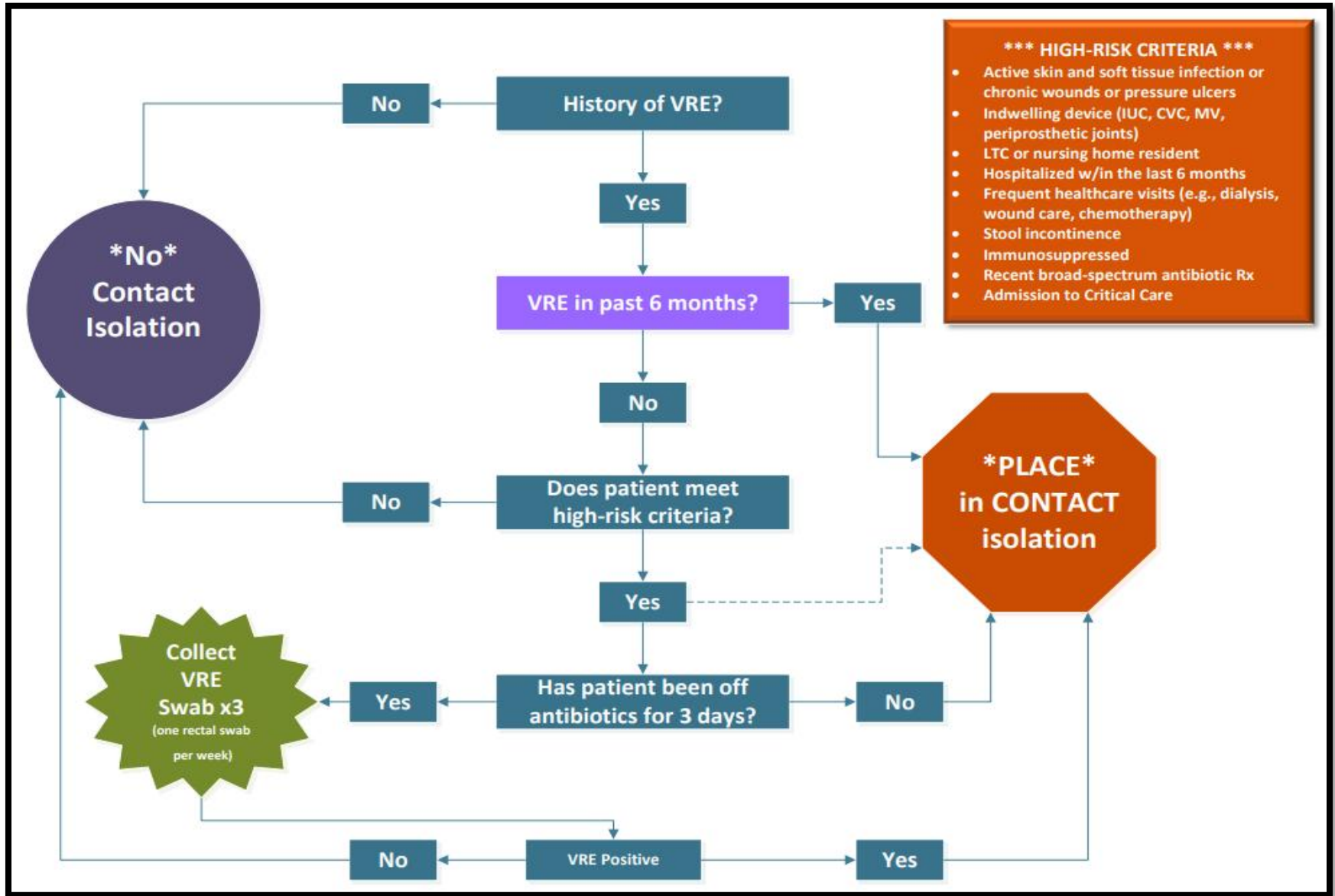
Bubonic	Standard			
Pneumonic	Droplet	▪ Hand Hygiene ▪ Mask + Eye Protection ▪ Gloves	Until 48 hours after initiation of effective therapy	

BMT: Bone marrow transplant; CF: Cystic Fibrosis; HCW: Healthcare Workers; VHF: Viral Hemorrhagic Fever

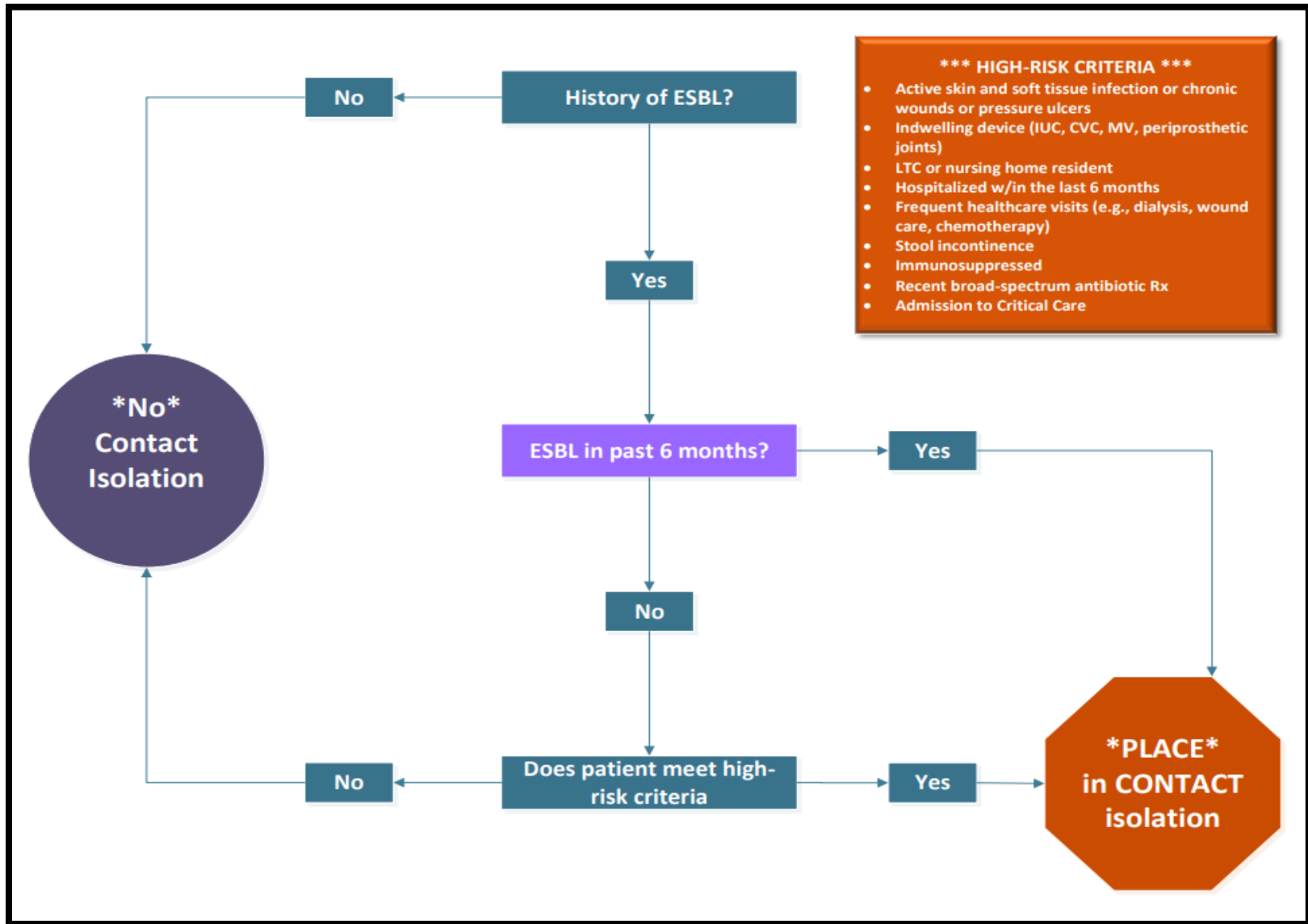
Appendix A - MRSA



Appendix B - VRE

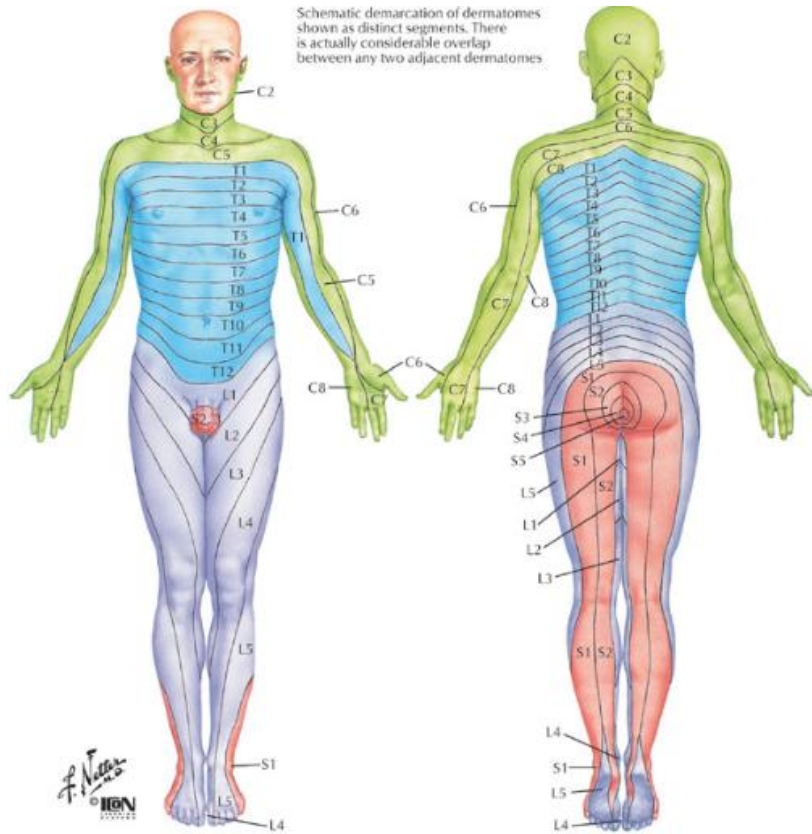


Appendix C - ESBL



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Appendix D – Dermatome Map



Levels of principal dermatomes

C5 Clavicles
C5, 6, 7 Lateral parts of upper limbs
C8, T1 Medial sides of upper limbs
C6 Thumb
C6, 7, 8 Hand
C8 Ring and little fingers
T4 Level of nipples

T10 Level of umbilicus
T12 Inguinal or groin regions
L1, 2, 3, 4 Anterior and inner surfaces of lower limbs
L4, 5, S1 Foot
L4 Medial side of great toe
S1, 2, L5 Posterior and outer surfaces of lower limbs
S1 Lateral margin of foot and little toe
S2, 3, 4 Perineum

