RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 1 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

PURPOSE:

1. To apply transmission based precaution on top of the standard precaution when indicated to reduce the risk of transmission of any pathogens from both recognized and unrecognized sources from:
   - 1.1 Patient to patient
   - 1.2 Patient to healthcare worker
   - 1.3 Healthcare worker to patient
   - 1.4 Healthcare worker to another healthcare worker
   - 1.5 Environment to patient
2. To execute the correct transmission-based precautions after it has been identified and applied the correct room signage to the patient's chart and patient's door entrance.
3. To ensure that the patient and the patient transporter are protected during patient transport while keeping the movement of the patient to a minimum.

DEFINITIONS:

Isolation Precautions - are special precautionary measures, practices, and procedures used in the care of patients with contagious or communicable diseases. These types of precautions help prevent the spread of pathogens in the hospital. Anybody who visits a hospital patient who has an isolation sign outside their door should stop at the nurses' station before entering the patient's room.

Standard Precautions - are routine Infection Prevention Control precautions that should apply to ALL patients, in ALL health-care settings regardless of suspected or confirmed infection, in any setting where health care is delivered. It is intended to minimize spread of infection associated with health care, and to avoid direct contact with patients' blood, body fluids, secretions and, non-intact skin (including rashes), and Mucous membranes. The Standard Precaution Components are as follows:

1. Hand hygiene
2. Use of personal protective equipment
3. Respiratory hygiene/ cough etiquette
4. Appropriate patient placement
5. Environmental controls (Clean and disinfected environmental surfaces)
6. Handle Textiles and laundry carefully
7. Needles and other sharps safety
8. Patient care equipment and instruments/devices
9. Safe injection practices
10. Infection control practice for special lumbar procedure

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 2 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Transmission-based Precautions - the second tier of basic Infection Control, used in additions to standard precaution, for patients who maybe infection or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. The following are the Categories of Transmission Based Precautions:

a) Contact Precautions- YELLOW
b) Droplet Precautions- GREEN
c) Airborne Precautions- BLUE
d) Protective Environment (PE)- ORANGE

Contact Precautions - used for patients with known or suspected infections spread by direct patient contact or indirect contact with items in the patient's environment (e.g norovirus, rotavirus, draining abscesses, head lice).

Droplet Precautions - used for patients with known or suspected to be infected with microorganisms transmitted by large respiratory droplets (large-particle droplets {>5 um in size}) that can be generated by the patient during coughing, sneezing, talking, (e.g include influenza, pertussis, meningococcal disease).

Airborne Precautions - used for patients with known or suspected infections spread by airborne particles (< 5 microns in size) which remain suspended in the air for a long time. Wearing of fit tested respirator or well fitted n95 mask must be used in handling such patients. (e.g. tuberculosis, measles, and SARS).

Protective Environment (PE) - placing a high-risk immunocompromised patient in a protective environment in order to prevent them from acquiring infections. Healthcare workers practice protective isolation to make sure that patients with weakened immune systems are not exposed to organisms that could potentially lead to infection and serious complications. (e.g. cancer patients, patients with comorbidities, hemodialysis patients).

RESPONSIBILITY:

Physicians, Residents, Post Graduate Intern (PGI's), Junior Interns (JI), Nursing Service Division, Ancillary Division, Infection Prevention and Control Unit, Housekeeping Personnel, Security Officer, Dietary Personnel

POLICY:

1. There are the two (2) tiers of precautions to prevent transmission of infectious agents according to Hospital Infection Control Practices Advisory Committee (HICPAC) and Centers for Disease and Control (CDC), the Standard Precautions and Transmission-Based Precautions. The same are adapted and is being practiced in Dr. Pablo O. Torre Memorial Hospital (DPOTMH).

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 3 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

2. All patients in the hospital are potentially source of infection. Thus, Standard Precautions shall be observed by all healthcare workers including auxiliary personnel, security officers, dietary and house keeping personnel at all times in any setting where health care is delivered.

3. Once an infectious/contagious case is confirmed by the Attending Physician/Internist/Infectious Disease Consultant and determines the transmission-based precaution, the Nurse shall apply and implement the correct transmission-based precaution signage.

4. The Nurse on duty shall inform the Infection Prevention Control Unit of the patient's information, status, and room number via phone call.

5. The Infection Prevention Control Nurse verifies the type of disease and the transmission-based precaution used and checks the patient's chart for confirmation and health education. The IPCU staff shall document the patient's case using the *(Isolation Precaution Bundle Checklist - DPOTMH-IPCU-F029).*

6. Patients with infectious case shall be isolated in a single/ regular private room or transfer to the institutional isolation facility. Cohorting of patients may be done with other patients of the same condition. If with infectious disease consultant on board, recommendation will follow.
   - 6.1 If patient will be transferred to the Isolation Facility, donning and doffing of personal protective equipment shall be observed. Ensure correct protective PPE for patient and healthcare worker transport.
   - 6.2 If the patient is placed in a single/regular private room. The healthcare worker can don before entering the patient's room and doff 6 feet away from the patient. PPE shall be disposed properly.
   - 6.3 Do not wear the same gown and gloves for the care of more than one patient.
   - 6.4 Gloves are not a replacement for hand hygiene. Perform hand hygiene before and after wearing of gloves.

7. Immunocompromised and immunosuppressive patients on therapy shall be placed on protective environment.

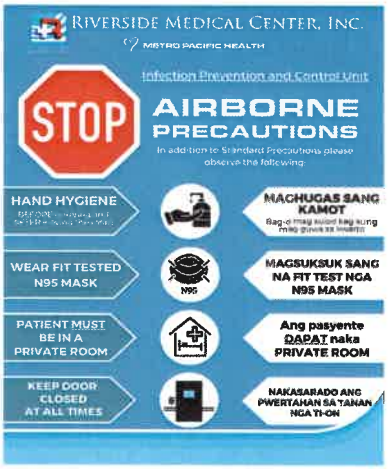
8. All healthcare workers handling infectious/ contagious patients shall utilize the correct personal protective equipment in corresponding to the transmission based-precaution. Hence, rational use of personal protective equipment (PPE) of our healthcare workers shall be observed.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 4 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

9. Supply of PPE's shall be available for all hospital staff.

10. The Nurse shall apply the corresponding transmission-based precaution signage on the patient's door entrance, inside patient's room (back of the door) and patient's chart.

Airborne Precaution



Contact Precaution

Droplet Precaution

11. During intra-facility transfer, the Nurse notifies the receiving area and the transporter of the case of the patient. If the patient is on Airborne or Droplet precautions, the patient is transported wearing a surgical face mask.

12. The wheelchair or stretcher used shall be cleaned and disinfected with a hospital-grade disinfectant every after use.

13. The duration of transmission-based precaution shall be disease specific and upon the clinical assessment of the Attending Physician/ Internal Medicine Consultant or the infectious disease consultant on board. *(Please refer to Appendix D)*

14. The room vacated by the patient shall be terminally cleaned according to its diagnosis. The medical devices used shall be thoroughly cleaned and disinfected by the approved hospital-grade disinfectant.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 5 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

PROCEDURE (SOP):

ISOLATION PRECAUTIONS

1. The Nurse on duty informs the Infection Control Unit of the patient's information, status, and room number either via phone call or may sends a text message of the patient's details. The staff nurse is advised to observe the standard precautions at all times in any setting where health care is delivered.
2. The Infectious Prevention and Control Nurse verifies the type of disease and the transmission-based precaution used and checks the patient's chart for confirmation and health education.
3. Appropriate personal protective equipment must be worn by the staff on the corresponding transmission-based precaution. Adherence to the correct procedural steps of proper donning and doffing of personal protective equipment, and proper disposal, must be strictly observed.
4. After the disease has been determined to be infectious, the Nurse must place the corresponding transmission-based precaution signage outside the patient's room, inside patient's room(back of the door) and on top of the patient's chart.
5. The Staff Nurse must endorse to the receiving unit of the patient's case during the intra-facility transfer.
6. The patient and the patient transporter must wear the appropriate personal protective equipment prior the transport.
7. The Attending Physician/ Internal Medicine Consultant or if with infectious disease consultant on board, determines the transmission-based isolation precautions is to be lifted or discontinued.
8. The room vacated by the patient must be terminally cleaned according to its diagnosis by the house keeping personnel.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 6 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

SCHEDULING OF PATIENTS WITH COMMUNICABLE DISEASE FOR ELECTIVE PROCEDURES

- Standard Precautions must be applied to all patients who will undergo elective surgery unless otherwise determined, the transmission based-precaution.
- Patients diagnosed with transmission based-precaution must be scheduled on last case, if possible, disinfection with the hospital grade disinfectant will follow after the surgery.
- Appropriate and correct personal protective equipment specific to the type of precaution used shall be maintained and strictly observed.
- The area and equipment utilized by the patient with infectious case will undergo terminal cleaning.

1. The Nurse verifies and refers back to the resident, physician or infectious disease consultant on board for re-evaluation of the patient's test results.
2. If with active infectious status, the nurse coordinates with the OR personnel for the schedule of the elective procedure, preferably, to be on last case.
3. The Nurse endorses to the receiving area the type of transmission based-precaution to the receiving end for the appropriate personal protective equipment to be worn.
4. If the patient is not infectious, he/she may assume any schedule of the procedure and must follow standard precaution.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 7 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

EXIT ROUTE FOR DISCHARGED EMERGING AND RE-EMERGING INFECTIOUS DISEASES AND COVID – 19 PATIENTS

- **For Improved or Recovered EREID and Suspect, Probable or Confirmed Covid-19 patients:**
  - All improved or recovered Suspect, Probable or Confirmed Covid-19 cases to be discharged must exit through the main lobby entrance.
  - It shall be ensured that patients being discharged must wear face mask while in the hospital vicinity.
  - Intubated Suspect, Probable or Confirmed Covid-19 patients to be transferred to a different hospital, shall exit through the main lobby entrance.
  - Patient transporters for Suspected, Probable or Covid-19 positive cases must abide with the use of the recommended personal protective equipment while transporting patient to the ISOLATION FACILITY.
    - Patient transporters for Suspected, Probable or Covid-19 positive cases must doff in the designated doffing area prior to going back to their designated station/unit.
    - Patient transporters assisting Covid-19 Recovered patients for discharged shall wear taffeta/ disposable gown and an N95 mask.
  - All patient transporters must doff/remove the PPE and discard properly to the dedicated disposal bins after the patient transport completion before entering the hospital vicinity.

- **For Expired Patients:**
  - Expired patients shall be placed in a double bag and labeled with "Covid-19 Related Case-Handle with Care" prior to transport.
  - All expired, Suspect, Probable and Confirmed Covid-19 patients or other merging and re-emerging infectious disease shall exit through the chapel.
  - Housekeeping personnel shall consistently do appropriate disinfection.
  - The elevator used to transport the cadaver and other articles shall be disinfected afterwards with the appropriate and approved hospital grade disinfectant with coordination between the Nurse in-charge and Housekeeping Supervisor.
  - Coordination between departments must be done in order to have a smooth flow in the exit of the cadaver.

1. **For Improved or Recovered Suspect, Probable or Confirmed COVID-19 Cases:**
   1.1 Staff Nurse-in-Charge ensures that patient to be discharged wears a face mask.
   1.2 Staff Nurse-in-Charge informs the information desk officer of the discharge prior to wheeling the patient down to the main lobby.

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: ISOLATION PRECAUTIONS			
EFFECTIVE DATE: January 31, 2025	REVISION DUE: January 30, 2028	REPLACES NUMBER: DPOTMH-C-24-P05	NO. OF PAGES: 8 of 87
APPLIES TO: All Employees of the RMCI		POLICY TYPE: Administrative	

1.3 Auxiliary personnel wears appropriate PPE prior to transporting the patient to be discharged.
1.4 Auxiliary personnel wheels down patient via wheelchair or stretcher to the main lobby and assists patient in boarding the transport vehicle.
1.5 Auxiliary personnel removes and properly discards used PPE in dedicated disposal bins.

2. **For Expired Patients:**
2.1 Staff nurse-in-charge places the remains of the expired Suspect, Probable or Confirmed Covid-19 patient in a double bag and labels it with "Covid-19 Related Case-Handle with Care". Using Heavy duty tape and smear-proof marking pen.
2.2 The Nursing Supervisor on duty coordinates with the auxiliary, security and housekeeping department to facilitate transport once the funeral service has arrived in the hospital vicinity.
2.3 The Auxiliary personnel will don full PPE and pick up the cadaver from the room.
2.4 Using a stretcher with cadaver transport cover, the auxiliary personnel transports the cadaver from the isolation facility towards the annex elevator.
2.5 CRO/ Security Guard ensures that foot traffic at the ground floor areas must be cleared of people prior to the passage of the cadaver.
2.6 Upon exiting the annex elevator the cadaver will be wheeled through the back passageway of the Department of Imaging Sciences (DIS) towards the Outpatient Department and through the East Entrance and exits to the chapel.
2.7 The funeral service on standby will have to receive the cadaver and load straight into their vehicle to the receiving and immediately transport it to receiving funeral parlor.
2.8 After endorsing the cadaver, auxiliary personnel will properly doff their PPEs at the point of exit and do proper hand hygiene.
2.9 The Housekeeping personnel disinfects the elevator using the approved hospital grade disinfectant.
2.10 The Housekeeping personnel disinfects the stretcher and all other articles used during the transport of the cadaver prior to returning it to the unit.
2.11 The elevator and the chapel remains inaccessible until disinfection has been done.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 9 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

TRANSPORTING PATIENT WITH COMMUNICABLE DISEASE

- All hospital personnel involved in patient care shall adhere to the guidelines on standard precaution.
- Guidelines on Standard Precautions shall be observed especially when in anticipation of/or contact with blood or any body fluids.
- Transmission-based precautions shall be applied for any patient in isolation throughout his/her transport.
- The receiving area shall be informed of the patient's category of isolation prior to his/her arrival.

1. The doctor or nurse assesses the patient for any communicable disease.
2. Once the communicable condition is determined, the Nurse calls the IPCU of the patient's condition.
3. Doctor/Nurse categorizes the patient according to the type of isolation that is appropriate to his/her condition.
4. IPCU Nurse informs the Nurse on Duty of the transmission-based precaution that is necessary in the given situation.
5. The Nurse places a notice on the front part of the chart and at the door outside the patient's room indicating the type of isolation.
6. During intra-facility transfer, the nurse notifies the receiving area and the transporter of the case of the patient.
7. The Nurse assists the patient in changing his/her hospital color-coded gowns specific to the type of isolation.
8. If the patient is on Airborne or Droplet precautions, the patient is transported wearing a procedure mask.
9. The area, wheelchairs and stretchers are cleaned and disinfected with a hospital-grade disinfectant after use by a patient on isolation.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 10 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

WORK INSTRUCTION:

ISOLATION PRECAUTIONS

KEY TASKS	PERSON RESPONSIBLE
1. Informs the IPCU of the patient's information, status, and room number via phone call or through a text message.	Nurse on-duty
2. Places the corresponding transmission based-precaution signage outside the patient's room and on top of the patient's chart.	
3. Endorses the patient's case to the receiving unit during intra-facility transfer.	
4. Verifies the type of disease and the transmission based-precaution used and checks the patient's chart for confirmation and health education.	IPCU Nurse
5. Wears appropriate PPE based on the corresponding transmission based precaution.	Nurse/ Nursing Attendant/ or other healthcare workers providing care to the patient
6. Wears appropriate personal protective equipment prior the transport.	Auxiliary Personnel
7. Determines when the transmission-based isolation precautions is to be lifted or discontinued.	Attending Physician/ Internal Medicine Consultant/ Infectious Disease Consultant
8. Performs terminal cleaning of the room vacated by the patient.	Housekeeping personnel

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 11 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

SCHEDULING OF PATIENTS WITH COMMUNICABLE DISEASE FOR ELECTIVE PROCEDURES

KEY TASKS	PERSON RESPONSIBLE
1. Verifies and refers back to the resident, physician or infectious disease consultant on board for re-evaluation of the patient's test results.	Nurse
2. If with active infectious status, coordinates with the OR personnel for the schedule of the elective procedure, preferably, to be on last case.	
3. Endorses to the receiving area the type of transmission based-precaution to the receiving end.	
4. Wears the appropriate personal protective equipment to be worn.	Receiving Nurse

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 12 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

EXIT ROUTE FOR DISCHARGED EMERGING AND RE-EMERGING INFECTIOUS DISEASES AND COVID – 19 PATIENTS

KEY TASKS	PERSON RESPONSIBLE
For Improved or Recovered Suspect, Probable or Confirmed Covid-19 Cases	
1. Ensures that patient to be discharged wears a face mask.	Staff Nurse
2. Informs the Information Staff on duty of the discharge prior to wheeling the patient down to the main lobby.	
3. Wears appropriate PPE prior to transporting the patient to be discharged.	Auxiliary Personnel
4. Wheels down patient via wheelchair or stretcher to the main lobby and assists patient in boarding the transport vehicle.	
5. Removes and properly discards used PPE in dedicated disposal bins.	
For Expired Patients	
1. Places the remains of the expired Suspect, Probable or Confirmed Covid-19 patient in a double bag and labels it with "Covid-19 Related Case – Handle with Care" using Heavy duty tape and smear-proof marking pen.	Staff Nurse
2. Coordinates with the auxiliary, security and housekeeping department to facilitate transport once the funeral service has arrived in the hospital vicinity.	Nurse Supervisor
3. Dons full PPE and pick up the cadaver from the room.	Auxiliary
4. Transports the cadaver from the isolation facility towards the annex elevator.	
5. Ensures that foot traffic at the ground floor areas must be cleared of people prior to the passage of the	CRO/ Security Guard

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 13 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

cadaver.	
6. Properly doffs PPEs at the point of exit and does proper hand hygiene after endorsing the cadaver.	Auxiliary personnel
7. Disinfects the elevator and chapel, stretcher and all other articles used during the transport of the cadaver prior to returning it to the unit.	Housekeeping personnel

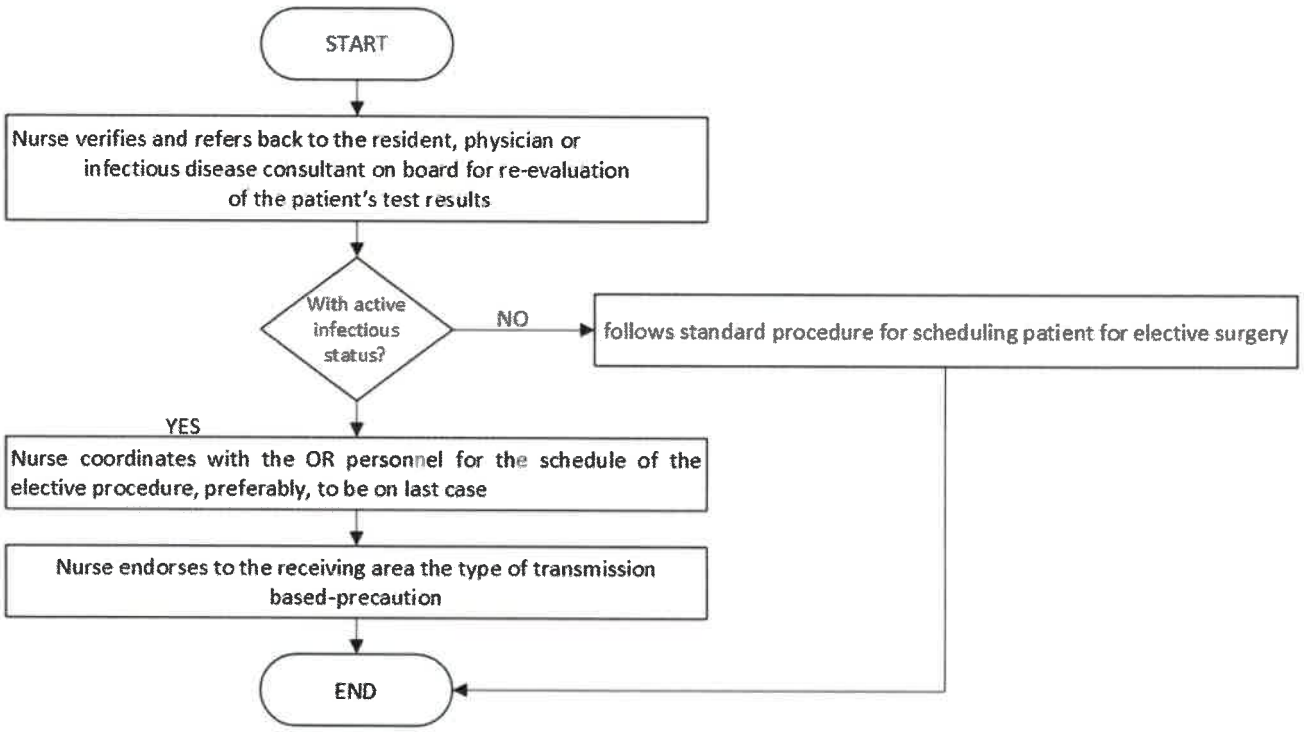
TRANSPORTING PATIENT WITH COMMUNICABLE DISEASE

KEY TASKS	PERSON RESPONSIBLE
1. Adheres to the guidelines of standard precaution and applies the transmission-based precaution once communicable case of the patient is confirmed.	Hospital Personnel
2. Clean and disinfect the area, wheelchair and stretcher previously occupied by a patient with communicable case.	
3. Performs assessment to the patient to determine his/her particular case.	Doctor
4. Classifies the patients according to their type of isolation based on their condition.	
5. Follows through the assessment of the doctor and facilitates in identification of communicable case.	Nurse
6. Classifies the patients according to their type of isolation based on their condition.	
7. He/she shall see to it that transmission-based precaution with standard precaution is followed throughout the course of intra-facility transfer.	
8. Verifies the correct implementation of placement of patients.	IPCU Nurse
9. Complies with the Standard Precaution and Transmission-based Precaution.	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 14 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

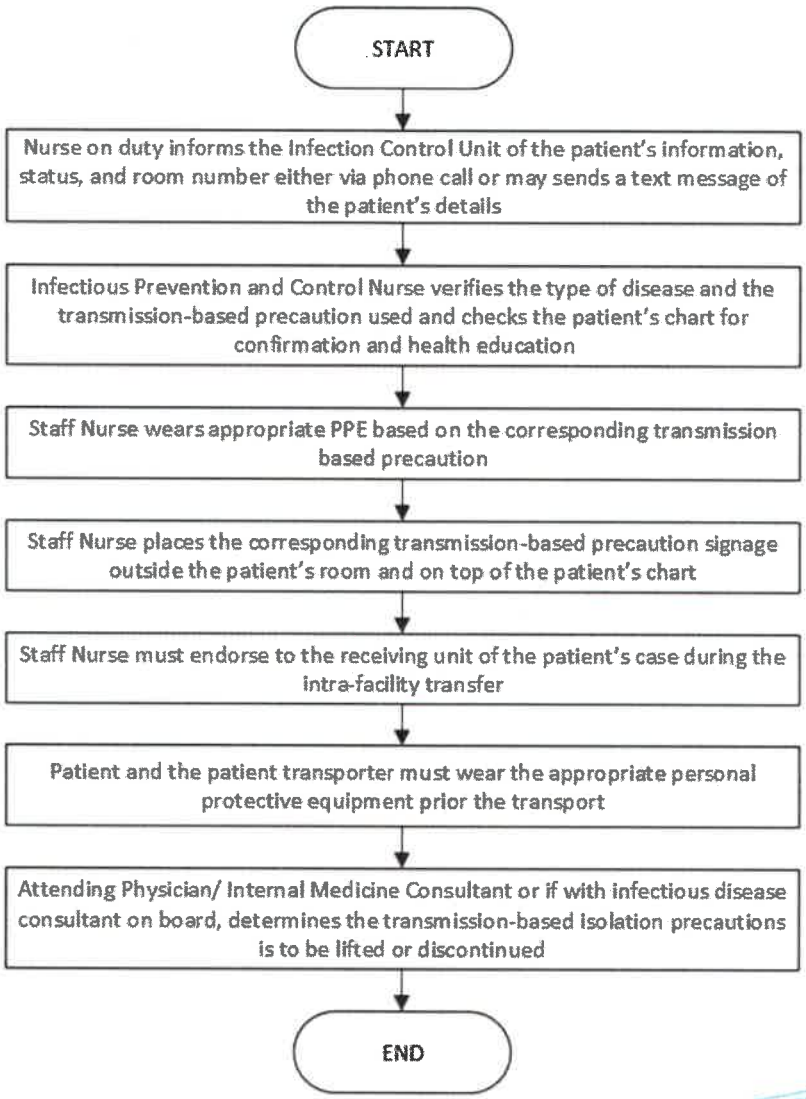
WORK FLOW:

ISOLATION PRECAUTIONS



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 15 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

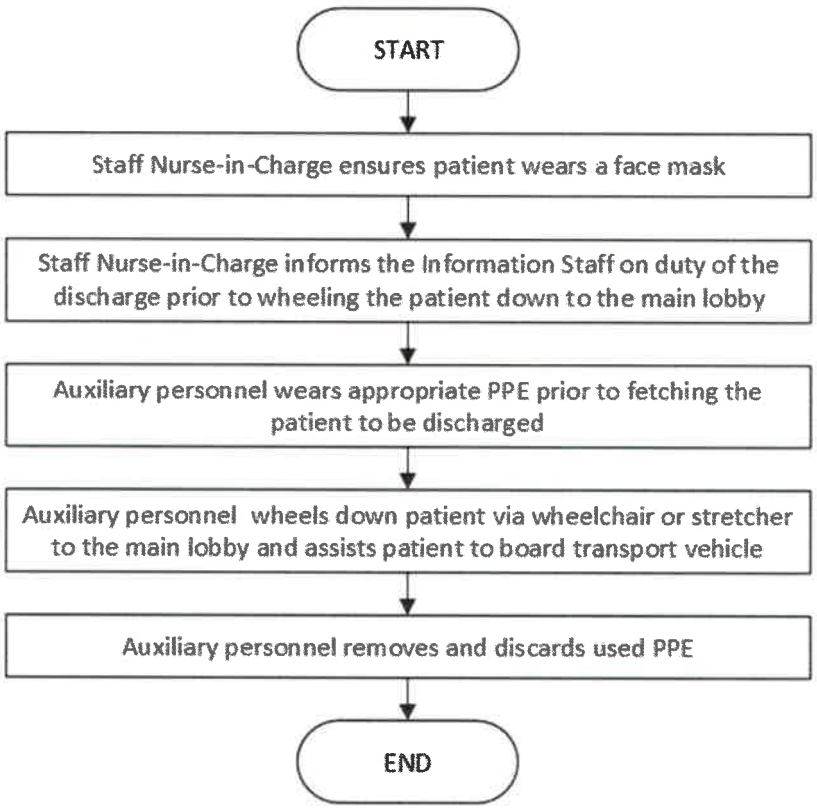
SCHEDULING OF PATIENTS WITH COMMUNICABLE DISEASE FOR ELECTIVE PROCEDURES



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 16 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

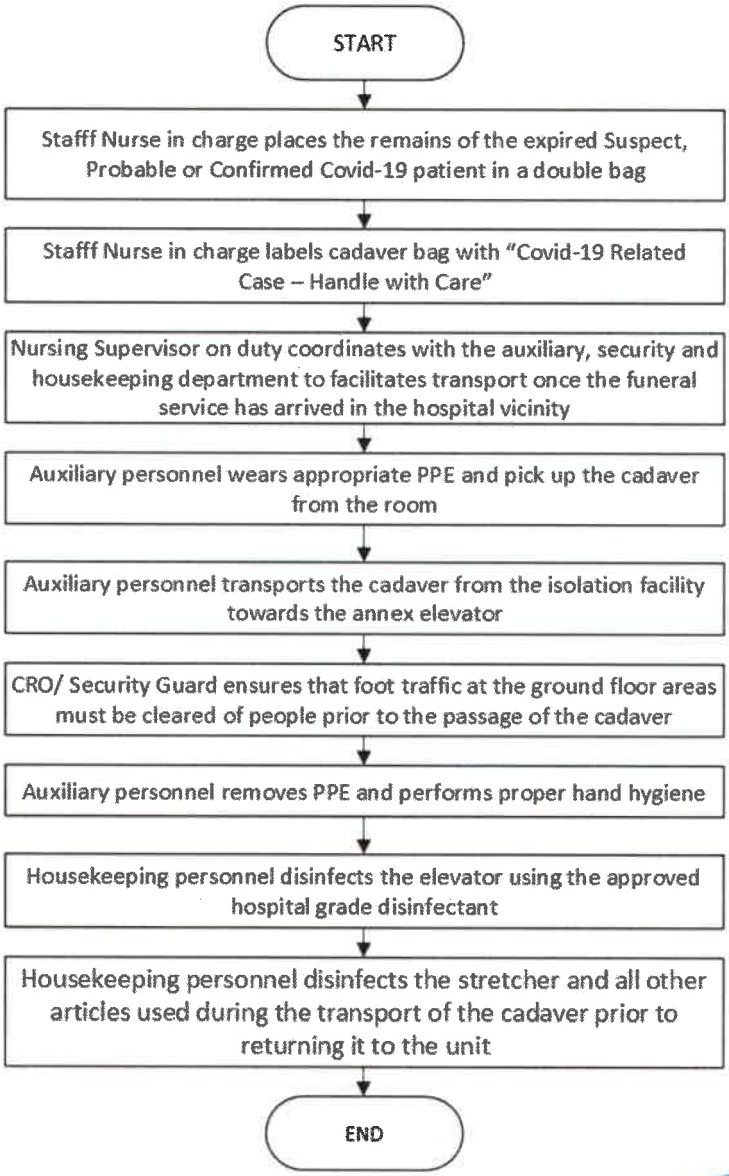
EXIT ROUTE FOR DISCHARGED EMERGING AND RE-EMERGING INFECTIOUS DISEASES AND COVID – 19 PATIENTS

For Improved or Recovered Suspect, Probable or Confirmed Covid-19 Cases



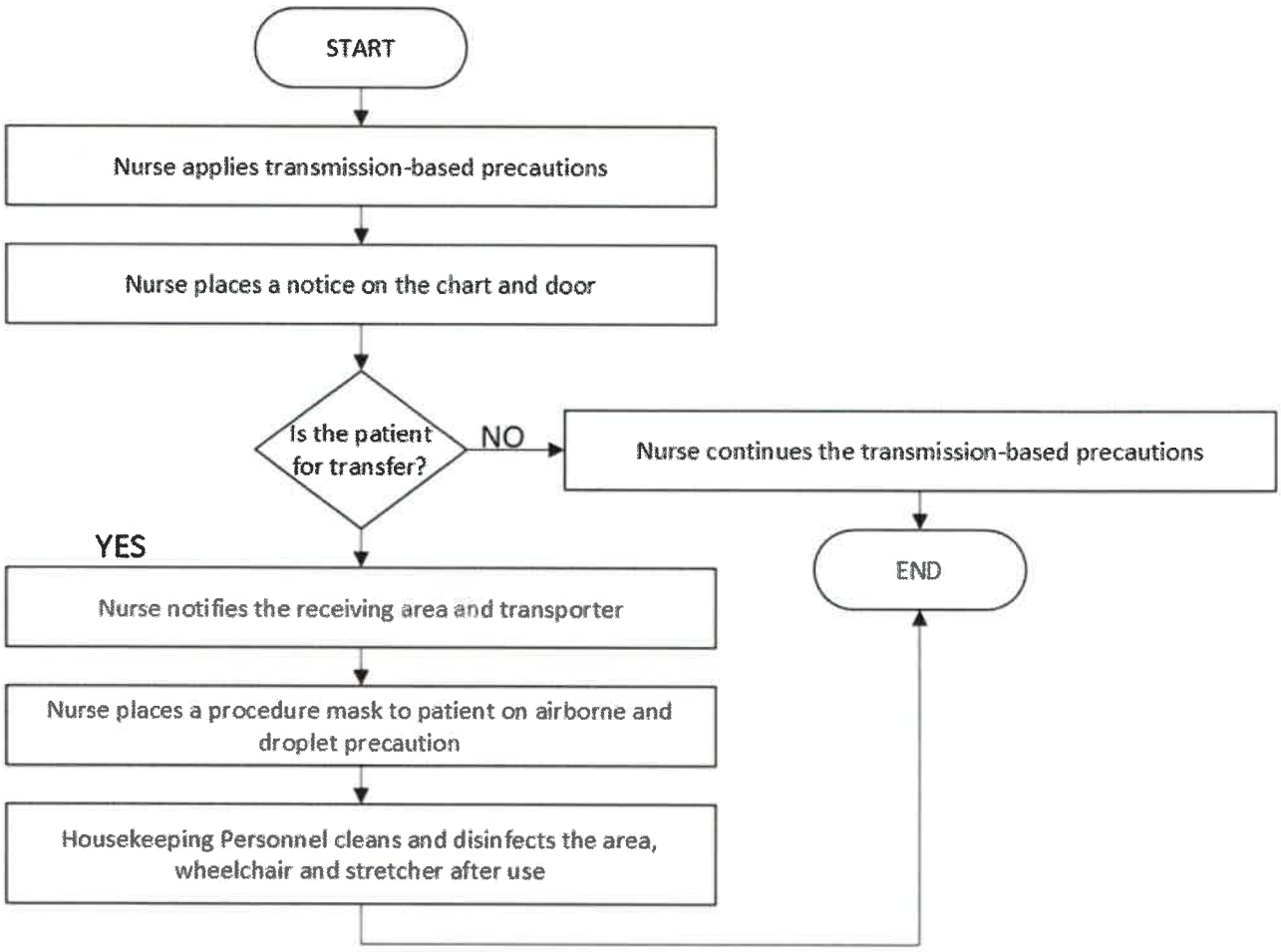
DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 17 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

For Expired Patients



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 18 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

TRANSPORTING PATIENT WITH COMMUNICABLE DISEASE



DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 19 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

FORMS:

1. **DPOTMH-IPCU-F029 (01)**

APPENDIX A:

Standard Precaution Components for the Care of all patients.

I. **Hand Hygiene**

During the delivery of healthcare, avoid unnecessary touching of surfaces in close proximity to the patient to prevent both contamination of clean hands from environmental surfaces and transmission of pathogens from contaminated hands to surfaces.

When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with either a nonantimicrobial soap and water or an antimicrobial soap and water.

If hands are not visibly soiled, or after removing visible material with nonantimicrobial soap and water, decontaminate hands in the clinical situations described below. The preferred method of hand decontamination is with an alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water. Frequent use of alcohol-based hand rub immediately following handwashing with nonantimicrobial soap may increase the frequency of dermatitis.

- Before touching/having direct contact with patients.
- Before clean/aseptic procedures.
- After contact with blood, body fluids, secretions, excretions, mucous membranes, nonintact skin, wound dressings, contaminated items.
- After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient) and between patient contacts.
- If hands will be moving from a contaminated-body site to a clean-body site during patient care.
- Immediately after removing gloves.
- After touching the patients and between patient contacts.
- After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient)
- After touching patient's surroundings.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 20 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- Before preparing the patient's medications and parenteral feeding.
- Before eating.
- After toilet use.

Wash hands with non-antimicrobial soap and water or with antimicrobial soap and water if contact with spores (e.g.,*C. Difficile* or Bacillus anthracis) is likely to have occurred. The physical action of washing and rinsing hands under such circumstances is recommended because alcohols, chlorhexidine, iodophors, and other antiseptic agents have poor activity against spores.

Do not wear artificial fingernails or extenders if duties include direct contact with patients at high risk for infection and associated adverse outcomes (e.g., those in ICUs or operating rooms)

II. **Personal Protective Equipment (PPE)**

Wear PPE when the nature of the anticipated patient interaction indicates that contact with blood or body fluids may occur.

Prevent contamination of clothing and skin during the process of removing PPE.

See Figure in SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE

Before leaving the patient's room or cubicle, remove and discard PPE

Gloves	• For touching blood, body fluids, secretions, excretions, contaminated items. • For touching mucous membranes and non intact skin (Rashes). • Wear gloves with fit and durability appropriate to the task. • Wear disposable medical examination gloves for providing direct patient care. • Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment. • Remove gloves after contact with a

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 21 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

	patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination. Do not wear the same pair of gloves for the care of more than one patient. • Change gloves during patient care if the hands will move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).
Mask, Eye Protection, Face Shield	• During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. • Perform hand hygiene after doffing. • Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed. • During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are not suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g., M. tuberculosis, SARS or hemorrhagic fever viruses), wear one of the following: a face shield that fully covers the front and sides of the face, a mask with attached shield, or a mask and goggles (in addition to gloves and gown).
Gown	• During procedures and patient-care activities when contact of clothing/exposed skin with blood/body

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 22 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

	fluids, secretions, excretions, that may generate splashes or sprays of blood, is anticipated. • Remove gown and perform hand hygiene before leaving the patient's environment. • Do not reuse gowns, even for repeated contacts with the same patient. • Routine donning of gowns upon entrance into a high risk unit (e.g., ICU, NICU) is not indicated.
III. **Respiratory Hygiene**	
• Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within ambulatory and inpatient settings with instructions to patients and other persons with symptoms of a respiratory infection to cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been in contact with respiratory secretions. • Provide tissues and no-touch receptacles (e.g., foot-pedal-operated lid or open, plastic-lined waste basket) for disposal of tissues. • Provide resources and instructions for performing hand hygiene in or near waiting areas in ambulatory and inpatient settings; provide conveniently-located dispensers of alcohol-based hand rubs and, where sinks are available, supplies for handwashing. • Offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility or medical office and encourage them to maintain special separation, ideally a distance of at least 3 feet, from others in common waiting areas.	
IV. **Appropriate Patient Placement**	
Include the potential for transmission of infectious agents in patient-placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available Determine patient placement based on the following principles: • Route(s) of transmission of the known or suspected infectious agent • Risk factors for transmission in the infected patient	

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 23 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- Risk factors for adverse outcomes resulting from an HAI in other patients in the area or room being considered for patient-placement
- Availability of single-patient rooms
- Patient options for room-sharing (e.g., cohorting patients with the same infection)

V. **Environment Control**

- Clean and disinfect surfaces that are likely to be contaminated with pathogens, including those that are in close proximity to the patient (e.g., bed rails, over bed tables) and frequently-touched surfaces in the patient care environment (e.g., door knobs, surfaces in and surrounding toilets in patients' rooms) on a more frequent schedule compared to that for other surfaces (e.g., horizontal surfaces in waiting rooms)
- Use EPA-registered disinfectants that have microbiocidal (i.e., killing) activity against the pathogens most likely to contaminate the patient-care environment. Use in accordance with manufacturer's instructions.
- Review the efficacy of in-use disinfectants when evidence of continuing transmission of an infectious agent (e.g., rotavirus, *C. difficile*, norovirus) may indicate resistance to the in-use product and change to a more effective disinfectant as indicated.
- Develop procedures for routine care, cleaning and disinfection of environment surfaces, especially frequently touched surfaces in patient-care areas.
- ATP monitoring/ checking is done randomly and when necessary or required in any location in the healthcare facility.
- ATP monitoring helps ensure that surfaces and equipment are properly cleaned and disinfected. High levels of ATP can indicate the presence of organic matter, including potential pathogens, that could lead to infections. Regular monitoring can help prevent healthcare-associated infections (HAIs) by ensuring that cleaning protocols are effective.
- High-touch surfaces, such as doorknobs, bed rails, and light switches, are frequently touched and are potential vectors for the spread of infections. ATP monitoring of these surfaces helps ensure they are properly cleaned and reduces the risk of cross-contamination.
- Implementing ATP monitoring as part of a quality assurance program helps healthcare facilities maintain high standards of cleanliness. It supports ongoing evaluation and improvement of cleaning practices, ensuring that all areas of the facility remain safe for patients, staff, and visitors.
- ATP monitoring is performed by a trained Healthcare Worker.
- This is conducted by the IPCU Team (at present) but can be performed also by other staff like Hospital Quality Assurance/Compliance Teams and Facility Managers.

VI. **Textiles and Laundry**

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 24 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.
- Handle in a manner that prevents transfer of microorganisms to others and to the environment.
- If soiled with blood, feces or body fluids, place inside the infectious plastic bag before transport.
- Wear gloves.
- Performs hand hygiene.

VII. **Needles and Other Sharps**

- Do not recap, bend, break, or hand-manipulate used needles.
- If recapping is required, use a one-handed scoop technique only.
- Use safety features when available.
- Place sharps in puncture-resistant container and cover the sharps container all the time.
- Once ¾ full discard and change the sharps container.

VIII. **Safe Injection Practices**

- Use aseptic technique to avoid contamination of sterile injection equipment.
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulae and syringes are sterile, single-use items; they should not be reused for another patient nor to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
- Do not keep multidose vials in the immediate patient treatment area and store in accordance with the manufacturer's recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 25 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

IX. **Patient-care equipment and instruments/devices**

- Contain, transport, and handle patient-care equipment and instruments/devices that may be contaminated with blood or body fluids.
- Remove organic material from critical and semi-critical instrument/devices, using recommended cleaning agents before high level disinfection and sterilization to enable effective disinfection and sterilization processes.
- Wear PPE (e.g., gloves, gown), according to the level of anticipated contamination, when handling patient-care equipment and instruments/devices that is visibly soiled or may have been in contact with blood or body fluids.

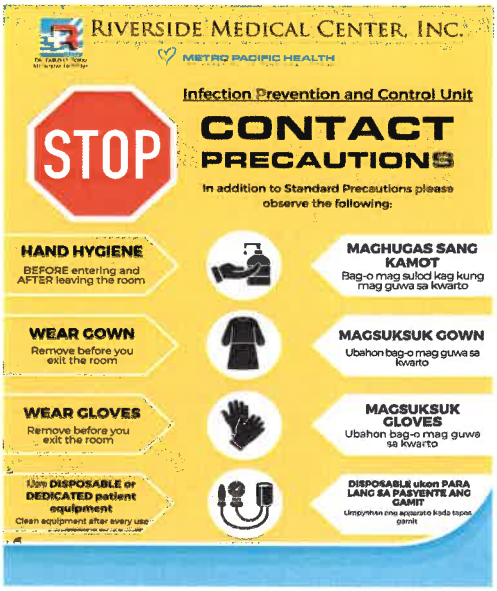
X. **Infection control practices for special lumbar puncture procedures**

- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia)

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 26 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

APPENDIX B:

Guidelines on Transmission Based Precaution Room and Chart Signage

Diseases	Precaution Category
Infected/ colonized patients with Multi-Drug Resistant Organisms (MDRO): • Vancomycin Resistant Enterococcus (VRE), • Carbapenem Resistant Enterococcus (CRO), • Methicillin Resistant Staphylococcus aureus (MRSA), • Extended Spectrum Beta Lactamase positive (ESBL +) Organisms • Scabies, Impetigo • Staphylococcal Scalded Skin Syndrome • Wound or Abscess with uncontained drainage • Poliomyelitis • Conjunctivitis (Sore eyes) • Hand, Foot and Mouth Disease • Hepatitis A (if diapered or incontinent patient) • Parainfluenza Virus • Herpes Simplex • Diarrhea due to: Salmonella, Rotavirus, Norovirus, Shigella, Clostridium difficile • Herpes Zoster	**CONTACT PRECAUTION: YELLOW**  **Room Placement:** Private Room/ Single Room May cohort if same diagnosis.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 27 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Use Contact Precautions for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission.

Patient placement

- Place patients who require Contact Precautions in a single-patient room when available
- When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:
  - Prioritize patients with conditions that may facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.
  - Place together in the same room (cohort) patients who are infected or colonized with the same pathogen and are suitable roommates.

If it becomes necessary to place a patient who requires Contact Precautions in a room with a patient who is not infected or colonized with the same infectious agent:

- Avoid placing patients on Contact Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay).
- Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.
- Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one or both patients are on Contact Precautions.
- In **ambulatory settings**, place patients who require Contact Precautions in an examination room or cubicle as soon as possible.

Use of personal protective equipment

- Gloves
  - Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry into the room or cubicle.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 28 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- **Gowns**
  - Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment.
  - After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces.

Patient transport

- Limit transport and movement of patients outside of the room to medically-necessary purposes.
- When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered.
- Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.
- Don clean PPE to handle the patient at the transport destination.

Patient-care equipment and instruments/devices

- Handle patient-care equipment and instruments/devices according to Standard Precautions.
- In **acute care hospitals and long-term care and other residential settings,** use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

- **In home care settings**
  - Limit the amount of non-disposable patient-care equipment brought into the home of patients on.

- **Contact Precautions**
  - Whenever possible, leave patient-care equipment in the home until discharge from home care services. If noncritical patient-care equipment (e.g., stethoscope) cannot remain in the home, clean and disinfect items before taking them from the home using a low- to intermediate-level disinfectant. Alternatively, place contaminated reusable items in a plastic bag for transport and subsequent cleaning and disinfection.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 29 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- In **ambulatory settings**, place contaminated reusable noncritical patient-care equipment in a plastic bag for transport to a soiled utility area for reprocessing.

- **Environmental measures**
  - Ensure that rooms of patients on Contact Precautions are prioritized for frequent cleaning and disinfection (e.g., at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment in the immediate vicinity of the patient.
  - Discontinue Contact Precautions after signs and symptoms of the infection have resolved or according to pathogen-specific recommendations in Appendix D.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 30 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Diseases	Precaution Category
• Bacterial Meningitis • Meningococcemia • Diphtheria • Bacterial Pneumonia • Seasonal Influenza • Pertussis (whooping cough) • Streptococcal pharyngitis (Scarlet fever) • Hemophilus Influenza Infection • Pharyngitis in Children • Mumps (viral parotitis) • German Measles (Rubella) • Adenovirus • Middle East Respiratory Syndrome Coronavirus (MERS-CoV) • Covid – 19	**DROPLET PRECAUTION: GREEN**  **Room Placement:** Preferably: Private Room/ Single Room May cohort if same diagnosis

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 31 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Use Droplet Precautions as recommended in Appendix D for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets >5µ in size) that are generated by a patient who is coughing, sneezing or talking.

Patient placement

- Place patients who require Droplet Precautions in a single-patient room when available.
- When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:
  - Prioritize patients who have excessive cough and sputum production for single-patient room placement.
  - Place together in the same room (cohort) patients who are infected the same pathogen and are suitable roommates.

If it becomes necessary to place patients who require Droplet Precautions in a room with a patient who does not have the same infection:

- Avoid placing patients on Droplet Precautions in the same room with patients who have conditions.
- that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have or have anticipated prolonged lengths of stay).
- Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for close contact.
- Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one patient or both patients are on Droplet Precautions.
- In **ambulatory settings**, place patients who require Droplet Precautions in an examination room or cubicle as soon as possible. Instruct patients to follow recommendations for Respiratory Hygiene/Cough Etiquette.

Use of personal protective equipment

- Don a mask upon entry into the patient room or cubicle.
- No recommendation for routinely wearing eye protection (e.g., goggle or face shield), in addition to a mask, for close contact with patients who require Droplet Precautions.

Patient transport

- Limit transport and movement of patients outside of the room to medically-necessary purposes.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 32 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- If transport or movement in any healthcare setting is necessary, instruct patient to wear a mask and follow CDC's Respiratory Hygiene/Cough Etiquette in Healthcare Settings.
- No mask is required for persons transporting patients on Droplet Precautions.
- Discontinue Droplet Precautions after signs and symptoms have resolved or according to pathogen-specific recommendations in Appendix D.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 33 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Diseases	Precaution Category
• Pulmonary/ Laryngeal Tuberculosis (suspected/confirmed), AFB(+) PTB, MDR-PTB • Measles (Rubeola) • SARS • Chickenpox (Varicella) • Disseminated Herpes Zoster	**AIRBORNE PRECAUTION: BLUE**  **Room Placement:** Private/ Single Room with a negative air pressure.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 34 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Use Airborne Precautions as recommended in Appendix D for patients known or suspected to be infected with infectious agents transmitted person-to-person by the airborne route.

Patient placement

- Place patients who require Airborne Precautions in an AIIR that has been constructed in accordance with current guidelines
- Provide at least six (existing facility) or 12 (new construction/renovation) air changes per hour.
- Direct exhaust of air to the outside. If it is not possible to exhaust air from an AIIR directly to the outside, the air may be returned to the air-handling system or adjacent spaces if all air is directed through HEPA filters.
- Whenever an AIIR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers).
- Keep the AIIR door closed when not required for entry and exit.
- When an AIIR is not available, transfer the patient to a facility that has an available AIIR
- In the event of an outbreak or exposure involving large numbers of patients who require Airborne Precautions:
  - Consult infection control professionals before patient placement to determine the safety of alternative room that do not meet engineering requirements for an AIIR.
  - Place together (cohort) patients who are presumed to have the same infection (based on clinical presentation and diagnosis when known) in areas of the facility that are away from other patients, especially patients who are at increased risk for infection (e.g., immuno-compromised patients).
  - Use temporary portable solutions (e.g., exhaust fan) to create a negative pressure environment in the converted area of the facility. Discharge air directly to the outside, away from people and air intakes, or direct all the air through HEPA filters before it is introduced to other air spaces.

In ambulatory settings:

- Develop systems (e.g., triage, signage) to identify patients with known or suspected infections that require Airborne Precautions upon entry into **ambulatory settings.**
- Place the patient in an AIIR as soon as possible. If an AIIR is not available, place a surgical mask on the patient and place him/her in an examination room. Once the patient leaves, the room should remain vacant for the appropriate time, generally one hour, to allow for a full exchange of air.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 35 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

- Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once in an AIIR, the mask may be removed; the mask should remain on if the patient is not in an AIIR.

Personnel restrictions

- Restrict susceptible healthcare personnel from entering the rooms of patients known or suspected to have measles (rubeola), varicella (chickenpox), disseminated zoster, or smallpox if other immune healthcare personnel are available.

1. **Use of PPE**

   1.1 Wear a fit-tested NIOSH-approved N95 or higher level respirator for respiratory protection when entering the room or home of a patient when the following diseases are suspected or confirmed:

   1.2 Infectious pulmonary or laryngeal tuberculosis or when infectious tuberculosis skin lesions are present and procedures that would aerosolize viable organisms (e.g., irrigation, incision and drainage, whirlpool treatments) are performed

   1.3 Smallpox (vaccinated and unvaccinated). Respiratory protection is recommended for all healthcare personnel, including those with a documented "take" after smallpox vaccination due to the risk of a genetically engineered virus against which the vaccine may not provide protection, or of exposure to a very large viral load (e.g., from high-risk aerosol-generating procedures, immunocompromised patients, hemorrhagic or flat smallpox

- **Suspected measles, chickenpox or disseminated zoster**
  - No recommendation is made regarding the use of PPE by healthcare personnel who are presumed to be immune to measles (rubeola) or varicella-zoster based on history of disease, vaccine, or serologic testing when caring for an individual with known or suspected measles, chickenpox or disseminated zoster, due to difficulties in establishing definite immunity.

- **Suspected measles, chickenpox or disseminated zoster**
  - No recommendation is made regarding the type of personal protective equipment (i.e., surgical mask or respiratory protection with a N95 or higher respirator) to be worn by susceptible healthcare personnel who must have contact with patients with known or suspected measles, chickenpox or disseminated herpes zoster.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 36 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Patient transport

- Limit transport and movement of patients outside of the room to medically-necessary purposes.
- If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette
- For patients with skin lesions associated with varicella or smallpox or draining skin lesions caused by *M. tuberculosis*, cover the affected areas to prevent aerosolization or contact with the infectious agent in skin lesions
- Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.

Exposure management

Interim Measles Infection Control

Immunize or provide the appropriate immune globulin to susceptible persons as soon as possible following unprotected contact (i.e., exposed) to a patient with measles, varicella or smallpox:

- Administer measles vaccine to exposed susceptible persons within 72 hours after the exposure or administer immune globulin within six days of the exposure event for high-risk persons in whom vaccine is contraindicated
- Administer varicella vaccine to exposed susceptible persons within 120 hours after the exposure or administer varicella immune globulin (VZIG or alternative product), when available, within 96 hours for high-risk persons in whom vaccine is contraindicated (e.g., immunocompromised patients, pregnant women, newborns whose mother's varicella onset was <5 days before or within 48 hours after delivery).
- Administer smallpox vaccine to exposed susceptible persons within 4 days after exposure.
- Discontinue Airborne Precautions according to pathogen-specific recommendations in Appendix D.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 37 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Diseases	Precaution Category
All Immunocompromised and Immunosuppressed Inpatient(s)	**PROTECTIVE ENVIRONMENT: ORANGE**  **Room Placement:** Private/ Single Room

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 38 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Place allogeneic hematopoietic stem cell transplant (HSCT) patients in a Protective Environment as described in the "Guideline to Prevent Opportunistic Infections in HSCT Patients," the "Guideline for Environmental Infection Control in Health-Care Facilities," and the "Guidelines for Preventing Health-Care-Associated Pneumonia, 2003" to reduce exposure to environmental fungi (e.g.,*Aspergillus*spp.)

No recommendation for placing patients with other medical conditions that are associated with increased risk for environmental fungal infections (e.g., aspergillosis) in a Protective Environment.

1. **Environmental controls**

   - Filter incoming air using central or point-of-use high efficiency particulate (HEPA) filters capable of removing 99.97% of particles ≥0.3 µm in diameter.
   - Direct room airflow with the air supply on one side of the room that moves air across the patient bed and out through an exhaust on the opposite side of the room.
   - Ensure positive air pressure in room relative to the corridor (pressure differential of ≥2.5 Pa [0.01-in water gauge])
   - Monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips)
   - Ensure well-sealed rooms that prevent infiltration of outside air.
   - Ensure at least 12 air changes per hour.

1. Lower dust levels by using smooth, nonporous surfaces and finishes that can be scrubbed, rather than textured material (e.g., upholstery). Wet dust horizontal surfaces whenever dust detected and routinely clean crevices and sprinkler heads where dust may accumulate.
2. Avoid carpeting in hallways and patient rooms in areas.
3. Prohibit dried and fresh flowers and potted plants.
4. Minimize the length of time that patients who require a Protective Environment are outside their rooms for diagnostic procedures and other activities.
5. During periods of construction, to prevent inhalation of respirable particles that could contain infectious spores, provide respiratory protection (e.g., N95 respirator) to patients who are medically fit to tolerate a respirator when they are required to leave the Protective Environment
6. No recommendation for fit-testing of patients who are using respirators.
7. No recommendation for use of particulate respirators when leaving the Protective Environment in the absence of construction.
8. Use Standard Precautions as recommended for all patient interactions.
9. Implement Droplet and Contact Precautions as recommended for diseases listed in Appendix A. Transmission-Based precautions for viral infections may need to be prolonged because of the

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: ISOLATION PRECAUTIONS			
EFFECTIVE DATE: January 31, 2025	REVISION DUE: January 30, 2028	REPLACES NUMBER: DPOTMH-C-24-P05	NO. OF PAGES: 39 of 87
APPLIES TO: All Employees of the RMCI		POLICY TYPE: Administrative	

patient's immunocompromised state and prolonged shedding of viruses.

10. Barrier precautions (e.g., masks, gowns, gloves) are not required for healthcare personnel in the absence of suspected or confirmed infection unless indicated according to Standard Precautions or if recommended for source control (e.g., mask) for any individual entering the protective environment room.
11. Implement Airborne Precautions for patients who require a Protective Environment room and who also have an airborne infectious disease (e.g., pulmonary or laryngeal tuberculosis, acute varicella-zoster).
12. Ensure that the Protective Environment is designed to maintain positive pressure.
13. Use an anteroom to further support the appropriate air-balance relative to the corridor and the Protective Environment; provide independent exhaust of contaminated air to the outside or place a HEPA filter in the exhaust duct if the return air must be recirculated.
14. If an anteroom is not available, place the patient in an AIIR and use portable, industrial-grade HEPA filters in the room to enhance filtration of spores.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 40 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

APPENDIX C:

Recommended for Transmission-based Precautions for the care of all patients

Transmission Based Precaution	Room Placement	PPE
Airborne	Private/ Single specific ventilation requirements Negative Air Pressure	Well Fitted N95 mask
Contact	Private/Single	Gloves Gown
Droplet	Private/Single	Surgical Mask (N95) Aerosols generated procedure
Protective Environment	Private /Single	PPE as necessary

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 41 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

APPENDIX D:

Type and Duration of Precautions Recommended for Selected Infections and Conditions

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Abscess Draining, major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing
Abscess Draining, minor or limited	Standard		If dressing covers and contains drainage
Acquired human immunodeficiency syndrome (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures.
Actinomycosis	Standard		Not transmitted from person to person.
Adenovirus infection (see agent-specific guidance under Gastroenteritis, Conjunctivitis, Pneumonia)			
Amebiasis	Standard		Person-to-person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons
Andes virus Andes virus	See comments	Duration of precautions should be determined on a case-by-case basis, in	Patient Placement: AIIR PPE: Gown, gloves, eye protection, N95 respirator or higher

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 42 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

		conjunction with local, state, and federal health authorities. Factors that should be considered include, but are not limited to, presence of symptoms, date symptoms resolved, other conditions that would require specific precautions (e.g. tuberculosis, Clo stridium difficile) and available laboratory information.	
Anthrax	Standard		Infected patients do not generally pose a transmission risk.
Anthrax Environmental: aerosolizable sporecontaining powder or other substance		Until environment completely decontaminated	Until decontamination of environment complete . Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002 (https://www.cdc.gov/mmwr/preview/mmwrhtml/m

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 43 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			m5135a3.h tm accessed September 2018).) Hand hygiene: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol handrubs inactive against spores.) Postexposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and Postexposure vaccine under IND.
Antibiotic-associated colitis (see Clostridium difficile)			
Arthropod-borne • viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and • viral fevers (dengue, yellow fever, Colorado tick fever)	Standard		Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis	Standard		Not transmitted from person to person.
Aspergillosis	Standard		Contact Precautions and

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 44 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			Airborne if massive soft tissue infection with copious drainage and repeated irrigations required.
Avian influenza (see Influenza, Avian below)			
Babesiosis	Standard		Not transmitted from person to person, except rarely by transfusion.
Blastomycosis, North American, cutaneous or pulmonary	Standard		Not transmitted from person to person.
Botulism	Standard		Not transmitted from person to person.
Bronchiolitis (see Respiratory Infections in infants and young children)	Contact + Standard	Duration of illness	Use mask according to Standard Precautions.
Brucellosis (undulant, Malta, Mediterranean fever)	Standard		Not transmitted from person to person, except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following laboratory exposure.
Campylobacter gastroenteritis (see Gastroenteritis)			
Candidiasis, all forms including mucocutaneous S	Standard		
Cat-scratch fever (benign	Standard		Not transmitted from

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 45 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

inoculation lymphoreticulosis)			person to person.
Cellulitis	Standard		
Chancroid (soft chancre) (H. ducreyi)	Standard		Transmitted sexually from person to person.
Chickenpox (see Varicella)			
Chlamydia trachomatis Conjunctivitis	Standard		
Chlamydia trachomatis Genital (lymphogranuloma venereum)	Standard		
hlamydia trachomatis Pneumonia (infants ≤3 mos. of age)	Standard		
Chlamydia pneumoniae	Standard		Outbreaks in institutionalized populations reported, rarely.
Cholera (see Gastroenteritis)			
Closed-cavity infection Open drain in place; limited or minor drainage	Standard		Contact Precautions if there is copious uncontained drainage.
Closed-cavity infection No drain or closed drainage system in place	Standard		Not transmitted from person to person.
Clostridium botulinum	Standard		Not transmitted from person to person.
Clostridium difficile (see Gastroenteritis, C. difficile)	Contact + Standard	Duration of illness	
Clostridium perfringens	Standard		Not transmitted from

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 46 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Food poisoning			person to person.
Clostridium perfringens Gas gangrene	Standard	Transmission from person to person rare; 1 outbreak in a surgical setting reported. Use Contact Precautions if wound drainage is extensive.	Transmission from person to person rare; 1 outbreak in a surgical setting reported. Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (valley fever) Draining lesions	Standard		Not transmitted from person to person except under extraordinary circumstances, because the infectious arthroconidial form of Coccidioides immitis is not produced in humans.
Colorado tick fever	Standard		Not transmitted from person to person.
Congenital rubella	Contact + Standard	Until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age.
Conjunctivitis Acute bacterial	Standard		
Conjunctivitis Acute bacterial Chlamydia	Standard		
Conjunctivitis Acute bacterial Gonococcal	Standard		
Conjunctivitis Acute viral (acute hemorrhagic)	Contact + Standard	Duration of illness	Adenovirus most common; enterovirus, Coxsackie virus A24 also associated with community outbreaks.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 47 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings.
Corona virus associated with SARS (SARS-CoV) (see Severe Acute Respiratory Syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (CJD, vCJD)	Standard		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures.
Croup (see Respiratory Infections in infants and young children)			
Crimean-Congo Fever (see	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 48 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Viral Hemorrhagic Fever)			
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant.
Cryptosporidiosis (see Gastroenteritis)			
Cysticercosis	Standard		Not transmitted from person to person
Cytomegalovirus infection, including in neonates and immunosuppressed patients	Standard		No additional precautions for pregnant HCWs.
Decubitus ulcer (see Pressure Ulcer)			
Dengue fever	Standard		Not transmitted from person to person.
Diarrhea, acute-infective etiology suspected (see Gastroenteritis)			
Diphtheria Cutaneous	Contact + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
Diphtheria Pharyngeal	Droplet + Standard	Until off antimicrobial treatment and culture-negative	Until 2 cultures taken 24 hours apart negative.
Ebola virus (see Viral Hemorrhagic Fevers)			Ebola Virus Disease for Healthcare Workers [2014]: Updated recommendations for healthcare workers can be found at Ebola: for Clinicians (https://www.cdc.gov/vhf/e

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 49 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			bola/clinicians/index.html accessed September 2018).
Echinococcosis (hydatidosis)	Standard		Not transmitted from person to person.
Echovirus (see Enteroviral Infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			
Endometritis (endomyometritis)	Standard		
Enterobiasis (pinworm disease, oxyuriasis)	Standard		
Enterococcus species (see Multidrug-Resistant Organisms if epidemiologically significant or vancomycin-resistant)			
Enterocolitis, C. difficile (see Gastroenteritis, C. difficile)			
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks.
Epiglottitis, due to Haemophilus influenzae type b	Droplet + Standard	Until 24 hours after initiation of effective therapy	See specific disease agents for epiglottitis due to other etiologies.
Epstein-Barr virus infection, including infectious mononucleosis	Standard		
Erythema infectiosum (also			

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 50 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

see Parvovirus B19)			
Escherichia coli gastroenteritis (see gastroenteritis)			
Food poisoning Botulism	Standard		Not transmitted from person to person.
Food poisoning C. perfringens or welchii	Standard		Not transmitted from person to person.
Food poisoning Staphylococcal	Standard		Not transmitted from person to person.
Furunculosis, staphylococcal	Standard		Contact if drainage not controlled. Follow institutional policies if MRSA.
Furunculosis, staphylococcal Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		Not transmitted from person to person
Gastroenteritis	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below.
Gastroenteritis Adenovirus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 51 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Gastroenteritis Campylobacter species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Cholera (Vibrio cholerae)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis C. difficile	Contact + Standard	Duration of illness	Discontinue antibiotics if appropriate. Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs.
Gastroenteritis Cryptosporidium species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis E. coli Enteropathogenic O157:H7 and other Shiga toxin-producing strains	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 52 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			institutional outbreaks.
Gastroenteritis E. coli Other species	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Giardia lamblia	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Noroviruses	Update Contact + Standard		Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled. Hypochlorite solutions may be required when there is continued transmission. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: ISOLATION PRECAUTIONS			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 53 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			decontamination. Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks. Gastroenteritis, Noroviruses Precaution Update: The Type of Precaution was updated from "Standard" to "Contact + Standard" to align with Guideline for the Prevention and Control of Norovirus Gastroenteritis Outbreaks in Healthcare Settings (2011)
Gastroenteritis Rotavirus	Contact + Standard	Duration of illness	Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly.
Gastroenteritis Salmonella species (including S. typhi)			Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Shigella species (Bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 54 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			institutional outbreaks.
Gastroenteritis Vibrio parahaemolyticus	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Viral (if not covered elsewhere)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Gastroenteritis Yersinia enterocolitica	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
German measles (see Rubella; see Congenital Rubella)			
Giardiasis (see Gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn)			
Standard			
Gonorrhea	Standard		
Granuloma inguinale (Donovanosis, granuloma venereum)	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 55 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Guillain-Barré syndrome	Standard		Not an infectious condition.
Haemophilus influenzae (see disease-specific recommendations)			
Hand, foot, and mouth disease (see Enteroviral Infection)			
Hansen's Disease (see Leprosy)			
Hantavirus pulmonary syndrome	Standard		Not transmitted from person to person.
Helicobacter pylori	Standard		
Hepatitis, viral Type A	Standard		Provide hepatitis A vaccine postexposure as recommended.
Hepatitis, viral Type A-Diapered or incontinent patients	Contact + Standard		Maintain Contact Precautions in infants and children 14 yrs. of age for 1 week after onset of symptoms.
Hepatitis, viral Type B-HBsAg positive; acute or chronic	Standard		See specific recommendations for care of patients in hemodialysis centers.
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard		See specific recommendations for care of patients in hemodialysis centers.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 56 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Hepatitis, viral Type D (seen only with hepatitis B)	Standard		
Hepatitis, viral Type E	Standard		Use Contact Precautions for diapered or incontinent individuals for the duration of illness.
Hepatitis, viral Type G	Standard		
Herpangina (see Enteroviral Infection)			
Hookworm	Standard		
Herpes simplex (Herpesvirus hominis) Encephalitis	Standard		
Herpes simplex (Herpesvirus hominis) Mucocutaneous, disseminated or primary, severe	Contact + Standard	Until lesions dry and crusted	
Herpes simplex (Herpesvirus hominis) Mucocutaneous, recurrent (skin, oral, genital)	Standard		
Herpes simplex (Herpesvirus hominis) Neonatal	Contact + Standard	Until lesions dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours of age negative after 48 hours

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 57 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			incubation.
Herpes zoster (varicella-zoster) (shingles) Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne + Contact + Standard	Duration of illness	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection (i.e. surgical mask or respirator) for susceptible HCWs.
Herpes zoster (varicella-zoster) (shingles) Localized in patient with intact immune system with lesions that can be contained/covered	Standard	Until lesions dry and crusted	Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Histoplasmosis	Standard		Not transmitted from person to person.
Human immunodeficiency virus (HIV)	Standard		Postexposure chemoprophylaxis for some blood exposures.
Human metapneumovirus	Contact + Standard		HAI reported, but route of transmission not established. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.
Impetigo	Contact + Standard	Until 24 hours after	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 58 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

		initiation of effective therapy	
Infectious mononucleosis	Standard		
Influenza Human (seasonal influenza)			See Prevention Strategies for Seasonal Influenza in Healthcare Settings (https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm accessed September 2018). [Current version of this document may differ from original.] for current seasonal influenza guidance.
Influenza Avian (e.g, H5N1, H7, H9 strains)			See [This link is no longer active: www.cdc.gov/flu/avian/professional/infect-control.htm. Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infectioncontrol.html

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 59 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			accessed September 2018)] for current avian influenza guidance
Influenza Pandemic Influenza (also a human influenza virus)	Droplet + Standard		See [This link is no longer active: http://www.pandemicflu.gov. Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease (https://www.cdc.gov/flu/avianflu/novel-flu-infectioncontrol.html accessed September 2018)] for current pandemic influenza guidance.
Kawasaki syndrome	Standard		Not an infectious condition.
Lassa fever (see Viral Hemorrhagic Fevers)			
Legionnaires' disease	Standard		Not transmitted from person to person.
Leprosy	Standard		
Leptospirosis	Standard		Not transmitted from person to person
Lice Head (pediculosis)	Contact + Standard	Until 24 hours after initiation of effective	See [This link is no longer active:

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 60 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

		therapy	https://www.cdc.gov/ncidod/dpd/parasites/lice/default.htm. Similar information may be found at CDC's Parasites – Lice (https://www.cdc.gov/parasites/lice/index.html accessed September 2018).
Lice Body	Standard		Transmitted person-to-person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance Parasites – Lice (https://www.cdc.gov/parasites/lice/index.html accessed September 2018).
Lice Pubic	Standard		Transmitted person-to-person through sexual contact. See CDC's Parasites – Lice (https://www.cdc.gov/parasites/lice/index.html accessed September 2018).
Listeriosis (Listeria monocytogenes)	Standard		Person-to-person transmission rare; cross-transmission in neonatal settings reported.
Lyme disease	Standard		Not transmitted from person to person.
Lymphocytic choriomeningitis	Standard		Not transmitted from person to person.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 61 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Lymphogranuloma venereum	Standard		
Malaria	Standard		Not transmitted from person to person, except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET containing mosquito repellants and clothing to cover extremities.
Measles (rubeola)	Airborne + Standard	4 days after onset of rash; duration of illness in immune compromised	Interim Measles Infection Control [July 2019] See Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings (https://www.cdc.gov/infectioncontrol/guidelines/measles) Susceptible healthcare personnel (HCP) should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as a fittested, NIOSH-certified N95 respirator upon entry into the patient's room or care

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 62 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			area. For exposed susceptibles, postexposure vaccine within 72 hours or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel.
Melioidosis, all forms	Standard		Not transmitted from person to person.
Meningitis Aseptic (nonbacterial or viral; also see enteroviral infections)	Standard		Contact for infants and young children.
Meningitis Bacterial, gram-negative enteric, in neonates	Standard		
Meningitis Fungal	Standard		
Meningitis Haemophilus influenzae, type b known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Meningitis Listeria monocytogenes (See Listeriosis)	Standard		
Meningitis Neisseria meningitidis (meningococcal) known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease below.
Meningitis Streptococcus pneumoniae	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 63 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Meningitis M. tuberculosis	Standard		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne. For children, Airborne Precautions until active tuberculosis ruled out in visiting family members (see Tuberculosis below).
Meningitis Other diagnosed bacterial	Standard		
Meningococcal disease: sepsis, pneumonia, Meningitis	Droplet + Standard		Until 24 hours after initiation of effective therapy Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks.
Molluscum contagiosum	Standard		
Monkeypox			See CDC's Monkeypox website (https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection -control-healthcare.html accessed May 2022) for information on infection prevention and control.
Mucormycosis	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 64 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant S. pneumoniae)	Contact + Standard		MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings. See recommendations for management options in Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006. Contact state health department for guidance regarding new or emerging MDRO.
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	Mumps Update [October 2017]: The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on a 2008

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 65 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			MMWR report: Updated Recommendations for Isolation of Persons with Mumps. (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5740 a3.html accessed September 2018). After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. The below note has been superseded by the above recommendation update Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high risk patient populations remain to be clarified.)
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person.
Mycobacteria, nontuberculosis (atypical) Pulmonary	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 66 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Mycobacteria, nontuberculosis (atypical) Wound	Standard		
Mycoplasma pneumonia	Droplet + Standard	Duration of Illness	
Necrotizing enterocolitis	Standard		Contact Precautions when cases clustered temporally. Nocardiosis, draining lesions, or other presentations Standard
Nipah virus Nipah virus [September 2024]: New precaution recommendations	See comments	Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities. Factors that should be considered include, but are not limited to, presence of symptoms, date symptoms resolved, other conditions that would require specific precautions (e.g. tuberculosis, Clo stridium difficile and available laboratory information	Patient Placement: AIIR PPE: If suspect Nipah case and clinically stable: gown, gloves, eye protection, N95 respirator or higher If suspect Nipah and clinically unstable (e.g. hemodynamic instability, vomiting) OR confirmed Nipah case regardless of clinical stability: use PPE according to guidance for confirmed patients and clinically unstable patients suspected to have VH
Nocardiosis, draining lesions, or other presentations	Standard		Not transmitted person-to-person.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 67 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Norovirus (see Gastroenteritis)			
Norwalk agent Gastroenteritis (see Gastroenteritis)			
Orf	Standard		
Parainfluenza virus infection, respiratory in infants and young children	Contact + Standard	Duration of illness	Viral shedding may be prolonged in immunosuppressed patients. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Parvovirus B19 (Erythema infectiosum)	Droplet + Standard		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred [929].
Pediculosis (lice)	Contact + Standard	Until 24 hours after initiation of effective	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 68 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

		therapy after treatment	
Pertussis (whooping cough)	Droplet + Standard	Until 5 days after initiation of effective antibiotic therapy	Single patient room preferred. Cohorting an option. Postexposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions [863]. Recommendations for Tdap vaccine in adults under development. Tdap Vaccine Recommendations Update [2018]: Current recommendations can be found at Tdap / Td ACIP Vaccine Recommendations (https://www.cdc.gov/vaccines/hcp/acip-recs/vaccspecific/dtap.html accessed September 2018).
Pinworm infection (Enterobiasis)	Standard		
Plague (Yersinia pestis) Bubonic	Standard		
Plague (Yersinia pestis) Pneumonic	Droplet + Standard	Until 48 hours after initiation of effective antibiotic therapy	Antimicrobial prophylaxis for exposed HCW.
Pneumonia Adenovirus	Droplet + Contact + Standard	Duration of illness	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 69 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			Droplet and Contact Precautions due to prolonged shedding of virus.
Pneumonia Bacterial not listed elsewhere (including gramnegative bacterial)	Standard		
Pneumonia B. cepacia in patients with CF, including respiratory tract colonization	Contact + Standard	Unknown	void exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline.
Pneumonia B. cepacia in patients without CF (see MultidrugResistant Organisms)			
Pneumonia Chlamydia	Standard		
Pneumonia Fungal	Standard		
Pneumonia Haemophilus influenzae, type b Adults	Standard		
Pneumonia Haemophilus influenzae, type b Infants and children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Pneumonia Legionella spp.	Standard		
Pneumonia Meningococcal	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Meningococcal Disease above.
Pneumonia Multidrug-			

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 70 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

resistant bacterial (see Multidrug-Resistant Organisms)			
Pneumonia Mycoplasma (primary atypical Pneumonia)	Droplet + Standard	Duration of illness	
Pneumonia Pneumococcal pneumonia	Standard		Use Droplet Precautions if evidence of transmission within a patient care unit or facility.
Pneumonia Pneumocystis jiroveci (Pneumocystis carinii)	Standard		Avoid placement in the same room with an immunocompromised patient.
Pneumonia Staphylococcus aureus	Standard		For MRSA, see MDROs
Pneumonia Streptococcus, group A Adults	Droplet + Standard	Until 24 hours after initiation of effective therapy	See Streptococcal Disease (group A Streptococcus) below Contact Precautions if skin lesions present.
Pneumonia Streptococcus, group A Infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	Contact Precautions if skin lesions present
Pneumonia Varicella-Zoster (See Varicella-Zoster)			
Pneumonia Viral Adults	Standard		
Pneumonia Viral Infants and young children (see Respiratory Infectious Disease, acute, or specific viral agent)			

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 71 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Poliomyelitis	Contact + Standard	Duration of illness	
Pressure ulcer (decubitus ulcer, pressure sore) infected Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Pressure ulcer (decubitus ulcer, pressure sore) infected Minor or limited	Standard		If dressing covers and contains drainage.
Prion disease (See CreutzfeldJacob Disease)			
Psittacosis (ornithosis) (Chlamydia psittaci)	Standard		Not transmitted from person to person.
Q fever	Standard		
Rabies	Standard		Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis.
Rat-bite fever (Streptobacillus moniliformis disease, Spirillum minus disease)	Standard		Not transmitted from person to person.
Relapsing fever	Standard		Not transmitted from

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 72 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			person to person
Resistant bacterial infection or colonization (see MultidrugResistant Organisms)			
Respiratory infectious disease, acute (if not covered elsewhere) Adults	Standard		
Respiratory infectious disease, acute (if not covered elsewhere) Infants and young children	Contact + Standard	Duration of illness	
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults	Contact + Standard	Duration of illness	Wear mask according to Standard Precautions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding [928]. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.
Reye's syndrome	Standard		Not an infectious condition.
Rheumatic fever	Standard		Not an infectious condition.
Rhinovirus	Droplet + Standard	Duration of illness	Droplet most important route of transmission. Outbreaks have occurred in NICUs and LTCFs , 1092]. Add Contact Precautions if copious moist secretions

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 73 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			and close contact likely to occur (e.g., young infants).
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne Typhus fever)	Standard		Not transmitted from person to person except through transfusion, rarely.
Rickettsialpox (vesicular rickettsiosis)	Standard		Not transmitted from person to person.
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU, rehabilitation hospital. Use Contact Precautions for outbreak.
Rocky Mountain spotted fever	Standard		Not transmitted from person to person except through transfusion, rarely
Roseola infantum (exanthem subitum; caused by HHV-6)	Standard		
Rotavirus infection (see Gastroenteritis)			
Rubella (German measles) (also see Congenital Rubella)	Droplet + Standard	Until 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients. Administer vaccine within 3 days of

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 74 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of postexposure vaccine.
Rubeola (see Measles)			
Salmonellosis (see Gastroenteritis)			
Scabies	Contact + Standard	Until 24	
Scalded skin syndrome, staphylococcal	Contact + Standard	Duration of illness	See Staphylococcal Disease, scalded skin syndrome below.
Schistosomiasis (bilharziasis)	Standard		
Severe acute respiratory syndrome (SARS)	Airborne + Droplet + Contact + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne preferred; Droplet if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96]. Vigilant environmental disinfection (see [This link is

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 75 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			no longer active: www.cdc.gov/ncidod/sars]. Similar information may be found at CDC Severe Acute Respiratory Syndrome (SARS) (https://www.cdc.gov/sars/index.html accessed September 2018).)
Shigellosis (see Gastroenteritis)			
Smallpox (variola; see Vaccinia for management of vaccinated persons)	Airborne + Contact + Standard	Duration of illness	Until all scabs have crusted and separated (3-4 weeks). Nonvaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective.
Sporotrichosis	Standard		
Spirillum minor disease (rat-bite fever)	Standard		Not transmitted from person to person
Staphylococcal disease (S. aureus) Skin, wound, or burn Major	Contact + Standard	Duration of illness	Until drainage stops or can be contained by dressing.
Staphylococcal disease (S. aureus) Skin, wound, or burn Minor or limited	Standard		If dressing covers and contains drainage adequately.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 76 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Staphylococcal disease (S. aureus) Enterocolitis	Standard		Use Contact Precautions for diapered or incontinent children for duration of illness.
Staphylococcal disease (S. aureus) Multidrug-resistant (see Multidrug-Resistant Organisms)			
Staphylococcal disease (S. aureus) Pneumonia	Standard		
Staphylococcal disease (S. aureus) Scalded skin syndrome	Contact + Standard	Duration of illness	Consider healthcare personnel as potential source of nursery, NICU outbreak.
Staphylococcal disease (S. aureus) Toxic shock syndrome	Standard		
Streptobacillus moniliformis disease (rat-bite fever)	Standard		Not transmitted from person to person.
Streptococcal disease (group A Streptococcus) Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	Until drainage stops or can be contained by dressing.
Streptococcal disease (group A Streptococcus) Skin, wound, or burn Minor or limited	Standard		If dressing covers and contains drainage.
Streptococcal disease (group A Streptococcus) Endometritis (puerperal sepsis)	Standard		
Streptococcal disease (group A Streptococcus)	Droplet + Standard	Until 24 hours after initiation of effective	

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 77 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Pharyngitis in infants and young children		therapy	
Streptococcal disease (group A Streptococcus) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A Streptococcus) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A Streptococcus) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel. Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected conditions.
Streptococcal disease (group B Streptococcus), neonatal	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere Multidrug-resistant (see Multidrug-Resistant Organisms)			
Strongyloidiasis	Standard		
Syphilis Latent (tertiary) and seropositivity without	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 78 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

lesions			
Syphilis Skin and mucous membrane, including congenital, primary, Secondary	Standard		
Tapeworm disease Hymenolepis nana	Standard		Not transmitted from person to person.
Tapeworm disease Taenia solium (pork)	Standard		
Tapeworm disease Other	Standard		
Tetanus	Standard		Not transmitted from person to person.
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person-to-person transmission.
Toxoplasmosis	Standard		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	Standard		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A Streptococcus is a likely etiology.
Trachoma, acute	Standard		
Tetanus	Standard		Not transmitted from person to person.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 79 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		Rare episodes of person-to-person transmission.
Toxoplasmosis	Standard		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	Standard		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A Streptococcus is a likely etiology
Trachoma, acute	Standard		
Tuberculosis (M. tuberculosis) Extrapulmonary, draining lesion	Airborne + Contact + Standard		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are 3 consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.
Tuberculosis (M. tuberculosis) Extrapulmonary, no draining lesion, Meningitis	Standard		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 80 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Tuberculosis (M. tuberculosis) Pulmonary or laryngeal disease, confirmed	Airborne + Standard		Discontinue precautions only when patient on effective therapy is improving clinically and has 3 consecutive sputum smears negative for acid-fast bacilli collected on separate days (MMWR 2005; 54: RR-17 Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005 (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.html accessed September 2018)
Tuberculosis (M. tuberculosis) Pulmonary or laryngeal disease, suspected	Airborne + Standard		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1. there is another diagnosis that explains the clinical syndrome, or 2. the results of 3 sputum smears for AFB are negative. Each of the 3 sputum specimens should be collected 8-24 hours apart, and at least 1 should be an early morning specimen.
Tuberculosis (M. tuberculosis) Skin-test positive with no evidence of	Standard		

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 81 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

current active disease			
Tularemia Draining lesion	Standard		Not transmitted from person to person.
Tularemia Pulmonary	Standard		Not transmitted from person to person
Typhoid (Salmonella typhi) fever (see Gastroenteritis)			
Typhus Rickettsia prowazekii (Epidemic or Louse-borne Typhus)	Standard		Transmitted from person to person through close personal or clothing contact.
Typhus Rickettsia typhi	Standard		Not transmitted from person to person.
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard		
Vaccinia			Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccinia Vaccination site care (including autoinoculated areas)	Standard		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 82 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes.
Vaccinia (adverse events following vaccination) Eczema vaccinatum	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Fetal vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Generalized vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Progressive vaccinia	Contact + Standard	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Vaccinia (adverse events following vaccination) Postvaccinia encephalitis	Standard		
Vaccinia (adverse events following vaccination) Blepharitis or conjunctivitis	Contact + Standard		Use Contact Precautions if there is copious drainage.
Vaccinia (adverse events following vaccination) Iritis or keratitis	Standard		
Vaccinia (adverse events following vaccination) Vaccinia-associated erythema multiforme (Stevens Johnson	Standard		Not an infectious condition.

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 83 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Syndrome)			
Vaccinia (adverse events following vaccination) Secondary bacterial infection (e.g., S. aureus, group A beta hemolytic Streptococcus)	Standard + Contact		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage.
Varicella Zoster	Airborne + Contact + Standard	Until lesions dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection (i.e., surgical mask or respirator) for susceptible HCWs. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Varicella Post-exposure Prophylaxis Update [May 2019] Postexposure prophylaxis: provide postexposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 84 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

			varicella onset is <5 days before delivery or within 48 hours after delivery) provide varicella zoster immune globulin as soon as possible after exposure and within 10 days. Use Airborne for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received varicella zoster immune globulin, regardless of postexposure vaccination.
Variola (see smallpox)			
Vibrio parahaemolyticus (see Gastroenteritis)			
Vincent's angina (trench mouth)	Standard		
Viral hemorrhagic fevers due to Lassa, Marburg, Ebola, Crimean-Congo Hemorrhagic Fever, and South American Hemorrhagic Fever viruses (i.e., those caused by Junin, Machupo, Chapare,	See comments	Duration of precautions should be determined on a case-by-case basis, in conjunction with local, state, and federal health authorities. Factors	Guidance on Personal Protective Equipment (PPE) in U.S. Healthcare Settings for: • Clinically Stable Patients Suspected to have VHF • Confirmed Patients and Clinically Unstable Patients

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 85 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Guanarito and Sabia viruses) Viral hemorrhagic fevers [September 2024]: Precaution recommendations have been updated		that should be considered include, but are not limited to, presence of symptoms, date symptoms resolved, other conditions that would require specific precautions (e.g. tuberculosis, Clostridium difficile) and available laboratory information.	Suspected to have VHF https://www.cdc.gov/viral-hemorrhagic-fevers/hcp/guidance/ppe-clinically-unstable.html?CDC_AAref_Val=https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html
Viral respiratory diseases (not covered elsewhere) Adults	Standard	Duration of Illness	Until drainage stops or can be contained by dressing.
Viral respiratory diseases (not covered elsewhere) Infants and young children (see Respiratory infectious disease, acute)			
Whooping cough (see Pertussis)			
Wound infections Major	Contact + Standard		
Wound infections Minor or limited	Standard		If dressing covers and contains drainage.
Yersinia enterocolitica Gastroenteritis (see Gastroenteritis)			
Zoster (varicella-zoster) (see Herpes Zoster)			

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 30, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 86 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

Zygomycosis (phycomycosis, mucormycosis)	Standard		Not transmitted person-to-person.

EQUIPMENT: N/A

REFERENCES:

1. Centers for Disease Control and Prevention,2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings Last update: September 2024 (Accessible version: https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html)
2. https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf
3. A Guide to Infection Control in the Hospital 5th Edition, official publication of the International Society for Infectious Diseases (ISID)
4. *Standard Precautions*. (n.d.). CDC. Retrieved May 22, 2022, from https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html
5. *Elective surgery*. (2019). Wa.gov.au. https://healthywa.wa.gov.au/Articles/A_E/Elective-surgery
6. *Communicable Diseases*. (2016, November 22). Wisconsin Department of Health Services. https://www.dhs.wisconsin.gov/disease/communicable.htm
7. Department of Health. (2020, April 9). Revised Administrative OrderNo. 2020-0012 "Guidelines for the Inclusion of the Coronavirus Disease 2019 (COVID-19) in the List of Notifiable Diseases for Mandatory Reporting tothe Department of Health" dated March17, 2020. Retrieved from https://www.doh.gov.ph/sites/default/files/health-update/ao2020-0013.pdf

RIVERSIDE MEDICAL CENTER, INC.

DR. PABLO O. TORRE MEMORIAL HOSPITAL

METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		**POLICY NUMBER:** DPOTMH-APP-IPCU-P005-(01)	
TITLE/DESCRIPTION: **ISOLATION PRECAUTIONS**			
EFFECTIVE DATE: January 31, 2025	**REVISION DUE:** January 31, 2028	**REPLACES NUMBER:** DPOTMH-C-24-P05	**NO. OF PAGES:** 87 of 87
APPLIES TO: All Employees of the RMCI		**POLICY TYPE:** Administrative	

APPROVAL:

	Name/Title	Signature	Date	TQM Stamp
Prepared by:	**GERLYN J. DE LA CRUZ** Infection Prevention and Control Supervisor		01/20/25	
Reviewed by:	**WENDY MAE D. GOMEZ** Accreditation and Documentation Manager		01-20-2025	
Approved by:	**RODEL J. LLAVE** Total Quality Division Head		01-21-25	
	DOLORES ROMMELA T. RUIZ, MD Infection Prevention and Control Head		01-30-25	
	HANNAH KHAY S. TREYES Chief Nursing Officer		02-06-25	TQD
	JULIE ANNE CHRISTINE J. KO Chief Finance Officer		2/10/2025	
	NOEL P. GARBO General Services Head		2/11/2025	
	ROSARIO D. ABARING Ancillary Division Head		02.12.2025	
	NANCY B. HIZON Human Resources Division Head		2.14.2025	
	JOSE PEPITO B. MALAPITAN, MD Medical Director		02-18-25	
	MA. ANTONIA S. GENSOLI, MD VP/ Chief Medical Officer		2.21.25	
	SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer		02/25/2025	
Final Approved by:	**GENESIS GOLDI D. GOLINGAN** President and Chief Executive Officer		03/05/25	

MASTER COPY