NYC HEALTH+ HOSPITALS

Isolation Guidelines

Standard and Transmission-Based Precautions

Implementation, Discontinuation and Surveillance

January 2022

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Isolation Guidelines: Standard and Transmission Based Precautions

Policy:

It is the policy of New York City Health + Hospitals (NYC H+H) to implement and follow evidence-based measures for Standard and Transmission-Based Isolation Precautions, which reduce the risk of transmission of infectious agents to patients, personnel, and visitors and to discontinue precautions when no longer necessary.

All (NYC H+H) will adhere to Standard Precautions (see Appendix A) and designated Transmission-Based Precautions.

Purpose:

- To prevent the transmission of infectious agents through evidence-based research and practice.
- To prevent the exposure of patients, visitors, and healthcare workers to communicable or infectious diseases.

Scope:

This guideline applies to all patient care areas throughout NYC H+H facilities.

Infection Control and Prevention Guidelines:

There are 2 tiers of recommended precautions to prevent the spread of infections in healthcare settings; Standard and Transmission-Based Precautions.

Standard Precautions (see Appendix A) are the first tier of basic infection control and are used for all patient care. Standard Precautions include:

- using personal protective equipment (PPE) whenever there is an expectation of possible exposure to infectious material;
- following respiratory hygiene/cough etiquette principles;
- ensuring appropriate patient placement;
- proper handling, cleaning and disinfection of patient care equipment and instruments/devices;
- proper cleaning and disinfection of the environment;
- handling textiles and laundry appropriately;
- adhering to safe injection practices (which includes wearing a surgical mask when performing lumbar punctures; and
- ensuring safe handling of sharps.

Transmission-Based Precautions

Transmission-Based Precautions are the second tier of basic infection control and are used in addition to Standard Precautions for patients with known or suspected infections. Use Transmission-Based

Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically important pathogens for which additional precautions are needed to prevent transmission (see Appendix B).

Transmission-Based Precautions include:
Airborne
Droplet
Contact
Enhanced Barrier Precautions (for Long Term Care Facilities only)

Interim Transmission-Based Precautions

CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard precaution practices (see Appendix C). Additional Interim Transmission-Based Precautions include:
Airborne + Contact + Eye Protection
Enhanced Droplet + Contact + Eye Protection

Initiating and Discontinuing Isolation Precautions:

I. An order in the patients 'EPIC medical record from the patient's provider [physician/physician assistant (PA)/nurse practitioner (NP)], or Chairman of the Infection Prevention Committee, or designee is required when initiating or discontinuing isolation. Additionally, the RN may initiate isolation without a provider's order in the patient's EPIC medical record; the isolation precaution requires a provider's order within 24 hours.

- **a.** Refer to Appendix B for type and duration of isolation precautions recommended for selected infections and conditions; suspected and known.
- **b.** Patients with suspected or known *Clostridioides difficile (C. difficile)*, CRE, *Candida auris*, VRSA or VISA shall be placed on Contact Precautions.
- **c.** Patients **readmitted** with a **known history**, current infection, or colonization with ***Candida auris or*** **Carbapenem–resistant Enterobacteriaceae (CRE)** shall be placed on Contact Isolation for current hospital stay and all subsequent admissions along with any other isolation category as needed.
- **d.** Patients with a history of infection with ESBL-possessing pathogens or multidrug resistant Gram-negative bacilli who have an ongoing Portal of Exit (i.e., tracheostomy) will be placed on Contact Precautions. If a follow-up clinical culture from the original positive culture site is negative, or if there is no longer a portal of exit, the patient may be removed from isolation (with the exception of CRE). Please see Contact Precautions below for Portal of Exit information.
- **e.** Patients with a history, current infection, or colonization with ***Candida auris,*** must be placed on Contact Precautions. Contact Precautions should be continued until thepatient is cleared by negative surveillance cultures as directed by the New York State Department of Health (NYSDOH).
- **f.** Patients with a history, current infection, or colonization with **CRE** will remain on Contact

Precautions until the patient is cleared by negative clinical and surveillance cultures. The patient must be infection free and off therapy, then obtain a culture from the original site (when possible) and 2 rectal cultures 72 hours apart.

g. For *C. difficile* infection discontinuation of Contact Precautions, see page 16.

Airborne Precautions

Airborne Precautions are designed to reduce the risk of airborne transmission of infectious agents transmitted person-to-person by the airborne route.

Use Airborne Precautions as recommended in Appendix B.

Airborne Precautions Patient Placement

I. Acute Care Facilities and Post-Acute-Care Settings

a. Place patients in an Airborne Infection Isolation Room (AIIR). A single patient room with at least six (existing facility) or 12 (new construction/renovation) air changes per hour. The air is directly exhausted 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.

b. If a patient in Psych/Behavioral health requires an AIIR, transfer the patient to a Medical Unit.

c. 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) and monitor monthly when not in use.

d. Keep the AIIR door closed when not required for entry and exit.

e. When an AIIR is not available, transfer the patient to a facility that has an available AIIR.

f. In the event of an outbreak or exposure involving large numbers of patients who require Airborne Precautions:

i. Consult Infection Prevention Department before patient placement to determine the safety of alternative rooms that do not meet engineering requirements for an AIIR.

ii. Cohort patients who are presumed to have the same infection (based on clinical presentation and diagnoses when known) in areas of the facility that are away from other patients.

iii. Use temporary portable solutions (e.g., exhaust fans) 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.

iv. Patients who are immunocompromised (i.e., transplant, neutropenia, AIDS <200 CD4) or patients with open surgical wounds will not be cohorted.

g. Place an Airborne Isolation Sign outside of patient's room (see Isolation Signage).

II. Ambulatory Settings

a. Place patient in an AIIR with the door closed as soon as possible. If an AIIR is not available, place a surgical mask on the patient and place the patient in an examination room.

b. When the patient leaves the examination room, keep the room vacant for two hours to allow for a full air exchange.

c. Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once the patient is in an AIIR, the mask may be removed.

Airborne Precautions Personnel Restrictions

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

Airborne Precautions PPE

I. Healthcare workers must wear a fit-tested N95 or higher level respirator for respiratory protection when entering the room of patient when the following diseases are suspected or confirmed:

a. 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.

b. Suspected measles - regardless of presumptive evidence of immunity

c. Chickenpox or disseminated zoster

II. Visitors should wear a surgical or procedure mask upon entering room.

Airborne Precautions Patient Transport

I. Acute Care Facilities Post-Acute-Care Settings

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

b. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask.

c. For patients with skin lesions associated with varicella or draining skin lesions caused by *M. tuberculosis*, cover the affected areas to prevent aerosolization or contact with the infectious agent in skin lesion.

d. 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.

e. Personnel in the receiving area (the area to which the patient is to be taken) should be notified of the type of transmission-based precautions by the sending unit, preferably at the time the test is scheduled and again at the time of transport.

f. The patient must be taken directly to the examination room and returned directly to their hospital/LTCF room after the diagnostic test, and not left in common waiting areas.

g. Patients should be alerted to the methods of potential spread of their disease and informed as to how they can assist in maintaining a barrier against transmission of their infection to others.

Discontinuation of Airborne Precautions

I. Discontinue Airborne Precautions according to pathogen-specific recommendations in Appendix B.

II. Isolation room should be cleaned with bleach (1:10 Hypochlorite) product approved for use at NYC H+H. Routine cleaning should be performed prior to disinfection. The floors will be cleaned and disinfected with an approved disinfectant.

Droplet Precautions

Use Droplet Precautions 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.

Use Droplet Precautions as recommended in Appendix B.

Droplet Precautions Patient Placement

I. Acute Care Facilities

a. Place patient in a single room when available.

b. If a patient in Psych/Behavioral health requires Droplet Precautions, transfer the patient to a Medical Unit. Instruct patient to wear a surgical/procedure mask during transport.

c. If single patient rooms are not available, apply the following principles for making decisions on patient placement:

- Prioritize patients who have excessive cough and sputum production for single-patient room placement.

- Cohort patients who are infected with the same pathogen after consultation with the Infection Prevention Department.

d. 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., immunocompromised, prolonged length of stays).
- Ensure patients are physically separated, > 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 or the environment in the same room, regardless of whether one patient or both patients are on Droplet Precautions.

e. Patients who are immunocompromised (i.e., transplant, neutropenia, AIDS CD4 <200 or patient with open surgical wound will not be cohorted.

f. Place a Droplet Precaution sign outside of patient's room.

II. Post-Acute-Care Facilities

Contact the Infection Prevention Department regarding patient placement.

III. 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.

Droplet Precautions PPE

I. Visitors and healthcare workers must don a surgical or procedure mask upon entry into the patient room or cubicle.

II. Wear protective eyewear (e.g., goggles or face shield) and gown if contact with blood and/or body fluids is anticipated.

Droplet Precautions Patient Transport

I. Acute Care Facilities and Post-Acute-Care Settings

a. Limit transportation and movement of patients outside of the room for medically-necessary purposes.

b. If transport or movement in any healthcare settings is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

c. No mask is required for persons transporting patients on Droplet Precautions.

Discontinuation of Droplet Precautions

I. Discontinue Droplet Precautions after signs and symptoms have resolved or according to pathogen-specific recommendations in Appendix B.

II. Isolation room will be cleaned daily and terminally cleaned with bleach (1:10 Hypochlorite) product approved for use at NYC H+H. Routine cleaning should be performed prior to disinfection. The floors will be cleaned and disinfected with an approved disinfectant.

Contact Precautions

Contact Precautions require all healthcare workers and visitors to wear a gown and gloves upon entering the patient's room.

When certain multi-drug resistant organisms (MDROs) are identified, contact precautions are implemented to reduce probability of transmission, which includes the use of gowns and gloves for those entering the patient room, dedicated equipment, designated nursing staff (whenever possible), and single patient bed rooms (whenever possible). Upon discharge or transfer, the receiving facility is notified of specific infection prevention and control precautions required.

I. Multidrug-resistant Gram-negative organisms including *Pseudomonas aeruginosa* and *Acinetobacter baumannii*

Isolates that are resistant to any of the agents in three of the following five classes of antibiotics should be considered multidrug-resistant bacteria:

Aminoglycosides (Any of amikacin, gentamicin, tobramycin)	Fluoroquinolones (Either ciprofloxacin or levofloxacin)	Third or Fourth Generation Cephalosporins (Either ceftazidime or cefepime)	Carbapenems (Any of doripenem, imipenem, meropenem)	Piperacillin-tazobactam

Any Multidrug-resistant Gram-negative organism which originates from a "portal of exit" (see definition of "portal of exit" below) requires Contact Precautions.

A Portal of Exit is the site through which micro-organisms exit the host and contaminate the environment. **Three Portals of Exit** have been defined as:

- Tracheostomy
- Endotracheal tube
- Draining wound with uncontained drainage

Any additional Portals of Exit should be defined by local policy as established by the Infection Prevention and Control Committee.

II. Carbapenem resistant Enterobacteriales

Any organism resistant to any carbapenem (doripenem, ertapenem, imipenem, or meropenem) or documented positive for carbapenemase production (by an FDA approved method).

Isolates that are selectively resistant to a single carbapenem but susceptible to other β-lactam agents (e.g., imipenem-resistant *Proteus mirabilis*) may not require contact precautions. Discontinuing isolation precautions for these isolates (without performing additional cultures) should be done after consultation with Infection Control/Infectious Diseases.

III. ESBL-producing Enterobacteriales

Any organism resistant to ceftriaxone, cefotaxime, ceftazidime, or cefepime which originates from a "portal of exit" (see definition of "portal of exit" below).

A Portal of Exit is the site through which micro-organisms exit the host and contaminate the environment. **Three Portals of Exit** have been defined as:

- Tracheostomy
- Endotracheal tube
- Draining wound with uncontained drainage

Any additional Portals of Exit should be defined by local policy as established by the Infection Prevention and Control Committee.

Contact Precautions Patient Placement

I. Acute Care Facilities

a. Patients who require Contact Precautions should be placed in a single-patient room when available.

b. If single patient rooms are not available, apply the following principles for making decisions on patient placement:

- Prioritize patients who have a Portal of Exit for single-patient room placement.
- Patients who have *Candida auris* or CRE must be placed in a single-patient room.
- Cohort patients who are infected with the same pathogen; contact the Infection Prevention Department for guidance.

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

- Consult with the Infection Prevention Department.

- Avoid placing patients on Contact Precautions in the same room with patients who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay.
- Ensure that patients are physically separated, > 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 and/or the environment in the same room, regardless of whether one or both patients are on Contact Precautions.

d. Patients who are immunocompromised (i.e., transplant, neutropenia, AIDS <200 CD4) or patient with open surgical wound will not be cohorted.

e. Place a Contact Precaution Sign outside of patient's room.

II. Post-Acute-Care Settings

a. Post-Acute-Care Facilities will use **Enhanced Barrier Precautions**.

b. Contact the Infection Prevention Department regarding patient placement.

III. Ambulatory Settings

Place patients who require Contact Precautions in an examination room or cubicle as soon as possible.

Contact Precautions PPE

I. Don gloves upon entry into the room or cubicle.
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).

II. Don gown upon entry into the room or cubicle.
Remove gown and gloves, observe hand hygiene before leaving the patient-care environment.

III. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganisms to other patients or environmental surfaces.

IV. Clean hands with hand sanitizer before leaving the patient-care environment.

V. Use SOAP and WATER for hand hygiene before leaving the patient-care environment of a patient on Contact Precautions for *Clostridioides difficile* if an outbreak of *Clostridioides difficile* is occurring on the unit.

Contact Precautions Patient Transport

I. Acute Care Facilities and Post-Acute-Care Settings

- **a.** Limit transport and movement of patients outside of the room to medically necessary purposes.
- **b.** 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.
- **c.** Remove and dispose of contaminated PPE and perform hand hygiene **prior** to transporting patients on Contact Precautions.
- **d.** Don clean PPE to handle the patient at the transport destination.

Contact Precautions Patient-care Equipment and Instruments/Devices

Handle patient-care equipment and instruments/devices according to Standard Precautions (see Appendix A).

I. Acute Care Facilities and Post-Acute-Care Settings

- **a.** Use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment.

- **b.** If common use of equipment for multiple patients is unavoidable, clean and disinfect equipment before use on another patient.

II. Ambulatory Settings

- **a.** Place contaminated reusable noncritical patient-care equipment in a plastic bag for transport to a soiled utility area for reprocessing.

Contact Precautions Environmental Measures

I. Rooms should be cleaned and disinfected daily with an approved bleach product, focusing cleaning/disinfection on frequently-touched surfaces such as bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, door knobs, light switches and equipment in the immediate vicinity of the patient. The floors will be cleaned daily with a disinfectant.

Discontinuation of Contact Precautions

I. Discontinue Contact Precautions after signs and symptoms of the infection have resolved or according to pathogen-specific recommendations in Appendix B.

II. Patients with a history of infection with ESBL-possessing pathogens or multidrug resistant Gram-negative bacilli who have an ongoing Portal of Exit (i.e., tracheostomy) will be placed on Contact Precautions. If a follow-up clinical culture from the original positive culture site is negative, or if there is no longer a portal of exit, the patient may be removed from isolation (with the exception of CRE).

III. Patients with a history, current infection, or colonization with ***Candida auris,*** must be placed on Contact Precautions. Contact Precautions should be continued until the patient is cleared by negative surveillance cultures as directed by the New York State Department of Health (NYSDOH).

IV. Patients with a history, current infection, or colonization with CRE will remain on Contact Precautions until the patient is cleared by negative clinical and surveillance cultures. The patient must be infection free and off therapy, then obtain a culture from the original site (when possible) and 2 rectal cultures 72 hours apart.

V. Patients with *Clostridioides difficile* without symptoms of *C. difficile* for 48 hours after diarrhea has resolved.

Continue Contact Precautions until discharge if *C. difficile* infection (CDI) rates remain high despite implementation of standard infection control measures against CDI.

Do not perform repeat testing (within 7 days) during the same episode of diarrhea and do not test stool from asymptomatic patients.

VI. Isolation room will be cleaned daily and terminally cleaned with bleach (1:10 Hypochlorite) product approved for use at NYC H+H. Routine cleaning should be performed prior to disinfection. The floors will be cleaned and disinfected with an approved disinfectant.

Enhanced Barrier Precautions for Long Term Care Facilities

I. Enhanced Barrier Precautions requires gown and glove for use for certain residents in Long Term Care Settings during specific high-contact resident care activities if residents are colonized or infected with targeted MDROs.

II. Targeted MDROs are defined as:

- Pan-resistant organisms
- Carbapenemase-producing Enterobacteriaceae
- Carbapenemase-producing *Pseudomonas* spp.
- Carbapenemase-producing *Acinetobacter baumannii*
- *Candida auris*

III. Enhanced Barrier Precautions expand the use of PPE beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of multidrug resistant organisms to staff hands and clothing.

High-contact resident care activities requiring gown and glove use include:

1. Dressing

2. Bathing/showering
3. Transferring
4. Providing hygiene
5. Changing linens
6. Changing briefs or assisting with toileting
7. Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator
8. Wound care: any skin opening requiring a dressing

IV. Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions.

V. Change PPE before caring for another resident.

VI. Face protection may also be needed if performing activity with risk of splash or spray.

VII. Residents are not restricted to their rooms or limited from participation in group activities.

Special Isolation Precautions

I. Identify

a. Assess patient for epidemiological linkages and signs/symptoms:

- **Epidemiological linkage**: (1) International or domestic travel, in accordance with current travel advisories, to an area with a known cluster or outbreak within past 30 days; **OR**
  (2) In accordance with current travel advisories, contact with someone that has traveled to an area with a known outbreak and is sick within past 30 days; **OR**
  (3) Based on clinical judgement and association with other epidemiological linkages or suspicion.
- **Symptoms**: Signs or symptoms of an infection, such as Fever $\geq$ 100.4^{0}F ($\geq$38^{0}C) **OR**
  Fever plus:
  - Headache
  - Myalgia
  - Cough
  - Fatigue
  - Diarrhea
  - Vomiting
  - Rash
  - Abdominal pain
  - Unexplained hemorrhage
  - Chills

b. Encourage respiratory and hand hygiene by offering a simple mask, tissue, and alcohol-based hand rub to the patient if signs and symptoms of infection are apparent; separate patient from others.

II. Isolate

a. If assessment indicates possible Special Pathogen infection, take action.

- Patient Placement:
  - Isolate the patient in a negative pressure isolation room (or private room) with a private bathroom or covered, bedside commode and close the door.

- Limit the healthcare personnel who enter the room and keep a log of everyone who enters and exits the room.
- Visitors should not be allowed inside the patient room.
- Place appropriate transmission-based precautions/infection prevention signage on door.
- Place Special Pathogens Safety Reminders signage on door.
  - Removal of the Special Pathogens Safety Reminders signage is contingent upon clinical judgement, differential diagnosis, or after consultation with infectious disease specialist/IPC.

- Personal Protective Equipment (PPE):
  - Wear appropriate Special Pathogens Level 1 or Special Pathogens Level 2 Viral Hemorrhagic Fever (VHF) personal protective equipment (PPE) ensemble. Refer to the Special Pathogens Response Matrix and the corresponding PPE donning and doffing checklists found the Infectious Disease Dashboard on the H+H Intranet to determine which ensemble is recommended.
    - Special Pathogen Level 1 PPE: N95 respirator or higher; eye protection, gown, 1 pair of gloves
    - Special Pathogen Level 2 VHF PPE: N95 or higher respirator or CAPR; face shield; impermeable or fluid-resistant coverall OR surgical gown; single-use disposable apron; 2 pairs of disposable examination gloves with extended cuffs; impermeable single-use boot covers, shoe covers (if choosing coverall PPE ensemble)
- Patient Care Equipment and Devices:
  - Use single-use disposable medical supply
  - Use dedicated medical equipment
  - Do not share or reuse dedicated medical equipment or supply
  - Adhere to procedures and precautions designed to prevent transmission by direct or indirect contact (e.g., hand hygiene, and restricted patient movement).
- Waste Management
  - Refer to the Special Pathogens Response Matrix (found on the Infectious Disease Dashboard) to determine if pathogen is categorized as Category A or Category B waste.
  - Do not handle waste or patient care equipment for pathogens categorized as Category A waste. Follow CDC and facility guidelines for cleaning, disinfecting, and managing waste if viral hemorrhagic fever (VHF) is suspected.
- Safety Zones
  - Refer to the Safety Zone Guide on the Infectious Disease Dashboard) to designate safety zones (hot, warm, and cold zones) within a patient care area when caring for a confirmed or suspected patient with a special pathogen.

III. Inform

a. Alert others, including public health authorities.

b. Notify your facility's Infection Prevention and Control Department, Medical Director, Infectious Disease Specialist/Hospital Epidemiologist and other appropriate staff.

c. Immediately contact NYC DOHMH to ascertain risk: (**1.866.692.3641).**

d. Seek consultation, consider alternative diagnoses and evaluate appropriately.

e. If patient is classified as a person under investigation (PUI), immediately notify the System Special Pathogens Program: (**646.864.5442)**

Please see the Infectious Disease Dashboard for additional guidance, tip sheets, and resources for special pathogens.

Neonatal Intensive Care Unit (NICU)

I. Perform active surveillance testing for *Staphylococcus aureus* (MRSA and MSSA) in NICU patients when there is an increased incidence of *S. aureus* infection or in an outbreak setting.
   - **a.** Use culture-based detection methods.
   - **b.** Use PCR detection methods in the event of an outbreak.
   - **c.** Providers should select the assay that best benefits their NICU patients.

II. Perform active surveillance testing for MRSA colonization in NICU patients when there is evidence of ongoing healthcare-associated transmission within the unit.
   - **a.** Use culture-based detection methods to ensure molecular typing and sensitivity testing, if needed.
   - **b.** Use PCR detection methods.
   - **c.** Providers should select the assay that best benefits their NICU patients.

III. Perform MRSA surveillance testing for NICU admissions from outside facilities, other newborn care units or outborn infants.
   - **a.** All infants transferred into NICU from other institutions will have one swab of at least two sites which includes the anterior nares and one other site, such as the umbilicus or axilla for MRSA screening.
   - **b.** Surveillance is also performed for antibiotic-resistant gram-negative rods. One swab of the nares and umbilicus or axilla will be sent for MRSA and one peri-rectal swab will be sent for gram negative testing.
   - **c.** If the surveillance culture is positive for MRSA or a resistant gram-negative organism, the infant will be placed into Contact Isolation.
   - **d.** Notify the Infection Prevention Department.

IV. Consider targeted decolonization therapy for MRSA NICU patients in an outbreak setting, or when there is on-going healthcare-associated transmission, or an increase in the incidence of infection.

V. Discontinuation of Contact Precautions: contact the Infection Prevention Department.

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Appendix A

Standard Precautions

Use Standard Precautions for all patient interactions.

1. Hand Hygiene

a. During the delivery of health care, 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.

b. When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with soap and water.

c. If hands are not visibly soiled, or after removing visible material with soap and water, decontaminate hands using alcohol hand sanitizer.

d. Perform hand hygiene:
   i. Before having direct contact with patients.
   ii. After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.
   iii. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure or lifting a patient).
   iv. If hands will be moving from a contaminated body site to a clean body site during patient care.
   v. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
   vi. After removing gloves.
   vii. Wash hands with soap and water if contact with spores (e.g., *Bacillus anthracis*) is likely to have occurred.
   viii. 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, operating rooms, or central processing).

2. Personal Protective Equipment (PPE)

Wear PPE if contact with blood or body fluids is anticipated with patient care.

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

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

a. Gloves
    i. Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, or potentially contaminated intact skin (e.g., patient incontinent of stool or urine) could occur.
    ii. Wear gloves with fit and durability appropriate to the task
        1. Wear disposable medical examination gloves for providing direct patient care.
        2. Wear disposable medical examination gloves or reusable utility gloves for cleaning the environment or medical equipment.
    iii. Remove gloves after contact with a patient and/or the surrounding environment (including medical equipment) using proper technique to prevent hand contamination.
    iv. Do not wear the same pair of gloves for the care of more than one patient.
    v. Do not wash gloves for the purpose of reuse.
    vi. Change gloves during patient care if hands will move from a contaminated body- site (e.g., perineal area) to a clean body-site (e.g., face).

b. Gowns
    i. Wear a gown to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretion or excretions is anticipated.
    ii. Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
    iii. Remove gown and perform hand hygiene before leaving the patient's environment.
    iv. Do not reuse gowns, even for repeated contacts with the same patient.
    v. Routine donning of gowns upon entrance into a high risk unit (e.g., ICU, NICU) is not indicated.

c. Mouth, Nose, Eye Protection
    i. Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
    ii. Select masks, goggles, face shields, and combinations of each according to the need anticipated by the task performed.
    iii. 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.,

Mycobacterium tuberculosis, SARS, or hemorrhagic fever viruses), wear one of the following:

1. A face shield that fully covers the front and sides of the face
2. An N95 mask
3. An N95 mask and goggles
4. Wear gloves and gowns for aerosol-generating procedures.

3. Respiratory Hygiene/Cough Etiquette

Educate healthcare personnel on the importance of source control measures to contain respiratory secretions to prevent droplet and fomite transmission of respiratory pathogens, especially during seasonal outbreaks of viral respiratory tract infections (e.g., influenza, RSV, adenovirus, parainfluenza virus) in the community.

a. Implement the following measures to contain respiratory secretions in patients and accompanying individual who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in a health care setting (e.g., triage, reception and waiting areas in emergency departments, outpatient clinics, dental clinics, and physician offices):
    i. Post signs at entrances and in strategic places (e.g., elevators, cafeterias) within Ambulatory, Long Term Care 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.
    ii. Provide tissues and no-touch receptacles (e.g., foot-pedal operated lid or open, plastic-lined waste basket) for disposal of tissues.
    iii. Provide resources and instructions for performing hand hygiene in or near waiting areas.
    iv. Provide conveniently locate dispensers of alcohol-based hand rubs and where sinks are available, supplies for handwashing.
    v. Offer masks to coughing patients and other symptomatic persons (e.g., persons who accompany ill patients) upon entry into the facility. Encourage them to maintain special separation, ideally a distance of at least 3 feet from others in common waiting areas.

4. Care of the Environment

a. 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) daily.

b. Use EPA-registered disinfectants that have microbiocidal activity against the pathogens most likely to contaminate the patient-care environment. Use in accordance with manufacturer's instructions. The EPA-registered disinfectants must be approved by the Infection Prevention Committee.

c. In facilities that provide health care to pediatric patients or have **waiting areas with child play toys** (e.g., **Obstetric/gynecology offices and clinics**), establish policies and procedures for cleaning and disinfecting toys at regular intervals.

   Include the following in the toy cleaning policy:

   - Select play toys that can be easily cleaned and disinfected
   - Do not permit use of stuffed furry toys if they will be shared
   - Clean and disinfect large stationary toys (e.g., climbing equipment) at least weekly and whenever visibly soiled
   - If toys are likely to be mouthed, rinse with water after disinfection; alternatively wash in a dishwasher

   When a toy requires cleaning and disinfection, do so immediately or store in a designated labeled container separate from toys that are clean and ready for use

d. Develop a policy to include preventing contamination and for cleaning and disinfection of multi-use electronic equipment, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g., daily).

5. Textiles and Laundry

a. Handle used textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.

b. If laundry chutes are used, ensure that they are properly designed, maintained, and used in a manner to minimize dispersion of aerosols from contaminated laundry.

6. Safe Injection Practices

Safe Injection Practices apply to the use of needles, cannulas that replace needles, and intravenousdelivery systems.

a. Use aseptic technique to avoid contamination of sterile injection equipment.

b. Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed.

c. 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.

d. Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use.

e. A syringe or needle/cannula is considered contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.

f. Use single-dose vials for parenteral medications whenever possible.

g. Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.

h. If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.

i. 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.

j. Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.

7. Infection Control Practices for Lumbar Puncture Procedures

A surgical mask must be worn by everyone in the room, 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).

Appendix B

Type of Isolation 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		
Adenovirus (see agent-specific guidance under Gastroenteritis, Conjunctivitis, Pneumonia)			
Amebiasis	Standard		Person-to-person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons.
Anthrax	Standard		
Anthrax -Cutaneous	Standard		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Use soap and water for handwashing.
Anthrax -Pulmonary	Standard		
Anthrax -Environmental: aerosolizable spore-containing powder or other substance		Until environment completely decontaminated	Until decontamination of environment complete. Wear respirator (N95 mask or CAPRs), protective clothing, decontaminate persons with powder on them. **Hand hygiene**: Handwashing for 30-60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			Postexposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and postexposure vaccine under IND.
Antibiotic-associated colitis (see *Clostridiodes 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.
Ascariasis	Standard		
Aspergillosis	Standard		Contact + Airborne Precautions 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		
Botulism	Standard		
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.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Campylobacter gastroenteritis (see Gastroenteritis)			
Candidiasis, all forms including mucocutaneous	Standard		
Candida auris	Contact + Standard	Colonization and Infection until cleared by DOH	Isolate patient upon readmissions and notify DOH and Infection Prevention Department.
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard		
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		
Chlamydia trachomatis Pneumonia (infants 3 mos. of age)	Standard		
Chlamydia pneumoniae	Standard		
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		
Clostridioides botulinum	Standard		
Clostridioides difficile (see Gastroenteritis, C. difficile)	Contact + Standard	Contact Precautions until **48 hours** after	

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
		symptoms have ceased	
Clostridioides perfringens -Food poisoning	Standard		
Clostridioides perfringens -Gas gangrene	Standard		Use Contact Precautions if wound drainage is extensive.
Coccidioidomycosis (Valley fever) -Draining lesions	Standard		
Coccidioidomycosis (Valley fever) -Pneumonia	Standard		
Colorado Tick Fever	Standard		
Congenital rubella	Contact + Standard	Until 1 year of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 months of age.
Conjunctivitis – unknown type	Contact + Standard		
Conjunctivitis -Acute bacterial	Standard		
Conjunctivitis -Acute bacterial *Chlamydia*	Standard		
Conjunctivitis -Acute bacterial Gonococcal	Standard		
Conjunctivitis -Acute viral (acute hemorrhagic)	Contact + Standard	Duration of illness	
Corona virus associated with SARS (SARS-CoV) (see Severe Acute Respiratory Syndrome)			
Corona virus associated with MERS (MERS-CoV) (see Middle Eastern Respiratory Syndrome)			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease (CJD, v(JD)	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/0; No special burial procedures.
Croup (see Respiratory Infections in infants and young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	Special Pathogen + Standard	Duration of illness	Ensure Airborne + Contact + Standard Precautions are implemented. Don Special Pathogen Level 2 VHF PPE. Notify facility specific departments (Infection Prevention & Control, Infectious Disease Physician, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Cryptococcosis	Standard		Not transmitted from person to person, except rarely via tissue and corneal transplant.
Cryptosporidiosis (see Gastroenteritis)			
Cysticercosis	Standard		
Cytomegalovirus infection, including in neonates and immunosuppressed patients	Standard		
Decubitus ulcer (see Pressure Ulcer)			
Dengue fever	Standard		
Diarrhea, acute-infective etiology suspected (see Gastroenteritis)			
Diphtheria -Cutaneous	Contact + Standard	Until off antimicrobial	Until 2 cultures taken 24 hours apart negative.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
		treatment and culture 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)	Special Pathogen	Duration of Illness	Ensure Airborne + Contact + Standard Precautions are implemented. Don Special Pathogen Level 2 VHF PPE. Notify facility specific departments (Infection Prevention & Control, Infectious Disease Physician, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Echinococcosis (hydatidosis)	Standard		
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.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Epiglottitis, due to *Haemophilus influenzae* type b	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Epstein-Barr virus infection, including infectious mononucleosis	Standard		
Erythema infectiosum (also see Parvovirus B19)			
Escherichia coli gastroenteritis (see Gastroenteritis)			
Food poisoning -Botulism	Standard		
Food poisoning -*C. perfringens* or *welchii*	Standard		
Food poisoning -*Staphylococcal*	Standard		
Furunculosis -*Staphylococcal*	Standard		Contact if drainage not controlled.
Furunculosis -*Staphylococcal* -Infants and young children	Contact + Standard	Duration of illness (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	Standard		
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.
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

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			of illness or to control institutional outbreaks.
Gastroenteritis -*C. difficile*	Contact + Standard	48 hours after symptoms have ceased	Use soap and water if an outbreak of *C. difficile* is occurring. Place Hand Washing + Contact signage outside patient's room.
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 0157:H7 and other Shiga toxin- producing strains	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control 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	Contact + Standard	Minimum of 48 hours after the resolution of symptoms	• Avoid exposure to vomitus or diarrhea. • Use a surgical or procedure mask and eye protection or a full face shield if there is an anticipated risk of splashes to the face during the care of patients, particularly among those who are vomiting. • Extend the duration of isolation or cohorting precautions for outbreaks for complex medical patients (e.g., those with cardiovascular, autoimmune, immunosuppressive, or renal disorders) and infants and children under 2 years for 5 days after the resolution of symptoms. • Minimize patient movements within a ward or unit during norovirus gastroenteritis outbreaks.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			• Restrict symptomatic and recovering patients from leaving the patient-care area unless it is for essential care or treatment to reduce the likelihood of environmental contamination and transmission of norovirus in unaffected clinical areas. • Suspend group activities (e.g., dining events) for the duration of a norovirus outbreak. • Staff who have recovered from recent suspected norovirus infection associated with an outbreak should care for symptomatic patients until the outbreak resolves. • Actively promote adherence to hand hygiene among healthcare personnel, patients and visitors in patient care areas affected by outbreaks of norovirus gastroenteritis. • During outbreaks, use soap and water for hand hygiene after providing care or having contact with patients suspected or confirmed with norovirus. • Consider the closure of wards to new admissions or transfers; confer with the Infectious Disease physician and Infection Prevention Department. • Food handlers must perform hand hygiene prior to contact with or the preparation of food items and beverages. • Personnel who work with, prepare or distribute food must be excluded from duty if they develop symptoms of acute gastroenteritis. Personnel should not return to these activities until a minimum of 48 hours after the resolution of symptoms or longer

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			as required by local health regulations. • Remove all shared or communal food items for patients or staff from clinical areas for the duration of the outbreak. • Clean and disinfect shared equipment between patients using EPA-registered products. The EPA list of approved products with activity against norovirus can be found at https://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants • Clean and disinfect the patient care areas during a norovirus outbreak twice a day. • Clean and disinfect tray tables, counter tops first then clean toilets, bathroom fixtures. • Change mop heads when a new bucket of cleaning solution is prepared, or after cleaning large spills of emesis or fecal material. • After patient is discharged, discard all disposable patient-care items and launder all unused linens from patient rooms. Change privacy curtains. • Exclude ill personnel from work for a minimum of 48 hours after the resolution of symptoms. • Exclude non-essential staff, students, and volunteers from working in areas experiencing outbreaks of norovirus gastroenteritis.
Gastroenteritis -Rotavirus	Contact + Standard	Duration of illness	
Gastroenteritis - *Salmonella* species (including *5. typhi*)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control outbreaks.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Gastroenteritis - *Shigella* species (Bacillary dysentery)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control outbreaks.
Gastroenteritis - *Vibrio parahaemolyticus*	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control outbreaks.
Gastroenteritis Viral (if not covered elsewhere)	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control outbreaks.
Gastroenteritis - *Yersinia enterocolitica*	Standard		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control 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		
Guillain-Barre syndrome	Standard		
Haemophilus influenzae (see disease-specific recommendations)	Standard		
Hand, foot, and mouth disease (see Enteroviral Infection)	Standard		
Hansen's Disease (see Leprosy)	Standard		
Hantavirus Hemorrhagic	Special Pathogen Precautions	Duration of illness	Ensure Airborne + Contact + Standard precautions are implemented. Don Special Pathogen Level 1 PPE.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Hantavirus pulmonary syndrome	Standard		
Helicobacter pylori	Standard		
Hepatitis, viral Type A	Standard		
Hepatitis, viral Type A-Diapered or incontinent patient	Contact + Standard	Duration of hospitalization for infants and children < 3 years of age. 2 weeks after onset of symptoms for children 3-14 years; > 14 years of age isolate for 1 week after onset of symptoms.	
Hepatitis, viral Type B-HBsAg positive; acute or chronic	Standard		
Hepatitis, viral Type C and other unspecified non-A, non-B	Standard		
Hepatitis, viral Type D (seen only with hepatitis B)	Standard		
Hepatitis, viral Type E	Standard		
Hepatitis, viral Type G	Standard		
Herpangina (see Enteroviral Infection)			
Hookworm	Standard		
Herpes simplex	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
(*Herpesvirus hominis*) Encephalitis			
Herpes simplex (*Herpesvirus hominis)* Mucocutaneous, disseminated or primary, severe	Contact + Standard	Until lesions are dry and crusted	
Herpes simplex (*Herpesvirus hominis*) Mucocutaneous, recurrent (skin, oral, genital)	Standard		
Herpes simplex (*Herpesvirus hominis*) Neonatal	Contact + Standard	Until lesions are dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours of age negative after 48 hours incubation.
Herpes zoster (varicella-zoster) (shingles) Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out	Airborne+ Contact + Standard	Until lesions are dry and crusted	See Figure 1
Herpes zoster (varicella-zoster) (shingles)	Contact + Standard	Until lesions are crusted	See Figure 1
Histoplasmosis	Standard		
Human Immunodeficiency Virus (HIV)	Standard		
Human metapneumovirus	Contact + Standard	Duration of illness	
Impetigo	Contact + Standard	Until 24 hours after initiation of effective therapy	

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Infectious mononucleosis	Standard		
Influenza -Human (seasonal influenza)	Droplet + Standard	For 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.	
Influenza *Avian* (e.g., H5N1 H7, H9 strains)	Special Pathogen Contact + Airborne + Standard		Don Special Pathogen Level 1 PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Influenza Pandemic	Droplet + Standard		
Kawasaki syndrome	Standard		
Lassa fever (see Viral Hemorrhagic Fevers)	Special Pathogen	Duration of illness	Ensure Airborne + Contact + Standard precautions are implemented. Don Special Pathogen Level 2 VHF PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Legionnaires' disease	Standard		
Leprosy	Standard		
Leptospirosis	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Lice -Head (pediculosis) -Body -Pubic	Contact	Until 24 hours after initiation of effective therapy	
Listeriosis (*Listeria monocytogenes)*	Standard		
Lyme Disease	Standard		
Lymphocytic choriomeningitis	Standard		
Lymphogranuloma venereum	Standard		
Malaria	Standard		
Marburg Disease (see Viral Hemorrhagic Fevers)	Special Pathogen	Duration of illness	Ensure Airborne + Contact + Standard Precautions are implemented. Don Special Pathogen Level 2 VHF PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Measles (rubeola)	Airborne + Contact + Standard	4 days from onset of rash until all lesions are dry and crusted	
Melioidosis, all forms	Standard		
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		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Meningitis -*Haemophilus influenzae*, type b known or suspected	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Meningitis -*Listeria monocytogenes*	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		
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.
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.
Middle Eastern Respiratory Syndrome (MERS)	Special Pathogen	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving.	Ensure Airborne + Contact + Standard precautions are implemented. Keep a log of all persons who care for OR enter the rooms or care area of these patients. Restrict visitors from entering room or care area. Don Special Pathogens Level 1 PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			Office Special Pathogens Program immediately.
Molluscum contagiosum	Standard		
Monkeypox	Special Pathogen	Airborne Until monkeypox confirmed and smallpox excluded. Contact until lesions crusted	Ensure Airborne + Contact + Standard precautions are implemented. Don Special Pathogens Level 1 PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Mucormycosis	Standard		
Multidrug-resistant organisms (MDROs), infection or colonization -CRE	Contact + Standard	To remove from Contact Precautions: 1. Infection must be resolved 2. Off antibiotic therapy 3. Culture original site 4. 2 rectal cultures separated by 72 hours.	If patient acquires CRE in hospital (e.g., respiratory infection), obtain a rectal surveillance culture. Patient should be placed on Contact Precautions upon readmission. There is no time limit.
-ESBL	Contact + Standard		If patient has a Portal of Exit and positive culture from Portal of Exit site
-MRSA	Standard		Blood, Urine, Stool
-MRSA	Contact + Standard		If patient has a Portal of Exit and positive culture from Portal of Exit site
-VISA	Contact + Standard		
-VRSA	Contact + Standard		
-VRE	Standard		
-Multidrug resistant *Pseudomonas*	Contact + Standard		If patient has a Portal of Exit and positive culture from Portal of Exit site.

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
aeruginosa, multidrug-resistant Acinetobacter *baumannii,* or other multidrug-resistant organism.			
Mumps (infectious parotitis)	Droplet + Standard	Until 5 days after the onset of swelling	
Mycobacteria, nontuberculosis (atypical)	Standard		
Mycoplasma pneumonia	Droplet + Standard	Duration of illness	
Necrotizing enterocolitis	Standard		Contact Precautions when clustered temporally
Nocardiosis, draining lesions or other presentations	Standard		
Norovirus (see Gastroenteritis)			
Norwalk agent Gastroenteritis (see Gastroenteritis)			
Orf	Standard		
Parainfluenza virus infection, respiratory in infants and young children	Contact + Droplet + Standard	Duration of illness	
Parvovirus B19 (Erythema infectiosum)	Droplet + Standard		
Pediculosis (lice)	Contact + Standard	Until 24 hours after initiation of effective therapy after treatment	
Pertussis (Whooping Cough)	Droplet + Standard	Until 5 days after initiation of effective antibiotic therapy	
Pinworm infection (Enterobiasis)	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Plague (*Yersinia pestis*) -Pneumonic	Droplet + Standard	Until 48 hours after initiation of effective antibiotic therapy	Antimicrobial prophylaxis for exposed HCW
Pneumonia - Adenovirus	Droplet + Contact	Duration of illness	
Pneumonia -Bacterial not listed elsewhere (*including* gram negative bacterial)	Standard		
Pneumonia -*B. cepacia* in patient with CF, including respiratory tract colonization	Contact + Standard	Unknown	Avoid exposure to other persons with CF; private room preferred.
Pneumonia -*B. cepacia* in patients without CF (see Multidrug resistant 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	
Pneumonia			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
-Multidrug 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		
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)			
Poliomyelitis	Contact + Standard	Duration of illness	
Pressure Ulcer -infected Major	Contact + Standard	Until drainage stops or can be contained by dressing	

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Pressure Ulcer -infected Minor	Standard		If dressing covers and contains drainage
Prion disease (see Creutzfeld-Jacob Disease)			
Psittacosis (ornithosis) (*Chlamydia psittaci*)	Standard		
Q fever	Standard		
Rabies	Standard		
Rat-bite fever (*Streptobacillus moniliformis* disease, *Spirillum minus* disease)	Standard		
Relapsing fever	Standard		
Resistant bacterial infection or colonization (see Multidrug Resistant 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 + Droplet + Standard	Duration of illness	
Reye's syndrome	Standard		
Rheumatic fever	Standard		
Rhinovirus	Droplet + Standard	Duration of illness	Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants).
Rickettsial fevers, tickborne (Rocky	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Mountain spotted fever, tickborne Typhus fever)			
Rickettsialpox (vesicular rickettsiosis)	Standard		
Ringworm (dermatophytosis, dermatomycosis, tinea)	Standard		Use Contact Precautions for outbreak.
Rocky Mountain spotted fever	Standard		
Roseola Infantum (exanthema 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 persons should not enter room. Exposed susceptible patients should be put on isolation for 21 days from exposure.
Salmonellosis (see Gastroenteritis)			
Scabies	Contact + Standard	Until 24 hours after initiation of effective therapy	
Scalded skin syndrome; staphylococcal	Contact + Standard	Duration of illness	See Staphylococcal Disease; scalded skin syndrome below.
Schistosomiasis (bilharziasis)	Standard		
Severe acute respiratory syndrome (SARS)	Special Pathogen	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving.	Ensure Airborne + Contact + Standard Precautions. Don Special Pathogen Level 1 PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Shigellosis (see Gastroenteritis)			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Smallpox (variola)	Special Pathogen	Duration of illness	Ensure Airborne + Contact + Standard precautions are implemented. Don Special Pathogen Level 1 PPE. Notify facility specific departments (Infection Prevention and Control, Medical Director, Infectious Disease Specialist, other appropriate staff); Public Health Authorities, and Central Office Special Pathogens Program immediately.
Sporotrichosis	Standard		
Spirillum minor disease (rat-bite fever)	Standard		
Staphylococcal disease (*S. aureus*) -Skin, wound, or burn Major	Contact + Standard	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.
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	
Staphylococcal disease (*S. aureus*) -Toxic Shock Syndrome	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptobacillus moniliformis disease (rat-bite fever)	Standard		
Streptococcal disease (group A *Streptococcus*) -Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy and 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*) -Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective 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	Contact Precautions for draining wound.
Streptococcal disease (group A *Streptococcus*) -Neonatal	Standard		
Streptococcal disease (not group A or B) unless covered elsewhere			

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
-Multidrug resistant (see Multidrug Resistant Organisms)			
Strongyloidiasis	Standard		
Syphilis -Latent (tertiary) and seropositivity without lesions	Standard		
Syphilis -Skin and mucous membrane, including congenital, primary, secondary	Standard		
Tapeworm disease -*Hymenolepis nana*	Standard		
Tapeworm disease -*Taenia solium* (pork)	Standard		
Tapeworm disease -Other	Standard		
Tetanus	Standard		
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	Standard		
Toxoplasmosis	Standard		
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		
Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD)	Standard		
Trench Mouth (*Vincent's angina*)	Standard		
Trichinosis	Standard		
Trichomoniasis	Standard		
Trichuriasis (whipworm)	Standard		

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Tuberculosis (*Mycobacterium tuberculosis*) -Extrapulmonary, draining lesion	Airborne + Contact + Standard	Discontinue with clinical improvement after drainage has ceased or there are 3 consecutive negative cultures of continued drainage.	Evaluate for the presence of concurrent pulmonary TB disease.
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.
Tuberculosis (*M. tuberculosis*) -Pulmonary or laryngeal disease, **confirmed**	Airborne + Standard	Only when patient on effective therapy, is improving clinically and has 3 consecutive sputum smears, obtained at least 8 hours apart, negative for acid-fast bacilli.	
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.	

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
		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 current active disease	Standard		
Tularemia -Draining lesion	Standard		
Tularemia -Pulmonary	Standard		
Typhoid (*Salmonella typhi*) fever (see Gastroenteritis)			
Typhus -Rickettsia prowazekii (Epidemic or Louse-borne Typhus)	Standard		
Typhus -*Rickettsia typhii*	Standard		
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard		
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

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			protection (i.e., surgical mask or respirator) for susceptible HCWs. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Postexposure Prophylaxis: provide postexposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5 days before delivery or within 48 hours after delivery) provide varicella zoster immune globulin as soon as possible after exposure and within 10 days. Use Airborne for exposed susceptible persons and exclude exposed susceptible HCWs 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, Ebola, Marburg, Crimean-Congo hemorrhagic fever viruses	Special Pathogen Precautions	Duration of illness	Ensure Airborne + Contact + Standard precautions are implemented. Single patient room preferred. Emphasize sharps safety and hand hygiene. Don Special Pathogen Level 2 VHF PPE. Notify facility specific departments (Infection Prevention and Control,

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
			Medical Director, Infectious Disease Physician, Chief Nursing Officer); Public Health Authorities and Central Office Special Pathogens Program immediately.
Viral respiratory diseases (not covered elsewhere) -Adults	Standard		
Viral respiratory diseases (not covered elsewhere) -Infants and young children (see Respiratory infectious disease, acute)			
Whooping Cough (see Pertussis)			
Wound infections, major	Contact + Standard	Until drainage stops or can be contained by dressing.	
Wound infections, minor or limited	Standard		If dressing covers and contains drainage.
Yersinia enterocolitica Gastroenteritis (see Gastroenteritis)			
Zoster (varicella-zoster) (see Herpes Zoster)			
Zygomycosis (phycomycosis, mucormycosis)	Standard		

Management of Patients with Herpes Zoster (Shingles)

Figure 1

IS THE PATIENT:

Immunocompromised

Including but not limited to:

- *Neutropenia*
- *Leukemia, lymphoma, or HIV positive*
- *Receiving corticosteroids or cyclosporine daily for >2 weeks*
- *On chemotherapy*
- *Undergone splenectomy*
- *History of organ transplant or hematopoietic stem cell*

ARE THE LESIONS

Localized
Defined as the appearance of a rash in one or two adjacent dermatomes

Localized
Follow Standard + Contact Precautions if disseminated infection is ruled out (consider Infectious Disease or Dermatology consultation); continue until lesions are dry and crusted. If disseminated infection is uncertain follow Standard + Airborne + Contact Precautions until disseminated infection ruled out.

Disseminated
Defined as the appearance of lesions outside the primary or adjacent dermatomes

Disseminated
Follow Standard + Airborne + Contact Precautions until lesions are dry and crusted.

Immunocompetent

(Healthy immune system)

ARE THE LESIONS

Localized
Defined as the appearance of a rash in one or two adjacent dermatomes

Follow Standard + Contact Precautions until lesions are dry and crusted.

Disseminated
Defined as the appearance of lesions outside the primary or adjacent dermatomes

Follow Standard + Airborne + Contact Precautions until lesions are dry and crusted.

Appendix C

Interim Transmission-Based Precautions During SARS-CoV-2 (COVID-19)Pandemic

Interim Transmission-Based Precautions
CDC recommends using additional infection prevention and control practices during the COVID-19 pandemic, along with standard precaution practices (see Appendix A). Additional Transmission-Based Precautions include:
Airborne + Contact + Eye Protection
Enhanced Droplet + Contact + Eye Protection

Airborne + Contact + Eye Protection Precautions

Airborne + Contact + Eye Protection Precautions, along with Standard Precautions, are designed to reduce the risk of acquiring SARS-CoV-2 (COVID-19) during the pandemic.

Airborne + Contact + Eye Protection PPE

I. Healthcare workers must wear a fit-tested N95 or higher level respirator for respiratory protection, gown, gloves and protective eye wear (goggles or face shield) when entering the room of patient if COVID-19 is suspected or confirmed.

II. Healthcare workers should remove their N95 respirator or higher level respirator and eye protection, perform hand hygiene, and put on their community source control mask when leaving the facility at the end of their shift.

III. Visitors should wear a surgical mask, an isolation gown, gloves and eye protection (face shield). Please refer to COVID-19 Visitation policy.

Airborne + Contact + Eye Protection Patient Placement

I. Acute Care and Long-Term Care Facilities

- **a.** Place patients in an Airborne Infection Isolation Room (AIIR). A single patient room with at least six (existing facility) or 12 (new construction/renovation) air changes per hour. The air is directly exhausted 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 MERV 13 HEPA filters.
- **b.** If a patient in Psych/Behavioral health requires an AIIR, transfer the patient to a Medical Unit.
- **c.** Whenever an AIIR is in use for a patient on Airborne+Contact+Eye Protection 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).
- **d.** Keep the AIIR door closed when not required for entry and exit.

e. When an AIIR is not available, transfer the patient to a facility that has an available AIIR or place the patient on Enhanced Droplet + Contact + Eye Protection Precautions.

f. In the event of an outbreak or exposure involving large numbers of patients who require Airborne+Contact+Eye Protection Precautions:

i. Consult Infection Prevention Department before patient placement to determine the safety of alternative rooms that do not meet engineering requirements for an AIIR.

ii. Cohort patients who are presumed to have the same infection (based on clinical presentation and diagnoses when known) in areas of the facility that are away from other patients.

iii. Use temporary portable solutions (e.g., exhaust fans) 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 MERV 13 HEPA filters before it is introduced to other air spaces.

iv. Patients who are immunocompromised (i.e., transplant, neutropenia, AIDS <200 CD4) or patients with open surgical wounds will not be cohorted.

g. Place an Airborne+Contact+Eye Protection Isolation Sign outside of patient's room (see Isolation Signage).

h. Patients should be alerted to the methods of potential spread of their disease and informed as to how they can assist in maintaining a barrier against transmission of their infection to others.

Discontinuation of Airborne + Contact + Eye Protection Precautions

I. Discontinue Airborne + Contact + Eye Protection Precautions according to New York State Department of Health and CDC guidelines.

a. Routine cleaning should be performed prior to disinfection of the isolation room. The floors will be cleaned and disinfected with an approved disinfectant.

Enhanced Droplet + Contact + Eye Protection Precautions

Enhanced Droplet + Contact + Eye Protection Precautions, along with Standard Precautions, require the use of a fit-tested N95 or higher level respirator for respiratory protection, eye protection (face shield or goggles), gowns, and gloves during the pandemic for patients with suspected or confirmed COVID-19.

I. Acute Care Facilities

a. Place patient in a single room when available.

b. If a patient in Psych/Behavioral Health requires Enhanced Droplet + Contact + Eye Protection Precautions, contact the Infection Prevention Department to determine if a

COVID-19 unit will be established or if patient will be transferred to a Medical Unit. Instruct patient to wear a surgical or procedure mask during transport.

c. If single patient rooms are not available, apply the following principles for making decisions on patient placement:
- Prioritize patients who have excessive cough and sputum production for single-patient room placement.
- Cohort patients who are infected with the same pathogen after consultation with the Infection Prevention Department.

d. Do not place patients who require Enhanced Droplet + Contact + Eye Protection Precautions in a room with a patient who does not have the same infection.

e. Patients who are immunocompromised (i.e., transplant, neutropenia, AIDS CD4 <200) or patient with open surgical wound will not be cohorted.

f. Place an Enhanced Droplet + Contact + Eye Protection Precaution sign outside of patient's room.

II. Post-Acute-Care Facilities

Contact the Infection Prevention Department regarding patient placement.

III. Ambulatory Settings

Not applicable.

Enhanced Droplet + Contact + Eye Protection Precautions Patient Transport

I. Acute Care Facilities and Post-Acute-Care Settings

a. Limit transportation and movement of patients outside of the room for medically-necessary purposes.

b. If transport or movement in any healthcare settings is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

Discontinuation of Enhanced Droplet + Contact + Eye Protection Precautions

I. Discontinue Enhanced Droplet + Contact + Eye Protection Precautions according to the NYSDOH and CDC guidelines. See Discontinuation of Transmission Based Precautions for COVID-19 on the intranet.

II. Isolation room will be cleaned with bleach (1:10 Hypochlorite) product approved for use at NYC H+H. Routine cleaning should be performed prior to disinfection. The floors will be cleaned and disinfected with an approved disinfectant.

Enhanced Droplet + Contact + Eye Protection Precautions PPE

I. Acute Care Facilities, Post-Acute-Care Settings

a. Visitors must don a facemask, eye protection, gown, and gloves upon entry into the patient room or cubicle.

b. Healthcare workers must don a N95 respirator and protective eyewear (e.g., goggles or face shield), gown and gloves.

c. A N95 mask is required for persons transporting patients on Enhanced Droplet + Contact + Eye Protection Precautions.

Reviewed and/or Revised

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Previous Versions of this Guidance

Signature	Title	Date
Machelle Allen	SVP/CMO	Version 1 – December 2019
Machelle Allen	SVP/CMO	Version 2 – October 2021
Machelle Allen	SVP/CMO	Version 3 – January 2022