Contact Isolation	Droplet Isolation	Airborne Isolation
Carbapenem resistant Gram Negative Rods (last 6 months) MDRO, other than carbapenem resistance (see page 2) <u>Cutaneous</u> Any Abscess or Ulcer, Not Contained, with Drainage Impetigo Staphylococcal furunculosis Staphylococcal Scalded Skin Syndrome Group A Streptococcus with Droplet and Contact Cutaneous Tuberculosis, draining wound Diphtheria Scabies <u>Suspected or Confirmed Infectious Gastroenteritis</u> Isolate diapered or incontinent patients with bacterial, viral or parasitic diarrhea, except Contact Plus Isolation for C difficile, Norovirus Sapovirus <u>Viruses</u> Localized Herpes Zoster (if lesions cannot be covered) Herpes Simplex (Mucocutaneous, Primary severe, Neonatal) Respiratory Syncytial Virus in Adults Parainfluenza Virus Echovirus or Enterovirus Human Metapneumovirus Adenovirus (add droplet if pneumonia) Viral or hemorrhagic conjunctivitis Hepatitis A (for diapered and incontinent patients) Poliomyelitis Congenital Rubella (until 1 year age) <u>Contact Plus Isolation</u> Clostridium difficile Norovirus Sapovirus Candida auris	Neisseria meningitidis MDR Strep pneumoniae Haemophilus influenzae type B <u>Respiratory Bacteria</u> Diphtheria (Pharyngeal) Mycoplasma pneumoniae Chlamydia pneumoniae in Pediatrics (for Adults, Standard Precautions) Pertussis Yersinia pestis (Pneumonic Plague) Group A Strep (Pharyngitis, Pneumonia, Scarlet fever) <u>Viruses</u> Influenza Parvovirus B19 (Staff who are pregnant, immune compromised or have hemolytic anemia will not be assigned to care for patients with Parvovirus B19) Coronavirus (not MERS-CoV or SARS) Human Rhinovirus Mumps Rubella (exam can't distinguish from measles) <u>Contact and Droplet Isolation Adults</u> Adenovirus for pneumonia RSV if there is cough (contact only if no cough) <u>Pediatric Respiratory (Contact & Droplet) Isolation</u> Influenza Like Illness Influenza Respiratory Syncytial Virus Human Metapneumovirus Adenovirus Coronavirus (not SARS or MERS-CoV) Human rhino/enterovirus	<u>Airborne alone</u> Tuberculosis, Pulmonary <u>Airborne with Contact</u> Herpes Zoster (Disseminated or immunocompromised patients until ruled out for disseminated) Varicella Measles (Only staff with known immunity should care for Varicella or Measles patients) Viral hemorrhagic fevers (e.g. Ebola, Lassa, Marburg, Crimean-Congo hemorrhagic fever) SARS (Severe Acute Respiratory syndrome) MERS-CoV (Middle East Syndrome coronavirus)

Disclaimer: Remember to **apply Standard Precautions to all patients.** Perform hand hygiene before and after all patient encounters. Wear gloves for contact with wounds or mucous membranes. Wear surgical Mask if caring for coughing patients or performing throat swab. Use Eye Protection and surgical Mask if doing procedure. Use gown and gloves for copious diarrhea, vomiting, or wound drainage, etc.

Contact Isolation for Carbapenem Susceptible MDRO In ICU patients, order isolation for any new culture with MDRO, or prior cultures* as noted below	Cohorting Patients
MRSA, VISA, VRE MDR S. pneumoniae (Resistant to penicillin AND ceftriaxone or levofloxacin) XDR Gram Negative Rods (Resistant to five or more drugs in the drug panel but Carbapenem susceptible) <u>For non-ICU patients</u> with new MDRO culture, order contact isolation if patient has: 1) Draining Wound not easily covered by bandages with MDRO in Wound or Blood culture 2) Urine incontinence (e.g. Diaper use) with MDRO growth in Urine culture. No need to isolate the patient with long-term urinary catheter 3) Cough or sputum production with MDRO growth in Respiratory culture 4) Ventilator or a Tracheostomy with MDRO growth in Respiratory culture <u>*Prior Cultures:</u> For both ICU and non-ICU patients with prior MDRO within the past 6 months, order contact isolation if you suspect current infection in the same anatomical site as the prior MDRO result.	As described below, some patients may be cohorted in a room together <u>after the infecting pathogen is known</u>, but not while results are pending. 1. Patients with the same pathogen (with same resistance profile) may be placed in a room together 2. Patients with multiple pathogens requiring isolation may be placed in a room together only if all the pathogens are the same (see exceptions in #3 and #4) 3. Children, but not adults, with different respiratory viruses can be in the same room 4. Adults or Children with Influenza A and Influenza B may be placed in a room together 5. Airborne isolation rooms must be single patient rooms

Discontinuing Isolation

Pathogen/Source of Infection	When it is Generally Ok to Stop Isolation
Clostridium difficile colitis	48 hours after diarrhea stops
Influenza	7 Days after Symptom Onset or 24 hours after afebrile, whichever is Longer
Neisseria meningitidis	After 24 hours appropriate antibiotic therapy
Haemophilus influenzae type B	After 24 hours appropriate antibiotic therapy
Group A Streptococcus	May stop Droplet isolation after 24 hours appropriate antibiotic therapy
Carbapenem Resistant Gram Neg Rods	After 6 months since the last culture with carbapenem resistant gram negative rod
MDRO Wound/Blood/Abd Fluid (Carbapenem sensitive)	Wound no longer draining or easily covered by bandages
MDRO Urine (Carbapenem sensitive)	Able to control urination, or has urine catheter, or negative urine culture
MDRO Sputum (Carbapenem sensitive)	No longer coughing/producing sputum or requiring suction per trach/ET tube or negative sputum culture
Pulmonary Tuberculosis	3 negative AFB smears collected 8-24 hours apart one of which is an early morning specimen. For confirmed TB cases, need (1) evidence of clinical improvement (2) TB treatment for at least 2 weeks (3) three negative sputum smears
Disseminated Zoster	No new lesions appearing and All lesions are crusted over
Localized Zoster or Herpes Simplex	No new lesions appearing and All lesions are crusted over. Or the affected area is covered by bandages
Respiratory Syncytial Virus	Resolution of Symptoms
Candida auris or Special/Emerging Pathogens	Discuss with Infection Prevention and New York State DOH

During Business Hours the Infection Prevention Team is available to answer questions: Moses 920-4562 Weiler 904-3422 Wakefield 920-9037
After business hours or on weekends you may discuss isolation questions with your Attending Physician or Dr. Ruchika Jain for Moses, Dr. Sun Park for Weiler, Dr. Marilou Corpuz for Wakefield, or Dr. Gregory Weston or Dr. Theresa Madaline