

Montefiore Medical Center Infection Prevention and Control Isolation Guidelines 2020

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Transmission Precautions and Isolations Policy

I. Rationale for Standard Precautions

Standard Precautions are used for all patient care. They make use of common sense practices and personal protective equipment that protects the healthcare providers from infection and prevent the spread of infection from patient to patient.

The following elements are part of **Standard Precautions**:

A. Hand Hygiene

a. Hand hygiene is the most important measure to prevent the spread of infections among patients.

B. Personal Protective Equipment

a. PPE includes items such as gloves, gowns, masks, respirators, and eyewear used to create barriers that protect skin, clothing, mucous membranes, and the respiratory tract from infectious agents.

C. Respiratory Etiquette

- a. Covering the nose/mouth with a tissue when coughing or sneezing or using the crook of the elbow to contain respiratory droplets.
- b. Using tissues to contain respiratory secretions and discarding in the nearest waste receptacle after use.
- c. Asking patients with signs and symptoms of respiratory illness to wear a surgical mask while waiting common areas or placing them immediately in examination rooms or areas away from others.

D. Appropriate Cleaning of Patient Care Equipment

E. Safe Injection Practices

F. Safe Handling of Needles and Other Sharps

a. Injection safety refers to the proper use and handling of supplies for administering injections and infusions (e.g., syringes, needles, fingerstick devices, intravenous tubing, medication vials, and parenteral solutions)

II. Rationale for Transmission-Based Precautions in healthcare settings

Transmission of infectious agents within a healthcare setting requires three elements: a source (or reservoir) of infectious agents, a susceptible host with a portal of entry receptive to the agent, and a mode of transmission for the agent.

Transmission-Based Precautions are a second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent transmission.

III. Types of Transmission-Based Precautions (combinations of isolation are sometimes indicated)

- Standard Precautions
- Contact Precautions
- Contact PLUS Precautions (and Temporary Enteric Precautions)

- Droplet Precautions
- Airborne Precautions
- Pediatric Respiratory Precautions

A. Contact Precautions

a. Appropriate Patient Placement

- i. Single room or cohort with the same organism

b. Personal Protective Equipment (PPE)

- i. Perform hand hygiene. Don gloves and gown prior to entering the patient room.
- ii. Doff and discard PPE prior to exiting the patient room. Perform hand hygiene.

c. Transportation and Movement of Patients

- i. Limit movement outside of room to medically-necessary purposes
- ii. When transport/movement is necessary
 1. Inform receiving unit that the patient will be transported
 2. Cover patient in clean linen
 3. Remove PPE
 4. Perform Hand Hygiene
 5. Transport Patient

d. Transportation of Critical Patient

- i. Gloves and gowns may be worn by healthcare workers when transporting a critical patient.

e. Physical Therapy

- i. Patients on Contact Precaution may participate in Physical Therapy.
- ii. Discuss case with the Infection Prevention Department

f. Disposable or Dedicated Patient Care Equipment

- i. Disposable equipment includes thermometer, bp cuff, stethoscope, and any other patient related equipment that is single use.

g. Cleaning and Disinfection of the Room

- i. Per EVS Policy

B. Contact Plus Precautions (and Temporary Enteric Precautions (TEP))

a. Appropriate Patient Placement

- i. Single room or cohort with approval from the Infection Prevention Department

b. Personal Protective Equipment

- i. Perform hand hygiene. Don gloves and gown prior to entering the patient room.
- ii. Doff and discard PPE prior to exiting the patient room. Wash hand with soap and water.

c. Transportation and Movement of Patients

- i. Limit movement outside of room to medically-necessary purposes
- ii. When transport/movement is necessary
 1. Cover patient in clean linen

- 2. Remove PPE
- 3. Wash hands with soap and water.
- 4. Transport Patient
- d. Disposable or Dedicated **Patient Care Equipment**
 - i. Disposable equipment includes thermometer, blood pressure cuff, stethoscope
 - ii. Commode, commode liner and any other patient related equipment that is single use.
- e. Cleaning and Disinfection of the Rooms
 - i. Per EVS Policy
- f. **Temporary Enteric Precautions (TEP)**
 - i. Used for all rule out cases of C. difficile and Norovirus
 - ii. Order for TEP is linked to the order for C. Difficile and Norovirus testing

C. Droplet Precautions

- a. Source Control
 - i. Mask any rule out cases
- b. Appropriate **Patient Placement**
 - i. Single room or cohort with approval from the Infection Prevention Department
- c. **Personal Protective Equipment (PPE)**
 - i. Surgical Mask
- d. **Transportation and Movement of Patients**
 - i. Limit movement outside of room to medically-necessary purposes
 - ii. When transport/movement is necessary
 - 1. Cover patient in clean linen and place a surgical mask on the patient.
 - 2. Perform hand hygiene.
 - 3. Transport Patient
- e. **Cleaning and Disinfection** of the Rooms
 - i. Per EVS Policy

D. Airborne Precautions

- a. Source Control
 - i. If a negative pressure room is not immediately available, place a surgical mask on the patient and place them in a private room with the door closed.
- b. Restrict susceptible Healthcare Personnel
 - i. For varicella and measles, restrict nonimmune or immunocompromised healthcare workers from caring for the patient
- c. Appropriate Patient Placement
 - i. Negative Pressure room with the door closed
- d. Personal Protective Equipment (PPE)
 - i. N-95, must be fit tested

- e. Transportation and Movement of Patients
 - i. Coordinate with Infection Prevention Department prior to movement
- f. Cleaning and Disinfection of the Rooms
 - i. Per EVS policy

E. Pediatric Respiratory Isolation

- a. As per Pediatric / CHAM guidelines

Personal Protective Equipment (PPE)

Proper techniques for putting on (donning) and removing (doffing) personal protective equipment (PPE)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



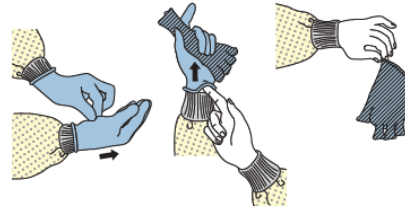
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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

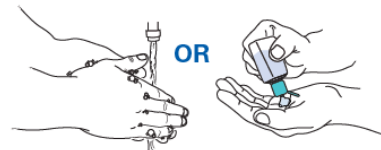


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the inside of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

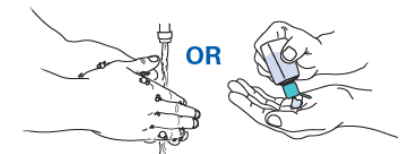


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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Immunocompromising Conditions

Severely immunocompromising conditions that define patients as being immunocompromised or transplant (ICT) (per ACIP and IDSA)* include:

- Severe primary immunodeficiency;
- Bone marrow transplant until >12 months after finishing all immunosuppressive treatment, and maybe longer in patients who have developed graft-versus-host disease;
- On treatment for acute lymphoblastic leukemia (ALL) within and until >6 months after completion of immunosuppressive chemotherapy;
- On cancer chemotherapy**
- Post solid organ transplantation**
- Receiving daily corticosteroid therapy with a dose >20mg (or >2 mg/kg/day for patients who weigh <10kg) of prednisone or equivalent for >14 days
- Receiving certain biologic immune modulators, such as tumor necrosis factor-alpha (TNF- α) blockers or rituximab**
- After hematopoietic stem cell transplant, duration of high-level immunosuppression is highly variable and depends on type of transplant (longer for allogeneic than autologous), type of donor and stem cell source, and post-transplant complications such as graft vs. host disease and their treatments**
- AIDS or HIV with severe immunosuppression defined as CD4 <15% (all ages) or CD4 count <200 lymphocytes/mm³ (aged >5 years).

General Isolations and Precautions Guidelines

(Refer to the full Isolation Policy for details. Combinations of isolation precautions may be indicated)

Precaution type	Patient room	Body attire	Hands	Face	Select Infectious agents
Standard	Any	- None - Gown use indicated for diarrhea, vomiting, draining wound	- Hand Hygiene with alcohol based sanitizer or soap and water. *Soap and water use if contact with body fluids or blood - Gloves for direct patient contact	- None - Surgical mask – if patient is coughing or doing throat swab - Eye protection + Surgical mask for procedures	All patients
Droplet	Single, cohorting Patients should wear a surgical mask when being transported	As per Standard	- Hand Hygiene as per Standard precautions - Gloves for direct patient contact	- Surgical mask	<i>B. pertussis</i> , influenza virus, adenovirus, rhinovirus, <i>N. meningitides</i> , and group A streptococcus (for the first 24 hours of antimicrobial therapy, combined with Contact isolation precautions for draining wounds).
Contact	Single, cohorting	Gown	- Hand Hygiene as Standard - Gloves at all times	As per Standard	MDRO, MRSA - Pneumonia with active secretions, draining wounds, Scabies, lice
Contact PLUS (same for TEP (Temporary Enteric Precautions))	Single, cohorting (in consultation with Infection Control)	Gown	- Hand washing with soap and water - Gloves at all times	As per Standard	Confirmed or suspected <i>Clostridioides difficile</i> , Norovirus, Sapovirus <i>Candida auris</i>
Airborne	Single, negative pressure	As per Standard	- Hand Hygiene - As per standard	N95 mask	<i>Mycobacteria tuberculosis</i> Measles Disseminated/primary varicella virus (combined with contact if indicated) 2019 nCoV / SARS-CoV/ MERS-CoV (combined with Contact as indicated – call Infection Control)
Pediatric Respiratory Precautions	Cohorting	Gown	- Hand washing - Gloves	- Surgical mask	Pediatric respiratory viruses

*This is not a complete list of all diseases or organisms requiring isolation. Please refer to the complete list in the Infection Prevention Manual

Cohorting Isolation Guidelines

Please call Infection Control to discuss and help facilitate cohorting
 Cohorting **EXCLUSIONS**: Moses – NW2, NW8, Foreman 7 (ICT, Heme-Onc and transplant)
 Einstein – OB, 11S (oncology); Wakefield - OB
 At discretion of primary team and unit manager, in consultation with infection control

ICT – immune-compromised and transplant
 ICT locations: Moses – NW2, NW8, Foreman 7; Einstein – 11S; Wakefield – OB 3S; ICT, high risk, and OB patients elsewhere
 CHAM – Pediatric Respiratory Isolation – per CHAM protocol

Isolation	Indication	Cohorting With	Nosocomial Exposure	Removal of isolation
Droplet	Influenza	Any influenza A/B (both on oseltamivir)	Roommates remain in place - Patient – start treatment - Roommate – start prophylaxis after testing	7 days from illness onset or \geq 24 hours after resolution of fever and respiratory symptoms, whichever is longer
Contact PLUS	<i>C. difficile</i>	In order of preference: - Private room - Cohorting with patient with similar stage of illness and same strain of <i>C. difficile</i> - Cohorting any <i>C. difficile</i>	Monitor for Signs/Symptoms of disease	At least 48 hours of no diarrhea and clinical improvement Pediatrics – durations of hospitalization or in discussion with infections control
	Norovirus	Norovirus	Monitor for Signs/Symptoms of disease	At least 48 hours after resolution of symptoms or to control healthcare outbreak Pediatrics – durations of hospitalization or in discussion with infections control
Temporary Enteric Precautions (TEP)	<u>Pending</u> C diff or GI panel (Suspected <i>C. difficile</i> or norovirus)	Anyone except 4-bedded rooms ICT patients are excluded from TEP cohorting		Removal or initiation of Contact PLUS depending on results
Contact	MRSA, VRE, XDR, CRE	Same organism only, at discretion of Infection Control		Call Infection Control for assistance
Standard (except Contact + Standard for ICT patients, and Pediatric Respiratory isolation for children)	RSV	RSV (ICT and children only)	Roommates remain in place	Resolution of symptoms Pediatrics – durations of hospitalization or in discussion with infections control

Siegel, J. et al. Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. HICPAC. 2007. (CDC)

Call Infection Prevention and Control with questions (cohorting, removal of isolation)
 Moses 718-920-4562, Einstein 718-904-3422, Wakefield 718-920-9037. After hours (nights, weekends, holidays) – contact Infection Control via page operator; For Emerging/Novel Pathogens (Ebola, MERS, Measles etc.) 718-920-7800

Respiratory Infections

Empiric Isolation Guidelines

Symptoms	Comorbidity/ History	Common Pathogens	Empiric Precautions (+ Standard)
	Influenza-like illness when Influenza is prevalent (seasonal)	<ul style="list-style-type: none"> Influenza Respiratory viruses S. pneumoniae 	<ul style="list-style-type: none"> Droplet, Eye/face protection if expect aerosols Patient should wear a surgical mask while pending testing results Cohorting
Fever + cough	General population, not during influenza season	<ul style="list-style-type: none"> Respiratory viruses S. pneumoniae 	<ul style="list-style-type: none"> Droplet, Eye/face protection if expect aerosols Patient should wear a surgical mask while pending testing results
OR			
Fever + pulmonary infiltrate	Recent travel (10-21 days) to countries with active outbreaks of 2019 Novel Corona Virus (nCoV), SARS, avian influenza, MERS	Severe acute respiratory syndrome virus (SARS- CoV, MERS-CoV), 2019 nCoV, avian influenza	Airborne + Contact + Eye protection If not suspecting 2019nCoV/SARS/MERS: Droplet + Contact + Eye protection
OR			
Cough + pulmonary infiltrate	Pediatrics: Respiratory infections, particularly bronchiolitis and pneumonia, in infants and young children	<ul style="list-style-type: none"> Influenza RSV Parainfluenza Adenovirus Human metapneumovirus 	Pediatric Respiratory Isolation (Contact + Droplet)
	Risk for <i>Mycobacteria tuberculosis</i> infection (from endemic country, known latent TB or exposure, immunocompromise, previously incarcerated or undomiciled)	M. tuberculosis suspected with above	Airborne (+ Contact if draining lesion)

Siegel, J. *et al.* Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. HICPAC. 2007. (CDC)

Respiratory Infections Isolation Guidelines

Peds - Peds Respiratory (contact and droplet) should be the initial isolation chosen for the patient if they have cough, rhinorrhea and/or fever

Standard Precautions: Hand Hygiene, Gloves on contact, Gown/Mask for procedures;

Respiratory hygiene/cough etiquette – surgical mask or >3 ft separation

Organism	Test	Isolation (As indicated if different for ICT)	Cohorting	Duration of isolation	Exposure Prophylaxis	Prevention (+ Hand Hygiene)
Adenovirus (pneumonia)	RPP	Droplet + Contact + Standard		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
Bordatella Pertussis (whooping cough)	RPP, Nasal swab	Droplet + Standard		Until 5 days after initiation of antibiotic treatment.	Household contacts and healthcare workers with prolonged exposure to respiratory secretions as indicated	Tdap, Post exposure prophylaxis as indicated
Coronavirus (NOT 2019 nCoV)	RPP	Standard ICT and PEDs: Droplet + Contact		Duration of illness (resolution of symptoms), ICT and PEDS – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
<ul style="list-style-type: none"> • MERS-CoV • SARS-CoV • 2019 Novel Coronavirus 	Special testing	Airborne + Contact + Standard		Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving Until cleared by IPC and Department of Health		
Diphtheria (pharyngeal only)	Special Culture	Droplet + Standard		Until off antimicrobial treatment and culture-negative (2 cultures 24 hours apart)	Close contacts or healthcare workers exposed to secretions: Penicillin or erythromycin plus vaccine	Tdap, Td vaccine
Group A Streptococcus pneumonia, pharyngitis, scarlet fever	Rapid Strep test, Culture	Droplet + Standard (+Contact if skin lesions are present)		Until 24 hours after initiation of effective therapy (if skin lesions – until drainage stops or can be contained by dressing)		

Haemophilus influenzae type b (epiglottitis, meningitis, etc)	Culture	Droplet + Standard		Until 24 hours after initiation of effective therapy	Household contacts: Rifampin for age <4 years who are not fully vaccinated or aged <18 years who are immunocompromised	Hib vaccine
Human Metapneumovirus hMPV	RPP	Contact+ Standard		Duration of illness (resolution of symptoms), ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
Influenza (seasonal)	Rapid Flu/RSV, RPP	Droplet + Standard	Influenza of same subtype (preferred), Any influenza (oseltamivir)	7 days from illness onset or ≥ 24 hrs after resolution of fever and respiratory symptoms, whichever is longer	Yes - Oseltamivir	Seasonal Flu vaccine
Influenza (novel Influenza A, avian)	Special testing	Airborne + Contact + Standard				
Measles	Nasopharyngeal PCR, Serum IgM and IgG	Airborne + Standard		4 days after onset of rash; duration of illness in ICT	-MMR vaccine within 72h of exposure in eligible patients. -For children <6 months, pregnant or ICT, immunoglobulin should be given within 6 days of exposure (IMIG for infants <6 months and IVIG for all others). ID consult required.	MMR vaccine
Mumps (infectious parotitis)	PCR, Serum IgM, IgG	Droplet + Standard	Until 5 days after the onset of swelling		MMR vaccine	
Mycoplasma pneumonia	RPP	Droplet + Standard		Duration of illness		

Neisseria meningitidis	Culture, CSF panel	Droplet + Standard (mask with face protection for intubation)		Until 24 hours after initiation of effective therapy	Rifampin twice daily x 2 days for household members, day care center contacts, and anyone directly exposed to the patient's oral secretions (e.g., through kissing, mouth-to-mouth resuscitation, endotracheal intubation, or endotracheal tube management without mask). Ciprofloxacin x 1 as an alternative.	Quadrivalent vaccine (A, C, Y, W) and subgroup B vaccine
Novel 2019 Coronavirus	Special testing	Airborne+Droplet+ Standard		Until cleared by IPC and Department of Health		
Parainfluenza Virus	RPP	Standard ICT and PEDS: Contact + Standard	Parainfluenza virus same subtype	Duration of illness (resolution of symptoms), ICT and PEDS – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
Parvovirus B19	PCR, IgM, IgG	Droplet + Standard		Duration of hospitalization if chronic disease in an immunocompromised patient (especially if persistently positive PCR). For transient aplastic crisis or red-cell crisis, maintain precautions for 7 days		
Rhinovirus	RPP	Droplet + Standard (Droplet + Contact PEDS and if copious secretions)		Duration of illness (resolution of symptoms) ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		
RSV (Respiratory Syncytial Virus)	Rapid Flu/RSV, RPP	Standard ICT: Contact + Standard	ICT: RSV same type (if known A/B on RPP) only	Duration of illness (resolution of symptoms), PEDS – duration of hospitalization ICT – extend due to prolonged shedding until cleared by Infection Prevention or Infectious Diseases		Adults – none, infants and children < 24 mo - Palivizumab

Rubella Including Congenital Rubella	PCR, Serum IgM, IgG	Droplet + Standard		Until 7 days after onset of rash Congenital Rubella (PEDS) - contact isolation up until 1 year of age must contact IPC if clinical concern	Vaccine within 3 days of exposure for non-pregnant susceptible individuals; Susceptible healthcare works excluded from duty days 5-21 post exposure regardless of postexposure vaccine	MMR vaccine
Severe acute respiratory syndrome (SARS)	Special testing, RPP	Airborne + Contact + Standard		Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving		
Tuberculosis (<i>M. tuberculosis</i>)	AFB smear and culture, PCR	Airborne + Standard (+Contact if draining wound)		When patient is improving clinically, 3 consecutive negative smears/cultures at least 8 hours apart with at least one early morning specimen, and drainage has ceased. When confirmed TB – also 2 weeks of therapy. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out.		
Varicella (primary disease and disseminated zoster)	PCR, DFA, culture	Airborne + Contact + Standard		Duration of illness and until lesions are dry and crusted. In immunocompromised host with varicella pneumonia, extend duration of precautions for duration of illness.	-Vaccine in non-pregnant, non-ICT patients within 120 hours. -VZIG in individuals without evidence of immunity to varicella who are at high risk for severe varicella and complications, who have been exposed to varicella or herpes zoster, and for whom varicella vaccine is contraindicated. ID consult required.	Varicella vaccine, Shingles vaccine
Varicella Zoster – single dermatome not immunocompromised patient	PCR, DFA, culture	Standard if lesions covered Contact + Standard if lesions cannot be covered,		Until lesions are dry and crusted		

Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Special Testing	Airborne + Contact + Standard (mask with shield/eye protection) N95 resp precautions if aerosol generating procedure		Duration of illness - until cleared by IPC and DOH		
<i>Yersinia pestis</i> Pneumonia (Pneumonic Plague)	Culture	Droplet + Standard		Until 48 hours after initiation of effective antibiotic therapy	Close contact with a pneumonic plague patient or direct contact with infected body fluids or tissues: Ciprofloxacin or Doxycycline	

Call Infection Prevention and Control with questions (cohorting, removal of isolation)
Moses 718-920-4562, Einstein 718-904-3422, Wakefield 718-920-9037,
Emerging Pathogens 718-920-7800

ICT – immune-compromised and transplant
ICT locations: Moses – NW2, NW8, Foreman 7; Einstein - 11S;
Wakefield – OB 3S; ICT, high risk, and OB patients elsewhere
CHAM – Pediatric Respiratory Isolation – per CHAM protocol

Airborne Isolation Guidelines

Standard Precautions: Hand Hygiene, Gloves on contact, Gown/Mask for procedures;
Respiratory hygiene/cough etiquette – surgical mask or >3 ft separation

Organism	Test	Isolation	Duration of isolation	Exposure Prophylaxis	Prevention (+ Hand Hygiene)
Measles	Nasopharyngeal PCR, Serum IgM and IgG	Airborne + Standard	4 days after onset of rash; duration of illness in immune compromised	-MMR vaccine within 72h of exposure in eligible patients. -For children <6 months, pregnant or ICT, immunoglobulin should be given within 6 days of exposure (IMIG for infants <6 months and IVIG for all others). ID consult required.	MMR vaccine
MERS-CoV	Special testing	Airborne + Contact + Standard	Until cleared by IPC and Health Department		
Novel 2019 Coronavirus					
Severe acute respiratory syndrome (SARS)	Special testing, RPP	Airborne + Contact + Standard	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving		
Tuberculosis (<i>M. tuberculosis</i>) - pulmonary	AFB smear and culture, PCR	Airborne + Standard (+Contact if draining wound)	When patient is improving clinically, 3 consecutive negative smears/cultures at least 8 hours apart with at least one early morning specimen, and drainage has ceased. When confirmed TB – also 2 weeks of therapy. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out.		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses	Special Testing	Airborne + Contact + Standard	Duration of illness until cleared by IPC and DOH		
Varicella (primary disease and disseminated zoster)	PCR, DFA, culture	Airborne + Contact + Standard	Duration of illness and until lesions are dry and crusted. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness.	-Vaccine in non-pregnant, non-ICT patients within 120 hours. -VZIG in individuals without evidence of immunity to varicella who are at high risk for severe varicella and complications, who have been exposed to varicella or herpes zoster, and for whom varicella vaccine is contraindicated. ID consult required.	Varicella vaccine, Shingles vaccine

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ICT – immune-compromised and transplant | ICT locations: Moses – NW2, NW8, Foreman 7; Einstein – 11S; Wakefield – OB 3S; ICT, high risk, and OB patients elsewhere; CHAM – Pediatric Respiratory Isolation – per CHAM protocol



Contact Isolation

Patients on Contact or Contact PLUS isolation can leave the room for studies in a clean gown with hand hygiene.

Providers actively caring for intubated vented patients on contact isolation can wear PPE in hallways while transporting the patient.

Wounds and Rashes Empiric Isolation Guidelines

Symptoms	Clinical Syndrome or Condition	Potential Pathogens	Testing method	Empiric Precautions (+ Standard)
Generalized Rash or Exanthem	Petechial/echymoses – generalized + Fever	Meningitis (<i>Neisseria meningitides</i>)	Lumbar puncture, Blood culture	Droplet first 24 hours of appropriate antimicrobial therapy
	Petechial/echymoses – generalized + Fever + recent travel to area with Viral Hemorrhagic fever within 21 days	Viral hemorrhagic fever (Ebola, Lassa, Marburg Virus)		Airborne w/ face shield + Contact Call Infection Control immediately
	Vesicular	Varicella zoster, Herpes simplex virus, variola (smallpox), vaccinia virus	Serology, PCR, direct fluorescent antibody staining	Airborne + Contact Contact only for HSV or localized zoster in immunocompetent
	Maculopapular with cough, coryza and fever	Measles (Rubeola) virus	Serology, PCR	Airborne
Skin or wound infection	Abscess or draining wound that cannot be covered - major	<i>Staphylococcus aureus</i> (MSSA, MRSA) Group A streptococcus	Wound culture	Contact - duration of illness or until drainage stops or can be contained by dressing Droplet + Contact for the first 24 hours of appropriate antimicrobial therapy if Invasive Group A streptococcal disease is suspected
	Abscess or wound - minor			Standard – if dressing covers or contains drainage

Siegel, J. *et al.* Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. HICPAC. 2007. (CDC)

Multi-Drug Resistant Organisms (MDRO) Isolation Guidelines

Enterobacteriaceae include *Citrobacter sp*, *Enterobacter sp*, *Klebsiella pneumoniae*, *Escherichia coli*, *Serratia marcescens*, *Proteus mirabilis*

MMC ABX groups: Aminoglycosides, Ceftriaxone, Cefepime, Pip/tazo, Ciproflox, Aztreonam, Carbapenems

MDR - >= 3 Resistant (I or R) | XDR - <=2 susceptible

MDRO Organism	Description and Definition	Isol	Infection site			
		Dis c	Sputum	Urine	Blood	Wound
<ul style="list-style-type: none"> • CRE (Carbapenem Resistant <i>Enterobacteriaceae</i>) • Other Carbapenem Resistant Gram Negatives (<i>P. aeruginosa</i>) 	Resistant to at least one carbapenem antibiotic, or produce carbapenemase (KPC, NDM, VIM, IMP, OXA)	Iso	Contact + Standard			
		D/c	Duration: 6 months after positive culture, removal in discussion with Infection Prevention			
<ul style="list-style-type: none"> • ESBL (Extended Spectrum Beta lactamase producing) identified by outside lab) • MDR (Multidrug resistant) Enterobacteriaceae, <i>P. aeruginosa</i> , <i>Acinetobacter baumannii</i> , other	Resistant to oxyimino-beta-lactams, cephalosporins and monobactam (cefotaxime, ceftriaxone, ceftazidime and aztreonam) MDR - Resistant to at least 3 classes of antibiotics	Iso	Standard			Standard Contact + Standard if large drainage
		D/c				Until drainage stops or contained by dressing
<ul style="list-style-type: none"> • XDR (Extensively drug resistant) – identified by lab) Enterobacteriaceae, <i>P. aeruginosa</i> , <i>Acinetobacter baumannii</i> , other	Susceptible to 2 or fewer antibiotic classes	Iso	Standard Contact + Standard if intubated or coughing	Standard (Continent) Contact + standard (Incontinent or Catheterized)	Standard If bacterimia alone with no other known sites of infection or confirmed colonization	Contact + Standard
		D/c	Respiratory symptoms resolved or extubated. Chronic resp failure with tracheostomy – 6 mo	Incontinent or external catheter (including purewick and condom catheter) – 6 mo When catheter removed if patient continent		When wound heals; For chronic wounds - 6 months after positive culture, removal in discussion with Infection Prevention

MDRO Organism	Description and Definition	Isol	Infection site			
		Dis c	Sputum	Urine	Blood	Wound
<i>Staphylococcus aureus</i> MRSA (Methicilin Resistant)	Methicilin resistant <i>S. aureus</i>	Iso	Standard Contact + Standard if uncontained secretions	Standard		Contact + Standard if open wounds that cannot be contained by dressing
		D/c	Sputum cx negative and pt completes abx Nasal screening only - Standard (Adults)			Wound heals, resolved, or contained by dressing
<i>Staphylococcus aureus</i> • VRSA (Vancomycin Resistant) • VISA (Vancomycin Intermediate)	<i>Staphylococcus aureus</i> with Vancomycin MIC >4	Iso	Contact + Standard			
		D/c	Do not discontinue precautions until DOH reviews case			
Enterococci VRE (Vancomycin Resistant)	vancomycin-resistant enterococci	Iso	Standard Contact + Standard if uncontained secretions	Standard		Standard Contact + Standard if open wound that cannot be contained by dressing
		D/c	Sputum cx negative and pt completes abx			Wound heals, resolved, or contained by dressing
<i>Candida auris</i>	commonly multidrug resistant	Iso	Contact PLUS			
		D/c	Do not discontinue precautions until DOH reviews case			

Call Infection Prevention and Control with questions (cohorting, removal of isolation) Moses 718-920-4562, Einstein 718-904-3422, Wakefield 718-920-9037, after business hours page through the operator; Emerging Pathogens 718-920-7800

Streptococcal and Staphylococcal infections

Streptococcal infections

Organism	Isolation Duration	Skin, major	Skin, minor/limited	GYN	Pharyngitis	Pneumonia	Scarlet fever	Serious Invasive disease	Neonatal infection
Streptococcal disease (Group A <i>Streptococcus</i>)	Isolation	Contact + Droplet + Standard	Standard	Standard (Endometritis puerperal sepsis)	Droplet + Standard (Peds Respiratory for infants and young children)	Droplet + Standard	Droplet + Standard (Peds Respiratory for infants and young children)	Droplet + Standard Contact + Droplet + Standard if draining wound	Standard
	Duration	Until 24 hours after initiation of effective therapy and dressing covers and contains the wound	Dressing covers and contains the wound		Until 24 hours after initiation of effective therapy	Until 24 hours after initiation of effective therapy	Until 24 hours after initiation of effective therapy	Until 24 hours after initiation of effective therapy	

Staphylococcal infections

Organism	Isolation / Duration		Skin, major	Skin, minor	Enterocolitis	Pneumonia	Scalded Skin syndrome	Toxic Shock syndrome
Staphylococcal disease (<i>Staphylococcus aureus</i>)	Isolation	MSSA	Contact + Standard	Standard	Standard Contact + Standard for diapered or incontinent children	Standard	Contact + Standard	Standard
		MRSA		Standard	Contact	Contact + Standard		
	Duration		Duration of illness; until drainage stops or can be contained by a dressing; MRSA wound – healed, resolved or contained by dressing	If dressing covers and contains drainage		Sputum cx negative and pt completes abx course	Duration of illness	

Gastrointestinal Infections

Empiric Isolation Guidelines

Symptoms	Comorbidity/ History	Common Pathogens	Testing method	Empiric Precautions (+ Standard)
Acute diarrhea with a likely infectious cause; +/- Nausea, vomiting, abdominal pain	Recent Travel	Enteric pathogens	GI pathogen panel	TEP (Temporary Enteric Precautions)
	<ul style="list-style-type: none"> Systemic antibiotics exposure Healthcare exposure – hospitalization Resident of long-term care facilities 	<i>C. difficile</i> , Norovirus (other enteric pathogens less likely)	<i>C. difficile</i> panel GI pathogen panel if suspect Norovirus	TEP or Contact PLUS
	Patient incontinent or diapered	<i>C. difficile</i> , Enteric pathogens	<i>C. difficile</i> panel, GI pathogen panel	TEP or Contact PLUS
	Immunocompromised (ICT, AIDS)	<i>C. difficile</i> , Enteric pathogens	GI pathogen panel, <i>C difficile</i> panel	TEP
	In setting of known/suspected outbreak	Norovirus	GI pathogen panel	TEP or Contact PLUS
	Previous <i>C. difficile</i> colitis	<i>C. difficile</i>	<i>C. difficile</i> panel	TEP or Contact PLUS
Food poisoning	Toxin mediated – acute onset within min to hours	Botulism toxin <i>Clostridium perfringens</i> or <i>botulinium</i> toxin Staphylococcal toxin		None – not transmitted from person to person
Acute viral Gastroenteritis	Vomiting, Diarrhea within hours 10-48 hours	<i>Adenovirus F40/41</i> , <i>Norovirus</i> , <i>Sapovirus</i> , <i>Rotavirus</i>	GI pathogen panel	TEP or Contact PLUS
Prolonged watery diarrhea (> 1 week)	Travelers, contaminated water exposure (recreational, drinking, etc)	<i>Cryptosporidium</i> , <i>Cyclospora</i> , <i>Entamoeba histolytica</i> , <i>Giardia lamblia</i>	GI pathogen panel	None (Incontinent patients – Contact)

Siegel, J. *et al.* Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. HICPAC. 2007. (CDC)

Gastrointestinal and Food Borne Infections Isolation Guidelines

Treatment Recommendations as per Montefiore Antibiotic Stewardship Program (ASP)

Organism	Test	Isolation (As indicated if different for ICT)		Cohorting	Duration of isolation	Prevention (+ Hand Hygiene)
		General	Incontinent or diapered person including PEDS (Pediatric Patients)			
Adenovirus F 40/41	Infectious Gastroenteritis (Diarrhea) panel (GI pathogen panel)	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks.	
Ascariasis	Stool ova and parasite (O&P)	Standard				
Astrovirus	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks.	
<i>Campylobacter jejuni</i> and other species						
<i>Clostridium botulinum</i> <i>Clostridium perfringens</i>	Toxin identification or culture	Standard				
<i>Clostridioides difficile</i>	<i>C. difficile</i> panel	Contact PLUS (TEP while pending testing)	Contact PLUS + Standard	With other confirmed <i>C. difficile</i> – in consultation with Infection Control	Duration of illness At least 48 hours after resolution of diarrhea	Secondary prevention in consultation with Infectious diseases
<i>Cryptosporidium</i> species	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks	
<i>Cyclospora cayetanensis</i>						
<i>Entamoeba histolytica</i>						

<i>E. coli</i> – diarrheagenic Enteroaggregative (EAEC) Enteropathogenic (EPEC) Enterotoxigenic (ETEC) Shiga-like toxin producing (STEC) <i>E coli</i> 0157 strain Enteroinvasive (or <i>Shigella</i>) (EIEC)						
<i>Helicobacter pylori</i>	Stool Antigen testing	Standard				
Hepatitis A	Hepatitis serology, PCR viral load	Standard	Contact + Standard		> 14 y/o – 1 week after onset of sx; 3-14 y/o – 2 weeks < 3 y/o – duration of hospitalization	Hepatitis A vaccine Postexposure prophylaxis
Hepatitis B (+/- Hepatitis D)	Hepatitis serology, PCR viral load	Standard			See recs for care of patients in hemodialysis unit	Hepatitis B vaccination
Hepatitis C						
Hepatitis E		Standard	Contact + Standard		Duration of illness	
Hepatitis G		Standard				
Hookworm	Stool O&P	Standard				
<i>Giardia lamblia</i>	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks	
Norovirus	GI pathogen panel	Contact PLUS (TEP while pending testing)	Contact PLUS + Standard	Norovirus (cohorting preferred to interrupt transmission during outbreaks)	At least 48 hours after the resolution of symptoms or to control institutional outbreaks. Add <u>surgical mask</u> for persons who clean areas heavily contaminated with feces or vomitus.	Aggressive hand hygiene with soap and water or alcohol based sanitizer
Pinworms (Enterobiasis)	Stool O&P	Standard				
Rotavirus	GI pathogen panel	Contact + Standard			Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly	Vaccines for children: RV5 (PRV ~RotaTeq) or RV1 (HRV ~ Rotarix)

<i>Plesiomonas shigelloides</i>	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks.	
<i>Salmonella</i> species (including <i>S. typhi</i>)						
Sapovirus	GI pathogen panel	Contact PLUS (TEP while pending testing)	Contact PLUS + Standard			
<i>Shigella</i> species (bacillary dysentery)	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks.	
<i>Staphylococcus aureus</i> enterocolitis	Bacterial culture	Standard	Contact + Standard		Duration of illness	
Strongyloidiasis	Serology, Stool O&P	Standard				
Tapeworm disease <i>Hymenolepis nana</i> <i>Taenia solium</i> (pork) Other	Serology Stool O&P	Standard				
Trichuriasis (whipworm)	Stool O&P	Standard				
Vibrio species <i>V. cholera</i> <i>V. parahaemolyticus</i> <i>V. vulnificans</i>	GI pathogen panel	Standard	Contact + Standard		Duration of illness or to control institutional outbreaks.	
<i>Yersinia enterocolitica</i>						

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ICT – immune-compromised and transplant
ICT locations: Moses – NW2, NW8, Foreman 7; Einstein – 11S;
Wakefield – OB 3S; ICT, high risk, and OB patients elsewhere
CHAM – Pediatric – per CHAM protocol