<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abscess</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Draining, Major</td>
<td>Glove &amp; Gown</td>
<td>Wound drainage</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Draining, Minor or Limited</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acinetobacter baumannii</strong></td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td>All glove boxes must be removed from patient room following patient discharge or transfer.</td>
</tr>
<tr>
<td>• Carapenem-intermediate or -resistant</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Acquired Immunodeficiency Syndrome (AIDS)</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>IC reports newly identified cases to CDPH.</td>
</tr>
<tr>
<td><strong>Actinomycosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Adenovirus</strong></td>
<td>Glove &amp; Gown</td>
<td>Eye secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Conjuntivitis</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gastroenteritis</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Respiratory infection -Infants and Children</td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visable barrier in place.</td>
</tr>
<tr>
<td><strong>Amebiasis</strong> (Entamoeba histolytica)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td><strong>Anthrax</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Cutaneous or Pulmonary</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aspergillosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Causitive Agent/Disease/Condition</td>
<td>Isolation Precautions Required</td>
<td>Infective Materials</td>
<td>Duration of Precautions</td>
<td>Infection Control Report to CDPH</td>
<td>Additional Comments</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>-------------------------------</td>
<td>--------------------</td>
<td>-------------------------</td>
<td>--------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Avian Influenza</td>
<td>Mask, Glove, Gown &amp; Eye Protection</td>
<td>Respiratory secretions</td>
<td>14 days after onset of symptoms, an alternate diagnosis is confirmed or diagnostic tests confirm patient is not infected with Influenza A Virus.</td>
<td>Yes</td>
<td>Negative airflow room required. Staff must wear goggles or face shield when within 3 feet of patient. Discard all PPE after each use. Patient must have dedicated equipment; stethoscope, blood pressure cuff, thermometer, etc. See Policy # INF 8.08 Care of Prentice Patient Requiring Isolation Precautions for patients residing in PWH.</td>
</tr>
<tr>
<td>Babesiosis</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Blastomycosis</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Botulism</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Patients with Cystic fibrosis (CF) colonized or infected must not be admitted to a unit where another CF patient resides. Persons with CF who visit must wear a mask when within 3 feet of a colonized or infected patient.</td>
</tr>
<tr>
<td><em>Burkholderia cepacia</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><em>Campylobacter</em> gastroenteritis</td>
<td>Standard</td>
<td>Feces</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Candidiasis (all forms including mucocutaneous)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Cellulitis</td>
<td>• Uncontrolled draining</td>
<td>Glove &amp; Gown</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chancroid (soft chancre)</td>
<td>Standard</td>
<td>Respiratory secretions, vesicular lesion fluid</td>
<td>Until lesions are dry and crusted.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Chicken pox (Varicella zoster virus)</td>
<td>Mask, Glove &amp; Gown</td>
<td>Eye secretions, vesicular lesion fluid</td>
<td>Until lesions are dry and crusted.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Chlamydia trachomatis infection</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Cholera (Vibrio cholerae)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Clostridium difficile-associated disease</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Until patient has formed stool or duration of hospitalization.</td>
<td>No</td>
<td>Patients without associated diarrhea do not require Glove &amp; Gown Precautions.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>Consider Glove &amp; Gown Precautions if type of infection is unknown. Please notify Infection Control &amp; Prevention Department if ≥2 patients on the same unit are on precautions for conjunctivitis.</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>Please notify Infection Control &amp; Prevention Department if ≥2 patients on the same unit are on precautions for conjunctivitis.</td>
</tr>
<tr>
<td>Coxsackie Virus (an Enterovirus)</td>
<td>Glove &amp; Gown</td>
<td>Respiratory secretions and feces</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Coxiella burnetti (Q fever)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
</tbody>
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**NORTHWESTERN MEMORIAL HOSPITAL**  
INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

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</tr>
</thead>
<tbody>
<tr>
<td>Creutzfeldt-Jakob disease (CJD)</td>
<td>Standard</td>
<td>High infectivity tissues: brain, spinal cord and eyes. Low infectivity tissues: CSF, kidneys, liver, lungs, lymph nodes, spleen, and placenta.</td>
<td></td>
<td></td>
<td>Please refer to Surgical Services Policy # 1.12 SS Creutzfeldt-Jakob Disease (CJD)/Prions: Operating Room Guidelines</td>
</tr>
<tr>
<td>Croup</td>
<td>See Additional Comments</td>
<td>Respiratory secretions</td>
<td>No</td>
<td></td>
<td>Croup is caused by a diverse group of organisms, please refer to causative agent for specific isolation precautions.</td>
</tr>
<tr>
<td>Cryptococcosis</td>
<td>Standard</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cytomegalovirus infection</td>
<td>Standard</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decubitus ulcer</td>
<td>• Infected, major</td>
<td>Glove &amp; Gown</td>
<td>Wound drainage</td>
<td>While drainage is present.</td>
<td>No</td>
</tr>
<tr>
<td>Decubitus ulcer</td>
<td>• Infected, minor</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Dengue Fever</td>
<td>Standard</td>
<td></td>
<td>No</td>
<td></td>
<td></td>
</tr>
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</table>

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</table>
| **Diphtheria** *(Corynebacterium diptheriae)*  
• Cutaneous | Glove & Gown | Respiratory secretions and skin lesions and articles soiled by skin lesions. | Two negative cultures from throat, nose and lesions obtained 24 hours after completion of appropriate antibiotic therapy and taken not less than 24 hours apart. | Yes |  |
| **Diphtheria** *(Corynebacterium diptheriae)*  
• Pharyngeal | Mask | Respiratory secretions | Two negative cultures from throat and nose obtained 24 hours after completion of appropriate antibiotic therapy and taken not less than 24 hours apart. | Yes | Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| **Donavanosis** *(Granuloma inguinale, Granuloma venereum)* | Standard | Respiratory secretions |  | No | Negative airflow room required. **Potential agent of bioterrorism, contact Infection Control & Prevention Department (6-2729 or 5-9196) immediately.** Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control policy 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. |
| **Ebola Virus** *(Viral Hemorrhagic Fever)* | Mask, Glove & Gown | Blood, body fluids, organs, respiratory secretions | Duration of illness. | Yes |  |
| **Echinococcosis** | Standard |  |  | No |  |
| **Echovirus** *(an Enterovirus)*  
• Infants | Glove & Gown | Respiratory secretions, feces | Duration of illness. | No | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place. |
| **Echovirus** *(an Enterovirus)*  
• Adults | Standard |  |  | No |  |

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## NORTHERN MEMORIAL HOSPITAL
### INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E. coli - Escherichia coli 0157:H7</strong> (Gastroenteritis)</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td><strong>Patient placed in VRE Flagging System by IC; automatic order for precautions triggered every subsequent admission. Removal from system; 3 negative rectal cultures or two negative stool cultures obtained at least one week apart while patient off therapeutic antibiotics. Negative cultures may accumulate across admissions.</strong></td>
</tr>
<tr>
<td><strong>E. coli - Enterohemorrhagic Escherichia coli, EHEC (Gastroenteritis)</strong></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>E. coli - Enterotoxigenic Escherichia coli, ETEC (Gastroenteritis)</strong></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>E. coli - Enteropathogenic Escherichia coli, EPEC (Gastroenteritis)</strong></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>E. coli - Shiga Toxin-Producing Escherichia coli STEC, (Gastroenteritis)</strong></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>E. coli - Escherichia coli</strong> (Gastroenteritis)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Encephalitis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Entamoeba histolytica</strong> (Enteritis, Amebiasis)</td>
<td>Standard</td>
<td>Feces</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Enterobiasis</strong> (Pinworm, Oxyuriasis)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
| **Enterococcus species**  
  Vancomycin-resistant (VRE)  
  Colonization or Infection | Glove & Gown | The patient, their body fluids and their environment. | Duration of hospitalization. | No | |
| **Enterovirus**  
  • Infants and Children | Glove & Gown | Respiratory secretions and feces. | Duration of illness. | No | **Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.** |
<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterovirus</td>
<td>Standard</td>
<td>Respiratory secretions and feces.</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Enterovirus (Hand, Foot and Mouth Disease) • Infants and Children</td>
<td>Glove &amp; Gown</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
<td></td>
</tr>
<tr>
<td>Epiglottitis due to <em>Haemophilus influenzae</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours following appropriate antibiotic therapy.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Epstein-Barr virus infection Including mononucleosis</td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>7 days from onset of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Erlichiosis (Rickettsial Fever)</td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>7 days from onset of illness.</td>
<td>No</td>
<td>Bacteria that produce extended spectrum beta-lactamases (ESBLs), making them resistant to 3rd generation cephalosporins and monobactams and can make infections harder to treat. Most common ESBL producers are <em>E. coli</em> and <em>K. pneumoniae</em>.</td>
</tr>
<tr>
<td>Erythema infectiosum (Parvovirus B19, Fifth's Disease)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>7 days from onset of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Extended Spectrum beta lactamase (ESBL) Gram-negative organisms</td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Fifth's Disease (Erythema infectiosum, Parvovirus B19)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>7 days from onset of illness.</td>
<td>No</td>
<td>Please notify Infection Control &amp; Prevention Department if ≥2 patients on the same unit are on precautions for gastroenteritis.</td>
</tr>
<tr>
<td>Gastroenteritis - all organisms, suspected or confirmed, for continent patients unless otherwise specified.</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gastroenteritis - all organisms, suspected or confirmed, for patients diapered or incontinent unless otherwise specified.</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td></td>
<td>Please notify Infection Control &amp; Prevention Department if ≥2 patients on the same unit are on precautions for gastroenteritis.</td>
</tr>
<tr>
<td>Gastroenteritis • Adenovirus Diapered or Incontinent Patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • Campylobacter Diapered or Incontinent Patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • Cholera Diapered or Incontinent Patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • <em>Clostridium difficile</em> <em>(C. diff)</em></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Until patient has formed stool or Duration of hospitalization.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • Cryptosporidiosis Diapered or Incontinent Patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • <em>E. coli</em> 0157:H7 infection Diapered or incontinent patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • <em>E. coli</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • <em>Giardia lamblia</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Gastroenteritis • Norovirus Diapered or incontinent patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.</td>
</tr>
<tr>
<td>Gastroenteritis • Rotavirus Diapered or incontinent patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.</td>
</tr>
</tbody>
</table>

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## NORTHWESTERN MEMORIAL HOSPITAL
INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Salmonellosis</td>
<td>Diapered or incontinent patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shigellosis</td>
<td>Diapered or incontinent patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Staphylococcus aureus</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Vibrio parahaemolyticus</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gastroenteritis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Yersinia enterocolitica</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>German Measles (Rubella)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Congenital Infection</td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>7 days after onset of rash.</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>German Measles (Rubella)</strong></td>
<td></td>
<td>Respiratory secretions and urine.</td>
<td>Any admission before the first birthday unless pharyngeal and urine cultures are negative after 3 months of age.</td>
<td></td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td><strong>Giardiasis</strong> (Gastroenteritis)</td>
<td>Diapered or Incontinent Patients</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Gonorrhea</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Granuloma inguinale</strong> (Donovanosis, Granuloma venereum)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
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<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Haemophilus influenzae</strong></td>
<td></td>
<td>Respiratory secretions</td>
<td>24 hours after the start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>• Epiglottitis</td>
<td>Mask</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pneumonia in infants and children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand, Foot and Mouth Disease (Enterovirus)</strong></td>
<td>Glove &amp; Gown</td>
<td>Respiratory secretions and feces.</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>• Infants and Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hand, Foot and Mouth Disease (Enterovirus)</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Adult</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hantavirus Pulmonary Syndrome</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Hemorrhagic Fevers, viral (Ebola Virus, Lassa Virus, Machupo Virus, Marburg Virus)</strong></td>
<td>Mask, Glove and Gown</td>
<td>Blood, body fluids, respiratory secretions.</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>Hepatitis, viral Type A</strong></td>
<td>Standard</td>
<td></td>
<td>Duration of hospitalization, for children &lt;3 years of age; until 2 weeks after onset of symptoms in children 3-14 years of age; until 1 week after onset of symptoms for all others.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Continent person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis, viral Type A</strong></td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of hospitalization, for children &lt;3 years of age; until 2 weeks after onset of symptoms in children 3-14 years of age; until 1 week after onset of symptoms for all others.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Diapered or incontinent patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<tbody>
<tr>
<td>Hepatitis, viral Type B-HBsAg positive</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, viral Type C and other unspecified non-A, non-B</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Hepatitis, viral Type E</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV) • Encephalitis</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV) • Skin, Oral, Genital</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV) • Disseminated or primary, severe</td>
<td>Glove &amp; Gown</td>
<td>Drainage from lesions.</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV) • Neonatal Exposure</td>
<td>Glove &amp; Gown</td>
<td>Drainage from lesions, if lesions are present.</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Herpes simplex virus (HSV) • Neonatal Illness</td>
<td>Glove &amp; Gown</td>
<td>Drainage from lesions.</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Infants born vaginally or by C-Section to women with active HSV lesions and ROM >4 hours should be placed on Glove & Gown Precautions or room-in continuously with the mother. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place. Recurrence can occur, monitor for rash or other symptoms.

For additional information please visit www.cdc.gov or contact the Infection Control and Prevention Department.
### Herpes zoster virus (Shingles/Varicella zoster virus)
- Localized in immunocompromised patient or disseminated in any patient

- **Isolation Precautions Required:** Mask, Glove & Gown
- **Infective Materials:** Drainage from lesions, respiratory secretions.
- **Duration of Precautions:** Until lesions are dry and crusted.

**Additional Comments:** Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Persons susceptible to varicella are also at risk for developing varicella infection when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.

### Herpes zoster virus (Shingles/Varicella zoster virus)
- Localized in immunocompetent patient

- **Isolation Precautions Required:** Standard
- **Infective Materials:** Drainage from lesions.
- **Duration of Precautions:** Once lesions are determined to be localized in an immunocompetent patient, Mask, Glove and Gown Precautions may be discontinued and Standard Precautions applied.

**Additional Comments:** Affected area must be covered if patient leaves room/unit. Persons susceptible to varicella are also at risk for developing varicella infection when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.

### Histoplasmosis

- **Isolation Precautions Required:** Standard
- **Infective Materials:** 
- **Duration of Precautions:** 

**Additional Comments:** Yes

### Human Immunodeficiency virus (HIV)

- **Isolation Precautions Required:** Standard
- **Infective Materials:** 
- **Duration of Precautions:** 

**Additional Comments:** Yes

### Human Metapneumovirus (hMPV)

- **Isolation Precautions Required:** Glove & Gown
- **Infective Materials:** Respiratory secretions
- **Duration of Precautions:** Duration of illness.

**Additional Comments:** No

### Impetigo

- **Isolation Precautions Required:** Glove & Gown
- **Infective Materials:** Drainage from lesions.
- **Duration of Precautions:** Until 24 hours after start of effective therapy.

**Additional Comments:** No

### Infectious mononucleosis

- **Isolation Precautions Required:** Standard
- **Infective Materials:** 
- **Duration of Precautions:** 

**Additional Comments:** No

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### NORTHERN MEMORIAL HOSPITAL
INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

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</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Duration of illness. A negative rapid antigen test does not rule out diagnosis of influenza.</td>
<td>No</td>
<td>Negative airflow room required for all patients with confirmed or suspected influenza. If a negative airflow room is not available, patients should be admitted to a general unit (NOT 16E, 15E, 15W or 11E), placed on Mask Precautions and the room door remain closed at all times.</td>
</tr>
<tr>
<td>Legionnaires disease</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leprosy (Hansen's Disease)</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leptospirosis</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lice (Pediculosis)</td>
<td>Glove &amp; Gown</td>
<td>Until 24 hours after start of effective therapy and observed to be free of adult and immature lice.</td>
<td>No</td>
<td>Clothes should be bagged for 10 days or discarded. If a washer/dryer is available, clothes must be washed in hot water cycle and placed in the dryer on hot setting.</td>
<td></td>
</tr>
<tr>
<td>Listeriosis</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria</td>
<td>Standard</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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## NORTHEASTERN MEMORIAL HOSPITAL
### INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

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</tr>
</thead>
<tbody>
<tr>
<td>Machupo Virus (Viral Hemorrhagic Fever)</td>
<td>Mask, Glove and Gown</td>
<td>Blood, body fluids, organs, respiratory secretions.</td>
<td>Duration of illness. Yes</td>
<td></td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Marburg Virus (Viral Hemorrhagic Fever)</td>
<td>Mask, Glove and Gown</td>
<td>Blood, body fluids, organs, respiratory secretions.</td>
<td>Duration of illness. Yes</td>
<td></td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Measles (Rubeola, all presentations)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Duration of illness. Yes</td>
<td></td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Aspectic</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Fungal</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• <em>Haemophilus influenzae</em>, known or suspected</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy. Yes</td>
<td></td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• <em>Listeria monocytogenes</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Infective Materials Duration of Precautions Infection Control Report to CDPH Additional Comments

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<tbody>
<tr>
<td><strong>Meningitis</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• <em>Neisseria meningitidis</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Pneumococcal</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningitis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Other bacterial</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meningococcemia</strong> (Meningococcal sepsis)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>Molluscum contagiosum</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Monkeypox</strong> (Monkeypox Virus)</td>
<td>Mask, Glove &amp; Gown</td>
<td>Respiratory secretions, vesicular lesion fluid.</td>
<td>If vesiculopustular rash is present, until lesions crust over. For symptoms w/o rash, until 7 days after fever onset.</td>
<td>Yes</td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Eye protection or face shield should be worn if spraying or splashing is anticipated. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>MRSA</strong></td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td><strong>Mucormycosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Multi-drug resistant organisms (MDROs), infection or colonization</strong></td>
<td>Glove &amp; Gown</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td>Please see specific organism, e.g. MRSA, ESBL, VRE.</td>
<td></td>
</tr>
<tr>
<td>Causitive Agent/Disease/Condition</td>
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<td>-------------------------------</td>
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<td>----------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>Mumps</strong> (Infectious parotitis)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>9 days after onset of swelling/parotitis.</td>
<td>Yes</td>
<td>Negative airflow room required for all patients with confirmed or suspected mumps. If a negative airflow room is not available, patients should be admitted to a general unit (NOT 16E, 15E, 15W or 11E), placed on Mask Precautions and the room door remain closed at all times.</td>
</tr>
<tr>
<td><strong>Mycobacteria, nontuberculosis (atypical)</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Mycobacteria tuberculosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Extrapulmonary, draining lesions</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Mycobacteria tuberculosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>• Extrapulmonary, meningitis</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Mycobacteria tuberculosis</strong></td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td><strong>Suspected disease:</strong> until ruled out with 3 negative AFB sputum smears or 1 negative AFB BAL smear. <strong>Active disease:</strong> Until at least 14 days after the start of effective therapy with documented clinical improvement.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>Mycobacteria tuberculosis</strong> skin test positive with no evidence of active pulmonary disease</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td><strong>Mycoplasma pneumoniae</strong></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><strong>Necrotizing enterocolitis (NEC)</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

For additional information please visit www.cdc.gov or contact the Infection Control and Prevention Department.
# Disease Specific Isolation Precautions Chart

<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nocardiosis</strong></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Norovirus</strong></td>
<td></td>
<td>Glove &amp; Gown</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Ensure consistent environmental cleaning and disinfection; prolonged shedding may occur in immunocompromised patients.</td>
</tr>
<tr>
<td>• Gastroenteritis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Diapered or incontinent patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ornithosis</strong> (Psittacosis)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Oxyuriasis</strong> (Enterobiasis, Pinworm)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Parainfluenza Virus</strong></td>
<td></td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>• Infants and Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Immunocompromised Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parainfluenza Virus</strong></td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>• Adults</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Parainfluenza Virus Type 3</strong></td>
<td></td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>• Infants and Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Immunocompromised Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parovirus B19</strong> (Erythema infectosum, Fifth's Disease)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>7 Days after onset of illness.</td>
<td>No</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
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<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pertussis (Whooping cough)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 5 days after start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Plague</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Negative airflow room required. Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Plague · Bubonic</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Negative airflow room required. Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Plague · Pneumonic</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 72 hours after start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Pneumococcus (Streptococcus pneumoniae) · Resistant to penicillin or cephalosporins, colonization or infection</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Negative airflow room required. Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Pneumonia · Adenovirus</td>
<td>Mask, Glove &amp; Gown</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Pneumonia · Bacterial not listed elsewhere</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
</tbody>
</table>

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### Pneumonia

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<tr>
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<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Burkholderia cepacia</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Patients with Cystic fibrosis (CF) colonized or infected must not be admitted to a unit where another CF patient resides. Persons with CF who visit must wear a mask when within 3 feet of a colonized or infected patient.</td>
</tr>
<tr>
<td><em>Chlamydia</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td><em>Fungal</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No.</td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
<td>Standard</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>No.</td>
<td>Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Adults</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Haemophilus influenzae</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>No.</td>
<td></td>
</tr>
<tr>
<td>Infants</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Legionella</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes.</td>
</tr>
<tr>
<td><em>Meningococcal</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>No.</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><em>Mycoplasma pneumoniae</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No.</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><em>MRSA</em></td>
<td>Glove &amp; Gown</td>
<td>Respiratory secretions</td>
<td>Duration of illness.</td>
<td>No.</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td><em>Neisseria meningitidis</em></td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until 24 hours after start of effective therapy.</td>
<td>No.</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Causitive Agent/Disease/Condition</td>
<td>Isolation Precautions Required</td>
<td>Infective Materials</td>
<td>Duration of Precautions</td>
<td>Infection Control Report to CDPH</td>
<td>Additional Comments</td>
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<tr>
<td>----------------------------------</td>
<td>--------------------------------</td>
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<td>-------------------------</td>
<td>----------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Pneumonia • <em>Pneumocystis carinii</em></td>
<td>Standard</td>
<td>CSF, saliva, tears, urine and body tissues.</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Pneumonia • <em>Staphylococcus aureus</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Pneumonia • Viral</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Psittacosis (Ornithosis)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Q fever (<em>Coxiella burnetii</em>)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Rabies</td>
<td>Glove &amp; Gown</td>
<td></td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Rat-bite fever (<em>Streptobacillus moniliformis, Spirillum minus</em> disease)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td>Negative airflow room required. Eye protection is indicated is indicated when 3 feet or closer to patient. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place.</td>
</tr>
<tr>
<td>Respiratory Syncitial Virus (RSV) • Infants • Young children • Immunocompromised adults</td>
<td>Mask, Glove &amp; Gown Respiratory secretions</td>
<td>Duration of illness, followed by 2 negative antigen tests taken at least one week apart.</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever (see <em>Streptococcus</em>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
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<tr>
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<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rickettsial Fever</strong> <em>(Rickettsia rickettsii)</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td><strong>Ringworm</strong> <em>(Trichophyton tonsurans, Dermatophytosis, Dermatomycosis, Tinea)</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Ritter's Disease</strong> <em>(Staphylococcal Scalded Skin Syndrome)</em></td>
<td>Glove &amp; Gown</td>
<td>Scalded skin and drainage</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>
| **Rocky Mountain Spotted Fever** *(Rickettsia rickettsii)*  
  • Rickettsial Fever | Standard | | | Yes | |
| **Roseola infantum** *(Exanthem subitum)* | Standard | | | No | |
| **Rubella** *(German Measles)* | Mask | Respiratory secretions | 7 days after onset of rash. | Yes |  |
| **Rubella** *(German Measles)*  
  • Congenital Infection | Glove & Gown | Respiratory secretions and urine | Any admission before the first birthday unless pharyngeal and urine cultures are negative after 3 months of age. | Yes | Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place. |
| **Salmonellosis**  
  • Gastroenteritis  
  Diapered or incontinent patients | Glove & Gown | Feces | Duration of illness. | Yes | |

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<table>
<thead>
<tr>
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<th>Isolation Precautions Required</th>
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<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Severe Acute Respiratory Syndrome (SARS)</td>
<td>Mask, Glove, Gown &amp; Eye Protection</td>
<td>Respiratory secretions, feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td><strong>Contact Infection Control and Prevention Department immediately.</strong> Negative airflow room required. Staff must wear goggles or face shield when within 3 feet of patient. Discard all PPE after each use. Patient must have dedicated equipment: stethoscope, blood pressure cuff, thermometer, etc. See policy INF 8.08 Care of Prentice Patient Requiring Isolation Precautions for patients residing in PWH.</td>
</tr>
<tr>
<td>Scabies</td>
<td>Glove &amp; Gown</td>
<td>Affected area, clothing/bedding that had contact with affected area.</td>
<td>Until 24 hours after the start of effective therapy.</td>
<td>No</td>
<td>Clothes should be bagged for 10 days or discarded. If a washer/dryer is available, clothes must be washed in the hot water cycle and placed in the dryer on hot setting.</td>
</tr>
<tr>
<td>Scalded Skin Syndrome, <em>Staphylococcal</em> (Ritter's disease)</td>
<td>Glove &amp; Gown</td>
<td>Scalded skin and drainage.</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Schistosomiasis (<em>Schistosoma mansoni, Schistosoma japonicum</em>)</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shigellosis (Gastroenteritis)</td>
<td>Glove &amp; Gown</td>
<td>Feces</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Shingles (Herpes zoster virus/Varicella zoster virus)</td>
<td>Mask, Glove &amp; Gown</td>
<td>Drainage from lesions, respiratory secretions.</td>
<td>Until lesions are dry and crusted.</td>
<td>No</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH. Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available.</td>
</tr>
</tbody>
</table>

For additional information please visit www.cdc.gov or contact the Infection Control and Prevention Department
## INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
</table>
| **Shingles** (Herpes zoster virus/Varicella zoster virus)  
• Localized in immunocompetent patient | Standard | Respiratory secretions and vesicular lesion fluid. | Until all lesions are crusted. | No | Affected area must be covered if patient leaves room/unit. Persons susceptible to varicella are also at risk for developing varicella when exposed to patients with herpes zoster lesions; susceptible caregivers should not enter the room if other immune caregivers are available. |
| **Smallpox** (Variola virus) | Mask, Glove & Gown | | | Yes | Negative airflow room required. All protective clothing including patient bedding and gowns should be disposed of in plastic biohazardous bags. **Potential agent of bioterrorism, contact Infection Control & Prevention (6-2729; 5-9196) immediately.** Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. |
| **Staphylococcus aureus infection**  
• Gastroenteritis  
Diapered or incontinent patients | Standard | | | Yes | |
| **Staphylococcus aureus infection**  
• Major skin, wound or burn | Glove & Gown | Wound drainage | Until drainage stops. | Infants ≤28 days | |
| **Staphylococcus aureus infection**  
• Minor or limited skin wound or burn | Standard | | | Infants ≤28 days | |
| **Staphylococcus aureus infection**  
• Pneumonia | Standard | | | No | |
| **Staphylococcus aureus infection**  
• Toxic shock syndrome | Standard | | | Yes | |

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Staphylococcus aureus</td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>Yes</td>
<td>Notify Infection Control &amp; Prevention Department immediately. Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin.</td>
</tr>
</tbody>
</table>

Streptococcal infection - Group A
Streptococcus
- Endometritis (Puerperal sepsis)

Streptococcal infection - Group A
Streptococcus
- Major skin, wound or burn

Streptococcal infection - Group A
Streptococcus
- Minor or limited

Streptococcal infection - Group A
Streptococcus
- Pharyngitis

Streptococcal infection - Group A
Streptococcus
- Pneumonia

| Staphylococcus aureus            | Glove & Gown                  | The patient, their body fluids and their environment. | Duration of hospitalization. | Yes | Notify Infection Control & Prevention Department immediately. Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin. |

Streptococcal infection - Group A
Streptococcus
- Endometritis (Puerperal sepsis)

Streptococcal infection - Group A
Streptococcus
- Major skin, wound or burn

Streptococcal infection - Group A
Streptococcus
- Minor or limited

Streptococcal infection - Group A
Streptococcus
- Pharyngitis

Streptococcal infection - Group A
Streptococcus
- Pneumonia

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### Causitive Agent/Disease/Condition

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<tr>
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</tr>
</thead>
</table>
| **Streptococcal infection Group A Streptococcus**  
- Rheumatic fever  
  - Infants & young children | Mask | Respiratory secretions | Until 24 hours after the start of effective therapy. | No  
Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place. |
| **Streptococcal infection Group A Streptococcus**  
- Scarlet fever  
  - Infants & young children | Mask | Respiratory secretions | Until 24 hours after the start of effective therapy. | No  
Infants in PWH NICU or Newborn Nurseries will require placement at least 6 feet from other patients with visible barrier in place. |
| **Streptococcal infection, Group A Streptococcus**  
- Toxic shock syndrome | Mask | | Until 24 hours after start of effective therapy. | Yes |
| **Streptococcal infection Group B Streptococcus**  
- Neonatal | Standard | | Infants ≤3 months old | |
| **Streptococcus pneumoniae** (Pneumococcus)  
Resistant to penicillin or cephalosporins, colonization or infection | Standard | | | Yes |
| **Syphilis** | Standard | | | Yes |
| **Tapeworm Disease** (Hymenolepis nana, Taenia solium (pork), other) | Standard | | | No |
| **Tetanus** | Standard | | | Yes |
| **Tinea** (Trichophyton tonsurans  
Dermatophytosis, Dermatomycosis, Ringworm) | Standard | | | No |
| **Toxic shock syndrome**  
Staphylococcus aureus | Standard | | | Yes |
| **Toxic shock syndrome**  
Streptococcal, Group A | Mask | | Until 24 hours after start of effective therapy. | Yes |

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<table>
<thead>
<tr>
<th>Causitive Agent/Disease/Condition</th>
<th>Isolation Precautions Required</th>
<th>Infective Materials</th>
<th>Duration of Precautions</th>
<th>Infection Control Report to CDPH</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachoma, acute - <em>Chlamydia trachomatis</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Trichinosis</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td>Tuberculosis (All types - see <em>Mycobacteria</em>)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tularemia (<em>Francisella tularensis</em>)</td>
<td></td>
<td>Standard</td>
<td></td>
<td></td>
<td>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately. Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Typhus</td>
<td>Standard</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Vancomycin-resistant <em>Enterococcus</em> (VRE) Colonization or Infection</td>
<td></td>
<td>Glove &amp; Gown</td>
<td>Duration of hospitalization.</td>
<td>No</td>
<td>Patient placed in VRE Flagging System by IC; automatic order for precautions every subsequent admission. Removal from system; 3 negative rectal cultures or two negative stool cultures obtained at least one week apart. Negative cultures may accumulate across admissions.</td>
</tr>
</tbody>
</table>

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### NORTWESTERN MEMORIAL HOSPITAL
INF 8.11 Appendix A: Disease Specific Isolation Precautions Chart

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<tr>
<td><strong>Vancomycin intermediate Staphylococcus aureus - VISA</strong>&lt;br&gt;Colonization or infection</td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>Yes</td>
<td>Notify Infection Control &amp; Prevention Department immediately. Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin.</td>
</tr>
<tr>
<td><strong>Vancomycin resistant Staphylococcus aureus - VRSA</strong>&lt;br&gt;Colonization or infection</td>
<td>Glove &amp; Gown</td>
<td>The patient, their body fluids and their environment.</td>
<td>Duration of hospitalization.</td>
<td>Yes</td>
<td>Notify Infection Control &amp; Prevention Department immediately. Dedicated staff to care for patient. Patient must have dedicated, non-disposable patient care equipment, i.e., any equipment that cannot be cleaned or disinfected between patients. Use a mask, goggles or face shield when performing splash-generating procedures; when caring for patients with open tracheostomies and potential for projectile secretions and in circumstances where there is evidence of transmission from heavily colonized sources. Masks are not needed for entry into the room. Refer to Infection Control Policy # 8.05 Prevention and Control of Staphylococcal Infections with Reduced Susceptibility to Vancomycin.</td>
</tr>
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<tr>
<td>Varicella zoster virus (Chicken pox)</td>
<td>Mask, Glove &amp; Gown</td>
<td>Respiratory secretions, vesicular lesion fluid.</td>
<td>Until lesions are dry and crusted.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Variola virus (Smallpox)</td>
<td>Mask, Glove &amp; Gown</td>
<td>Respiratory secretions and vesicular lesion fluid.</td>
<td>Until all lesions are crusted.</td>
<td>Yes</td>
<td>Negative airflow room required. All protective clothing including patient bedding and gowns should be disposed of in plastic biohazardous bags. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Venereum (Donovanosis, Granuloma, Granuloma inguinale)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td><strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention Department (6-2729 or 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Vibrio cholerae (Cholera)</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan.</td>
</tr>
<tr>
<td>Viral Hemorrhagic Fever (Ebola Virus, Lassa Virus, Machupo Virus, Marburg Virus)</td>
<td>Mask, Glove and Gown</td>
<td>Blood, body fluids, organs, respiratory secretions.</td>
<td>Duration of illness.</td>
<td>Yes</td>
<td>Negative airflow room required. <strong>Potential agent of bioterrorism, contact Infection Control &amp; Prevention (6-2729; 5-9196) immediately.</strong> Refer to Safety Management Policy # 6.28.2 SFTY BioTerrorism Response Plan. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>West Nile Virus</td>
<td>Standard</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
</tr>
<tr>
<td>Whooping cough (Pertussis)</td>
<td>Mask</td>
<td>Respiratory secretions</td>
<td>Until after 5 days after start of effective therapy.</td>
<td>Yes</td>
<td>Negative airflow room required. Refer to Infection Control Policy # 8.08 INF Care of Prentice Patient Requiring Isolation Precautions for patients in PWH.</td>
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<tr>
<td>Wound infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Major</td>
<td>Glove &amp; Gown</td>
<td>Wound drainage</td>
<td>Duration of illness.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Wound infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Minor</td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Zygomycosis <em>(Phycomycosis, Mucormycosis)</em></td>
<td>Standard</td>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
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