



Disease-Specific Infection Prevention & Control Isolation Guidelines

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Purpose: The purpose of these guidelines is to provide information regarding isolation techniques for specific infectious conditions. This policy applies to Mount Nittany Medical Center, including Mount Nittany Health Surgical Center.

KEY

Type of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard; when A, C, and D are specified, it is also expected that Standard precautions will be followed.

Duration of Precautions: CN, until off antimicrobial treatment and culture-negative; DI, duration of illness (with wound lesions, DI means until wounds stop draining); DE, until environment completely decontaminated; DH, duration of hospitalization, U, until time specified in hours (hrs) after initiation of effective therapy; Unknown: criteria for establishing eradication of pathogen has not been determined.

Type and Duration of Precautions Recommended for Selected Infections and Conditions			
Infection/Condition	Type	Duration	Comments
Abscess			
Draining, major	C	DI	No dressing or containment of drainage; until drainage stops or can be contained by dressing.
Draining, minor or limited	S		Dressing covers and contains drainage.
Acquired human immunodeficiency syndrome (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures. Reference Employee Health policy.
Actinomycosis	S		Not transmitted from person to person.
Adenovirus infection (see agent-specific guidance under gastroenteritis,			

conjunctivitis, pneumonia)			
Amebiasis	S		Person to person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported. Use care when handling diapered infants and mentally challenged persons.
Anthrax	S		Infected patients do not generally pose a transmission risk.
Cutaneous	S		Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol based antiseptics.
Pulmonary	S		Not transmitted from person to person.
Environmental: aerosolizable spore-containing powder or other substance		DE	Until decontamination of environment complete, wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them. Handwashing for 30-60 seconds with soap and water or 2% chlorhexidene gluconate after spore contact. Post-exposure prophylaxis may be indicated. Contact Employee Health.
Antibiotic-associated colitis (see <i>Clostridium difficile</i>)			
*Arthropod-borne <ul style="list-style-type: none"> viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) viral fevers (dengue, yellow fever, Colorado tick fever) 	S		Not transmitted from person to person except rarely by transfusion and for West Nile virus by organ transplant, breastmilk or transplacentally. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities.
Ascariasis	S		Not transmitted from person to person.
Aspergillosis	S		Contact Precautions and Airborne Precautions if massive soft tissue infection with copious drainage and repeated irrigations required.
Avian influenza (see influenza, avian below)			
Babesiosis	S		Not transmitted from person to person except rarely by transfusion.

Blastomycosis, North American, cutaneous or pulmonary	S		Not transmitted from person to person.
Botulism	S		Not transmitted from person to person.
Bronchiolitis (see respiratory infections in infants and young children)	C	DI	Use mask according to Standard Precautions.
Brucellosis (undulant, Malta, Mediterranean fever)	S		Not transmitted from person to person except rarely via banked spermatozoa and sexual contact. Provide antimicrobial prophylaxis following laboratory exposure.
Burkholderia Cepacia	C	DI	Transmitted from person to person and by contact with contaminated surfaces.
<i>Campylobacter</i> gastroenteritis (see gastroenteritis)			
Candidiasis, all forms including mucocutaneous	S		
Cat-scratch fever (benign inoculation lymphoreticulosis)	S		Not transmitted from person to person.
Cellulitis	S		
Chaencroid (soft chancre) (<i>H. ducreyi</i>)	S		Transmitted sexually from person to person.
Chickenpox (see varicella)			
<i>Clamidia trachomatis</i>			
Conjunctivitis	S		
Genital (lymphogranuloma venereum)	S		
Pneumonia (infants <3 mos. of age)	S		
<i>Chlamydia pneumoniae</i>	S		Outbreaks in institutionalized populations reported, rarely.
Cholera (see gastroenteritis)			
Closed-cavity infection			
Open drain in place; limited or minor drainage	S		Contact Precautions if there is copious uncontained drainage.
No drain or closed drainage system in			

place			
<i>Clostridium</i>			
<i>C.botulinum</i>	S		Not transmitted from person to person.
<i>C. difficile</i> (toxin or gene positive; see Gastroenteritis, <i>C. difficile</i>)	C	DI	Duration of illness is defined as treatment completed and asymptomatic.
<i>C. perfringens</i>			
Food poisoning	S		Not transmitted from person to person.
Gas gangrene	S		Transmission from person to person rare; Use Contact Precautions if wound drainage is extensive.
Coccidiomycosis (valley fever)			
Draining lesions	S		Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.
Pneumonia	S		Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of <i>Coccidioides immitis</i> is not produced in humans.
Colorado tick fever	S		Not transmitted from person to person.
Congenital rubella	C	until 1 yr of age	Standard Precautions if nasopharyngeal and urine cultures repeatedly negative after 3 mos. of age.
Conjunctivitis			
Acute bacterial	S		
<i>Chlamydia</i>	S		
Gonococcal	S		
Acute viral (acute hemorrhagic)	C	DI	Adenovirus most common; enterovirus 70, Coxsackie virus A24 also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the occurrence of outbreaks in this and other settings.

Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome)			
Coxsackie virus disease (see enteroviral infection)			
Creutzfeldt-Jakob disease CJD, vCJD	S		Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures.
Croup (see respiratory infections in infants and young children)			
Crimean-Congo Fever (see Viral Hemorrhagic Fever)	S		
Cryptococcosis	S		Not transmitted from person to person, except rarely via tissue and corneal transplant.
Cryptosporidiosis (see gastroenteritis)			
Cysticercosis	S		Not transmitted from person to person.
Cytomegalovirus infection, including neonates and immunosuppressed patients	S		No additional precautions for pregnant HCWs.
Decubitus ulcer (see Pressure ulcer)			
Dengue fever	S		Not transmitted from person to person.
Diarrhea, acute-infective etiology suspected (see gastroenteritis)			
Diphtheria			
Cutaneous	C	CN	Until 2 cultures taken 24 hrs. apart are negative.
Pharyngeal	D	CN	Until 2 cultures taken 24 hrs. apart are negative.
Ebola virus (see viral hemorrhagic fevers)			
Echinococcosis (hydatidosis)	S		Not transmitted from person to person.
Echovirus (see enteroviral infection)			
Encephalitis or encephalomyelitis (see specific etiologic agents)			

Endometritis (endomyometritis)	S		
Enterobiasis (pinworm disease, oxyuriasis)	S		
<i>Enterococcus</i> species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant)			
Enterocolitis, <i>C. difficile</i> (see <i>C. difficile</i> , gastroenteritis)			
Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)	S		Use Contact Precautions for diapered or incontinent children for duration of illness and to control outbreaks.
Epiglottitis, due to <i>Haemophilus influenzae</i> type b	D	U 24 hrs	See specific disease agents for epiglottitis due to other etiologies.
Epstein-Barr virus infection, including infectious mononucleosis	S		
Erythema infectiosum (also see Parvovirus B19)			
Escherichia coli gastroenteritis (see gastroenteritis)			
Food poisoning			
Botulism	S		Not transmitted from person to person.
<i>C. perfringens</i> or <i>welchii</i>	S		Not transmitted from person to person.
Staphylococcal	S		Not transmitted from person to person.
Furunculosis, staphylococcal	S		Contact Precautions if drainage not controlled or MRSA.
Infant and young children	C	DI (with wound lesions, until wounds stop draining)	
Gangrene (gas gangrene)	S		Not transmitted from person to person.
Gastroenteritis	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for

			gastroenteritis caused by all of the agents below.
Adenovirus	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional breakouts.
<i>Campylobacter species</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional breakouts.
Cholera (<i>Vibrio cholerae</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional breakouts.
<i>C. difficile</i> (toxin or gene positive)	C	DI	Discontinue antibiotics if appropriate. Do not share electronic thermometers; ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs. A Handwashing Precautions sign is posted as a reminder to those entering the room.
<i>Cryptosporidium species</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<i>E. coli</i>			
Enteropathogenic <i>E. coli</i> O157:H7 and other shiga toxin-producing strains	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Other species, <i>E. coli</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<i>Giardia lamblia</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Noroviruses	C		Use Contact Precautions for a minimum of 48 hours after the resolution of symptoms or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing

			<p>masks since virus can be aerosolized from these body substances; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled. Hypochlorite solutions may be required when there is continued transmission. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination.</p> <p>Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks.</p>
Rotavirus	C	DI	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.
<i>Salmonella</i> species (including <i>S. typhi</i>)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<i>Shigella</i> species (Bacillary dysentery)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<i>Vibrio parahaemolyticus</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
Viral (if not covered elsewhere)	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
<i>Yersinia enterocolitica</i>	S		Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks.
German measles (see rubella; see congenital rubella)			
Giardiasis (see gastroenteritis)			
Gonococcal ophthalmia neonatorum (gonorrhoeal ophthalmia, acute conjunctivitis of newborn)	S		
Gonorrhoea	S		

Granuloma inguinale (Donovanosis, granuloma venereum)	S		
Guillain-Barre syndrome	S		Not an infectious condition.
<i>Haemophilus influenzae</i> (see disease-specific recommendations)			
Hand, foot, and mouth disease (see enteroviral infections)			
Hansen's Disease (see Leprosy)			
Hantavirus pulmonary syndrome	S		Not transmitted from person to person.
<i>Helicobacter pylori</i>	S		
Hepatitis, viral			
Type A	S		Provide hepatitis A vaccine post-exposure as recommended.
Diapered or incontinent patients	C		Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms.
Type B-HBsAg positive; acute or chronic	S		See specific recommendations for care of patients in hemodialysis centers.
Type C and other unspecified non-A, non-B	S		See specific recommendations for care of patients in hemodialysis centers.
Type D (seen only with hepatitis B)	S		
Type E	S		Use Contact Precautions for diapered or incontinent individuals for the duration of illness.
Type G	S		
Herpangina (see enteroviral infection)			
Hookworm	S		
Herpes simplex (<i>Herpesvirus hominis</i>)			
Encephalitis	S		
Mucocutaneous,	C	Until lesions	

disseminated or primary, severe		dry and crusted	
Mucocutaneous, recurrent (skin, oral, genital)	S		
Neonatal	C	Until lesion dry and crusted	Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hrs until infant surface cultures obtained at 24-36 hrs. of age negative after 48 hrs incubation.
Herpes zoster (varicella-zoster) (shingles)			
Disseminated disease, as defined by the involvement of three or more dermatomes, in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out.	A,C	DI (until lesions dry and crusted)	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs. Reference page 27 for the human dermatome map.
Localized in patient with lesions that can be contained/covered	S		Susceptible HCWs should not provide direct patient care when other immune caregivers are available.
Localized in patient with lesions that cannot be contained/covered	C	Until lesions dry and crusted	
Histoplasmosis	S		Not transmitted from person to person.
Human immunodeficiency virus (HIV)	S		Post-exposure chemoprophylaxis for some blood exposures. Reference Employee Health policy.
Human metapneumovirus	C	DI	HAI reported, but route of transmission not established. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions.
Impetigo	C	U 24 hrs	
Infectious mononucleosis	S		

Influenza			
Human (seasonal influenza)	D	5 days except DI in immunocompromised persons	Single patient room when available or cohort; avoid placement with high-risk patients; mask patient when transported out of room; chemoprophylaxis/vaccine to control/prevent outbreaks. Use of gown and gloves according to Standard Precautions may be especially important in pediatric settings. Duration of precautions for immunocompromised patients cannot be defined; prolonged duration of viral shedding (i.e. for several weeks) has been observed; implications for transmission are unknown. See https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
Avian (e.g., H5N1, H7, H9 strains)			See www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm for current avian influenza guidance.
Pandemic influenza (also a human influenza virus)	D		See www.cdc.gov/flu/avianflu/novel-flu-infection-control.html
Kawasaki syndrome	S		Not an infectious condition.
Lassa fever (see viral hemorrhagic fevers)			
Legionnaires' disease	S		Not transmitted from person to person.
Leprosy	S		
Leptospirosis	S		Not transmitted from person to person.
Lice			http://www.cdc.gov/ncidod/dpd/parasites/lice/default.html
Head (pediculosis)	C	U 24 hrs	See www.cdc.gov/parasites/lice/index.html
Body	S		Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance. See www.cdc.gov/parasites/lice/index.html
Pubic	S		Transmitted person to person through sexual contact. See www.cdc.gov/parasites/lice/index.html
Listeriosis (<i>listeria monocytogenes</i>)	S		Person-to-person transmission rare; cross-transmission in neonatal settings reported.
Lyme disease	S		Not transmitted from person to person.
Lymphocytic choriomeningitis	S		Not transmitted from person to person.
Lymphogranuloma	S		

venereum			
Malaria	S		Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities. In patients with severe malaria, notify Pharmacy immediately.
Marburg virus disease (see viral hemorrhagic fevers)			
Measles (rubeola)	A	4 days after onset of rash; DI in immuno compromised	Susceptible HCWs should not enter room if immune care providers are available; regardless of presumptive evidence of immunity, HCP should use respiratory protection that is at least as protective as fit-tested, NIOSH-certified N95 respiratory upon entry into the patient's room or care area. For exposed susceptibles, post-exposure vaccine within 72 hrs. or immune globulin within 6 days when available. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel. See www.cdc.gov/infectioncontrol/guidelines/measles/index.html .
Melioidosis, all forms	S		Not transmitted from person to person.
Meningitis			
Aseptic (nonbacterial or viral; also see enteroviral infections)	S (see note)		Note: Unless viral etiology is clearly established, implement Droplet Precautions until 24 hours after initiation of effective therapy. Contact Precautions for infants and young children.
Bacterial, gram-negative enteric, in neonates	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b known or suspected	D	U 24 hrs	
<i>Listeria monocytogenes</i> (See Listeriosis)	S		
<i>Neisseria</i>	D	U 24 hrs	See meningococcal disease below

<i>meningitidis</i> (meningococcal) known or suspected			
<i>Streptococcus pneumoniae</i>	S		
<i>M. tuberculosis</i>	S		Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne Precautions. For children, Airborne Precautions until active tuberculosis ruled out in visiting family members (see tuberculosis below).
Other diagnosed bacterial	S		
Meningococcal disease; sepsis, pneumonia, meningitis	D	U 24 hrs	Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks. Consult Employee Health.
<i>Molluscum contagiosum</i>	S		
Monkeypox	A,C	A-Until monkeypox confirmed and smallpox excluded. C-Until lesions crusted	See www.cdc.gov/poxvirus/monkeypox/ for most current recommendations. Transmission in hospital settings unlikely. Pre and post-exposure smallpox vaccine recommended for exposed HCWs.
<i>Mucormycosis</i>	S		
Multidrug-resistant organisms (MDROs), history or active infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, gram-negative bacteria resistant to aminoglycosides, resistant <i>S. pneumoniae</i> , carbapenem-resistant <i>Enterobacteriaceae</i>), All sites	C		See Appendix A
Mumps (infectious parotitis)	D	U 5 days after the onset of swelling	After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5

			days of isolation after onset of parotitis may be appropriate in community settings.
Mycobacteria, nontuberculosis (atypical)			Not transmitted person-to-person.
Pulmonary	S		
Wound	S		
<i>Mycoplasma pneumonia</i>	D	DI	
Necrotizing enterocolitis	S		Contact Precautions when cases clustered temporally.
Nocardiosis, draining lesions, or other presentations	S		Not transmitted person-to-person.
Norovirus (see gastroenteritis)			
Norwalk agent gastroenteritis (see gastroenteritis)			
Orf	S		
Parainfluenza virus infection, respiratory in infants and young children	C	DI	Viral shedding may be prolonged in immunosuppressed patients.
Parvovirus B19 (Erythema infectiosum)	D		Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred.
Parechovirus (PeV)	D,C	U 6 months	Most commonly affects children/infants. May be transmitted via respiratory route for up to 3 weeks and fecal/oral route for up to 6 months after infection. Cohorting is an option.
Pediculosis (lice)	C	U 24 hrs after treatment	
Pertussis (whooping cough)	D	U 5 days	Single patient room preferred. Cohorting an option. Post-exposure chemoprophylaxis for household contacts and HCWs with prolonged exposure to respiratory secretions. Consult Employee Health.
Pinworm infection (Enterobiasis)	S		

Plague (<i>Yersinia pestis</i>)			
Bubonic	S		
Pneumonic	D	U 48 hrs	Antimicrobial prophylaxis for exposed HCWs.
Pneumonia			
Adenovirus	D, C	DI	Outbreaks in pediatric and institutional settings reported. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus.
Bacterial not listed elsewhere (including gram-negative bacterial)	S		
<i>B. cepacia</i> in patients with CF, including respiratory tract colonization	C	Unknown	Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. Consult Infection Prevention & Control.
<i>B. cepacia</i> in patients without CF (see Burkholderia Cepacia)			
<i>Chlamydia</i>	S		
Fungal	S		
<i>Haemophilus influenzae</i> , type b			
Adults	S		
Infants and children	D	U 24 hrs	
<i>Legionella spp.</i>	S		
Meningococcal	D	U 24 hrs	See meningococcal disease above.
Multidrug-resistant bacterial (see Appendix A, multidrug-resistant organisms)			
<i>Mycoplasma</i> (primary atypical pneumonia)	D	DI	
Pneumococcal pneumonia	S		Use Droplet Precautions if evidence of transmission within a patient care unit or facility.
<i>Pneumocystis</i>	S		Avoid placement in the same room with an

<i>jiroveci</i> (<i>Pneumocystis carinii</i>)			immunocompromised patient.
<i>Staphylococcus aureus</i>	S		For MRSA, see Appendix A, multidrug-resistant organisms.
<i>Stenotrophomonas maltophilia</i>	C		See Appendix A, multidrug-resistant organisms
<i>Streptococcus</i> , group A			
Adults	D	U 24 hrs	See streptococcal disease (group A streptococcus). Contact Precautions if skin lesions present.
Infants and young children	D	U 24 hrs	Contact Precautions if skin lesions present
Varicella-zoster (See Varicella-Zoster)			
Viral			
Adults	S		
Infants and young children (see respiratory infectious disease, acute, or specific viral agent)			
Poliomyelitis	C	DI	
Pressure Ulcer (decubitus ulcer, pressure sore) infected			
Major	C	DI	Until drainage stops or can be contained by dressing.
Minor or limited	S		If dressing covers and contains drainage.
Prion disease (See Creutzfeldt-Jakob disease)			
Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>)	S		Not transmitted from person to person.
Q fever	S		
Rabies	S		Person to person transmission rare; transmission

			via corneal, tissue and organ transplants has been reported. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis.
Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease)	S		Not transmitted from person to person.
Relapsing fever	S		Not transmitted from person to person.
*Resistant bacterial infection or colonization (see Appendix A, multidrug-resistant organisms)			
Respiratory infectious disease, acute (if not covered elsewhere)			
Adults	S		
Infants and young children	C	DI	Also see syndromes or conditions listed in Table 2. www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html
Respiratory syncytial virus infection, in infants, young children and immunocompromised adults.	D, C	DI	Droplet Precautions necessary when patients are coughing/sneezing and unable to contain their respiratory secretions. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding.
Reye's syndrome	S		Not an infectious condition.
Rheumatic fever	S		Not an infectious condition.
Rhinovirus	D	DI	Droplet most important route of transmission. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants).
Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne typhus fever)	S		Not transmitted from person to person except through transfusion, rarely.
Rickettsialpox (vesicular rickettsiosis)	S		Not transmitted from person to person.
Ringworm (dermatophytosis, dermatomycosis, tinea)	S		Rarely, outbreaks have occurred in healthcare settings. Use Contact Precautions for outbreak.

Ritter's disease (staphylococcal scalded skin syndrome)	C	DI	See staphylococcal disease, scalded skin syndrome below.
Rockey Mountain spotted fever	S		Not transmitted from person to person except through transfusion, rarely.
Roseola infantum (exanthem subitum; caused by HHV-6)	S		
Rotavirus infection (see gastroenteritis)			
Rubella (German measles) (also see congenital rubella)	D	U 7 days after onset of rash	Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients. Refer to Employee Health for post-exposure management. Place exposed susceptible patients on Droplet Precautions.
Rubeola (see measles)			
Salmonellosis (see gastroenteritis)			
Scabies	C	U 24	
Scalded skin syndrome, staphylococcal	C	DI	See staphylococcal disease, scalded skin syndrome below.
Schistosomiasis (bilharziasis)	S		
Severe acute respiratory syndrome (SARS)	A, D, C	DI plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne Precautions preferred; D if All room unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); aerosol-generating procedures and "supershedders" highest risk for transmission via small droplet nuclei and large droplets. Vigilant environmental disinfection (see www.cdc.gov/sars/index.html).
SARS-COV-2 (COVID-19), suspected or confirmed	A,C	DI	Single-patient, negative pressure room preferred. Required PPE includes: N95, face shield/approved eye protection, gown, and gloves. Full COVID PPE and negative pressure rooms required when performing aerosol-generating procedures. To discontinue isolation precautions, see Appendix B, SARS-CoV-2 Infection, and consult with Infection

			Control. Appendix C: SARS-CoV-2 General Mitigation Standards Appendix D: Transport COVID + & PUI Appendix
Shigellosis (see gastroenteritis)			
Smallpox (variola; see vaccinia for management of vaccinated persons)	A, C	DI	Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; post exposure vaccine within 4 days of exposure protective.
Sporotrichosis	S		
<i>Spirillum minor</i> disease (rat-bite fever)	S		Not transmitted from person to person.
Staphylococcal disease (<i>S aureus</i>)			
Skin, wound, or burn			
Major	C	DI	Until drainage stops or can be contained by dressing.
Minor or limited	S		Dressing covers and contains drainage adequately.
Enterocolitis	S		Use Contact Precautions for diapered or incontinent children for duration of illness.
Multidrug-resistant (see Appendix A, multidrug-resistant organisms)			
Pneumonia	S		
Scalded skin syndrome	C	DI	
Toxic shock syndrome	S		
<i>Streptococcal moniliformis</i> disease (rat-bite fever)	S		Not transmitted from person to person.
Streptococcal disease (group A streptococcus)			
Skin, wound, or burn			
Major	C, D	U 24 hrs	Until drainage stops or can be contained by

			dressing.
Minor or limited	S		Dressing covers and contains drainage adequately.
Endometritis (puerperal sepsis)	S		
Pharyngitis in infants and young children	D	U 24 hrs	
Pneumonia	D	U 24 hrs	
Scarlet fever in infants and young children	D	U 24 hrs	
Serious invasive disease	D	U 24 hrs	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel. Contact Precautions for draining wound as above.
Streptococcal disease (group B streptococcus), neonatal	S		
Streptococcal disease (not group A or B) unless covered elsewhere	S		
Multidrug-resistant (see Appendix A, multidrug-resistant organisms)			
Strongyloidiasis	S		
Syphilis			
Latent (tertiary) and seropositivity without lesions)	S		
Skin and mucous membrane, including congenital, primary, secondary	S		
Tapeworm disease			
<i>Hymenolepis nana</i>	S		Not transmitted from person to person.
<i>Taenia solium</i> (pork)	S		Not transmitted from person to person.
Other	S		Not transmitted from person to person.

Tetanus	S		Not transmitted from person to person.
Tinea (e.g., dermatophytosis, dermatomycosis, ringworm)	S		Rare episodes of person-to-person transmission.
Toxoplasmosis	S		Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare.
Toxic shock syndrome (staphylococcal disease, streptococcal disease)	S		Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology.
Trachoma, acute	S		
Transmissible spongiform encephalopathy (see Creutzfeldt-Jakob disease, CJD, vCJD)			
Trench mouth (Vincent's angina)	S		
Trichinosis	S		
Trichomoniasis (whipworm disease)	S		
Trichuriasis	S		
Tuberculosis (<i>M. tuberculosis</i>)			
Extrapulmonary, draining lesion	A, C		Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage. Examine for evidence of active pulmonary tuberculosis.
Extrapulmonary, no draining lesion, meningitis	S		Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne Precautions until active pulmonary tuberculosis in visiting family members ruled out.
Pulmonary or laryngeal disease, confirmed	A		Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days.
Pulmonary or laryngeal disease, suspected	A		Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1) there is another diagnosis that explains the clinical syndrome or 2) the results of three sputum smears for AFB are negative. Each of the

			three sputum specimens should be collected 8-24 hours apart, and at least one should be an early morning specimen.
Skin-test positive with no evidence of current active disease	S		
Tularemia			
Draining lesion	S		Not transmitted from person to person.
Pulmonary	S		Not transmitted from person to person.
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)			
Typhus			
<i>Rickettsia prowazekii</i> (Epidemic or Louse-borne typhus)	S		Transmitted from person to person through close personal or clothing contact.
<i>Rickettsia typhi</i>	S		Not transmitted from person to person.
Urinary tract infection (including pyelonephritis), with or without urinary catheter	S		
Vaccinia (vaccination site, adverse events following vaccination)			Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care.
Vaccination site care (including autoinoculated areas)	S		Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes.
Eczema vaccinatum	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Fetal vaccinia	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.

Generalized vaccinia	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Progressive vaccinia	C	Until lesions dry and crusted, scabs separated	For contact with virus-containing lesions and exudative material.
Postvaccinia encephalitis	S		
Blepharitis or conjunctivitis	S/C		Use Contact Precautions if there is copious drainage.
Iritis or keratitis	S		
Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome)	S		Not an infectious condition.
Secondary bacterial infections (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus)	S/C		Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage.
Varicella Zoster	A,C	Until lesion dry and crusted	Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator for susceptible HCWs. In immunocompromised host with varicella pneumonia, prolong duration of precautions for duration of illness. Post-exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5days before delivery or within 48 hrs after delivery) provide VZIG as soon as possible after exposure and within 10 days. Use Airborne Precautions for exposed susceptible

			persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received VZIG, regardless of post exposure vaccination.
Variola (see smallpox)			
<i>Vibrio parahaemolyticus</i> (see gastroenteritis)			
Vincent's angina (trench mouth)	S		
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-congo fever viruses	D,C	DI	Single-patient room preferred. Emphasize: 1) use of sharps safety devices and safe work practices, 2) hand hygiene; 3) barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and 4) appropriate waste handling. Use N95 or higher respirators when performing aerosol-generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected.
Viral respiratory diseases (not covered elsewhere)			
Adults	S		
Infants and young children (see respiratory infectious disease, acute)			
Whooping cough (see pertussis)			
Wound infections			
Major	C		Until drainage stops or can be contained by dressing.
Minor or limited	S		Dressing covers and contains drainage adequately.
<i>Yersinia enterocolitica</i>			



gastroenteritis (see gastroenteritis)			
Zoster (varicella-zoster) (see herpes zoster)			
Zygomycosis (phycomycosis, mucormycosis)	S		Not transmitted from person to person.

Appendix A: Multi Drug-resistant organisms

Appendix B: Initiation & Discontinuation of SARS-CoV-2 Infection, and consult with Infection Control.

Appendix C: SARS-CoV-2 General Mitigation Standards

Appendix D: MNMC Inpatient internal transportation (including SARS-CoV-2)

Other key policies:

5059 COVID Pre-Procedure Testing Pathway

Visitation

KEY

Type of Precautions: A, Airborne; C, Contact; D, Droplet; S, Standard; when A, C, and D are specified, also use S.

Duration of Precautions: CN, until off antimicrobial treatment and culture-negative; DI, duration of illness (with wound lesions, DI means until wounds stop draining); DE, until environment completely decontaminated; U, until time specified in hours (hrs) after initiation of effective therapy; Unknown: criteria for establishing eradication of pathogen has not been determined

Reference:

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007

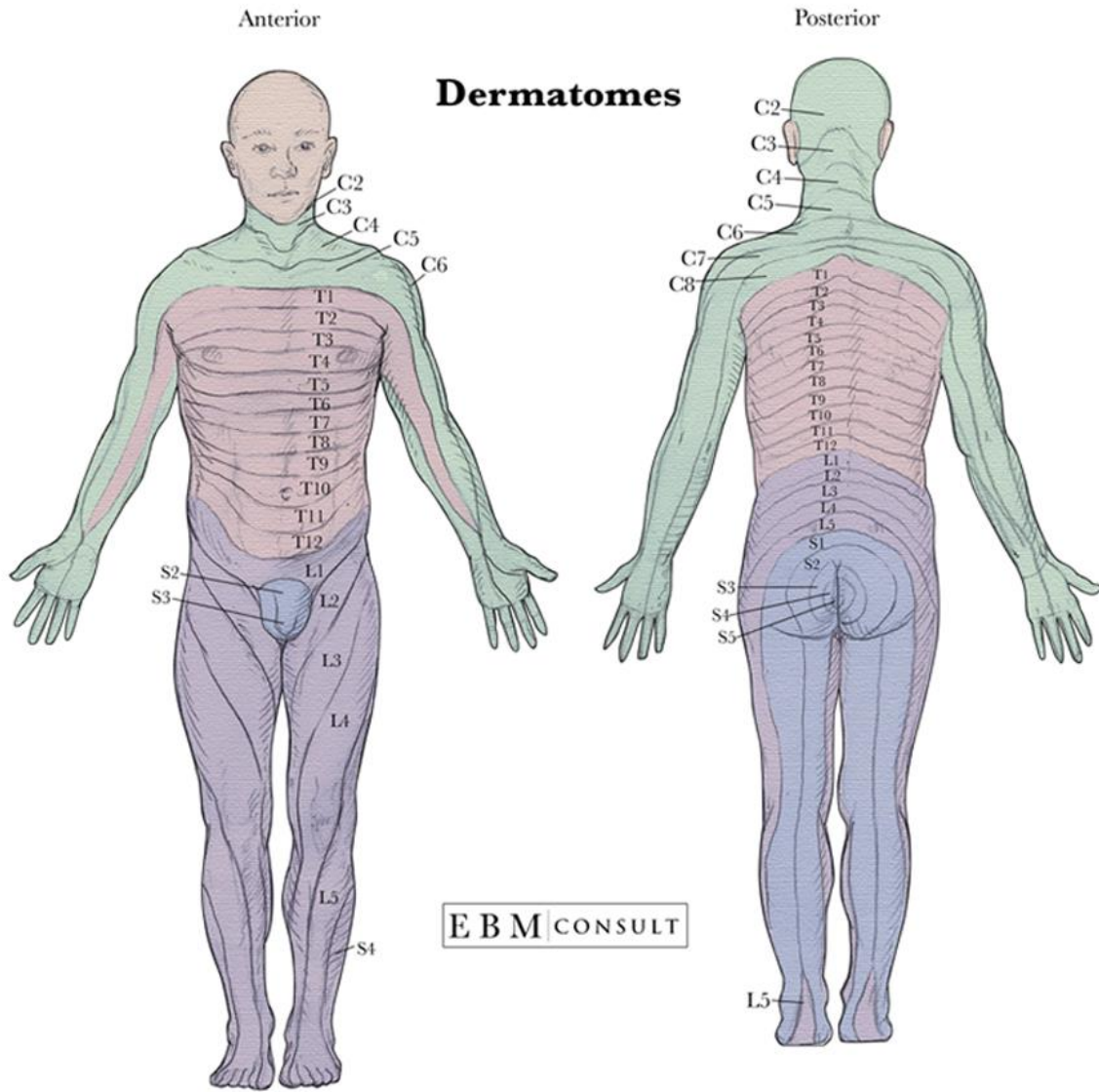
Reviewed: 3/06, 3/10, 3/18

Revised: 7/93, 1/95, 4/97, 3/98, 3/99, 3/00, 3/02, 3/04, 4/08, 8/09, 3/12, 5/13, 3/14, 12/14, 3/16, 10/20, 2/21, 3/21, 3/22, 10/22, 4/14/23, 4/21/23, 6/7/2023

Appendix A: Multi Drug Resistant Organisms

Organism	Type	Duration	Comments
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	C	<p>The following requirements apply to patients with a history of MRSA colonization and active infection:</p> <ul style="list-style-type: none"> • Patients with a positive MRSA nasal screen in the past 3 months • Patients with a positive MRSA culture within the past 12 months 	Isolation may be discontinued earlier than the time period established if: Two negative cultures [involved site plus nares] are done one week apart, with the first cultures no sooner than 72 hours after completing antibiotics.
Vancomycin-resistant <i>Enterococcus</i> spp. (VRE)	C	Until discontinuation criteria met	Isolation may be discontinued when: negative results are obtained on three consecutive occasions, one or more weeks apart, from the involved site, if still present, plus rectal swab.
Carbapenem-resistant	C	DH; Minimum of 1 year since last	

<i>Enterobacteriaceae</i> spp. (CRE)		positive MDRO culture.	
MDR- <i>Acinetobacter</i>	C	Determined in consultation with Infection Prevention & Control	
MDR- <i>Pseudomonas</i>	C	Determined in consultation with Infection Prevention & Control	
Extended-spectrum beta-lactamase Gram negatives (ESBL)	C	DI	ESBLs do not require isolation precautions on subsequent visits unless evidence of an active or recent infection defined as within the last 2 weeks.
Carbapenemase-producing organisms	C	Determined in consultation with Infection Prevention & Control	
<i>Candida auris</i>	C	Indefinitely	Private room only; State or local health authorities and CDC should be consulted regarding additional interventions to prevent transmission. Notify Infection Prevention & Control <u>immediately</u> .
<i>Stenotrophomonas maltophilia</i>	C	DI	Difficult to treat because of innate resistance to multiple classes of antimicrobial agents; Commonly affect ICU and/or immunocompromised patients, those with prolonged hospitalizations or recent surgery.





Initiation & Discontinuation of Transmission-Based Precautions for Confirmed and Suspected SARS-CoV-2 Infection

Purpose

To enhance the safety of patients, visitors and staff, Mount Nittany Health is committed to preventative measures to minimize the spread of COVID-19. All employees and medical staff are required to adhere to proper PPE usage and to the transmission-based precautions listed in this policy.

Definitions/Standards:

The decision to discontinue Transmission-Based Precautions for patients with confirmed SARS-CoV-2 infection should be made using a symptom-based strategy as described below. The time period used depends on the patient's severity of illness and if they are severely immunocompromised. Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge from a healthcare facility.

A test-based strategy for the discontinuation of isolation is no longer recommended because, in the majority of cases, it results in prolonged isolation of patients who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.

All patients suspected of having COVID, must be placed immediately on COVID precautions (e.g., negative air pressure room, if available, with staff wearing gown, gloves, eye protection, and N-95). All patients are required to be tested prior to admission to MNMC unless the following are met:

- The patient has proof of a laboratory-confirmed positive SARS-CoV-2 test within 30 days AND reinfection is not suspected.
 - The previous positive test must be verified with the testing facility
 - At-home COVID tests do NOT qualify

Asymptomatic Patients with a Known SARS-CoV-2 Exposure

Based on the Pennsylvania Department of Health recommendations, patients that report a known SARS-CoV-2 exposure and are asymptomatic for SARS-CoV-2 symptoms do not require transmission-based precautions, given that they are able to mask for 10 days following the date of exposure.

- Patients should be placed in a private room and are required to mask for 10 days following exposure when other individuals enter or are present in their room.
 - If they cannot mask for any reason, transmission-based precautions should be implemented until the recommended testing regimen rules out active SARS-CoV-2 infection.
- Two viral tests for SARS-CoV-2 should occur following exposure:



- 1st test to occur 24 hours after known exposure, on day #1 (whereas date of exposure is day #0)
- 2nd test to occur on day #5 after known exposure.
If the 2nd test results negative, patients should continue masking until 10 days following the date of exposure.
- If patients develop symptoms at any time during the initial 10 days, COVID precautions (e.g., negative air pressure room with staff wearing gown, gloves, eye protection, and N- 95) should be initiated.

Patients do not require follow-up exposure testing or additional precautionary measures if they have recently recovered from a SARS-COV-2 infection in the last 30 days.

Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

All patients may have isolation discontinued on day 21 after symptoms have been assessed by a provider and documented, unless there is suspicion of prolonged viable virus shedding in which the duration of isolation may be extended. Transmission-based precautions may be discontinued prior to day 21, if the criteria listed below are met and the Infection Prevention and Control Department has approved the discontinuation:

Hospitalized patients with mild to moderate illness who are not severely immunocompromised

- Greater than 10 days have passed (i.e., day 11 or later) since symptoms were assessed by a provider or a laboratory-confirmed diagnosis (at-home tests do not qualify) was received and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have improved
- A note must be entered into the chart and Infection Prevention and Control must approve isolation discontinuation.

Note: For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, transmission-based precautions may be discontinued when at least 10 days have passed (i.e., day 11 or later) since the date of their first positive viral diagnostic test with Infection Prevention and Control approval.



Patients with severe to critical illness or who are severely immunocompromised¹:

- Greater than 10 days (i.e., day 11) and up to 20 days have passed (i.e., day 21) since symptoms were assessed by a provider or a laboratory-confirmed diagnosis (at-home tests do not qualify) was received and
- At least 24 hours have passed since last fever without the use of fever-reducing medications and
- Symptoms (e.g., cough, shortness of breath) have significantly improved and
- Patient is not receiving an aerosol-generating procedure (see policy #1095) and
- A note must be entered into the chart and Infection Prevention and Control must approve isolation discontinuation.

According to the CDC, an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms. The exact criteria that determine which patients will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific patient populations.

The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.

- **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.
- **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.



In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

For the purposes of this guidance, CDC recommends using following definition for severely immunocompromised:

- Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.
- Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.
- Patient Placement

- All efforts will be made to place the patients with laboratory-confirmed or suspected COVID-19 in a negative pressure room.
 - If one is not available, priority will be given to laboratory confirmed-positive patients receiving aerosol-generating procedures.²Patients not in a negative air pressure room will be given a private room or roomed with another confirmed COVID-19 patient, and the door must remain shut at all times.
 - Full COVID PPE (N95/PAPR, gown, gloves, and face shield) is required when entering the room.
- Patients who have had transmission-based precautions discontinued must be placed in a private room or cohorted with another patient who had isolation discontinued until 21 days after symptom onset.
- When cohorting patients, it is important to consider other diseases requiring transmission-based precautions, such as MRSA, VRE, or C. difficile when determining patient placement (See policy #404: Disease-Specific Infection Prevention & Control Guidelines).



COVID Testing Prior to Patient Placement

- Patients with a previous positive test should not be retested for 30 days, including for pre- procedural purposes, unless there is a clinical and/or epidemiological suspicion of a new COVID- 19 infection.
 - All patients are required to be tested prior to admission to MNMC unless the following are met:

The patient has proof of a laboratory-confirmed positive SARS-Cov-2 test within 30 days AND reinfection is not suspected.

- The previous positive test must be verified with the testing facility
- At-home COVID tests do NOT qualify
- Symptomatic patients should be tested according to Respiratory Symptom Testing Algorithm Policy#: IV.A.2.29.

Initiation & Discontinuation of Transmission-Based Precautions and Operative Procedures

- Patients should be COVID screened and tested prior to operative procedures based on policy #5059: COVID Pre-Procedure Testing Pathway algorithm.
- When the criteria for the discontinuation of transmission-based precautions have been met and the patient has been removed from COVID precautions, the patient should no longer be treated as a COVID+/PUI patient for operative procedures
- Patients with a previous positive test should not be retested for 30 days, including for pre- procedural purposes, unless there is a clinical and/or epidemiological suspicion of a new COVID-19 infection. Follow-up COVID tests will not be used to determine infectiousness as some patients have been shown to shed non-viable virus for months after infection.

References:

Centers for Disease Control and Prevention. Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>. Updated on August 10, 2020. Accessed on November 6, 2020.

Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>. Updated on November 4, 2020. Accessed on November 6, 2020.



Appendix C SARS-CoV-2 General Mitigation Standards

- I. *Standard Masking & Eye Protection is no longer required at Mount Nittany Health regardless of vaccination status.

Masking is required when:

- Providing care to a COVID+ patient (including full COVID ppe)
- Providing care to a PUI patient (including full COVID ppe)
- Per patient request
- Etiquette for respiratory symptoms
- Increases in internal and local COVID activity

Please note that while the COVID 19 vaccination is no longer required for employment, we do recommend remaining up-to-date with COVID 19 vaccination. The COVID 19 Bivalent Pfizer Vaccine will be available for any employee free of charge. Please call Employee Health Services at ext. 6731 if you would like to schedule an appointment.

II. Patients & Visitor Masking

- Patient & visitors will not be required to mask
 - Exception: symptomatic, COVID+ PUI

III. Testing all patients prior to admission to MNMC

- All patients must be tested prior to admission to MNMC as indicated above. If a patient refuses testing, the patient must be treated as a PUI and placed on COVID precautions.
- Patients with a previous laboratory-confirmed positive test within the past 90 days will not need to be tested again unless there is suspicion of a reinfection.
- Previous tests must be verified with the facility that performed the test.
- Antigen COVID tests do not meet this criteria.
- See Policy #IV.A.2.29: [Respiratory Symptom Testing Algorithm](#) for more details.
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IV. **COVID Exposure Identification for Staff, Providers, and Patients**

Staff and inpatient/ED patients who test positive for COVID-19 will be investigated to determine if there were any exposures according to IPAC Policy #304 Infectious Disease Outbreak Investigation



Appendix D

MNMC Inpatient internal transportation (including SARS-CoV-2)

Transportation

- Transporting NON-COVID-19/PUI patients
- Patient should be masked when engaged in PT/OT & ambulation activities in the hall
- Follow masking/eye protection standards per above
- Transporting patients with suspected (PUI) or confirmed COVID-19 will be done for medically essential purposes only.
 - When transporting patient, the receiving area must be notified in advance to prepare for the arrival of the patient.
 - All medical personnel should wear all recommended PPE (i.e., N-95, eye protection, gown, and gloves) as indicated above while preparing patient for transport.
 - Place surgical mask on patient being sure to cover both nose and mouth. Cover patient in clean sheet.
 - Once patient is ready for transport, transporter must remove their gown and gloves before exiting the room and perform hand hygiene according to PPE policy.
 - Staff are to continue to wear their N95 and eye protection (i.e., face shield, goggles, safety glasses) during transport.
 - Staff responsible for the airway of a patient must don a gown and gloves after exiting the room.
 - Upon arrival to the destination all personnel are required to wear full COVID PPE (i.e., N95, eye protection, gown, and gloves) prior to entering the room and doff gown and gloves before exiting the room.
- Special Considerations:
 - Oxy-mask
 - Procedural mask needs to be placed over the Oxy-mask during transportation
 - High-Flow Nasal Cannula
 - Procedural mask needs to be placed over the nasal cannula, being sure to cover both the nose and mouth.
 - Non-Invasive Ventilation (NIV)
 - NIV patients should be transported via Oxy-mask if patient can tolerate being off of NIV for the duration of the transport. Provider approval must be given prior to taking a patient off NIV for transport.
 - If patient needs to be transported on NIV, a HME/Filter will be



placed between circuit and mask for the duration of transport until the patient is returned to a negative pressure setting. All patients will be transported via Drager Carina BiPAP with appropriate mask and circuit.

- Mechanically Ventilated Patients

- All mechanically ventilated patients will be transported via Drager Carina with a HME/Filter with inline suction catheter.
 - Breaking the circuit should only happen in a negative pressure environment unless in emergent situations.
 - Avea/Vela ventilators cannot be used for transports until further information is released about the external fans.