

**Children’s National Patient Care Policy and Procedure (CHPC:I:02G)
Transmission-Based Precautions Guide**

Table 1. Enhanced Precautions for Hospital Patients
These recommendations are in addition to those for Standard Precautions for all patients

Category of Precautions	Single Room	Respirators (N-95 or PAPR)	Masks	Gowns	Gloves
Airborne	Yes, with negative air-pressure ventilation	Yes	No	No	No
Droplet	Preferred	No	Yes	No	No
Contact	Preferred	No	No	Yes	Yes

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Table 2. Clinical Syndromes of Conditions Warranting Additional Empiric Precautions to Prevent Transmission of Epidemiological Important Pathogens Pending Confirmation of Diagnosis

Clinical Syndrome or Condition	Potential Pathogens	Empiric Precautions
Diarrhea Acute diarrhea with a likely infectious cause in an incontinent or diapered patient	Enteric pathogens	Standard, Contact
Meningitis	<i>Neisseria meningitides</i> , Enteroviruses, <i>Mycobacterium tuberculosis</i>	Standard, Contact, Droplet
If TB suspected		Standard, Contact, Airborne
Rash or exanthems, generalized, etiology unknown		
<ul style="list-style-type: none"> • Petechial/ecchymotic with fever (general) 	<i>Neisseria meningitidis</i>	Standard, Droplet
<ul style="list-style-type: none"> • Vesicular 	Varicella-zoster, herpes simplex, variola (smallpox), vaccine viruses	Standard, Contact, Airborne
<ul style="list-style-type: none"> • Maculopapular with cough, coryza and fever 	Rubeola (measles)	Standard, Airborne
Respiratory infections		
<ul style="list-style-type: none"> • Cough/fever/upper lobe pulmonary infiltrate 	<i>M. tuberculosis</i> , respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i>	Standard, Contact, Droplet
<ul style="list-style-type: none"> • If TB suspected 		Standard, Contact, Airborne
<ul style="list-style-type: none"> • Cough/fever/pulmonary infiltrate in any lung location in an HIV-infected patient or patient at high risk for HIV infection 	<i>M. tuberculosis</i> , respiratory viruses, <i>S. pneumoniae</i> , <i>S. aureus</i> (MSSA or MRSA)	Standard, Contact, Airborne Use eye/face protection if aerosol-generating procedures are performed or contact with respiratory secretions is anticipated
<ul style="list-style-type: none"> • Cough/fever/pulmonary infiltrate in any lung location with a history of recent travel (10-21 days) to countries with active outbreaks of novel influenza or respiratory virus 	<i>M. tuberculosis</i> , SARS-CoV, novel influenza	
<ul style="list-style-type: none"> • Paroxysmal or severe persistent cough during periods of Pertussis activity in the community 	<i>Bordetella pertussis</i>	Standard, Droplet
<ul style="list-style-type: none"> • Respiratory viral infections, particularly bronchiolitis and croup, in infants and young children 	Respiratory syncytial, parainfluenza virus, adenovirus, influenza virus, Human metapneumovirus	Standard, Droplet and Contact

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Clinical Syndrome or Condition	Potential Pathogens	Empiric Precautions
<p>Risk of multidrug-resistant microorganisms</p> <ul style="list-style-type: none"> • History of infection or colonization with multidrug-resistant organisms • Skin, wound or urinary tract infection in a patient with a recent stay in a hospital or long term care facility 	Resistant bacteria	Standard, Contact
<p>Skin or wound infection Abscess or draining wound that cannot be covered</p>	<i>Staphylococcus aureus</i> (MSSA or MRSA), group A streptococcus	Standard, Contact Standard, Contact; Droplet Precautions for the first 24 hours of appropriate antimicrobial therapy if invasive Group A streptococcal disease is suspected.

***Clinical Syndromes of Conditions Warranting Additional Empiric Precautions to Prevent Transmission of Epidemiological Important Pathogens Pending Confirmation of Diagnosis:** Modified from Garner JS. Hospital Infection Control Practices Advisory Committee. Guidelines for isolation precautions in hospitals. Infect Control Hosp Epidemiol. 1996; 17:53-80. Infection control professionals are encouraged to modify or adapt this table according to local conditions. To ensure that appropriate empiric precautions are always implemented, hospitals must have systems in place to evaluate patients routinely, according to these criteria as part of their pre-admission and admission care.

***Clinical Syndrome or Condition:** Patients with the syndromes or conditions listed below may present with atypical signs or symptoms (e.g. Pertussis in neonates and adults may not have paroxysmal or severe cough). The clinician’s index of suspicion should be guided by the prevalence of specific conditions in the community, as well as clinical judgment.

***Potential Pathogens:** The organisms listed in this column are not intended to represent the complete, or even most likely diagnoses, but rather possible etiologic agents that require additional precautions beyond **Standard Precautions** until they can be excluded.

***Enteric Pathogens:** These pathogens include enterohemorrhagic *Escherichia coli* 0157:H7, *Shigella spp*, hepatitis A, noroviruses, rotavirus and *C. difficile*.

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Table 3. Required Precautions by Disease or Condition

INFECTION/CONDITION	PRECAUTIONS TYPE	DURATION OF TRANSMISSION PRECAUTIONS	COMMENTS	NOTIFY IC at x5053	NOTIFY HEALTH DEPT.
Abscesses					
• Draining, major	Standard, Contact	Until no longer draining	No dressing or containment of drainage		
• Draining, minor	Standard		Dressing covers and contains drainage		
Acquired Immuno Deficiency Syndrome (AIDS)	Standard		Exposed HCWs should consult BBP Policy & Procedure		DC, MD, VA
Actinomycosis	Standard		Not transmitted person to person		
Adenovirus Infection					
• Gastroenteritis	Standard				
• Diapered or incontinent patients	Standard, Contact	Duration of Illness			
• Respiratory	Standard, Droplet, Contact	Duration of Illness			
• Conjunctivitis	Standard, Contact	Duration of Illness	Eye secretions		
Amebiasis	Standard				DC, MD, VA
Anthrax					
• Cutaneous	Standard Standard, Contact if large amounts of draining lesions		Handwashing with soap and water or 2% chlorhexidene gluconate (for 30-60 seconds) is preferable to waterless hand gel for all anthrax infections and exposures Transmission through non-intact skin with draining lesion	X	DC, MD, VA
• Pulmonary	Standard		Not transmitted person to person	X	DC, MD, VA
• Environmental	Standard, Airborne, Contact	Until environment completely	Handwashing with soap and water or 2% chlorhexidene	X	DC, MD, VA

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		decontaminated	gluconate (for 30-60 seconds) is preferable to waterless hand gel for all anthrax infections and exposures Wear respirators (N95 mask or PAPR), protective clothing and decontaminate all persons with powder on them		
Antibiotic-associated Colitis (<i>C. difficile</i>)	Standard, Contact	Until diarrhea resolves	Handwashing with soap and water or 2% chlorhexidene gluconate (for 30-60 seconds) is preferable to waterless hand gel	X	
Aplastic crises	Standard, Droplet	Immunosuppressed patients with chronic infection and anemia for the duration of hospitalization	Patients with transient aplastic crises or erythrocyte crises precautions should be maintained for 7 days		
Arthropod-borne Viral Encephalitides (Eastern, Western and Venezuelan Equine Encephalomyelitis; St. Louis and California Encephalitis; West Nile Virus)	Standard		West Nile virus may be spread via the placenta and breast milk	X	DC, MD, VA
Arthropod-borne Viral Fevers (Dengue, Colorado Tick Fever and Yellow Fever)	Standard			X	DC, MD, VA
Ascariasis	Standard		Not transmitted person to person		
Aspergillosis				X	
<ul style="list-style-type: none"> With massive soft tissue infection and 	Standard, Airborne, Contact			X	

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copious drainage					
Avian Influenza (e.g. H5N1, H7, H9 strains)	See Influenza			X	DC, MD, VA
Babesiosis	Standard		Not transmitted person to person		
Blastomycosis, North American, Cutaneous or Pulmonary	Standard		Not transmitted person to person		
Botulism	Standard		Not transmitted person to person		DC, MD, VA
Bronchiolitis	Refer to recommendations by specific organism; If organism unknown, See Table 2				
Brucellosis (Undulant fever, Malta Fever, Mediterranean Fever)	Standard		Contact precautions indicated for draining lesions		DC, MD, VA
Campylobacter	See Gastroenteritis				DC, MD, VA
Candidiasis, all forms including mucocutaneous (Moniliasis, Thrush)	Standard				
Cat-Scratch Fever (Benign Inoculation Lymphoreticulosis)	Standard		Not transmitted person to person		
Cellulitis	Standard, Contact	Duration of illness or lesion drainage			
Cepacia	See Pneumonia				
Chancroid (soft chancre)	Standard		Transmitted sexually from person to person		DC, MD, VA
Chicken Pox	See Varicella			X	
Chlamydia trachomatis					
• Conjunctivitis	Standard				
• Genital	Standard				DC, MD, VA
• Pneumonia	Standard				
Chlamydia pneumoniae	Standard				
Cholera	See Gastroenteritis				
Closed-cavity Infection					

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<ul style="list-style-type: none"> Draining, limited or minor 	Standard				
<ul style="list-style-type: none"> Draining, major or uncontained drainage 	Standard, Contact				
<ul style="list-style-type: none"> Not draining 	Standard				
Clostridium					
<ul style="list-style-type: none"> <i>C. botulinum</i> 	Standard		Not transmitted person to person		DC, MD, VA
<ul style="list-style-type: none"> <i>C. difficile</i> 	Standard, Contact	Until diarrhea resolves	Hand washing with soap and water or 2% chlorhexidine gluconate (for 30-60 seconds) is preferable to waterless hand gel	X	
<ul style="list-style-type: none"> <i>C. perfringens</i> 					
*Food Poisoning	Standard				
*Gas Gangrene	Standard				
*With extensive wound drainage	Standard, Contact	Until drainage contained			
Coccidioidomycosis (Valley Fever)					
<ul style="list-style-type: none"> Draining lesions 	Standard				DC, MD
<ul style="list-style-type: none"> Pneumonia 	Standard				DC, MD
Colorado Tick Fever	Standard		Not transmitted person to person		
Congenital Rubella	Standard, Contact	Until 1 year of age or until 2 cultures obtained 1 month apart after 3 months of age are negative for rubella virus	See Rubella for children greater than 1 year of age		DC, MD, VA
Conjunctivitis					
<ul style="list-style-type: none"> Acute Bacterial 	Standard				
<ul style="list-style-type: none"> Chlamydia 	Standard				
<ul style="list-style-type: none"> Gonococcal 	Standard				DC, MD, VA

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<ul style="list-style-type: none"> Acute Viral (Acute Hemorrhagic) 	Standard, Contact	Duration of illness			
Corona Virus associated with SARS	See Severe Acute Respiratory Syndrome (SARS)			X	DC, MD, VA
Coxsackie Virus Disease (Enterovirus, Hand, Foot and Mouth Disease)	Standard, Contact	Duration of illness			
Creutzfeldt-Jakob Disease (CJD, vCJD)	Standard		Use disposable instruments; Dispose of any objects contaminated with neural tissue until CJD or vCJD are ruled out	X	
Croup	See Respiratory Infections in Infants and Young Children, Table 2				
Crimean-Congo Fever	See Viral Hemorrhagic Fever			X	DC, MD, VA
Cryptococcosis	Standard				
Cryptosporidium species	See Gastroenteritis				DC, MD, VA
Cysticercosis	Standard		Not transmitted person to person		
Cytomegalovirus Infection, including Neonates and Immunosuppressed Patients	Standard		No additional precautions indicated for pregnant HCWs		
Decubitus Ulcer, infected					
<ul style="list-style-type: none"> Major – if no dressing or containment of drainage 	Standard, Contact	Until drainage contained			
<ul style="list-style-type: none"> Minor or limited – when no drainage or drainage contained with dressing 	Standard				
Dengue	Standard		Not transmitted person to person		DC, MD
Diarrhea, acute infective	See Table 2				

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etiology suspected					
Diphtheria					
<ul style="list-style-type: none"> Cutaneous 	Standard, Contact	Until 2 negative cultures taken at least 24 hours apart			DC, MD, VA
<ul style="list-style-type: none"> Pharyngeal 	Standard, Droplet	Until 2 negative cultures taken at least 24 hours apart			DC, MD, VA
Ebola Virus	See Viral Hemorrhagic Fever			X	DC, MD, VA
Echinococcosis (Hydatidosis)	Standard		Not transmitted person to person		
Echovirus Disease	See Enteroviral Infections				
Encephalitis or Encephalomyelitis	See specific organisms				DC, MD, VA
Endometritis	Standard				
Enterobiasis (Pinworm Disease, Oxyuriasis)	Standard				
Enterococcus species					
<ul style="list-style-type: none"> Vancomycin resistant strains 	See Multi-drug Resistant Organisms				
Enterocolitis (<i>C. difficile</i>)	See Clostridium				
Enteroviral Infection (Group A and B Coxsackie Viruses, Pleurodynia, Echovirus)					
<ul style="list-style-type: none"> In diapered or incontinent patients 	Standard, Contact	Duration of illness			
Epiglottitis - <i>Haemophilus influenzae</i> type B	Standard, Droplet	For 24 hours after initiation of effective therapy (confirm antibiotic susceptibility prior to discontinuing isolation)			

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Epstein-Barr Virus Infection, Infectious Mononucleosis	Standard				
Erythema Infectiosum	See Parvovirus B19				
Escherichia coli	See Gastroenteritis				O157: H7 only: DC, MD, VA
Food Poisoning	See Clostridium				DC, MD, VA
Furunculosis-Staphylococcal					
<ul style="list-style-type: none"> Without drainage or when drainage contained with dressing 	Standard				
<ul style="list-style-type: none"> Uncontrolled drainage 	Standard, Contact				
<ul style="list-style-type: none"> MRSA 	See Multi-drug Resistant Organisms				
Gangrene (also Gas Gangrene)	See Clostridium				
Gastroenteritis					
Adenovirus					
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
Campylobacter					
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
Cholera					
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
<i>Clostridium difficile</i>	Standard, Contact	Until diarrhea resolves	Hand washing with soap and water or 2% chlorhexidine gluconate (for 30-60 seconds) is preferable to waterless hand gel		
Cryptosporidium sp.					

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<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
Escherichia coli (all strains)					
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
Giardia Lamblia					DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			DC, MD, VA
Noroviruses	Standard, Contact	Until 48 hours after symptom resolution	Special cleaning recommendations during outbreaks; Contact Infection Control at x5053		
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness	Special cleaning recommendations during outbreaks; Cleaning staff should wear a mask if area has large feces or vomitus; Contact Infection Control at x5053		
Rotavirus	Standard, Contact	Duration of illness			
<i>Salmonella</i> species (including <i>S. typhi</i> , Typhoid Fever)	Standard	In children, precautions should be continued until culture results for 3 consecutive stool specimens obtained at least 48 hours after cessation of antimicrobial therapy are negative; Otherwise, for the duration of illness			DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	In children, precautions should be continued until culture			DC, MD, VA

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		results for 3 consecutive stool specimens obtained at least 48 hours after cessation of antimicrobial therapy are negative; Otherwise for the duration of illness			
Shigella species	Standard				DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			DC, MD, VA
Vibrio parahaemolyticus	Standard				DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			DC, MD, VA
Viral (if not covered elsewhere)	Standard				
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			
Yersinia enterocolitica	Standard				DC, MD
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			DC, MD
German Measles	See Rubella; See Congenital Rubella				
Giardiasis	See Gastroenteritis				
Gonococcal ophthalmia neonatorum (Gonorrheal ophthalmia, acute conjunctivitis of newborn)	Standard				DC, MD, VA
Gonorrhea	Standard				DC, MD, VA
Granuloma Inguinale (Donovanosis, Granuloma venereum)	Standard				DC, MD, VA
Guillain-Barre Syndrome	Standard		Not an infectious condition		
Haemophilus influenzae, type B, invasive	Standard, Droplet	For 24 hours after the start of antimicrobial therapy			

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Hand, Foot & Mouth Disease (also Coxsackie virus)	See Enteroviral Infection				
Hantavirus (Pulmonary syndrome)	Standard		Not transmitted person to person		DC, MD, VA
<i>Helicobacter pylori</i>	Standard				
Hemorrhagic Fever	See Viral Hemorrhagic Fever			X	DC, MD, VA
Hepatitis					
Type A	Standard				DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Child <3 yrs, duration of hospitalization; 3 to 14 yrs, until 2 wks after onset of symptoms; all others, 1 week after onset			DC, MD, VA
Type B, HBsAg-Positive (acute or chronic)	Standard				DC, MD, VA
Type C or other unspecified non-A, non-B	Standard				DC, MD, VA
Type D (seen only with Hepatitis B)	Standard				DC, MD, VA
Type E	Standard				DC, MD, VA
<ul style="list-style-type: none"> <i>In diapered or incontinent patients</i> 	Standard, Contact	Duration of illness			DC, MD, VA
Type G	Standard				DC, MD, VA
Herpangina	See Enteroviral Infection				
Hookworm Disease (Ancylostomiasis, Uncinariasis)	Standard				
Herpes Simplex					
Encephalitis	Standard				
Mucocutaneous, disseminated or primary, severe	Standard, Contact	Until all lesions are dry and crusted			
Mucocutaneous, recurrent (skin, oral & genital)	Standard				

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Neonatal (including newborns with perinatal exposure)	Standard, Contact	Until all lesions are dry and crusted	Also use contact precautions for infants delivered vaginally or by C-section if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours of age are negative after 48 hours of incubation		
Herpes Zoster	See Varicella			X	DC, VA
Histoplasmosis	Standard		Not transmitted person to person		
Human Immunodeficiency Virus	Standard				MD, VA
Human Metapneumovirus	Standard, Contact	Duration of illness			
Impetigo (Staphylococcal, Streptococcal)	Standard, Contact	For 24 hours after start of effective therapy			
Infectious Mononucleosis (Epstein-Barr Virus, EBV)	Standard				
Influenza					
Human (seasonal flu)	Standard, Droplet	Duration of illness Immunocompromised patients: consider using 7 days from onset of symptoms or 24 hours after resolution of fever and respiratory symptoms, whichever comes longer, for the duration of illness	Prolonged duration of viral shedding has been observed in immunocompromised patients		DC, MD, VA
Avian (e.g. H5N1, H7, H9 strains)	Standard, Droplet, Contact			X	DC, MD, VA
Pandemic Influenza	Standard, Droplet,	5 days from onset of		X	DC, MD, VA

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	Contact	symptoms			
Kawasaki Syndrome	Standard		Not an infectious condition		DC, MD, VA
Lassa Fever	See Viral Hemorrhagic Fever			X	DC, MD, VA
Legionnaires' Disease	Standard		Not transmitted person to person	X	DC, MD, VA
Leprosy	Standard			X	DC, MD, VA
Leptospirosis	Standard				DC, MD, VA
Lice					
Head	Standard, Contact	Until 24 hours after treatment completed			
Body	Standard		Wear gown and gloves when removing clothing; bag and wash clothing before handling without PPE		
Pubic	Standard		Transmitted through sexual contact		
Listeriosis	Standard				DC, MD, VA
Lyme Disease	Standard		Not transmitted person to person		DC, MD, VA
Lymphocytic Choriomeningitis	Standard		Not transmitted person to person		
Lymphogranuloma Venereum	Standard				
Malaria	Standard				DC, MD, VA
Marburg Virus Disease	See Viral Hemorrhagic Fever			X	DC, MD, VA
Measles (Rubeola), all presentations	Standard, Airborne	4 days after start of rash Duration of illness in immunocompromised patients	Non-immune workers should not care for the patient; Respirator not required for immune staff	X	DC, MD, VA
Melioidosis, all forms	Standard		Not transmitted person to person		
Meningitis					

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Aseptic (including Viral Meningitis/see also Enteroviral Infections)	Standard				DC, MD, VA
<ul style="list-style-type: none"> <i>In infants and young children</i> 	Standard, Contact				DC, MD, VA
Bacterial, gram-negative enteric, in neonates	Standard				DC, MD, VA
Fungal	Standard				DC, MD, VA
Haemophilus influenzae, type B, known or suspected	Standard, Droplet	For 24 hours after start of effective therapy			DC, MD, VA
Listeria monocytogenes	See Listeriosis				DC, MD, VA
Neisseria meningitidis (meningococcal) known or suspected infection	Standard, Droplet	For 24 hours after start of effective therapy		X	DC, MD, VA
Pneumococcal	Standard				DC, MD, VA
Tuberculosis	Standard			X	DC, MD, VA
<ul style="list-style-type: none"> <i>In children</i> 	Standard, Airborne	Airborne precautions may be discontinued after active TB is ruled out in visiting family members			DC, MD, VA
Other diagnosed bacterial	Standard				DC, MD, VA
Meningococcal Disease: Meningitis, Pneumonia, Sepsis	Standard, Droplet	For 24 hours after start of effective therapy		X	DC, MD, VA
Molluscum contagiosum	Standard				
Monkeypox	Standard, Contact	Until all lesions are crusted	Use airborne precautions until smallpox is excluded and monkeypox confirmed	X	DC, MD, VA
Mononucleosis	See Epstein-Barr Virus or Infectious Mononucleosis				
Mucormycosis	Standard				
Multi-drug Resistant Organisms (MDROs) infection or colonization			MDROs are defined as organisms resistant to one or more classes of antibiotics		

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Any emerging gram negative pathogen as deemed necessary by Infection Control (ex. Acinetobacters, Pseudomonas, Klebsiella Pneumoniae Carbapenemase/KPC)	Standard, Contact	All hospitalizations; Patients must meet criteria set forth in Appendix I to be considered for isolation removal; Isolation cannot be discontinued without approval of IC at x5053	Private room placement only; Additional special environmental precautions may be required for these patients as well as modifications to visitor policies; Infection Control should be contacted immediately at x5053	X	
Extended Spectrum Beta Lactamase (ESBL)/Inducible beta lactamase (IBL) gram negative organisms	Standard, Contact	All hospitalizations; Patients must meet criteria set forth in Appendix I to be considered for isolation removal; Isolation cannot be discontinued without approval of IC at x5053	Discontinuation of transmission-based precautions for ESBL/IBL infections and/or colonizations will only be considered by Infection Control on a case by case basis		
Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA)	Standard, Contact	All hospitalizations; Patients must meet criteria set forth in Appendix I to be considered for isolation removal; Isolation cannot be discontinued without approval of IC at x5053	Discontinuation of transmission-based precautions for MRSA infections and/or colonizations is strongly discouraged and will only be considered by Infection Control on a case by case basis; Patient should never be cohorted with VRE positive patients		

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Vancomycin Intermediate <i>S. Aureus</i> (VISA)/Vancomycin Resistant <i>S. Aureus</i> (VRSA)	Standard, Contact	All hospitalizations	Private room placement only ; Additional special environmental precautions may be required for these patients as well as modifications to visitor policies; Infection Control should be contacted immediately at x5053	X	
Vancomycin Resistant Enterococcus (VRE)	Standard, Contact	All hospitalizations; Patients must meet criteria set forth in Appendix I to be considered for isolation removal; Isolation cannot be discontinued without approval of IC at x5053	Discontinuation of transmission-based precautions for VRE infections and/or colonizations is strongly discouraged and will only be considered by Infection Control on a case by case basis; Patient should never be cohorted with MRSA positive patients	X	
Mumps (infectious parotids)	Standard, Droplet	For 5 days after onset of swelling		X	DC, MD, VA
Mycobacterium non-Tuberculosis (atypical)					
Pulmonary	Standard		Not transmitted person to person		DC, MD, VA
Wound	Standard				DC, MD, VA
Mycoplasma pneumonia	Standard, Droplet	Duration of illness			
Necrotizing Enterocolitis	Standard	Duration of illness			
Nocardiosis, draining lesions and other presentations	Standard		Not transmitted person to person		
Noroviruses		See Gastroenteritis			
Norwalk Agent		See Gastroenteritis			

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INFECTION/CONDITION	PRECAUTIONS TYPE	DURATION OF TRANSMISSION PRECAUTIONS	COMMENTS	NOTIFY IC at x5053	NOTIFY HEALTH DEPT.
Parainfluenzae Virus Infection (respiratory) in infants & young children	Standard, Contact	Duration of illness			
Parvovirus B19 (Erythema Infectiosum/Fifth Disease)	Standard, Droplet	For 7 days after onset of symptoms; Duration of hospitalization for immunocompromised patients	Pregnant HCWs should avoid caring for patients with Parvovirus Contact IC at x5053 for more information		
Pediculosis (Lice)	See Lice				
Pertussis (Whooping Cough)	Standard, Droplet	For 5 days after start of antimicrobial therapy		X	
Pinworm Infection (Enterobiasis vermicularis)	Standard				
Plague (<i>Yersinia pestis</i>)					
Bubonic	Standard			X	DC, MD, VA
Pneumonic	Standard, Droplet	For 48 hours after start of effective treatment		X	DC, MD, VA
Pleurodynia	See Enteroviral Infection				
Pneumonia					
Adenovirus	Standard, Droplet, Contact	Duration of illness			
Bacterial not listed elsewhere (including gram-negative bacterial)	Standard				
<i>Burkholderia cepacia</i> in cystic fibrosis (CF) patients, including respiratory tract colonization	Standard, Droplet, Contact	During all admissions	Avoid exposure to other patients with CF; Contact & Droplet recommended for patient with MDRO strains of <i>B. cepacia</i>		
<i>Burkholderia cepacia</i> in non-CF patients	Standard				
Chlamydia	Standard				
Fungal	Standard				

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<i>Haemophilus influenzae</i> , type B	Standard, Droplet	For 24 hours after start of effective antimicrobial treatment			
Legionella	Standard				
Meningococcal	Standard, Droplet	For 24 hours after start of effective antimicrobial treatment			
Multi-drug resistant bacteria	See Multi-drug Resistant Organisms				
Mycoplasma (primary atypical pneumonia)	Standard, Droplet	Duration of illness			
Pneumococcal pneumonia	Standard				
<i>Pneumocystis carinii</i> (also <i>Pneumocystis jiroveci</i>)	Standard		Avoid cohorting with immunocompromised patients		
<i>Pseudomonas cepacia</i>	Standard				
<i>Staphylococcus aureus</i>	Standard				
MRSA	See Multi-drug Resistant Organisms				
Streptococcus group A	Standard, Droplet	For 24 hours after start of effective antimicrobial treatment	Contact precaution should be initiated for draining wounds that cannot be covered or contained by dressing for 24 hours after initiation of antimicrobial therapy		
Viral	See Table 2				
Poliomyelitis	Standard, Contact	Duration of illness		X	DC, MD, VA
Psittacosis (Ornithosis)	Standard		Not transmitted person to person		DC, MD, VA
Q Fever	Standard				DC, MD, VA
Rabies	Standard				DC, MD, VA

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Rat-Bite Fever (Streptobacillus moniliformis Disease, Spirillum minor Disease)	Standard		Not transmitted person to person		
Relapsing Fever	Standard		Not transmitted person to person		
Resistant bacterial infection or colonization	See Multi-drug Resistant Organisms				
Respiratory Infectious Disease, acute (if not covered elsewhere)	See Table 2				
Respiratory Syncytial Virus (RSV) Infection, in infants and children	Standard, Contact	Duration of illness; Until rapid test is negative in immuno-compromised patients			
Reyes Syndrome	Standard		Not an infectious condition		DC,VA
Rheumatic Fever	Standard		Not an infectious condition		
Rhinovirus	Standard, Droplet, Contact	Duration of illness			
Rickettsial Fevers, Tick-borne (Rocky Mountain Spotted Fever, Tick-borne Typhus Fever)	Standard		Not transmitted from person to person		DC, MD, VA
Rickettsial Pox (Vesicular Rickettsiosis)	Standard		Not transmitted from person to person		
Ringworm (Dermatophytosis, Dermatomyces, Tinea)	Standard				
Ritter’s Disease (Staphylococcal Scalded Skin Syndrome)	Standard, Contact	Duration of illness	Also Staphylococcal Disease, Scalded Skin Syndrome		
Rocky Mountain Spotted Fever (RMSF)	See Rickettsial Fevers, Tick-borne				DC, MD, VA
Roseola Infantum (Exanthema Subitum)	Standard				
Rotavirus Infection	See Gastroenteritis				

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Rubella (German Measles)	Standard, Droplet	For 7 days after onset of rash	Pregnant women who are not immune should avoid contact with these patients; See Congenital Rubella for neonates born to mothers with active disease	X	DC, MD, VA
Rubeola	See Measles			X	DC, MD, VA
Salmonellosis	See Gastroenteritis			X	DC, MD, VA
Scabies	Standard, Contact	Until 24 hours after treatment completed			
Scalded Skin Syndrome	See Ritter's Disease				
Schistosomiasis (Bilharziasis)	Standard				
Severe Acute Respiratory Syndrome (SARS)	Standard, Airborne, Contact (including eye protection)	Duration of illness plus 10 days after resolution of fever, provided respiratory symptoms are absent or improving	Airborne precautions preferred; If All room unavailable, use droplet precautions plus N-95 or greater respirator; Use full eye and face protection	X	DC, MD, VA
Shigella	See Gastroenteritis				DC, MD, VA
Smallpox	Standard, Airborne, Contact	Duration of illness; Until all scabs have crusted and separated	Provide post-exposure prophylaxis within 4 days of exposure	X	DC, MD, VA
Sporotrichosis	Standard				
Spirillum Minor Disease (Rat-Bite Fever)	See Rat-Bite Fever				
Staphylococcal Disease (including Methicillin Resistant and Susceptible Staphylococcus Aureus)					
MRSA	See Multi-drug Resistant Organisms				
MSSA - skin, wound or burn infections					
<ul style="list-style-type: none"> Major-No dressing or unable to contain drainage 	Standard, Contact	Duration of drainage			
<ul style="list-style-type: none"> Minor or limited- 	Standard				

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<i>Dressing covers and contains drainage</i>					
MSSA Enterocolitis	Standard				
<ul style="list-style-type: none"> <i>In diapered or incontinent individuals</i> 	Standard, Contact	Duration of illness			
MSSA Pneumonia	Standard				
MSSA Scalded Skin Syndrome	See Ritter’s Disease				
MSSA Toxic Shock Syndrome	Standard				
Streptobacillus moniliformis Disease (Rat-Bite Fever)	See Rat-Bite Fever				
Streptococcal Disease (Group A Streptococcus)					
Skin, Wound or Burn					
<ul style="list-style-type: none"> <i>Major – No dressing or unable to contain drainage</i> 	Standard, Droplet, Contact	For 24 hours after start of effective treatment			
<ul style="list-style-type: none"> <i>Minor – Dressing covers and contains drainage</i> 	Standard				
Endometritis (Puerperal Sepsis)	Standard				
Pharyngitis	Standard, Droplet	For 24 hours after start of effective treatment			
Pneumonia	Standard, Droplet	For 24 hours after start of effective treatment			
Scarlet Fever	Standard, Droplet	For 24 hours after start of effective treatment			
Serious Invasive Disease	Standard, Droplet	For 24 hours after start of effective treatment			DC, MD
Streptococcal Disease (Group B Streptococcus),	Standard				DC, MD

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neonatal					
Streptococcus pneumoniae, invasive	Standard				DC, MD
Strongyloidiasis	Standard				
Syphilis					
<ul style="list-style-type: none"> Latent (tertiary) and seropositivity without lesions 	Standard				DC, MD, VA
<ul style="list-style-type: none"> Skin and mucous membrane, including congenital, primary and secondary 	Standard, Contact	For 24 hours after start of effective treatment			DC, MD, VA
Tapeworm Disease (Hymenolepis nana, Taenia solium (pork), T. saginata, Cysticercosis, Dipylidium spp., Echinococcus spp.)	Standard		Not transmitted from person to person		
Tetanus	Standard		Not transmitted from person to person		DC, MD, VA
Tinea (Fungus Infection, Dermatophytosis, Ringworm)	Standard				
Toxoplasmosis	Standard				
Toxic Shock Syndrome	Standard, Droplet, Contact	Droplet precautions, until Group A Streptococcus is ruled out or for 24 hours after effective treatment for Group A Strep; Contact precautions should be used for patients with abscess or draining wounds that cannot be covered			DC, MD, VA

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		or contained by a dressing			
Trachoma, acute (Conjunctivitis)	Standard				
Trench Mouth (Vincent’s angina)	Standard				
Trichinosis	Standard				DC, MD, VA
Trichomoniasis	Standard				
Trichuriasis (Whipworm Disease)	Standard		Not transmitted from person to person		
Tuberculosis					
Skin-test positive with no evidence of current pulmonary disease	Standard				
Pulmonary, confirmed or suspected or laryngeal disease	Standard, Airborne	Duration of hospitalization or until infectious TB is ruled out			DC, MD, VA
Extrapulmonary, draining lesion	Standard, Airborne, Contact	Airborne: until active pulmonary disease in visiting family members is ruled out; Contact: Duration of drainage			DC, MD, VA
Extrapulmonary: non-draining, lesion, meningitis	Standard, Airborne	Until active pulmonary disease in visiting family members is ruled out, then Standard			DC, MD, VA
Tularemia					
• Draining lesions	Standard				DC, MD, VA
• Pulmonary	Standard				DC, MD, VA
Typhoid Fever (Salmonella typhi)	See Gastroenteritis				DC, MD, VA

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Typhus, endemic and epidemic	Standard				DC, MD, VA
Urinary Tract Infection (including Pyelonephritis), with or without urinary catheter	Standard				
Varicella Zoster (Chickenpox, Shingles)					
Chickenpox					
<ul style="list-style-type: none"> <i>Active disease</i> 	Standard, Airborne, Contact	Minimum of 5 days after rash onset and until all lesions are crusted and dry	Non-immune staff should not care for the patient if other immune staff is available; Respirator not required for immune staff; Non-immune staff that need to care for the patient is required to wear a respirator	X	DC, MD, VA
<ul style="list-style-type: none"> <i>Exposure (day 0-7 after exposure)</i> 	Standard			X	
<ul style="list-style-type: none"> <i>Exposure days 8-21* after exposure (*day 28 if VZIG given)</i> 	Standard, Airborne	Until day 21 post last exposure; day 28, if VZIG was given; Isolate for active disease if lesions develop		X	
<ul style="list-style-type: none"> <i>Neonates born to mothers with Varicella</i> 	Standard, Airborne, Contact	Until 21 days of age or 28 days of age if VZIG was given; Isolate for active disease if lesions develop			
<ul style="list-style-type: none"> Immunized patients with breakthrough (only Maculopapular lesions) 	Standard, Airborne	Until no new lesions appear within 24 hours (lesions do not have to be completely resolved)			
Shingles					

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<ul style="list-style-type: none"> <i>Localized in immunocompromised patient, or disseminated disease in any patient</i> 	Standard, Airborne, Contact	Until all lesions are crusted over			DC, MD, VA
<ul style="list-style-type: none"> <i>Localized in otherwise normal patient</i> 	Standard, Contact	Until all lesions are crusted over			DC, MD, VA
Vibrio parahaemolyticus	See Gastroenteritis				DC, MD, VA
Vincent’s angina	See Trench Mouth				
Viral Hemorrhagic Fevers (Lassa, Ebola, Marburg and Crimean-Congo Fever Viruses)	Standard, Droplet, Contact	Duration of illness	<p>Emphasize Standard Precautions, proper waste handling and hand hygiene; Use N-95 respirators or PAPRs during any aerosolizing procedure; During final stages of illness when hemorrhage may occur, additional PPE should be used (double gloving and leg and shoe covering)</p> <p>Airborne precautions may be required when undergoing a procedure that stimulates cough and promotes generation of aerosols</p>	X	DC, MD, VA
Viral Respiratory Disease (if not covered elsewhere)	See Table 2				
Whooping Cough	See Pertussis				DC, MD, VA
Wound Infections					
Major – No dressing or unable to contain drainage	Standard, Contact	Until drainage can be contained			
Minor – Dressing covers and contains drainage	Standard				
Yersinia Enterocolitica	See Gastroenteritis				

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Zoster		See Varicella		X	DC, MD, VA
Zygomycosis (Phycomycosis, Mucormycosis)	Standard		Not transmitted person to person		

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Appendix I. Procedure for the Removal of MDRO Precautions

A single positive MDRO culture from any body site will require that the patient be placed on isolation. Removal of MDRO precautions and subsequent de-flagging of the patient's medical record can only be completed in conjunction with Infection Control at x5053. The physician or his/her designee is responsible for initiating this process and notifying the IC office if the patient is deemed eligible by satisfying all of the following criteria:

- No invasive devices (including central lines, dialysis catheters, urinary catheters, feeding tubes, tracheostomies)
- No draining or open wounds
- No ostomies
- No antimicrobial therapy within the past 7 days
- No dermatological issues (eczema, decubitous ulcers, etc)
- No chronic conditions where regular follow up is expected (≥ 4 healthcare system visits a year)