

STANDARD AND TRANSMISSION BASED PRECAUTIONS

PURPOSE

To outline the process of infection control measures while caring for the patient.

POLICY

STANDARD PRECAUTIONS

Standard Precautions are used for all patients. These precautions are designed to prevent transmission of blood borne pathogens to healthcare workers and to prevent healthcare associated spread of germs. All patients must be considered recognized or potential unrecognized sources of both blood-borne pathogens and nosocomial bacterial pathogens. Standard precautions include good hand hygiene, use of personal protective equipment (PPE), such as gloves, gowns, masks, and face shields/eye protection, when there is a risk of blood and body fluid exposure.

- a. Hands must be washed with soap and water OR "alcohol-based hand rubs" following any direct contact with a patient's skin, mucous membranes, body fluids, and any contaminated patient-care items.
- b. Wear PPE when there is risk of exposure to blood or other body fluids.
- c. Remove PPE promptly after caring for the patient.
- d. Wear a fluid-resistant paper gown when clothes are likely to be contaminated with blood, body fluids, or secretions.
- e. Immediately clean hands after removing gloves.
- f. Wear mask and eye protection during procedures that are likely to generate splashes or sprays of blood, body fluids, or secretions (e.g. suctioning). Remove the gown promptly after use and wash hands.
- g. Do not use the same gloves on different patients.
- h. Do not wash and reuse examination gloves between patients.

TRANSMISSION BASED PRECAUTIONS

- a. Transmission Based Precautions are used when there is potential for spreading germs other than blood borne pathogens and are used in addition to Standard Precautions. Some diseases may require two or more types of precautions.

Transmission Based Precautions include Airborne, Contact, Droplet, and Spore Precautions (see Tables 1-4).

- b. After assessing the patient, a nurse may place a patient on any type of Transmission Based Precautions for 24 hours without a physician order.

TABLE 1 AIRBORNE PRECAUTIONS	All Patients
Principle Elements	In addition to Standard Precautions
Hand Hygiene	Clean Hands before entering room and before leaving room
PPE	<p>For Pulmonary tuberculosis</p> <ul style="list-style-type: none"> Wear a personal respirator (N-95 mask). <p>For Varicella (chickenpox), disseminated zoster, or measles (rubeola).</p> <ul style="list-style-type: none"> If you are immune to varicella, or measles, you do not need to wear respiratory protection. If you are susceptible (non immune), you shall not be assigned to care for or visit the patients. If you must enter the room, wear respiratory protection (N95 mask).
Room Assignment	<ul style="list-style-type: none"> Negative Pressure Room Door must remain closed at all times (including when patient out of room) Minimize unnecessary entry into the room. If negative pressure isolation rooms are limited, priority should be given to patients known or suspected to be infected with tuberculosis. <p>Negative Pressure Isolation Rooms are Located on each unit. See list below.***</p>
Precautions Signs	<ul style="list-style-type: none"> Post Green Airborne Precautions Sign outside the room where clearly visible
Visitors	<ul style="list-style-type: none"> Staff shall instruct visitors on Airborne precautions. Visitors shall follow the precautions outlined above under PPE. Visitors shall be instructed by staff nurses how to wear the mask correctly.
Patient Transport	<ul style="list-style-type: none"> Limit the movement and transport of the patient outside of their room. If transport or movement is necessary, place a surgical mask on the patient. Notify the department receiving the patient that Airborne precautions are necessary.
Room Cleaning	<p>Standard Practices.</p> <p>If less than 1 hour since patient discharge, Healthcare worker should wear an N95 mask.</p>
Ambulation	Patient should only leave room for necessary treatment. E.g. radiology. Patient to wear surgical mask when outside of room.
Discharge	Upon discharge, close room for 1 hour before admitting next patient.

**** Negative Pressure Isolation Rooms (NPIR) LIST**

Floor Number	Negative Pressure Isolation Rooms (NPIR)
First Floor	1255b, 1255d
Second Floor	2203p, 2221c, 2221e, 2321a, 2321c
Third Floor	3509
Fourth Floor	4157, 4311, 4341, 4411, 4433, 4457, 4643
Fifth Floor	5161, 5127, 5345, 5311, 5607a, 5445, 5411, 5433,
Sixth Floor	6161, 6127, 6345, 6311, 6611, 6645, 6457, 6411, 6433
Seven Floor	7161, 7127, 7345, 7311, 7611, 7645, 7457, 7411, 7433
Eighth Floor	8161, 8127, 8345, 8311, 8611, 8645, 8237h, 8237k, 8457, 8411, 8433

TABLE 2 CONTACT PRECAUTIONS	All Patients	Modified (Outpatient)
Principle Elements	In addition to Standard Precautions	In addition to Standard Precautions
Hand Hygiene	Clean Hands before entering room and before leaving room.	Clean hands before and after care.
PPE	<ul style="list-style-type: none"> • Don Gown and Gloves when entering room. Gowns and gloves are single use. • Do not wash gloves. 	<ul style="list-style-type: none"> • Gloves. • (Gowns not routinely required).
Room Assignment	<ul style="list-style-type: none"> • Private room. Cohort patients with the same germ in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by curtain. • Post the red Contact Precautions sign where clearly Visible. 	<ul style="list-style-type: none"> • Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain and • Yellow Contact Precautions sign where clearly visible.
Precautions Signs	<ul style="list-style-type: none"> • Red Contact Precautions Sign 	<ul style="list-style-type: none"> • Yellow Modified Contact Precautions Sign.
Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Contact precautions. • Clean hands on entering room. • Wear gloves when entering the room. • Use of gown is encouraged for patient assistance. • Remove PPE and clean hands when leaving. 	<ul style="list-style-type: none"> • Staff shall instruct visitors on precautions. • Clean hands before visit. • Wear gloves when contact with the patient is anticipated. • Remove PPE and clean hands when leaving.

▼ Applies for both categories▼	
Patient Transport	<ul style="list-style-type: none"> • Notify Receiving Department of Precautions. • Wounds are covered and body fluids are contained. • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Patients shall wear a clean gown and should clean their hands prior to leaving the room.
Patient Care Equipment	<ul style="list-style-type: none"> • Standard cleaning. • When possible, dedicate the use of equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Reusable patient care equipment must be disinfected with the hospital-approved disinfectant before use on another patient.
Room Cleaning	Standard Practices.
Ambulation	<ul style="list-style-type: none"> • See Ambulating MDRO Patient algorithm.

Table 2 (Cont'd)

** RNPH patients shall be allowed to attend clinically appropriate therapy. The patient shall be instructed to wear clean attire and to clean hands before leaving their room. Ensure body fluids are contained. The staff shall instruct patient to wash hands/change clothes if they become contaminated and assist patient as indicated.

TABLE 3. DROPLET PRECAUTIONS	All Patients
Principle Elements	In addition to Standard Precautions
Hand Hygiene	<ul style="list-style-type: none"> • Clean Hands before entering room and before leaving room.
PPE	<ul style="list-style-type: none"> • Disposable surgical mask must be worn when entering the room. • Masks are single use.
Room Assignment	<ul style="list-style-type: none"> • Private room. • Cohort patients with the same germ in the same room if private room not available. • If patient must be placed in an open bed unit, <ul style="list-style-type: none"> - Visibly separate the patient bed by curtain and place the Orange Droplet Precautions sign where clearly visible. - Maintain at least 3 feet between the infected patient and other patients and visitors.
Precautions Signs	Orange Droplet Precautions Sign.
Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Droplet precautions. • Clean hands before entering room and before leaving room. • Visitors shall wear a mask when coming within 3 feet of the patient and shall remove the mask immediately before leaving the patient room.
Patient Transport	<ul style="list-style-type: none"> • Limit the movement and transport of the patient outside of their room. • If transport or movement is necessary, place a surgical mask on the patient. • Notify the department receiving the patient that Droplet Precautions are necessary.
Room Cleaning	Standard Practices.
Ambulation	<ul style="list-style-type: none"> • Patients on Droplet Precautions are encouraged to stay in their room. • A surgical mask must be placed on the patient before leaving the room.

TABLE 4 SPORE PRECAUTIONS	All Patients	Modified (Outpatient)
Principle Elements	In addition to Standard Precautions	In addition to Standard Precautions
Hand Hygiene	Wash hands with soap and water before entering room and leaving room.	Wash hands with soap and water before entering room and leaving room.
PPE	<ul style="list-style-type: none"> • Don Gown and Gloves when entering room. • Gowns and gloves are single use. Do not wash gloves. 	<ul style="list-style-type: none"> • Don Gloves when entering a room. • (Gowns not routinely required.)
Room Assignment	<ul style="list-style-type: none"> • Private room. Cohort patients with the same pathogen/bug in the same room if private room not available. • If patient must be placed in an open bed unit, visibly separate the patient bed by a curtain. • Post the red Contact Precautions sign and Spore Attention Precautions sign where clearly visible. • Post the Spore Attention Precautions sign on or next to the Alcohol-based hand rub dispenser 	<ul style="list-style-type: none"> • Patients undergoing outpatient procedures shall be placed in a bed located close to a sink. • Visibly separate the patient bed by curtain. • Post the yellow Contact Precautions sign where clearly visible. • Post the Spore Attention Precautions sign on or next to the Alcohol-based hand rub dispenser
Precautions Signs	<ul style="list-style-type: none"> • Red Contact Precautions Sign and Spore Attention Sign 	<ul style="list-style-type: none"> • Yellow Modified Contact Precautions Sign. And Spore Attention Sign
Visitors	<ul style="list-style-type: none"> • Staff shall instruct visitors on Contact Precautions and Spore Precautions. • Wash hands with soap and water upon entering and leaving room. • Wear gown and gloves when entering the room. • Remove PPE and wash hands when leaving. 	<ul style="list-style-type: none"> • Staff shall instruct visitors on precautions. • Wash hands with soap and water before and after visit. • Wear gloves when contact with the patient is anticipated. • Remove PPE and wash hands when leaving.
Room Cleaning	<ul style="list-style-type: none"> • Wipe high-touch surfaces (e.g. bedside table, doorknob , bedrails) with diluted bleach daily • Clean entire room with dilute bleach solution/wipes for both routine and terminal cleaning. 	
Ambulation	<ul style="list-style-type: none"> • See Ambulating MDRO Patient algorithm. 	

▼ Applies to both categories ▼	
Patient Transport	<ul style="list-style-type: none"> • Notify Receiving Department of Precautions. • Diaper is dry or liquid feces are contained. • When possible, transport a patient in a wheelchair or stretcher rather than in their bed. • Cover a wheelchair or stretcher with clean linen before seating the patient. Wipe the wheelchair and stretcher with dilute bleach wipes after transporting patient. • Wipe down the wheelchair and stretcher with dilute bleach wipes after patient contact. • Patients shall wear a clean hospital gowns and should wash their hands prior to leaving their rooms.
Patient Care Equipment	<ul style="list-style-type: none"> • When possible, dedicate equipment (e.g., stethoscope, blood pressure cuff) to single-patient use. • Try not to share medical equipment with <i>C. difficile</i> patients. If necessary, wipe the surfaces of equipment with dilute bleach wipes. • Reusable patient care equipment must be disinfected with dilute bleach solution/wipes before use on another patient.

PROTECTIVE PRECAUTIONS

In addition to Standard and Transmission Based Precautions, use Protective Precautions for patients with selected immunocompromising conditions to limit the risk of infections among these patients. Department or service specific protocols shall be utilized for these high-risk patients. Specifically, for the respective patient populations, the Heart Transplant service utilizes UCLA Form # 312758 and the Lung Transplant service utilizes UCLA Form 10106. Protective Precautions may include:

- Private room.
- No live plants or Fresh Cut flowers.
- No raw fruit or vegetables.
- No rectal procedures e.g. temperature.

CLINICAL SYNDROMES OR CONDITIONS WARRANTING EMPIRIC PRECAUTIONS PENDING
CONFIRMATION OF DIAGNOSIS

Clinical Syndrome or Condition ¹	Potential Pathogens ²	Empiric Precautions
Diarrhea Acute diarrhea with a likely infectious cause in an Incontinent or diapered patient	Enteric pathogens ³	Contact
Diarrhea in an adult with a history of recent antibiotic use	<i>Clostridium difficile</i>	Contact/Spore
Meningitis	<i>Neisseria meningitidis</i>	Droplet
Rash or exanthems , generalized, cause unknown Petechial/ecchymotic with fever	<i>Neisseria meningitidis</i>	Droplet
Vesicular	Varicella	Airborne and Contact
Maculopapular with coryza and fever	Rubeola (measles)	Airborne
Respiratory infections Cough/fever/upper lobe pulmonary infiltrate in an HIV Seronegative patient and/or a patient at low risk for HIV infection	<i>Mycobacterium tuberculosis</i>	Airborne
Cough/fever/pulmonary infiltrate in any lung location in HIV-infected patient and/or patient at high risk for HIV infection	<i>Mycobacterium tuberculosis</i>	Airborne
Paroxysmal or severe, persistent cough during periods of pertussis activity	<i>Bordetella pertussis</i>	Droplet
Respiratory Infections, particularly Bronchiolitis and croup in infants and young children	Respiratory syncytial or Parainfluenza virus	Contact (and Droplet if pertussis suspected)
Skin or wound infection Abscess or draining wound that cannot be covered	<i>Staphylococcus aureus</i> , Group A streptococcus	Contact

¹Patients with the syndrome or conditions listed below may have 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.

²The organisms listed under the column "Potential Pathogens" 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 ruled out.

³These pathogens include enterohemorrhagic *Escherichia coli* 0157:H7, *Shigella*, hepatitis A, and rotavirus.

DISEASES/CONDITIONS REQUIRING PRECAUTIONS IN ADDITION TO STANDARD PRECAUTIONS

INFECTION/CONDITION	PRECAUTIONS	COMMENTS
Abscess Draining, major Draining, minor or limited	Contact Standard	Until drainage stops
Acinetobacter Resistant to Meropenem	Contact	Duration of Hospitalization and for each readmission
AIDS	Standard	
Actinomycosis	Standard	
Adenovirus, Infants & Children	Droplet and Contact	Duration of Illness
Amebiasis	Standard	
Anthrax	Standard	
Yellow fever	Standard	
Ascariasis	Standard	
Aspergillosis Pulmonary & other sites Wound	Standard Airborne	Duration of illness
Babesiosis	Standard	
Blastomycosis, North American, cutaneous or pulmonary	Standard	
Botulism	Standard	
Bronchiolitis (see respiratory infections in infants and young children)		
Brucellosis (Undulant, Malta, Mediterranean fever)	Standard	
<i>Campylobacter</i> gastroenteritis	Standard	
Candidiasis, All forms including mucocutaneous	Standard	
Cat-scratch fever (benign inoculation lymphoreticulosis)	Standard	
Cellulitis, uncontrolled drainage	Contact	Until wounds stops draining
Chancroid (soft chancre)	Standard	
Chickenpox (varicella)	Airborne and Contact	Until all lesions are crusted
Chicken Pox Exposure (Non Immune)	Airborne and Contact	Starting Day 10 through 21 days after exposure
<i>Chlamydia trachomatis</i> (any site)	Standard	
Cholera	Standard	

Closed-cavity infection (any)	Standard	
<i>C. botulium</i>	Standard	
<i>C. difficile</i>	Contact/Spore	Duration of Hospitalization
<i>C.perfringens</i> Food Poisoning or wound	Standard	
Colorado tick fever	Standard	
Congenital rubella	Contact	First year of life
Coccidioidomycosis (valley fever).	Standard	
Conjunctivitis Bacterial (ANY)	Standard	
Conjunctivitis Viral (Acute hemorrhagic)	Contact	Duration of illness
Coxsackie virus Adults Infants & Children	Standard Contact	Duration of illness
Creutzfeldt-Jakob disease	Standard	Some tissues require special disposal/cleaning. Call Hospital Epidemiology
Croup Adults Infants and Children	Standard Contact	Duration of Illness
Cryptococcosis	Standard	
Cryptosporidiosis	Standard	
Cysticercosis	Standard	
Cytomegalovirus infection	Standard	
Decubitus ulcer, major infected minor or limited	Contact Standard	
Dengue fever	Standard	
Diarrhea, infection suspected	Contact	
Diphtheria Cutaneous	Contact	Until off antibiotic therapy and two negative cultures
Diphtheria Pharyngeal	Droplet	Until off antibiotic therapy and two negative cultures
Ebola viral hemorrhagic fever	Airborne, Contact	Duration of Illness
Echnococcosis (hydatidosis)	Standard	
Echovirus Adults Infants & Children	Standard Contact	Duration of illness
Encephalitis Eastern Encephalitis Western Encephalitis Venezuelan equine encephalomyelitis St. Louis encephalitis California encephalitis	Standard	

Enteroviral Illness Adults Infants & Children	Standard Contact	Duration of Illness
Endometritis	Standard	
Enterobiasis (Pinworm disease, oxyuriasis)	Standard	
Epiglottitis, caused by <i>H. influenzae</i>	Droplet	Until 24 hrs after initiation effective therapy
Epstein-Barr virus infection, including infectious mononucleosis	Standard	
Erythema infectiosum (see Parvovirus B19)	Droplet	Duration of Illness Duration of hospitalization immunocompromised patient
<i>Escherichia coli</i> gastroenteritis Adults Diapered or incontinent	Standard Contact	
Food Poisoning (any)	Standard	
Furunculosis-staphylococcal Infants and young children	Contact	Duration of Illness
Gangrene (Gas gangrene)	Standard	
<i>Giardia lamblia</i>	Standard	
German Measles (rubella)	Droplet	Until 7 days after onset of rash
Gonococcal ophtalmia neonatorum)	Standard	
Gonorrhea	Standard	
Granuloma inguinale (donovanosis, granuloma venereum)	Standard	
Guillain-Barre syndrome	Standard	
Hand, foot, and mouth disease Adults Infants & Children	Standard Contact	Duration of Illness
<i>Hantavirus</i> pulmonary syndrome	Standard	
<i>Helicobacter pylori</i>	Standard	
Hemorrhagic fevers (for example Lassa and Ebola)	Airborne Contact	Duration of Illness. Call Hospital Epidemiology
Hepatitis, Type A, Adults Type A Diapered or incontinent Type B-HBsAg positive Type C Type E Non Specified, Non A, Non B	Standard Contact Standard Standard Standard	Duration of illness

Herpangina (see enteroviral infection)		
Herpes Simplex recurrent skin, oral, genital Neonatal Disseminated, Primary, Severe	Standard Contact Contact	Duration of Illness Duration of illness
Herpes Zoster Localized in normal patient Localized in immunocompromised patient Disseminated	Standard Airborne/Contact Airborne/Contact	Susceptible individuals should not enter the room. Precautions until all lesions are crusted
Histoplasmosis	Standard	
Hookworm disease (ancylostomiasis, uncinariasis)	Standard	
Human immunodeficiency virus (HIV) infection	Standard	
Impetigo	Contact	Until 24 Hours after effective therapy
Infectious mononucleosis	Standard	
Influenza	Droplet	Duration of Illness
Kawasaki syndrome	Standard	
Lassa fever	Airborne/Contact	Duration of Illness/Call Hospital Epidemiology immediately
Legionnaires' disease /Legionella	Standard	
Leprosy	Standard	
Leptospirosis	Standard	
Lice (pediculosis)	Contact	Until 24 Hours after effective therapy
Listeriosis	Standard	
Lyme disease	Standard	
Lymphocytic choriomeningitis	Standard	
Lymphogranuloma venereum	Standard	
Malaria	Standard	
Marburg virus disease	Airborne/Contact	Duration of Illness/Call Hospital Epidemiology immediately
Measles (rubeola), all presentations	Airborne	Duration of illness/Call Hospital Epidemiology immediately
Melioidosis, all forms	Standard	
Meningitis (Bacterial)	Droplet	Until 24 Hours after effective therapy
Meningitis (Viral)	Standard	Treat all meningitis as bacterial until Viral diagnosis confirmed
Meningococcal pneumonia	Droplet	Until 24 Hours after effective

		therapy
Meningococemia (meningococcal sepsis)	Droplet	Until 24 Hours after effective therapy
Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	Contact	See Clearance policy IC 003
<i>Molluscum contagiosum</i>	Standard	
Mucormycosis	Standard	
Multidrug-resistant organisms, infection or colonization		May require contact precautions. Call Hospital Epidemiology
Mumps (infectious parotitis)	Droplet	Until 9 days after start of swelling
Mycobacteria, nontuberculosis (atypical) any site	Standard	
<i>Mycoplasma pneumonia</i>	Droplet	Duration of illness
Necrotizing enterocolitis	Standard	
Nocardiosis	Standard	
Norovirus gastroenteritis	Contact	Duration of Illness
Orf	Standard	
Parainfluenza virus infection, respiratory in infants, young children, and immunocompromised adults	Contact	Duration of Illness
Parvovirus B19	Droplet	Duration of Illness Duration of hospitalization immunocompromised patient
Pertussis (whooping cough)	Droplet	Until after 5 days of effective therapy
Pinworm infection	Standard	
Plague Bubonic Pneumonic	Standard Droplet	Call Hospital Epidemiology immediately Until 72 hours of effective therapy
Pleurodynia Adults Children, infants	Standard Contact	Duration of Illness
Pneumonia Adenovirus Bacterial not listed elsewhere <i>Burkholderia Cepacia</i> in CF patients <i>Chlamydia</i>	Droplet/Contact Standard Standard Standard	Duration of Illness Do not cohort with Non colonized CF patients

Fungal <i>H. influenzae</i> Adults Infants and children (any age)	Standard Standard Droplet	Until 24 hours after effective therapy
Pneumonia continued: Pneumococcal <i>Pneumocystis carinii</i> <i>Staphylococcus aureus</i> <i>Streptococcus, Group A</i> Adults <i>Streptococcus, Group A</i> Infants and children Viral Adults Pneumonia continued: Viral Infants and young children	Standard Standard Standard Droplet Standard Contact	Contact precautions if Multidrug resistant Do not cohort with immunocompromised patient Until 24 hrs of effective therapy Duration of illness
Poliomyelitis	Standard	
Psittacosis (ornithosis)	Standard	
Q fever	Standard	
Rabies	Standard	
Rat-bite fever (<i>Streptobacillus moniformis</i> disease, <i>Spirillum minus</i> disease)	Standard	
Relapsing fever	Standard	
Resistant bacterial infection or colonization		May require contact precautions. Call Hospital Epidemiology
Respiratory infectious disease, acute (if not covered elsewhere) Adults Infants and young children	Standard Contact	Duration of Illness
Respiratory syncytial virus infection, in infants and young children, and immunocompromised adults	Contact	Duration of illness
Reye's syndrome	Standard	
Rheumatic fever	Standard	
Rickettsialpox (vesicular rickettsiosis)	Standard	
Ringworm (dermatophytosis,	Standard	

dermatomycosis, tinea)		
Ritter's disease (staphylococcal scalded skin syndrome)	Standard	
Rocky Mountain spotted fever	Standard	
Roseola infantum (exanthum subitum)	Standard	
Rotavirus Adults diapered or incontinent	Standard Contact	Duration of illness
Rubella (German Measles)	Droplet	Until 7 days after onset of rash
<i>Salmonella species</i> (including <i>S. typhi</i>)	Standard	
SARS (Severe Adult Respiratory Syndrome)	Airborne/Contact	Duration of Illness/Call Hospital Epidemiology
Scabies	Contact	Until 24 hrs after effective therapy
Schistosomiasis (bilharziasis)	Standard	
<i>Shigella species</i> Adults diapered or incontinent	Standard Contact	Duration of Illness
Sporotrichosis	Standard	
<i>Spirillum minus</i> disease (rat-bite fever)	Standard	
Staphylococcal disease (<i>S. aureus</i>) Skin, wound, or burn Major Minor or limited Enterocolitis Adult Children, infants, incontinent MRSA Pneumonia Scalded skin syndrome Toxic shock syndrome	Contact Standard Standard Contact Contact Standard Standard Standard	Duration of illness Duration of illness
<i>Streptobacillus moilliformis</i> disease (rat-bite fever)	Standard	
Streptococcal disease (group A <i>Streptococcus</i>) Skin, wound, burn Major Minor or limited Endometritis (pleural sepsis) Pharyngitis in infants and young children Pneumonia in infants and young children	Contact Standard Standard Droplet Droplet Droplet	Until 24 hrs after effective therapy Until 24 hrs after effective

Scarlet fever in infants and young children		therapy Until 24 hrs after effective therapy
Streptococcal disease (group B <i>Streptococcus</i>), neonatal	Standard	
Streptococcal disease (not group A or B) unless covered elsewhere	Standard	
Strongyloidiasis	Standard	
Syphilis Skin and mucous membrane, including congenital, primary secondary Latent (tertiary) and seropositivity without lesions	Standard	
Tapeworm disease <i>Hymenolepis nana</i> <i>Taenia solium</i> (pork) Other	Standard Standard Standard	
Tetanus	Standard	
Tinea (fungus infection dermatophytosis, dermatomycosis, ringworm)	Standard	
Toxoplasmosis	Standard	
Toxic shock syndrome (staphylococcal disease)	Standard	
Trachoma, acute	Standard	
Trench mouth (Vincent's angina)	Standard	
Trichinosis	Standard	
Trichomoniasis	Standard	
Trichuriasis (whipworm disease)	Standard	
Tuberculosis Extrapulmonary, draining lesion (including scrofula) Extrapulmonary, meningitis Pulmonary, confirmed or suspected or laryngeal disease Skin-test positive with no evidence of current pulmonary disease	Standard Standard Airborne Standard	All patients with extrapulmonary TB infection should be assessed for concurrent pulmonary infection Until 3 negative AFB smears on 3 different days obtained or cleared by Pulmonary or Infectious Disease Attending

Tularemia Draining lesion Pulmonary	Standard Standard	
Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis)	Standard	
Typhus, endemic and epidemic	Standard	
Urinary tract infection (including pyelonephritis), with or without urinary catheter	Standard	
Vaccinia virus (smallpox vaccine), including conjunctivitis, rash, encephalitis	Contact	Duration of illness/ Call Hospital Epidemiology. This includes all patients who had recent (≤ 30 days) small pox vaccination or close contact with a person who received a smallpox vaccination
Vancomycin resistant enterococci (VRE)	Contact	See Clearance policy IC003
Varicella (chickenpox)	Airborne/Contact	Susceptible individuals should not enter the room Precautions until all lesions are crusted
Vibrio parahaemolyticus	Standard	
Vincent's angina (trench mouth)	Standard	
Viral diseases Respiratory (if not covered elsewhere) Adults Infants and young children	Standard Contact	Duration of illness
Whooping cough (pertussis)	Droplet	Until 5 days after effective therapy
Wound infections Major Minor or limited	Contact Standard	Duration of Illness
Yellow fever	Standard	
<i>Yersinia enterocolitica</i> gastroenteritis	Standard	
Zoster (varicella-zoster) Localized in immunocompromised patient, disseminated Localized in normal patient	Airborne/ Contact Standard	Susceptible individuals should not enter the room Precautions until all lesions are crusted Susceptible individuals should not enter the room
Zygomycosis (phycomycosis,	Standard	

mucormycosis)		
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FORMS

UCLA Form 312758 – Isolation Precautions – Heart Transplant

UCLA Form 10106 – Isolation Precautions – Lung Transplant

REFERENCES

None

REVISION HISTORY

Effective Date: April 1997

Reviewed/Revised Date: March 1998, February 2000, October 2001, April 2002, January 2003, July 2003, April 2004, November 2, 2004, September 29, 2005, September 5, 2006, March 2008, April 24, 2008, August, 2008

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