SECTION SEVEN: INSTITUTIONAL POLICIES RELATIVE TO GME PROGRAMS

POLICY NO: 7. 9
SUBJECT: STANDARD PRECAUTIONS

I. PURPOSE

To provide SPUH employees with guidelines and control measures necessary for the prevention of health-care associated infections.

II. POLICY STATEMENT

Standard Precautions is the primary strategy for successful prevention and control of health-care associated infections, used for all patients. With Standard Precautions, all patient's blood and body fluids are to be treated as potentially infectious. Standard Precautions must be strictly followed whenever there is a possibility of exposure to blood, other body fluids (except sweat), non-intact skin, or mucous membranes. Standard Precautions must be followed by all personnel at all times, regardless of the patient's diagnosis.

All anticipated exposure requires the use of gloves. Some types of exposure may require the use of water proof gowns or plastic aprons, masks and eye protection. Use individual judgment in determining when barriers are needed. Each individual must establish his/her own standards for consistent use of barriers. These personal standards should be based on the interactions with the patient's body substances, non-intact skin, and mucous membranes.

III. TRANSMISSION

Microorganisms are transmitted in hospitals by several routes, and the same microorganism may be transmitted by more than one route. There are five main routes of transmission - direct/indirect contact, droplet, airborne, common vehicle (contaminated food, water, equipment), and vector-borne (mosquitoes, flies, rats).

In addition to Standard Precautions, there are certain recommendations for Transmission-Based Precautions. These should be used for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens.

There are three types of Transmission Based Precautions:

(a) Airborne Precautions
(b) Droplet Precautions
(c) Contact Precautions

A. Standard Precautions

It should be emphasized that standard precautions are to be followed for all patients, and hand hygiene after contact with a patient or any object in a patient's room is an integral part of protecting oneself and patients from known and unrecognized potentially harmful microorganisms.

1. All personnel must wear gloves when:
   (a) Drawing blood
   (b) Starting I.V.'s
   (c) Working with any blood or body fluid
   (d) There is potential for exposure to blood or body fluid
2. Gloves must be removed between patients. Hands must be thoroughly washed with soap and water or disinfected with alcohol based waterless hand sanitizer after glove removal.
3. Protect clothing with a plastic apron or waterproof gown when it is likely that clothing will be soiled with blood or body fluid.

4. Wear masks and eye protection when it is likely that eyes or mucous membranes will be splashed with blood or body fluid (i.e., when suctioning a patient).
5. Discard all Sharps including those with engaged safety devices in puncture resistant containers for this purpose.

B. Transmission Based Precautions

1. AIRBORNE PRECAUTIONS

Designed to reduce the risk of airborne transmission of infectious agents. Airborne transmission occurs by dissemination of either airborne droplet nuclei or dust particles containing the infectious agent. Special air handling and ventilation are required to prevent airborne transmission, since microorganisms may remain suspended in the air for long periods of time and can be widely dispersed by air currents.

2. DIAGNOSED OR SUSPECTED DISEASES REQUIRING AIRBORNE PRECAUTIONS

*- Disseminated Herpes Zoster
*- Herpes Zoster in immunocompromised patients
- Rubeola (Measles)
-Mycobacterium Tuberculosis Complex (MTB)
- Varicella (Chickenpox)
- Smallpox
*- Severe Acute Respiratory Syndrome (SARS)

3. DROPLET PRECAUTIONS

Designed to reduce the risk of transmission via large-particle droplets.
Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing or talking, and during the performance of certain procedures such as suctioning and bronchoscopy.

Transmission of droplets requires close contact between the source and recipient persons because droplets do not remain suspended in the air and generally travel only short distances, usually three feet or less.

(a) Diagnosed or Suspected Diseases Requiring Droplet Precautions

- * Adenovirus infection
- Avian Influenzae
- Diphtheria (pharyngeal)
- Influenza Group A, Group B
- Invasive Haemophilus influenzae type B - including meningitis, epiglottitis and sepsis. (pneumonia - infants and children only)
- Invasive Neisseria Meningitidis - including meningitis, sepsis, and pneumonia
- Mumps
- Mycoplasma pneumonia
- Parvovirus B19
- Pertussis
- Pneumonic plague
- Rubella (German measles)

* Some illnesses require more than one type of precaution.

C. CONTACT PRECAUTIONS

Designed to reduce the risk of transmission of epidemiologically important microorganisms by direct contact (skin to skin) or indirect contact. Indirect contact transmission involves contact of a susceptible host with a contaminated intermediate object, usually inanimate, in the patient's environment.

Diagnosed or Suspected Clinical Conditions Requiring Contact Precautions

-*Adenovirus infection
-Clostridium Difficile
-Congenital Rubella
-Diphtheria (cutaneous)
-Impetigo
- MRSA
-Herpes Simplex (neonatal or severe mucocutaneous)
-*Herpes Zoster (varicella zoster) localized in immunocompromised patient or disseminated
-ESBL positive organisms (i.e. E. coli, Klebsiella)
-Nectrotizing fascitis (Grp A Strep)
-Pediculosis
-RSV (Respiratory Syncytial Virus)
-Viral hemorrhagic infections (Ebola, Lassa or Marburg)
-VRE (Vancomycin Resistant Enterococcus)
-Scabies
-Varicella (chicken pox)
-Rotavirus
-*Varicella (chicken pox)
-*Smallpox
-*Severe Acute Respiratory Syndrome (SARS)
-Multi-drug **resistant** gram negative organisms (resistant pseudomonas, resistant acinetobacter, resistant enterobacter, all isolates of B. cepacia & S. maltophilia)

In addition to Standard Precautions, Airborne, Droplet, or Contact Precautions will be instituted when someone is admitted to the hospital and is suspected or known to have an illness that is included in Table 1.

* Some illnesses require more than one type of precaution.

IV. STANDARD AND TRANSMISSION BASED PRECAUTIONS

A. Standard Precautions

1. Wear gloves for all anticipated exposure to blood, body fluids, secretions, excretions, and contaminated items. It may be necessary to change gloves and wash hands with soap and water or disinfect with an alcohol based, waterless hand sanitizer between tasks and procedures on the same patient to prevent cross contamination of different body sites.

   Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient. Wash or disinfect hands immediately to avoid transfer of microorganisms to oneself, other patients, or the environment.

2. Mask/eye protection/ face shield
   Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and/or excretions.

3. Gown
   Wear a gown to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions or cause soiling of clothing. Remove a soiled gown as promptly as possible and wash or disinfect hands to avoid transfer of microorganisms to other patients or environments.

4. Appropriate supplies are centrally located on each nursing unit and patient care area.

B. Airborne Precautions

To be used in addition to standard precautions.

1. *Patient placement*
   Place the patient in a private room that has (1) monitored negative air pressure in relation to the surrounding areas, (2) six to twelve air changes per hour, and (3) appropriate discharge of air outdoors. The room door and anteroom door should remain closed and the patient should remain in the room.

   When a private room is not available, cohort* the patient in a room with a patient who has an active infection with the same microorganism, unless otherwise recommended.

   NOTE: Patients with suspected or active MTB should NOT be cohorted. When a private room is not available and cohorting is not desirable, consultation with the Infection Control Department is advised before patient placement.

2. *Respiratory protection*
   Wear respiratory protection (N95 Particulate Respirator) when entering the room of a patient with suspected or diagnosed pulmonary MTB, suspected or diagnosed smallpox or suspected or diagnosed SARS.

   Susceptible persons should not enter the room of patients suspected or diagnosed to have measles (rubeola) or varicella (chickenpox) if other immune caregivers are available. If susceptible persons must enter these rooms, a surgical mask must be worn. At a minimum patients will be instructed to cover their cough with supplied tissues.

3. *Patient transport*
   Limit the movement and transport of the patient from the room to essential purposes only. If transport of the patient is necessary, minimize patient dispersal of droplet nuclei by placing a surgical mask on the patient, if possible. Nursing will notify the receiving unit/department of the patient's isolation precautions.

4. Transport personnel will wear an N95 Particulate Respirator when transporting patient's with suspected or active TB if the patient is medically unable to wear a mask. **No other persons will be permitted on the elevator when a patient on Airborne Precautions is being transported without a mask.** At the very least the patient should be provided with a box of tissues and instructed to cover their cough.

**Cohorting* - *A method used to place patients colonized or infected with the same microorganism in the same room.*

C. Droplet Precautions

To be used in addition to standard precautions.

1. *Patient placement*
   Place the patient in a private room. When a private room is not available, cohort the patient in a room with a patient who has an active infection with the same microorganism. When a private room is not available and cohorting is not achievable, maintain spatial separation of at least three feet between the infected patient and other patients and visitors. Special air handling and ventilation are not necessary, and the door may remain open.

2. *Mask*
   In addition to Standard Precautions, wear a surgical mask entering the room of a patient on Droplet Precautions.

3. *Patient transport*
   Limit the movement and transport of the patient from the room to essential purposes only. If transport or movement is necessary, minimize patient dispersal of droplets by placing a surgical mask on the patient, if possible. The receiving department should be notified by nursing that the patient is on droplet precautions. Transport personnel will wear a surgical mask if the patient is medically unable to wear a mask. Patients will be provided with a box of tissues and will be instructed to "cover their cough".

D. Contact Precautions

To be used in addition to standard precautions.

1. *Patient placement*
   Place the patient in a private room. When a private room is not available, cohort the patient in a room with a patient who is colonized or infected with the same microorganism. When a private room is not available and cohorting is not achievable, consider the epidemiologic pattern of the microorganism and patient population when determining patient placement. Consultation with the Infection Control Department is advised before patient placement.

2. *Gloves & handwashing*
   In addition to wearing gloves as outlined in Standard Precautions, wear gloves when entering the room. During the course of providing care for a patient, change gloves after having contact with infective material that may contain high concentrations of microorganisms (for example, fecal material and wound drainage).

   Remove gloves and wash hands or disinfect hands using an alcohol based waterless hand sanitizer (if not visibly soiled) before leaving the patient environment. After glove removal and handwashing and/or hand disinfection, ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to oneself, other patients or environments.

3. *Gown*
   In addition to wearing a gown as outlined in Standard Precautions, you must wear a gown when entering a room of a patient on Contact Precautions.

   Remove the gown before leaving the patient's environment. Place the soiled gown in the laundry bag located in the patient's room. After gown removal ensure that clothing

does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to oneself, other patients, or environments.

4. *Patient transport*
   Limit the movement and transport of the patient from the room to essential purposes only. Transport must wear gloves and a gown when transferring a patient from bed to stretcher. Prior to leaving the patient's room, gloves and gown must be removed and hands washed or disinfected. Gloves are not to be worn while transporting the patient from department to department. Two transport aides will be assigned when transporting a patient by stretcher when on Contact Precautions. It is permissible for any employee rendering direct care to the patient during transport, i.e., respiratory therapy bagging a patient to wear appropriate PPE including gloves and an isolation gown. The receiving department should be notified in advance by nursing of the need for contact precautions.

5. *Patient care equipment*

Patients placed on Contact Precautions will be provided with their own disposable stethoscope,
BP cuff and thermometer. These items will remain with the patient until discharge. At discharge all disposable equipment must be discarded. Avoid the sharing of any equipment between patients. If the use of common equipment or items is unavoidable, then adequately clean and disinfect each item with an appropriate germicide, before use on another patient.

E. General Recommendation
1. All direct care providers, including physicians, need to know their own varicella, rubella, and rubeola status and participate in annual TB skin testing.
2. All direct care providers should be immunized against Hepatitis B. Employees who refuse the immunization must sign a declination form. Hepatitis B vaccine is a benefit of employment at SPUH.
3. Varicella vaccination is also available for free from Employee Health Services and is strongly encouraged for non-immune employees.
4. Influenza vaccine is offered yearly to all employees and is highly recommended.

V.THE ROLE OF PHYSICIANS, NURSES AND OTHER CARE PROVIDERS IN IMPLEMENTING TRANSMISSION-BASED PRECAUTIONS

1. A physician will note on the doctors order sheet when a patient is suspected or diagnosed to have a disease requiring Airborne, Droplet or Contact Precautions. A list of diseases and clinical conditions requiring Transmission Based Precautions can be found in each patient care area.

2. A physician's order is not necessary to implement Transmission Based Precautions. Any RN that notes a patient is suspected or diagnosed to have a disease requiring Transmission Based Precautions, can initiate such.

3. The nurse will place the appropriate sticker on the patient's chart and sign on the door to the patient's room.

4. The nurse is responsible for triage of persons wishing to enter the room.

5. A physician's order is required to discontinue Airborne, Droplet or Contact Precautions as outlined in this policy.

VI. SUPPLIES NEEDED FOR STANDARD/TRANSMISSION BASE PRECAUTIONS SYSTEMS

1. All direct care providers including physicians need to evaluate their own interactions with the patient and use barriers as appropriate, based on anticipated contact with blood and body substances, and not the patient's clinical status.

2. Supplies located in the patient's room:
   a. Gloves
   b. Masks

      1. N95 Particulate Respirators - used by direct care providers, including physicians, only when caring for patients with suspected or diagnosed Tuberculosis, Smallpox or SARS.

      2. Surgical Mask - used by direct care providers, including physicians:
         a. if likely to be splashed by blood or body fluid
         b. for diseases transmitted by droplet.
      c. Laundry Bag: for disposal of linen when patients are on Contact Precautions
      d. Patients placed on Contact Precautions will be provided with their own disposable stethoscope, BP cuff and thermometer. These items will remain with the patient until discharge. At discharge all disposable equipment must be discarded.

3. Items Located On the Nursing Unit or in Patient Care Areas
   a. Aprons: Disposable plastic aprons
   b. Gloves: Extra boxes of disposable nonsterile gloves
   c. Isolation Gowns:
      Yellow isolation gowns are located on the laundry cart. Nursing must notify the Laundry Department to increase the unit par level of isolation gowns due to increased demand if several patients require contact precautions.
   d. Eye Protection
      1. Disposable faceshield/mask combination – use if likely to be splashed with blood or body fluid.
      2. Goggles - return in the covered red biohazard containers to SPD for reprocessing.
   e. Masks: Use surgical mask:
      1. if likely to be splashed by blood or body fluid
      2. for diseases transmitted by droplets
   f. N95 Particulate Respirators:
      Stocked on each unit to be used by employees caring for the patient with suspected or diagnosed TB, Smallpox or SARS.
   g. Isolation signs/stickers:
      Located at each Nurses' Station. Additional signs are located in the front cover of the Infection Control Manual. The Airborne, Droplet, or Contact Precautions sign is to be placed on the door of the patient's room. Stickers are to be placed on the front of the patient's chart. Signs are to be taken down and stickers removed when the Transmission Based Precautions are discontinued by the physician
   h. Plastic Bags:

Red bags for Regulated Medical Waste and clear bags for regular trash are maintained by Environmental Services.

i. Red Covered Biohazard Containers:

Located in each dirty utility room to be used to transport reusable items to SPD for reprocessing.

j. Contact Precaution Carts:

1. Requested through Environmental Services.
2. Placed outside patient's room.
3. Stocked with gloves, plastic aprons, gowns, etc. by each individual nursing unit.
4. Return to Environmental Services for cleaning and storage when Contact Precautions are discontinued.

VII. ADDITIONAL PROCEDURES FOR STANDARD PRECAUTIONS

1. Soiled Linen

All soiled linen is to be put into regular linen bags and sent to the laundry. Linen saturated with blood or body fluid should be put into an impervious plastic bag to prevent environmental contamination. These bags should be placed with other soiled linen bags and sent to the laundry.

2. Fluid Filled Containers

All fluid filled containers (i.e. suction canisters) should be capped and placed in the designated trash bin located in the dirty utility room. They will be transported by the Environmental Services for proper disposal.

NOTE: Never empty fluid filled containers.

3. Disposal of Waste from Patient Rooms

All trash that is considered to be Regulated Medical Waste generated from individual rooms and patient care areas with the exception of fluid filled containers will be placed in a plastic bag and transported to the nearest red plastic lined trash can for disposal. All other garbage may be disposed of in clear plastic lined trash cans.

4. Specimens

All specimens must be placed in a plastic bag prior to transport to the lab.

5. Wound Dressings

All wound dressings are to be disposed of in a manner so as to "confine and contain" any blood/body fluids that may be present. Small dressings can be enclosed in the disposable glove used to remove the dressing. Pull the glove off inside out containing the dressing inside it. This dressing and glove can be discarded into the nearest red plastic lined trash container designated for Regulated Medical Waste. Larger dressings should be removed using gloved hands and placed into an impervious red bag.

6. Blood and Body Fluid Spills

a. After patient's needs have been met, the area of blood or body fluid spill will be covered with paper towels.
b. The environmental person will be notified immediately and directed to the spill.
c. Standard Precautions will be followed and environmental procedures using a quaternary or phenolic germicide will be used to remove and clean the spill.

d. In instances when Environmental Service Personnel are unavailable, the area of blood or body fluid will be covered and contained with paper towels. Using gloves, discard soiled material into appropriate Regulated Medical Waste container. The area will then be cleaned using either a 0.5% sodium hypochlorite bleach solution, which is prepared using a 1:10 dilution of household bleach, a quaternary germicide that is tuberculocidal (Virex TB®) or Expose®, a phenolic germicide. Containers of 0.5% sodium hypochlorite are located in the lab. Spray bottles of Virex TB® are located in all Environmental G wing closets and on all Environmental cleaning carts. Expose® is located in dispensing units in the OR, LDR, 4B OR and Cardiac Cath Lab.

e. The equipment used to clean the spill will be placed in a red plastic bag and deposited in the dirty utility room to be disposed of by the Environmental Services Department.

Reference: Centers for Disease Control and Prevention, Guideline for isolation precautions in hospitals; Part I: AJIC 1996; 24:24-52.

AIRBORNE

Disease	Duration	Comments
Infectious Mycobacterium Tuberculosis (MTB) (pulmonary/laryngeal)	Airborne Precautions must be maintained until the patient is no longer infectious or until active TB has been ruled out. Patients diagnosed with MTB that is documented to be susceptible to (INH) and/or Rifampin should be isolated until he/she has been on adequate therapy for at least 2 weeks, has had a clinical response to therapy and the sputum AFB smear shows decreasing numbers of organisms. Patients diagnosed with infectious MTB whose susceptibility pattern is unknown or who have Multi Drug Resistant TB should be isolated until he/she has received adequate therapy for at least 2 weeks and has negative sputum AFB smears obtained on 3 consecutive days.	Negative Pressure Room N95 Particulate Respirators must be worn by all employees entering the room of a patient with suspected or diagnosed MTB. Place a surgical mask on the patient during transport.
*Chickenpox (Varicella) or suspicious vesicular rash	Until all lesions are crusted	Negative Pressure Room Susceptible persons should not enter the room. If susceptible persons must enter the room they must wear a surgical mask. Exposed susceptible patients should be isolated beginning 10 days after exposure until 21 days after last exposure. Varivax vaccine is available in the employee health department. Place a surgical mask on the patient during transport. *Requires more than one type of precaution.
*Disseminated Herpes Zoster or Herpes Zoster in the immunocompromised pt. or suspicious vesicular rash	Until all lesions are crusted	Negative Pressure Room Susceptible persons (those not immune to chickenpox) should not enter the room. If susceptible persons must enter the room they must wear a surgical mask. Place a surgical mask on the patient during transport. *Requires more than one type of precaution.
Measles (Rubeola) or suspicious maculopapular rash with coryza and fever	Duration of illness	Negative pressure room Susceptible persons should not enter the room. If susceptible persons must enter the room they must wear a surgical mask. Place a surgical mask on the patient during transport.
*Smallpox	Until all scabs have fallen off	Negative Pressure Room N95 Particulate Respirators must be worn by anyone entering the room of a patient with known or suspected Smallpox. Refer to SPUH Bioterrorism Management Plan EOC Manual for additional information on management of a Smallpox patient. *Requires more than one type of precaution.
Severe Acute Respiratory Syndrome (SARS)	Duration of Illness	Negative Pressure Room N95 Particulate Respirators must be worn by anyone entering the room of a patient with suspected SARS. If a patient must be transported, place a N95 particulate respirator on the patient. *Requires more than one type of precaution.

DROPLET PRECAUTIONS

Disease	Duration	Comments
Adenovirus infection	For duration of illness	**FOR ALL PATIENTS ON DROPLET PRECAUTIONS:** **Private Room or Cohort.** **Wear a surgical mask while entering the patient's room. Remove mask upon exiting. Place a surgical mask on the patient during transport.**
Influenza Group A and Group B	For duration of illness	
Diphtheria (pharyngeal)	Until off antibiotics and 2 cultures taken at least 24 hrs. apart are negative	
German Measles (rubella)	Isolate until 7 days after onset of rash	
Invasive Haemphilus influenzae type B - including meningitis, epiglottitis, and sepsis (pneumonia-infants and children only)	For 24 hrs. after start of effective antibiotic therapy	
Invasive Neisseria Meningitides - (Meningococcal) including meningitis, sepsis, and pneumonia	For 24 hrs. after start of effective antibiotic therapy	
Mumps (infectious parotitis)	For 9 days after onset of swelling	
Parovirus B19	Maintain precautions for duration of hospitalization when chronic disease occurs in immunodeficient patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days.	
Pertussis (whooping cough)	Maintain precautions until 5 days after patient is placed on effective therapy	
Pneumonic Plague	Until 72 hrs after initiation of appropriate antibiotic therapy.	
Avian Influenzae	For duration of illness.	
Mycoplasma pneumonia	For duration of illness.	

CONTACT PRECAUTIONS

Disease	Duration	Comments
Adenovirus	For duration of illness	
Clostridium Difficle	Until diarrhea has stopped	
Congenital rubella	Place infant on precautions during any admission until 1 yr of age, unless nasophyaryngeal and urine cultures are negative for virus after age 3 months	**NOTE: Post sign "soap and water is the preferred method of hand hygiene" outside the door of all c. difficile patients.**
Diphtheria (cutaneous or severe muccoutaneous)	Until off antibiotics and 2 cultures taken at least 24 hours apart are negative.	
Necrotizing Fascititis (Group A streptococcus)	For 24 hours after start of effective treatment.	**FOR ALL PATIENTS ON CONTACT PRECAUTIONS:**
Pediculosis	For 24 hours after start of effective treatment.	**Private Room or Cohort.**
Respiratory Syncytial Virus (RSV)	Until two negative antigens 24 hours apart are obtained. Obtain the 1st specimen 7 days after the initial positive antigen. If still positive, wait 7 days before repeating. Once a negative antigen is obtained a 2nd specimen can be repeated at 24 hours.	**Wear gloves and gown when entering the patient's room. Remove gown and gloves and wash hands before exiting. *Requires more than one type of precaution.**
Scabies	For 24 hours after start of effective treatment	
Vancomycin Resistant Enterococcus (VRE)	Until three VRE negative results have been obtained on three consecutive occasions, one week apart, from a rectal swab and the original site	**Provide all patients on Contact Precautions with a dedicated disposable stethoscope, thermometer and BP cuff. All disposable equipment must remain with the patient during their entire length of stay and be disposed of at the time of discharge.**
Viral Hemorrhagic Infections including Ebola, Lassa and Marburg	For duration of illness	
Rotarvirus (causes diarrhea)	For duration of illness	
*Chickenpox (Varicella) or suspicious vesicular rash	Until all lesions are crusted.	Susceptible persons should not enter the room. If susceptible persons must enter the room they must wear a surgical mask. Exposed susceptible patients should be isolated beginning 10 days after exposure until 21 days after last exposure. Varivax vaccine is available in the employee health department. *Requires more than one type of precaution

CONTACT PRECAUTIONS

Disease	Duration	Comments
Disseminated Herpex Zoster or Herpes Zoster in the immunocompromised pt. or suspicious vesicular rash	Until all lesions are crusted.	Susceptible persons (those not immune to chickenpox) should not enter the room. If susceptible persons must enter the room, they must wear a surgical mask. *Requires more than one type of precaution.
Smallpox	Until all scabs have fallen off.	Susceptible persons (those not immune to smallpox) should not enter the room. If susceptible persons must enter the room, they must wear an N-95 particulate respirator. Refer to SPUH Bioterrorism Management Plan, EOC Manual, for additional information on the Management of a Smallpox Patient. *Requires more than one type of precaution.
Severe Acute Respiratory Syndrome (SARS)	Duration of Illness	Negative Pressure Room N95 Particulate Respirators must be worn by anyone entering the room of a patient with known or suspected SARS. If a patient must be transported, place a N95 particulate respirator on the patient. *****Requires more than one type of precaution.
Multi Drug Resistant Organisms (MDRO) Including: a) Methicillin Resistant Staph aureus (MRSA) b) Extended Spectrum Beta Lactam (ESBL) positive organisms i.e. E. coli, Klebsiella c) Multi-Drug **Resistant** Gram Negative organisms: resistant pseudomonas, acinetobacter, enterobacter and all isolates of -B. cepecia & S. maltophilia -Any additional resistant organisms judged by the Infection Control Committee based on current recommendations to be of special clinical or epidemiological significance.	Until a negative culture is obtained 24 hours after the discontinuation of antibiotics. As long as the patient has a draining wound, pus present or the original culture was in the sputum, maintain Contact Precautions and do not perform routine re-culturing.	**Any patient with a known history of a MDRO readmitted with a chronic draining wound, pus, active skin lesion or a trach must be placed on Contact Precautions until screening cultures are obtained.** **Screening Cultures:** **For the patient a recent positive history of:** **MRSA –culture site and anterior nares** **VRE – culture site and obtain rectal swab** **ESBL positive organism – culture site** **MDR gram negative organism- culture site**