NTHSSA-WIDE POLICY	
Title: Routine Practices and Additional Precautions	Policy Number: 12-47-V1
Applicable Domain: Infection Control	
Additional Domain(s): NA	
Effective Date: 27/03/2020	Next Review Date: 27/03/2023
Issuing Authority: NTHSSA CEO	Date Approved: 27/03/2020
Accreditation Canada Applicable Standard:  4.2, 5.1, 5.6, 6.1, 12.7 Infection Prevention and Control	

GUIDING PRINCIPLE:

The Northwest Territories Health and Social Services Authority has policies are in place to prevent the spread of infection within health care from patient to patient, patient to staff, staff to patient, staff to staff, and/or to visitors and family members. These policies are based on the principle of routine practices and additional precautions.

PURPOSE/RATIONALE:

Routine Precautions, described in this policy, should always be in place.

Additional precautions are necessary, regardless of anticipated body substance encounter risk, when providing care for patients who have infections or are colonized with organisms transmitted by a respiratory route (i.e. airborne or droplet), and patients who grossly soil their environment or have epidemiologically significant organisms transmitted by direct or indirect contact.

Any healthcare professional can, and is encouraged to initiate additional precautions when there are concerns of an increased risk of transmission. The discontinuation of additional precautions requires consultation with Infection Prevention and Control. The decision to remove additional precautions can be made after reviewing patient symptoms, diagnostic tests and/or specific disease related criteria.

DEFINITIONS:

Additional Precautions: Precautions (i.e., Contact Precautions, Droplet Precautions, and Airborne Precautions) which are necessary in addition to routine practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Aerosol-Generating Medical Procedure (AGMP): A medical procedure that generates droplets/aerosols which may expose staff to respiratory pathogens and are considered to be potential risk for staff and others in the area.

Airborne Precautions: Used in addition to Routine Practices for clients/patients/residents known or suspected of having an illness transmitted by the airborne route (i.e., by small droplet nuclei that remain suspended in the air and may be inhaled by others).

Body Substances: include blood and body fluids, which include oral secretions, sputum, emesis, urine, feces, wound drainage, tissue, and any other moist body substances, but not perspiration.

Cohorting: The assignment of a geographic area such as a room or a patient care area to two or more patients/clients/residents who are either colonized or infected with the same microorganism.

Contact Precautions: Used in addition to Routine Practices to reduce the risk of transmitting infectious agents via contact with an infectious person or through contact with contaminated items in the environment (indirect contact).

Doff: To remove personal protective equipment.

Don: To put on personal protective equipment.

Droplet/Contact Precautions: Used in addition to Routine Practices for clients/patients/residents known or suspected of having an infection that can be transmitted by large infectious droplets, and via contact with an infectious person or through contaminated items in the environment (indirect contact).

Hand Hygiene (HH): A general term referring to any action of hand cleaning. Hand hygiene related to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR).

Hospital clean: The measure of cleanliness routinely maintained in client/patient/resident care areas of the health care setting. Hospital Clean is "Hotel clean" with the addition of disinfection, increased frequency of cleaning, auditing and other infection control measures in client/patient/resident care areas.

Hotel clean: A measure of cleanliness based on visual appearance that includes dust and dirt removal, waste disposal and cleaning of windows and surfaces. Hotel clean is the basic level of cleaning that takes place in all areas of a health care setting.

Patient/client/resident environment: Defined as the space which can be touched by the person receiving care or the healthcare staff providing care. It can

include equipment, medical devices, furniture, telephone, privacy curtains, personal belongings and bathroom. In a single room, the patient/client/resident environment is the room. In an ambulatory/clinic setting, it is the area that may come into contact with the patient/client/resident within their cubicle. In a nursery/neonatal setting, the space includes inside and outside the incubator or bassinet and all equipment used for the infant.

Reprocessing: The steps required to effectively reprocess (e.g., clean, disinfect, sterilize) medical devices or equipment.

Risk Assessment: An evaluation of the interaction of the health care provider, the client/patient and the client/patient's environment to assess and analyze the potential for exposure to infectious disease.

Routine Practices and/or Precautions: is based on the principle that everyone, every item, and every interaction may present an opportunity for transmitting an organism. Routine practice refers to minimum practices used with all clients, patients, or residents, and does not depend on the patient's diagnosis. It emphasizes the need for individual risk assessment of the degree of exposure anticipated, and the selection of appropriate personal protective equipment (PPE) (e.g., gown, gloves, and mask). Routine Practices are the minimal precautions which must be in place whenever care is provided, and includes hand hygiene.

Safety engineered devices: protect the user from exposure to biohazardous or chemical substances (e.g., blood borne pathogens, cytotoxic medications). They have a built-in mechanism to protect the user from a sharps injury (e.g., needles that retract after use).

SCOPE/APPLICABILITY:

All staff working in healthcare environments or providing healthcare services.

PROCEDURE:

The following are components of **Routine Precautions**. They must always be in place.

- Perform a **risk assessment** before any patient interaction to determine what, if any risk exists, for exposure to blood, secretions, excretions, drainage of body fluids, mucous membranes, non-intact skin (including rashes) and moist body substances. Select and **don/doff PPE** as appropriate. See NTHSSA Policy Point of Care risk assessment and Proper Selection and Use of Personal Protective Equipment (PPE).
    - Gloves to reduce exposure by transmission on the hands (directly or indirectly) of healthcare providers. Should also been worn for direct skin-to-skin contact if skin integrity is compromised (e.g., rashes,

cuts, and any time risk of exposure to body fluids (e.g., diaper changes, continence care).
  - Gowns and/or plastic aprons are worn when body substances are likely to soil clothing or skin.
  - Mask and protective eyewear or mask with integrated visor to protect mucous membranes of eyes, nose, and mouth from splashes or for aerosol generating procedures.

- Effective **Hand Hygiene** is an essential component of routine practice and should be performed as per the 4 Moments of Hand Hygiene and as required as a component of personal care (e.g., after going to the washroom, before eating). Patients/residents/clients/families need to understand the importance of hand hygiene in preventing the spread of infections and should be educated, and in some instances, assisted, in hand hygiene. See NTHSSA Hand Hygiene Program Policy.

- The classification of all medical device (e.g., single-use, single patient use devices) must be understood and manufacturer's instructions for use (MIFU) must be followed for the use and **reprocessing** of all medical devices. Policies need to outline who is responsible for various aspects of reprocessing medical devices (e.g., nursing staff on the unit, environmental services, or Medical Device Reprocessing Department [MDRD]).

- Non-critical items (e.g., thermometers, glucometers, stethoscopes, blood pressure equipment, pulse oximeters, bladder scanners, commode chairs) that move from patient-to-patient are to be cleaned between each patient with a hospital-grade disinfectant following the manufacturer's instructions for use.

- Safe handling of sharps is required to reduce the risk of transmission of blood borne illnesses as a result of percutaneous injuries. Sharps can include needles, lancets, blades, and clinical glass. Recapping, bending or breaking needles must not be done. Syringes, needles, sharps, and disposable instruments are discarded at point of use in designated puncture resistant containers. **Safety engineered sharps devices** (SESDs) are accessible and used for all sharp medical devices, to the extent possible as available from the manufacturer.

- Single rooms, toileting requirements, and bed spacing should be considered to reduce transmission particularly with patients who are at risk of soiling articles in the environment with body substances.

- Routine Precautions requires that all diagnostic specimens are safely collected and transported in sealed biohazard bags.

- Soiled reusable articles, linen, and garbage should be contained securely enough to prevent leakage. Double bagging is not necessary unless the

outside of the bag is visibly soiled. Water-soluble bags are not necessary and not recommended.

- Transportation of contaminated items should be designed in such as to prevent transmission or organisms and cross contamination with clean supplies. Contaminated items/garbage should never be transported on the same cart/same vehicle with clean/sterile items and supplies.

- Processes established to ensure environmental cleaning is performed on a frequency and following a process as appropriate for the area (e.g., **hotel clean** and **hospital clean**).

- Provisions made for adequate, well maintained heating, ventilation, and air conditioning (HVAC) systems with consideration for negative and positive pressure rooms, air exchanges, humidity, and temperature controls

- Processes in place to educate and provide staff with guidance as to immunizations, and sick leave policies and expectations.

The following are components of **Additional Precautions**.

- Additional Precautions are implemented in addition to **Routine Practices**, when a communicable and/or organisms of epidemiological significance are suspected or confirmed.

- Patients/clients/residents and/or their family members should be notified when Additional Precautions are in place and educated as to what precautions and practices are required.

- Appropriate signage must be visible on entering the patient/client/residents environment (See Appendices).

- Patients/clients/residents charts should be flagged to indicate what Additional Precautions are required.

- If patients/clients, with suspected or confirmed conditions of an infectious nature, are being transferred to another facility or within a facility e.g. for diagnostic testing, the receiving facility or department must be made aware in order for appropriate precautions to be in place

- Any staff member should place a patient on additional precautions if there are concerns about transmission of infection; however, Additional Precautions can only be discontinued after consultation with the Infection Prevention and Control team.

- Additional precautions are determined by risk and the mode of transmission of the suspected or confirmed organism. Precautions are classed as Contact,

Droplet *(Contact/Droplet), Airborne *(Contact/Airborne). *In some circumstance Contact/Droplet and Contact/Airborne Precautions maybe required.

- In exceptional circumstances, (e.g., novel or exotic communicable infections) enhanced Droplet/Contract and Airborne Precautions may be initiated and additional control measures may be required.

See Appendix G for *Precautions for specific diseases, symptoms, and organisms*. This appendix provides detailed information regarding precautions required and any additional organism/disease management information.

Below are the required components of specific additional precautions. For all Additional Precautions an isolation precautions sign indicating the type of precautions must clearly displayed on the door (entryway) to the patient's room/cubicle

Contact Precautions (See Appendix A for Contact Precautions Sign) are used in addition to Routine Practices when suspected or confirmed infection/colonization is spread by direct contact with the patient or thought indirect through contact with contaminated hands, by contaminated patient equipment, or the patient's environment. Most common examples for use of Contact Precautions are infections with antibiotic- resistant organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococci (VRE).

Specific considerations:

- All requirements of Routine Practice must be followed
- Single room and toileting facilities, **cohorting** of patients with the same colonization (e.g., MRSA, VRE) may be considered in consultation with the IPAC team
- Gown and gloves are used for all patient care activities and/or contact with the patient's environment
- Dedicate equipment to that patient/client/resident. If not possible, all equipment must be cleaned and disinfected before it is used on another patient.
- Staff must wear gloves and gown for direct contact with the patient/client/resident during transport.
- Contact Precautions signs must be visible at the entry to the patient care space (e.g., room, cubicle)

Contact Plus Precautions (See Appendix B for Contact Plus Precautions sign) are used when there are additional environmental concerns associated with the suspected or confirmed causative organism. An example is *Clostridioides difficile* (C. difficile, C. diff) which, because of the spores, requires a special cleaning process.

- All routine practices and contract precautions are required
- Enhanced environmental cleaning is required (e.g., increased frequency of cleaning of patient care spaces, cleaning and disinfecting with a sporicial cleaner, such a sodium hypochlorite [Bleach], or enhanced action formulation hydrogen peroxide [4.5%].
- Contact Plus Signage must visible on entry to the patient care space

Droplet Precautions (See Appendix C for Droplet Precautions signs) are used for patients/clients/residents known or suspected of having an infection that can be transmitted by large respiratory droplets. Droplets can be generated when an individual talks, coughs, or sneezes, and through some procedures performed on the respiratory tract. These large droplets can only be propelled a short distance, and may enter another person's eyes, nose, mouth or fall onto surfaces.

Special considerations:

- All requirements of Routine Practice must be followed
- Single room and toileting facilities, **cohorting** of patients with the same confirmed infectious agent may be considered, only in consultation with the IPAC team
- Gown, gloves, mask, and eye protection (e.g., surgical mask and goggles or mask with integrated eye shield) must be worn by any individual who entering into the patient's room (or within 2 metres of the patient/client/resident)
- Dedicate equipment to that patient/client/resident. If not possible, all equipment must be cleaned and disinfected before it is used on another patient.
- Transportation should be limited unless required for diagnostic or therapeutic procedures. If the patient/client/resident is transported they must perform hand hygiene before leaving their room, and don a surgical must during transport, if tolerated. If the patient/client/resident cannot tolerate wearing a mask, transport staff should wear a mask and eye protection
- Droplet Precautions signs must be visible at the entry to the patient care space (e.g., room, cubicle)

Droplet and Contact Precautions (See Appendix D for Droplet and Contact Precautions sign) is used when droplets travel short distance and contaminate surfaces, and then spread via Contact, therefore Droplet Precautions are combined with Contact Precautions to be termed **Droplet and Contact Precautions.** Most common examples of use for **Droplet and Contact Precautions** use are for Viral Respiratory Illnesses, Mumps, and Rubella.

Patients with pneumonia, chronic obstructive pulmonary disease (COPD), asthma, and congestive heart failure (CHF) with fever should be placed on droplet and contract precautions pending further investigation by IPAC, and infectious causes are ruled out.

Special considerations:

- All requirements for Routine Practice
- Single room and toileting facilities, cohorting of patients with confirmed same virus and viral strain (e.g., influenza A [H3N2]) may be considered in consultation with IPAC
- Mask and eye protection (mask and goggles or mask with integrated visor)
- Gown and gloves
- Dedicate equipment to that patient/client/resident. If not possible, all equipment must be cleaned and disinfected before it is used on another patient.
- Patient movement outside of the room is restricted
- Droplet and Contact signage must be visible at the entry to the patient care space (e.g., room, cubicle)

Airborne Precautions (See appendix E for Airborne Precautions sign) are used when the suspected or confirmed organism can be aerosolized and spread within droplet nuclei or dust particles. These particles are so small that they can remain suspended in the air for long periods of time and may be inhaled by susceptible hosts. Most common examples of the use of Airborne Precautions are for tuberculosis (TB), chicken pox and measles.

- All requirements of Routine Practice
- Single room accommodation in an airborne infection isolation room (AIIR), with verified and monitored negative pressure. Door(s) must remain closed to maintain negative pressure
- Ideally negative pressure rooms will have anterooms
- For non-traditional care spaces where negative pressure rooms are not available, notify Territorial or Regional IPAC and care for the patient in single patient room (or exam room) with the door
- Staff must wear an fit tested N95 mask
- Visitors must wear and seal check an N95 mask
- Airborne precautions sign on door to the room

Airborne and Contact Precautions (See Appendix F for Airborne and Contact Precautions sign). The combined Airborne and Contact Precautions are when the airborne particles remain suspended in the air, travel on air currents and infectious particles can remain viable on contaminated surfaces in the patient environment. An example of when to use Airborne and Contact Precautions would be Varicella (chicken pox).

- All requirements of Routine Practice
- Single room accommodation in an airborne infection isolation room (AIIR), with verified and monitored negative pressure. Door(s) must remain closed to maintain negative pressure
- Ideally negative pressure rooms will have anterooms

- For non-traditional care spaces where negative pressure rooms are not available, notify Territorial or Regional IPAC and care for the patient in single patient room (or exam room) with the door
- Staff must wear an fit tested N95 mask, and a gown and gloves
- Visitors must wear and seal check an N95 mask, and a gown and glove
- Airborne precautions sign on door to the room

Note: Most infectious agents have a primary mode of transmission but may also have a secondary mode of transmission. Where more than one mode of transmission exists for a particular microorganism, the precautions used must take into consideration both modes. (Example: If both tuberculosis and a respiratory virus are suspected in a single individual, a combination of Airborne, Droplet and Contact Precautions should be used).

CROSS-REFERENCES:
NTHSSA Policy Point of Care Risk Assessment
NTHSSA Proper Selection and Use of Personal Protective Equipment (PPE)
NTHSSA Hand Hygiene Program Policy

ATTACHMENTS:
Appendix A: Contact Precautions Sign
Appendix B: Contact Plus Precautions Sign
Appendix C: Droplet Precautions Sign
Appendix D: Droplet and Contact Precautions Sign
Appendix E: Airborne Precautions Sign
Appendix F: Airborne and Contact Precautions Sign
Appendix G: Precautions for Specific Diseases, Symptoms, and Organisms

REFERENCES:

Accreditation Canada. (2018). Infection Prevention and Control. Retrieved from https://healthstandards.org/standard/infection-prevention-control/

Canadian Standards Association. (2018). *CAN/CSA-Z314-18 Canadian medical device reprocessing*. Ottawa, ON: Standards Council of Canada.

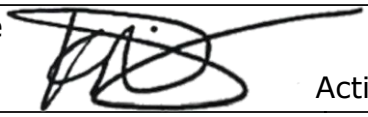
Provincial Infectious Diseases Advisory Committee (PIDAC). (2012). *Routine practices and additional precautions in all health care settings* (3rd ed.). Retrieved from http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

Provincial Infectious Disease Advisory Committee (PIDAC). (2018). *Best practices for environmental cleaning for prevention and control of infection in all health care settings.* (3rd ed.). Retrieved from https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en

APPROVAL:

March 27, 2020

Date



Acting for,

Sue Cullen
NTHSSA Chief Executive Officer

Appendix A

Contact Precautions Sign

Direct link to sign for printing: https://ournthssa.ca/wp-content/uploads/2020/03/Contact-Precautions_11x17_ForPrint.pdf

Appendix B

Contact Plus Precautions Sign

Direct link to sign for printing: https://ournthssa.ca/wp-content/uploads/2020/03/Contact-Plus-Precautions_11x17_ForPrint.pdf

Appendix C

Droplet Precautions Sign

Direct link to sign for printing: https://ournthssa.ca/wp-content/uploads/2020/03/Droplet-Precautions_11x17_ForPrint.pdf

Appendix D

Droplet and Contact Precautions Sign

Direct link to sign for printing: https://ournthssa.ca/wp-content/uploads/2020/03/Droplet-and-Contact-Precautions_11x17_ForPrint.pdf

Appendix E

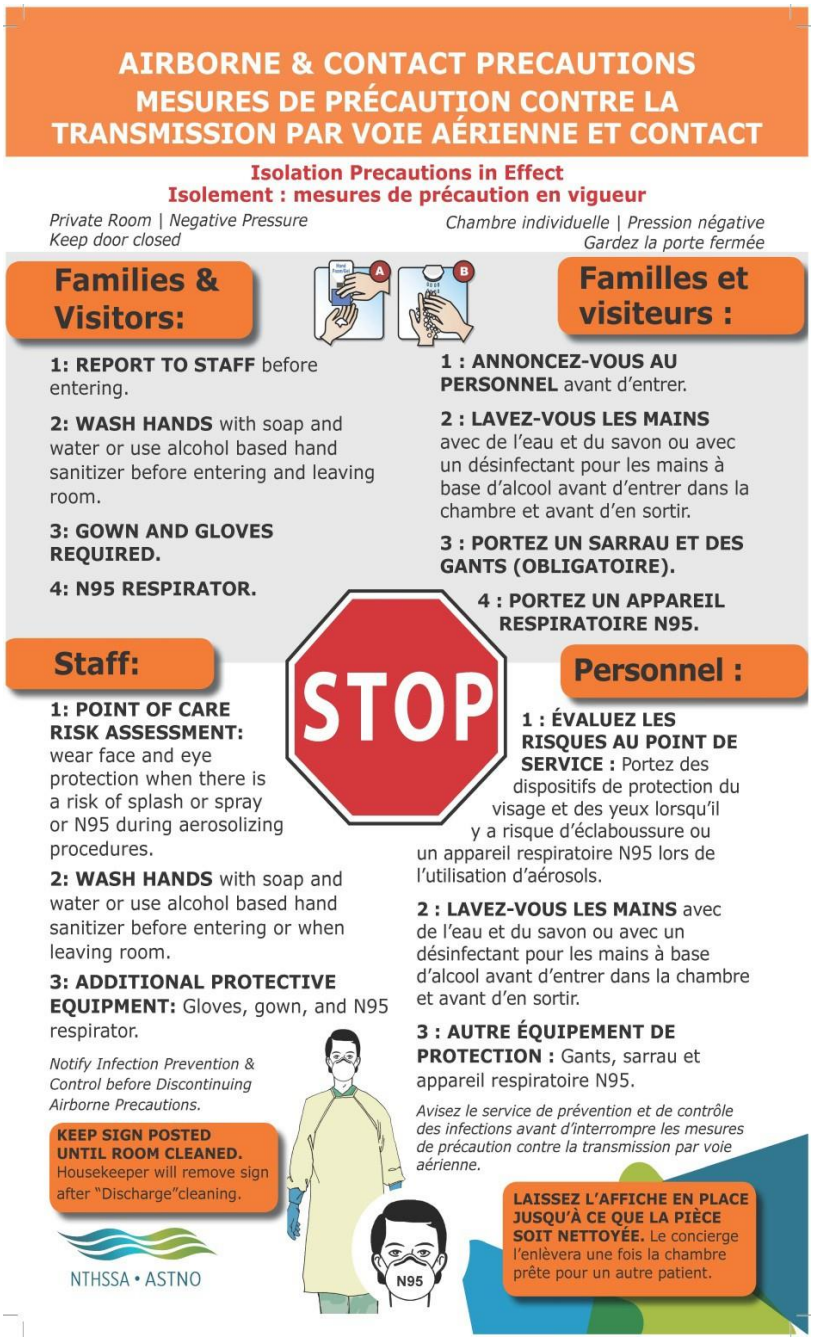
Airborne Precautions Sign

Direct link to sign for printing: https://ournthssa.ca/wp-content/uploads/2020/03/Airborne-Precautions_11x17_ForPrint.pdf

Appendix F

Airborne and Contact Precautions Sign

Direct link to sign for printing:https://ournthssa.ca/wp-content/uploads/2020/03/Airborne-and-Contact-Precautions_11x17_FINAL.pdf



Precautions for Specific Diseases, Symptoms & Organisms

** 1 – REPORT TO PUBLIC HEALTH IMMEDIATELY 2 – REPORT TO PUBLIC HEALTH WITHIN 24 HOURS 3 – REPORT TO PUBLIC HEALTH WITHIN 7 DAYS

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Abscess, etiology unknown	Minor	Routine practice (RP)	Direct and indirect contact with drainage	No		If MRSA is suspected use Contact Precautions until ruled out
	Major (drainage not contained by dressing)	Contact		Yes	Continue precautions for duration of uncontained drainage	
Adenovirus ("Shipyard eye")	Conjunctivitis	Contact	Direct and indirect contact with eye secretions	Yes	Continue precautions for duration of symptoms	May cohort patients in outbreaks Highly infectious Notify IP&C
	Pneumonia	Droplet and Contact	Direct and indirect contact with respiratory secretions	Yes		
Acquired immunodeficiency syndrome (AIDS, HIV infection)	Known or suspected	Routine practice	Blood borne (parental, IV drugs, mother to baby, sexual, blood transfusions, organ transplant)	No		Report newly diagnosed cases to Public Health - 3 Staff should report percutaneous or mucous membrane exposure to OH&S
Actinomycosis	all lesions	Routine practice	Not person-to person	No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Acute Respiratory Infection		Droplet and Contact	Direct and indirect via respiratory secretions	Yes	Until causative agent known or the patient is improving and IPAC consultation.	Report outbreaks to Public Health
Amebiasis *(Entamoeba histolytica)* Liver abscess Dysentery	Adult	Routine practice	Direct and indirect contact (fecal-oral, pus from abscess)	N		Report to Public Health - 2
	Pediatric and incontinent on non-compliant adults **or as recommended by IPAC	Contact		Yes	Single room for duration of the illness	Report to Public Health - 2
Anthrax (*Bacillus anthracis)*	Cutaneous or pulmonary	Routine practice (which includes gloves when dealing with lesions)	Rarely person-to-person From lesions of infected animals and/or animal products	No		Notify IPAC Report immediately to Public Health – 1

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Antibiotic Resistant Organisms (ARO) (see policy for ARO management)	*MRSA – Methicillin-resistant Staph. Aureus* *VRE – Vancomycin-Resistant Enterococcus* *CPO* - Carbapenemase-Producing *Organisms* **ARO Other**- refers to organisms such as multi resistant Acinetobacter, Enterobacter, Pseudomonas, etc.	Contact For MRSA, Droplet (if in sputum and coughing)	Direct and indirect contact	Yes (maybe cohorted as directed by IPAC)	Until discontinued by IPAC MRSA - requires 3 negative swabs a week apart to be considered cleared for contact tracing and/or post decolonization). VRE- natural decolonization can occur – test 3 months after first positive – then 3 negatives a week apart can be considered cleared. CPO – on going – test quarterly to assess shedding	Enhanced cleaning required for discharge/Transfer Terminal Notify receiving facilities on transfer Call IPAC for follow-up environmental assessment for CPO. Report to Public Health (MRSA,VRE, Acinetobacter baumannii) – 3 VRSA - 2
Arthropod borne	West Nile Virus and Colorado tick virus St Louis and California encephalitis, Eastern Western and Venezuelan equine encephalomyelitis	Routine practice	Vector borne Not person-to person	No		Report to Public Health -2

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Ascariasis *(Ascaris lumbricoides*, roundworm)		Routine practice	not person-to-person	No		Ova must hatch in soil to become infective.
Aspergillosis		Routine practice	Not person-to-person	No		Spores in dust; infections in immunocompromised patients may be associated with construction. If several cases in proximity look for environmental source.
Astrovirus		Contact	Direct and indirect contact (fecal-oral)	Yes	Duration of illness	
Babesiosis		Routine practice	Tick-borne, Not transmitted person-to-person except by transfusion	No		
Blastomycosis: *Blastomyces dermatitidis*	Cutaneous or pulmonary	Routine practice	Not person-to-person	No		
Botulism *(Clostridium botulinum)*		Routine practice	Foodborne Not person-to-person	No	Report immediately to Public Health	Report to Public Health - 1
Bronchitis	*See Acute Respiratory Infections*					
Brucellosis *(brucella melitensis,* Malta fever*)*	Undulant or Mediterranean fever	Routine practice	Possibly direct contact, drainage from lesions	No		Report Public Health - 3
	Draining Lesions	Contact		*See Abscess*		If lesions are present, *see Abscess.*

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Burkholderia cepacia		Routine practice	Dependent on site of infection or colonization	Avoid placement in the same room with an immunocompromised patient or with cystic fibrosis (CF) patient who is not colonized/ infected with *B. cepacia*.		For immunocompromised individuals who visit or provide care and NOT colonized with *B. cepacia*, they should wear a mask when within 3 feet of a colonized/infected patient who is coughing or undergoing chest physiotherapy.
Burn Wound		Contact+ Mask		Single room until healed		Restrict persons with infection from entering room
Camplyobacter *(Campylobacter jejuni)*	Adult	Routine practice	Direct and indirect contact (fecal-oral) Contact	No		Report to Public Health - 2 Notify IPAC
	Pediatric and incontinent on non-compliant adults **or as recommended by IPAC			Yes	Until stools are formed	
Candida auris		Contact	Direct and indirect contact	Yes	Until 3 negative swabs from axilla, groin and original detection point	Notify IPAC for individual assessment Notify receiving facilities on transfer Candida auris can persist in the environment. Special Discharge/Transfer Terminal, cleaning requirements.

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Candidiasis (except *Candida auris*)		Routine practice		No		
Carbapenemase-Producing *Enterobacteriaceae* (CPE)	*See Antibiotic Resistant Organism*					
Cat-scratch fever *(Bartonella henselae)*		Routine practice	Acquired from cats Not person-to-person	No		
Cellulitis:	Draining limited or minor	Routine practice		No		
	Major drainage	Contact		Yes		
	Child <5 years of age is *Haemophilus influenza* type B is present or suspected.	Droplet		Yes		Continue precautions until 24 hours after appropriate antimicrobial therapy or until Haemophilus influenza type B is ruled out
Chancroid *(Haemophilus ducreyl, soft chancre)*		Routine practice	Sexually transmitted	No		Report to Public Health -3
Chicken pox	*See Varicella*					
Chlamydia	*Chlamydia trachomatis(* genital respiratory,conjuctivitis, lymphgranuloma verereum)	Routine practice	Sexual or vertical (mother to baby) transmission	No		Report to Public health - 3
	Chlamydia pneumoniae	Routine practice		No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
	Chlamydia psittaci See Psittacosis	Routine practice	Zoonotic feces of infected birds Not person-to-person	No		
Cholera *(Vibrio cholera)*	Adult	Routine practice	Direct and indirect contact (fecal-oral)	No		Notify IPAC Report immediately to Public Health – 1
	Pediatric and incontinent on non-compliant adults **or as recommended by IPAC	Contact		Yes		
Clostridium botulinum	See Botulism					
Clostridium difficile		Contact-Plus	Direct and indirect contact (fecal-oral)	Yes Laboratory confirmed cases may be cohorted by IPAC	Contact precautions until 48 hours after symptoms resolved and sporicidal terminally cleaning is completed.	Report to Public Health - 2 Bacterial spores persist in the environment. Enhanced regular cleaning and Discharge/Transfer Terminal, cleaning required.
Clostridium perfringens:	Food poisoning	Routine practice	Foodborne Not person-to-person	No– unless recommender by IPAC after case assessment		Found in normal gut flora, soil. See Abscess for management if major r uncontrolled drainage
	Gas gangrene	Routine practice	Not person to person	No (single room may be considered if drainage not contained)		
	Other	Routine practice				

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Clostridium tetani	*See Tetanus*					
Coccidiodmycosis *(Valley fever)*	Draining lesions Pneumonia	Routine practice	Not person to person	No		Acquired from spores in soil and dust
Common cold *(*Coryza, rhinitis, Rhinovirus)		Droplet and Contact	Direct and indirect contact with respiratory droplets	Yes	Continue with additional precautions until symptoms resolved and IPAC has been consulted	
Congenital rubella	*See Rubella*					
Conjunctivitis, acute *(Sore eye, pink eye)*	Bacterial (various bacteria, for gonococcal see *Neisseria gonorrhoeae)* Viral – *See* ***Adenovirus***	Contact	Direct and indirect contact with eye secretions	Yes	Continue precautions until viral etiology has been ruled out or for duration of symptoms	
Coronavirus	Coronavirus *OC43, NL63, 229E, HKU1*	Droplet and Contact	Direct and indirect contact, large droplets	Yes		Notify IPAC
	SARS *(see SARS)*					
	MERS CoV *(see MERS CoV)*					
Coxsackie virus	*See Enterovirus*					

NOTES: ***Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.**
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Creutzfeldt-Jakob Disease *(CJD)*		Routine practice	Contact with central nervous system, including CSF	No		Contact IP&C immediately Special precautions for neurosurgical procedures, lumbar puncture and autopsy and handling deceased body Contact IP&C immediately. Report to Public Health – 3
Croup		Droplet and Contact		Yes	Continue precautions for duration of illness of until infectious cause has been rules out	
Cryptococcosis (*Cryptococcus neoformans)*		Routine practice	Not person-to-person	No		Acquired for spores in soil.
Cryptosporidiosis	Adult	Routine practice	Direct and indirect contact (fecal-oral)	No		Report to Public Health -3 Notify IPAC
	Pediatric and incontinent on non-compliant adults **or as recommended by IPAC	Contact		Yes		
Cyclospora Infections	Adult	Routine practice	Fecal/oral			Report to Public Health - 3
	Diapered or incontinent persons and children <6	Contact				

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Cysticerocosis		Routine practice	Direct and indirect contact (fecal-oral)	No		No direct person to person contact. Transmissible only if patient has Taenia solium adult tapeworm in gastrointestinal tract
Cytomegalovirus infection *(CMV)*	Immuno-suppressed Neonatal	Routine practice	Sexual contact Direct contact Vertical (mother to baby) May be transmitted in breast milk	No		Report to Public Health - 3
Decubitus ulcer	(see **Abscess)**					
Dengue		Routine practice	Mosquito borne – arthropod –borne viral infection. Not person-to-person	No		Report to Public health
Dermatitis		Routine practice		Yes, if extensive		If compatible with scabies, see scabies
Diarrhea	Acute Infectious	*See **Gastroenteritis***				
	Suspected *C.difficile* diarrhea	See ***Clostridium difficile***				
Dientamoeba fragilis		Routine practice	Fecal oral	No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Diphtheria (*Corynebacterium diptheriae)*	Cutaneous	Contact	Direct contact with lesions, lesion drainage or indirect contact through article soils with discharge	Yes	Additional precautions continued until 2 cultures (skin lesions/cutaneous or both nose and throat/pharyngeal) taken at least 24 hours apart after cessation of antimicrobial therapy are negative for *Corynebacterium diptheriae*	Only personnel with current documented immunization can enter room Close contacts should be given antibiotic prophylaxis Report to Public Health - 1
	Pharyngeal	Droplet	Direct and indirect contact with nasopharyngeal secretions	Yes		
Ebola Virus	*See Hemorrhagic Fevers*					
Echinococcosis *(hydatidosis)*		Routine practice	Not person to person. Contact with infected animals.	No		
Echovirus disease	*See Enterovirus*					
Eczema vaccinatum *(vaccinia)*	Complication of Small pox vaccination…*see Small Pox*					
Ehrlichiosis (*Ehrilichiosis chaffeensis)*		Routine practice	Tick-borne	No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Encephalitis	Adults Coxsackievirus Echovirus Herpangina Pleurodynia Poliovirus Arthropod borne virus	Routine practice		No		Report to Public Health - 2
	Pediatric	Contact		Yes	Continue until Enterovirus is ruled out.	
Endometritis:	Group A Streptococcus *See Group A streptococcus*	Routine practice		No		
	Other	Routine practice		No		
Endophthalmitis		Routine practice		No		Severe inflammation of the tissues inside the eye.
Enterobiasis *(pinworm disease, oxyuriasis, Enterobius vermicularis)*		Routine practice	Direct or indirect contact through contaminated articles e.g. bedding		Until resolved	Close household contacts need treatment
Enterobacteriacae - Resistant	*See Antibiotic Resistant Organisms – CPE*					
Enterococci	*See Antibiotic Resistant Organisms – VRE*					
Enterocolitis	*See Gastroenteritis* or *Necrotizing Enterocololitis*					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Enterovirus Coxsackievirus *Echovirus* *Herpangina* *Pleurodynia* *Poliovirus*	Adults	Routine practice	Direct and indirect contact (fecal-oral) Fecal – oral	No		
	Pediatrics	Contact		Yes	Continue precautions for duration of illness	neonatal may require special recommendations
Epiglottitis, *due to* *Haemophilus influenzae type b*	Adults	Routine practice	Direct contact, large droplet	No		Type B is reportable to Public Health - 2 Notify IPAC
	Pediatrics	Droplet		Yes	Continue precautions for 24 hours after start of effective therapy	
Epstein-Barr (infectious mononucleosis)		Routine practice	Transmitted via intimate contact with oral secretions or articles contaminated with secretions	No		
Erysipelas	See Streptococcal Disease					
Erysipleoid *(Erysipelothrix rhusiopathiae)*		Routine practice		No		Acute bacterial infection of traumatized skin and other organs
Erythema infectiosum	*See Parvovirus B19*					
ESBL (Extended Spectrum Beta-lactamase producer)		Routine practice		No		
***Escherichia coli* gastroenteritis** *(O:157,*	Adult	Routine practice		No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
enteropathogenic, enterotoxigenic, enteroinvasive))	**Pediatric and incontinent on non-compliant adults or as recommended by IPAC	Contact	Direct and indirect contact (fecal-oral), contaminated food and water	Yes	Continue precautions until stools are formed	Report to Public Health - 2 Report of IPAC
Eye infections	*See **Conjunctivitis** and **Adenovirus***					
Fitfth Disease	*See Parvovirus B19*					
Food Poisoning/Food Borne Illness	*Clostridium botulinum* (Botulism)	Routine practice	No person to person spread	No, unless recommended by IPAC after assessment		Report to Public Health -1
	Clostridium perfringens	Routine practice		No, unless recommended by IPAC after assessment		
	Salmonella or Escherichia coli O157:H7 in pediatric or incontinent adult if stool cannot be contained	Contact		Yes	Continue precautions until Salmonellosis or E. coli 0157:H7 are ruled out.	Report to Public Health -1 Notify IPAC
	Other causes	Routine practice		No, unless recommended by IPAC after assessment		
Furunculosis *(S.aureus, boil)*		Routine practice	Direct contact with infected lesions	No		See **Abscess** if drainage is major or uncontrolled
Gangrene *(any bacteria)*		Routine practice	Direct contact with wound drainage	No		See **Abscess** if drainage is major or uncontrolled
Gastroenteritis	Acute infection	Contact	Fecal/oral	Yes	Continue precautions until *C.difficile* and norovirus or other viral agents are ruled out	Outbreaks are reportable to Public Health.- 1 Notify IPAC

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
	**Pediatric and incontinent on non-compliant adults	Contact		Yes	Continue precautions for duration of illness	See specific organism if identified
German measles	*See Rubella*					
Giardiasis *(Giardia lamblia)*	Adult	Routine practice	Direct and indirect contact (fecal-oral)	No		Report to Public Health - 3
	**Pediatric and incontinent on non-compliant adults	Contact		Yes	Continue precautions until stools are formed	
Gonorrhea *(Neisseria gonorrhoeae)*	*Opthalmia neonatorum,* Arthritis gonococcal	Routine practice	Vertical (mother to baby) or sexually transmitted	No		Report to Public Health -3
Granuloma inguinale	*(*donovaniasis, granuloma venereum*)*	Routine practice	Sexually transmitted	No		
Guillian-Barré		Routine practice		No		
Haemophilus influenza type b	Pneumonia - Adult	Routine practice	Large droplets, direct contact	No		Report to Public Health if invasive - 2
	Pneumonia - pediatric	Droplet		Yes	Continue precautions until 24 hours after effective treatment	
	Meningitis	*See Meningitis*				
Hand, foot and mouth disease *(coxsackievirus)*	*See Enterovirus*					
Hanson's Disease	See Leprosy					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

ORGANISM/DISEASE	CATEGORY	TYPE OF PRECAUTION	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF *PRECAUTIONS	COMMENTS/ PUBLIC HEALTH REPORTING**1,2,3
Hantavirus Pulmonary Syndrome *(HPS)*		Routine practice	Infection acquired from rodents No person-to-person transmission	No		Report to Public Health -2
Helicobacter pylori		Routine practice		No		
Hemorrhagic fevers	*(Ebola, Lassa, Marburg)*	Droplet and Contact Airborne if pneumonia and for aerosol generating procedures	Direct and indirect contact Airborne Precautions for aerosol generating procedures	Yes, with negative air flow, door closed if pneumonia	Continue precautions until symptoms resolved	Notify IP&C immediately. Report immediately to Public Health -1 Refer to specific protocols. Special precautions for handling waste and a deceased body.
Hepatitis	A, E - Adult	Routine practice	Direct and indirect (fecal-oral)	No		Report to Public Health -1 Post exposure prophylaxis indicated for non-immune contacts with significant exposure to Hepatitis A
	A,E **Pediatric and incontinent on non-compliant adults	Contact		Yes	< 3 year: duration of hospital stay >3 years, one week from onset of symptoms	
	B,C and Delta	Routine practice	Mucosal or percutaneous exposure to infective body fluids Mother to baby	No		Report to Public Health - 1 Report to OH&S is healthcare provider has percutaneous or mucous membrane exposure

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Herpangina	*See Enterovirus*					
Herpes simplex	Encephalitis	Routine practice	Direct Contact skin or mucosal lesions	No		Report to Public Health -3
	Mucocutaneous; disseminated, eczema herpeticum	Contact	Direct Contact skin or mucosal lesions	Yes	Continue Precautions until lesions crusted and dry	
	Mucocutaneous, *recurrent skin, oral, genital*	Routine practice (includes gloves if contact with lesions)	Direct Contact	No		
	Neonatal infection and infants born to mother with active genital herpes	Contact			Until neonatal infection is ruled or duration of symptom	Report to Public Health
Herpes Zoster (Shingles)	*See Varicella Zoster*					
***HIV* (human immuno deficiency virus)**	*See AIDS*					
Histoplasmosis		Routine practice	No person to person	No		
Hookworm *(Ancylosteoiasis)*		Routine practice	No person to person	No		
HHV-6 *(Human Herpes Virus 6)*	*See Roseola*					
HTLV I-II *(Human T-cell leukemia virus, Human T*		Routine practice	Mucosal or percutaneous exposure to infected body fluids, including blood and breast milk	No		
Impetigo		Routine practice	Direct contact with lesions	No		See **Abscess** for major or uncontrolled drainage,

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Influenza		Droplet and Contact	Direct and indirect contact with respiratory droplets	Yes – can cohort only if same specific type has been identified e.g. A(H1N1), A(H3N2),	Continue precautions for 5 days after the onset of illness	Antiviral treatment may be recommended. Monitor exposed roommates and contacts for symptoms. Prophylaxis may be considered in inpatient settings. Preferred: to have immunized staff for direct care Required: to have immunized staff for an outbreak unit Report to Public Health -2
Kawasaki Disease		Routine practice	Not person-to-person	No		
Lassa fever	*See Hemorrhagic fevers*					
Legionnaires Disease (*Legionella pneumophilia)*		Routine practice	Not person to person	No		Report to Public Health -1 Report IPAC Water reservoir as source
Leprosy (***Hansen's disease***) *Mycobacterium leprae*		Routine practice	Direct contact – close prolonged, personal contact	No		Report to Public Health -3 Report to IPAC
Leptospirosis (*Leptospira sp.)*		Routine practice	Not person-to-person – contact with animals	No		
Lice	*See Pediculosis*					
Listeriosis		Routine practice	Contaminated sources	No		Report to Public Health -3

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Lyme disease *(Borrelia burgdorferi)*		Routine practice	Tick borne – not person to person	No		Report to Public Health -3
Lymphocytic choriomeningitis *(Aseptic meningitis)*		Routine practice	Contact with rodents, not person to person	No		
Lymphogranuloma venereum		Routine practice	Sexually transmitted.			See *Chlamydia trachomatis*
Malaria *(Plasmodium* species*)*		Routine practice	Mosquito borne-blood transfusions-not person to person	No		Report to Public Health -2
Marburg Virus	*See Hemorrhagic Fevers*					
Measles *(Rubeola) all presentations*		Airborne	Direct contact with nasal or throat secretions. Less commonly indirectly by articles soiled with secretions	Yes, with negative pressure	Precautions continue on those diagnosed with measles for four days after start of rash or for duration of illness in immunocompromised patients	Highly communicable Notify Public Health - 2 Notify IPAC Only immune persons to enter room. Susceptible contacts on airborne precautions beginning or five days are start of rash and for duration of illness Contact ID physician.
Meliodiosis, All forms *(Burkholderia pseundomeallei)*		Routine practice	Not person to person	No		Found in soil in Southeast Asia

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Meningitis	Etiology unknown - Adult	Droplet	Direct contact with droplets	Yes		Report to Public Health -2
	Etiology unknown - Pediatric*	Droplet and Contact		Yes		
	Haemophilus influenza type B - Adult	Routine practice		No		
	Haemophilus influenzae type b – pediatric*	Droplet		Yes	Continue precautions for 24 hours after start of effective therapy	
	Meningococcal *(Neisseria meningitidis)*	Droplet		Yes	Continue precautions for 24 hours after start of effective therapy	Report to Public Health -2
	Other bacterial	Routine practice		No		Report to Public Health -2 See information about specific bacterial type
	Viral – adult ("aseptic"	Routine practice		No		Notify IPAC Report to Public Health -2
	Tuberculosis	Airborne if patient has active pulmonary TB		Yes, if active pulmonary TB is identified		Patient should be assessed for active pulmonary TB (See Tuberculosis)
Meningoccoccal disease *(Neisseria meningitis)*	Pneumonia or Meningococcemia (sepsis)	Droplet	Respiratory droplets	Yes	Continue precautions for 24 hours after start of effective therapy	Report to Public Health -2 Notify IPAC
MERS-CoV *(middle east respiratory syndrome coronavirus)*		Droplet, Contact and Airborne	Large droplet, direct contact	Yes, negative pressure airflow		Notify Public Health - 1 Notify IPAC

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Metapneumovirus *(hMPV)*		Droplet and Contact	Large droplet, direct contact	Yes	Continue precautions for the duration of illness and in consultation with IPAC	
Methicillin Resistant Staphylococcus aureus *(MRSA)*	*See Antibiotic Resistant Organisms – MRSA*					
Molluscum contagiosum		Routine practice	Direct personal contact with skin lesions	No		
Monkeypox virus		Droplet, Contact and Airborne	Zoonotic (animal to person via lesions). Rarely person to person	Yes - negative pressure airflow		Notify IPAC
Mononucleosis (infectious)	*See Epstein-Barr virus*					
Mucormycosis *(phycomycosis;zygomycosis)* *(Mucor, Zygomycetes)*		Routine practice	Not person to person	No		Spores from dust and soil
Mumps *(Infectious parotitis & encephalitis)*		Droplet	Direct contact with respiratory droplets.	Yes	Continue precautions for a minimum of 5 days after the onset of swelling	Only immune person to enter room. Report to Public Health -3 Notify Public Health
Mycobacterium lepra	*See Leprosy*					
Mycobacterium Non-tuberculous (MOTT)	*(Atypical, Mycobacterium avium complex*	Routine practice	Not person-to-person			Soil, water and animal reservoirs

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Mycobacterium tuberculosis & Mycobacterium africanum, & Mycobacterium bovis	*Pulmonary, confirmed or suspected (sputum smear is positive, or chest x-ray appearance strongly suggests TB disease, for example, a cavitary lesion is found, or laryngeal disease.*	Airborne	Respiratory secretions	Yes, negative pressure airflow, door closed	Airborne precautions will be discontinued only after consultation with Infection Prevention and Control	Notify IPAC Maintain airborne precautions until patient has received 2 weeks of effective therapy, is improving clinically, and has 3 consecutive negative sputum smears collected at least 24 hours apart or one negative bronchial washing **Note: specimens must be negative for acid-fast bacilli by concentrated smear** If multi-drug resistant tuberculosis, continue precautions until culture negative Allow at least a 30 min air exchange before admitting the next patient ** Assess visiting household members for cough** **Report to Public Health -2**
	Extra-pulmonary E.g. meningitis, bone, joint infection – no draining lesions	Routine practice N95 and negative pressure room for aerosol – generating procedures of infected site	Aerosolization of infected materials	No		Assess for concurrent active pulmonary TB Report to Public Health
	Draining lesions, uncontained	Airborne		Yes, with negative pressure airflow	Until drainage has ceased o 3 consecutive negative AFB smears	

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
	Skin Test positive with no evidence of concurrent disease	Routine practice		No		Latent tuberculous infection (LTBI)
Mycoplasma pneumoniae *(Primary atypical pneumonia)*		Droplet	Respiratory Droplets	Yes	Continue precautions for duration of illness Notify IP&C	
Necrotizing enterocolitis		Routine practice	Unknown if transmissible	No		Cohorting ill infants and Contract precautions may be indicated for clusters /outbreak.
Necrotizing fasciitis *(Streptococcus pyogenes)*		Droplet	Direct contact with droplets and secretions from infected patients or carriers	Yes	Until drainage has ceased or 24 hours after effective treatment	*See also GAS, Group A Streptococcus*, Report to Public Health Notify IPAC
Nocardiosis	Draining lesions Others	Routine practice	Not person to person	No		Spores from dust and soil
Norovirus (Norwalk-like)	Gastroenteritis and other small round viruses (SRV)	Contact	Direct and indirect (oral-fecal)	Yes	Continue for 48 hours after resolution of symptoms	Notify IPAC Report Outbreaks to Public Health -1
Orf *(Poxvirus)*		Routine practice	Rarely person to person – direct contact with mucous membrane of infected animals	No		
Ophthamia Neonatorum	*See Conjunctivitis*					
Parainfluenza		Droplet/Contact	Direct and indirect respiratory secretions	Yes	Continue precautions for duration of illness	Cohorting may be necessary in outbreaks
Paratyphoid Fever (*Salmonella paratyphi)*		Routine practice		No		Report to Public Health - 2

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Parvovirus B19	Erythema infectiosum (Fifth disease, Slap cheek syndrome)	Routine practice (no longer infectious after rash appears)	Direct control respiratory droplets, Mother to baby.	No		Patients with Erythema infectiosum are past period of infectiousness Pregnant women working with patients with known or suspected Parvovirus B19 must be informed of the risk of transmission and counseled regarding routine practice
	Transient Aplastic Crisis Chronic Infection	Droplet		Yes	Continue precautions for duration of hospitalization with immunocompromised persons, or 7 days with others.	
Pediculosis (lice)		Routine Practice + gloves for direct patient contact Contact Precautions if in Paediatric unit and heavily infested	Direct and Indirect with louse and eggs (nites)	No	Continue precautions for 24 hours ager application of effective pediculicide treatment as per instructions.	Clean clothes after treatment. Wash headgear (for head lice) and towels ,linens and clothing (for Body Lice) with hot water of dry clean or seal win plastic bag for 0 days.
Penicillin-Resistant Streptococcal Pneumonia		Droplet	Respiratory Secretions			Report to Public Health -3

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Pertussis (**Whooping cough**) *(Bordetella pertussis)*		Routine practice	Respiratory Secretions	Yes	Droplet Precautions need to be continued until 5 days after start of effective treatment or three weeks if not treated.	Close contacts may need chemoprophylaxis Report to Public Health -2
Pinworm infection	*See Enterobiasis*					
Plague *(Yersinia pestis)*	*Bubonic (Lymphadenitis)*	Routine practice	Zoonotic infected animal bite/scratch	No		Notify IPAC Report to Public Health -1 Close contacts may require chemoprophylaxis
	Pneumonic (cough, fever, hemoptysis)	Droplet	Direct contact with respiratory secretions	No	Continue precaution for 48 hours of effective therapy	
Pleurodynia	*See Enterovirus*					
Pneumonia	***Undiagnosed*** *(Etiology unknown, prior to effective treatment)*	Droplet and contact		Yes	Continue precautions until etiology established or clinical improvement on empiric therapy	All patients presenting with pneumonia are kept on Droplet/Contact pending assessment and IPAC consultation.
Pneumonia (con't)	**Pneumonia Etiologies Known**	See organism specific precautions				All patients presenting with pneumonia are kept on Droplet/Contact pending assessment and IPAC consultation.
Pneumoccal Disease, Invasive						Report to Public Health -2
Poliomyelitis		Contact	Direct contact respiratory secretions and feces.	Yes	Continue precautions for 6 weeks after onset of illness	Only immune persons to enter the room. Notify IPAC. Report to Public Health - 1

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Pseudomembranous colitis	*See Clostridium difficile*					
Psittacosis *(Ornithosis, Chlamydia psittaci)*	*See Chlamydia*					
Pharyngitis	Adult	Routine practice		No		
	*Pediatric	Droplet and Contact		Yes	Continue Precautions for duration of illness, or 24 hours or effective therapy if Group A Streptococcus	
Q Fever *(Coxiella burnetti)*		Routine practice	Zoonotic not person to person acquired from contact with infected animals or raw milk	No		Report to Public Health - 3
Rabies (Rhabdovirus)		Routine practice	Zoonotic – person to person not documented except – corneal transplant	No		Post exposure prophylaxis required for open wound/mucosal exposure to saliva contamination with saliva or a rabid animal or patient Report to Public Health -1
Rat-bite fever *(Spirillium minus, Streptobacillus moniliformis)*		Routine practice	Not person to person - zoonotic	No		Acquired from bite of infected animal usually rat, rarely in other animals such as squirrel, weasel and gerbil
Respiratory Syncytial Virus *(RSV)*		Droplet and Contact	Direct and indirect contact with respiratory secretions	Yes	Continue precautions for duration of illness – generally 12 days	Report to Public Health -3
Reye's syndrome		Routine practice	Not infectious	No		
Rheumatic fever		Routine practice	Not infectious	No		
Rhinovirus infection,	*See Common Cold*					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Rickettsialpox *(vesicular rickettsiosis)*		Routine practice	Zoonotic – not person to person – transmitted via mouse mites	No		
Ringworm *(dermatophytosis dermatomucosis, tinea)*		Routine practice	Direct or indirect contact with animals, person to person contact with skin or hair, shared combs, brushes, sheets	No	Not infectious	
Rocky Mountain Spotted Fever		Routine practice	Not person to person – tickborne transmission	No		
Roseola infantum *(exanthema subitem, Sixth disease (HHV-6)*		Routine practice	Requires close, direct person contact.	No		
Rotavirus gastroenteritis		Contact	Fecal - oral	Yes	Continue precautions until formed stools	
Roundworm	*See Ascariasis*					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Rubella *("German Measles")*	*Acquired Rubella*	Droplet	Close direct contact with respiratory secretions	Yes	Continue precautions for 7 days after the onset of the rash	Only immune persons to enter the room. It is a condition of employment to be Rubella immune. Care provided by immune and non-pregnant staff. Exposed/susceptible patients should be placed on droplet precautions from 7 days after first contact until 21 days after last contact Report to Public Health - 2 Notify IP&C
	Congenital Rubella		Respiratory secretions and urine	Yes	On droplet/contact precautions for one year after birth unless urine and Nasopharyngeal culture done after three months of age are negative	
Salmonellosis *(Including Salmonella typhi)*	Adult	Routine practice	Fecal/oral, foodborne	No		Notify IP&C immediately Report to Public Health - 1
	Pediatric and incontinent on non-compliant adults **or as recommended by IPAC	Contact		Yes	Continue until formed stool	
SARS (Severe Acute Respiratory Syndrome)		Droplet and Contact N95 respirator required for aerosol generating procedures	Direct and indirect contact respiratory droplets	Yes	Continue precautions for 10 days following resolution of fever if respiratory symptoms have also resolved	Access travel history Notify IPAC Report to Public Health - 1

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Scabies *(Sarcoptes scabiei)*	*Limited,"Typical":*	Routine Practice includes gloves for skin contact	Mites transmission through direct skin to skin contact	Preferred	Continue precautions for 24 hours after start of effective application of scabicide	Wash clothes and bedding in hot water, dry clean, or seal in plastic bag for 72 hours Household contacts should be treated. Exposed staff should report to OH&S
	Norwegian/Crusted:	Contact	Direct by mites skin to skin contact, indirect infested bedding	Yes		
Scalded Skin Syndrome *Staphylococcal infection*		Contact	Drainage skin exudates	Yes	For duration of drainage	*See **Abscess** major*
Schistosomiasis *(Bilharziasis)*		Routine practice	Not person to person – larva in contaminated water	No		Parasitic disease
Shigellosis *(Shigella species, Including bacillary dysentery)*		Routine practice Contact Precautions for incontinence and uncontained diarrhea and for children <6.	Direct and indirect fecal – oral	Yes if * Pediatric and incontinent on non-compliant adults	For duration of illness	Report to Public Health -2
Shingles	*See Varicella and Herpes Zoster*					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Smallpox *(Variola, Orthopoxvirus spp.,* Eczema vaccinatum)		Airborne and Contact	Respiratory secretions, vesicular lesions and their exudates Direct and Indirect Contact (fecal-oral)	Yes, with negative pressure air flow and closed door	Continue precautions until all lesions have crusted and separated (3 to 4 weeks)	Notify IPAC Report to Public Health **Eczema vaccinatum** (EV) is a complication of smallpox vaccination that can occur in persons with **eczema**/atopic **dermatitis** (AD), in which vaccinia virus disseminates to cause an extensive rash and systemic illness.
Sporotrichosis (skin lesions)		Routine practice	Not person to person			Acquired from spores in soil or vegetation
Spirillium minus, Streptobacillus moniliformis *(*rat-bite fever)		Routine practice	Not person to person – zoonotic			Acquired from bite of infected animal usually rat, rarely in other animals such as squirrel, weasel and gerbil
Staphylococcal disease *(S.aureus)*	Skin, wound, or burn infection (not covered/not contained)	Contact	Contact with drainage	Yes No - if drainage contained *(see Abscess)*	For duration of uncontained drainage	
	Pneumonia - Adult	Routine practice	Respiratory secretions	No		See **Pneumonia**
	Pneumonia - *pediatric	Droplet		Yes	Continue precautions until 24 hours of effective therapy	
	Toxic Shock Syndrome (TSS)	Routine practice		No		Toxin mediated
	MRSA	*See Antibiotic Resistant Organism – MRSA*				
	Food Poisoning	*See Food Poisoning*				
	Scalded Skin Syndrome	*See Scalded Skin Syndrome*				

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Streptococcal disease *(**Group A Strep**, GAS)*	Skin, wound, or burn infection – Major, including Necrotizing fasciitis (Flesh eating disease)	Droplet and Contact if drainage not contained/covered	Drainage, skin exudates	Yes	Continue precautions until 24 hours of effective treatment	Chemoprophylaxis may be indicated for close contacts of patients with invasive disease or Toxic Shock Syndrome (TSS), if exposed to respiratory droplets or exudates without personal protective equipment Report to Public Health if invasive.- 2
	Toxic Shock Syndrome (TSS) (Minor or limited)	Droplet and Contact	Respiratory droplets, Drainage, skin exudates	Yes		
	Pneumonia *(See Pneumonia)*	Droplet	Respiratory Droplets	Yes	Continue precautions for 24 hours after start of effective therapy	
	Scarlet Fever & Pharyngitis* pediatrics	Droplet	Respiratory Droplets	Yes		
	Scarlet Fever & Pharyngitis* adult	Routine practice	Respiratory Droplets	No	Continue precautions for 24 hours after start of effective therapy	
	Endometritis (puerperal sepsis)	Routine practice		No		
Streptococcal disease *(**not group A**) e.g. Streptococcus group B (sepsis, meningitis)*	Adults	Routine practice		No		
	Neonatal	Routine practice		No		Report to Public Health - 2 Notify IPAC
Streptococcus pneumoniae		Routine practice	Respiratory Droplets	No	*See Pneumonia*	Report to Public Health if invasive - 2
Strongyloidiasis *(Strongyloides stercoralis)*	Asymptomatic	Routine practice	Rarely person to person	No		Infective larva in soil/feces May cause disseminated disease in immunocompromised patients
	Disseminated	Contact		No		
***Syphilis**:*	Genital	Routine practice	Sexual	No		

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
*(*Treponema pallidum*)*	Skin (secondary) or congenital	Routine practice + gloves for direct contact	Vertical (mother to baby)			Reportable to Public Health -2
	Latent/tertiary & Seropositivity without lesion	Routine practice				
Tapeworm disease *E.g. Hymenolepis nana, Taenia saginata (beef), Taenia soilum (Pork), Other*		Routine practice (for all types)	Not person to person. Contaminated food with exception of *H.nana* is direct contact ova in feces	No		Consumption of larvae in raw/undercooked beef, pork, or raw fish; larvae develop into adult tapeworms in GI tract. Auto infection is possible Report to Public Health -3
Tetanus *(Clostridium tetani)*		Routine practice	Not person to person – acquired from spores in soil which germinate in wounds, devitalized tissue	No		Report to Public Health -2 Vaccine is available
Tinea *(fungal infection, dermatophytosis, dermatomycosis, ringworm, athlete's foot, pityriasis versicolor)*		Routine practice	Direct close person to person contact with organism in skin or hair. Indirect through shared combs, brushes, sheets etc. Maybe acquired from animals	No		Thorough cleaning of bath and shower after use. No shared combs and brushes.
Toxocariasis *(Toxocara canis, Toxocara cati)*		Routine practice	Ova in dog/car feces. Acquired from contact with dogs and cats	No		

NOTES: *Additional Precautions can <u>only</u> be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Toxoplasmosis *(Toxoplasma gondii)*		Routine practice	Not person to person except Mother to baby Acquired by contact with infected felines (feces) or contact with kitty litter, soil or contaminated raw vegetables, meat or water.	No		Pregnant women should avoid direct contact with kitty litter/feline feces. Report to Public Health -3
Toxic shock syndrome	*See Staphylococcal and Streptococcal disease*					
Trachoma (acute)	*See Chlamydia trachomatis*					
Trench mouth *(Vincent's angina)*		Routine practice		No		
Trichinosis *(Trichinella spiralis)*		Routine practice	Not person to person - consumption of infected meat	No		Report to Public Health - 3
Trichomoniasis *(Trichomonas vaginalis)*		Routine practice	Sexual transmission	No		Report to Public Health -3
Trichuriasis *(Whipworm disease, Trichuris trichiura)*		Routine practice	Not person to person – ova hatched in soil	No		
Tuberculosis	*See Mycobacterium tuberculosis*					
Tularemia *(Francisella tularensis)*	*Draining lesion* *Pulmonary*	Routine practice	Not person to person – contact with infected animals	No		Report to Public Health -3 Ensure Microbiology lab is informed as aerosols from culture are infectious.

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Typhoid/paratyphoid fever	*See Salmonella*					
Typhus *(Rickettsia typhi, Rickettsia prowazekii)*		Routine practice	Insect borne – endemic in fleas and lice	No		Transmitted by close personal contact, but not in absence of lice
Urinary Tract Infection		Routine practice		No		
Vaccinia	*See Smallpox* *Generalized and progressive, eczema vaccinatum*					
Vancomycin Resistant Enterococci (VRE)	See Antibiotic Resistant Organism – VRE					
Varicella (Chicken Pox)		Airborne and Contact	Direct and indirect contact with respiratory droplets and lesion drainage	Yes, with negative pressure airflow	Continue precautions until all vesicles have crusted and at least 5 days.	Notify IP&C Report to Public Health - 3 Only immune and non-pregnant persons to enter the room Exposed susceptible: place on precautions beginning 8 days after first exposure and continuing until 21 days after last exposure (28 days if given VarIg). Neonates born to mothers with active varicella should be isolated at birth

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Varicella Zoster (shingles, Zoster, Herpes Zoster)	Immunocompromised patient, or disseminated	Airborne and Contact	Fluid from vesicles and respiratory secretions	Yes, with negative airflow, door closed	Precautions until all lesions are crusted and dry	Only immune staff should provide care.
	Localized in all other patients	Routine practice		Single room may be required if room mates are not immune.		
Variola	*See Smallpox*					
Vibro cholera	*See Cholera*					
Vibrio parahaemolyticus Gastroenteritis		Routine practice	Not person to person – food borne fecal – oral	No – unless recommender by IPAC		
Vincent's angina	*See Trench Mouth*					
Vomiting, or vomiting and diarrhea	*See Norovirus*					
West Nile Virus	*See Arthropod-borne viruses*					
Whipworm	*See Trichuriasis*					
Whooping cough	*See Pertussis*					
Wound infections: Major or limited	*See Abscess*					
Yellow Fever	*See Anthropod borne*					
***Yersinia* enterocolitica** *Gastroenteritis*		Routine practice	Direct and indirect – foodborne, fecal - oral	No –may be recommender by IPAC		Report to Public Health - 2
Yersinia Pestis	*See Plague*					
Zoster	*See Herpes Zoster*					

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**

Precautions for Specific Diseases, Symptoms & Organisms

Organism/Disease	CATEGORY	TYPE OF PRECAUTIONS	MODE OF TRANSMISSION	SINGLE ROOM	DURATION OF PRECAUTIONS	COMMENTS
Zygomycosis (phycomycosis, mucormycosis)	*See Mucormycosis*					

LIST OF REFERENCES

1. Provincial Infectious Diseases Advisory Committee, Routine Practices and Additional Precautions in all Health Care Settings; November 2012.
2. Public Health Agency of Canada, Canadian Tuberculosis Standards, 7th Edition; 2014
3. Public Health Ontario. Clinical syndromes and Conditions https://www.publichealthontario.ca/-/media/documents/bp-rpap-healthcare-settings.pdf?la=en
4. Alberta Health – IPAC Diseases and Conditions Table Recommendations for Management of Patients in Acute Care Jan 2020
5. The NWT Infection Prevantion and Control Manual 2012
6. Sunnybrook Hospital , Toronto, 2019 – Precautions for Specific Disease. Symptoms and Organisms

NOTES: *Additional Precautions can only be discontinued in consultation with Infection Prevention & Control.
****Pediatric precautions apply to children who are incontinent or those patients/clients too immature to comply with personal hygiene requirements**