

QUICK REFERENCE FOR MOST FREQUENT PRECAUTIONS

MRSA – All Areas EXCEPT 9E and 8E (see below)			
Patient Category	Isolation	Additional Information	Clearance –MDs/RNs can resolve
Active MRSA infection	Contact		<ul style="list-style-type: none"> • Pneumonia: Clear once full course of abx is completed. • Bloodstream Infection: Clear once full course of abx is completed. • Wound: Once fully healed • Urine: Clear once full course of abx is completed. • Tissue: Clear once full course of abx is completed. • Other/Questions: Check storyboard then page IPC if unclear
MRSA colonization (surveillance culture)	Standard	See information on 9E/8E admissions below Add “MRSA colonization” to “infection type” on EPIC Storyboard (SB)	
Open wounds, ANY Hx of MRSA	Contact	Obtain surveillance culture of wound – Ok to hold in place in precautions until result, no need to move	If wound culture is negative
Open wounds, NO Hx of MRSA	Standard		
MRSA – 9E and 8E: due to increased vulnerability of patients on these units, maintain these precautions			
MRSA positive less than 365 days: colonization or infection	Contact	Maintain precautions for 365 days	Can clear on day 366
Open wounds, MRSA positive greater than 365 days: colonization or infection	Contact	Obtain cultures of nares, throat, and wounds	If all cultures from these sites are negative. If positive, maintain precautions
No open wounds, MRSA positive greater than 365 days: colonization or infection	Standard		
VRE – All Areas			
Hx of VRE with NO signs of current infection	Standard		
Active VRE infection (e.g. urine/wound/blood)	Contact		Once full course of antibiotics is completed and when wound has fully healed (if applicable)
All other MDROs			
Active infection/colonization or HX within 365 days	Contact		Can clear on day 366
CRE and C. auris- Active or colonization	Contact	Patients are in precautions for life	Do NOT clear
If a patient tests positive for MRSA during an admission it is not necessary to continue weekly surveillance swabs.			

Patient Category	Isolation	Additional Information	Clearance
COVID-19	Aerosol Contact	Refer to Pt storyboard and IPC consult notes for information regarding potential clearance dates and clinical disease pathway designation.	Contact IPC to clear if patient meets this criteria .
C. Difficile	Contact Enteric	If symptomatic C.diff positive patients are readmitted after >15 days follow this algorithm .	Patients with C. difficile infection remain in contact enteric precautions until they have completed 10 days of PO Vancomycin AND Patient has not had diarrhea (Bristol 6 or 7) for 48 hours. To discontinue precautions: Contact IP&C.
Suspected or Confirmed Pulmonary, laryngeal, extrapulmonary Tuberculosis	Airborne Respirator	To R/O: Follow Initiation of TB isolation and Testing algorithm .	To discontinue precautions: Contact IP&C. IP&C Medical Director clearance is required.
Influenza/ Respiratory Viruses, other than COVID-19	Droplet Contact/ Airborne Respirator Contact (during AGP)	During aerosol generating procedures, HCWs are required to wear a N95 respirator and eye protection, or a PAPR	7 days or until symptoms resolve, whichever is longer. Contact IP&C for clearance
Varicella Zoster- VZV- (Chicken Pox or Shingles) Refer to TABLE A			
<ul style="list-style-type: none"> Primary Varicella (chicken pox) Disseminated Varicella (lesions in more than a single dermatome) Shingles- Immunocompromised and localized lesion Encephalitis (with lesions) 	Airborne Respirator/ Contact	<ul style="list-style-type: none"> Only immune HCWs can enter the room Pregnant HCWs should not enter the room regardless of immune status 	Until all lesions have crusted over. <ul style="list-style-type: none"> Keep lesions covered Place in negative pressure room, if available PAPRs and N95 must be worn if negative pressure room is not available
<ul style="list-style-type: none"> Shingles- Immunocompetent and localized lesions Encephalitis (no lesions) 	Standard or Contact	<ul style="list-style-type: none"> Do not room with immunocompromised patients Only immune HCWs can enter the room Pregnant HCWs should not enter the room regardless of immune status 	Keep lesions completely covered, if cannot be covered use contact precautions
Herpes simplex Refer to TABLE A			
<ul style="list-style-type: none"> Mucocutaneous, disseminated or primary, severe Neonatal 	Contact		Until all lesions have crusted over
<ul style="list-style-type: none"> Encephalitis (no lesions) Mucocutaneous, recurrent (oral/genital) 	Standard		