

# ISOLATION GUIDELINES FOR PATIENTS SUFFERING FROM COMMUNICABLE DISEASE

## INFECTION CONTROL COMMITTEE ST. LUKE'S HOSPITAL

# ISOLATION GUIDELINES FOR PATIENTS SUFFERING FROM COMMUNICABLE DISEASE

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*Infection Control Unit - SLH*

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These guidelines do NOT remove the need to notify the Infection Control Unit (Ext. 1747) of all hospital cases of communicable disease nor to treat all patients, regardless of diagnosis, as being potentially infectious and therefore to use UNIVERSAL PRECAUTIONS at all times.

*{Infection}* # - Notifiable Infectious Disease; *{Isolate}* **No\*** - Isolation not necessary in cooperative patients.

*{Mask}* **Yes ~** - Masks only required for close contact with an anticipated duration of more than 15 minutes.

*{Site}* **NM** - Normal Room; **SR** - Single Room without ante-room; **IR** - Single room with ante-room; **IW** - Isolation Ward.

<b>INFECTION</b>	<b>Isolate</b>	<b>Site</b>	<b>Mask</b>	<b>Gown</b>	<b>Gloves</b>	<b>Infective material</b>	<b>Length of isolation</b>	<b>Precautions</b>
<b>Actinomycosis</b>	No	NM	No	No	No			
<b>AIDS / HIV positive immunocompetent #</b>	No*	SR / IW	No	Only if soiling is likely	Handling infective material	Blood & Body fluids	Duration of illness	Body Fluid
<b>AIDS - immunocompromised #</b>	Yes	IR / IW	Yes ~	Yes	Handling infective material	Blood & Body fluids	Duration of illness	Body Fluid
<b>Amoebiasis #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Anthrax - cutaneous #</b>	Yes	IW	No	No	Handling infective material	Pus	Duration of illness	Strict
<b>Anthrax - pulmonary #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Sputum	Duration of illness	Strict
<b>Aspergillosis #</b>	No	NM	No	No	No			
<b>Bronchiolitis - infants</b>	Yes	SR	No	Only if soiling is likely	No	Respiratory secretions	Duration of illness	Respiratory
<b>Brucellosis #</b>	No	NM	No	No	No			
<b>Campylobacter enteritis #</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Chicken pox #</b>	Yes	IW	Yes	Yes	Yes	Respiratory / lesion secretion	Until lesions are crusted	Respiratory / Contact

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<b>Cholera #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Cryptosporidium enteritis #</b>	No*	NM / SR	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Cytomegalovirus infection</b>	No*	NM / SR	No	Only if soiling is likely	Handling infective material	Faeces / Urine	Duration of illness	Enteric
<b>Diarrhoea and fever of unknown origin</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Diarrhoeal disease in travellers</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Diphtheria #</b>	Yes	IW	Yes	Only if soiling is likely	Handling infective material	Respiratory secretions	Until 2 negative cultures taken 24 hours apart	Strict
<b>E. coli enteritis #</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Erysipelas #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Lesion secretions	24 hours from onset of effective therapy	Contact
<b>Food poisoning # (not Salmonella)</b>	No*	NM / SR	No	Only if soiling is likely	Handling infective material	Faeces / Vomitus	Duration of illness	Enteric
<b>Gas gangrene</b>	Yes	SR	No	Only if soiling is likely	Handling infective material	Lesion secretions	Duration of illness	Contact

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<b>Giardiasis #</b>	No*	NM / SR	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Hepatitis A #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	For 7 days after onset of jaundice	Enteric
<b>Hepatitis B &amp; C #</b>	No*	NM / IW	No	Only if soiling is likely	Handling infective material	Blood & Body fluids	Precautions apply until antigen negative	Body Fluid
<b>Herpes simplex - disseminated or neonatal</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Lesion secretions	Duration of illness	Contact
<b>Herpes zoster # - localised</b>	Yes	SR	No	No	Handling infective material	Lesion secretions	Until all lesions are crusted	Contact
<b>Herpes zoster # - disseminated</b>	Yes	IR / IW	Yes	Yes	Yes	Lesion secretions	Duration of illness	Contact
<b>Impetigo #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Lesion secretions	24 hours from onset of effective therapy	Contact
<b>Infectious mononucleosis</b>	No	NM	No	No	No			
<b>Jaundice with fever of unknown origin</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Blood & Body fluids	Duration of towels	Body Fluid
<b>Leishmaniasis</b>	No	NM	No	No	No			

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<b>Legionella #</b>	No	NM	No	No	No			
<b>Leprosy (new cases) #</b>	Yes	IW	Yes~	No	Handling infective material	Nasal discharge/ Lesion secretion	4 weeks from onset of effective therapy	Respiratory / Contact
<b>Leptospirosis #</b>	No	NM	No	No	Handling infective material	Blood / Urine	Duration of illness	Body fluid
<b>Listeria #</b>	No	NM	No	No	No			
<b>Malaria #</b>	No	NM	No	No	No			
<b>Marburg / Ebola virus infection</b>	Yes	IW	Yes	Yes	Yes	Respiratory & all body fluids	Duration of illness	Strict
<b>Measles #</b>	Yes	IW	Yes	No	No	Lesion secretions	5 days from onset of rash	Contact
<b>Meningitis - viral #</b>	Yes	SR	No	During lumbar puncture	Handling infective material	Faeces	7 days from onset of symptoms	Enteric
<b>Meningitis - meningococcal / Haemophilus #</b>	Yes	IR / IW	Yes ~	During lumbar puncture	Handling infective material	Respiratory secretions	24 hours from onset of effective therapy	Respiratory
<b>Meningitis -others #</b>	No	NM	No	No	No			
<b>Multi-resistant infections</b>	Yes	SR	No	Only if soiling is likely	Handling infective material	According to infection	Until bacteriologically negative	According to infection

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<b>Mumps #</b>	Yes	IW	Yes~	No	Handling infective material	Respiratory secretions	9 days from onset of swelling	Respiratory
<b>Plague #</b>	Yes	IW	Yes	Only if soiling is likely	Handling infective material	Respiratory secretions	3 days from onset of effective therapy	Strict
<b>Pneumonia #</b>	No	NM	No	No	No			
<b>Poliomyelitis #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	7 days from onset of symptoms	Enteric
<b>Puerperal sepsis #</b>	Yes	SR	No	Only if soiling is likely	Handling infective material	Vaginal secretions	Until bacteriologically negative	Contact
<b>Rabies #</b>	Yes	IR / IW	Yes~	Only if soiling is likely	Handling infective material	Respiratory secretions	Duration of illness	Strict
<b>Rubella #</b>	Yes	IW	Yes~	No	No	Respiratory secretions	7 days from onset of rash	Respiratory
<b>Rotavirus gastroenteritis #</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Faeces	Duration of illness	Enteric
<b>Salmonellosis #</b>	Yes	SR / IW	No	Only if soiling is likely	Handling infective material	Faeces	Until 3 consecutive negative stool cultures	Enteric
<b>Scabies</b>	Yes	SR	No	For close contact	Yes	Infested area	24 hours from onset of effective therapy	Contact
<b>Sexually transmitted infections (genital)</b>	No	NM	No	No	Handling infective material	Genital secretions	Duration of illness	Contact

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<b>Shigellosis #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	Until 3 consecutive negative stool cultures	Enteric
<b>Staphylococcal infection - susceptible strains</b>	Yes	SR	No	Only if soiling is likely	Handling infective material	Depending on condition	Duration of illness	Contact
<b>Staphylococcal infection - MRSA</b>	Yes	IR / IW	Yes~	Yes	Yes	Depending on condition	Until bacteriologically negative	Contact
<b>Streptococcal infection - pharyngeal</b>	Yes	SR	Yes~	Only if soiling is likely	Handling infective material	Respiratory secretions	24 hours from onset of effective therapy	Respiratory
<b>Streptococcal infection - skin #</b>	Yes	IR / IW	No	Only if soiling is likely	Handling infective material	Pus	24 hours from onset of effective therapy	Contact
<b>Tetanus #</b>	No	NM	No	No	No			
<b>Tuberculosis - open #</b>	Yes	IR / IW	Yes~	Only if soiling is likely	Handling infective material	Depending on condition	Two weeks from onset of effective therapy	Respiratory / Contact
<b>Typhoid &amp; paratyphoid #</b>	Yes	IW	No	Only if soiling is likely	Handling infective material	Faeces	Until 3 consecutive negative stool cultures	Enteric
<b>Typhus #</b>	No	NM	No	No	No			
<b>Viral Haemorrhagic Fever #</b>	Yes	IW	Yes	Yes	Yes	Blood & Body fluids	Duration of illness	Strict
<b>Whooping Cough #</b>	Yes	SR	Yes~	Only if soiling is likely	Handling infective material	Respiratory secretions	7 days from onset of effective therapy	Respiratory

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## ENTERIC PRECAUTIONS

1. Masks are NOT indicated.
2. Gowns are indicated only if soiling is likely.
3. Gloves are indicated for touching infective material.
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Soiled linen should be placed in water soluble bags and sent to the laundry in yellow canvas bags.
6. Articles contaminated with infective material should be discarded or bagged and labelled before being sent for decontamination.
7. Visitors are to report to Nurses' Station prior before entering the room.

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## RESPIRATORY PRECAUTIONS

1. Masks are indicated for those coming close to the patient.
2. Gowns are NOT indicated.
3. Gloves are indicated for touching infective material.
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Grossly soiled linen should be placed in water soluble bags and sent to the laundry in yellow canvas bags.
6. Articles contaminated with infective material should be discarded or bagged and labelled before being sent for decontamination.
7. Visitors are to report to Nurses' Station prior before entering the room.

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## STRICT PRECAUTIONS

1. Masks are indicated for all patients entering room.
2. Gowns are indicated for all patients entering room.
3. Gloves are indicated for all patients entering room.
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. ALL linen should be placed in water soluble bags and sent to the laundry in yellow canvas bags.
6. Articles contaminated with infective material should be discarded or bagged and labelled before being sent for decontamination.
7. NO visitors are to enter the room unless clearance is received from the Infection Control Unit.

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## **BLOOD/BODY FLUID PRECAUTIONS**

1. Masks are NOT indicated.
2. Gowns are indicated if soiling with blood or body fluids is likely.
3. Gloves are indicated for touching blood or body fluids.
4. Hands must be washed immediately if potentially contaminated with blood or body fluids and before taking care of another patient.
5. Care should be taken to avoid needle-stick infections. Used needles should be disposed of, **WITHOUT RECAPPING**, into proper sharps containers.
6. Blood spillages should be cleaned up promptly with chlorine release (e.g. Presept) granules.
7. Linen soiled with blood or body fluids should be placed in water soluble bags and sent to the laundry in yellow canvas bags.
8. Articles contaminated with infective material should be discarded or bagged and labelled before being sent for decontamination.

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9. Visitors are to report to Nurses' Station prior before entering the room.

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## CONTACT PRECAUTIONS

1. Masks are NOT indicated.
2. Gowns are indicated if soiling is likely.
3. Gloves are indicated for touching infective material.
4. Hands must be washed after touching the patient or potentially contaminated articles and before taking care of another patient.
5. Soiled linen should be placed in water soluble bags and sent to the laundry in yellow canvas bags.
6. Articles contaminated with infective material should be discarded or bagged and labelled before being sent for decontamination.
7. Visitors are to report to Nurses' Station prior before entering the room.

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## IMMUNOCOMPROMISED PRECAUTIONS

1. Masks are indicated for those coming close to the patient for periods of more than 15 minutes.
2. Gowns should always be worn.
3. Gloves are NOT indicated.
4. Hands must be washed with disinfectant BEFORE and after touching the patient or potentially contaminated articles and before taking care of another patient.
6. Visitors must be kept to a minimum and are to report to Nurses' Station prior before entering the room.

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