## **Isolation Pocket Reference for ADULTS** WITH KNOWN OR SUSPECTED DISEASE OR INFECTION - Feb 2021 This list is not inclusive. For more information go to the online IPC Resource Manual respirator mask and eye protection Measles TB (pulmonary or laryngeal) AIRBORNE AND CONTAC Chickenpox Shingles (disseminated) Shingles (localized, immunocompromised host) Meningococcus: Neisseria meningitidis Mumps Mycoplasma pneumoniae Pertussis Rubella (German Measles) CONTAC Adenovirus (respiratory) N95 during AGMP\* Burkholderia cepacia (respiratory infection) N95 during AGMP\* N95 during AGMP\* COVID-19/ SARS CoV2 / Coronavirus Croup Group A Streptococcus (GAS) Invasive: blood, CSF, respiratory secretions, wound drainage; Necrotizing fasciitis Influenza A or B N95 during AGMP\* MRSA pneumonia N95 during AGMP\* N95 during AGMP\* N95 during AGMP\* N95 during AGMP\* Metapneumovirus (Human) Parainfluenza Rhinovirus RSV CONTACT Acinetobacter spp (MDR^) Burkholderia cepacia HRU<sup>t</sup> HRU<sup>t</sup> Non-respiratory infection Carbapenem-Resistant Enterobacteriaceae (CRE) E.coli, Klebsiella spp, Serratia spp, Providencia spp, Proteus spp, Citrobacter spp, Enterobacter spp, Morganella spp, Salmonella spp, Hafnia spp (MDR^) Hepatitis A and E (if incontinent) Impetigo, uncontained drainage only Pseudomonas aeruginosa (MDR^) Scabies Shingles, localized, lesions cannot be covered Clostridium difficile or Pseudomembranous colitis

¹ Isolate in High Risk Units only (Burn unit, Bone Marrow Transplant/Oncology unit, ICU and CVICU).
^Multi-drug resistant (see Comments section under each organism in IPC Diseases & Conditions Table)
\*AGMP: Aerosol generating medical procedure (see Assessing the Need for Additional Precautions)
Respiratory (ILI) Algorithm

## Isolation Pocket Reference for ADULTS WITH THE FOLLOWING SYMPTOMS This list is not inclusive. For more information go to the online IPC Resource Manual https://www.albert N95 Procedure Gloves Gown respirator SCAN ME protection AIRBORNE Cough (2-3 weeks), weight loss, night sweats and abnormal CXR in persons with risk factors for pulmonary TB (HIV with low CD4 counts, Aboriginal, foreign born) Fever with maculopapular rash, cough conjunctivitis, coryza AIRBORNE AND CONTACT Fever with vesicular rash, sore throat, cough CONTACT AND DROPLE Acute respiratory tract infection (acute cough or change in chronic cough, N95 during AGMP\* pharyngitis, fever, myalgia, arthralgia) Diarrhea and vomiting NYD Toxic Shock Syndrome Headache, fever, neck stiffness, photophobia, decreased LOC, petechial rash Diarrhea, acute, with possible infectious cause Wound or cellulitis with uncontained drainage Consult IPC manual for duration of precautions. Negative pressure single room and private bathroom (with anteroom where available) Airborne Room door shut at all times Fit tested N95 respirator for staff and physicians Procedure mask for patient if they must leave their room for tests After patient discharge, keep room vacant for minimum 45 minutes Airborne and Contact Staff and physicians wear gown and gloves in addition to N95 respirator Single room and private bathroom (keep at least 2 metres between patients if private room not available) Room door may remain open Procedure mask and eye protection for staff and physicians Procedure mask for patient if they must leave their room for tests cate reusable equipment or clean before next us Contact and Same as above plus Droplet Gown and gloves for staff and physicians Staff and physicians wear N95 respirator with eye protection when performing AGMP\* on known or suspected Influenza A or B patients Single room and private bathroom (keep at least 2 metres between patients if private room not available). Dedicate commode if unable to Contact Room door may remain open Gown and gloves for staff and physicians Gown and gloves for visitors when participating in care Patient should wear clean housecoat, perform hand hygiene and have all drainage contained before leaving their room Dedicate reusable equipment or clean before next us



Revised Feb 2021