

# The Ramathibodi Guidelines for Isolation Precautions and Care Area Assignment of Hospitalized patients

## Important diseases needing isolation

| Etiology of infection/ condition  | Duration of isolation*  | Remark  |
|---|---|---|
| <b>Contact precautions (handwash with antiseptic soap/alcohol hand gel, gown, gloves irrespective of patient care activity)</b>   |   |   |
| <b>High alert MDR:</b> <ul style="list-style-type: none"> <li>Carbapenem-resistant <i>Enterobacteriaceae</i> เช่น <i>E. coli</i>, <i>Klebsiella pneumoniae</i></li> <li>Extremely-drug-resistant (XDR)** and pan-drug-resistant (PDR)*** <i>Acinetobacter baumannii</i> and <i>Pseudomonas aeruginosa</i></li> <li>Vancomycin-resistant enterococci (VRE), vancomycin-resistant <i>S. aureus</i> (VRSA)</li> <li>MDR <i>Elizabethkingia meningosepticum</i> (<i>Chryseobacterium meningosepticum</i>)</li> <li>Trimethoprim/sulfamethoxazole-resistant <i>Stenotrophomonas maltophilia</i></li> </ul> | Isolate until negative culture of the clinical specimen/s previously positive [including swab (if active surveillance c/s, any (+) body fluid] is obtained as outline in the flow sheet   | Practical details in flow sheet   |
| Extended spectrum beta-lactamase producing bacteria ( <i>E. coli</i> / <i>K. pneumoniae</i> ) <sup>a</sup>  | Isolate until negative cultures of the clinical specimen/s previously positive [including swab (if active surveillance c/s, any (+) body fluid] is obtained.<br>Only need contact precautions for the units caring for the severe immunocompromised patients <ul style="list-style-type: none"> <li>kidney transplant unit (7NK)</li> <li>BMT</li> <li>9 SW</li> </ul>  |   |
| Methicillin resistant <i>S. aureus</i> (MRSA)   | Isolate until 2 negative cultures of the clinical specimen/s previously positive [including swab (if active surveillance c/s, any (+) body fluid] is obtained.<br>Only need contact precautions for the unit caring for the postoperative surgical unit <ul style="list-style-type: none"> <li>ICU of CVT</li> <li>Surgical ICU and Intermediate Surgical Care Unit</li> <li>General surgery</li> <li>Orthopedic ward (including ICU)</li> <li>Burn unit</li> </ul> |   |
| Herpes simplex virus (HSV)<br>Primary mucocutaneous /disseminated/severe infection  | Until lesions dry and crusted   |   |
| Neonatal HSV  | Until lesions dry and crusted   | Condition apply for exposed asymptomatic infant with any of the following criteria; <ol style="list-style-type: none"> <li>Exposed infants of mother with HSV infection delivered vaginally or by C-section</li> <li>Mother has active HSV infection and membranes have been ruptured for more than 4 to 6 hours. Isolate until infant surface PCR obtained at 5 days of age is negative</li> </ol> |

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| Cutaneous diphtheria  | CN  | Until 2 cultures taken 24 hrs. apart become negative both  |
| Ebolavirus  | Until hospital discharge  |  |
| Rotavirus   | DI  | Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly  |
| Bronchiolitis   | DI  |  |
| Acute viral conjunctivitis  | DI  |  |
| Acute hepatitis A virus;<br>Only among diapered or incontinent patients   |   | Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms  |
| <b>Contact precautions (handwash only, alcohol hand gel before patient contact but not allowed after, gown, gloves irrespective of patient care activity)</b> |   |  |
| <i>C. difficile</i>   | Until diarrhea resolve  |  |
| Scabies   | Until 24 hours after effective treatment                                  |  |
| Staphylococcal scalded skin syndrome  | DI  |  |
| <b>Airborne Precaution</b>  |   |  |
| Pulmonary or airway tuberculosis  | Sputum AFB negative x 3 consecutive days with at least one morning sample | 1. For smear negative cases, they still need to be isolated for 2 wks<br>2. Pt. should respond well to treatment before isolation is taken off   |
| <b>Airborne and Contact Precaution</b>  |   |  |
| Extrapulmonary TB with draining lesion)   |   | Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage  |
| Varicella zoster (shingles)   | Until lesions dry and crusted   | <ul style="list-style-type: none"> <li>Only for immunocompromised host</li> <li>Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs.</li> </ul> |
| Disseminated VZV disease in any patient<br>Localized VZV disease in immunocompromised patient until disseminated infection ruled out                          | DI or until lesions dry and crusted (whatever comes last)                 | Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs.  |
| <b>Droplet Precaution</b>   |   |  |

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| influenza virus, respiratory syncytial virus (RSV), parainfluenza virus, rhinovirus   | 5 days, except in immunocompromised host - DI |  |
| Pharyngeal diptheria  | CN  | Until 2 cultures taken 24 hrs. apart negative  |
| Meningococemia  |   |  |
| <b>Standard Precautions (Putting on protective barriers when exposed to body fluids is anticipated)</b>   |   |  |
| <i>Strongyloides stercoralis</i>  | Until no viable larvae seen from body fluid   |  |
| HSV encephalitis  |   |  |
| Localized HSV infection in patient with intact immune system with lesions that can be contained/covered   | DI  | Susceptible HCWs should not provide direct patient care when other immune caregivers are available.  |
| Mucocutaneous HSV, recurrent HSV (skin, oral, genital)  |   |  |
| Creutzfeldt-Jakob disease CJD, vCJD   |   | Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures |
| Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus)  |   |  |
| Epstein-Barr virus, parvovirus B 19, norovirus  |   |  |
| <b>Contact and Droplet precautions</b>  |   |  |
| Adenovirus  |   |  |
| Human metapneumovirus   |   |  |
| <i>Streptococcus pyogenes</i> (severe skin disease, wound, burn, oropharyngeal, lung)   | until 24 hours after effective treatment      |  |
| <p>* DI = duration of illness, CN = until off antimicrobial treatment and culture-negative</p> <p>** XDR = organisms that are resistant to almost all available antibiotics but still susceptible to only 2-3 drugs.</p> <p>***PDR = organisms that are resistant to <b>all</b> available antibiotics</p> |   |  |

**Priority for isolation room**

- A. Airborne Infection Isolation Room (AIIR) – 2 rooms each @ 7SE and 7SW - admit patient following this rank
- Contagious tuberculosis, esp. those with proven MDR, suspected MDR, positive sputum AFB, smear-negative, respectively
  - Chronic cough with cavitary lung lesion/s, awaiting final diagnosis

3. Chicken pox or disseminated herpes zoster

B. Cohort zone in 7SE, 7SW, 9SW, (and 7NW, near future) – for patients with high alert MDR

Do not transfer patients to critical care areas solely because of the need for isolation