

Appendix A: Infections and Conditions with Type and Duration of Precautions

ORGANISM/ DISEASE	CATEGORY*	TYPE OF PRECAUTION	SINGLE ROOM**	DURATION OF PRECAUTIONS	COMMENTS
<p>* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices **may not be available in non-acute care</p>					
ABCESS	Minor	RP	No		If community-associated 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 INFECTION	Conjunctivitis (EKC)	Contact	Yes	Continue precautions for duration of symptoms.	May cohort patients in outbreaks.
	Pneumonia	Droplet + Contact	Yes		
AIDS	See HIV Reportable Disease				
AMOEBIASIS (Dysentery) <i>Entamoeba histolytica</i>	Adult	RP	No		Reportable Disease Notify Infection Control
	Paediatric* and Incontinent or non-compliant adult	Contact	Yes		
ANTHRAX <i>Bacillus anthracis</i>	Cutaneous or pulmonary	RP	No		Reportable Disease Notify Infection Control
ANTIBIOTIC-RESISTANT ORGANISMS (AROs)	See: <ul style="list-style-type: none"> ▪ MRSA ▪ MDRO ▪ Carbapenemase-Producing Enterobacteriaceae (CPE) ▪ VRSA 				See Antibiotic Resistant Organisms Management and Screening policy for further details
	▪ All others (Highly Resistant Organisms) HRO	Contact may be indicated	May be indicated	Precautions, if required, are initiated and discontinued by Infection Control.	See Antibiotic Resistant Organisms Management and Screening policy for further details
ARI (acute respiratory infection)	See RESPIRATORY INFECTIONS, acute febrile				
ARTHROPOD-BORNE VIRAL INFECTIONS Eastern, Western, & Venezuelan equine encephalomyelitis; St. Louis & California encephalitis; West Nile Virus		RP	No		Reportable Disease No person- to- person transmission.

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ASCARIASIS (Roundworm) <i>Ascaris lumbricoides</i>		RP	No		No person-to-person transmission.
ASPERGILLOSIS <i>Aspergillus species</i>		RP	No		If several cases occur in close proximity, look for environmental source.
BABESIOSIS		RP	No		Tick-borne. Not transmitted from person-to-person except by transfusion.
BED BUGS		RP	No		See Bed Bug sheet
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i>	Cutaneous or pulmonary	RP	No		No person-to-person transmission.
BOTULISM	See Food Poisoning/Food-borne illness Reportable Disease				
BRONCHITIS/ BRONCHIOLITIS	See Respiratory Infections				
BRUCELLOSIS (Undulant fever)		RP	No		Reportable Disease No person-to-person transmission. If lesions present, see Abscess
CAMPYLOBACTER	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until stools are formed.	Notify Infection Control
CARBAPENEMASE- PRODUCING ENTEROBACTERIACEAE (CPE)	See Enterobacteriaceae, Resistant				
CAT-SCRATCH FEVER <i>Bartonella henselae</i>		RP	No		No person-to-person transmission.
CELLULITIS, with drainage	See Abscess				
CELLULITIS	Child < 5 years of age if <i>Haemophilus influenzae</i> type B is present or suspected	Droplet	Yes	Continue precautions until 24 hours of appropriate antimicrobial therapy or until <i>H. influenzae</i> type B is ruled out.	
CHANCROID <i>Haemophilus ducreyi</i>		RP	No		Reportable Disease
CHICKENPOX	See Varicella Reportable Disease				

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CHLAMYDIA	<i>Chlamydia trachomatis</i> genital infection or lymphogranuloma venereum	RP	No		Reportable Disease
	<i>Chlamydia pneumonia psittaci</i>	RP	No		Reportable Disease
CHOLERA <i>Vibrio cholera</i>	Adult	RP	No		Reportable Disease Notify Infection Control
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
CLOSTRIDIUM DIFFICILE		Contact	Yes	Continue precautions until discontinued by Infection Control.	Outbreaks Reportable Notify Infection Control
COCCIDIOIDOMYCOSIS (Valley Fever)	Draining lesions or pneumonia	RP	No		No person-to-person transmission.
COMMON COLD Rhinovirus		Droplet + Contact	Yes	Continue precautions for duration of symptoms.	
CONGENITAL RUBELLA	See Rubella Reportable Disease				
CONJUNCTIVITIS (non EKC)		Gloves with drainage	No	Continue precautions until viral aetiology ruled out or for duration of symptoms.	
COXSACKIEVIRUS	See Enteroviral Infections				
CREUTZFELDT-JAKOB DISEASE (CJD)		RP	No		Reportable Disease Notify Infection Control Equipment in contact with infectious material requires special handling & disinfection practices. See Health Canada Infection Control Guidelines Classic Creutzfeldt-Jacob Disease In Canada
CROUP		Droplet + Contact	Yes	Continue precautions for duration of illness or until infectious cause ruled out.	

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CRYPTOCOCCOSIS <i>Cryptococcus neoformans</i>		RP	No		No person-to-person transmission.
CRYPTOSPORIDIOSIS	Adult	RP	No		Reportable Disease Notify Infection Control
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
CYCLOSPORIASIS	Reportable Disease				
CYSTICERCOSIS		RP	No		No person-to-person transmission.
CYTOMEGALOVIRUS (CMV)		RP	No		Reportable Disease if congenital Transmitted by close, direct personal contact, blood transfusions or transplants.
DECUBITUS ULCER, Infected	See Abscess				
DENGUE	See Arthropod-borne viral infections				
DERMATITIS		RP	Yes, if extensive		If compatible with scabies, see <i>Scabies</i>
DIARRHEA	Acute infectious	See Gastroenteritis			
	Suspected <i>C. difficile</i> diarrhea	See Clostridium difficile			
DIPHTHERIA <i>Corynebacterium diphtheria</i>	Pharyngeal	Droplet	Yes	Continue precautions until two appropriate cultures taken at least 24 hours apart (after cessation of antibiotics) are negative for <i>C. diphtheriae</i>	Reportable Disease Notify Infection Control
	Cutaneous	Contact	Yes		
EBOLA VIRUS	See Haemorrhagic Fevers Reportable Disease				
ECHINOCOCCOSIS		RP	No		No person-to-person transmission.
ECHOVIRUS DISEASE	See Enteroviral Infections				
ENCEPHALITIS	Adult	RP	No	Continue precautions until Enterovirus is ruled out.	Reportable Disease Notify Infection Control
	Paediatric*	Contact	Yes		

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ENTEROBACTERIACEAE -RESISTANT Carbapenemase- Producing <i>Enterobacteriaceae</i> (CPE)	Multi-drug Resistant Organism MDRO	Contact	Yes	Continue precautions until discontinued by Infection Control	Notify Infection Control If readmitted, use Contact precautions
Extended-spectrum beta-lactamase producing <i>enterobacteriaceae</i> (ESBL)		Contact may be indicated	May be indicated	Precautions, if indicated, are initiated and discontinued by Infection Control	Notify Infection Control
ENTEROBIASIS (Pinworm disease) <i>Enterobius vermicularis</i>		RP	No		Transmission is faecal-oral directly or indirectly through contaminated articles e.g., bedding.
ENTEROCOLITIS	See Gastroenteritis – Necrotizing Enterocolitis				
ENTEROVIRAL INFECTIONS (Coxsackie viruses, Echo viruses)	Adult	RP	No		
	Paediatric*	Contact	Yes	Continue precautions for duration of illness.	
EPIGLOTTITIS Due to <i>Haemophilus influenzae</i> Type B	Adult	RP	No		<i>Haemophilus influenzae</i> Type B is a Reportable Disease. Notify Infection Control
	Paediatric*	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy.	
EHRlichiosis <i>Ehrlichia chaffeensis</i>		RP	No		Tick-borne
EPSTEIN-BARR VIRUS (Infectious Mononucleosis)		RP	No		Transmitted via intimate contact with oral secretions or articles contaminated by them.
ERYSIPELAS	See Streptococcal Disease				
ERYTHEMA INFECTIOSUM (Parvovirus B19)	Aplastic crisis	Droplet	Yes	Continue precautions for duration of hospitalization with immunocompromised persons, or 7 days with others	
	Fifth disease	RP	No		No longer infectious by the time rash appears.

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ESCHERICHIA COLI 0157:H7	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until stools are formed.	Notify Infection Control
EXTENDED SPECTRUM BETA-LACTAMASE-PRODUCING ENTEROBACTERIACEAE (ESBL)	See Enterobacteriaceae, Resistant				
FIFTH DISEASE	See Erythema Infectiosum				
FOOD POISONING/ FOOD-BORNE ILLNESS	Clostridium botulinum (Botulism)	RP	No		Reportable Disease No person-to-person transmission.
	<i>Clostridium perfringens</i>)	RP	No		Reportable Disease
	Salmonella or <i>Escherichia coli</i> 0157:H7 in paediatric or incontinent adult if stool cannot be contained	Contact	Yes	Continue precautions until Salmonellosis or <i>E. coli</i> 0157:H7 are ruled out.	Reportable Disease Notify Infection Control
	Other causes	RP	No		Reportable Disease
FRANCISELLA TULARENSIS	See Tularemia Reportable Disease				
FURUNCULOSIS <i>Staphylococcus aureus</i>	See Abscess				
GANGRENE	Gas gangrene due to any bacteria	RP	No		No person-to-person transmission.
GASTROENTERITIS	Acute infectious	Contact	Yes	Continue precautions until <i>C. difficile</i> and Norovirus or other viral agents ruled out.	Outbreaks are reportable Notify Infection Control
	Paediatric* and incontinent/non-compliant adult	Contact	Yes	Continue precautions for duration of illness.	See specific organism if identified
GERMAN MEASLES	See Rubella Reportable Disease				
GIARDIASIS <i>Giardia lamblia</i>	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until stools are formed	Notify Infection Control

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GONORRHEA <i>Neisseria gonorrhoeae</i>		RP	No		Reportable Disease Sexual transmission
GRANULOMA INGUINALE		RP	No		Sexual transmission
HAEMOPHILUS INFLUENZAE TYPE B	Pneumonia-adult	RP	No		Reportable Disease if invasive
	Pneumonia- paediatric*	Droplet	Yes	Continue precautions until 24 hours after effective treatment	
	Meningitis	See Meningitis			
HAEMORRHAGIC FEVERS (e.g., Lassa, Ebola, Marburg)		Droplet + Contact Airborne if pneumonia	Yes, with negative air flow, door closed if pneumonia	Continue precautions until symptoms resolve	Notify Public Health <u>immediately</u> Notify Infection Control <u>immediately</u>
HAND, FOOT, & MOUTH DISEASE	See Enteroviral Infection				
HANTAVIRUS PULMONARY SYNDROME		RP	No		Reportable Disease No person-to-person transmission.
HANSEN'S DISEASE	See Leprosy Reportable Disease				
HEPATITIS, VIRAL Hepatitis A & E	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non- compliant adult	Contact	Yes	Duration of precautions: <3years: duration of hospital stay >3years: one week from symptoms onset	Notify Infection Control Potential Health Care Provider communicable disease exposure
Hepatitis B & C (including Delta)		RP Hemodialysis: refer to department specific policy	No		Reportable Disease Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure.
HERPANGINA	See Enterovirus				

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HERPES SIMPLEX	Encephalitis	RP	No		Reportable Disease
	Mucocutaneous- recurrent	RP	No		Gloves for contact with lesions
	Disseminated/ severe	Contact	Yes	Continue precautions until lesions crusted and dry	
	Neonatal infection, and infants born to mothers with active genital herpes until neonatal infection ruled out	Contact		Continue precautions for duration of symptoms	Reportable Disease Notify Infection Control
HISTOPLASMOSIS <i>Histoplasma capsulatum</i>		RP	No		No person-to-person transmission
HIV		RP	No		Reportable Disease Report to Occupational Health if health care provider has percutaneous or mucous membrane exposure.
HOOKWORM DISEASE (Ancylostomiasis)		RP	No		No person-to-person transmission.
HUMAN HERPESVIRUS 6 (Roseola)	See Roseola				
IMPETIGO	See Abscess				
INFECTIOUS MONONUCLEOSIS	See Epstein-Barr Virus				
INFLUENZA		Droplet + Contact	Yes	Continue precautions for 5 days after onset of illness and symptoms improve OR at direction of Public Health	Reportable Disease Notify Infection Control For pandemic strains refer to pandemic plan.
KAWASAKI SYNDROME		RP	No		
LASSA FEVER	See Haemorrhagic Fevers Reportable Disease				
LEGIONNAIRES' DISEASE <i>Legionella pneumophila</i>		RP	No		Reportable Disease Notify Infection Control No person-to-person transmission.

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LEPROSY (Hansen's disease) <i>Mycobacterium leprae</i>		RP	No		Reportable Disease
LEPTOSPIROSIS <i>Leptospira sp.</i>		RP	No		No person-to-person transmission.
LICE	See Pediculosis				
LISTERIOSIS <i>Listeria monocytogenes</i>		RP	No		Reportable Disease
LYME DISEASE <i>Borrelia burgdorferi</i>		RP	No		Reportable Disease No person-to-person transmission.
LYMPHOCYTIC CHORIOMENINGITIS (Aseptic meningitis)		RP	No		No person-to-person transmission.
LYMPHOGRANULOMA VENEREUM	See Chlamydia trachomatis Reportable Disease				
MALARIA <i>Plasmodium species</i>		RP	No		Reportable Disease No person-to-person transmission, except by blood transfusion.
MARBURG VIRUS	See Haemorrhagic Fevers Reportable Disease				
MDRO Multi drug resistant organism	Includes: ▪ CPE ▪ VRSA ▪ Other carbapenamase-producing bacteria	Contact	Yes	Continue precautions until discontinued by Infection Control.	See Antibiotic Resistant Organisms Management and Screening Policy for further details Also listings under MRSA
MEASLES (Rubeola)		Airborne	Yes, with negative air flow, door closed	Continue precautions for 4 days after start of rash, and for duration of illness in immunocompromised patients.	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure Known non-immune staff should enter only if absolutely necessary.

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MENINGITIS	Aetiology unknown - adult	Droplet	Yes		Reportable Disease Notify Infection Control
	Aetiology unknown – paediatric*	Droplet + Contact	Yes		
	<i>Haemophilus influenzae</i> type B – adult	RP	No		
	<i>Haemophilus influenzae</i> type B- paediatric*	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy	
	Meningococcal (<i>Neisseria meningitidis</i>)	Droplet	Yes	Continue precautions for 24 hours after start of effective therapy	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure
	Other bacterial	RP	No		Reportable Disease See listings by bacterial type
	Viral – adult (“aseptic”)	RP	No		Reportable Disease Notify Infection Control See also Enteroviral
	Viral – paediatric*	Contact	Yes		
MENINGOCOCCAL DISEASE <i>Neisseria meningitidis</i>		Droplet	Yes	Continue precautions for 24 hours after start of effective therapy	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure
MRSA Methicillin-resistant <i>Staphylococcus aureus</i>		Contact (Risk Assessment if coughing)	Yes	Continue precautions until discontinued by Infection Control.	
MUMPS (Infectious parotitis)		Droplet	Yes	Continue precautions for 5 days after onset of swelling	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure Known non-immune staff should enter only if absolutely necessary

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MYCOBACTERIA Nontuberculosis, atypical e.g., <i>Mycobacterium avium</i>		RP	No		No person-to-person transmission.
MYCOBACTERIA TUBERCULOSIS	See Tuberculosis Reportable Disease				
MYCOPLASMA PNEUMONIA		Droplet	Yes	Continue precautions for duration of illness	
NECROTIZING ENTEROCOLITIS		RP	No		Cohorting of ill infants and contact Precautions may be indicated for clusters/outbreak. Unknown if transmissible.
NECROTIZING FASCIITIS		Droplet + Contact		Continue precautions until Group A <i>Streptococcus</i> ruled out.	Notify Infection Control
NEISSERIA MENINGITIDIS	See Meningococcal Disease Reportable Disease				
NOROVIRUS		Contact	Yes	Continue precautions until 48 hours after resolution of symptoms	Outbreak Reportable Notify Infection Control
OPHTHALMIA NEONATORUM	See Conjunctivitis Reportable Disease				
PARAINFLUENZA VIRUS		Droplet + Contact	Yes	Continue precautions for duration of symptoms.	Outbreaks are Reportable Notify Infection Control Cohorting may be necessary during outbreaks
PARATYPHOID FEVER <i>Salmonella paratyphi</i>		RP	No		Reportable Disease
PARVOVIRUS B19	See Erythema Infectiosum				
PEDICULOSIS (Lice)		RP, plus gloves for direct patient contact	No	Continue precautions for 24 hours after application of pediculicide.	
PERTUSSIS (Whooping Cough) <i>Bordetella pertussis</i>		Droplet	Yes	Continue precautions for 5 days after start of treatment or 3 weeks if not treated.	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure

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PHARYNGITIS	Adult	RP	No		
	Paediatric*	Droplet + Contact	Yes		See STREPTOCOCCAL DISEASE Group A <i>Streptococcus</i> for further details
PLAGUE <i>Yersinia pestis</i>	Pneumonic	Droplet	Yes	Continue precautions for 48 hours of effective therapy,	Reportable Disease Notify Infection Control
	Bubonic	RP	No		
PLEURODYNIA	See Enteroviral Infection				
PNEUMONIA Aetiology unknown (If aetiology known, see specific organism)		Droplet + Contact	Yes	Continue precautions until aetiology established or clinical improvement on empiric therapy.	
POLIOMYELITIS		Contact	Yes	Continue precautions for 6 weeks after onset of illness.	Reportable Disease Notify Infection Control
PSEUDOMEMBRANOUS COLITIS	See <i>Clostridium difficile</i>				
PSITTACOSIS (Ornithosis) <i>Chlamydia psittaci</i>	See Chlamydia Reportable Disease				
Q FEVER <i>Coxiella burnetii</i>		RP	No		Reportable Disease No person-to-person transmission.
RABIES Rhabdovirus		RP	No		Reportable Disease Notify Infection Control Person-to-person transmission not documented except via corneal transplantation. Open wound/mucous membrane exposure to saliva of a patient should be considered for prophylaxis.

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RESISTANT ORGANISMS	See Antibiotic-Resistant Organisms				
RESPIRATORY INFECTIONS, acute febrile		Droplet + Contact	Yes	Continue precautions until symptoms improve or infectious cause identified.	See specific organism, if identified. Clinical assessment required to d/c precautions. Outbreaks are Reportable Notify Infection Control
RESPIRATORY SYNCYTIAL VIRUS (RSV)		Droplet + Contact	Yes	Continue precautions for duration of illness.	Outbreaks are Reportable Notify Infection Control
REYE'S SYNDROME		RP	No		May be associated with viral infection.
RHEUMATIC FEVER		RP	No		Complication of a Group A streptococcal infection.
RHINOVIRUS	See common cold				
RINGWORM	See Tinea				
ROSEOLA INFANTUM (Exanthem Subitum, Sixth disease, HHV6)		RP	No		Transmission requires close, direct personal contact.
ROTAVIRUS		Contact	Yes	Continue precautions until formed stool.	Outbreaks are Reportable
ROUNDWORM	See Ascariasis				
RUBELLA (German Measles)	Acquired	Droplet	Yes	Continue precautions for 7 days after onset of rash.	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure Only immune staff should provide care. Pregnant health care providers should <u>not</u> provide care regardless of immune status.
	Congenital	Droplet + Contact	Yes	Continue precautions for one year after birth, unless urine and nasopharyngeal cultures done after 3 months of age are negative.	

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SALMONELLOSIS <i>Salmonella</i> species	Adult	RP	No		Reportable Disease Notify Infection Control
	Paediatric* and incontinent or non-compliant adult	Contact	Yes	Continue precautions until formed stool.	
SEVERE ACUTE RESPIRATORY SYNDROME (SARS) or Acute Respiratory Illness with travel to a high risk geographical area		Droplet + Contact N95 respirator for aerosol-generating procedures	Yes	Continue precautions 10 days following resolution of fever if respiratory symptoms have also resolved.	Reportable Disease Notify Public Health <u>immediately</u> Notify Infection Control <u>immediately</u>
SCABIES <i>Sarcoptes scabiei</i>	Limited, 'typical'	Contact	Yes	Continue precautions until 24 hours after application of scabicide.	Notify Infection Control Potential Health Care Provider communicable disease exposure
	Crusted, 'Norwegian'	Contact	Yes		
SCALDED SKIN SYNDROME	See Abscess, major				
SHIGELLOSIS <i>Shigella</i> species	See Gastroenteritis Reportable Disease				
SHINGLES	See Varicella Zoster				
SMALLPOX	See Variola Reportable Disease				
STAPHYLOCOCCAL DISEASE <i>Staphylococcus aureus</i>	Food poisoning	See Food Poisoning/Food-borne Illness			
	Skin, wound, or burn infection	See Abscess			
	Pneumonia – adult	RP	No		
	Pneumonia – paediatric*	Droplet	Yes	Continue precaution until 24 hours of effective therapy.	
	Toxic shock syndrome (TSS)	RP	No		

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STREPTOCOCCAL DISEASE Group A <i>Streptococcus</i>	Skin, wound or burn infection, including necrotizing fasciitis	Droplet + Contact	Yes	Continue precautions until 24 hours of effective treatment.	Reportable Disease if invasive Notify Infection Control Potential Health Care Provider communicable disease exposure
	Toxic shock-like syndrome (TSS)	Droplet + Contact	Yes		
	Pneumonia	Droplet	Yes		
	Pharyngitis/scarlet fever – paediatric* retropharyngeal abscess – paediatric*	Droplet	Yes	Continue precautions until 24 hours of effective treatment	
	Endometritis (Puerperal Sepsis)	RP	No		
	Pharyngitis/scarlet fever - adult	RP	No		
Group B <i>Streptococcus</i>	Neonatal	RP	No		Reportable Disease Notify Infection Control
<i>Streptococcus pneumoniae</i> ('pneumococcus')		RP	No		Reportable Disease if invasive Notify Infection Control
STRONGYLOIDIASIS <i>Strongyloides stercoralis</i>		RP	No		May cause disseminated disease in immunocompromised.
SYPHILIS <i>Treponema pallidum</i>		RP, gloves for contact with skin lesions	No		Reportable Disease
TAPEWORM DISEASE <i>Diphyllobothrium latum</i> (fish) <i>Hymenolepis nana</i> , <i>Taenia saginata</i> (beef) <i>Taenia solium</i> (pork)		RP	No		Autoinfection possible.
TETANUS <i>Clostridium tetani</i>		RP	No		Reportable Disease No person-to-person transmission.
TINEA (Fungus infection dermatophytosis, dermatomycosis, ringworm)		RP	No		Thorough cleaning of bath and shower after use. No shared combs or brushes.
TOXOPLASMOSIS <i>Toxoplasma gondii</i>		RP	No		No person-to-person transmission except vertical.

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TOXIC SHOCK SYNDROME	See Staphylococcal & Streptococcal Disease				
TRANSMISIBLE SPONGIFORM ENCEPHALOPATHY	IE: - CJD (see CREUTZFELDT-JAKOB DISEASE) - Gerstmann-Straussler-Scheinker Syndrome, Fatal Familial Insomnia, Kuru Reportable Disease				
TRENCHMOUTH	See Vincent's angina				
TRICHINOSIS <i>Trichinella spiralis</i>		RP	No		Reportable Disease No person-to-person transmission.
TRICHOMONIASIS <i>Trichomonas vaginalis</i>		RP	No		Sexual transmission
TUBERCULOSIS <i>Mycobacterium tuberculosis</i>	Extrapulmonary, no draining lesions	RP	No		Reportable Disease Notify Infection Control
	Extrapulmonary, draining lesions	Airborne	Yes, with negative air flow and door closed	See Tuberculosis Management Policy	Potential Health Care Provider communicable disease exposure Assess for concurrent pulmonary TB
	Pulmonary-confirmed or suspected or laryngeal disease	Airborne	Yes, with negative air flow and door closed	See Tuberculosis Management Policy	Reportable Disease Notify Infection Control Potential Health Care Provider communicable disease exposure
	Skin-test positive with no evidence of current disease	RP	No		Latent tuberculous infection (LTBI)
TULAREMIA <i>Francisella tularensis</i>		RP	No		Reportable Disease No person-to-person transmission. Notify Microbiology laboratory if suspected, as aerosols from cultures are infectious.
TYPHOID FEVER <i>Salmonella typhi</i>		RP	No		Reportable Disease

ORGANISM/ DISEASE	CATEGORY*	TYPE OF PRECAUTION	SINGLE ROOM**	DURATION OF PRECAUTIONS	COMMENTS
<p>* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices **may not be available in non-acute care</p>					
TYPHUS <i>Rickettsia species</i>		RP	No		Transmitted through close personal contact, but not in absence of lice.
URINARY TRACT INFECTION		RP	No		
VANCOMYCIN-RESISTANT ENTEROCOCCUS (VRE)	See VRE				
VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA)	See VRSA				
VARICELLA (Chickenpox)		Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all vesicles have crusted and for at least 5 days.	<p>Reportable Disease</p> <p>Notify Infection Control</p> <p>Potential Health Care Provider communicable disease exposure</p> <p>Known non-immune staff should enter only if absolutely necessary.</p> <p>Neonates born to mothers with active varicella should be isolated at birth.</p>
VARICELLA ZOSTER (Shingles, Zoster) <i>Herpes zoster</i>	Immuno-compromised patient *, or disseminated	Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and dried.	<p>Notify Infection Control.</p> <p>Potential Health Care Provider communicable disease exposure (disseminated shingles)</p> <p>Known non-immune staff should enter only if absolutely necessary.</p>
	Localized in all other patients	RP	No		Roommates and staff must be immune to chickenpox.
VARIOLA (Smallpox)		Airborne + Contact	Yes, with negative air flow and door closed	Continue precautions until all lesions have crusted and separated (3 to 4 weeks).	<p>Report to Public Health <u>immediately</u></p> <p>Notify Infection Control <u>immediately</u></p>
VEROTOXIGENIC-PRODUCING E. COLI INFECTION	See ESCHERICHIA COLI 0157:H7 Any indicator conditions, including hemolytic uremic syndrome (HUS) Reportable Disease				
VIBRIO	See Gastroenteritis or Cholera Reportable Disease				

ORGANISM/ DISEASE	CATEGORY*	TYPE OF PRECAUTION	SINGLE ROOM**	DURATION OF PRECAUTIONS	COMMENTS
* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices **may not be available in non-acute care					
VINCENT'S ANGINA (Trench mouth)		RP	No		
VIRAL DISEASES Respiratory (if not covered elsewhere)		Droplet + Contact	Yes		See also specific disease/organism.
VRE Vancomycin-resistant enterococcus		RP	No		
VRSA Vancomycin-resistant <i>Staphylococcus aureus</i>	Multi-drug Resistant Organism MDRO	Contact	Yes	Continue precautions until discontinued by Infection Control	Notify Infection Control If readmitted, use Contact precautions
WEST NILE VIRUS (WNV)	See Arthropod-borne Viral Fevers Reportable Disease				
WHOOPING COUGH	See Pertussis Reportable Disease				
WOUND INFECTIONS	See Abscess				
YELLOW FEVER	See Arthropod-borne Viral Fevers Reportable Disease				
YERSINIA ENTEROCOLITICA	See Gastroenteritis Reportable Disease				
YERSINIA PESTIS	See Plague Reportable Disease				
ZOSTER	See Varicella Zoster				

Based on Health Canada's 'Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care'⁴ and the Center for Disease Control's '2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings'¹⁷

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