ADMITTED ADULT PATIENTS
DISCONTINUING PRECAUTIONS GUIDELINES

KEY NOTES	
	1. **Emergency Department:** Applies to all patients (i.e. Ambulatory, Acute, RADUs, etc) 2. **Outbreaks:** Will be discontinued by ICP (Infection Control Practitioner) 3. **Before Removing Precautions:** A terminal clean *must* be completed following Island Health guidelines, after which housekeeping will remove the precaution sign (with exception of patients who were never positive for an ARO) 4. **Precaution order in PowerChart:** After precautions are discontinued, staff must remove the precaution order 5. **'Consult ICP':** Obtain more information from the ICP (on weekdays) because discontinuing precautions may not be indicated at this time. For afterhours (evenings/weekends) contact the Medical Microbiologist on call 6. **In all cases below**: Check for a Disease Alert and pending specimens that indicate the need for additional precautions. Consult the ICP for further information on any of the criteria

PRECAUTION	REASON	DISCONTINUING CRITERIA
Contact	**MRSA Infection/Colonization**	Must follow the MRSA policy (found on the intranet under Infection Control policies); and consult ICP for Disease Alert flag removal
	CPO	• *For screens only:* Negative CPO swab results for patients not previously positive • *Disease Alert:* Cannot discontinue precautions, must consult ICP
	Other ARO Disease Alert	Cannot discontinue precautions, must consult ICP
	ESBL or VRE infection	When appropriate antibiotic therapy has been completed
	Diarrhea (*C.diff* negative)	Stools are formed, or returned to patient's baseline, for at least 48 hours according to the Bristol Stool Chart or an infectious cause is clinically ruled out
	Wounds (negative MRSA)	Drainage is contained between dressing changes
	Conjunctivitis	Duration of symptoms (up to 14 days if viral cause)
	Lice or Scabies	• If no evidence of lice/scabies; *and* • 24 hours after application of pediculicide (treatment may need repeating); *and* • All personal belongings must be bagged/sealed/removed from the room
	Shingles (limited to one dermatome)	• *For one dermatome only*: When all lesions are dry and crusted • *For more than one affected dermatome, or patient is immunocompromised:* Consult ICP (see key note 5)
Contact Plus	***Clostridium difficile* (*C.diff*)**	Stools formed, or returned to patient's baseline, for at least 72 hours as documented in the Bristol Stool Chart
Droplet & Contact	**New or worsening cough (including Influenza/RSV positive)**	• *Bacterial pneumonia:* Discontinue after 48 hours of appropriate antibiotic therapy • *Aspiration pneumonia:* Discontinue precautions • *Pertussis (confirmed or suspected)*: Discontinue after 5 days of appropriate antibiotic • *Other bacterial respiratory infections:* 48 hours on an appropriate antibiotic • *Viral Respiratory Infection:* Remove after 5 days • *Influenza* a. Ward/ICU patients treated with Tamiflu, discontinue when Tamiflu treatment ends or after 5 days (whichever is longer) b. Ward/ICU patients not treated with Tamiflu, discontinue precautions after day 5 unless severely immune compromised, then consult ICP • *For exposure to Influenza or admitted from an outbreak facility/unit*: Contact ICP
	MRSA in sputum	Continue droplet until respiratory symptoms have resolved, then change to contact precautions. May need to resume droplet if respiratory symptoms reappear
	Fever with rash (i.e. Meningococcal confirmed/suspected)	24 hours of appropriate antibiotic therapy
	Vomiting not yet diagnosed	No nausea, vomiting, or diarrhea for 48 hours
	Vomiting and diarrhea (gastroenteritis/Norovirus)	When asymptomatic for 48 hours
	Group A Strep Invasive (*Strep pyogenes)*	After 24 hours of effective antibiotic therapy ***Note:*** *Invasive is defined as necrotizing fasciitis, toxic shock, bloodstream or lung infection*
Airborne (mask only)	**Pulmonary tuberculosis (TB)**	Must consult ICP to confirm 3 negative AFB specimens (ideally good quality, early morning specimens); or if the ordering physician cancels the AFBs/precautions, contact the ICP (and Medical Microbiologist if during afterhours) for a case review.
Airborne & Contact	**Chickenpox/ Disseminated Shingles/Measles**	Cannot discontinue precautions, must consult ICP ***Note:*** *Disseminated Shingles (Varicella Zoster Virus, or VZV) is defined as multiple, random, skin VSV lesions that develop separately outside the affected dermatome*