Suspected HCID Resus 9 Confirmed airborne HCID JWW SR 4 or OCC Contact ID On call	Possible Viral Haemorrhagic Fever (VHF) , Highly Pathogenic Respiratory Viruses (MERS / H5N1)
Side-room ESSENTIAL	Mpox → Isolate while rash present Mumps → Refer to IPC EPR notes for de-escalation Measles → Refer to IPC At-A-Glance Multi-drug resistant Acinetobacter baumanii → Isolate until discharge Parvovirus B19 → Isolate if immunocompromised Carbapenemase-Producing Enterobacteriaecae (CPE) → Isolate until discharge Chickenpox or Exposed Shingles → Isolate until lesions are dry and no new lesions Pulmonary Tuberculosis Confirmed or suspected pulmonary → essential if MDR TB risk Pertussis (whooping cough) → Isolate until 48 hours after commencement of appropriate antibiotic treatment Cystic Fibrosis with Burkholderia cepacia or Mycobacterium abscessus → Isolate until discharge COVID† and Influenza A & B † → Refer to IPC at-A-Glance for de-escalation RSV in Children or Immunosuppressed → Refer to IPC At-3-Glance for de-escalation Infectious diarrhoeas (Salmonella, Campylobacter) → Risk assess. Needs allocated commode or toilet C.diff and Norovirus → Isolate until symptom free for 48 hours and returned to patient's normal bowels habits. Needs allocated commode or toilet Meningococcal Meningitis (and other unknown bacterial Meningitis until diagnosis) → Isolate until 24 hours after start of appropriate antibiotic therapy
Side-room STRONGLY ADVISED	Hepatitis A & E if hospitalised during acute phase, needs allocated commode or toilet Group A Streptococcus → Isolation to cease if patient had 24 hours of appropriate antibiotics Adenovirus†, Parainfluenza† or RSV† in adults → Refer to IPC guidelines for de-escalation Penicillin or Cephalosporin resistant Pneumococcus → Isolate if patient until they have had 48 hours of appropriate antibiotics.
Side-room RECOMMENDED	MRSA → Risk assess Resistant Coliforms (including ESBLs) † → Risk assess Vancomycin Resistant Enterococcus (VRE) † → Risk assess Mycoplasma pneumoniae → Isolate until free of symptoms for 24 hours. Norwegian Scabies → Isolation requirement until treatment is completed.
Side-room UNNECESSARY	Legionella and Malaria → Isolation unnecessary Hepatitis B & C, HIV → Isolation only necessary if patient is bleeding profusely Lice and Scabies → Isolation not necessary unless patient has crusted scabies

[†] During outbreaks of these infections it may be necessary to cohort patients with these infections