

Pathogen	Type of isolation	PPE needed	De-escalation	Suitable for cohorting
Acinetobacter baumannii (MDR)	Enhanced Contact Precaution	Gloves, apron, Long-sleeves gown	ONLY after discussion with Infection Prevention & Control or Microbiology.	No
Carbapenemase producing Enterobacteriaceae (CPE)	Enhanced Contact Precaution	Gloves, apron, Long-sleeves gown	The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the IPC team.	No
Chicken pox	Droplet/Airborne precaution	Gloves, Apron, FFP3, eye protection	When symptoms have ceased and all lesions are dry, isolation is no longer required.	No
Clostridioides difficile	Contact Precaution	Gloves, apron	After 48 hours symptom free and patient returned to normal bowel habits.	No
COVID-19 (SARS Cov-2)	Droplet/Airborne precaution	Gloves, Apron, FFP3**, eye protection, surgical mask	After 5 days if clinically improved with no fever for the previous 48h. Immunocompromised patient, after 5 days if LFT negative and clinically improved with no fever for the previous 48h. If LFT positive, repeat every 48-72hours.	Yes
Extended-spectrum beta-lactamase (ESBL)	Contact Precaution	Gloves, apron	The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the IPC team.	No
Group A Streptococcus (including iGAS)	Contact Precaution	Gloves, apron	Isolation while febrile and until 24 hours of appropriate antibiotics.	No
Infectious Diarrhoea	Contact Precaution	Gloves, apron	After 48 hours symptom free and patient returned to normal bowel habits.	Yes
Influenza	Droplet	Gloves, Apron, FFP3**, eye protection, surgical mask	After 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.	Yes
Measles virus (Rubeola)	Droplet/Airborne precaution	Gloves, Apron, FFP3, eye protection	Isolated until 4 days after the initial development of the rash and has no fever or symptoms. (Day 0 is the day the rash appears)	No
Mpox virus (non HCID)	<u>Droplet</u> /Airborne precaution	Gloves, Apron, FFP3**, eye protection, surgical mask	Until all scabs have crusted over.	No
Mumps	Droplet/Airborne precaution	Gloves, Apron, FFP3**, eye protection, surgical mask	Patient will need to be isolated until 5 days after the onset of parotitis	No
Norovirus	Contact	Gloves, Apron, surgical mask*, eye protection	After 48 hours symptom free and patient returned to normal bowel habits. For immunocompromised and young children, contact IPC team	Yes
Pertussis	Droplet	Gloves, Apron, FFP3, eye protection	Patients should remain in a side room until test results are negative (for suspected cases) or have received 2 days of effective antibiotics.	No
Respiratory syncytial virus (RSV)	Contact (Adult)/Droplet (Children)	Gloves, Apron, FFP3**, eye protection, surgical mask	Children (0-16) and immunosuppressed patients until the patient is asymptomatic or has been discharged	Yes
Rubella	Droplet	Gloves, Apron, FFP3, eye protection	Most cases of rubella infection are mild and resolve spontaneously within 7 days after the initial development of the rash.	
Scabies	Contact Precaution	Gloves, apron	Until first treatment has been completed, if patient compliant.	No
Shingles	Contact precautions	Gloves, apron	Isolate if disseminated or lesions cannot be covered. Once no new lesions, and lesions are dry and have crusted isolation is no longer required.	No
MRSA	Contact Precaution	Gloves, apron	The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the IPC team	No
Mycobacterium tuberculosis Pulmonary or laryngeal Tuberculosis	Airborne precaution	Gloves, Apron, FFP3, eye protection	De-escalation in line with IPC advice.	No
Vancomycin-resistant Enterococci (VRE)	Contact Precaution	Gloves, apron	The patient will need to be isolated for the whole admission and future admissions, unless deescalated by the IPC team	No

Surgical mask* - only during episodes of vomiting
FFP3** - only during aerosol generating procedures

FFP3 - for Influenza, Mpox (non HCID), Mumps, RSV
FFP3 mask are advised only during aerosol generating procedures (AGPs).

Surgical mask - for Norovirus surgical mask are advised only during episodes of vomiting.

This document aims to provide a quick response to newly identified infectious pathogens. Refer to relevant At-A-Glance/IPC EPR notes for further support.

Peracetic Acid wipes (sporicidal) are advised for all commode and bed pan cleaning.

Patients with multi-drug resistant (MDR) organisms (eg MRSA, ESBL, CPE, Candida auris, VRE) need side room isolation if available.

If patient is not suitable for side room (e.g. high risk of falls) contact IPC team to discuss the case.

For C. difficile and Norovirus, 2nd daily enhanced clean for patient's side room must be requested via the helpdesk. Patient with infectious gastrointestinal symptoms must have an allocated ensuite toilet/commode.

If no side-room available, please refer to pyramid of sideroom priority. If further support needed, contact IPC team via team bleep.

De-escalation of patients with multi-drug resistant organisms: isolation should continue through-out admission. In the event of further admissions, discuss with IPC.

Requirement for isolation should not delay discharge unless under quarantine (HCID, MDR-TB), or being discharged into an area with other vulnerable individuals—discuss with IPC.

IPC team bleeps:
JR: 1747
CH: 4124
HGH:9794