

ADMITTED PEDIATRIC PATIENTS AGED 16 & UNDER

DISCONTINUING PRECAUTIONS GUIDELINES

KEY NOTES	<ol style="list-style-type: none"> Emergency Department: Applies to all Pediatric patients (i.e. Ambulatory, Acute, RADUs, etc) Outbreaks: Will be discontinued by ICP (Infection Control Practitioner) Before Removing Precautions: A terminal clean <u>must</u> be completed following Island Health guidelines, after which housekeeping will remove the precaution sign Precaution order in PowerChart: After precautions are discontinued, staff must remove the precaution order 'Consult ICP': Obtain more information from the ICP (on weekdays) because discontinuing precautions may not be indicated at this time. For afterhours (evenings & weekends) consult Medical Microbiologist on call 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	<ul style="list-style-type: none"> <i>For screens only:</i> Negative CPO swab results for patients not previously positive <i>Disease Alert:</i> 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 (can take up to 14 days if viral cause)
	Lice or Scabies	<ul style="list-style-type: none"> If no evidence of lice/scabies; <u>and</u> 24 hours after application of pediculicide (treatment may need repeating); <u>and</u> All personal belongings have been bagged, sealed, and removed from the room
	Shingles	<ul style="list-style-type: none"> <i>For one dermatome only:</i> When all lesions are dry and crusted <i>More than one affected dermatome or patient is immunocompromised:</i> Consult ICP (key note 5)
	Hepatitis A & E	<ul style="list-style-type: none"> <i>Newborn/Infant (under 1 year):</i> Maintain precautions for hospital stay <i>Child (1 - 16 years):</i> Discontinue precautions one week post onset of jaundice
Herpes Simplex Virus (HSV)	When all lesions are dry and crusted	
Contact Plus	Clostridium difficile (C.diff)	Stools are formed, or returned to patient's baseline, for 72 hours according to the Bristol Stool Chart
Droplet & Contact	New or worsening cough (including Influenza/RSV positive)	<ul style="list-style-type: none"> <i>Pertussis (confirmed/suspected):</i> Discontinue after 5 days of appropriate antibiotic <i>Bacterial pneumonia:</i> Discontinue after minimum of 48 hours of appropriate antibiotic therapy <i>Aspiration pneumonia:</i> Discontinue precautions <i>Other bacterial respiratory infections:</i> 48 hours on an appropriate antibiotic <i>Viral respiratory infection:</i> Discontinue after 5 days and all symptoms are resolved <i>Influenza</i> <ol style="list-style-type: none"> Ward/PICU patients treated with Tamiflu, discontinue when Tamiflu treatment ends or after 5 days (whichever is longer) Ward/PICU patients not treated with Tamiflu, discontinue precautions after day 5 if asymptomatic, unless severely immune compromised <i>For exposure to Influenza or admitted from an outbreak facility/unit:</i> Consult 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
	Invasive HIB (fever with muscle/bone pain, or respiratory symptoms, or epiglottitis, or meningitis)	24 hours of appropriate antibiotic therapy
	Mumps	Until 5 days after the onset of swelling
	Vomiting not yet diagnosed (NYD)	No nausea, vomiting, or diarrhea for 48 hours
	Vomiting and diarrhea (gastroenteritis/Noro-like illness)	When asymptomatic for 48 hours
	Group A Strep Invasive (Strep pyogenes) or Scarlet Fever	After a minimum of 24 hours of appropriate antibiotic therapy Note: <i>Invasive is defined as necrotizing fasciitis, toxic shock, bloodstream or lung infections</i>
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: <i>Disseminated Shingles (Varicella Zoster Virus, or VZV) is defined as multiple, random, skin VSV lesions that develop separately outside the affected dermatome</i>