

AHCA/NCAL Clinical Scenario Teaching Tool

Clinical Scenario – Utilizing CDC's Transmission-Based Precautions and Appendix A in LTC

Scenario

Mr. Johnson is a 66-year-old gentleman who is a resident at the Sunnyside Nursing Home where you are the facility Infection Preventionist (IP). In the morning report, it is shared that he had been complaining yesterday of moderate pain across his left temple area and above his left eyebrow.

No irritation or skin changes were noted until early this morning when the day shift nurse coming on duty noted several small red areas which may have small vesicles in their center in the area where he had described the pain on his left face area. They placed the resident in Contact Precautions, notified the physician about the changes in his condition and left a message for the Infection Preventionist as they are concerned that he may be contagious for Shingles. As the IP, utilize the Appendix A of the CDC's Isolation Precautions Recommendations or <https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html> for Herpes zoster (Shingles) to answer the following questions as you plan how to manage the infection risk in this situation.

Questions

- 1. If Mr. Johnson is immunocompetent, what type of precautions should be followed for him for Shingles (Herpes zoster)?**
 - a. Standard Precautions
 - b. Standard and Contact Precautions
 - c. Contact and Airborne Precautions
 - d. Contact Precautions

- 2. How long should the precautions above be followed?**
 - a. For 14 days from onset of first lesions
 - b. Until pain is no longer present
 - c. Until lesions are dry and crusted over

3. **The actions taken by the day shift nurses were not in accordance with recommendations found in the CDC Appendix A. Which of the following will you as the IP change to align with the CDC recommendations (pick best answer).**
- The resident should not have been placed in Contact Isolation Precautions but instead managed with Standard Precautions only.
 - The lesions should have been contained/covered on his forehead.
 - The risk of spreading varicella is low if the healthcare worker has documented immunity to varicella and is not caring for other immunocompromised individuals. Since Standard Precautions are used infection risk in this situation. with all patients and residents, there should be no risk to others when performed properly.
 - All of the above.
4. **Suppose that Mr. Johnson had been considered immunocompromised with additional lesions noted on his abdomen and upper back (disseminated zoster). Which type of precautions would need to be followed according to the CDC Isolation Precautions Appendix A?**
- Standard Precautions
 - Standard and Contact Precautions
 - Standard, Contact, and Airborne Precautions until disseminated zoster is ruled out.
5. **In addition to the type of precautions to use, what should you tell other staff and visitors who may come in contact with or enter his room, if he is not immunocompromised?**
- Nothing more than to follow precautions posted on the door.
 - Do not enter the room if you are susceptible to varicella (i.e. never had chickenpox or the vaccine).
 - Do not provide direct care if you are you are susceptible to varicella (i.e. never had chickenpox or the vaccine).

Additional Resources

1. CDC: Shingles (Herpes Zoster) <https://www.cdc.gov/shingles/index.html>
2. CDC Isolation Guidelines <https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html>

3. CDC Isolation Precautions Appendix A:

<https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html>