

Appendix A: Physician Information Sheet: Cystic Fibrosis Patients, Infection Control Guidelines

1. Standard precautions should be followed for all cystic fibrosis (CF) patients.
2. CF patients colonized or infected with multi-drug resistant organisms require contact isolation and shall be placed in a private room that does not share common facilities (e.g., bathroom or shower) with other patients.
3. Patients colonized or infected with *B. cepacia* complex should be on a separate nursing unit from any CF patient, including those who have *B. cepacia* complex.
4. When a CF patient and a patient with *B. cepacia* complex require intensive care, both patients shall remain on the ICU best suited to manage their care, but they shall be geographically separated. In addition, these patients shall be cared for by different medical teams (excluding physician consult teams), and staff providing nursing-type care (e.g., nurses, clinical technicians, clinical associates), respiratory therapists, occupational/physical therapists, and cleaning staff (EVS and SAs). Exceptions may be granted only after consultation with HEIC.
5. Patients will be considered cleared from *B. cepacia* if it has been at least 2 years since the last *B. cepacia* positive, if 2 lower airway specimens (e.g. BAL, expectorated sputum, induced sputum) do not grow *B. cepacia* and the patient was not on effective IV antimicrobial therapy in the week prior to each culture. Patient post lung transplant shall be subject to these same criteria. HEIC shall be consulted before discontinuing the ICO8 code.
6. Nebulizers and humidifiers shall be disposed of after each treatment.
7. Bronchoscopes and other non-disposable semi-critical equipment shall be cleaned and disinfected as per the [IFC014 Cleaning and Disinfection Policy](#).