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| <input type="checkbox"/> ADMINISTRATE POLICY & PROCEDURE (APP) | | <input type="checkbox"/> INSTITUTIONAL POLICY & PROCEDURE (IPP) <input type="checkbox"/> INTERDEPARTMENTAL <input type="checkbox"/> INTERNAL | |
| TITLE | | POLICY NUMBER/V# | |
| Standard and Specific Isolation Precautions | | MMC-IPC-13 (1) | |
| INITIATED DATE | EFFECTIVE DATE | REVISED DATE | |
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| NA | | 48 | |
| APPLIES TO | | RESPONSIBILITY | |
| All staff | | Nursing and housekeeping | |

1. PURPOSE

1.1. To establish guidelines which help to minimize the potential for the transmission of microorganisms to, from and between patients, and staff.

2. DEFINITION

2.1. **Standard Precautions:** will apply to the care of all patients in all IMC setting, regardless of the suspected or confirmed presence of an infectious agent

2.2. **Airborne Precautions:** will be used for patients known or suspected to be infected with microorganisms transmitted by either airborne droplet nuclei or small particles, defined as $\leq 5 \mu\text{m}$ size containing infectious agents that remain infective over time and distance [e.g. Mycobacterium tuberculosis, measles, and varicella, zoster virus (chickenpox)].

2.3. **Droplet Precautions:** will be used for patients known or suspected to be infected with microorganisms transmitted by droplets [larger than 5 microns in size] that can be generated by the patient during coughing, sneezing, talking or during the performance of procedures (suction or intubation).

2.4. **Contact Precautions:** will be used for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with patient [hand or skin-to-skin contact that occurs when performing patient care activities that require touching the patient's dry skin] or indirect contact [touching] with environmental surfaces or patient care items in the patient's environment [e.g., MRSA, ESBL, VRE].

2.5. **IP&C:** Infection Prevention and Control department

3. RESPONSIBILITY

3.1. Physician

3.2. Nursing staff

3.3. Visitors, and/or any other individuals who receive services from the facility

4. CROSS REFERENCES

4.1. Hand Hygiene

4.2. Waste Management



4.3. Linen Management

5. POLICY

5.1. Standard precautions constitute the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel

5.2. In addition to Standard Precautions, use Transmission-Based Precautions for patients with documented or suspected infection or colonization with highly transmissible or epidemiologically-important pathogens for which additional precautions are needed to prevent transmission.

5.3. Transmission-based precaution will be always ordered or discontinued through consultation with the infection control.

5.4. Nurses taking care of a patient under isolation precaution must not:

5.5. Take care of a patient who is immunocompromised.

5.6. Door signs for transmission-based precaution must be posted at the entrance of the room of the patient.

5.8. Primary physician, primary and/or charge nurse, shall inform patient and family about isolation status.

5.9. Questions concerning isolation precautions shall be reported to Infection Control.

5.10. Personal protective equipment's should be available to all personnel and visitors prior to entering to the infected patient's room.

6. PROCEDURE

6.1. Standard Precautions:

6.1.1. Hand washing:

Whenever hands are visibly dirty, before and after having contact with patients, after having contact with bodily fluids or excretions, and before and after using gloves (see Hand hygiene policy)

6.1.2. Gloves:

6.1.2.1. Wear gloves [clean, non-sterile gloves] when touching:

6.1.2.1.1. Blood

6.1.2.1.2. Body fluids

6.1.2.1.3. Secretions and excretions

6.1.2.1.4. Contaminated items

6.1.2.2. Apply clean gloves just before touching:

6.1.2.2.1. Mucous membranes

6.1.2.2.2. Non-intact skin

6.1.2.3. Remove gloves promptly:

6.1.2.3.1. Before touching un-contaminated items and environment surfaces.

6.1.2.3.2. Before going to another patient wash hands immediately to avoid transfer of microorganisms to other patients or environments.

6.1.3. Mask, Eye Protection, and Face Shield: Wear a mask and eye protection or a face shield during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

6.1.4. Gowns:

6.1.4.1. Wear a gown [a clean, non-sterile gown is adequate] during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions or cause soiling of clothing. Select a gown that is appropriate for the activity and amount of fluid likely to



be encountered.

6.1.4.2. Gowns type:

- 6.1.4.2.1. Large enough to cover the clothing, which is likely to be contaminated.
- 6.1.4.2.2. Made of a moisture-resistant material that provides an effective barrier to body substances.
- 6.1.4.2.3. Sterile gowns should be worn for procedures that require a sterile field.

6.1.4.3. Gowns should be changed and discarded:

- 6.1.4.3.1. When torn
- 6.1.4.3.2. After giving care to an individual patient.
- 6.1.4.3.3. After performing any procedure involving the management of instruments, equipment, or surfaces contaminated by blood or body substances.
- 6.1.4.3.4. Whenever gross soiling occurs.
- 6.1.4.3.5. Discard used gowns in the patient care area or in the other areas in which they were used.

6.1.4.4. Procedure for donning a clean gown:

- 6.1.4.4.1. Use the clean gowns intended for standard precaution purposes. Staff should never use the standard hospital gowns worn by patients.
- 6.1.4.4.2. Slide the gown over the hands and arms by holding arms forward and slightly above head arms forward and slightly above head.
- 6.1.4.4.3. Fasten the gown at the back of the neck, and tie the gown securely at the waist. 6.1.4.4.4. If gloves will also be worn, pull the cuffs over the sleeves of the gown.

6.1.4.5. Procedure for removing a gown:

- 6.1.4.5.1. Remove the gloves
- 6.1.4.5.2. Untie the gown at the neck and waist.
- 6.1.4.5.3. Remove the gown.
- 6.1.4.5.4. Hold the contaminated gown away from the uniform and discard it.
- 6.1.4.5.5. Always wash the hands thoroughly after removing a gown and gloves.

6.1.5. Patient Care Equipment:

- 6.1.5.1. Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and avoids transfer of microorganisms to other patients and environments.

6.1.5.2. Ensure that reusable equipment is NOT used for the care of another patient until it has been appropriately cleaned and reprocessed.

6.1.5.3. Ensure that single use items are properly discarded

6.1.6. Linen: Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and avoids transfer of microorganisms to other patients and environments. 6.1.7. Occupational Health and Blood-borne Pathogens: Take care to prevent injuries (see IPP of sharp disposal and IPP of re-capping of needles):

6.1.8. Respiratory hygiene/cough etiquette: Instruct symptomatic persons to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, > 3 feet if possible

6.1.9. Patient resuscitation: Use mouthpiece, resuscitation bag, and other ventilation devices to prevent mouth contact

6.1.10. Handling multi-dose vials:

- 6.1.10.1. Once opened it must be labeled with date, time and ID
- 6.1.10.2. Refrigerate multi-dose vials after they are opened if recommended by the manufacturer.
- 6.1.10.3. Cleanse the access diaphragm of multi-dose vials with alcohol swab before use
- 6.1.10.4. Use a sterile needle to access a multi-dose vial
- 6.1.10.5. Do not leave any needle in place in the stopper
- 6.1.10.6. Access the multi-dose vial with a small gauge needle, big gauge can make big opening in vial diaphragm
- 6.1.10.7. Discard multi-dose vial if sterility is compromised



6.2. Airborne Precautions – Blue Sign on Door:

6.2.1. Place the patient in a private room that has:

6.2.1.1. Airborne Infection Isolation Room (AIIR) it has negative air pressure in relation to surrounding areas. These AIIR rooms must have readily available reading records.

6.2.1.2. Air exchanges ≥ 12 changes per hour.

6.2.1.3. Appropriate discharge of air outdoors or monitored high-efficiency filtration [HEPA] of room air before the air is circulated to other areas in the hospital.

6.2.2. Keep room door closed and the patient in room.

6.2.3. When a negative air pressure room is not available consult with ICP before patient placement.

6.2.4. Routine monitoring of negative pressure rooms: Negative pressure room and ventilation requirements:

6.2.4.1. Conduct and document monthly checks on all negative pressure rooms by the Engineering Department and daily checkup if occupied by Air borne isolation cases by (Infection Control Environment Engineer). These checkups will be collaborative with nursing team on the weekend, after duty hours and public holidays.

6.2.4.2. Conduct visual checks for the direction of air flow (using smoke trails or flutter strips) on all rooms where patients are in airborne isolation for query or confirmed airborne transmissible diseases (e.g., pulmonary TB, chicken pox, measles or hemorrhagic fever) on weekends.

6.2.4.3. Follow the procedure of this IPP if any room fails inspection.

6.2.4.4. All documentation must be forwarded to the Infection Control Department.

6.2.4.5. Negative pressure rooms in use:

6.2.4.5.1. Engineer will conduct daily visual checks to monitor the appropriate pressure. 6.2.4.5.2. The negative pressure room are evaluated by the facility team monthly (while not occupied) for the proper air cycle per hour according to the standard.

6.2.4.5.3. The facility evaluation will be reviewed by the infection control team.

6.2.4.6. Negative pressure ventilation failure:

6.2.4.6.1. ER nurse must respond to negative pressure failure. Nursing staff will:

6.2.4.6.2. Place a surgical mask on the patient in airborne isolation.

6.2.4.6.3. Keep the door closed at all times.

6.2.4.6.4. Notify the Maintenance department of the location and problem.

6.2.4.6.5. Notify IP&C during the regular work week by paging the ICP.

6.2.4.6.6. If an event occurs at night or on the weekend, notify the nursing supervisor and IP&C will be notified on the next working day.

6.2.4.6.7. Document all information on the Negative Pressure Room Maintenance Log form. 6.2.4.6.8. Notify IP&C regarding the findings and required follow-up.

6.2.4.7. Maintenance:

6.2.4.7.1. Staff must respond immediately to the area and assess whether the room(s) is/are maintaining negative pressure.

6.2.4.7.2. Communicate their findings to the Nurse Manager or designee.

6.2.4.7.3. Document their findings on the Negative Pressure Room Maintenance Log form. 6.2.4.7.4.

Nursing staff: If the Maintenance declares the occupied room is no longer maintaining negative pressure, follow these steps:

6.2.4.7.4.1. For patients who are in airborne isolation (for pulmonary TB, chicken pox, measles or hemorrhagic fever), contact IP&C immediately.

6.2.4.7.4.2. Put a surgical mask on the patient before transporting.



6.2.5. Respiratory Protection:

- 6.2.5.1. Wear an N95 fit tested mask when entering the room of a patient with known or suspected infectious disease that requires airborne precautions ex infectious tuberculosis (refer to appendix).
- 6.2.5.2. DO NOT ENTER the room of a patient known or suspected to have airborne isolation (ex. measles or chickenpox) if susceptible to these diseases or unsure about susceptibility.
- 6.2.5.3. IF any other precaution added in top of airborne isolation (e.g. MERsCOV , chicken pox etc.....),N95 mask Re-use is prohibited .

6.2.6. Patient Transport:

- 6.2.6.1. Limit the movement and transport of the patient from the room to essential purposes only.
- 6.2.6.2. If transport or movement is necessary, place a surgical mask on the patient.
- 6.2.6.3. Patient must not be kept in waiting areas (i.e. patient must go directly to the procedure)
- 6.2.6.4. Instruct patients with a known or suspected airborne infection to wear a surgical mask and observe Respiratory Hygiene/Cough Etiquette. Once in an AIIR, the mask may be removed; the mask should remain on if the patient is not in an AIIR
- 6.2.6.5. If patient is for x-ray, staff should be notified.
- 6.2.7. Remove respiratory protection AFTER leaving the room.
- 6.2.8. According to the manufacture of the mask and the MOH instruction, each mask can be used per each staff, for one patient per shift.
- 6.2.9. Proper placing and removing of the mask must be practiced according to illustrated instructions provided by the Infection Control Educator.
- 6.2.10. The mask should be handled carefully and stored (during the shift) in a paper bag at the isolation cart with the name of the user written on it.
- 6.2.11. In case of obvious damage or contamination, the mask will be discarded.
- 6.2.12. Wash hands.

6.3. Droplet Precautions – Pink Sign on Door:

- 6.3.1. Patient Placement must be in a private room.
- 6.3.2. Wear a mask when entering the room.
- 6.3.3. Remove the mask AFTER leaving the room.
- 6.3.4. Wash hands.
- 6.3.5. Patient transport:
 - 6.3.5.1. Limit the movement and transport of the patient from the room to essential purposes only.
 - 6.3.5.2. If transport or movement is necessary, place a surgical mask on the patient, if possible.

6.4. Contact Precautions – Green Sign on Door:

6.4.1. Gloves and Hand washing:

- 6.4.1.1. Wear gloves [clean, non-sterile gloves] when entering the room.
- 6.4.1.2. Wear gloves as noted under Standard Precautions.
- 6.4.1.3. Change gloves after having contact with infected material that may contain high concentrations of microorganisms [fecal material and wound drainage].
- 6.4.1.4. Remove gloves BEFORE leaving the patient's room.
- 6.4.1.5. Wash hands immediately with an antimicrobial agent.
- 6.4.1.6. Ensure that hands do not touch potentially contaminated environmental surfaces or items in the patient's room to avoid transfer of microorganisms to other patients or environments.

6.4.2. Gown:

- 6.4.2.1. Wear a clean, non-sterile gown when:
 - 6.4.2.2. Entering the room if it is anticipated that the clothing will have substantial contact with the patient, environmental surfaces or items in the patient's room.
- 6.4.2.3. If the patient is incontinent or has diarrhea, an ileostomy, a colostomy.



6.4.2.4. Or wound drainage not contained by dressing as outlined under Standard Precautions. 6.4.2.5. Remove the gown before leaving the unit environment. Ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other patients or environments

6.4.3. Patient Transport: (see attached Transportation Protocol)

6.4.3.1. Limit the movement and transport of the patient from the unit to essential purposes only.

6.4.3.2. If the patient is transported out of the room, ensure that precautions are maintained to minimize the risk of transmission of microorganisms to other patients and contamination of environmental surfaces and equipment.

6.4.3.3. If patient is for x-ray; staff should be notified.

6.5. All equipment's, linen and waste for patient under any form of transmission-based precautions must be handled as follow:

6.5.1. Environmental Control: Ensure the patient-care items; bedside equipment and frequently touched surface receive daily cleaning with disinfectant solutions.

6.5.2. Patient-Care Equipment:

6.5.2.1. Dedicate non-critical patient-care equipment and items such as stethoscope, sphygmomanometer, bedside commode or electronic rectal thermometer to a single patient to avoid cross contamination. (Keep such equipment's inside the patient room at all given time).

6.5.2.2. If use of common equipment or items is unavoidable, then they must be adequately cleaned and disinfected before use on another patient as policy.

6.5.3. **Linen:** Place linen in water-soluble bag then into bio-hazardous bag as per the IPP for the linen management.

6.5.4. **Waste:** All general and medical waste disposed from a room where patient is kept under transmission-based precaution must be disposed in yellow a bio-hazardous bags

6.6. Donning and removing of personal protective equipment's (PPE):

6.6.1. Don a surgical Mask:

6.6.1.1. Place over nose, mouth and chin

6.6.1.2. Fit flexible nose piece over Nose Bridge

6.6.1.3. Secure on head with ties or elastic

6.6.1.4. Adjust to fit

6.6.2. Remove surgical Mask:

6.6.2.1. Remove the mask by handling only the ties.

6.6.2.2. Untie the bottom, then the top tie. 6.6.2.3. Remove the mask from your face.

6.6.3. Don a Particulate Respirator N95

- 6.6.3.1. Choose the size that fit the face
- 6.6.3.2. Place over nose, mouth and chin
- 6.6.3.3. Fit flexible nose piece over nose bridge
- 6.6.3.4. Secure on head with elastic
- 6.6.3.5. Adjust to fit

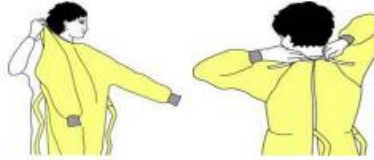


6.6.4. Remove Particulate Respirator N95:

- 6.6.4.1. While removing the respirator, take care not to touch the front of the respirator.
- 6.6.4.2. Remove the respirator by pulling the strings over the head and lifting up the respirator from the bottom end.

6.6.5. Don yellow gown:

- 6.6.5.1. Select appropriate type
- 6.6.5.2. Opening is in the back
- 6.6.5.3. Secure at neck and waist



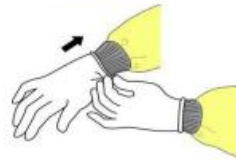
6.6.6. Remove yellow gown:

- 6.6.6.1. Unfasten ties
- 6.6.6.2. Peel gown away from neck and shoulder
- 6.6.6.3. Turn contaminated outside toward the inside
- 6.6.6.4. Fold or roll into a bundle
- 6.6.6.5. Discard it properly



6.6.7. Don gloves

- 6.6.7.1. Don gloves last
- 6.6.7.2. Select correct type and size
- 6.6.7.3. Insert hands into gloves
- 6.6.7.4. Extend gloves over isolation gown cuffs



6.6.8. Remove gloves:

- 6.6.8.1. Remove gloves first.
- 6.6.8.2. Pull one glove near your wrist towards your fingertips until the glove folds over.
- 6.6.8.3. Pull the fold until the glove is off.
- 6.6.8.4. Slide your finger under the remaining glove.
- 6.6.8.5. Remove the gloves carefully.
- 6.6.8.6. Discard it properly.



6.7. Fit Testing procedure:

Fit Testing Procedure What is a respirator (N95) fit test?

- A fit test is a test protocol conducted to verify that a respirator (N95 mask) is both comfortable and correctly fits the user.
- Fit testing uses a test agent, either qualitatively detected by the wearer's sense of taste, smell or involuntary cough (irritant smoke) or quantitatively measured by an Instrument, to verify the respirator's fit.
- The benefits of this testing include better protection for the employee and verification that the employee is wearing a correctly-fitting model and size of respirator.
- MOH requires a respirator fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is to be used in the workplace.
- MOH prohibits tight fitting respirators to be worn by workers who have facial hair that comes between the sealing surface of the face piece and the face of the wearer. In this case, a Powered Air Purifying Respirator (PAPR) should be used instead.
- Because each brand, model, and size of particulate face piece respirators will fit slightly differently, a user should engage in a fit test every time a new model, manufacture type/brand, or size is worn. Also, if weight fluctuates or facial/dental alterations occur, a fit test should be done again to ensure the respirator remains effective otherwise; fit testing should be completed at least once every 2 years to ensure continued adequate fit.



- A fit test only qualifies the user to put on (don) the specific brand/make/model of respirator with which an acceptable fit testing result was achieved.
- Users should only wear the specific brand, model, and size respirators that he/she wore during successful fit tests (Respirator sizing is variable and not standardized across models or brands). For example, a medium in one model may not offer the same fit as a different manufacturer's medium model. What is a respirator (N95) user seal check?
- It is a procedure conducted by the wearer of a respirator to determine if the respirator is properly seated to the face. A user seal check is sometimes referred to as a fit check.
- Once a fit test has been done to determine the best model and size of respirator for a particular user, a user seal check should be done by the user every time the respirator is to be worn to ensure an adequate seal is achieved.
- A user seal check may be accomplished by using the procedures recommended by the manufacturer of the respirator. This information can be found on the box or individual respirator packaging. There are positive and negative pressure seal checks and not every respirator can be checked using both. You should refer to the manufacturer's instructions for conducting user seal checks on any specific respirator.
- The user seal check can be either a positive pressure or negative pressure check. The following positive and negative user seal check procedures for filtering face-piece respirators are provided as examples of how to perform these procedures.
- Positive pressure check –Once the particulate respirator is properly put on (donned), your hands over the face-piece, covering as much surface area as possible. Exhale gently into the face-piece. The face fit is considered satisfactory if a slight positive pressure is being built up inside the face-piece without any evidence of outward leakage of air at the seal. Examples of such evidence would be the feeling of air trickling onto your face along the seal of the face-piece, fogging of your glasses, or a lack of pressure being built up inside Page 11 of 51 the face-piece. If the particulate respirator has an exhalation valve, then performing a positive pressure check may be impossible. If so, then conduct a negative pressure check.
- Negative pressure check
- Negative pressure seal checks are conducted on particulate respirators that have exhalation valves. To conduct a negative pressure user seal check, cover the filter surface with your hands as much as possible and then inhale. The face piece should collapse on your face and you should not feel air passing between your face and the face-piece. Fit Testing Procedure What is a respirator (N95) fit test?
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- The benefits of this testing include better protection for the employee and verification that the employee is wearing a correctly-fitting model and size of respirator.
- MOH requires a respirator fit test to confirm the fit of any respirator that forms a tight seal on the wearer's face before it is to be used in the workplace.
- MOH prohibits tight fitting respirators to be worn by workers who have facial hair that comes between the sealing surface of the face piece and the face of the wearer. In this case, a Powered Air Purifying Respirator (PAPR) should be used instead.
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Transportation Protocol for Patients under Contact Isolation between Departments:

- Before entering the room, perform hand hygiene, put on a yellow gown & gloves, have clean blanket and clean patient gown.
- Inside the room, the nurse or PCA will clean the bed side rails & all points that can be touched during transferring patient with hospital approved disinfectant (HOSPICID spray), then change the patient gown and cover patient with clean blanket or linen. For patients being transferred via wheelchair the same is applicable all points that can be touched during transferring the patient needs to be cleaned with the hospital approved disinfectant (HOSPICID spray), and the patient's gown needs to be changed and her or she needs to be covered with a new clean blanket or linen, also the wheelchair needs to be thoroughly disinfected after use.
- All equipment being used during transport will be disinfected before & after transfer like portable cardiac monitor, ventilator, IV pumps & any other items mounted at bed.



- The receiving department should be informed that the patient is under contact isolation and they need to prepare the appropriate PPEs
- Once the patient reaches the other department, the staff responsible for receiving the patient should wear the proper PPEs.
- HCW who are transferring patient under droplet/airborne isolation precautions don't need to wear respiratory protection during transport if the patient is masked and all skin lesions are cover

7. FORMS & ATTACHMENTS

- 7.1. Transportation Protocol
- 7.2. Fit Testing Procedure
- 7.3. Type and Duration of Precautions Recommended for Selected Infections and Conditions.
- 7.4. Isolation Signs and Transportation Tags (airborne, droplet, contact)

8. REFERENCES

- 10.1.CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007
- 10.2.GCC-CIC. Gulf Cooperation Council – Centre for Infection Control 2009-2013
- 10.3. Command and Control Center MOH 3rd Edition June 2015



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Abscess Draining, major | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | No dressing or containment of drainage; until drainage stops or can be contained by dressing. |
| Abscess Draining, minor or limited | Standard | n/a | Dressing covers and contains drainage. |
| Acquired human immunodeficiency syndrome (HIV) | Standard | n/a | Post-exposure chemoprophylaxis for some blood exposures [866]. |
| Actinomycosis | Standard | n/a | Not transmitted from person to person. |
| Adenovirus infection (see agent-specific guidance under gastroenteritis , conjunctivitis , pneumonia) | n/a | n/a | n/a |
| Amebiasis | Standard | n/a | Person to person transmission is rare. Transmission in settings for the mentally challenged and in a family group has been reported [1045]. Use care when handling diapered infants and mentally challenged persons [1046]. |
| Anthrax | Standard | n/a | Infected patients do not generally pose a transmission risk. |
| Anthrax Cutaneous | Standard | n/a | Transmission through non-intact skin contact with draining lesions possible, therefore use Contact Precautions if large amount of uncontained drainage. Handwashing with soap and water preferable to use of waterless alcohol based antiseptics since alcohol does not have sporicidal activity [983]. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|---|---|
| Anthrax Pulmonary | Standard | n/a | Not transmitted from person to person. |
| Anthrax Environmental: aerosolizable spore-containing powder or other substance | n/a | Until environment completely decontaminated | Until decontamination of environment complete [203]. Wear respirator (N95 mask or PAPRs), protective clothing; decontaminate persons with powder on them (Notice to Readers: Occupational Health Guidelines for Remediation Workers at Bacillus anthracis-Contaminated Sites — United States, 2001–2002) Hand hygiene: Handwashing for 30–60 seconds with soap and water or 2% chlorhexidine gluconate after spore contact (alcohol hand rubs inactive against spores [983]). Post-exposure prophylaxis following environmental exposure: 60 days of antimicrobials (either doxycycline, ciprofloxacin, or levofloxacin) and post-exposure vaccine under IND. |
| Antibiotic-associated colitis (see Clostridium difficile) | n/a | n/a | n/a |
| Arthropod-borne <ul style="list-style-type: none"> viral encephalitides (eastern, western, Venezuelan equine encephalomyelitis; St Louis, California encephalitis; West Nile Virus) and viral fevers (dengue, yellow fever, Colorado tick fever) | Standard | n/a | Not transmitted from person to person except rarely by transfusion, and for West Nile virus by organ transplant, breastmilk or transplacentally [530, 1047]. Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities. |
| Ascariasis | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|---|
| Aspergillosis | Standard | n/a | Contact Precautions and Airborne if massive soft tissue infection with copious drainage and repeated irrigations required [154]. |
| Avian influenza (see influenza, avian below) | n/a | n/a | n/a |
| Babesiosis | Standard | n/a | Not transmitted from person to person except rarely by transfusion. |
| Blastomycosis, North American, cutaneous or pulmonary | Standard | n/a | Not transmitted from person to person. |
| Botulism | Standard | n/a | Not transmitted from person to person. |
| Bronchiolitis (see respiratory infections in infants and young children) | Contact + Standard | Duration of illness | Use mask according to Standard Precautions. |
| Brucellosis (undulant, Malta, Mediterranean fever) | Standard | n/a | Not transmitted from person to person except rarely via banked spermatozoa and sexual contact [1048, 1049]. Provide antimicrobial prophylaxis following laboratory exposure [1050]. |
| <i>Campylobacter</i> gastroenteritis (see gastroenteritis) | n/a | n/a | n/a |
| Candidiasis, all forms including mucocutaneous | Standard | n/a | n/a |
| Cat-scratch fever (benign inoculation lymphoreticulosis) | Standard | n/a | Not transmitted from person to person. |
| Cellulitis | Standard | n/a | n/a |
| Chancroid (soft chancre) (<i>H. ducreyi</i>) | Standard | n/a | Transmitted sexually from person to person. |
| Chickenpox (see varicella) | n/a | n/a | n/a |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|--|
| <i>Chlamydia trachomatis</i> Conjunctivitis | Standard | n/a | n/a |
| <i>Chlamydia trachomatis</i> Genital (lymphogranuloma venereum) | Standard | n/a | n/a |
| <i>Chlamydia trachomatis</i> Pneumonia (infants ≤ 3 mos. of age) | Standard | n/a | n/a |
| <i>Chlamydia pneumoniae</i> | Standard | n/a | Outbreaks in institutionalized populations reported, rarely [1051, 1052]. |
| Cholera (see gastroenteritis) | n/a | n/a | n/a |
| Closed-cavity infection Open drain in place; limited or minor drainage | Standard | n/a | Contact Precautions if there is copious uncontained drainage. |
| Closed-cavity infection No drain or closed drainage system in place | Standard | n/a | n/a |
| <i>Clostridium botulinum</i> | Standard | n/a | Not transmitted from person to person. |
| <i>Clostridium difficile</i> (see gastroenteritis , <i>C. difficile</i>) | Contact + Standard | Duration of illness | n/a |
| <i>Clostridium perfringens</i> Food poisoning | Standard | n/a | Not transmitted from person to person. |
| <i>Clostridium perfringens</i> Gas gangrene | Standard | n/a | Transmission from person to person rare; one outbreak in a surgical setting reported [1053]. Use Contact Precautions if wound drainage is extensive. |
| Coccidioidomycosis (valley fever) Draining lesions | Standard | n/a | Not transmitted from person to person except under extraordinary circumstances because the infectious arthroconidial form of |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|---|
| | | | Coccidioides immitis is not produced in humans [1054]. |
| Coccidioidomycosis (valley fever) Pneumonia | Standard | n/a | Not transmitted from person to person except under extraordinary circumstances, (e.g., inhalation of aerosolized tissue phase endospores during necropsy, transplantation of infected lung) because the infectious arthroconidial form of Coccidioides immitis is not produced in humans [1054, 1055]. |
| Colorado tick fever | Standard | n/a | Not transmitted from person to person |
| Congenital rubella | Contact + Standard | Until 1 yr of age | Standard Precautions if nasopharyngeal and urine cultures repeatedly neg. after 3 mos. of age. |
| Conjunctivitis Acute bacterial | Standard | n/a | n/a |
| Conjunctivitis Acute bacterial <i>Chlamydia</i> | Standard | n/a | n/a |
| Conjunctivitis Acute bacterial Gonococcal | Standard | n/a | n/a |
| Conjunctivitis Acute viral (acute hemorrhagic) | Contact + Standard | Duration of illness | Adenovirus most common; enterovirus 70 [1056], Coxsackie virus A24 [1057] also associated with community outbreaks. Highly contagious; outbreaks in eye clinics, pediatric and neonatal settings, institutional settings reported. Eye clinics should follow Standard Precautions when handling patients with conjunctivitis. Routine use of infection control measures in the handling of instruments and equipment will prevent the |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------------------------|--|--|
| | | | occurrence of outbreaks in this and other settings. [460, 814, 1058, 1059 461, 1060]. |
| Corona virus associated with SARS (SARS-CoV) (see severe acute respiratory syndrome) | Airborne + Contact/Droplet + Contact | 10 days if patient stable/21 if critical | Refer to policy Corona Virus Infection |
| Coxsackie virus disease (see enteroviral infection) | n/a | n/a | n/a |
| Creutzfeldt-Jakob disease (CJD, vCJD) | Standard | n/a | Use disposable instruments or special sterilization/disinfection for surfaces, objects contaminated with neural tissue if CJD or vCJD suspected and has not been R/O; No special burial procedures. [1061] |
| Croup (see respiratory infections in infants and young children) | n/a | n/a | n/a |
| Crimean-Congo Fever (see Viral Hemorrhagic Fever) | Standard | n/a | n/a |
| Cryptococcosis | Standard | n/a | Not transmitted from person to person, except rarely via tissue and corneal transplant. [1062, 1063] |
| Cryptosporidiosis (see gastroenteritis) | n/a | n/a | n/a |
| Cysticercosis | Standard | n/a | Not transmitted from person to person. |
| Cytomegalovirus infection, including in neonates and immunosuppressed patients | Standard | n/a | No additional precautions for pregnant HCWs. |
| Decubitus ulcer (see Pressure ulcer) | n/a | n/a | n/a |
| Dengue fever | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|-----------------------|---|---|
| Diarrhea, acute-infective etiology suspected (see gastroenteritis) | n/a | n/a | n/a |
| Diphtheria Cutaneous | Contact + Standard | Until off antimicrobial treatment and culture-negative | Until 2 cultures taken 24 hours apart negative. |
| Diphtheria Pharyngeal | Droplet + Standard | Until off antimicrobial treatment and culture-negative | Until 2 cultures taken 24 hours apart negativ.e |
| Ebola virus (see viral hemorrhagic fevers) | n/a | n/a | Ebola Virus Disease for Healthcare Workers [2014] Update: Recommendations for healthcare workers can be found at Ebola: U.S. Healthcare Workers and Settings . |
| Echinococcosis (hydatidosis) | Standard | n/a | Not transmitted from person to person. |
| Echovirus (see enteroviral infection) | n/a | n/a | n/a |
| Encephalitis or encephalomyelitis (see specific etiologic agents) | n/a | n/a | n/a |
| Endometritis (endomyometritis) | Standard | n/a | n/a |
| Enterobiasis (pinworm disease, oxyuriasis) | Standard | n/a | n/a |
| <i>Enterococcus</i> species (see multidrug-resistant organisms if epidemiologically significant or vancomycin resistant) | n/a | n/a | n/a |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|--|
| Enterocolitis, <i>C. difficile</i> (see C. difficile, gastroenteritis) | n/a | n/a | n/a |
| Enteroviral infections (i.e., Group A and B Coxsackie viruses and Echo viruses) (excludes polio virus) | Standard | n/a | Use Contact Precautions for diapered or incontinent children for duration of illness and to control institutional outbreaks. |
| Epiglottitis, due to <i>Haemophilus influenzae</i> type b | Droplet + Standard | Until 24 hours after initiation of effective therapy | See specific disease agents for epiglottitis due to other etiologies. |
| Epstein-Barr virus infection, including infectious mononucleosis | Standard | n/a | n/a |
| Erythema infectiosum (also see Parvovirus B19) | n/a | n/a | n/a |
| <i>Escherichia coli</i> gastroenteritis (see gastroenteritis) | n/a | n/a | n/a |
| Food poisoning Botulism | Standard | n/a | Not transmitted from person to person. |
| Food poisoning <i>C. perfringens</i> or <i>welchii</i> | Standard | n/a | Not transmitted from person to person. |
| Food poisoning Staphylococcal | Standard | n/a | Not transmitted from person to person. |
| Furunculosis, staphylococcal | Standard | n/a | Contact if drainage not controlled. Follow institutional policies if MRSA. |
| Furunculosis, staphylococcal Infants and young children | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | n/a |
| Gangrene (gas gangrene) | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|---|
| Gastroenteritis | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks for gastroenteritis caused by all of the agents below. |
| Gastroenteritis Adenovirus | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>Campylobacter</i> species | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis Cholera (<i>Vibrio cholerae</i>) | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>C. difficile</i> | Contact + Standard | Duration of illness | Discontinue antibiotics if appropriate. Do not share electronic thermometers; [853, 854] ensure consistent environmental cleaning and disinfection. Hypochlorite solutions may be required for cleaning if transmission continues [847]. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic handrubs [983]. |
| Gastroenteritis <i>Cryptosporidium</i> species | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>E. coli</i> Enteropathogenic O157:H7 and other shiga toxin-producing strains | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|------------------------|--|
| Gastroenteritis <i>E. coli</i> Other species | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>Giardia lamblia</i> | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis Noroviruses | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. Persons who clean areas heavily contaminated with feces or vomitus may benefit from wearing masks since virus can be aerosolized from these body substances [142, 147 148]; ensure consistent environmental cleaning and disinfection with focus on restrooms even when apparently unsoiled [273, 1064]). Hypochlorite solutions may be required when there is continued transmission [290-292]. Alcohol is less active, but there is no evidence that alcohol antiseptic handrubs are not effective for hand decontamination [294]. Cohorting of affected patients to separate airspaces and toilet facilities may help interrupt transmission during outbreaks. |
| Gastroenteritis Rotavirus | Contact + Standard | Duration of illness | Ensure consistent environmental cleaning and disinfection and frequent removal of soiled diapers. Prolonged shedding may occur in both immunocompetent and immunocompromised children and the elderly [932, 933]. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|--|
| Gastroenteritis <i>Salmonella</i> species (including <i>S. typhi</i>) | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>Shigella</i> species (Bacillary dysentery) | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis <i>Vibrio parahaemolyticus</i> | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| Gastroenteritis Viral (if not covered elsewhere) | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks |
| Gastroenteritis <i>Yersinia enterocolitica</i> | Standard | n/a | Use Contact Precautions for diapered or incontinent persons for the duration of illness or to control institutional outbreaks. |
| German measles (see rubella ; see congenital rubella) | n/a | n/a | n/a |
| Giardiasis (see gastroenteritis) | n/a | n/a | n/a |
| Gonococcal ophthalmia neonatorum (gonorrheal ophthalmia, acute conjunctivitis of newborn) | Standard | n/a | n/a |
| Gonorrhea | Standard | n/a | n/a |
| Granuloma inguinale (Donovanosis, granuloma venereum) | Standard | n/a | n/a |
| Guillain-Barre' syndrome | Standard | n/a | Not an infectious condition. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|------------------------|--|
| <i>Haemophilus influenzae</i> (see disease-specific recommendations) | n/a | n/a | n/a |
| Hand, foot, and mouth disease (see enteroviral infection) | n/a | n/a | n/a |
| Hansen's Disease (see Leprosy) | n/a | n/a | n/a |
| Hantavirus pulmonary syndrome | Standard | n/a | Not transmitted from person to person. |
| <i>Helicobacter pylori</i> | Standard | n/a | n/a |
| Hepatitis, viral Type A | Standard | n/a | Provide hepatitis A vaccine post-exposure as recommended. [1065] |
| Hepatitis, viral Type A-Diapered or incontinent patients | Contact + Standard | n/a | Maintain Contact Precautions in infants and children <3 years of age for duration of hospitalization; for children 3-14 yrs. of age for 2 weeks after onset of symptoms; >14 yrs. of age for 1 week after onset of symptoms [833, 1066, 1067]. |
| Hepatitis, viral Type B-HBsAg positive; acute or chronic | Standard | n/a | See specific recommendations for care of patients in hemodialysis centers. [778] |
| Hepatitis, viral Type C and other unspecified non-A, non-B | Standard | n/a | See specific recommendations for care of patients in hemodialysis centers. [778] |
| Hepatitis, viral Type D (seen only with hepatitis B) | Standard | n/a | n/a |
| Hepatitis, viral Type E | Standard | n/a | Use Contact Precautions for diapered or incontinent individuals for the duration of illness. [1068] |
| Hepatitis, viral Type G | Standard | n/a | n/a |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|-------------------------------|--|---|
| Herpangina (see enteroviral infection) | n/a | n/a | n/a |
| Hookworm | Standard | n/a | n/a |
| Herpes simplex (<i>Herpesvirus hominis</i>) Encephalitis | Standard | n/a | n/a |
| Herpes simplex (<i>Herpesvirus hominis</i>) Mucocutaneous, disseminated or primary, severe | Contact + Standard | Until lesions dry and crusted | n/a |
| Herpes simplex (<i>Herpesvirus hominis</i>) Mucocutaneous, recurrent (skin, oral, genital) | Standard | n/a | n/a |
| Herpes simplex (<i>Herpesvirus hominis</i>) Neonatal | Contact + Standard | Until lesions dry and crusted | Also, for asymptomatic, exposed infants delivered vaginally or by C-section and if mother has active infection and membranes have been ruptured for more than 4 to 6 hours until infant surface cultures obtained at 24-36 hours. of age negative after 48 hours incubation. [1069, 1070] |
| Herpes zoster (varicella-zoster) (shingles) Disseminated disease in any patient Localized disease in immunocompromised patient until disseminated infection ruled out | Airborne + Contact + Standard | Duration of illness | Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for protection of immune HCWs; no recommendation for type of protection, i.e. surgical mask or respirator; for susceptible HCWs. |
| Herpes zoster (varicella-zoster) (shingles) Localized in patient with intact immune system with lesions that can be contained/covered | Standard | Duration of illness (with wound lesions, until wounds stop draining) | Susceptible HCWs should not provide direct patient care when other immune caregivers are available. |
| Histoplasmosis | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Human immunodeficiency virus (HIV) | Standard | n/a | Post-exposure chemoprophylaxis for some blood exposures [866]. |
| Human metapneumovirus | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | HAI reported [1071], but route of transmission not established [823]. Assumed to be Contact transmission as for RSV since the viruses are closely related and have similar clinical manifestations and epidemiology. Wear masks according to Standard Precautions. |
| Impetigo | Contact + Standard | Until 24 hours after initiation of effective therapy | n/a |
| Infectious mononucleosis | Standard | n/a | n/a |
| Influenza Human (seasonal Influenza) | n/a | n/a | See Prevention Strategies for Seasonal Influenza in Healthcare Settings [Current version of this document may differ from original.] for current seasonal influenza guidance. |
| Influenza Avian (e.g., H5N1, H7, H9 strains) | n/a | n/a | See Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease , for current avian Influenza guidance. |
| Influenza Pandemic Influenza (also a human Influenza virus) | Droplet | n/a | See [This link is no longer active: http://www.pandemicflu.gov . Similar information may be found at Interim Guidance for Infection Control Within Healthcare Settings When Caring for Confirmed Cases, Probable Cases, and Cases Under Investigation for Infection with Novel Influenza A Viruses Associated with Severe Disease , accessed May 2016.] for current pandemic Influenza guidance. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|--|---|
| Kawasaki syndrome | Standard | n/a | Not an infectious condition. |
| Lassa fever (see viral hemorrhagic fevers) | n/a | n/a | n/a |
| Legionnaires' disease | Standard | n/a | Not transmitted from person to person. |
| Leprosy | Standard | n/a | n/a |
| Leptospirosis | Standard | n/a | Not transmitted from person to person |
| Lice Head (pediculosis) | Contact + Standard | Until 24 hours after initiation of effective therapy | See similar information may be found at CDC's Parasites – Lice , accessed May 2016.] |
| Lice Body | Standard | n/a | Transmitted person to person through infested clothing. Wear gown and gloves when removing clothing; bag and wash clothes according to CDC guidance Parasite – Lice . |
| Lice Pubic | Standard | n/a | Transmitted person to person through sexual contact. See CDC's Parasites – Lice . |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|---------------------|--|--|
| Listeriosis (listeria monocytogenes) | Standard | n/a | Person-to-person transmission rare cross-transmission in neonatal settings reported. [1072, 1073 1074 1075] |
| Lyme disease | Standard | n/a | Not transmitted from person to person. |
| Lymphocytic choriomeningitis | Standard | n/a | Not transmitted from person to person. |
| Lymphogranuloma venereum | Standard | n/a | n/a |
| Malaria | Standard | n/a | Not transmitted from person to person except through transfusion rarely and through a failure to follow Standard Precautions during patient care. [1076-1079] Install screens in windows and doors in endemic areas. Use DEET-containing mosquito repellants and clothing to cover extremities. |
| Marburg virus disease (see viral hemorrhagic fevers) | n/a | n/a | n/a |
| Measles (rubeola) | Airborne + Standard | 4 days after onset of rash; duration of illness (with wound lesions, until wounds stop draining) in immune compromised | <p>Measles [November 2011]</p> <p>Update: Recommendations for healthcare workers can be found at Immunization of Healthcare Personnel: Recommendations of the Advisory Committee on Immunization Practices (ACIP)[PDF – 705 KB].</p> <p>Susceptible HCWs should not enter room if immune care providers are available; no recommendation for face protection for immune HCW; no recommendation for type of face protection for susceptible HCWs, i.e., mask or respirator [1027, 1028]. For exposed susceptible,</p> |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|-----------------------|---|---|
| | | | post- exposure vaccine within 72 hours or immune globulin within 6 days when available [17, 1032, 1034]. Place exposed susceptible patients on Airborne Precautions and exclude susceptible healthcare personnel. |
| Melioidosis, all forms | Standard | n/a | Not transmitted from person to person. |
| Meningitis Aseptic (nonbacterial or viral; also see enteroviral infections) | Standard | n/a | Contact for infants and young children. |
| Meningitis Bacterial, gram-negative enteric, in neonates | Standard | n/a | n/a |
| Meningitis Fungal | Standard | n/a | n/a |
| Meningitis <i>Haemophilus Influenzae</i> , type b known or suspected | Droplet + Standard | Until 24 hours after initiation of effective therapy | n/a |
| Meningitis <i>Listeria monocytogenes</i> (See Listeriosis) | Standard | n/a | n/a |
| Meningitis <i>Neisseria meningitides</i> (meningococcal)known/suspected | Droplet + Standard | Until 24 hours after initiation of effective therapy | See meningococcal disease below. |
| Meningitis <i>Streptococcus pneumoniae</i> | Standard | n/a | n/a |
| Meningitis <i>M. tuberculosis</i> | Standard | n/a | Concurrent, active pulmonary disease or draining cutaneous lesions may necessitate addition of Contact and/or Airborne; For children, Airborne Precautions until active tuberculosis ruled out |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|-------------------------------|--|--|
| | | | in visiting family members (see tuberculosis below). [42] |
| Meningitis Other diagnosed bacterial | Standard | n/a | n/a |
| Meningococcal disease: sepsis, pneumonia, Meningitis | Droplet + Standard | Until 24 hours after initiation of effective therapy | Postexposure chemoprophylaxis for household contacts, HCWs exposed to respiratory secretions; postexposure vaccine only to control outbreaks. [15, 17] |
| <i>Molluscum contagiosum</i> | Standard | n/a | n/a |
| Monkeypox | Airborne + Contact + Standard | Airborne-Until monkeypox confirmed and smallpox exclude Contact-Until lesions crusted | See CDC's Monkeypox website [Current version of this document may differ from original.] for most current recommendations. Transmission in hospital settings unlikely [269]. Pre- and post-exposure smallpox vaccine recommended for exposed HCWs. |
| Mucormycosis | Standard | n/a | n/a |
| Multidrug-resistant organisms (MDROs), infection or colonization (e.g., MRSA, VRE, VISA/VRSA, ESBLs, resistant <i>S. pneumoniae</i>) | Contact + Standard | n/a | MDROs judged by the infection control program, based on local, state, regional, or national recommendations, to be of clinical and epidemiologic significance. Contact Precautions recommended in settings with evidence of ongoing transmission, acute care settings with increased risk for transmission or wounds that cannot be contained by dressings. See recommendations for management options in Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006 [870]. Contact state health department for guidance regarding new or emerging MDRO. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|---|
| Mumps (infectious parotitis) | Droplet + Standard | Until 5 days | <p>Mumps [October 2017]</p> <p>Update: The Healthcare Infection Control Practices Advisory Committee (HICPAC) voted to change the recommendation of isolation for persons with mumps from 9 days to 5 days based on this 2008 MMWR report. After onset of swelling; susceptible HCWs should not provide care if immune caregivers are available. The below note has been superseded by the above recommendation update</p> <p>Note: (Recent assessment of outbreaks in healthy 18-24 year olds has indicated that salivary viral shedding occurred early in the course of illness and that 5 days of isolation after onset of parotitis may be appropriate in community settings; however the implications for healthcare personnel and high-risk patient populations remain to be clarified.)</p> |
| Mycobacteria, nontuberculosis (atypical) | n/a | n/a | Not transmitted person-to-person. |
| Mycobacteria, nontuberculosis (atypical) Pulmonary | Standard | n/a | n/a |
| Mycobacteria, nontuberculosis (atypical) Wound | Standard | n/a | n/a |
| <i>Mycoplasma pneumoniae</i> | Droplet + Standard | Duration of Illness | n/a |
| Necrotizing enterocolitis | Standard | n/a | Contact Precautions when cases clustered temporally [1080-1083]. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Nocardiosis, draining lesions, or other presentations | Standard | n/a | Not transmitted person-to-person. |
| Norovirus (see gastroenteritis) | n/a | n/a | n/a |
| Norwalk agent Gastroenteritis (see gastroenteritis) | n/a | n/a | n/a |
| Orf | Standard | n/a | n/a |
| Parainfluenza virus infection, respiratory in infants and young children | Contact + Standard | Duration of illness | Viral shedding may be prolonged in immunosuppressed patients [1009, 1010]. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain. |
| Parvovirus B19 (Erythema infectiosum) | Droplet + Standard | n/a | Maintain precautions for duration of hospitalization when chronic disease occurs in an immunocompromised patient. For patients with transient aplastic crisis or red-cell crisis, maintain precautions for 7 days. Duration of precautions for immunosuppressed patients with persistently positive PCR not defined, but transmission has occurred [929]. |
| Pediculosis (Lice) | Contact + Standard | Until 24 hours after initiation of effective therapy after treatment | n/a |
| Pertussis (whooping cough) | Droplet + Standard | Until 5 days | Single patient room preferred. Cohorting an option. Post-exposure chemoprophylaxis for household contacts and HCWs |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|------------------------------|------------------------|--|
| | | | with prolonged exposure to respiratory secretions [863]. Recommendations for Tdap vaccine in adults under development. Tdap Vaccine Recommendations [2011] Update: Current recommendations can be found at Tdap / Td ACIP Vaccine Recommendations . |
| Pinworm infection (Enterobiasis) | Standard | n/a | n/a |
| Plague (<i>Yersinia pestis</i>) Bubonic | Standard | n/a | n/a |
| Plague (<i>Yersinia pestis</i>) Pneumonic | Droplet + Standard | Until 48 hours | Antimicrobial prophylaxis for exposed HCW [207]. |
| Pneumonia Adenovirus | Droplet + Contact + Standard | Duration of illness | Outbreaks in pediatric and institutional settings reported [376, 1084-1086]. In immunocompromised hosts, extend duration of Droplet and Contact Precautions due to prolonged shedding of virus. [931] |
| Pneumonia Bacterial not listed elsewhere (including gram-negative bacterial) | Standard | n/a | n/a |
| Pneumonia <i>B. cepacia</i> in patients with CF, including respiratory tract colonization | Contact + Standard | Unknown | Avoid exposure to other persons with CF; private room preferred. Criteria for D/C precautions not established. See CF Foundation guideline. [20] |
| Pneumonia <i>B. cepacia</i> in patients without CF (see multidrug-resistant organisms) | n/a | n/a | n/a |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Pneumonia <i>Chlamydia</i> | Standard | n/a | n/a |
| Pneumonia Fungal | Standard | n/a | n/a |
| Pneumonia <i>Haemophilus influenzae</i> , type b Adults | Standard | n/a | n/a |
| Pneumonia <i>Haemophilus influenzae</i> , type b Infants and children | Droplet + Standard | Until 24 hours after initiation of effective therapy | n/a |
| Pneumonia <i>Legionella spp.</i> | Standard | n/a | n/a |
| Pneumonia. Meningococcal | Droplet + Standard | Until 24 hours after initiation of effective therapy | See meningococcal disease above. |
| Pneumonia Multidrug-resistant bacterial (see multidrug-resistant organisms) | n/a | n/a | n/a |
| Pneumonia <i>Mycoplasma</i> (primary atypical Pneumonia) | Droplet | Duration of illness | n/a |
| Pneumonia Pneumococcal pneumonia | Standard | n/a | Use Droplet Precautions if evidence of transmission within a patient care unit or facility. [196- 198, 1087] |
| Pneumonia <i>Pneumocystis jirovecii</i> (<i>Pneumocystis carinii</i>) | Standard | n/a | Avoid placement in the same room with an immunocompromised patient. |
| Pneumonia <i>Staphylococcus aureus</i> | Standard | n/a | For MRSA, see MDROs . |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Pneumonia Streptococcus, group A Adults | Droplet + Standard | Until 24 hours after initiation of effective therapy | See streptococcal disease (group A streptococcus) below Contact precautions if skin lesions present. |
| Pneumonia <i>Streptococcus</i> , group A Infants and young children | Droplet + Standard | Until 24 hours after initiation of effective therapy | Contact Precautions if skin lesions present. |
| Pneumonia Varicella-zoster (See Varicella-Zoster) | n/a | n/a | n/a |
| Pneumonia Viral Adults | Standard | n/a | n/a |
| Pneumonia Viral Infants and young children (see respiratory infectious disease, acute , or specific viral agent) | n/a | n/a | n/a |
| Poliomyelitis | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | n/a |
| Pressure ulcer (decubitus ulcer, pressure sore) infected Major | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | If no dressing or containment of drainage; until drainage stops or can be contained by dressing. |
| Pressure ulcer (decubitus ulcer, pressure sore) infected Minor or limited | Standard | n/a | If dressing covers and contains drainage. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|--|
| Prion disease (See Creutzfeld-Jacob Disease) | n/a | n/a | n/a |
| Psittacosis (ornithosis) (<i>Chlamydia psittaci</i>) | Standard | n/a | Not transmitted from person to person. |
| Q fever | Standard | n/a | n/a |
| Rabies | Standard | n/a | Person to person transmission rare; transmission via corneal, tissue and organ transplants has been reported [539, 1088]. If patient has bitten another individual or saliva has contaminated an open wound or mucous membrane, wash exposed area thoroughly and administer postexposure prophylaxis. [1089] |
| Rat-bite fever (<i>Streptobacillus moniliformis</i> disease, <i>Spirillum minus</i> disease) | Standard | n/a | Not transmitted from person to person. |
| Relapsing fever | Standard | n/a | Not transmitted from person to person. |
| Resistant bacterial infection or colonization (see multidrug-resistant organisms) | n/a | n/a | n/a |
| Respiratory infectious disease, acute (if not covered elsewhere) Adults | Standard | n/a | n/a |
| Respiratory infectious disease, acute (if not covered elsewhere) Infants and young children | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | Also see syndromes or conditions listed in Table 2. |
| Respiratory syncytial virus infection, in infants, young children and immunocompromised adults | Contact + Standard | Duration of illness (with wound lesions, until | Wear mask according to Standard Precautions [24] CB [116, 117]. In immunocompromised patients, extend the duration of Contact |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|--|
| | | wounds stop draining) | Precautions due to prolonged shedding [928]). Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain. |
| Reye's syndrome | Standard | n/a | Not an infectious condition. |
| Rheumatic fever | Standard | n/a | Not an infectious condition. |
| Rhinovirus | Droplet + Standard | Duration of illness (with wound lesions, until wounds stop draining) | Droplet most important route of transmission [104 1090]. Outbreaks have occurred in NICUs and LTCFs [413, 1091, 1092]. Add Contact Precautions if copious moist secretions and close contact likely to occur (e.g., young infants) [111, 833]. |
| Rickettsial fevers, tickborne (Rocky Mountain spotted fever, tickborne Typhus fever) | Standard | n/a | Not transmitted from person to person except through transfusion, rarely. |
| Rickettsialpox (vesicular rickettsiosis) | Standard | n/a | Not transmitted from person to person. |
| Ringworm (dermatophytosis, dermatomycosis, tinea) | Standard | n/a | Rarely, outbreaks have occurred in healthcare settings, (e.g., NICU [1093], rehabilitation hospital [1094]. Use Contact Precautions for outbreak. |
| Ritter's disease (staphylococcal scalded skin syndrome) | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | See staphylococcal disease, scalded skin syndrome below. |
| Rocky Mountain spotted fever | Standard | n/a | Not transmitted from person to person except through transfusion, rarely. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|---|--|--|
| Roseola infantum (exanthem subitum; caused by HHV-6) | Standard | n/a | n/a |
| Rotavirus infection (see gastroenteritis) | n/a | n/a | n/a |
| Rubella (German measles) (also see congenital rubella) | Droplet + Standard | Until 7 days after onset of rash | Susceptible HCWs should not enter room if immune caregivers are available. No recommendation for wearing face protection (e.g., a surgical mask) if immune. Pregnant women who are not immune should not care for these patients [17, 33]. Administer vaccine within three days of exposure to non-pregnant susceptible individuals. Place exposed susceptible patients on Droplet Precautions; exclude susceptible healthcare personnel from duty from day 5 after first exposure to day 21 after last exposure, regardless of post-exposure vaccine. |
| Rubeola (see measles) | n/a | n/a | n/a |
| Salmonellosis (see gastroenteritis) | n/a | n/a | n/a |
| Scabies | Contact | Until 24 | n/a |
| Scalded skin syndrome, staphylococcal | Contact | Duration of illness (with wound lesions, until wounds stop draining) | See staphylococcal disease , scalded skin syndrome below. |
| Schistosomiasis (bilharziasis) | Standard | n/a | n/a |
| Severe acute respiratory syndrome (SARS) | Airborne + Droplet + Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) plus 10 | Airborne preferred; D if AIIR unavailable. N95 or higher respiratory protection; surgical mask if N95 unavailable; eye protection (goggles, face shield); |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|-------------------------------|---|--|
| | | days after resolution of fever, provided respiratory symptoms are absent or improving | aerosol-generating procedures and “supershedders” highest risk for transmission via small droplet nuclei and large droplets [93, 94, 96]. Vigilant environmental disinfection (see [This link is no longer active: www.cdc.gov/ncidod/sars . Similar information may be found at CDC Severe Acute Respiratory Syndrome (SARS)], accessed May 2016.]) |
| Shigellosis (see gastroenteritis) | n/a | n/a | n/a |
| Smallpox (variola; see Vaccinia for management of vaccinated persons) | Airborne + Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | Until all scabs have crusted and separated (3-4 weeks). Non-vaccinated HCWs should not provide care when immune HCWs are available; N95 or higher respiratory protection for susceptible and successfully vaccinated individuals; postexposure vaccine within 4 days of exposure protective [108, 129, 1038-1040]. |
| Sporotrichosis | Standard | n/a | n/a |
| <i>Spirillum minordisease</i> (rat-bite fever) | Standard | n/a | Not transmitted from person to person. |
| Staphylococcal disease (<i>S aureus</i>) Skin, wound, or burn Major | Contact | Duration of illness (with wound lesions, until wounds stop draining) | No dressing or dressing does not contain drainage adequately. |
| Staphylococcal disease (<i>S aureus</i>) Skin, wound, or burn Minor or limited | Standard | n/a | Dressing covers and contains drainage adequately. |
| Staphylococcal disease (<i>S aureus</i>) Enterocolitis | Standard | n/a | Use Contact Precautions for diapered or incontinent children for duration of illness. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|------------------------------|---|---|
| Staphylococcal disease (<i>S aureus</i>) Multidrug-resistant (see multidrug-resistant organisms) | n/a | n/a | n/a |
| Staphylococcal disease (<i>S aureus</i>) Pneumonia | Standard | n/a | n/a |
| Staphylococcal disease (<i>S aureus</i>) Scalded skin syndrome | Contact | Duration of illness (with wound lesions, until wounds stop draining) | Consider healthcare personnel as potential source of nursery, NICU outbreak [1095]. |
| Staphylococcal disease (<i>S aureus</i>) Toxic shock syndrome | Standard | n/a | n/a |
| <i>Streptobacillus moniliformis</i> disease (rat-bite fever) | Standard | n/a | Not transmitted from person to person. |
| Streptococcal disease (group A streptococcus) Skin, wound, or burn Major | Contact + Droplet + Standard | Until 24 hours after initiation of effective therapy | No dressing or dressing does not contain drainage adequately. |
| Streptococcal disease (group A streptococcus) Skin, wound, or burn Minor or limited | Standard | n/a | Dressing covers and contains drainage adequately. |
| Streptococcal disease (group A streptococcus) Endometritis (puerperal sepsis) | Standard | n/a | n/a |
| Streptococcal disease (group A streptococcus) Pharyngitis in infants and young children | Droplet | Until 24 hours after initiation of effective therapy | n/a |
| Streptococcal disease (group A streptococcus) Pneumonia | Droplet | Until 24 hours after initiation of effective therapy | n/a |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|--|---|
| Streptococcal disease (group A streptococcus) Scarlet fever in infants and young children | Droplet | Until 24 hours after initiation of effective therapy | n/a |
| Streptococcal disease (group A streptococcus) Serious invasive disease | Droplet | Until 24 hours after initiation of effective therapy | Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel [162, 972, 1096-1098] Contact Precautions for draining wound as above; follow rec. for antimicrobial prophylaxis in selected conditions [160]. |
| Streptococcal disease (group B streptococcus), neonatal | Standard | n/a | n/a |
| Streptococcal disease (not group A or B) if covered elsewhere (multidrug-resistant organisms) | n/a | n/a | n/a |
| Strongyloidiasis | Standard | n/a | n/a |
| Syphilis Latent (tertiary) and seropositivity without lesions | Standard | n/a | n/a |
| Syphilis Skin and mucous membrane, including congenital, primary, Secondary | Standard | n/a | n/a |
| Tapeworm disease <i>Hymenolepis nana</i> | Standard | n/a | Not transmitted from person to person. |
| Tapeworm disease <i>Taenia solium</i> (pork) | Standard | n/a | n/a |
| Tapeworm disease Other | Standard | n/a | n/a |
| Tetanus | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|----------------------------------|------------------------|--|
| Tinea (e.g., dermatophytosis, dermatomycosis, ringworm) | Standard | n/a | Rare episodes of person-to-person transmission. |
| Toxoplasmosis | Standard | n/a | Transmission from person to person is rare; vertical transmission from mother to child, transmission through organs and blood transfusion rare. |
| Toxic shock syndrome (staphylococcal disease, streptococcal disease) | Standard | n/a | Droplet Precautions for the first 24 hours after implementation of antibiotic therapy if Group A streptococcus is a likely etiology. |
| Trachoma, acute | Standard | n/a | n/a |
| Transmissible spongiform encephalopathy (see Creutzfeld-Jacob disease, CJD, vCJD) | n/a | n/a | n/a |
| Trench mouth (Vincent's angina) | Standard | n/a | n/a |
| Trichinosis | Standard | n/a | n/a |
| Trichomoniasis | Standard | n/a | n/a |
| Trichuriasis (whipworm disease) | Standard | n/a | n/a |
| Tuberculosis (<i>M. tuberculosis</i>) Extrapulmonary, draining lesion | Airborne + Contact + Standard | n/a | Discontinue precautions only when patient is improving clinically, and drainage has ceased or there are three consecutive negative cultures of continued drainage [1025, 1026]. Examine for evidence of active pulmonary tuberculosis. |
| Tuberculosis (<i>M. tuberculosis</i>) Extrapulmonary, no draining lesion, Meningitis | Standard | n/a | Examine for evidence of pulmonary tuberculosis. For infants and children, use Airborne until active pulmonary tuberculosis in visiting family members ruled out. [42] |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|---|--------------------|------------------------|--|
| Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, confirmed | Airborne | n/a | Discontinue precautions only when patient on effective therapy is improving clinically and has three consecutive sputum smears negative for acid-fast bacilli collected on separate days (MMWR 2005; 54: RR-17 Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005) [12]. |
| Tuberculosis (<i>M. tuberculosis</i>) Pulmonary or laryngeal disease, suspected | Airborne | n/a | Discontinue precautions only when the likelihood of infectious TB disease is deemed negligible, and either 1. there is another diagnosis that explains the clinical syndrome or 2. the results of three sputum smears for AFB are negative. Each of the three sputum specimens should be collected 8 -24 hours apart, and at least one should be an early morning specimen |
| Tuberculosis (<i>M. tuberculosis</i>) Skin-test positive with no evidence of current active disease | Standard | n/a | n/a |
| Tularemia Draining lesion | Standard | n/a | Not transmitted from person to person. |
| Tularemia Pulmonary | Standard | n/a | Not transmitted from person to person. |
| Typhoid (<i>Salmonella typhi</i>) fever (see gastroenteritis) | n/a | n/a | n/a |
| Typhus <i>Rickettsia prowazekii</i> (Epidemic or Louse-borne Typhus) | Standard | n/a | Transmitted from person to person through close personal or clothing contact. |
| Typhus <i>Rickettsia typhi</i> | Standard | n/a | Not transmitted from person to person. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|--|---|
| Urinary tract infection (including pyelonephritis), with or without urinary catheter | Standard | n/a | n/a |
| Vaccinia | n/a | n/a | Only vaccinated HCWs have contact with active vaccination sites and care for persons with adverse vaccinia events; if unvaccinated, only HCWs without contraindications to vaccine may provide care. |
| Vaccinia Vaccination site care (including autoinoculated areas) | Standard | n/a | Vaccination recommended for vaccinators; for newly vaccinated HCWs: semi-permeable dressing over gauze until scab separates, with dressing change as fluid accumulates, ~3-5 days; gloves, hand hygiene for dressing change; vaccinated HCW or HCW without contraindication to vaccine for dressing changes. [205, 221, 225]. |
| Vaccinia (adverse events following vaccination) Eczema vaccinatum | Contact | Until lesions dry and crusted, scabs separated | For contact with virus-containing lesions and exudative material. |
| Vaccinia (adverse events following vaccination) Fetal vaccinia | Contact | Until lesions dry and crusted, scabs separated | For contact with virus-containing lesions and exudative material. |
| Vaccinia (adverse events following vaccination) Generalized vaccinia | Contact | Until lesions dry and crusted, scabs separated | For contact with virus-containing lesions and exudative material. |
| Vaccinia (adverse events following vaccination) Progressive vaccinia | Contact | | For contact with virus-containing lesions and exudative material. |
| Vaccinia (adverse events following vaccination) PostVaccinia encephalitis | Standard | n/a | n/a |
| Vaccinia (adverse events following vaccination) Blepharitis or conjunctivitis | Contact + Standard | n/a | Use Contact Precautions if there is copious drainage. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|-------------------------------|-------------------------------|---|
| Vaccinia (adverse events following vaccination) Iritis or keratitis | Standard | n/a | n/a |
| Vaccinia (adverse events following vaccination) Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome) | Standard | n/a | Not an infectious condition. |
| Vaccinia (adverse events following vaccination) Secondary bacterial infection (e.g., <i>S. aureus</i> , group A beta hemolytic streptococcus) | Standard + Contact | n/a | Follow organism-specific (strep, staph most frequent) recommendations and consider magnitude of drainage. |
| Varicella Zoster | Airborne + Contact + Standard | Until lesions dry and crusted | Susceptible HCWs should not enter room if immune caregivers are available; no recommendation for face protection of immune HCWs; no recommendation for type of protection, i.e., surgical mask or respirator for susceptible HCWs. In immunocompromised host with varicella Pneumonia, prolong duration of precautions for duration of illness. Post- exposure prophylaxis: provide post-exposure vaccine ASAP but within 120 hours; for susceptible exposed persons for whom vaccine is contraindicated (immunocompromised persons, pregnant women, newborns whose mother's varicella onset is <5days before delivery or within 48 hours after delivery) provide VZIG, when available, within 96 hours; if unavailable, use IVIG, Use Airborne for exposed susceptible persons and exclude exposed susceptible healthcare workers beginning 8 days after first exposure until 21 days after last exposure or 28 if received VZIG, regardless of postexposure vaccination. [1036] |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|------------------------------|--|--|
| Variola (see smallpox) | n/a | n/a | n/a |
| <i>Vibrioparahaemolyticus</i> (see gastroenteritis) | n/a | n/a | n/a |
| Vincent's angina (trench mouth) | Standard | n/a | n/a |
| Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses | Standard + Droplet + Contact | Duration of illness (with wound lesions, until wounds stop draining) | Single-patient room preferred. Emphasize: use of sharps safety devices and safe work practices, hand hygiene; barrier protection against blood and body fluids upon entry into room (single gloves and fluid-resistant or impermeable gown, face/eye protection with masks, goggles or face shields); and appropriate waste handling. Use N95 or higher respirators when performing aerosol-generating procedures. Largest viral load in final stages of illness when hemorrhage may occur; additional PPE, including double gloves, leg and shoe coverings may be used, especially in resource-limited settings where options for cleaning and laundry are limited. Notify public health officials immediately if Ebola is suspected [212, 314, 740, 772]. Also see Table 3 for Ebola as a bioterrorism agent. Viral respiratory diseases (not covered elsewhere) Standard Adults |
| Whooping cough (see pertussis) | n/a | n/a | n/a |
| Wound infections Major | Contact + Standard | Duration of illness (with wound lesions, until wounds stop draining) | No dressing or dressing does not contain drainage adequately. |



| Infection/Condition | Type of Precaution | Duration of Precaution | Precautions/Comments |
|--|--------------------|------------------------|--|
| Wound infections Minor or limited | Standard | n/a | Dressing covers and contains drainag adequately. |
| <i>Yersinia enterocolitica</i> Gastroenteritis (see gastroenteritis) | n/a | n/a | n/a |
| Zoster (varicella-zoster) (see herpes zoster) | n/a | n/a | n/a |
| Zygomycosis (phycomycosis, mucormycosis) | Standard | n/a | Not transmitted person-to-person. |

Approved

| APPROVALS & REVIEWS: | | | |
|--------------------------------|--------------------|------------|-----------|
| Prepared By | Title | Date | Signature |
| Arwa Abdullah A Alzhrany | Head of Department | 02-08-2025 | |
| Reviewed By | | | |
| Dr. Mostafa Mohammed Osman | Quality Director | 02-08-2025 | |
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| Dr. Abdulmajeed Abdullah Saleh | Medical Director | 02-08-2025 | |
| | | | |
| Eng. Meshaal Hussein Alghamdi | Executive Director | 02-08-2025 | |

TRANSPORTATION CARD

DROPLET PRECAUTIONS

العزل الرذاذي



TRANSPORTATION CARD

CONTACT PRECAUTIONS

العزل التلامسي



TRANSPORTATION CARD

AIRBORNE PRECAUTIONS

العزل الهوائي

- 1 > Notify the receiving unit/ward/department (Diagnosis, Type of Isolation Precautions).

- 2 > Prepare the patient for transportation :
- Patient should wear surgical mask.
 - Educate the patient about respiratory hygiene (Cough Etiquette).
 - HCW should perform hand hygiene after patient transport.

- 3 > If the patient can not tolerate wearing a surgical mask, during transportation healthcare workers should wear the fitted N95 respirator.

- 4 > Staff should disinfect the patient bed/ wheeled chair using MOH approved disinfectant.



Use N95 respirator

- 1 < إبلاغ القسم المستلم (التشخيص - نوع العزل) .

- 2 < يجب أن يتم تحضير المريض للنقل كما يلي:
- أن يستخدم المريض الكمام الجراحي العادي أثناء نقله.
 - تثقيف المريض عن العناية التنفسية (آداب السعال) .
 - يجب على الممارس الصحي ممارسة نظافة الأيدي بعد الانتهاء من نقل المريض .

- 3 < في حالة عدم إمكانية ارتداء المريض للكمام الجراحي الطبي العادي يجب على الممارس الصحي استخدام الكمام التنفسي عالي الكفاءة (N95) أثناء عملية النقل .

- 4 < يجب على الممارس الصحي تطهير السرير أو الكرسي المتحرك المستخدم لنقل المريض بعد النقل باستخدام المطهرات المعتمدة في وزارة الصحة.