

INFECTION CONTROL

The information below refers infection control practices around the most common pathogens. Please refer to the policy under Infection Control for a more comprehensive list by type of precaution and for policy for discontinuation of precautions.

<http://corpweb.hhsc.ca/body.cfm?id=2736>.

Routine Practices

- Use with all patients.
 - Risk assessment
 - Hand hygiene
 - Personal protective equipment (PPE)
 - Environmental controls (e.g. patient placement, cleaning, engineering controls)
 - Administrative controls (e.g. respiratory etiquette, education, healthy workplace policies, monitoring of compliance and feedback)

Legend: *Reportable ^Consider post exposure prophylaxis for exposed individuals

Contact Precautions

Wear gloves on entry to patient room or bed space

Wear a gown for all direct contact with the patient and environment

Common pathogens/diagnoses:

- Acute respiratory infection: (with droplet until NPS comes back negative or if documented pathogen eg RSV, influenza*^, parainfluenza, metapneumovirus, adenovirus, rhinovirus and enterovirus)
- Antibiotic resistant organisms (AROs): *C difficile**, MRSA, VRE, Extended spectrum beta-lactamase producers (ESBL), resistant *Pseudomonas*
- Conjunctivitis
- Diphtheria - cutaneous
- Encephalitis*/viral meningitis (pediatric only)
- Gastroenteritis (diarrhea) – viral or unknown
- Enterovirus (pediatric only)
- Hepatitis A*^ or E* (pediatric or incontinent adult)
- *Herpes simplex**: disseminated/severe or neonatal (^ if HSV encephalitis or neonatal infection)
- Lice or crusted “Norwegian” scabies
- Salmonellosis (pediatrics and adults who are incontinent or non-compliant to hygiene)*

Contact / Droplet Precautions

Wear a surgical/procedure mask and eye protection when within 2 meters of a patient in Droplet Precautions

Common pathogens/diagnoses

- Acute respiratory infections
- Croup (infant)
- Diphtheria - pharyngeal
- Epiglottitis (*Haemophilus*) – pediatrics (until patient has received 24 hours of effective therapy) * if due to *Haemophilus influenza B*)
- Influenza*^
- Meningitis*
 - Pediatrics with unknown etiology
 - Adults with unknown etiology
 - *Neisseria meningitides**^ (continue precautions for 24 hours after start of effective therapy)
- MRSA if pneumonia and coughing (with contact)
- Mumps*
- *Mycoplasma pneumoniae*
- Norovirus* (if vomiting)
- Parvovirus B 19
- Pertussis *^
- Rubella*
- Group A streptococcus*^(pneumonia, invasive skin infection, necrotizing fasciitis or toxic shock)

Airborne Precautions

Wear a fit-tested, seal-checked N95 respirator for entry to the room

Place patient in a negative pressure room or place the patient in a single room with a portable HEPA filter Unit

Keep the door and windows to the patient room shut at all times

Use the anteroom if available, as a clean room

Common pathogens/diagnoses

- Measles*
- MERS* (with contact)
- Tuberculosis*^: pulmonary or extra-pulmonary with draining lesion
- Varicella*^ primary
- Varicella zoster ^if immunocompromised or disseminated

Enhanced Droplet / Contact Precautions:

Hemorrhagic Fever (e.g. Lassa, Ebola, Marburg)* and refer to Ebola and other Hemorrhagic Fevers Policy