

RECOMMENDED PRECAUTIONS ACCORDING TO SUSPECTED OR CONFIRMED RESPIRATORY PATHOGEN

Likely Disease	Standard	Droplet	Contact	Airborne
No pathogen identified no risk factor for ARD of potential concern	✓	✓		
<i>M. tuberculosis</i>	✓			✓
Bacterial ARD	✓			
Parainfluenza, RSV & adenovirus	✓	✓	✓	
Influenza virus with sustained human-to-human transmission	✓	✓		
New influenza virus with no sustained human-to-human transmission	✓	✓	✓	
SARS	✓	✓	✓	
<i>Yersinia Pestis</i> , pneumonic plague	✓	✓		
Novel organisms	✓	✓	✓	✓

RESPIRATORY INFECTION PREVENTION AND CONTROL

Quick Reference Card

Comprehensive approach to respiratory infection prevention and control in health care facilities

Patient interaction

Patient arrives at
Health Care Facility

Screen patient in well
ventilated area for:
Acute febrile respiratory
illness: Prolonged cough

If screen
positive

then
Consider TB &
Consider epidemiological
or clinical clues for ARD
of potential concern*

If likely TB or
ARD of concern

then
Report to public
health authorities

Infection control response

Standard Precautions

Apply Hand Hygiene
Use Personal Protective Equipment
as needed



Give patient a face mask
Educate on cough etiquette
Separate from other patients
Provide priority services
Admit to hospital (if unwell)

Apply additional precautions as diagnosis becomes clear

For TB
Apply **Airborne** precautions

For ARD of potential concern*
Apply **Droplet & Contact**
precautions, routine eye
protection, and if indicated
Airborne precautions

*Epidemiological or Clinical clues for Acute Respiratory Disease (ARD) of potential concern

Epidemiological clues

Within known or suspected incubation period,
history for any of:



- Recent travel to area with ARD of potential concern
- Recent occupational exposure, e.g. to animals with possible avian influenza
- Recent contact with person with ARD of potential concern
- Cluster of cases of severe respiratory infection
- Unexplained mass illness or deaths of animals in the locality
- Unexplained increase in severe respiratory illness in persons in the locality.

Clinical clues

Patients who present with, or have died from

- Unexplained severe acute febrile respiratory illness such as fever in excess of 38°C with cough or shortness of breath, OR
- Other severe unexplained illness such as encephalopathy or diarrhoea, with an exposure history consistent with an ARD of potential concern within known or suspected incubation period.

STANDARD PRECAUTIONS: ROUTINE INFECTION PREVENTION AND CONTROL PRACTICES THAT APPLY TO ALL PATIENTS IN ALL HEALTH CARE SETTINGS

HAND HYGIENE	<ul style="list-style-type: none"> Wash hands before and after direct patient care Wash hands after gloves removed Wash hands after touching body fluids or contaminated items
PPE based on risk assessment 	<ul style="list-style-type: none"> Use GLOVES where contact with body fluid is anticipated Wear GOWNS during activities that may generate splashes or sprays of body fluids. Also use FACIAL PROTECTION (meaning face shield or medical mask & eye protection) if any risk of splashes onto face. Wear a MEDICAL MASK (with eye protection) when providing care in close contact (1 m) with a coughing/sneezing patient
PREVENTION OF NEEDLE STICK / SHARP INJURIES 	<ul style="list-style-type: none"> Take care to prevent injury when using, cleaning or disposing of sharp objects Never recap used needles Dispose of needles, syringes, or other sharps in an appropriate puncture resistant container Do not re use syringes
CLEANING AND DISINFECTION	<ul style="list-style-type: none"> Clean surfaces, then disinfect to remove pathogens from contaminated surfaces Process instruments completely before reusing
WASTE MANAGEMENT	<ul style="list-style-type: none"> Dispose of waste according to health care facility policy and national regulations

BEYOND STANDARD PRECAUTIONS: DROPLET, CONTACT AND AIRBORNE PRECAUTIONS

Infection control measures	Droplet	Contact	Airborne
Gloves		✓	
Gown		✓	
Eye protection	Risk Assessment		
Medical mask on health care workers and caregivers within a metre	✓		
Particulate respirator for room entry			*Risk Assessment
Particulate respirator within 1 m of patient			*Risk Assessment
Particulate respirator for aerosol generating procedures	✓	✓	✓
Medical mask on patient when outside isolation areas	✓		✓
Single room	If available	If available	If available
Airborne Precaution room			If available

Apply Droplet Precautions – whenever providing care to a patient with an acute febrile respiratory illness of unknown etiology

Apply Contact precautions – whenever providing care to a patient with possible seasonal paediatric viral outbreaks, or possible AI or SARS

Apply Airborne precautions – whenever providing care to a patient with suspected M tuberculosis, or suspected novel pathogens

* Particulate respirators (US certified N95 or greater, EU certified FFP2 or greater, or the equivalent) should be used in specific high risk areas in hospitals and referral centers, such as airborne precaution rooms, rooms where bronchoscopy and other cough inducing procedures are performed or specialized settings where persons with multi-drug resistant TB are treated.