

Additional Precautions - Decision Making Tool (Used in addition to Routine Practices IC 04-002)

	Contact Precautions	Contact Precautions (Enteric Clean)	Contact Precautions (Private Room Required)	Droplet (IC 04-011)	Airborne (IC 04-010)
Indications	As per the admission screening record, known MRSA/VRE <u>contacts</u> , shingles (not disseminated/immunocompromised patient/face - see airborne category), scabies, lice, undiagnosed rashes, & MRGNB (see below*).	Diarrhea of unknown origin, <i>C. difficile</i> infection, & norovirus (vomiting & diarrhea).	As per the admission screening record, known MRSA/VRE <u>carriers</u> , & ¥ repatriated soldiers from Afghanistan.	Influenza/febrile respiratory illness, mumps, rubella, whooping cough, bacterial meningitis/meningococemia, & invasive group A Streptococcus (<i>Streptococcus pyogenes</i>).	Measles, TB (confirmed or suspected) pulmonary/laryngeal, chicken pox, disseminated shingles, localized shingles in an immunocompromised patient or in an area that cannot be covered i.e. face.
Room Placement/ Equipment	Semi private room appropriate (do not place patient with shingles in a room with a patient non-immune to chicken pox). Dedicated equipment.	Private preferred (especially if environment is being soiled). If semi – dedicated commode. Dedicated equipment.	Private Room Dedicated equipment.	Private preferred If semi – keep 2 meters between, do not place with immunocompromised roommate, assign to a dedicated commode.	Private Room with Negative Pressure Keep door/windows closed.
PPE	Conduct a PCRA (see below**) Gloves Gown for close contact (assess if risk for clothing to be soiled/contaminated).	Conduct a PCRA (see below**) Gloves Gown for close contact (assess if risk for clothing to be soiled/contaminated).	Conduct a PCRA (see below**) Gloves Gown for close contact (assess if risk for clothing to be soiled/contaminated). Procedure <u>mask</u> for MRSA if patient has respiratory symptoms.	Conduct a PCRA (see below**) Procedure mask/eye protection N95 respirator for – intubation, bronchoscopy & open suctioning.	Conduct a PCRA (see below**) Staff wear N95 respirator for most illnesses. Only staff immune to chicken pox should care for a patient with chicken pox/shingles (no respirator is required in this case).
Possible Testing (confirm with physician)	MRSA swabs as applicable. VRE swabs as applicable.	<i>C. difficile</i> cytotoxicity (only liquid stool). Norovirus PCR (stool only). Stool C&S/viral/O&P. Check with lab for patients admitted more than 72 hrs for appropriate testing.	¥ Pan culture for <i>Acinetobacter</i> , MRSA & VRE (as per soldiers returning from Afghanistan repatriation guidelines).	NP swab for influenza/respiratory viruses (IC 09-004).	TB – sputum for AFB x 3
Notes	Consider a Dermatology consult to diagnose shingles & scabies/rashes.	Enteric Clean required.	Enhanced Clean for VRE required.	May require contact precautions for environmental contamination.	May require contact precautions for environmental contamination.

*MRGNB – multi-resistant gram negative bacteria IC 05-005

**PCRA – point of care risk assessment