



STAFF



Perform Hand Hygiene. In addition to Routine Practices (check all that apply):

Contact Precautions

Droplet Precautions

Airborne Precautions
 Airborne Precautions for AGMPs until _____ am/pm
 on _____ date



Gown



Gloves



Clean & Disinfect equipment after use



Medically Essential Transport only



Mask protection



Eye protection



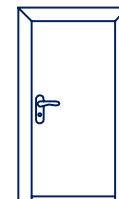
Clean & Disinfect equipment after use



Medically Essential Transport only



N95 respirator



Keep door closed (AIIR* preferred)



Clean & Disinfect equipment after use



Medically Essential Transport only



Immune persons only



Increased cleaning & disinfection frequency (minimum of two times a day)

Special Instructions:

INSTRUCTIONS

1. Place on door or bed area curtain of a person requiring Additional Precautions

- This includes persons with symptoms, with or without laboratory confirmed infectious germ (organism)

2. Check all that apply Example #1: If person requires Droplet and Contact Precautions

<input checked="" type="checkbox"/> Contact Precautions	<input checked="" type="checkbox"/> Droplet Precautions	<input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date
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Example #2a: if a person requires Enhanced Droplet Contact Precautions

<input checked="" type="checkbox"/> Contact Precautions	<input checked="" type="checkbox"/> Droplet Precautions	<input type="checkbox"/> Airborne Precautions <input checked="" type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date
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Example #2b: Use this option for Airborne Precautions at all times (e.g. TB)

<input type="checkbox"/> Contact Precautions	<input type="checkbox"/> Droplet Precautions	<input checked="" type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date
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3. Check this option with cases of Measles, Chicken Pox etc.

See Microorganism Infectious Diseases Table for your area

<input type="checkbox"/>		Immune persons only
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4. When Airborne Precautions are required for Aerosol Generating Medical Procedures (AGMPs) only (e.g. Enhanced Droplet Contact), Airborne Precautions must be maintained for the duration of the procedure as well as room clearance time. If AGMP is ongoing, identify as "CONTINUOUS" on the time space

<input type="checkbox"/>	Airborne Precautions
<input type="checkbox"/>	Airborne Precautions for AGMPs until _____ am/pm on _____ date

5. Use the Special Instructions section for other important Additional Precautions information (e.g.: Contact precautions can be discontinued 24hrs after initiation of treatment)

Special Instructions:

6. For more information on Additional Precautions and when to use them, refer to one or more of the following:

- The specific Additional Precautions Protocol (e.g.: Contact Precautions, Droplet Contact Precautions etc)
- Additional Precautions: IP&C Highlights
- The Specific Disease Protocol (if applicable)
- The Clinical Presentation and Empiric Precautions Table
- Microorganism, Infectious Disease Table