
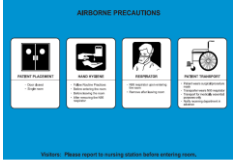


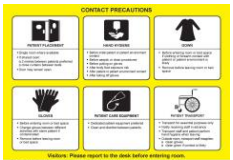
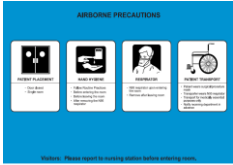






Clinical Presentation	Potential Pathogen	Type of Precautions	Special Considerations	Appropriate Room	Room #
Cough, fever, acute upper respiratory tract infection	Rhinovirus, RSV, human metapneumovirus, parainfluenza, influenza, adenovirus, coronavirus, pertussis, <i>Mycoplasma pneumoniae</i>	<b>Droplet/Contact:</b> 		Single room At least 2 meters from other patients	
Cough, fever, night sweats, hemoptysis, unexplained weight loss, pulmonary infiltrates in person at risk for tuberculosis	<i>Mycobacterium tuberculosis</i>	<b>Airborne:</b> 	Tuberculosis in young children is rarely transmissible. <ul style="list-style-type: none"> <li>Refer to <a href="#">WRHA TB Protocol</a></li> <li>Refer to <a href="#">Canadian Tuberculosis Standards Edition 7<sup>th</sup> Edit</a></li> </ul> Contact site ICP	AIIR* Single room, door closed	
Fever without focus		Adults: <b>Routine Practices</b> Pediatric: <b>Contact</b> 	If findings suggest a specific transmissible infection, take precautions for that infection pending diagnosis	Any Paediatric: Single room	
Gastroenteritis Diarrhea and/or vomiting		<b>Routine Practices</b> Children & Adults: if incontinent or have inadequate hygiene: <b>Contact</b> 	<b>Contact Precautions</b> for patients if incontinent (regardless if stool can be contained) or patients with inadequate hygiene	Any If incontinent or have inadequate hygiene: Single room	
Rash compatible with scabies	<i>Sarcoptes scabiei</i>	<b>Contact</b> 	<b>Routine Practices</b> with gloves and gown for direct patient contact only Additional measures for Norwegian Scabies	Single room	

Rash (maculopapular) with fever and one of coryza, conjunctivitis or cough	Measles	<b>Airborne</b> 		AIIR* Single room, door closed	
Rash (petechial/purpuric) with fever	Meningitis	<b>Droplet</b> 		Single room At least 2 meters from other patients	
Rash (vesicular) with fever	Varicella	<b>Airborne/Contact</b> 		AIIR* Single room, door closed	
Wound Minor (contained drainage)		<b>Routine Practices</b>	If invasive group A streptococcal infection suspected: <b>Droplet/Contact</b> for 1 <sup>st</sup> 24 hours of antimicrobial therapy	Any	
Wound Major (uncontained drainage)		<b>Contact -or- Droplet/Contact</b>  	If invasive group A streptococcal infection suspected: <b>Droplet/Contact</b> for first 24 hours of antimicrobial therapy	Single room	

\*AIIR: Airborne Infection Isolation Room

Patients with syndromes or conditions listed may present with atypical signs or symptoms (e.g. neonates and adults with pertussis may not have paroxysmal or severe cough). The index of suspicion should be guided by prevalence of specific conditions in the community and clinical judgment.

**How to Access the Infection Prevention and Control Manual**

<p>From the internet: Go to <a href="http://www.wrha.mb.ca/ipc">www.wrha.mb.ca/ipc</a> Scroll to the bottom of the page Click on For Health Care Professionals Click on IP&amp;C Manuals → Click on Acute Care Manual <a href="http://www.wrha.mb.ca/extranet/ipc/manuals-acute.php">http://www.wrha.mb.ca/extranet/ipc/manuals-acute.php</a></p>	<p>From Insite: Go to <a href="http://home.wrha.mb.ca/">http://home.wrha.mb.ca/</a> Click on I under BROWSE INSITE Click on Infection Prevention and Control Click on IP&amp;C Manuals → Click on Acute care manual <a href="http://www.wrha.mb.ca/extranet/ipc/manuals-acute.php">http://www.wrha.mb.ca/extranet/ipc/manuals-acute.php</a></p>
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