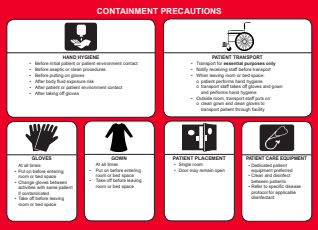
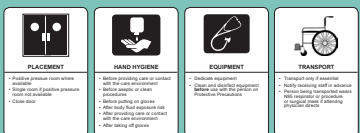
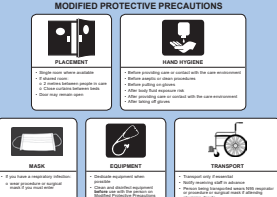


MICROORGANISM, INFECTIOUS DISEASE TABLE HIGHLIGHTS

Infection Prevention & Control Program

| MICROORGANISM INFECTIOUS DISEASE | TYPE OF PRECAUTIONS | SPECIAL CONSIDERATIONS | APPROPRIATE ROOM |
|--|--|--|---|
| Antimicrobial Resistant Gram Negative Bacteria | <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Implement Contact Precautions for patients positive for (or flagged as) AMR GNB. | Single Room |
| Bed Bugs (<i>Cimex lectularius</i>) | Routine Practices Contact Precautions if more than 1 bedbug observed <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Bag personal belongings. Remove privacy curtains. Contact Housekeeping/Facility Management/Environmental Services for management. | Single Room |
| Carbapenemase-Producing Enterobacteriaceae Positive (CPE POS) or CPE Suspect (CPE SUS) |  | Do not collect specimen if positive. Suspect: Collect specimens. Notify site ICP; leave a message after hours. Consult site ICP BEFORE transport or cohorting if single rooms are limited. Or contact: Dr. Lo @ 204-932-6538 @ SBH; Dr. Embil @ 204-931-9538 at other sites; Attending Ped. ID MD: 204-787-2071: pediatric cases. See Containment | Single Room |
| Clostridioides difficile Infection (C. difficile/ CDI) | <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Clean hands at the point of care. Use either alcohol based hand rub (ABHR) or soap and water. ABHR is appropriate to use when caring for patients with <i>C. difficile</i> , except in outbreak or hyperendemic (sustained high rates) settings, when handwashing with soap and water is recommended | Single Room |
| Chickenpox (Varicella) | <input checked="" 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 | HCWs, roommates and caregivers should be immune to chickenpox. People with known immunity do not need an N95 respirator to enter the room | Airborne Infection Isolation Room (AIIR) or single, door closed |
| ILI (Influenza-like Illness) | <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 | If private room is unavailable, consider cohorting patients during outbreaks . Do NOT cohort with high-risk roommates. See: (Seasonal) Influenza | Single room preferred, at least 2 meters from other bed spaces if multibed room |
| Immunocompromised Patient (Severe) |  | Have had an allogeneic hematopoietic stem cell transplant OR Absolute Neutrophil Count (ANC) is expected to be below 0.5 x 10E9/L for 7 days or more. See: Protective Precautions | POSITIVE pressure or Single room, door closed. |
| Immunocompromised Patient (Moderate to Severe) |  | Have NOT had an allogeneic hematopoietic stem cell transplant AND Absolute Neutrophil Count (ANC) is NOT expected to be below 0.5 x 10E9/L for 7 days. See: Modified Protective Precautions | Single room, door open |
| Lice (Pediculosis) | Routine Practices | Routine Practices plus gloves for direct patient contact only. | Any |
| Measles (Rubeola) | <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 | Reportable Disease: Reported by diagnosing HCW. See Reporting of a Communicable Disease to MB Health by IP&C in Hospitals Operational Directives. Contact Site ICP. | Airborne Infection Isolation Room (AIIR) or single, door closed |
| Meningitis (Unknown type) | Adults & > 5 years: Droplet Precautions Under 5: Contact Precautions / Droplet 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 | When type of meningitis (virus or Neisseria meningitidis or other bacteria), is identified refer to Microorganism, Infectious Disease Table or Meningitis Protocol for more information. | Single room at least 2 meters from other patients |
| Meningitis (Viral) | Adults: Routine Practices | Contact Precautions : children under 5 years, incontinent person whose feces cannot be contained; People who contaminate the environment | Adult: any room Under 5: single room |
| MRSA SUS (Suspect) | Routine Practices | Collect specimens as for MRSA POS (positive) | Any |
| MRSA POS (Positive) | <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Collect specimens from: nares AND open wounds/lesions/incisions/ invasive device insertion sites | Single room |
| Mumps (Positive or Exposed and Susceptible) | <input 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 | Immune people do not need PPE. HCWs, roommates and visitors should be immune to mumps. Non-immune HCs should not enter room if immune caregivers are available. Contact site ICP. | Single room, at least 2 meters from other patients |
| Necrotizing fasciitis | <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Duration of precautions: Until 24 hours of appropriate antimicrobial therapy received | Single room |
| Scabies (<i>Sarcoptes scabiei</i>) | <input checked="" type="checkbox"/> Contact Precautions <input type="checkbox"/> Droplet Precautions <input type="checkbox"/> Airborne Precautions <input type="checkbox"/> Airborne Precautions for AGMPs until _____ am/pm on _____ date | Wash clothes and bedding in hot water, dry clean or seal in a plastic bag and store for 1 week. Patient, close household contacts, and exposed staff should be treated. | Single room |
| Disseminated Shingles (Shingles rash in three or more dermatomes) | <input checked="" 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 | HCWs, roommates and caregivers should be immune to chickenpox. Non-immune HCWs do not enter room if immune caregivers available. If non-immune person enters room, for exceptional circumstances, wear N95 respirator. | Airborne Infection Isolation Room (AIIR) or single, door closed |
| Tuberculosis (<i>Mycobacterium tuberculosis</i>) | <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 | Reportable Disease: See Reporting of a Communicable Disease to Manitoba Health by Infection Prevention and Control in Hospitals. See: Respiratory Protection for Aerosol Generating Medical Procedures (AGMPs). Contact Site ICP. | Airborne Infection Isolation Room (AIIR) or single, door closed |