Emergency Medicine Programme

Infection Prevention and Control at Triage for Adults

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality and Patient Safety Directorate

HCAI

EMERGENCY MEDICINE

START HERE!

Does the patient have any of the following?

MENINGITIS? Supporting signs: Fever, neck stiffness, photophobia. Needs urgent assessment.

→ YES: Droplet precautions for 24 hours.

NO

DIARRHOEA OR VOMITING? Consider *C. difficile* (recent antibiotics used), norovirus, rotavirus, adenovirus. (Stool for *C.difficile* and norovirus testing).

→ YES: Contact precautions.

NO

MRSA or CRE? Previous colonisation with MRSA, coming from a nursing home or hospital, or have wounds, ulcers, indwelling device, IV lines *in situ*? If yes, needs MRSA screening. Patient been in or coming from hospital abroad or areas of recent CRE* outbreak? If yes, CRE screening.

→ YES: Contact precautions.

NO

RASHES?

Rashes suggesting meningococcus infection (non-blanching rash).

→ Yes: Droplet precautions for meningococcus until 24 hours on appropriate antibiotics.

Rashes suggesting chicken pox/shingles (VZV) or measles (cough, coryza and fever).

Only staff with immunity to attend to these patients.
Possible Herpes simplex?

→ Yes: Airborne precautions for measles.
Yes: Airborne and contact precautions for: chickenpox, disseminated shingles or shingles in immunocompromised patient.
Yes: Contact precautions for: disseminated or severe mucocutaneous herpes simplex, localised shingles lesions that cannot be covered.

NO

TB, RSV, FLU? Supporting signs for TB: Night sweats, weight loss, cough, haemoptysis. Sputum for AFB and TB cultures.

→ YES: If TB, Airborne precautions, negative pressure room.

→ Yes: if respiratory infection, droplet precautions.

NO

WOUND/ ABSCESS? Abscess or draining wound that cannot be covered?

→ YES: Contact precautions.

NO

TRAVELLERS FEVER? Fever or history of fever > 38°C with recent travel to areas where Viral Haemorrhagic Fever is endemic (e.g. Africa) or areas with VHF outbreak in past 12 days?
Contact Microbiologist/ID ASAP.

→ YES: Airborne, droplet & contact precautions.

NO

NO ISOLATION REQUIRED

Standard precautions.

ISOLATE

Review Date: Jan 2015

Check local infection control policy for details of all the precautions. Emergency Department clinicians will endeavour to adhere to the guideline where infrastructure & capacity allows. *CRE: Carbapenem Resistance Enterobacteriaceae, (see **www.hpsc.ie** for when to screen).

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Tús Áite do Shábháilteacht Othar
Patient Safety First