

Appendix IV
UCSF Precautions for Febrile Respiratory or Rash Illness

ALL PATIENTS

All patients who present to a health-care setting with fever and respiratory symptoms or rash will be questioned *regarding their recent travel history*, and managed according to recommendations for [Respiratory Hygiene and Cough Etiquette](#):

- Cover your cough and sneeze with a tissue or your elbow. Discard tissue in garbage.
- Clean your hands with soap and water or alcohol gel.
- You may be asked to wear a mask over your mouth and nose.

Patient with NO TRAVEL HISTORY	Use These Precautions	Patient WITH TRAVEL HISTORY to affected area(s)	Use These Precautions
<p><u>Assess!</u> Patients with <i>NO history of travel</i> within 10 days to a geographic location with activity of disease of epidemiologic interest will be treated with Standard & Droplet Precautions</p> <p>Patients with febrile rash will be masked and placed in Airborne Precautions.</p>	<p>STANDARD & DROPLET PRECAUTIONS:</p> <p>Hand Hygiene:</p> <ul style="list-style-type: none"> ▪ Before and after all patient contact (including dry skin contact) ▪ After touching items potentially contaminated with respiratory secretions (all surfaces near the patient) ▪ After removing gloves <p><i>Assess the patient for potential contaminating interaction.</i></p> <p>Wear:</p> <ul style="list-style-type: none"> ▪ Gloves for touch ▪ Mask and Eye Protection for cough/sneeze/vomit ▪ Gown for likely splash ▪ N-95 or PAPR if patient is placed in Airborne Precautions 	<p><u>Assess!</u> Patients with a history of travel within 10 days to a geographic location with epidemic activity and hospitalized with a severe febrile respiratory or rash illness, or are otherwise under evaluation for a disease of epidemiologic interest illness, will be managed using full isolation precautions (see right column).</p> <p>CONTACT INFECTION CONTROL 415-806-0269 During Business Hours (8 am-4 pm)</p> <p>Contact Nursing Supervisor or BCH Patient Care Coordinator after hours</p>	<p><u>STANDARD & DROPLET PRECAUTIONS</u> <i>see left</i></p> <p><u>CONTACT PRECAUTIONS:</u> For every patient and patient environment contact, use:</p> <ul style="list-style-type: none"> ▪ Gloves ▪ Gown ▪ Dedicated equipment (stethoscope, BP cuff, thermometer, probes) <p><u>EYE PROTECTION</u></p> <ul style="list-style-type: none"> ▪ Goggles or face shield when within 3 feet of patient. <p><u>AIRBORNE PRECAUTIONS:</u></p> <ul style="list-style-type: none"> ▪ Airborne Infection Isolation Room (AIIR) with HEPA filtration. ▪ If AIIR not available, place in private room with portable HEPA unit. ▪ In Ambulatory settings, place in private room with door closed and pt masked ▪ Wear a fit-tested respirator (e.g., NIOSH-approved N-95 respirator, PAPR) when entering the room. ▪ Refer to Aerosol-Transmissible Diseases Exposure Control Plan
<p>Put on Protective Equipment in this order: Gown; Mask/respirator; Goggles/face shield; Gloves</p>			
<p>Remove Protective Equipment in this order: Gloves; Goggles/face shield; Gown; Mask/respirator</p>			
<p><i>CLEAN HANDS AFTER REMOVING PROTECTIVE EQUIPMENT!</i></p>			