

Emergency Department Infection Prevention and Control at Triage



N.B. Please record the necessary precautions on the ED Triage Document

Type of isolation required **Symptom** Has the patient any of the ? Multi Drug Resistant following risk factors? **Organisms Contact Precautions** An alert history on (MRSA, VRE, CPE) **ICT** system? From a nursing home or other hospital? An in-patient in ? Gastroenteritis **Contact Precautions** another hospital in past 12 months? Any wounds, ulcers, indwelling devices or **Contact Precautions** ? Scabies **IV lines? Contact Precautions** ? Influenza **Droplet Precautions Contact Precautions Foreign Travel Airborne Precautions Related Fever Droplet Precautions** ? Meningitis / Meningococcal Septicaemia **Droplet Precautions** ? TB **Airborne Precautions Contact Precautions** ? Chickenpox / Disseminated Zoster (Shingles) **Airborne Precautions** EMP/HCAI Version 2 September 2017