



VOLUME 10: PUBLIC HEALTH & INFECTION CONTROL	Effective Date: 02/2013
CHAPTER 9	Revision Date: 12/2015
10.9.2 COMMUNICATING PRECAUTIONS FROM HEALTH CARE STAFF TO CUSTODY STAFF PROCEDURE	Attachments: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

I. PROCEDURE OVERVIEW

Health care staff at California Department of Corrections and Rehabilitation (CDCR) institutions regularly consults with the California Correctional Health Care Services (CCHCS) Public Health Section (PHS) about the prevention and control of infectious diseases in CDCR institutions. PHS follows national guidelines when consulted about the use of precautions to prevent the transmission of infectious diseases.

PHS recommends categories of precaution for specific diseases and conditions based on Federal Bureau of Prisons (BOP) guidelines. The categories are, standard, contact, droplet, and airborne.

The California Department of Public Health recommends that when BOP does not have a precaution guideline for a specific disease or condition, PHS follows the Centers for Disease Control and Prevention, Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. These are evidence-based guidelines developed by an expert panel.

The BOP advises that all correctional institutions follow Correctional Standard Precautions when interacting with all inmates whether or not they have been diagnosed with a specific condition, and when interacting with patients with known bloodborne pathogen infections (e.g., hepatitis B or human immunodeficiency virus infections).

II. DEFINITIONS

Correctional Standard Precautions: Hospital standard precautions adapted to a correctional setting that take into account security issues, inmate housing factors, and infection control concerns inherent to jails and prisons.

Hospital Standard Precautions: Infection control practices used in the hospital setting to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection.

Transmission-Based Precautions: Contact, droplet, and airborne precautions. These precautions are used when the routes of transmission are not completely interrupted using standard precautions. Transmission-based precautions shall be used in conjunction with standard precautions.

III. PROCEDURE

A. Medical Classification Chrono

1. Health care staff shall use the Medical Classification Chrono (MCC) to communicate the need for transmission-based precautions to custody staff.

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- a. To communicate transmission-based precautions, the Primary Care Provider (PCP) shall revise the patient's MCC in the following manner:
 - 1) Check the "Temp. Medical Isolation" box.
 - a) When the PCP checks the "Temp. Medical Isolation" box, the form will default select the "Temp. Medical Hold", thereby placing the patient on a temporary medical hold.
 - b) If the PCP decides a patient who needs transmission-based precautions can move to another institution, the PCP shall:
 - i. Deselect the "Temp. Medical Hold" box (which is the default).
 - ii. Select the "Req. Medical Transport" box.
 - iii. Indicate the specific type of transmission-based precautions in the non-confidential comments section.
 - 2) In the non-confidential comments section, indicate the category of transmission-based precautions required for the patient.
 - a) Few patients are expected to require all three transmission-based precautions at any one time.
 - i. Refer to Attachment A, Precautions for Frequently Encountered Infectious Diseases in CDCR Adult Institutions, for a list of precautions necessary for the common diseases which occur among patients (based on national evidence-based guidelines).
 - ii. The information on the table is provided for informational purposes only, and is not meant to be prescriptive.
 - iii. The Chief Medical Executive or the PCP may deviate slightly from this table (e.g., require a higher level of precautions), based on clinical criteria or specific recommendations from either PHS or the local health department.
 - 3) Indicate any change in the level of care based on the type of precaution.
 - a) PCPs shall select "OHU" or "CTC" for most patients with transmission-based precautions.
 - b) For patients who need special housing arrangements in general population (e.g., confined to cell, or to a special isolation area for patients with influenza), the PCP shall note the specific housing arrangement in the non-confidential comment section.
- b. When the transmission-based precautions are no longer required, the PCP shall revise the MCC by deselecting "Temp. Medical Isolation" box, and remove the type of precautions from the non-confidential comments section.

B. Notification

1. The Chief Executive Officer and the Warden at each institution shall disseminate the following information to clinical and custody staff:
 - a. Use of Standard Precautions and Transmission-Based Precautions in the Correctional Setting (Attachment B)
 - b. Contact Precautions Checklist (Attachment C)
 - c. Droplet Precautions Checklist (Attachment D)
 - d. Airborne Precautions Checklist (Attachment E)

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2. Custody staff shall place signage regarding the patient's specific transmission-based precautions in the following manner:
 - a. At the cell door, bunk, or area of the housing unit where the patient is isolated, for patients who are housed in general population.
 - b. In the transportation vehicle for those patients who are transported.
3. Signage is not needed for correctional standard precautions.

C. Transportation Codes

1. All precautions link to the transportation coding system used by custody staff. Transportation codes correspond with patients' precaution requirements in the following manner:
 - a. Code 90 – Patient has not yet been medically assessed in the reception centers or is on a temporary medical hold as indicated on the MCC. This code indicates that staff shall follow transmission-based precautions.
 - b. Code 91 – Patient is on temporary medical isolation but is not on a temporary medical hold. This code indicates that staff shall follow transmission-based precautions.
 - c. Code 92 - No transmission-based precautions. This code indicates that staff shall follow correctional standard precautions.
2. Designated administrative staff (not clinical staff) at each institution shall maintain the transportation codes.

IV. ATTACHMENTS

- Attachment A: Precautions for Frequently Encountered Infectious Diseases in CDCR Adult Institutions
- Attachment B: Use of Standard Precautions and Transmission-Based Precautions in the Correctional Setting
- Attachment C: Contact Precautions Checklist
- Attachment D: Droplet Precautions Checklist
- Attachment E: Airborne Precautions Checklist

V. REFERENCES

- California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 4, Article 5, Section 1051, Communicable Diseases
- California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 4, Article 11, Section 1206.5, Management of Communicable Diseases in a Custody Setting
- California Code of Regulations, Title 15, Division 1, Chapter 1, Subchapter 5, Article 8, Section 1410, Management of Communicable Diseases
- California Code of Regulations, Title 15, Section 3340, Exclusions
- California Code of Regulations, Title 17, Division 1, Chapter 4, Subchapter 1, Article 2, Section 2520, Quarantine
- Federal Bureau of Prisons, Clinical Practice Guidelines, (Guidelines to Communicable Diseases including Isolation Precautions)
http://www.bop.gov/resources/health_care_mngmt.jsp

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- 2007 Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007
<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

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ATTACHMENT A Precautions for Frequently Encountered Infectious Diseases in California Department of Corrections and Rehabilitation Adult Institutions

Disease	CCHCS Practice	Number of Cases
1) Methicillin-resistant Staphylococcus aureus (MRSA), covered lesions	Standard for corrections	~18,000 (estimated)
2) MRSA, uncovered lesions or not covered adequately	Contact	unknown
3) Hepatitis C	Standard for corrections	~40,000 in population
4) Tuberculosis, pulmonary suspected	Airborne	~100/year
5) Influenza	Droplet, single cell or cohort	30 outbreaks/year (10-100 cases per outbreak)
6) Norovirus	Contact, single cell or cohort	31 outbreaks/year (20-200 cases per outbreak)
7) Lice/Scabies	Contact for the first 24 hrs of treatment	<10/year
8) Coccidioidomycosis (Valley Fever)	Standard for corrections	900/year
9) Chickenpox and Shingles, disseminated or in an immunocompromised host	Airborne and contact	40/year
10) Shingles, localized	Contact, single cell, but cohorting in a dorm setting permitted, on a case by case basis	80/year
11) Pertussis	Droplet	<5 /year
12) Human immunodeficiency virus	Standard for corrections	~6,000 in population

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ATTACHMENT B

Use of Standard Precautions and Transmission-Based Precautions in the Correctional Setting for the General Population¹

CONTROL MEASURE	STANDARD PRECAUTIONS	AND ADD -- TRANSMISSION-BASED PRECAUTIONS		
		CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
Application of Precautions	Applies to all patients, regardless of suspected or confirmed infection status.	Applies to organisms spread by direct or indirect contact with patient or the patient's environment. ♦ Infected blood or fluids enter through skin breaks of others; contaminated hands transmit from one patient to another; contaminated equipment and personal protective equipment (PPE) transmit pathogens to others.	Applies to organisms spread through close respiratory or mucous membrane contact with respiratory secretions. ♦ Examples: spread when infected person coughs, sneezes, or talks, and organisms spread to mouth, eye, or nasal mucosa of others.	Applies to organisms (airborne particles) from infected person carried and dispersed over long distances by air currents. ♦ May be inhaled by others who have not had face-to-face contact with infectious person.
Hand Washing	<ul style="list-style-type: none"> ♦ Perform hand washing after touching blood, body fluids, secretions, excretions, and/or contaminated items; immediately after removing gloves; and between patient contacts. ♦ Hands should be washed with soap and running water for at least 15 seconds when hands are visibly dirty and when there has been contact with blood or other body fluids (even if gloves have been worn). Other than the situations listed above, alcohol-based hand rubs can be used for routine hand hygiene. 	<ul style="list-style-type: none"> ♦ Perform before and after every contact with an infected patient. ♦ Instruct and encourage patient to practice frequent hand washing. ♦ Instruct on respiratory etiquette (e.g., cover your cough). 	<ul style="list-style-type: none"> ♦ Perform before and after every contact with an infected patient. ♦ Instruct and encourage patient to practice frequent hand washing. ♦ Instruct on respiratory etiquette (e.g., cover your cough). 	<ul style="list-style-type: none"> ♦ Perform before and after every contact with an infected patient. ♦ Instruct and encourage patient to practice frequent hand washing. ♦ Instruct on respiratory etiquette (e.g., cover your cough).
Personal Protective Equipment				
General Directions	<ul style="list-style-type: none"> ♦ Not routinely required. ♦ PPE is indicated only if contact with blood/body fluids likely (e.g., gloves to protect hands from contact, or mask, face/eye wear, and/or gowns to protect from sprays and splashes). 	<ul style="list-style-type: none"> ♦ Routinely required. 	<ul style="list-style-type: none"> ♦ Routinely required. 	<ul style="list-style-type: none"> ♦ Routinely required.

¹ **General Population: Refers to all correctional settings except health care settings.**

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CONTROL MEASURE	STANDARD PRECAUTIONS	AND ADD -- TRANSMISSION-BASED PRECAUTIONS		
		CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
◆ Gloves	◆ Use, clean, non-sterile gloves when touching blood, body fluids, secretions, excretions, and/or contaminated items; and for touching mucous membranes (e.g., eyes, nose, mouth, and non-intact skin.)	◆ Continue Standard Precautions. ◆ Wear whenever touching patients' intact skin or touching contaminated surfaces near patient. Change gloves after contact with infective material. ◆ Remove gloves before leaving patient's area and wash hands.	◆ Continue Standard Precautions. ◆ Wear whenever touching patients' intact skin or touching contaminated surfaces near patient. Change gloves after contact with infective material. ◆ Remove gloves before leaving patient's area and wash hands.	◆ Continue Standard Precautions. ◆ Wear whenever touching patients' intact skin or touching contaminated surfaces near patient. Change gloves after contact with infective material. ◆ Remove gloves before leaving patient's area and wash hands.
◆ Gown	◆ During procedures and patient care activities when contact of clothing to exposed skin with blood, body fluids, secretions, and excretions is anticipated.	◆ Wear whenever clothing will have direct contact with patient or contaminated surfaces.	◆ Wear whenever clothing will have direct contact with patient or contaminated surfaces.	◆ Wear whenever clothing will have direct contact with patient or contaminated surfaces.
◆ Mask, eye protection (goggles), face shield	◆ During procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions; especially suctioning and endotracheal intubation.	◆ Use if contact with blood or infectious body fluid from sprays or splashes is likely.	◆ Don mask upon entry into patient room. Don eye protection depending on the organism. ◆ Don eye protection during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions; especially suctioning and endotracheal intubation.	◆ Until patient is in an Airborne Infection Isolation Room (AIIR), place surgical mask on patient and N95 respirator on staff. ◆ Staff to wear N95 respirator when in AIIR with patient.
Cardio-Pulmonary Resuscitation	◆ Use mouthpiece, resuscitation bag, other ventilation devised to prevent contact with mouth and oral secretions.	◆ Continue Standard Precautions.	◆ Continue Standard Precautions.	◆ Continue Standard Precautions.
Sharps	◆ Do not recap, bend, break, or hand manipulate used needles; if recapping is required, use a one-hand scoop technique only; use safety features available; place used sharps in leak-proof, puncture-resistant container.	◆ Continue Standard Precautions	◆ Continue Standard Precautions	◆ Continue Standard Precautions
Soiled Patient-care Equipment	◆ Handle in a manner that prevents transfer of microorganisms to others (minimum agitation) and to the environment; wear gloves if visibly contaminated; perform hand hygiene.	◆ Continue Standard Precautions, and ✓ Safely handle contaminated patient-care equipment to prevent skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. ✓ Ensure that reusable equipment is decontaminated and reprocessed between each patient use. ✓ Discard all single-use items properly. ✓ Promptly decontaminate reusable equipment if contaminated with infectious body fluids or visibly soiled.		

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CONTROL MEASURE	STANDARD PRECAUTIONS	AND ADD -- TRANSMISSION-BASED PRECAUTIONS		
		CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
Laundry	<ul style="list-style-type: none"> ◆ Collect at bedside. ◆ If wet or soiled, handle as little as possible, and bag in a leak-proof bag at the location it was used, in accordance with local guidance on management of contaminated linens. ◆ Machine wash and dry. 	<ul style="list-style-type: none"> ◆ Continue Standard Precautions. ◆ Linens: Change linens every other day (more often if visibly soiled). Patient shall bag linen in the cell. Change towels and wash cloths daily. Machine wash and dry. 	<ul style="list-style-type: none"> ◆ Continue Standard Precautions. ◆ Do not shake items or handle them in any way that may aerosolize infectious agents. ◆ Avoid contact of one's body and personal clothing with soiled items being handled. ◆ Contain soiled items in a dissolvable bag and place in a yellow bag prior to sending to laundry. 	<ul style="list-style-type: none"> ◆ Continue Standard Precautions. ◆ Do not shake items or handle them in any way that may aerosolize infectious agents. ◆ Avoid contact of one's body and personal clothing with soiled items being handled. ◆ Contain soiled items in a dissolvable bag and place in a yellow bag prior to sending to laundry.
Sanitation: Environmental Control	<ul style="list-style-type: none"> ◆ Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas. ◆ Use an Environmental Protection Agency (EPA)-registered disinfectant. Use according to the manufacturer's instructions. All washable (non-porous) surfaces should be cleaned during and after (terminal) cell occupancy. Correctional workers should conduct sanitation inspections of living and bathroom areas to identify visibly dirty areas. Each institution should designate custody staff and supervisors to attend to this regularly. ◆ Shared equipment, weight benches, or any other surface exposed to sweat should be disinfected <i>daily</i> and <i>routinely</i> wiped clean between users with a clean dry towel. Patients should use barriers to bare skin, such as a clean towel or clean shirt while using exercise equipment. Inmate work crews should be assigned to do this task regularly after specific training is furnished. 	<ul style="list-style-type: none"> ◆ Routinely clean all countertops, treatable surfaces per local schedule. Emphasis on frequently touched surfaces (i.e., door knobs, bed rails) and after any contamination with blood/body fluids. ◆ Use an appropriate quaternary ammonium (chloride containing) disinfectant. ◆ Ensure that patient care items and potentially contaminated surfaces are cleaned and disinfected after use. Barrier protective coverings, as appropriate, for surfaces touched frequently with gloved hands during patient care or may become contaminated with blood, body fluids, or are difficult to clean. 	<ul style="list-style-type: none"> ◆ Routinely clean all countertops, treatable surfaces per local schedule. Emphasis on frequently touched surfaces (e.g., door knobs, bed rails) and after any contamination with blood or body fluids. ◆ Use an appropriate quaternary ammonium (chloride containing) disinfectant. ◆ Ensure that patient care items and potentially contaminated surfaces are cleaned and disinfected after use. Barrier protective coverings, as appropriate, for surfaces touched frequently with gloved hands during patient care or may become contaminated with blood/body fluids or are difficult to clean. 	<ul style="list-style-type: none"> ◆ Continue Standard Precautions.

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CONTROL MEASURE	STANDARD PRECAUTIONS	AND ADD -- TRANSMISSION-BASED PRECAUTIONS		
		CONTACT PRECAUTIONS	DROPLET PRECAUTIONS	AIRBORNE PRECAUTIONS
Housing: Single cell	<ul style="list-style-type: none"> ◆ Single cell not routinely required. ◆ Place potentially infectious patients in a private room (in consultation with medical staff). Consider this for patients with poor hygiene practices. ◆ In an outbreak situation, patients with the same infectious organism may be housed together. ◆ Monitor patient hygienic practices particularly if mentally impaired. ◆ Medical determines the appropriate housing for a patient with infections. 	<ul style="list-style-type: none"> ◆ Single cell on a case-by-case basis. ◆ Patients should be kept separated \geq 3 feet apart. ◆ Continue Standard Precautions. ◆ Patients with skin infections may be housed in general population if the wound drainage can be contained in a dressing and the patient is cooperative. ◆ Patients with wounds that have significant drainage should generally be housed in a single cell. 	<ul style="list-style-type: none"> ◆ Single room when available especially those who have a productive cough. ◆ Continue Standard Precautions. ◆ Place together those who are infected with the same pathogen. Separate \geq 3 feet from each other. ◆ Patient must wear surgical mask upon exiting his/her cell and on transport. ◆ Permit routine showering last. 	<ul style="list-style-type: none"> ◆ Always single cell in an AIIR. ◆ Place in AIIR – that provides 6 to 12 air exchanges per hour. Direct exhaust to outside; monitor air pressure daily. ◆ When AIIR is not available, transfer to a facility with AIIR. ◆ Patient must wear surgical mask upon exiting his/her cell and on transport. ◆ Permit routine showering last.
Transfers	<ul style="list-style-type: none"> ◆ Decision to transport on a case-by-case basis with concurrence from medical or public health. ◆ In general, do not transfer patients with infectious diseases who require Contact, Droplet, or Airborne Precautions. 	<ul style="list-style-type: none"> ◆ If transfer is required for security or medical reasons the following procedures should be followed: ◆ Wound should be dressed on the day of transfer with clean bandages; ◆ Use contact precautions as described above (hand-washing, gloves if touching wound drainage and safe disposal of dressings) if soiling of security devices likely, use disposable restraints (if feasible), if not, decontaminate after use; and ◆ Place clean sheet on cloth seats in vehicle (not needed if vinyl) and decontaminate, if visible contamination occurs. 	<ul style="list-style-type: none"> ◆ Limit transport on patients on droplet precautions to essential purposes, such as diagnostic and therapeutic procedures that cannot be performed in the patient's room. ◆ When transport is necessary, have the patient and staff don a surgical mask. ◆ Staff in close contact (\leq3 feet) should wear surgical mask. ◆ Notify healthcare personnel in the receiving area of the impending arrival to prepare for necessary precautions. ◆ For patients being transported outside of the facility, inform the receiving facility and emergency vehicle personnel (transportation team) in advance about the type of Transmission-Based Precautions being used. 	<ul style="list-style-type: none"> ◆ Do not transport while contagious unless medically necessary or for security reasons. ◆ Consult with medical prior to transport. ◆ When transport is necessary, have the patient wear a surgical mask at all times. ◆ Staff must wear a respirator (such as a N95 mask.) ◆ Maximize air flow in the transport vehicle (if possible roll down windows to permit outside air exchange.)
Report to Medical	Correctional and Health Care staff should follow local procedures on reporting infections. Staff with suspected infections should report them to their supervisor.			

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ATTACHMENT C

Transmission-Based Precautions for Use in the Correctional Setting for the General Population

CONTACT PRECAUTIONS CHECKLIST

The following information is to be used for Patients who require Contact Precautions:

Control Measure	Indicated	Additional Information
Hand Washing	Yes	<ul style="list-style-type: none"> • After touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves. • Between patient contact.
Personal Protective Equipment (PPE)	Yes	<ul style="list-style-type: none"> • Contact Precautions apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from the body suggest an increased potential for extensive environmental contamination and risk of transmission. • Don gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. • Don mask and eye protection during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions; especially suctioning and endotracheal intubation.
Single Cell	Yes	<ul style="list-style-type: none"> • A single patient room is preferred for patients who require Contact Precautions. When a single room or cell is not available, consultation with the Public Health Section is recommended to assess the various risks associated with patient placement options (e.g., cohorting, keeping patient with an existing cellmate). • In dormitory settings ≥ 3 feet spatial separation between beds is advised to reduce the opportunities for inadvertent sharing of items between infected patients.
Housing	Yes	<ul style="list-style-type: none"> • See single cell requirements.
Sanitation	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene. • Implement strict glove use policy for all food preparation. • Increase frequency of cleaning public toilets. • Shower symptomatic patient last and bleach clean shower stalls after use. • When cleaning up vomit or feces: <ul style="list-style-type: none"> ○ Wear disposable gown, mask, gloves, and goggles. ○ Disinfect the contaminated area with an Environmental Protection Agency approved veridical agent or bleach. The contaminated area is a radius of 25 feet of the incident. ○ Dispose of gown, mask, and gloves in biohazard waste. ○ Wash hands. ○ Close or cordon off the contaminated area for at least one hour. ○ If possible, open windows to allow for thorough air circulation. • For cardiopulmonary resuscitation (CPR), use mouthpiece, resuscitation bag, or other ventilation device to prevent contact with mouth and oral secretions.
Laundry	Yes	<ul style="list-style-type: none"> • Follow Standard Precautions and handle laundry in a manner that prevents transfer of microorganisms to others and to the environment.
Activities	Yes	<ul style="list-style-type: none"> • Allow yard time for the sick. • Bleach-clean equipment and other frequently touched surfaces on the yard after use (e.g., water faucets and/or fountains).
Patient Hygiene	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene.
Equipment	Yes	<ul style="list-style-type: none"> • Bleach-clean yard equipment and other touched surfaces after use (e.g., water faucets and/or fountains).
Transports	Yes	<ul style="list-style-type: none"> • Limit transport for patients on contact precautions to essential purposes such as diagnostic and therapeutic procedures that cannot be performed in the patient's room. • When transport is necessary, use appropriate barriers. • Notify health care personnel in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission. • For patients being transported outside the facility, inform the receiving facility and the emergency vehicle personnel in advance about the type of Transmission-Based Precautions being used.

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ATTACHMENT D
Transmission-Based Precautions for Use in the Correctional Setting for the
General Population**

DROPLET PRECAUTIONS CHECKLIST

The following information is to be used for Patients who require Droplet Precautions:

Control Measure	Indicated	Additional Information
Hand Washing	Yes	<ul style="list-style-type: none"> • After touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves. • Between patient contacts.
Personal Protective Equipment (PPE)	Yes	<ul style="list-style-type: none"> • Follow Standard Precautions Guideline and: <ul style="list-style-type: none"> ○ Don mask upon entry into patient room. ○ Don eye protection during procedures, and patient care activities likely to generate splashes or sprays of blood, body fluids, and secretions; especially suctioning and endotracheal intubation.
Single Cell	Yes	<ul style="list-style-type: none"> • Single cell if available, especially those who have a productive cough. • Separate ≥ 3 feet from each other.
Housing	Yes	<ul style="list-style-type: none"> • Place together those who are infected with the same pathogen. • Separate ≥ 3 feet from each other.
Sanitation	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene. • Instruct patient on respiratory etiquette. • For cardiopulmonary resuscitation (CPR), use mouthpiece, resuscitation bag, or other ventilation device to prevent contact with mouth and oral secretions.
Laundry	Yes	<ul style="list-style-type: none"> • Do not shake items or handle laundry in any way that may aerosolize infectious agents. • Avoid contact of one's body and personal clothing with the soiled items being handled. • Contain soiled items in a laundry bag or designated bin.
Activities	Yes	<ul style="list-style-type: none"> • Patient must wear mask upon exiting his or her cell. • Permit routine showering.
Patient Hygiene	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene. • Instruct patient on respiratory etiquette.
Equipment	Yes	<ul style="list-style-type: none"> • Follow Standard Precautions and handle in a manner that prevents transfer of microorganisms to others (minimum agitation), and to the environment; wear gloves if there is visible contamination and perform hand hygiene.
Transports	Yes	<ul style="list-style-type: none"> • Limit transport for patients on Droplet Precautions to essential purposes, such as diagnostic and therapeutic procedures that cannot be performed in the patient's room. • When transport is necessary, patient and staff must don a surgical mask. • Staff in close contact (≤ 3 feet) should wear surgical mask. • Notify healthcare personnel in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission. • For patients being transported outside the facility, inform the receiving facility and the emergency vehicle personnel (transportation team) in advance about the type of Transmission-Based Precautions being used.

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ATTACHMENT E
Transmission-Based Precautions for Use in the Correctional Setting for the
General Population**

AIRBORNE PRECAUTIONS CHECKLIST

The following information is to be used for Patients who require Airborne Precautions:

Control Measure	Indicated	Additional Information
Hand Washing	Yes	<ul style="list-style-type: none"> • After touching blood, body fluids, secretions, excretions, contaminated items, and immediately after removing gloves. • Between patient contacts.
Personal Protective Equipment (PPE)	Yes	<ul style="list-style-type: none"> • Gloves when touching blood, body fluids, secretions, excretions, contaminated items, mucous membranes, and non-intact skin. • Patient should wear surgical mask and staff should wear N95 respirator or powered air purified respirator.
Single Cell Housing	Yes	<ul style="list-style-type: none"> • Always single cell in an airborne infection isolation room.
Sanitation	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene. • Instruct patient on respiratory etiquette. • Use mouthpiece, resuscitation bag, or other ventilation device to prevent contact with mouth and oral secretions.
Laundry	Yes	<ul style="list-style-type: none"> • Do not shake items or handle laundry in any way that may cause infectious agents to become airborne. • Avoid contact of one's body and personal clothing with soiled items. • Contain soiled items in a laundry bag or designated bin.
Activities	Yes	<ul style="list-style-type: none"> • Patient must wear surgical mask upon exiting his or her cell.
Inmate Hygiene	Yes	<ul style="list-style-type: none"> • Instruct and encourage patient to practice frequent hand hygiene. • Instruct patient on respiratory etiquette.
Equipment	Yes	<ul style="list-style-type: none"> • Follow Standard Precautions and handle in a manner that prevents transfer of microorganisms to others (minimum agitation), and to the environment; wear gloves if visible contamination, and perform hand hygiene.
Transports	Yes	<ul style="list-style-type: none"> • Limit transport for patients on Airborne Precautions to essential purposes such as diagnostic and therapeutic procedures that cannot be performed in the patient's room. • When transport is necessary, use appropriate barriers on the patient. • Notify healthcare personnel in the receiving area of the impending arrival of the patient and of the precautions necessary to prevent transmission. • For patients being transported outside the facility, inform the receiving facility and the emergency vehicle personnel in advance about the type of Transmission-Based Precautions being used.