6.5

Kaleidoscope
THE CHILDREN'S HEALTH NETWORK

GUIDELINE

INFECTION CONTROL MANAGEMENT FOR CHILDREN WITH A RESPIRATORY INFECTION

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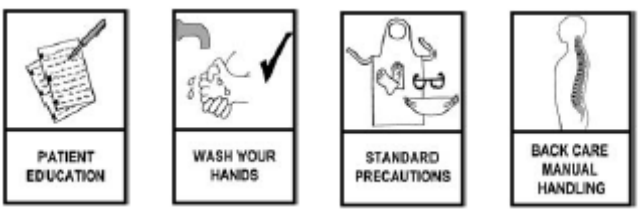
Disclaimer:
It should be noted that this document reflects what is currently regarded as a safe and appropriate approach to care. However, as in any clinical situation there may be factors that cannot be covered by a single set of guidelines, this document should be used as a guide, rather than as a complete authorative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgment to each individual presentation.

S.W.P.

SAFE WORK PRACTICE



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1. INTRODUCTION:

- This guideline will discuss the infection control precautions for children admitted to John Hunter Children's Hospital with a viral respiratory illness. Consistent with national and international requirements, a two-tiered approach to infection control precautions is endorsed in this guideline.
- The first tier includes those precautions designed for the care of all patients, regardless of their diagnosis or presumed infection status. These precautions are known as Standard Precautions and constitute the minimum acceptable level of infection control practice. The second tier includes precautions that are applicable only for the care of specified patients and are known as Additional Precautions[1].
- This guideline will set out the requirements for providing Additional Precautions and appropriate bed management for children who are admitted to John Hunter Children's Hospital with a respiratory viral illnesses and thus potentially improving patient flow and minimising cross infection to children likely to suffer severe effects of transmitted respiratory infections. Additional precautions encompass airborne precautions, droplet precautions and contact precautions.

Droplet precautions are implemented for most viral respiratory infections e.g.:

Bronchiolitis and Respiratory Syncytial Virus (RSV),

Influenza A and Influenza B, Swine Flu (H1N1)

Parainfluenza 1, 2 and 3

Adenovirus

Human metapneumovirus

Croup

Pertussis

Haemophilus influenzae type B (HiB)

Meningococcal

Airborne precautions are implemented for:

- Measles
- TB
- Varicella
- Diphtheria

1. OUTCOMES:

- To reduce the risk of nosocomial transmission of agents causing acute respiratory infections in children who are inpatients at John Hunter Children's Hospital
- To reduce the risk of transmission of agents causing acute respiratory infections in visitors to John Hunter Children's Hospital
- To reduce the risk of transmission of agents causing acute respiratory infections in staff who attend to a child who are inpatient at John Hunter Children's Hospital

2. INFECTION CONTROL PROCESSESS

Infection control processes provide effective infection prevention and control for patients, staff and visitors. These processes consist of Standard precautions and Additional precautions.

3.1 STANDARD PRECAUTIONS – TIER 1:

- Standard Precautions are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection in health organisations.
- They constitute the minimum acceptable level of infection control practice[1]

3.2 ADDITIONAL PRECAUTIONS – TIER 2:

- Additional precautions are used by staff when caring for a patient who is known or suspected to be infected with transmissible pathogens.
- Additional precautions are employed to interrupt the transmission of those pathogens in health organisations.
- Additional precautions are used in conjunction with Standard Precautions[1].
- Hunter New England Health utilise Infection Control Hand Signs, which are placed on the patient's room door to alert staff that additional precautions are in place. (See Infection Control Hand Sign Codes in Appendix B of this document).
- This guideline will discuss Additional Precautions in relation to viral respiratory illness.
- At John Hunter Children's Hospital all children requiring Additional Precautions due to respiratory illness have a pink hand sign placed on their single or 4 bed room door.

Additional Precautions are implemented for pathogens spread by:

- airborne or
- droplet transmission, or
- direct person contact or
- contact with contaminated surfaces,
- or by any combination of these routes[1].

4 STANDARD PRECAUTIONS

- Standard Precautions are designed to reduce the risk of transmission of micro-organisms from both recognised and unrecognised sources of infection in health organisations. They constitute the minimum acceptable level of infection control practice[1].

4.1 APPLICATION OF STANDARD PRECAUTIONS

Standard Precautions apply to:

- blood (including dried blood)
- all body substances, secretions and excretions(excluding sweat), regardless of whether or not they contain visible blood
- non-intact skin
- mucous membranes including eyes[1].

4.2 SAFE WORK PRACTICES

Standard Precautions involve the use of safe work practices and protective barriers[1]:

- Hand Hygiene (See PD2007_036:PCP1 Hand Hygiene by healthcare Staff, Policy Compliance Procedure)
- appropriate use of gloves
- use of facial protection
- use of masks
- use of gowns/aprons
- appropriate device handling
- appropriate handling of laundry
- incorporation of respiratory hygiene/cough etiquette[1].

4.3 RESPIRATORY HYGIENE AND COUGH ETIQUETTE

Standard Precautions involve the use of Respiratory hygiene and cough etiquette:

- Covering sneezes and coughs prevents infected persons from dispersing respiratory secretions into the air.
- Hands should be washed with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions.
- Any person, patient, staff or visitor with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow the steps of respiratory hygiene and cough etiquette.

Steps in respiratory hygiene and cough etiquette:

1. Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses
2. Use tissues to contain respiratory secretions
3. Dispose of tissues in the nearest waste receptacle or bin after use
4. If no tissues are available, cough or sneeze into the inner elbow rather than the hand
5. Practice hand hygiene after contact with respiratory secretions and contaminated objects / materials
6. Keep contaminated hands away from the mucous membranes of the eyes and nose[5].

4.4 SUMMARY OF STANDARD PRECAUTIONS

Requirements	Standard Precautions
Single room	No
Negative pressure	No
Hand hygiene	Yes, 5 moments of hand hygiene. 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings[5].
Gloves	Protect hands if anticipated contact with blood and body substances.
Gown/apron	Protect clothing where soiling or splashing is likely.
Mask	Protect face using a surgical mask if splash or aerosol likely.
Protective eyewear	Protect eyes if splash likely or where aerosol may be generated.
Special handling of equipment	Gloves for handling equipment contaminated with blood and body substances. Avoid contaminating environmental surfaces and equipment with used gloves.
Transport of patients	Cover all patients' open wounds. All equipment to be placed inside bed area. If the patient has an apparent respiratory infection then precautions increase. See Droplet and Airborne precautions. Respiratory hygiene and cough etiquette should be applied.
Alert	Respiratory hygiene for coughing and sneezing patients suspected of having an infectious respiratory illness. Patients who are suspected of having an influenza like illness (ILI) will require 'Additional Precautions' to be implemented. Exposures to blood/body substance – immediately wash site, promptly notify supervisor and seek management of exposure. Handle needles, syringes and sharps with care. Use approved rigid sharps containers for disposal. DO NOT recap, break or bend needles.
Cleaning	Standard cleaning protocol.

5 DROPLET PRECAUTIONS

- Droplet Precautions apply to any patient known to be or suspected of being infected with pathogens that can be transmitted by the droplet route and are designed to reduce the risk of droplet transmission of infectious agents.
- Respiratory droplets are generated when a patient coughs, sneezes, talks or during procedures such as suctioning and chest physiotherapy[1].
- Transmission via large-particle droplets (larger than 5µm in size) requires close contact between source and recipient persons, because droplets do not remain suspended in the air and generally travel only short distances, usually two metres or less, through the air[3].
- Droplet transmission involves contact of the conjunctivae or the mucous membranes, of the nose or mouth, of a susceptible person. Because droplets do not remain suspended in the air, special air handling and ventilation are not required to prevent droplet transmission[1].

5.1 PATIENT PLACEMENT FOR DROPLET PRECAUTIONS:

- Place the patient in a single (isolation) room; or
- When a single room is not available, cohort a patient in a room with a patient(s) who have active infection with the same microorganism but with no other infection; or
- When a single room is not available and cohorting is not achievable, maintain spatial separation by drawing the curtain adjacent to the bed and maintain at least two metres between the infected patient and other patients and visitors[3].

5.2 AEROSOL-GENERATING PROCEDURES

- A patient's infection control precautions need to be escalated to airborne precautions if the patient is having a procedure that generates aerosolisation of droplets.
- Examples of aerosolizing procedures are chest physio, nebulising medication, open tracheostomy suctioning, CPAP, Bipap, CPR and intubation.
- Spatial separation is not effective for a patient on droplet precautions who are having aerosol-generating procedures[3].
- Aerosol-generating procedures extend the spread of droplets further than 2 meters which renders cohorting and spatial separation ineffective.

5.3 DISEASES REQUIRING DROPLET PRECAUTIONS (See Transmission-Based Infection Contact Precautions in Appendix A)

- Bronchiolitis and Respiratory Syncytial Virus (RSV) – Droplet and contact precautions
- Influenza A and Influenza B, Swine Flu (H1N1)
- Parainfluenza 1, 2 and 3
- Adenovirus
- Human metapneumovirus
- Croup
- Pertussis
- Haemophilus influenzae type B (HiB)
- MRO's Multi Resistant Organisms if in the sputum
- Parvovirus B19 Infection
- Group A Streptococcal Infections
- Meningococcal Disease – Droplet and contact precautions
- Norovirus Gastroenteritis

5.4 SUMMARY OF DROPLET PRECAUTIONS[1]

Requirements	Droplet Precautions[1]
Single room **OR**	Yes. Door closed.
Cohort same microorganism **OR**	Cohort a patient in a room with a patient(s) who have active infection with the same microorganism but with no other infection.
Spatial separation between patients in 4 bed room	When a private room is not available and cohorting is not achievable, maintain spatial separation of at least **two** metres between the infected patient and other patients and visitors[3]. **Curtains are to be drawn between beds** at all times providing spatial separation. **The curtains should not be drawn completely around the bed only between the beds.** If the child is in ward H1 the parents and carers are to be given a copy of 'Ward H1 Parents & Visitors Information' which explains infection control issues and requirements. Spatial separation is not effective when the child is having an aerosol-generating procedure.
Negative pressure	Yes, if available otherwise single room with door closed.
Hand hygiene	Yes 5 moments of hand hygiene. 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings.
Gloves	Standard Precautions, when attending to cares or feeding child as per Donning & Doffing procedure.
Gown/apron	Standard Precautions, **A long sleeved plastic apron** when attending to cares or feeding child as per Donning & Doffing procedure.
Mask	**Yes** as per Donning & Doffing procedure. Surgical (fluid resistant) mask unless performing an aerosol-generating procedure. A P2N95 Duckbill mask must be worn for all aerosol-generating procedures i.e. chest physio, nebulising medication, open tracheostomy suctioning, CPAP, Bipap, CPR and intubation. Remove mask after leaving patient room as per Donning and Doffing procedure. A new mask does not need to be used between patients, unless attending cares

	or feeding child.
Protective eyewear	**Yes** must be worn as per Donning & Doffing procedure.
Handling of equipment	Standard Precautions. All surfaces within the vicinity of 2 metres of the patient become contaminated so standard precautions must be adhered to. Avoid contaminating environmental surfaces and equipment with used gloves. All equipment should be triple cleaned or cleaned with Jumbo Liv-Wipe after use.
Transport of patients	Respiratory hygiene and cough etiquette should be applied. Surgical or fluid resistant mask for patient when they leave the room. Patients on oxygen therapy must be changed to nasal prongs and have a surgical mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained[6].
Alert	Visitors to patient room must also wear surgical mask and perform hand hygiene. Families are to be given the H1 information sheet regarding infection control procedure. Patient Medical Records must not be taken into the room. Signage on room door.
Cleaning	Standard cleaning protocol. Neutral detergent daily and terminal triple clean with curtain change on discharge.

6. AIRBORNE PRECAUTIONS

- Airborne Precautions apply to patients known or suspected to be infected with pathogens that can be transmitted by the airborne route and are designed to reduce the risk of airborne transmission of infectious agents.
- Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue [5μm or smaller in size] of evaporated droplets that may remain suspended in the air for long periods of time) or dust particles containing the infectious agent.
- Patients for whom airborne precautions are required should be cared for in a negative pressure room[1].

6.1 DISEASES REQUIRING AIRBORNE PRECAUTIONS (See Transmission-Based Infection Contact Precautions in Appendix A)

- Measles
- TB
- Varicella Zoster (Chickenpox)
- Diphtheria

6.2 SUMMARY OF AIRBORNE PRECAUTIONS[1]

Requirements	Standard Precautions[1]
Single room	Yes. Door closed. No cohorting
Negative pressure	Yes, if available
Hand hygiene	Yes 5 moments of hand hygiene. 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings.
Gloves	Yes, must be worn as per Donning & Doffing procedure.
Gown/ Apron	Yes, A long sleeved impervious gown must be worn as per Donning & Doffing procedure.
Mask	Yes, P2N95 Duckbill Mask (perform fit check prior to entering room) Remove mask after leaving patient room as per Donning & Doffing procedure.
Protective eyewear	Standard Precautions
Handling of equipment	Standard Precautions. Equipment must be cleaned and disinfected after use. Avoid contaminating environmental surfaces and equipment with used gloves. All equipment should be triple cleaned or cleaned with Jumbo Liv-Wipe after use.
Transport of patients	Respiratory hygiene and cough etiquette should be applied. P2N95 Duckbill mask for patient when they leave the room if tolerated. Patients on oxygen therapy must be changed to nasal prongs and have a P2N95 Duckbill mask over the top of the nasal prongs for transport (if medical condition allows). Advise transport staff of level of precautions to be maintained. Patient must travel by most direct route to destination Notify area receiving patient so patient can be admitted on arrival and not wait in the waiting area[6].
Alert	Visitors to patient room must also wear P2 mask and perform hand hygiene. Families are to be given the H1 information sheet regarding infection control procedure. Patient Medical Records must not be taken into the room. Signage of room.

Cleaning	Standard cleaning protocol. Neutral detergent daily and triple cleaned with curtain change on discharge.

7. CONTACT PRECAUTIONS

- Contact Precautions are designed to reduce the risk of transmission of micro-organisms by direct and/or indirect contact.
- Transmission of micro-organisms by the contact route is the most common mode for healthcare associated infections.
- Transmission may occur via direct contact or indirect contact

7.1 DISEASES REQUIRING CONTACT PRECAUTIONS (See Transmission-Based Infection Contact Precautions in Appendix A)

- Gastroenteritis
- Hepatitis A
- Herpes Simplex
- Zoster (Shingles)
- Skin infections / infestations
- Clostridium Difficile
- Bronchiolitis and Respiratory Syncytial Virus (RSV) – Droplet and contact precautions
- MRO's Multi Resistant Organisms (Droplet if in the sputum)
- Meningococcal Disease – Droplet and contact precautions
- Varicella Zoster (Chickenpox) – Airborne and contact precautions
- Diphtheria – Airborne and contact precautions
- Rubella (German Measles) – Airborne and contact precautions
- Measles – Airborne and contact precautions

7.2 SUMMARY OF CONTACT PRECAUTIONS[1]

Requirements	Contact Precautions[1]
Single room	Yes or Cohort with patient with same pathogen (in consultation with infection control professional or infectious diseases physician).
Negative pressure	No
Hand hygiene	Yes
Gloves	Yes 5 moments of hand hygiene. 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings.
Gown/apron	Yes, Sleeveless plastic apron. If there is direct contact with the patient or their environment.
Mask	Standard Precautions
Protective eyewear	Standard Precautions
Handling of equipment	Standard Precautions Avoid contaminating environmental surfaces and equipment with used gloves. All equipment should be triple cleaned or cleaned with Jumbo Liv-Wipe after use.
Transport of patients	**Surgical mask** if coughing/sneezing and other signs and symptoms of an infectious transmissible disease spread by **droplet** route. Notify the area receiving patient. Advise transport staff of level of precautions to be maintained. Patient must travel by most direct route to destination Notify area receiving patient so patient can be admitted on arrival and not wait in the waiting area.
Alert	Remove gloves and gown/apron and perform hand hygiene on leaving the room. Families are to be given the H1 information sheet regarding infection control procedure. Patient Medical Records must not be taken into the room. Signage of room.
Cleaning	Standard cleaning protocol. Neutral detergent daily and triple cleaned with curtain change on discharge.

8. MANAGEMENT OF CHILDREN WITH RESPIRATORY INFECTION

8.1 NASOPHARYNGEAL ASPIRATE (NPA) AND COUGH SWAB

See Kaleidoscope Collection of Respiratory Pathology Samples guideline, number 6.1.

- A nasopharyngeal aspirate (NPA) may be ordered for children who are admitted with a respiratory illness.
- Children under the age of two should have a NPA.
- Children with Cystic Fibrosis should have a cough swab instead of a NPA as a cough swab identifies bacterial organisms. If there is suspicion of a viral respiratory infection a NPA may be ordered as well.
- Sputum will be collected instead of a cough swab when a cystic fibrosis child is old enough to produce sputum.
- Children under the age of two will have their NPA taken in Emergency Department.
- Children over the age of two years will have their NPA or cough swab performed in ward H1 after admission.
- The choice of having a NPA or cough swab taken in children two years and older is based on the clinical judgement of the nurse or doctor caring for the child.
- The NPA or cough swab should be taken in a single room where possible. See Kaleidoscope Collection of Respiratory Pathology Samples guideline, number 6.1.
- The 5 moments of hand hygiene must be adhered to when performing this procedure. The 5 moments of hand hygiene are 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings.

8.2 CHILDREN WITH NPA STATUS UNKNOWN OR POSITIVE FOR RESPIRATORY INFECTION

- **Droplet precautions** apply to all children with respiratory symptoms[2]
- Nurse in a single room or cohort with other children who have the same respiratory virus if known.

- If virus unknown nurse in a single room or place child in a four bed room using spatial separation to avoid cross infection.
- Spatial separation requires the child to remain in their bed and bed space and must be separated by at least 2 metres[3]. Curtains are to be drawn between beds **at all times providing spatial separation.** The curtains do not need to be drawn completely around the bed only between the beds.
- All parents and carers are to be given the 'H1Ward Information' so they are aware of the infection control responsibilities.

9. CARING FOR CHILDREN FROM A VULNERABLE GROUP

The following patients must be nursed in a single room and not cohorted with other children with a suspected or confirmed respiratory infection[2]:

- Children with significant cardiac disease
- Any oncology patient with immunosuppression
- Any child with significant immunosuppression
- A child with a chronic respiratory illness e.g. chronic lung disease or prematurity, cystic fibrosis etc.

10 SUMMARY OF RESPIRATORY DISEASE MANAGEMENT

Disease	Precautions Required	Nursing Action	Duration	Bed Allocation	Door Signage
Bronchiolitis **RSV –** **OR** **RSV +**	**Droplet**	5 moments of hand hygiene. 1 – before touching a patient, 2 – before a procedure, 3 – after a procedure or body fluid exposure risk, 4 – after touching a patient and 5 – after touching a patient's surroundings. Surgical mask to be worn when entering child's environment Protective eyewear must be worn A long sleeved plastic apron, and gloves worn when touching or handling blood or body substances	**Duration of illness**	Single room **OR** Cohort same microorganism **OR** Spatial separation between patients in 4 bed room The children must remain in bed and beds must be separated by at least 2 metres. Curtains adjacent to the bed are to be drawn. Curtains do not need to be completely drawn around the bed.	
Influenza A Influenza B, Swine Flu (H1N1)	**Droplet**	As above. Staff are to be immunised for influenza	**3 – 5 days from onset**	As above	
Parainfluenza 1, 2 and 3	**Droplet**	As above	**3 – 5 days from onset**	As above	
Adenovirus	**Droplet**	As above		As above	
Human meta pneumovirus	**Droplet**	As above		As above	
Croup	**Droplet**	As above	**Duration of illness**	As above	
Haemophilus influenzae type B (HiB)	**Droplet**	As above	**24 to 48 hours post antibiotic**	As above	

			therapy[4].		
Meningococcal	**Droplet**	As above	**24 hours after effective treatment**	Single Room Required	
Pertussis that has been confirmed **OR** Clinically indicated **OR** Directed by the AMO	**Droplet**	As above	**5 days following effective treatment**	Single Room Required **Discuss with infection control staff if unavailable**	

DEPARTMENT OF HEALTH CIRCULARS:

- NSW Health (2007) Policy Directive PD2007_036 Infection Control Policy

AREA POLICIES:

- Hunter New England NSW Health PD2007_036:PCP1 Hand Hygiene by healthcare Staff, Policy Compliance Procedure
- Kaleidoscope Collection of Respiratory Pathology Samples guideline, number 6.1.

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APPENDIXES:

APPENDIX A:
TRANSMISSION-BASED INFECTION CONTROL PRECAUTIONS

Transmission-Based Infection Control Precautions

DISEASE	PRECAUTIONS REQUIRED	DURATION
Chickenpox - *varicella zoster (M)*	Airborne + Contact	Until vesicles become dry
Diphtheria	Airborne + Contact	Until 2 negative swabs 24 hours apart
Gastroenteritis* *(M)*	Contact	48 hours after last loose stool
German Measles - *rubella*	Contact + Airborne	At least 4 days after onset of rash
Gonococcal Conjunctivitis - *in newborns*	Contact	During course of active infection
Hepatitis A	Contact	First 2 weeks of illness - not more than 1 week after onset of jaundice
Hepatitis B/D + C	Standard	Duration of admission
Herpes Simplex - *neonatal or mucocutaneous*	Contact	Duration of illness
Measles	Airborne + Contact	4 days following appearance of rash
Meningococcal Disease - *Neisseria meningitidis*	Droplet + Contact	For 24 hours following start of Ab prophylaxis
MRO'S Multi Resistant Organisms** *(M)*	Contact (Droplet if in sputum)	Duration of admission - unless cleared by ICP
Zoster - *shingles (localised and disseminated)*	Contact + (Airborne- Immunocompromised patients)	At least 5 days after appearance of vesicles or until vesicles become dry

DISEASE	PRECAUTIONS REQUIRED	DURATION
Whooping Cough - *Bordetella pertussis*	Droplet	For 5 days following effective treatment
RSV - *respiratory synctival virus (M)*	Droplet + Contact	Duration of illness
Skin infections/ infestations *-highly contagious****	Contact	Duration of illness
TB - *mycobacterium tuberculosis*	Airborne + particulate mask	Until negative sputum conversion - usually 4-8 weeks
Clostridium Difficile *(M)*	Contact	48 hours post first formed stool
Influenza	Droplet	3-5 days from onset
Parvovirus B19 infection	Droplet	1 week after onset
Group A streptococcal infections *in infants and young children or pneumonia all ages*	Droplet	Duration of illness

STOP

Entry restrictions apply -
NON IMMUNE OR PREGNANT staff, volunteers or visitors are NOT to enter the room

Respiratory Precautions (pink hand)
Contact Precautions (green hand)
Enteric Precautions (brown hand)

*rotaviral enteritis shigellosis,campylobacter giardiasis
**includes MRSA, VRE, MRAB
***includes scabies, lice, impetigo

(M) = Milton's clean on discharge

APPENDIX B:

Infection Control Hand Sign Codes for Additional (transmission based) Precautions this is applied in conjunction with Standard Precautions

Green = Contact Precautions e.g MRO management or when bacteria can be spread by contact

Yellow = Quarantine Precautions e.g. Highly infectious respiratory illness – Avian Influenza (there are others)

Caramel = Enteric Precautions e.g gastroenteritis (masks may need to be worn in some circumstances – Norovirus)

Pink = Respiratory Precautions 1/ **Airborne** e.g. Chicken Pox (many others) 2/ **Droplet** e.g. Pertussis, Seasonal Influenza (many others)

Purple = Protective Isolation e.g. Neutropenic patients (neutrophils < 1.0)

NOT TO BE REMOVED OR DISCARDED UNLESS AUTHORISED BY INFECTION PREVENTION & CONTROL

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Infection Control Hand Sign Codes for Additional (transmission based) Precautions this is applied in conjunction with Standard Precautions