

## At-A-Glance Infection Control for Respiratory Pathogens

Organism <sup>‡</sup>	Transmission-Based Precautions*	Personal Protective Equipment (PPE) for Care of Residents/Patients with Suspect or Confirmed Infection (■ Always required; ■ Use when indicated per <u>standard precautions</u> )					<u>Donning and Doffing</u> of PPE	Duration of Transmission-Based Precautions for Infected Resident/Patient	Conventional Return-to-Work** for Infected Health Care Personnel
		N95 <sup>†</sup>	Surgical Mask	Eye protection	Gown	Gloves			
SARS-CoV-2 (virus that causes COVID-19)	Aerosol AND Contact	☑		☑	☑	☑ Remove gloves after contact and perform hand hygiene.	Practice single use disposable PPE (one per resident per encounter). Extended use of N95 and eye protection permissible in cohorted area or for clustered care of confirmed COVID-19 residents/patients only. Disinfect reusable eye protection.	Recovered <sup>‡</sup> <b>AND</b> At least <b>10 days</b> since symptom onset (or positive test if asymptomatic). <i>10-20 days if severely ill or immunocompromised</i>	Recovered <sup>‡</sup> <b>AND</b> At least <b>7 days</b> since symptom onset (or positive test if asymptomatic) if negative viral test obtained at day 5-7; <b>10 days</b> if test-for-return not used. <i>10-20 days if severely ill or immunocompromised</i>
Influenza	Droplet	Can be used in place of surgical mask on voluntary basis.  Refer to SARS-CoV-2 guidance if SARS-CoV-2 coinfection present.	☑	☑ During care that is likely to generate splashes/sprays of body fluid or secretions.	☑ During care when contact with blood, body fluids, or respiratory secretions expected.	☑ For any contact with potentially infectious material.  Remove gloves after contact and perform hand hygiene.	Practice single use disposable PPE (one per resident per encounter).	Recovered <sup>‡</sup> <b>AND</b> <b>7 days</b> since symptom onset  <i>If co-infection present, refer to longest isolation duration.</i>	Recovered <sup>‡</sup> <b>AND</b> <b>7 days</b> since symptom onset  <i>If co-infection present, refer to longest isolation duration.</i>

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Respiratory Syncytial Virus (RSV)	Droplet AND Contact	Can be used in place of surgical mask on voluntary basis.  Refer to SARS-CoV-2 guidance if SARS-CoV-2 coinfection present.	☑	☑ During care that is likely to generate splashes/sprays of body fluid or secretions.	☑	☑ Remove gloves after contact and perform hand hygiene.	Practice single use disposable PPE (one per resident per encounter).	Recovered <sup>¥</sup>  <i>If co-infection present, refer to longest isolation duration.</i>	Recovered <sup>¥</sup>  <i>If co-infection present, refer to longest isolation duration.</i>

Table 1 At-A-Glance Infection Control for Respiratory Pathogens

‡ This document intends to summarize respiratory pathogen infection control across health care settings. It is not inclusive of all scenarios or considerations for specific patient populations. For organisms not listed, transmission-based precautions recommendations can be found via [Centers for Disease Control & Prevention \(CDC\) Appendix A](#). **Residents or patients with respiratory symptoms of unknown etiology should be placed in transmission-based precautions recommended for SARS-CoV-2, until negative COVID-19 viral test(s).** To provide the greatest assurance that someone does not have SARS-CoV-2 infection, if using an antigen test instead of a molecular test, facilities should use 3 tests, spaced 48 hours apart, in line with [FDA recommendations](#). Additional information for long-term care settings available via [CDC Guidance](#).

\* Transmission-Based Precautions are the second tier of basic infection control and are to be used in addition to [Standard Precautions](#) for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission. Hand hygiene is required before and after any resident/patient contact or after contact with blood body fluids. Residents/Patients on transmission-based precautions should be placed in private room with private bathroom or cohorted with those infected with the same virus. Additional information about patient placement available via [CDC Isolation Guidance](#).

†N95 includes NIOSH-approved, fit-tested N95 respirator or higher-level respiratory protection

¥**Recovered** defined as at least 24 hours since last fever without the use of fever-reducing medications AND significant improvement in symptoms (e.g., cough, shortness of breath)

\*\*Health care facilities may apply a longer duration of isolation or test-based strategies for special populations, as appropriate. Longer periods of shedding have been observed for both flu and RSV for pediatric populations and immunocompromised patients.

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