

Appendix 8: Guidelines for Patient Management During Transport to the Unit

All recent exposures (i.e., less than one incubation period for the infectious pathogen) will be managed with Standard Precautions; for patients with more distant potential exposure, the following precautions will be used in addition to Standard Precautions (see text for specific measures included in each form of precautions):

- Anthrax: Standard Precautions, regardless of stage of illness
- Botulism: Standard Precautions
- Brucellosis: Contact Precautions
- Cholera: Standard Precautions
- Glanders: Airborne Precautions
- Plague:
 - Bubonic: Standard Precautions
 - Pneumonic: Droplet Precautions
- Q fever: Standard Precautions
- Smallpox: Contact Precautions plus Droplet Precautions plus Airborne Precautions
- Severe Acute Respiratory Syndrome (SARS): Contact Precautions plus Droplet Precautions plus Airborne Precautions
- Tularemia: Standard Precautions
- Unknown pathogen: Contact Precautions plus Droplet Precautions plus Airborne Precautions
- Viral Hemorrhagic Fever:
 - Early: Standard Precautions
 - Symptomatic but No Possible Aerosolization of Body Fluids: Contact Precautions plus Droplet Precautions
 - Possible Aerosolization of Body Fluids: Contact Precautions plus Droplet Precautions plus Airborne Precautions

Note: Standard Precautions: Standard Precautions prevent direct contact with all body fluids (including blood), secretions, excretions, non-intact skin (including rashes), and mucous membranes. Standard Precautions routinely practiced by health care providers include: hand washing, gloves when contact with above, mask/eye protection/face shield while performing procedures that cause splash/spray, and gowns to protect skin and clothing during procedures that may involve splashing/spraying.