

A to Z of Disease Specific Precautions - A Quick Glance Guide for Staff

DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
Acinetobacter	Dependent on infection site	Direct or indirect contact with a colonised or infected person or contaminated equipment/surfaces	<p>Single patient transport for duration of precautions</p> <p>Hand decontamination</p> <p>Gloves and aprons for patient contact</p> <p>Environmental cleanliness</p>	Whilst the patient remains colonised or infected	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Acquired Immune Deficiency Syndrome (AIDS)	Variable, although the time from infection to development of detectable antibodies 1- 3 months	Blood to blood and per mucosal exposure to infective body fluids	<p>Hand decontamination</p> <p>Gloves and aprons for exposure to body fluids.</p> <p>Following contamination/ needle stick injuries action must be taken immediately.</p>	Life long	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)

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Adenovirus *Conjunctivitis	Between 5 – 12 days but in many instances this duration is exceeded	Contact with secretions/lesions and contaminated equipment Faecal/oral	Decontaminate articles contaminated with secretions Gloves must be worn for contact with any secretions/lesions.	For the duration of symptoms	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Amoebic Dysentery	Variable, from a few days to several months or years; commonly 2-4 weeks	Faecal/oral	Single patient transport for duration of precautions Hand decontamination. Aprons/gloves when handling infective material	Whilst diarrhoea persists	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Anthrax	From 1-7days Incubation periods up to 60 days are possible	Inhalation, ingestion or direct contact with infected items. Airborne transmission from inhalation of spores. (person to person airborne transmission is very rare)	Any incidents should be reported immediately and deliberate release acts should be discussed with HART No isolation procedures required (unless clothing thought to be	For the duration of symptoms	Deep clean using chlorine based disinfectant Quarantine the vehicle prior to Deep Clean

		Direct skin to skin contact can cause transmission although this is rare.	contaminated). Personal protective equipment should be used in situations where there is potential for splashes and inoculation injuries. Avoid any powder – wear a mask if necessary.		
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Botulism	Usually 12 – 36 hours after exposure to toxin	Ingestion or inhalation of the toxin produced by Clostridium botulinum (spores found in soil)	Hand decontamination. Cover wounds with waterproof dressings Wear gloves if performing any invasive procedures	For the duration of symptoms	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Bronchiolitis (Respiratory Syncytial Virus)	From 1 to 10 days	Respiratory secretions, airborne, direct contact with infected secretions.	Single patient transport for duration of precautions Hand decontamination Masks for aerosol generating procedures. Gloves for contact with secretions. Encourage patient to cough into a tissue	For the duration of symptoms	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Campylobacter	1 – 10 days (usually 2 -5)	Eating raw or undercooked meat	Single patient transport for duration	Until symptom free for 48 hrs	Normal clean with vehicle based wipes

		(especially poultry), unpasteurised milk, untreated water and domestic pets with watery diarrhoea If hygiene is poor, person to person spread is possible.	of precautions Hand decontamination Gloves and aprons during patient contact, Gloves must be changed regularly and if contaminated.		(all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Carbapenem Resistance Organisms (CRO/CPE/CRE) Antibiotic resistant strain of bacteria Carbapenems are a powerful group of broad spectrum beta-lactam (penicillin-related) antibiotics which, in many cases, are our last effective defence against multi-resistant bacterial infections.	Patient may be infected or colonised	Direct or indirect contact with contaminated items/surfaces or	Single patient transportation Gloves and apron for patient contact. Hand decontamination Inform hospital prior to arrival	Duration of infection or colonisation	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)

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Chickenpox (Staff not immune to chicken pox must, where possible, avoid contact.)	10 -21 days after exposure Infectious 2 days before the lesions appear	Direct person to person contact, airborne and through contact with infected articles (including clothing and bedding) Can be contracted from patients with Shingles.	Single patient transport for duration of precautions Hand decontamination Gloves and apron for patient contact. Facemasks are required if the patient has cold symptoms or if staff immunity is unknown.	Usually 1-2 days before onset of rash and continuing until all lesions are crusted which is usually 5 days	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Cholera Vibrio cholera	Up to 5 days (usually 2-3 days)	Contact with faeces – Faecal/oral route	Single patient transport for duration of precautions Hand decontamination Apron and gloves for direct patient contact and disposal of body fluids.	Until bacteriologically clear	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Clostridium difficile	Typically between 1 and 10 weeks	Faecal/oral route Ingestion of spores through contact with	Single patient transport for duration of precautions	Isolation precautions can be discontinued once the patient is	Normal clean with vehicle based wipes (all surfaces and

	dependent on strain and the health of the patient	contaminated surfaces	<p>Hand decontamination with soap and water or vehicle based wipes and alcohol hand gel. Hand gel alone is not sufficient</p> <p>Gloves and aprons for all contact, change gloves between clean and dirty procedures.</p>	asymptomatic for 48 hours	equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Creutzfeldt-Jakob Disease (CJD)	Unknown, likely to be many years or decades	<p>Contact with infected blood and body fluids.</p> <p>Direct contact with infected medical equipment</p> <p>Ingestion of beef/beef products from BSE infected cattle</p>	<p>Apron and gloves for direct contact with body fluids.</p> <p>Eye protection to be worn if risk of splashing</p> <p>Single use items, any metal surgical items should be disposed of in the yellow lidded sharps bin.</p>	Life long	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Cryptosporidium	1-12 days average of 7 days	Contact with infected animals or person to person spread through the faecal/oral route.	<p>Single patient transport for duration of precautions</p> <p>Hand decontamination</p> <p>Apron and gloves for direct contact with and</p>	Duration of symptoms	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to

			disposal of body fluids		use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Cytomegalovirus	3-12 weeks	Contact with blood and bodily fluids	Hand decontamination Apron and gloves for direct contact with and disposal of body fluids	Duration of symptoms	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
Dengue Fever	3-14 days commonly 4-7 days following mosquito bite	Mosquito borne infection It is not spread from person to person	Hand decontamination Gloves when undertaking any invasive procedure If patient is bleeding – Gloves, aprons, masks and eye protection.	Duration of symptoms	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Diarrhoea infections	Dependent on causative	Faecal / oral route. Can be airborne if	Single patient transport for duration	Until symptoms have ceased or non-	Normal clean with vehicle based wipes

	microorganism normally 6 – 48 hours	patient is projectile vomiting.	<p>of precautions</p> <p>Hand decontamination – hand wipes followed by alcohol gel. Soap and water should be used. Alcohol hand gel is not effective against diarrhoeal infections</p> <p>Apron and gloves for direct contact with and disposal of body fluids. Consider use of sleeve protectors</p> <p>Facemasks and eye protection when if patient is actively vomiting (especially during transportation)</p> <p>Staff must be 48 hours symptom free before returning to work</p>	infective cause diagnosed by medical staff (i.e. colitis)	(all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Diphtheria	Up to 10 days. Average 7 days (Usually 2-5 days occasionally longer) following contact with the bacteria	Respiratory droplets and through direct contact with respiratory secretions. Direct contact with discharge from cutaneous lesion.	Single patient transport for duration of precautions Hand decontamination Attending staff should have been immunized. Those of uncertain	Until bacteriologically negative, usually after 3 days of antibiotic therapy	A normal between patient clean with vehicle based wipes (all surfaces)

			status should contact OH. Gloves, for invasive procedures, and an apron. If patient is actively coughing: a face mask and eye protection are required.		
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Escherichia coli	Dependent on the site of infection. Patients could be colonised.	Ingestion of contaminated food or water Faecal/oral route	The patient should be transported singly. Hand decontamination Gloves for invasive procedures and aprons if there are any body fluids.	Duration of infection or colonisation	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
ESBL (Extended Spectrum Betalactamase) Antibiotic resistant strain of bacteria	Patient may be infected or colonised. Dependent on site of	Person to person faecal/oral route	The patient should be transported singly if they or any other patient scheduled to travel with them has an open wound,	Duration of infection or colonisation	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily

Can cause urinary tract infection, pneumonia or surgical wound infections	infection.		catheter or intravenous cannula. Plastic apron and gloves for direct patient contact. Hand decontamination		fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Epstein Barr Virus (Infectious mononucleosis glandular fever)	4-6 weeks	Exchange of oral secretions	Plastic apron and gloves for direct patient contact. Disinfection of articles soiled with nose and throat discharges Hand decontamination	Duration of symptoms	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
Fleas	Can survive as pupa (eggs) for several months in linens and carpets	Direct contact Indirect contact (environmental) Fleas are able to move and jump	Patients should be transported singly Gloves and aprons for patient contact – consider sleeve protectors Change uniforms post conveyance if required	Whilst in contact with reservoir	Dependent on the scale of infestation staff should either carryout a normal clean with vehicle based wipes or by gaining authorisation from the local on call Bronze Manager - return vehicle to Make Ready Centre/VPP for further cleaning using hot water and detergent based product

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Gastroenteritis Bacterial (Staphylococcus aureus Salmonella Campylobacter Shigella E.Coli 0157)	S. aureus 30mins-8hrs usually 2-4hrs Salmonella 6-72hrs Campylobacter 2-5 days Shigella 1-3 days E. Coli 0157 2-8 days	Faecal / oral route. Can be airborne if patient is projectile vomiting.	<p>Single patient transport for duration of precautions</p> <p>Hand decontamination – hand wipes followed by alcohol gel. Soap and water when available.</p> <p>Apron and gloves for direct contact with and disposal of body fluids. Consider use of sleeve protectors</p> <p>Facemasks and eye protection when if patient is actively vomiting (especially during transportation)</p> <p>Staff must be 48 hours symptom free before returning to work</p>	Until symptom free for 48 hrs	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Gastroenteritis Viral Small round structured viruses (e.g. Norwalk / Norovirus)	12-72hrs	Faecal/oral	<p>Single patient transport for duration of precautions</p> <p>Hand decontamination – hand wipes followed by alcohol gel. Soap and water when available. Alcohol hand gel is not effective against</p>	From onset of illness until 48hrs after last symptoms	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as

			<p>diarrhoeal infections</p> <p>Apron and gloves for direct contact with and disposal of body fluids. Consider use of sleeve protectors</p> <p>Facemasks and eye protection when if patient is actively vomiting (especially during transportation)</p> <p>Staff must be 48 hours symptom free before returning to work</p>		<p>much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)</p>
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Giardia enteritis	Usually 3-25 days	<p>Ingestion of contaminated food or water</p> <p>Faecal/oral route</p>	<p>Single patient transport for duration of precautions</p> <p>Hand decontamination – hand wipes followed by alcohol gel. Soap and water when available. Alcohol hand gel is not effective against diarrhoeal infections</p> <p>Apron and gloves for direct contact with and disposal of body fluids. Consider use of sleeve protectors</p>	Duration of enteric symptoms	<p>Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)</p>

Gonococcal conjunctivitis (Ophthalmia neonatorum)	Usually 1-5 days	Contact with conjunctival discharge	Isolation for first 24 hrs after administration of effective therapy Apron and gloves for direct contact with and disposal of body fluids. Hand decontamination	Until 24 hrs of specific treatment	Normal between patient clean with vehicle based wipes (all surfaces and equipment)
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Hand, foot and mouth disease (viral)	3- 5 days	Respiratory tract secretions and faeces.	Apron and gloves for direct contact with and disposal of body fluids. Staff and patient hand washing	10 – 14 days after onset of symptoms	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Hepatitis A	15-50 days Average of 28 days	Faecal/oral Ingestion of contaminated food or water	Single patient transport for duration of precautions Gloves and aprons for contact with blood and body fluids Hand decontamination	Until 1 week after onset of jaundice	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and

			Vaccination is available for high risk staff (HART) and is offered as travel vaccination to some destinations		wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Hepatitis B and C	Hep B Usually 45-180 days Hep C. from 2 weeks – 6 months	Blood to blood contact and per mucosal exposure to infective body fluids Vertical transmission from mother to baby Risk of transmission through sexual contact (risk is higher with Hep B)	Follow up inoculation injuries, body fluid sprays and bites immediately Gloves and aprons for contact with blood and body fluids and when undertaking invasive procedures. Hepatitis B vaccination is available to all staff and is strongly encouraged	Whilst viral load is high the patient is infective. While virus present in blood/body fluids Regular blood tests are required to monitor viral load	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Herpes simplex	2-12 days	Contact with saliva and fluid from lesions. Personal contact with another.	Single patient transport for duration of precautions Gloves and aprons for contact with secretions	Until lesions are dried. Contagious when vesicles are 'wet'	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

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Impetigo	Variable	Direct contact with exudate from skin lesions or indirect contact through contaminated items	<p>Single patient transport for duration of precautions</p> <p>Gloves and aprons for contact with secretions</p> <p>Hand decontamination</p>	Until lesions are dried Healthcare workers can normally return to work 48 hours after they commence treatment	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
Influenza	Average 2 days 1-4 days	<p>Highly transmissible Respiratory droplets Via the airborne route.</p> <p>Indirect contact through contaminated items</p>	<p>Single patient transport for duration of precautions</p> <p>Apron and gloves for direct contact with and disposal of body fluids. Consider use of sleeve protectors</p> <p>Facemasks and eye protection if patient is unable to use a tissue to catch coughs and sneezes. FFP3 mask required for airway management.</p> <p>Can request that patient wears a mask.</p> <p>Hand decontamination Staff immunisation is highly recommended</p>	Duration of symptoms	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

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Legionnaire's disease	2-10 days most often 5-6 days Average 6 – 7 days	Inhalation of aerosolised bacteria from a contaminated water source. No person to person spread	Apron and gloves for direct contact with and disposal of body fluids.	No evidence of person to person spread	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
Malaria	9-40 days dependant on which strain Reoccurrence can occur years later	Parasitic disease – spread via infected female <i>Anopheles mosquito</i>	No direct transmission person to person – transmission by transfusion/ inoculation is possible Gloves for any invasive procedures	Duration of symptoms	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Middle East Respiratory Syndrome Coronavirus	Up to 14 days	Large respiratory droplets. Detected in blood, faeces and urine. Airborne transmission through aerosol generating procedures	Single patient transport for duration of precautions Hand decontamination Coveralls, gloves, FFP3 respiratory masks and eye protection required	24 hours after last symptoms	Vehicle should be aired for 20 minutes then vehicle and equipment cleaned with detergent/disinfectant wipe. Normal clean with

			for patient contact.		vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Measles	From 7 to 18 days from exposure to onset of symptoms (normally 10 days) usually 14 days until rash appears	Measles virus is highly communicable . Respiratory from airborne droplets or indirect contact from contaminated items.	Single patient transport for duration of precautions Gloves and apron for patient contact. Facemasks are required if the patient has cold symptoms or if staff immunity is unknown. Request that patient wears a mask if they are unable to catch coughs and sneezes in a tissue Hand decontamination Non-immune Staff contacts should be referred to OH at the	On suspicion of measles until at least 4 days after onset of rash	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

			<p>earliest opportunity as actions need to be taken within 72 hours to be effective.</p> <p>MMR vaccination can be given as post exposure prophylaxis within 72 hours of exposure for non-immune contacts.</p>		
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<p>Viral Meningitis Can be caused by a variety of viral infections</p>	<p>Dependent on the virus concerned</p>	<p>Direct contact with oral/nasal secretions. Large particle respiratory droplets</p>	<p>Single patient transport for duration of precautions</p> <p>Gloves and apron for patient contact.</p> <p>Staff to wear mask for close contact during suctioning or intubation.</p> <p>Eye protection (exposure of eyes to respiratory droplets can cause meningococcal conjunctivitis)</p> <p>Hand decontamination</p>	<p>Onset of acute illness</p>	<p>Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)</p>
<p>Methicillin Resistant Staphylococcus Aureus (MRSA)</p>	<p>4 – 10 days</p>	<p>Direct and indirect contact</p>	<p>The patient should be transported singly if they or any other patient scheduled to travel with them has an open wound,</p>	<p>Duration of infection or colonisation</p>	<p>A normal between patient clean with vehicle based wipes (all surfaces and equipment)</p>

			<p>catheter or intravenous cannula.</p> <p>Plastic apron and gloves for direct patient contact.</p> <p>Hand decontamination</p>		
Mumps	15-18 days	Direct contact with saliva or droplets of saliva from an infected person	<p>Single patient transport for duration of precautions</p> <p>Gloves and apron for patient contact.</p> <p>Facemasks are required if the patient has cold symptoms or if staff immunity is unknown.</p> <p>Request that patient wears a mask if they are unable to catch coughs and sneezes in a tissue</p> <p>Hand decontamination</p> <p>Non immune staff contacts should be referred to OH</p>	7 days before until 9 days after onset of parotitis	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
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NDM-1 and carbapenem resistance organisms (CRO/CPE/CRE)	Patient may be infected or colonised	Main infection source: Urine, sputum, wound secretions	The patient should be transported singly if they or any other patient scheduled to travel with them has	Duration of infection or colonisation	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of

Antibiotic resistant strain of bacteria Carbapenems are a powerful group of broad spectrum beta-lactam (penicillin-related) antibiotics which, in many cases, are our last effective defence against multi-resistant bacterial infections.			an open wound, catheter or intravenous cannula. Gloves and apron for patient contact. Hand decontamination		affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
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Necrotising fasciitis may be caused by various bacteria	1 – 5 days	Direct contact with wound exudate or indirect contact through contaminated surfaces	Single patient transport for duration of precautions Gloves and apron for patient contact. Hand decontamination	Infection treated	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
Parvovirus 'slapped cheek' also called fifth disease appearance on the cheek is usual	4-20 days	Direct contact with blood and respiratory secretions (pregnant women can pass onto baby)	Single patient transport for duration of precautions Can be passed from mother to fetus. Pregnant staff should seek advice from OH Services Gloves and apron for patient contact.	Communicability greatest before onset of rash – up to 1 week after onset of symptoms. Common in children	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

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			<p>Facemasks are required for airway management or if the patient is unable to contain respiratory secretions in a tissue</p> <p>Hand decontamination</p>		
<p>Pinworm/ Threadworm (Enterobiasis) Peri-anal itching.</p>	<p>As long as eggs are deposited on the perianal skin.</p>	<p>Faecal- oral Direct contact with infective eggs by hand contact.</p> <p>Indirect contact through contaminated clothing and items</p>	<p>Educate patient on good personal hygiene and to Shower every day</p> <p>Eggs can remain infective on bed linen and clothing and need to be decontaminated.</p> <p>Gloves and aprons for patient contact</p> <p>Hand decontamination</p>	<p>Duration of symptoms</p>	<p>A normal between patient clean with vehicle based wipes (all surfaces and equipment)</p>
<p>Psittacosis 'parrot fever'</p>	<p>7-28 days</p>	<p>Inhalation of secretions and dust from infected birds.</p> <p>Person to person transmission is rare</p>	<p>Single patient transport for duration of precautions</p> <p>Patients with a cough should be requested to cough into a tissue, if they are unable to cough into a tissue, ask the patient if they can wear a facemask. If not consider wearing a facemask</p>	<p>Duration of symptoms</p>	<p>A normal between patient clean with vehicle based wipes (all surfaces and equipment)</p>

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			<p>Gloves and aprons for patient contact</p> <p>Hand decontamination</p>		
Pyrexia of unknown origin associated with recent foreign travel	Various	Inoculation/ Pharyngeal secretions	<p>Strict Isolation, Single patient transport for duration of precautions</p> <p>No blood and body fluids – gloves and aprons for patient contact.</p> <p>Blood and body fluids – waterproof coverall, apron, facemask, eye protection and gloves.</p> <p>Hand decontamination</p> <p>Inform ED Immediately</p>	Whilst symptoms persist or non-infective diagnosis confirmed	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Q (Query) Fever Flu-like illness with fever	2 – 3 weeks.	Inhalation of infected dust or exposure to amniotic fluid or placenta	<p>No isolation procedures required</p> <p>Special obstetric precautions are required for pregnant patients as products of conception may be infectious</p> <p>Gloves and aprons for contact with body fluids.</p>	Duration of symptoms	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

			Hand decontamination		
Respiratory syncytial virus (RSV)	1-10 days	Direct contact with droplets from respiratory secretions	<p>Single patient transport for duration of precautions</p> <p>Patients with a cough should be requested to cough into a tissue, if they are unable to cough into a tissue, ask the patient if they can wear a facemask. If not consider wearing a facemask</p> <p>Gloves and aprons for contact with respiratory secretions</p> <p>Hand decontamination</p>	Duration of active symptoms	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
Ringworm (Fungal skin or scalp infection - Tinea)	4-10 days	Direct contact with lesions or indirect contact with contaminated equipment	<p>No isolation procedures required.</p> <p>Gloves and aprons for contact with lesions.</p> <p>Hand decontamination</p>	Until treatment has commenced whilst lesions present	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
Rubella (German Measles)	14-21 days	Direct contact and respiratory droplet spread	<p>Single patient transport for duration of precautions</p> <p>Gloves and aprons for patient contact.</p>	For one week before and at least 4 days after onset of rash	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

			<p>Facemasks are required if the patient is actively coughing.</p> <p>Hand decontamination.</p> <p>All female staff in contact with patient must be known to be immune; all staff likely to be dealing with pregnant patients should be immune (vaccination is available).</p>		
DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
Salmonella (Food poisoning / gastroenteritis)	6 – 72 hours	<p>Ingestion of contaminated food Common food sources raw undercooked eggs milk undercooked meat esp. poultry etc.</p> <p>Faecal-oral route</p>	<p>Single patient transport for duration of precautions</p> <p>Gloves and aprons for all contact with patient and body fluids.</p> <p>Hand decontamination</p>	Until 48 hours symptom free	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Scabies Classical / Norwegian	2 - 6 weeks before onset of itching.	<p>Prolonged skin to skin contact.</p> <p>Indirect contact</p>	Gloves for all contact, consider apron to offer further protection.	Until mites and eggs destroyed by treatment	A normal between patient clean with vehicle based wipes (all surfaces and

	4 days for previously exposed individuals	through contaminated clothing/bed linen	Hand decontamination Contact OH / GP if itching up to 6 weeks following contact	Normally considered non-infectious after first treatment	equipment)
Scarlet Fever (Group A Streptococcal disease)	Up to 1 week (Average 2 – 5 days)	Droplet spread via respiratory secretions	Single patient transport for duration of precautions If patient is coughing request they cough into a tissue, if they are unable to, consider face mask for patient. Gloves and aprons for direct patient contact and contact with respiratory secretions. Hand decontamination	If treated - 48 hrs If untreated - 10-21 days	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
Shingles	Can be many years (it is a reactivation of the chicken pox virus in someone previously infected)	Contact with vesicle fluid from skin lesions	Single patient transport for duration of precautions Gloves and aprons for direct patient contact and contact with lesions. Hand decontamination Staff <u>not</u> immune to chicken pox must avoid	Until lesions are dried. Usually up to one week	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
<p>Small pox Patients to be transferred to centre with specialist isolation facilities.</p>	7-19 days	Respiratory droplets from oropharyngeal lesions and skin inoculation	<p>contact with infective lesions</p> <p>Single patient transport for duration of precautions</p> <p>Inform ED and discuss with command structure immediately.</p> <p>Gloves, waterproof coveralls, apron, FFP3 mask and eye protection/visor are required for any patient contact.</p> <p>Transfer of patient to specialist centre should be undertaken by the HART team</p>	From onset of illness to disappearance of all scabs	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
<p>Streptococcus Group A (Necrotising fasciitis, IGAS gangrene, impetigo)</p>	1-3 days	Respiratory droplets. Exudate. Direct contact with infected lesions	<p>Single patient transport for duration of precautions</p> <p>Facemask and visor or eye protection required for contact with patient with respiratory symptoms.</p> <p>Gloves and aprons for direct patient contact</p>	<p>For 48 hrs after commencement of appropriate antibiotics for sore throats.</p> <p>For skin infections – until dry and crusted or negative swab obtained</p>	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to

DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
<p>TB -Open</p> <p>Pulmonary Tuberculosis and</p> <p>Multi Drug Resistant Pulmonary Tuberculosis In the lungs</p>	<p>Variable</p> <p>Normally 2 – 10 weeks</p>	<p>Respiratory droplets, prolonged close contact (more than 8 hours) with an infective case</p>	<p>Single patient transport for duration of precautions</p> <p>Facemask (FFP3) for air way management procedures</p> <p>Request that patient catches coughs in a tissue, patient to wear facemask if in public/ patient areas</p> <p>Gloves and aprons for contact with respiratory secretions</p> <p>Vaccination is available to staff.</p>	<p>Whilst viable tubercle bacilli are discharged in the sputum or during the first 2 weeks of treatment</p>	<p>Make Ready Centre/VPP for full decontamination by the contractors)</p> <p>Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)</p>
<p>TB - Closed</p> <p>i.e. within a closed body cavity not the lungs</p>	<p>2-10 weeks</p>	<p>Generally not communicable unless cavity is drained</p>	<p>Hand decontamination</p>		<p>A normal between patient clean with vehicle based wipes (all surfaces and equipment)</p>

DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
Typhoid	7 – 14 days but can be up to 1 month.	Faecal-oral route contaminated food and water	<p>Single patient transport for duration of precautions</p> <p>Gloves and aprons for direct contact with body fluids.</p> <p>Hand decontamination</p>	Until 3 negative stool specimens taken 48 hours after antibiotics stopped (Only if in risk group otherwise normal 48 hour exclusion rule applies)	Normal clean with vehicle based wipes (all surfaces and equipment) – decontamination of affected areas if bodily fluids are not contained (crew to use spill kit and wipes to remove as much body fluids as possible at hospital before returning to Make Ready Centre/VPP for full decontamination by the contractors)
Undiagnosed rash	Various	Dependent on diagnosis	<p>Single patient transport for duration of precautions</p> <p>Gloves and apron for direct patient contact.</p> <p>Hand decontamination</p>	Whilst symptoms persist or a non-infective diagnosis confirmed	A normal between patient clean with vehicle based wipes (all surfaces and equipment)
<p>Viral Haemorrhagic Disease Congo Fever Lassa Fever Ebola</p>	3-21 days	Direct contact with the blood or body fluids from an infected person.	<p>Strict Isolation, Single patient transport for duration of precautions</p> <p>Escalate to ROM and NILO immediately.</p> <p>Crew briefed regarding</p>	Whilst virus present in blood and secretions	<p>No blood or body fluids contamination - Normal clean with vehicle based wipes (all surfaces and equipment) –</p> <p>Full specialised Deep Clean using Category</p>

			<p>levels of risk and PPE required. Inform ED Immediately</p> <p>Transfer to specialist centres are undertaken by the HART team</p>		4 procedures if contaminated with any blood / body fluids
DISEASE/ INFECTION	INCUBATION PERIOD	ROUTE OF SPREAD	PREVENTION OF SPREAD	DURATION OF PRECAUTIONS	VEHICLE CLEANING REQUIREMENTS
<p>Whooping cough Pertussis</p>	6-20 average 9-10 days	Direct contact with respiratory secretions	<p>Single patient transport for duration of precautions</p> <p>If patient is coughing request they cough into a tissue, if they are unable to, consider face mask for patient.</p> <p>Gloves and aprons for direct patient contact and contact with respiratory secretions. Hand decontamination</p> <p>Vaccination is available; if non immune staff are exposed discuss vaccination or PEP with OH.</p>	<p>If treated - 5 days after onset of appropriate therapy</p> <p>If untreated until 3 weeks after onset of catarrhal stage</p>	A normal between patient clean with vehicle based wipes (all surfaces and equipment)

Reference:

Heymann, D. (2008) *Control of Communicable Diseases Manual 19th Edition*. APHA Press.