

Exhibit 4



Infection Control

Transmission-Based Precautions

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.

Source: [Guideline for Isolation Precautions](#)

Contact Precautions

Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

- See [Guidelines for Isolation Precautions](#) for complete details.
- **Ensure appropriate patient placement** in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
- **Use personal protective equipment (PPE) appropriately**, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.
- **Use disposable or dedicated patient-care equipment** (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- **Prioritize cleaning and disinfection of the rooms** of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the patient.

Droplet Precautions

Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

- See [Guidelines for Isolation Precautions](#) for complete details.
- **Source control**: put a mask on the patient.
- **Ensure appropriate patient placement** in a single room if possible. In *acute care hospitals*, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the [Guideline for Isolation Precautions](#). In *long-term care* and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In *ambulatory settings*, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.

- **Use personal protective equipment (PPE) appropriately.** Don mask upon entry into the patient room or patient space.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

Airborne Precautions

Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

- See [Guidelines for Isolation Precautions](#) for complete details.
- **Source control:** put a mask on the patient.
- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR)** constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.
- **Restrict susceptible healthcare personnel from entering the room** of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- **Immunize susceptible persons as soon as possible following unprotected contact** with vaccine-preventable infections (e.g., measles, varicella or smallpox).

Example Signs (Posters)

The following are examples of signs for Contact, Droplet, and Airborne Precautions that can be posted outside patient rooms.

- [Contact Precautions – Example Sign \(Print Only\)](#)  [PDF – 1 page]
 - [Spanish Example Sign – Contact Precautions \(Print Only\)](#)  [PDF – 1 page]
- [Droplet Precautions – Example Sign \(Print Only\)](#)  [PDF – 1 page]
 - [Spanish Example Sign – Droplet Precautions \(Print Only\)](#)  [PDF – 1 page]
- [Airborne Precautions – Example Sign \(Print Only\)](#)  [PDF – 1 page]
 - [Spanish Example Sign – Airborne Precautions \(Print Only\)](#)  [PDF – 1 page]