



Ministry of Health
Brunei Darussalam

GUIDANCE ON THE PRIORITIZATION OF USE OF ISOLATION ROOMS IN HEALTHCARE FACILITIES

Ownership: DIRECTOR-GENERAL MEDICAL AND HEALTH SERVICES (DGMHS) OFFICE	Document Code: DGMHS / IPC / GPUIRHCF / V.1 / 09 / 2020	Total Pages: 18
		Version: 1
Title: GUIDANCE ON THE PRIORITISATION OF USE OF ISOLATION ROOMS IN HEALTHCARE FACILITIES		1st Version: -
		Issued: Sept 2020
		Next Review: Sept 2025

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1. INTRODUCTION

- 1.1. Patients with known or suspected infectious diseases should be physically isolated from other patients by placing in single rooms with hand-washing and en-suite facilities.
- 1.2. These patients requiring isolation are identified by clinical and/or by microbiological criteria.
- 1.3. Physical isolation ceases when the patient is deemed no longer capable of transmitting potentially or known infectious agents or an alternative diagnosis is made.
- 1.4. However, most healthcare facilities have limited numbers of isolation rooms.

2. PURPOSE

- 2.1. This document aims to provide a standardized and objective risk assessment for prioritizing patients in need of isolation at times of limited availability of isolation rooms.

3. SCOPE

- 3.1. This guide applies to all healthcare personnel working in healthcare facilities with isolation rooms available, particularly those involved in bed management.

4. DEFINITIONS

- 4.1. **Departmental Services:**
 - 4.1.1. Other services under the Ministry of Health such as Renal Services, Dental Services, Public Health Services, Laboratory Services etc.

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4.2. Healthcare Facility:

4.2.1. Healthcare facility is a set of physical infrastructure elements supporting the delivery of health-related services.

4.3. Healthcare Personnel:

4.3.1. Refers to all persons working in the healthcare settings who have the potential for exposure to infectious materials, including body substances (e.g. blood, tissue, and specific body fluids), contaminated medical supplies and equipment, and contaminated environmental surfaces.

4.3.2. These persons might include but are not limited to:

- 4.3.2.1. Emergency medical service personnel
- 4.3.2.2. Dental personnel
- 4.3.2.3. Laboratory personnel
- 4.3.2.4. Autopsy personnel
- 4.3.2.5. Nurses
- 4.3.2.6. Nursing assistants
- 4.3.2.7. Physicians
- 4.3.2.8. Technicians
- 4.3.2.9. Therapists
- 4.3.2.10. Pharmacists
- 4.3.2.11. Students & trainees
- 4.3.2.12. Contractual staff not employed by the healthcare facility
- 4.3.2.13. Persons not directly involved in patient care but potentially exposed to blood & bodily fluids:
 - 4.3.2.13.1. Clerical
 - 4.3.2.13.2. Dietary
 - 4.3.2.13.3. Housekeeping
 - 4.3.2.13.4. Security
 - 4.3.2.13.5. Maintenance
 - 4.3.2.13.6. Volunteer personnel
 - 4.3.2.13.7. Healthcare waste handlers

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4.4. **Healthcare Setting:**

4.4.1. A healthcare setting is any location of provision of health care, e.g. hospitals, mental health facilities, outpatient clinics, community health centres and clinics; and ambulatory care in both the public and private sectors.

5. ROLES AND RESPONSIBILITIES

5.1. **ALL healthcare personnel** are to comply with:

5.1.1. the **Standard Precautions** in the care of **ALL** patients in **EVERY** healthcare setting, whenever relevant, regardless of their diagnosis or presumed infectious status.

5.1.2. **Transmission-based Precautions**, in addition to Standard Precautions for the care of patients **KNOWN** or **SUSPECTED** to be infected or colonized by epidemiologically important or highly transmissible organisms / infections, based on the routes of transmissions.

5.2. **Respective healthcare facilities or departmental services administrators** are to ensure that the infection prevention and control measures outlined in this guide are implemented and the items and equipment required to carry out these measures are in adequate and continuous supply and are of the required standard.

5.3. In the event of limited number of isolation rooms, prioritisation of the use of isolation rooms is given in the order based on risk assessment described below, which is based on the hazard group of organisms, route of spread or prevalence of antibiotic resistance.

6. BACKGROUND INFORMATION (*Refer to Guidance on Isolation Precautions for The Prevention and Control of Infections in the Healthcare Setting, Ministry of Health Brunei Darussalam*)

6.1. **Types of Isolation Precautions:**

6.1.1. Two tiers of isolation precautions have been designed to prevent and control the transmission of infectious agents, namely Standard Precautions and Transmission-Based Precautions.

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6.2. Standard Precautions:

6.2.1. Standard Precautions are a set of measures designed for the care of **ALL** patients in **EVERY** healthcare setting, whenever relevant, regardless of their diagnosis or presumed infectious status to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the healthcare settings.

6.2.2. The components of Standard Precautions are as follows:

- 6.2.2.1. Hand Hygiene
- 6.2.2.2. Use of appropriate Personal Protective Equipment (PPE)
- 6.2.2.3. Appropriate handling of patient care equipment
- 6.2.2.4. Adequate environmental cleaning
- 6.2.2.5. Appropriate handling of linen
- 6.2.2.6. Appropriate handling and disposal of sharps
- 6.2.2.7. Appropriate management of waste
- 6.2.2.8. Safe injection practices
- 6.2.2.9. Infection control practices for special lumbar puncture procedures
- 6.2.2.10. Respiratory hygiene and cough etiquette

6.3. Transmission-Based Precautions:

6.3.1. Transmission-Based Precautions are designed for the care of patients **KNOWN OR SUSPECTED** to be infected or colonized by epidemiologically important or highly transmissible organisms / infections.

6.3.2. There are three categories of Transmission-Based Precautions which are designed based on the routes of transmissions of microorganisms i.e. Contact Precautions, Droplet Precautions and Airborne Precautions.

6.3.3. In addition to Standard Precautions, the components of the different categories of Transmission-Based Precautions and examples of conditions for which the precautions are to be applied to are as follows:

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	Contact Precautions	Droplet Precautions	Airborne Precautions
Patient Placement	Single room or cohort patients with the same organism when a single room is not available	Single room or cohort patients with the same organism when a single room is not available	Single negative pressure room and patient's room door kept closed at all times.
Personal Protective Equipment (PPE) Requirement	<ul style="list-style-type: none"> Hand Hygiene Disposable long-sleeve fluid-impermeable gown Disposable non-sterile glove Use dedicated patient care equipment or clean and disinfect between patient use 	<ul style="list-style-type: none"> Hand Hygiene Disposable splash-proof surgical mask <p>(use of other PPE, such as disposable gloves, long-sleeve fluid-impermeable gown and eye protection, depends on the anticipated exposure)</p>	<ul style="list-style-type: none"> Hand Hygiene Disposable N95 or equivalent or Powered Air Purifying Respirator (PAPR) <p>(use of other PPE, such as disposable gloves, long-sleeve fluid-impermeable gown and eye protection, depends on the anticipated exposure)</p>
Examples of Conditions requiring application of the Transmission-Based Precaution	<ul style="list-style-type: none"> <i>Clostridium difficile</i> <i>Norovirus</i> <i>Rotavirus</i> Hepatitis A or E with diarrhoea Acute diarrhoea Scabies Hepatitis B, C or HIV with active bleeding Ebola Virus Disease Multi-Drug Resistant organisms (MDROs) 	<ul style="list-style-type: none"> <i>Bordetella pertussis</i> (Whooping cough) Influenza virus Adenovirus Rhinovirus Multi-drug resistant bacterial pneumonia SARS-associated coronavirus including SARS-CoV 2 Group A <i>Streptococcus</i> <i>Neisseria meningitides</i> <i>Respiratory Syncytial Virus</i> (RSV) Rubella Mumps Hand Foot and Mouth Disease Pulmonary melioidosis 	<ul style="list-style-type: none"> Any aerosol-generating procedures (AGPs) Spores of <i>Aspergillus spp.</i> Pulmonary or laryngeal tuberculosis Measles (<i>Rubeola virus</i>) <i>Varicella / Herpes zoster</i> Novel / emerging respiratory illnesses Smallpox (<i>Variola virus</i>)

Table 1- Components of Transmission-Based Precautions

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7. DEFINITION OF LEVEL OF PRIORITY FROM RISK ASSESSMENT FOR THE PRIORITIZATION OF ISOLATION ROOMS

7.1. The level of priority for the prioritization of isolation rooms are categorized into the following:

7.1.1. High Priority:

- 7.1.1.1. Patients with **HIGH PRIORITY** risk assessment **TAKE PRIORITY** for isolation beds.
- 7.1.1.2. Appropriate precautions must be applied **IMMEDIATELY** even if this requires movement of other patients to ensure a suitable room.
- 7.1.1.3. Avoid delays in transfer to minimize risk of transmission.

7.1.2. Medium Priority:

- 7.1.2.1. Patients with **MEDIUM PRIORITY** risk assessment should have appropriate precautions applied but **can wait for the next available bed**.
- 7.1.2.2. Patients may remain in the present location but with appropriate transmission-based precautions applied until (and during) transfer.

7.1.3. Low Priority:

- 7.1.3.1. Patients with **LOW PRIORITY** risk assessment will **only require isolation if certain criteria(s) is (are) met** or by case-to-case discussion with Infection Control Team.

8. RISK ASSESSMENT GUIDE

8.1. Priority Level According to The Type of Isolation Precaution and Organisms Involved:

- 8.1.1. In the event of limited number of isolation rooms, use the table below to help guide which priority level to assign to the patient according to the organism involved and the type of isolation precaution required.

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ISOLATION PRECAUTIONS	HIGH PRIORITY	MEDIUM PRIORITY	LOW PRIORITY
AIRBORNE PRECAUTIONS	<ul style="list-style-type: none"> • Chickenpox or herpes zoster • Measles • Tuberculosis- laryngeal or pulmonary • SARS or other novel virus or emerging respiratory illness e.g. H5N1 • Smallpox • Suspected haemorrhagic fever or acute respiratory illness within 10 days of travel 		Tuberculosis-extrapulmonary
DROPLET PRECAUTIONS	<ul style="list-style-type: none"> • Influenza (proven or strong suspicion) • Suspected <i>Neisseria meningitides</i> (meningococcal disease) • Pertussis (whooping cough) • Rubella 	<ul style="list-style-type: none"> • Hand, Foot and Mouth disease (HFMD) • Mumps • MRSA pneumonia 	<ul style="list-style-type: none"> • Bacterial pneumonia • Suspected community acquired meningitis
CONTACT PRECAUTIONS	<ul style="list-style-type: none"> • Confirmed <i>Clostridium-difficile</i> infection • Confirmed <i>Norovirus</i> or <i>Rotavirus</i> infection • Hepatitis A or E (with diarrhoea) • Multi-drug resistant gram-negative bacilli: <ul style="list-style-type: none"> a) <i>Acinetobacter</i> resistant to imipenem or meropenem + 2 other antibiotic classes b) <i>E. coli</i>, <i>Klebsiella</i>, or <i>Enterobacter</i> resistant to imipenem or meropenem c) Vancomycin resistant <i>Enterococcus</i> (VRE) 	<ul style="list-style-type: none"> • Acute diarrhoea (community onset) • Bacterial gastroenteritis (<i>Shigella</i>, <i>Salmonella</i>, <i>Campylobacter</i>) • Enteric fever (<i>Typhoid</i>, <i>Paratyphoid</i>) • MRSA • Scabies 	Blood borne viruses (Hepatitis B, C, HIV) – isolate patient only if actively bleeding

Table 2- Table of Priority Level according to organisms involved and types of isolation precautions required.

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8.2. Isolation Requirement and Priority Level of Infectious Organisms:

8.2.1. The table below can also be used to help guide what isolation precautions and level of priority to assign to for common infectious conditions.

CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Acute diarrhoea (community onset)	<ul style="list-style-type: none"> • Medium Priority Contact Precautions • With own toilet facilities 	Faecal material, Vomitus	On admission	At least 48 hrs after diarrhoea resolved	Confirmed diagnosis may change isolation requirements
Bacterial gastroenteritis (<i>Shigella</i> , <i>Salmonella</i> , <i>Campylobacter</i>)	<ul style="list-style-type: none"> • Medium Priority Contact Precautions • With own toilet facilities 	Faecal material, Vomitus	When confirmed	At least 48 hrs after symptom resolution	
Bacterial pneumonia	Low Priority Droplet Precautions	Respiratory secretions			No isolation required unless patient in ward with immune-compromised patients or pulmonary melioidosis suspected
Chicken pox, <i>Herpes zoster</i>	<ul style="list-style-type: none"> • High Priority Airborne and Contact Precautions 	Respiratory secretions, Skin lesions	On suspicion	After all visible lesions crusted over	Non-immune and pregnant staff should not be allocated to care for patient
<i>Clostridium difficile</i> infection	<ul style="list-style-type: none"> • High Priority Contact Precautions • With own toilet facilities 	Faecal material	When confirmed	At least 48 hrs after diarrhoea resolved	

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CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Enteric fever (<i>Typhoid/ Paratyphoid</i>)	<ul style="list-style-type: none"> • Medium Priority Contact Precautions • With own toilet facilities 	Faecal material	When confirmed	At least 48 hrs after diarrhoea and fever resolved	
Hand, Foot and Mouth Disease (epidemic)	<ul style="list-style-type: none"> • Medium Priority Droplet and Contact Precautions 	Respiratory secretions, Skin lesions	When confirmed	On discharge	May be necessary to cohort in outbreaks
Hepatitis A & E (with diarrhoea)	<ul style="list-style-type: none"> • High Priority Contact Precautions • With own toilet facilities 	Faecal material, vomitus	When confirmed	1 week after onset of jaundice or 10 days after symptom onset	Pregnant staff should not be allocated to care for patient
Hepatitis B (HBsAg +), Hepatitis C	Low Priority Contact Precautions	Blood	When confirmed	No isolation required unless actively bleeding	Standard precautions suffice in other situations
HIV	Low Priority Contact Precautions	Blood	When confirmed	No isolation required unless actively bleeding	Isolation not needed unless another potentially transmissible infection present
Influenza (proven or strong clinical suspicion)	High Priority Droplet and Contact Precautions	Respiratory secretions	On strong clinical suspicion or confirmed	Confirmed cases: On discharge. Suspected cases: until diagnosis excluded.	

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CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Measles	High Priority Airborne Precautions	Respiratory secretions	On suspicion	At least 4 days after rash appears	Non-immune staff should not be allocated to care for patient
Pulmonary Melioidosis	High Priority Droplet Precautions	Respiratory secretions	On suspicion of pulmonary melioidosis	At least 24 hrs after appropriate antibiotics commenced	No need to isolate extra-pulmonary melioidosis
Mumps	Medium Priority Droplet Precautions	Respiratory secretions	On suspicion	At least 5 days after parotid swelling onset	Non-immune staff should not be allocated to care for patient
Methicillin Resistant <i>Staphylococcus Aureus</i> (MRSA)	Medium Priority Contact Precautions	Skin, Body fluids	When confirmed	3 confirmed negative screening swabs on different days after de-colonization therapy	Do not cohort with patients colonized or infected with VRE (Vancomycin Resistant <i>Enterococcus</i>)
MRSA pneumonia	Medium Priority Droplet Precautions (while coughing) and Contact Precautions	Respiratory secretions	When confirmed	When coughing resolved	Do not cohort with patients colonized or infected with VRE
Multi-drug resistant <i>Acinetobacter baumannii</i> (Imipenem & meropenem + 2 other classes)	<ul style="list-style-type: none"> High Priority Contact Precautions With Droplet Precautions (if sputum positive and coughing) 	Skin, Wounds, +/- body fluids	When confirmed	On discharge	Do not cohort with different organisms

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CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Multi-drug resistant <i>E. coli</i>, <i>Klebsiella</i>, <i>Enterobacter</i> (resistant to imipenem & meropenem- includes NDM-1, KPC)	<ul style="list-style-type: none"> • High Priority Contact Precautions with own toilet facilities, • With Droplet Precautions (if sputum positive and coughing) 	Body fluid, Skin, Wounds	When confirmed	On discharge	Do not cohort with different organisms
<i>Neisseria meningitides</i> (meningococcal disease)	High Priority Droplet Precautions	Respiratory secretions, Skin lesions	On suspicion	At least 24 hrs after antibiotics commenced	
<i>Pertussis</i> (Whooping cough)	High Priority Droplet and Contact Precautions	Respiratory secretions	On suspicion	At least 5 days after antibiotics commenced	
<i>Rubella</i>	High Priority Droplet Precautions	Respiratory secretions	On suspicion	At least 7 days after rash onset	Non-immune (especially those pregnant or potentially pregnant) staff should not be allocated to care for patients
Scabies	Low Priority Contact Precautions	Skin lesions (prolonged skin-skin contact)	On suspicion	At least 24 hrs after treatment given	Contact precautions preferred; should be isolated if immune-compromised

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CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
<i>Streptococcus pyogenes</i> -necrotizing fasciitis, impetigo	Medium Priority Contact Precautions	Skin lesions	When confirmed	At least 24 hrs after antibiotic commenced*	*If no dressing or dressing does not contain drainage
Tuberculosis-pulmonary or laryngeal	High Priority Airborne Precautions	Respiratory secretions	On suspicion	If on suspicion: sputum AFB smears negative x3 If confirmed: patient has been on treatment at least 2 weeks and sputum AFB smears x3 negative and not MDR (Multi-drug resistant) TB	If on treatment >2 weeks, not coughing, no need to isolate
Tuberculosis-extrapulmonary	Low Priority Airborne Precautions	Body fluids	On suspicion		No need to isolate unless risk of fluid aerosolization from, for example a wound
Vancomycin resistant <i>Enterococcus faecium</i> or <i>E. faecalis</i> (VRE)	<ul style="list-style-type: none"> High Priority Contact Precautions, With own toilet facilities 	Body fluids, Skin	When confirmed	Keep patient isolated while admitted but can be discharged to own home if medically fit	Do NOT cohort with patients colonised or infected with MRSA
Cholera	High Priority Contact Precautions with Own toilet facilities	Faecal material	On suspicion	Isolate for the duration of admission	

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CONDITION	ISOLATION PRECAUTIONS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Viral gastroenteritis- <i>Norovirus,</i> <i>Rotavirus</i>	<ul style="list-style-type: none"> • High Priority Contact Precautions, with own toilet • Low Priority Droplet Precautions (Droplet precautions during close contact with body fluids including room cleaning) 	Faecal material, Vomitus	When confirmed but during an outbreak of <i>Norovirus</i> , isolate on suspicion	At least 48 hrs after resolution of symptoms	
Anthrax	None required	Usually inoculation or large volume inhalation	Usually no need to isolate		Airborne precautions if performing aerosol-generating procedure
Diphtheria	<ul style="list-style-type: none"> • High Priority Droplet Precautions (pharyngeal) • Medium Priority Contact Precautions (cutaneous) 	Respiratory secretions (pharyngeal) Skin lesions (cutaneous)	When confirmed	Completion of antibiotics and culture negative	Contact precautions until bed available
Haemorrhagic viral fever (other than dengue)	High Priority Airborne and Contact Precautions	Body fluids	On suspicion	Isolate for the duration of admission	Full PPE required until aetiological agent known; recommendations may then change

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CONDITION	ISOLATION REQUIREMENTS	INFECTIOUS MATERIALS	WHEN TO ISOLATE	WHEN TO DEISOLATE	NOTES
Pneumonic plague	High Priority Droplet Precautions	Respiratory secretions	On suspicion	At least 24hrs after antibiotic treatment	Only contact precautions required if bubonic plague without respiratory symptoms
Poliomyelitis	High Priority Contact Precautions	Faecal material	When confirmed	Isolate for the duration of illness	Viral shedding may occur up to 6 weeks
Smallpox	High Priority Airborne and Contact Precautions	Skin, Wounds, Body fluids	On suspicion	Isolate for the duration of admission	Only vaccinated persons or those without contraindications to vaccine should provide care

Table 3 – Table of the Characteristics and Isolation Requirements and Priority Level of Infectious Conditions.

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9. COHORTING

- 9.1. Cohorting refers to the placing of patients colonized or infected with the **SAME** organism together in the same room, in the event of limited availability of single rooms.

- 9.2. The placing of patients with **DIFFERENT** organisms / conditions is **NOT** acceptable.

- 9.3. If it is **unavoidable** to place a patient who requires Contact or Droplet Precautions in a room with a patient who is infected or colonized with **different** infectious agents, such as because of no single rooms available, the following principles apply:
 - 9.3.1. Avoid placing patients on Contact or Droplet Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from the infection or may facilitate transmission (e.g. immunocompromised patients, patients who have open wounds, or have anticipated prolonged lengths of stay).

 - 9.3.2. Ensure patients are physically separated (at least 1 metre apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.

 - 9.3.3. Change or remove Personal Protective Equipment (PPE) and perform hand hygiene between contacts with patients in the same room.

- 9.4. Whilst patients are being cohorted, the other components such as the Personal Protective Equipment (PPE) requirement of the Transmission-Based Precautions (refer to *Guidance on Isolation Precautions for The Prevention and Control of Infections in the Healthcare Setting, Ministry of Health Brunei Darussalam*) still apply.

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10. REFERENCES

10.1. Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee (2007). Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. <http://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

10.2. Victorian Advisory Committee on Infection Control (2007). Guidelines for the classification and design of isolation rooms in healthcare facilities. <https://docplayer.net/783545-Guidelines-for-the-classification-and-design-of-isolation-rooms-in-health-care-facilities-victorian-advisory-committee-on-infection-control.html>



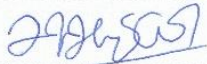







10.3. National University Hospital- Hospital Administrative Policy NUH-HAP-INF-056 Prioritization of use of isolation facilities.

10.4. Ministry of Health Brunei Darussalam. (Dec 2018). Hand Hygiene Policy – HHP / MOH-HAP-INF-001 / V01 / 122018

10.5. Ministry of Health Brunei Darussalam (Sept 2020). Guidance on Isolation Precautions for The Prevention and Control of Infections in the Healthcare Setting - DGMHS / IPC / GIPPCIHCS / V.1 / 09 / 2020

Ownership: DIRECTOR-GENERAL MEDICAL AND HEALTH SERVICES (DGMHS) OFFICE	Document Code: DGMHS / IPC / GPUIRHCF / V.1 / 09 / 2020	Total Pages: 18
		Version: 1
Title: GUIDANCE ON THE PRIORITISATION OF USE OF ISOLATION ROOMS IN HEALTHCARE FACILITIES		1st Version: -
		Issued: Sept 2020
		Next Review: Sept 2025

11. ACKNOWLEDGMENTS

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