Table 3 - Immediate Actions to be taken when an Individual is Identified as a Suspect or Confirmed Case of HCID (adapted from CEC, NSW guidance)

No.	Action to be taken	Completed
1.	**Initial assessment** and history at check in/triage	☐
2.	Apply **standard precautions** (see Box 3 and NCEC National Clinical Guideline No. 30 IPC- Vol 1 p20) for all patients at all times. Provide the patient with a surgical facemask (and emesis bag - if needed).	☐
3.	Conduct a **PCRA** to determine the risk of exposure to body fluids. (Assess patient for "dry symptoms", e.g. fever and fatigue or "wet symptoms", e.g. diarrhoea, vomiting or bleeding) (see Table 4)	☐
4.	**Safe PPE donning and doffing** procedures (PPE based on PCRA but typically includes, at a minimum, respirator, eye protection, gown and gloves). Perform hand hygiene before donning and after doffing as per WHO 5 moments. For additional HCID PPE requirements, see **Appendix 3**.	☐
5.	Immediately accompany the patient to a **single room for assessment.** This room should be ensuite, **preferably with negative pressure** ventilation (where available), and should ideally have **an anteroom for putting on and taking off PPE**.	☐
6.	**Restrict access** (staff and visitors) to the room to minimise exposure to others. The exception is when, in the view of the clinical team, it is essential for clinical care that a visitor enters the patient room (for example in the case of a child or vulnerable adult). In such cases a PCRA must be performed, and visitors must adhere to IPC guidance. Consider that the accompanying person may be a case or a contact.	☐
7.	Initial suspicion, following risk assessment- ensure that **urgent advice is sought** from ID consultant on call/Clinical Microbiologist/ IPC team/Paediatric ID consultant. Where there is no local ID expertise, discuss case directly with the Consultant/Specialist in Public Health Medicine (CPHM/SPHM) (contact details here). Urgent communications with local governance structures (including hospital management) should follow local escalation protocols.	☐
8.	Ensure that **single patient-use equipment** is available and allocated to the room.	☐
9.	**Manage waste**: PPE should be treated as Category A waste and stored securely until HCID status is confirmed. Mpox waste can be managed as Category B (see **Appendix 5**).	☐
10	**Do not delay essential tests** for diagnosis and management. **Avoid extra unnecessary invasive procedures** until ID consultant has been contacted and provided advice. **Inform the laboratory in advance of high-risk exposure samples, and label as such.**	☐
11	**Limit staff contact** and compile a line listing for staff/patients/others who have had contact with the patient – for follow up with Public Health and Occupational Health.	☐
12	Manage Patient as per **advice** from ID Consultant/ Clinical Microbiology/ Public Health. Refer to HPSC website for pathogen-specific management algorithms.	☐
13	**Communication** with the patient/family. Provide advice and information to the patient and/family or caregivers, e.g. Isolation precautions	☐