

Appendix 11 – Best Practice - Aide memoire for Patient Placement considerations and Respiratory Protective Equipment (RPE) or Fluid Resistant Surgical Facemasks (FRSMs) for Infectious Agents

Please note that ARHAI Scotland is currently updating the ‘Transmission-Based Precautions Definitions’ literature review, inclusive of a reassessment of the evidence underpinning contact/droplet/airborne transmission routes. Appendix 11 will be updated accordingly.

The following table outlines some of the Transmission-Based Precautions (TBPs) required for a number of infectious agents and diseases when delivering patient care, primarily:

- patient placement considerations whilst the patient is considered infectious¹
- the recommended mask (Fluid resistant surgical facemask (FRSM) or Respiratory Protective Equipment (RPE)) required to minimise the transmission risk. Use or non-use of masks will depend on a risk assessment by clinical staff, which should include, for example, the presenting symptoms, the mode of transmission, risk of acquisition and the availability of treatment.

The Hierarchy of Controls should also be used within health and care settings to prevent the transmission of infection. See [Appendix 17](#) for further details. For additional guidance on recommended PPE during the provision of patient care, see [Appendix 15](#).

Version 3.5, 23 March 2026

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|---|--|--|---|
| Acinetobacter baumannii | Pneumonia, bacteraemia, skin and soft tissue infections | Single en-suite room | No requirement for FRSM or RPE | No |
| Adenovirus | Upper +/- lower respiratory tract infection | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| | Conjunctivitis, gastroenteritis | Single en-suite room | No requirement for FRSM or RPE | No |
| Airborne High consequence infectious diseases (HCID)⁴ | Severe respiratory illness, pneumonia for example | Negative pressure and ante-room within an Infectious Diseases Unit | FFP3 or Hood for routine care and AGPs | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|--|--|--|---|
| | | Positive pressure ventilated lobby (PPVL) room ⁵ | See HCID addendum for full PPE requirements | |
| Bacillus anthracis | Injection, inhalation, gastrointestinal or cutaneous Anthrax | Single en-suite room | No requirement for FRSM or RPE | Yes |
| Bacillus cereus | Gastroenteritis, sepsis, pneumonia, endocarditis, central nervous system (CNS) and ocular infections | Single en-suite room | No requirement for FRSM or RPE | Yes |

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|---|------------------------------|--|--|---|
| Bacteria with exceptional resistance (see Appendix 13 for full list) | Varies according to pathogen | Single en-suite room | For FRSM/RPE requirements seek advice from IPC team | Some are notifiable. Refer to guidance. |
| Bordetella pertussis | Whooping cough | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs until patient has been established on appropriate antimicrobial treatment⁶ | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|---|--|--|---|
| Candidozyma auris (formerly Candida auris) | Ear, wound and bloodstream infection | Single en-suite room | No requirement for FRSM or RPE | No |
| Carbapenemase producing Enterobacterales (CPE) (either swab positive or positive as per clinical risk assessment criteria) | Device associated infections – urinary tract infection, catheter-associated bacteraemia | Single en-suite room | No requirement for FRSM or RPE | Yes |
| Chlamydia pneumoniae | Pneumonia | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care | No |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|--|--|--|---|
| | | | <ul style="list-style-type: none"> • FFP3 or Hood for AGPs | |
| Clostridioides difficile | Clostridioides difficile infection (CDI) | Single en-suite room | No requirement for FRSM or RPE | Yes |
| Coronavirus² (Coronaviruses other than SARS-CoV/ MersCoV) | Respiratory symptoms | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Coronavirus² (SARS-CoV-2/ COVID-19) | Respiratory symptoms | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | Yes |

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|---|---|--|--|---|
| Corynebacterium diphtheria or Corynebacterium ulcerans | Diphtheria – Cutaneous, Pharyngeal (toxigenic strains) | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs if pharyngeal | Yes |
| Enterovirus D68 | Mild to moderate upper respiratory tract infections, can cause severe respiratory illness and rarely acute flaccid myelitis (AFM) | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Extended-spectrum beta-lactamases | Urinary tract infections, pneumonia and bloodstream infections | Single en-suite room | FFP3 or Hood for AGPs only if pneumonia | No |

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|--|-----------------|--|--|---|
| (ESBLs) (Typically ESBL-producing <i>Escherichia coli</i> or ESBL-producing <i>Klebsiella pneumoniae</i>) | | | | |
| Gastrointestinal infections for example <i>Salmonella</i> spp. | Gastroenteritis | Single en-suite room | FRSM for routine care if patient is vomiting | Some GI Infections are notifiable. Refer to guidance. |

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|---|--|--|--|---|
| Haemophilus Influenzae type b | Epiglottitis, meningitis, pneumonia, septicaemia | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs until patient has been established on appropriate antimicrobial treatment⁶ | Yes |
| Hepatitis A virus | Hepatitis, Gastroenteritis | Single en-suite room | FRSM for routine care if patient is vomiting | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|--|---|--|--|---|
| Herpes zoster (Shingles) (varicella-zoster) ⁸ | Shingles (vesicle fluid) | Single en-suite room | No requirement for FRSM or RPE | Yes |
| | Shingles (lesions in the respiratory tract) | <ul style="list-style-type: none"> • Negative pressure isolation room/suite • Positive pressure ventilated lobby (PPVL) room⁵ • Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | Yes |
| Chickenpox (varicella-zoster) ⁸ | Chickenpox | <ul style="list-style-type: none"> • Negative pressure isolation room/suite | FFP3 or Hood for routine care and AGPs | Yes |

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|--|---|--|--|---|
| | | <ul style="list-style-type: none"> • Positive pressure ventilated lobby (PPVL) room⁵ • Single en-suite room | | |
| Human metapneumovirus | Upper +/- lower respiratory tract infection | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Influenza virus (Endemic strains)⁷ | Influenza | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | Yes |
| Morbillivirus (Measles virus)⁸ | Measles (rubeola) | <ul style="list-style-type: none"> • Negative-pressure Isolation room/suite | FFP3 or Hood for routine care and AGPs | Yes |

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|---|---|--|--|---|
| | | <ul style="list-style-type: none"> • Positive pressure ventilated lobby (PPVL) room⁵ • Single en-suite room | | |
| Methicillin resistant Staphylococcus aureus (MRSA) (either swab positive or positive as per clinical risk assessment criteria) | Skin and wound infections, endocarditis, pneumonia, osteomyelitis, urinary tract infections and bacteraemia | Single en-suite room | FFP3 or Hood for AGPs only if pneumonia | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|---|--|---|---|
| Mpox virus (MPXV): Suspected cases | Prodrome, rash (localised or widespread ¹⁰), lesions, lower respiratory tract infection | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs or presenting with respiratory symptoms or extensive lesions/deteriorating condition | Yes |
| Mpox virus (MPXV): Confirmed cases | Rash (localised or widespread ⁹), lesions, lower respiratory tract infection | Single en-suite room | FFP3 or Hood for routine care and AGPs | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|---|--|--|---|
| Mumps virus⁸ | Mumps (infectious parotitis) | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | Yes |
| Mycobacterium tuberculosis complex | Extrapulmonary Tuberculosis | Single en-suite room | No requirement for FRSM or RPE, however, an FFP3 or Hood when using high-speed devices on the site infected with extrapulmonary TB | Yes |
| | Pulmonary or laryngeal disease Tuberculosis | Negative-pressure isolation room | FFP3 or Hood for routine care and AGPs until the patient has been | Yes |

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|---|---------|---|--|---|
| | | <p>Positive pressure ventilated lobby (PPVL) room until the patient has been established on appropriate antimicrobial treatment⁵</p> <p>Note that a negative-pressure isolation room (NPIR) is the required placement for patients with MDR or XDR TB. If an NPIR is not available within the facility, the patient must be transferred promptly to a hospital or unit equipped with a functional NPIR.</p> | <p>established on appropriate antimicrobial treatment⁶ and always if the patient has MDR or XDR TB</p> | |

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|---|--|--|--|---|
| Mycoplasma pneumoniae | Pneumonia | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Neisseria meningitides | Meningitis – meningococcal (or presentation of clinical meningitis of unknown origin), septicaemia | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs until patient has been established on appropriate antimicrobial treatment⁴ | Yes |
| Norovirus | Winter vomiting disease | Single en-suite room | FRSM for routine care if the patient is vomiting | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|---|--|--|---|
| Novel respiratory pathogens (new and emerging) ⁷ | Severe respiratory illness with or without gastroenteritis, pneumonia | <ul style="list-style-type: none"> • Negative pressure isolation room • Positive pressure ventilated lobby (PPVL) room⁵ | FFP3 or Hood for routine care and AGPs | Yes |
| Panton Valentine Leukocidin (PVL) – positive Staphylococcus aureus | Skin and soft tissues infection, necrotising pneumonia, necrotising fasciitis, osteomyelitis, septic arthritis and pyomyositis, purpura fulminans | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs only if pneumonia | No |
| Parainfluenza virus | Upper +/- lower respiratory tract infection | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care | No |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|------------------------|--|--|---|
| | | | <ul style="list-style-type: none"> • FFP3 or Hood for AGPs | |
| Parvovirus B19 – (Erythema infectiosum – Erythrovirus B19) | Slapped cheek syndrome | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care* • FFP3 or Hood for AGPs* (*Not required if the rash+/- arthralgia has developed) | No |
| Pneumocystis jirovecii | Pneumonia | Single en-suite room in high-risk settings, for example ICU/PICU/NICU, | No requirement for FRSM or RPE unless symptomatic of respiratory infection then: | No |

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|---|---|--|--|---|
| | | oncology/haematology, transplant units | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | |
| Pseudomonas aeruginosa | Pneumonia, bacteraemia, wound or surgical site infections, catheter-associated urinary tract infections, conjunctivitis in neonates | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs only if pneumonia | No |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|--|---|--|--|---|
| Respiratory syncytial virus (RSV) | Upper +/- lower respiratory tract infection | Single en-suite room or planned cohorts | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Rhinovirus | Common cold | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | No |
| Rotavirus | Gastroenteritis | Single en-suite room | <ul style="list-style-type: none"> • No requirement for RPE • FRSM for routine care if patient is vomiting | No |

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|---|--|--|--|---|
| Rubella virus ⁸ | German Measles | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs | Yes |
| Sarcoptes scabiei var hominis | Classical scabies, crusted (hyperkeratotic) scabies | Single en-suite room | No requirement for FRSM or RPE | No |
| Serratia marcescens | Pneumonia, bacteraemia, urinary tract infections, wound infections | Single en-suite room | No requirement for FRSM or RPE | No |

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|--|---|--|--|---|
| Staphylococcus aureus (Enterotoxigenic) | Gastroenteritis, scalded skin syndrome | Single en-suite room | No requirement for FRSM or RPE | Yes |
| Stenotrophomonas maltophilia | Bacteraemia, respiratory infections, urinary tract and surgical-site infections | Single en-suite room | No requirement for FRSM or RPE | No |
| Streptococcus pyogenes (Group A Strep) | Respiratory infection | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs until patient has been established on appropriate | No |

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|---|--|--|--|---|
| | Bacteraemia, meningitis, wound infection or infection in other normally sterile site | Single en-suite room | antimicrobial treatment ⁴ No requirement for FRSM or RPE | Yes |
| Streptococcus pneumoniae | Pneumonia | Single en-suite room | <ul style="list-style-type: none"> • FRSM for routine care • FFP3 or Hood for AGPs until patient has been established on appropriate | Yes |

| Suspected or confirmed infectious agent | Disease | Patient placement considerations, including any requirement for a specialist ventilation room ¹ Unless specified otherwise, options should be used in priority order: first by preference, then the second if the first is unavailable, and the third only if both preceding options cannot be used. A suitable risk assessment must accompany the choice. | Respiratory protection (RPE or fluid-resistant surgical facemask (FRSMs) for healthcare workers whilst the patient is considered infectious ² | Notifiable under Public Health (Scotland) Act 2008 ³ |
|---|--|--|--|---|
| | | | antimicrobial treatment ⁴ | |
| | Bacteraemia, meningitis, wound infection or infection in other normally sterile site | Single en-suite room | No requirement for FRSM or RPE | Yes (presence in the wound is not notifiable) |
| Shiga-toxin producing E. coli (STEC) | Gastroenteritis, haemolytic uremic syndrome, thrombotic thrombocytopenic purpura | Single en-suite room | No requirement for FRSM or RPE | Yes |

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|---|--|--|--|---|
| Vancomycin-resistant Enterococci (VRE) | Bacteraemia, urinary tract, wound and surgical-site infections | Single en-suite room | No requirement for FRSM or RPE | No |
| Viral Haemorrhagic Fever (VHF)⁹ (Contact HCIDs) | | High-level isolation unit Whilst transfer to HLIU is awaited: <ul style="list-style-type: none"> Negative pressure and ante-room within an Infectious Diseases Unit Positive pressure ventilated lobby (PPVL) room⁵ | FFP3 or Hood for routine care and AGPs See HCID addendum for full PPE requirements | Yes |

Footnote 1

The 'ideal' in terms of patient placement for the purposes of IPC would be a single en-suite room for all transmissible pathogens; however, it is recognised that the NHS Scotland estate does not allow for this. This column, therefore, aims to highlight the pathogens which should be prioritised for specialist ventilation rooms and those which ideally should be prioritised for a single room. However, a risk assessment adopting clinical judgement should be performed locally when prioritising placement of patients where there are not enough single en-suite rooms for the number of patients requiring one. The risk assessment should consider factors such as:

- all infectious agents within a unit at that time
- mode of transmission of each infectious agent in the unit at that time (mode of transmission can be found in the A-Z of pathogens)
- current transmissible symptoms for each patient in the unit with a known or suspected infectious agent at that time

Footnote 2

The choice to use FFP3 during non-AGP care provision by a member of health and care staff as a personal preference is supported by the Scottish Government DL (2022) 10, published on 19th April 2022.

Footnote 3

Notifications may be made on clinical suspicion by a registered medical practitioner ("notifiable diseases") or once the organism is confirmed by the director of the diagnostic laboratory ("notifiable organisms"), or where a registered medical practitioner has reasonable grounds to suspect that a patient whom the practitioner is attending has been exposed to a health risk state. "Health

risk state” means a highly pathogenic infection or any contamination, poison or other hazard that poses a significant risk to public health. Conditions may fall under more than one of these categories, and medical professionals and laboratories have a duty to be aware of their responsibilities under the Public Health etc. (Scotland) Act 2008.

Footnote 4

This includes any unknown/novel HCIDs in addition to the following list of known airborne HCIDs. (Andes virus infection (hantavirus), avian influenza, A(H7N9) and A(H5N1), avian influenza A(H5N6) and A(H7N7), Middle East respiratory syndrome (MERS), Nipah virus infection, pneumonic plague (*Yersinia pestis*), severe acute respiratory syndrome (SARS)

Footnote 5

Positive pressure ventilated lobby (PPVL) rooms are not recommended for use for the care of a HCID patient due to the risk of air leakage from the ante room to the corridor. However, where a PPVL room is available, this may provide greater protection than a standard single room without specialised ventilation.

Footnote 6

Appropriate antimicrobial treatment will include the choice of treatment, dose, frequency, and duration of treatment. It will vary by organism and should be determined by the clinical team and informed by local and national prescribing guidance where available.

Footnote 7

Additional guidance should be followed for novel respiratory viruses as they are developed.

Footnote 8

In relation to childhood illnesses and use of RPE, no vaccine offers 100% protection, and a small proportion of individuals acquire/become infected despite vaccination or known IgG immunity (previous infection). Vaccination is still the best protection against many infectious diseases. If staff are uncertain of their immunisation status, they should discuss this with their occupational health provider. It is recommended that all staff wear PPE as detailed above, regardless of vaccination status, to minimise any residual risk and to promote consistency in practice across all staff groups.

Footnote 9

This includes any unknown/novel HCIDs in addition to the following list of known contact HCIDs. (Argentine haemorrhagic fever (Junin virus), Chapare virus infection, Crimean Congo haemorrhagic fever (CCHF), Ebola disease (EBOD), Lassa fever, Lujo virus disease, Machupo virus infection, Marburg virus disease (MARD), severe fever with thrombocytopenia syndrome (SFTS)).

Footnote 10

In addition to the appropriate selection of respiratory protection, consideration should be given to the use of long-sleeved single-use disposable gowns where a patient has a widespread rash or extensive manual handling or unavoidable skin-to-skin contact is anticipated.