Standard Precautions

Standard Precautions are appropriate if:
- No evidence of person-to-person transmission by droplet, contact or airborne routes;
- Low risk of person-to-person transmission and no evidence of health-care associated transmission;
- Approved for bloodborne pathogens such as: Hepatitis B, Hepatitis C, and HIV;
- Appropriate handling of sharps and other contaminated or infectious waste;
- If no other level(s) of precaution are indicated.

Standard Precautions are NOT appropriate if:
- It is not enough to interrupt the transmission of infectious disease;
- The condition is unusual, a "novel strain", or possibly "weaponized";
- If the organism may have "multiple routes" of transmission (vomit, diarrhea, draining wounds, changing diapers, etc...)

Transmission-Based Precautions

<table>
<thead>
<tr>
<th>AIRBORNE PRECAUTIONS</th>
<th>CONTACT PRECAUTIONS</th>
<th>DROPLET PRECAUTIONS</th>
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<tbody>
<tr>
<td>Remains infectious over distance and suspended in air</td>
<td>Spread by direct or indirect contact with patient or the patient’s environment</td>
<td>Close respiratory or mucous membrane contact with respiratory secretions</td>
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**Standard + Airborne Precautions:**
- Private room with monitored negative air pressure relative to surrounding areas.
- Appropriate discharge of the air to the outdoors or monitored high-efficiency filtration of room air before recirculation.
- Doors closed except for entry and exit.
- NIOSH approved respiratory protection.
- **E.g.** Rubella (measles), varicella (chickenpox), tuberculosis, SARS. herpes zoster (shingles), monkeypox, variola (smallpox)

**Standard + Contact Precautions:**
- Single patient room preferred
- Surgical mask within 3 feet of patient
- Eye protection within 3 feet of patient
- **E.g.** acute diarrhea, bronchiolitis, gastroenteritis, rubella, cutaneous diphtheria, cholera, rotavirus, diapered or incontinent patients, impetigo, head lice, tuberculosis (if lesions present), monkeypox, MRSA, adenovirus, poliomyelitis (polio), scabies, SARS, variola (smallpox), viral hemorrhagic fevers, wound infections, rash (etiology unknown)

**Standard + Droplet Precautions:**
- Single patient rooms
- Gloves: all contact with patient and environment of care
- Isolation gown for all patient care
- **E.g.** Pertussis (whooping cough), seasonal influenza, adenovirus, rhinovirus, pneumonia, meningitis, group A streptococcus, pharyngeal diphtheria, mumps, bubonic plague, rubella (German measles), SARS, pharyngitis, viral hemorrhagic fevers, rash (etiology unknown)

Universal Precautions (UP): 1985 - In response to AIDS epidemic. Blood and blood fluids of all patients regardless of infection status. Does not apply to feces, nasal secretions, sputum, urine, vomit, sweat, tears unless visibly contaminated by blood. Does include spinal and amniotic fluids.

Body Substance Isolation (BSI) 1987 - Emergency Medical, First Responders. Avoid contact with all moist and potentially infectious body substances. Weak on droplet and airborne infections. Hand washing after glove removal not required unless soiling is visible.

**Hand Hygiene:** After touching blood, body fluids, secretions, excretions, contaminated items; immediately after removing gloves; between patient contacts.

**Personal Protective Equipment (PPE):**

- **Gloves:** For touching blood, body fluids, secretions, excretions, contaminated items; for touching mucous membranes and non-intact skin;
- **Gown:** During procedures and patient-care activities when contact of clothing/exposed skin with blood/body fluids, secretions, and excretions is anticipated;
- **Mask, Eye Protection (goggles), Face Shield:** During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, especially suctioning, endotracheal intubation.

**Soiled Patient-Care Equipment:** Handle in a manner that prevents transfer of microorganisms to others and to the environment; wear gloves if visibly contaminated; perform hand hygiene.

**Environmental Control:** Develop procedures for routine care, cleaning, and disinfection of environmental surfaces, especially frequently touched surfaces in patient-care areas.

**Textiles and Laundry:** Handle in a manner that prevents transfer of microorganisms to others and to the environment.

**Needles and Other Sharps:** Do not recap, bend, break, or hand-manipulate used needles; if recapping is required, use a one-handed scoop technique only; use safety features when available; place used sharps in puncture-resistant container.

**Patient Resuscitation:** Use mouthpiece, resuscitation bag, and other ventilation devices to prevent contact with mouth and oral secretions.

**Patient Placement:** Prioritize for single-patient room if patient is at increased risk of transmission, is likely to contaminate the environment, does not maintain appropriate hygiene, or is at increased risk of acquiring infection or developing adverse outcome following infection.

**Respiratory Hygiene/Cough Etiquette:** (Source containment of infectious respiratory secretions in symptomatic patients, beginning at initial point of encounter e.g., triage and reception areas in emergency departments and physician offices) Instruct symptomatic person(s) to cover mouth/nose when sneezing/coughing; use tissues and dispose in no-touch receptacle; observe hand hygiene after soiling of hands with respiratory secretions; wear surgical mask if tolerated or maintain spatial separation, >3 feet if possible.

* During aerosol-generating procedures on patients with suspected or proven infections transmitted by respiratory aerosols (e.g., SARS), wear a fit-tested N95 or higher respirator in addition to gloves, gown, and face/eye protection.