

## Appendix B: Patient Isolation Precautions

### Standard Precautions

- Wash hands after patient contact.
- Wear gloves when touching blood, body fluids, secretions, excretions and contaminated items.
- Wear a mask and eye protection, or a face shield during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions
- Handle used patient-care equipment and linen in a manner that prevents the transfer of microorganisms to people or equipment.

Use care when handling sharps and use a mouthpiece or other ventilation device as an alternative to mouth-to-mouth resuscitation when practical.

Standard precautions are employed in the care of ALL patients

### Airborne Precautions

Standard Precautions plus:

- Place the patient in a private room that has monitored negative air pressure, a minimum of six air changes/hour, and appropriate filtration of air before it is discharged from the room.
- Wear respiratory protection when entering the room.
- Limit movement and transport of the patient. Place a mask on the patient if they need to be moved.

Conventional Diseases requiring Airborne Precautions: Measles, Varicella, Pulmonary Tuberculosis.

Biothreat Diseases requiring Airborne Precautions: Smallpox.

### Droplet Precautions

Standard Precaution plus:

- Place the patient in a private room or cohort them with someone with the same infection. If not feasible, maintain at least 3 feet between patients.
- Wear a mask when working within 3 feet of the patient.
- Limit movement and transport of the patient. Place a mask on the patient if they need to be moved.

Conventional Diseases requiring Droplet Precautions: Invasive *Haemophilus influenzae* and meningococcal disease, drug-resistant pneumococcal disease, diphtheria, pertussis, mycoplasma, GABHS, influenza, mumps, rubella, parvovirus.

Biothreat Diseases requiring Droplet precautions: Pneumonic Plague.

## Appendix B: Patient Isolation Precautions (continued)

### Contact Precautions

Standard Precautions plus:

- Place the patient in a private room or cohort them with someone with the same infection if possible.
- Wear gloves when entering the room. Change gloves after contact with infective material.
- Wear a gown when entering the room if contact with patient is anticipated or if the patient has diarrhea, a colostomy or wound drainage not covered by a dressing.
- Limit the movement or transport of the patient from the room.
- Ensure that patient-care items, bedside equipment, and frequently touched surfaces receive daily cleaning.
- Dedicate use of noncritical patient-care equipment (such as stethoscopes) to a single patient, or cohort of patients with the same pathogen. If not feasible, adequate disinfection between patients is necessary.

Conventional Diseases requiring Contact Precautions: MRSA, VRE, *Clostridium difficile*, RSV, parainfluenza, enteroviruses, enteric infections in the incontinent host, skin infections (SSSS, HSV, impetigo, lice, scabies), hemorrhagic conjunctivitis.

Biothreat Diseases requiring Contact Precautions: Viral Hemorrhagic Fevers.

For more information, see: Garner JS. Guideline for Infection Control Practices in Hospitals. *Infect Control Hosp Epidemiol* 1996;17:53-80.