

## **TABLE 2: Infection control precautions for health care settings\***

### **A. Standard Precautions (Apply to all patients, in all health care settings. Precautions are based on the principle that mucous membranes, non-intact skin, blood, and moist body substances, except sweat, may contain infectious organisms):**

- Perform hand hygiene before and after all patient contact or contact with items potentially contaminated with blood or body fluids.
- Gloves, gowns, masks and eye and/or facial protection should be worn to prevent contact with mucous membranes, non-intact skin, blood, and other moist body substances as determined by the nature and extent of the anticipated exposure.
- Remove all personal protective equipment (PPE) and discard immediately after completing a task; perform hand hygiene.

### **B. Contact Precautions (for infections spread by direct or indirect contact with patients or patient-care environment):**

- Place patient in an examination room as soon as possible and separate from others by >3 feet until this can be done.
- Wear disposable gloves and gown when entering the patient's room, and for all contact with the patient and with surfaces or equipment contaminated by the patient. Discard gown and gloves inside the patient's room.
- Use dedicated equipment such as stethoscopes, disposable blood pressure cuffs, and disposable thermometers, if possible. Equipment that cannot be dedicated to a single patient must be disinfected with a hospital-grade disinfectant following the disinfectant manufacturer's instructions before reuse on another patient.
- Disinfect surfaces regularly. Pay attention to frequently touched surfaces in the examination and waiting rooms (e.g., doorknobs, examination tables).

### **C. Droplet Precautions (for infections spread by large droplets generated by coughs, sneezes, etc.):**

- Place a surgical mask on symptomatic patients at the point of initial encounter, during transport, or whenever exposure to other people is anticipated.
- Wear a surgical mask, and goggles or a face shield when within 3 feet of potentially infectious (not masked) patients.
- Place the patient in an examination room or cubicle as soon as possible. Instruct the patient to follow recommendations for respiratory hygiene/cough etiquette.
- Separate possibly infectious (masked) patients from others by at least 3 feet, or group with other patients with the same infectious status.

#### **D. Airborne Precautions (for infections spread by particles that remain suspended in the air)**

- Place a surgical mask on symptomatic patients at the point of initial encounter, during transport, or whenever exposure to other people is anticipated.
- The patient should wear a mask until placed in an airborne infection isolation room (AIIR). If an AIIR is not available, use a private examination room with a closed door; instruct the patient to remain masked and follow recommendations for respiratory hygiene/cough etiquette.
- Use a fit-tested National Institute of Occupational Safety and Health (NIOSH)-approved N95 or higher level respirator when entering the room.
- Strict attention to airborne precautions is most essential when performing procedures likely to generate small particle aerosols, such as intubation, bronchoscopy, or sputum induction. This includes wearing appropriate PPE, including eye and facial protection (goggles, face shields), and fit-tested.

\*Adapted from NYC Department of Health and Mental Hygiene, City Health Information 2007; 26(6): 37-46.

Also see: <http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/isolation2007.pdf>