Remember to always use **STANDARD PRECAUTIONS for all patient care.**

Standard precautions make use of common sense practices, including use of personal protective equipment, to protect healthcare providers from infection and prevent the spread of infection from patient to patient.

**CONTACT PRECAUTIONS**

- Common conditions for using contact precautions are:
  - Methicillin-resistant *Staphylococcus aureus* (MRSA)
  - Vancomycin-resistant *Enterococcus* (VRE)
  - Carbapenem-resistant *Enterobacterales* (CRE)
  - Extended spectrum beta lactamase producers Gram Negative Rods (ESBL-GNR)
  - *Candida auris*
  - Other multidrug resistant organisms
  - Scabies
  - Uncontained draining wounds or abscesses
  - RSV

**ENTERIC PRECAUTIONS**

- Common conditions for using enteric precautions are:
  - *Clostridioides difficile*
  - Norovirus

**DROPLET PRECAUTIONS**

- Common conditions for using droplet precautions are:
  - B. pertussis (Whooping cough)
  - Influenza virus
  - Rhinovirus
  - Known or suspected *Neisseria meningitides* (meningococcal) and H influenza meningitis
  - Mumps
  - Rubella
  - Parvovirus B19

**AIRBORNE PRECAUTIONS**

- Common conditions for using airborne precautions are:
  - *Mycobacteria tuberculosis* (TB)
  - Measles

**NEUTROPENIC PRECAUTIONS**

- The definition of neutropenia varies from institution to institution, but neutropenia is usually defined as an absolute neutrophil count (ANC) <1500 or 1000 cells/microL and severe neutropenia as an ANC <500 cells/microL or an ANC that is expected to decrease to <500 cells/microL over the next 48 hours.
- Profound neutropenia is defined as an ANC <100 cells/microL. The risk of clinically important infection rises as the neutrophil count falls below 500 cells/microL and is higher in those with a prolonged duration of neutropenia (>7 days).
### Remember to always use STANDARD PRECAUTIONS for all patient care.

Standard precautions make use of common sense practices, including use of personal protective equipment, to protect healthcare providers from infection and prevent the spread of infection from patient to patient.

<table>
<thead>
<tr>
<th>DROPLET CONTACT PRECAUTIONS</th>
<th>AIRBORNE CONTACT PRECAUTIONS</th>
<th>SPECIAL DROPLET CONTACT PRECAUTIONS</th>
<th>ENHANCED BARRIER PRECAUTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common conditions for using contact droplet precautions are:</td>
<td>Common conditions for using airborne contact precautions are:</td>
<td>Common conditions for using special airborne contact precautions are:</td>
<td>LONG TERM CARE FACILITIES ONLY USE THIS FOR RESIDENTS WHO HAVE:</td>
</tr>
<tr>
<td>Rhinovirus if associated with copious secretions</td>
<td>Chickenpox</td>
<td>COVID-19 SARs</td>
<td></td>
</tr>
<tr>
<td>Invasive group A streptococcal infection associated with soft tissue involvement</td>
<td>Disseminated Shingles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adenovirus pneumonia</td>
<td>Smallpox</td>
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<tr>
<td>Extrapulmonary tuberculosis (draining lesions)</td>
<td>Monkeypox</td>
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</tr>
</tbody>
</table>

**LONG TERM CARE FACILITIES ONLY USE THIS FOR RESIDENTS WHO HAVE:**

- Infection or colonization with a novel or targeted MDRO when Contact Precautions don’t apply.
- Wounds and/or indwelling medical devices regardless of MDRO colonization status who reside on a unit/ward where a resident known to be infected or colonized with a novel or targeted MDRO resides.

*Revised date: Feb. 2022*