

**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*, RSV, Other multidrug resistant organisms, Scabies, Uncontained draining wounds or abscesses.

Personal Protective Equipment includes: Gloves and gown

### ENTERIC PRECAUTIONS

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

Personal Protective Equipment includes: Gloves and gown

### DROPLET PRECAUTIONS

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

Personal Protective Equipment includes: Surgical/procedure mask

### AIRBORNE PRECAUTIONS

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

Personal Protective Equipment includes: Respirator (N95 or higher); Airborne Infection Isolation Room (AIIR) required

### 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).

Personal Protective Equipment includes: Dependent on activity per standard precautions

### DROPLET CONTACT PRECAUTIONS

Common conditions for using droplet/contact precautions are: Rhinovirus if associated with copious secretions, Invasive group A streptococcal infection associated with soft tissue involvement, Adenovirus pneumonia

Personal Protective Equipment includes: Gloves, gown, surgical/procedure mask

### AIRBORNE CONTACT PRECAUTIONS

Common conditions for using airborne/contact precautions are: Chicken Pox, Disseminated Shingles, Smallpox, Extrapulmonary tuberculosis (draining lesions)

Personal Protective Equipment includes: Gloves, gown, respirator (N95 or higher); Airborne Infection Isolation Room (AIIR) required

### SPECIAL DROPLET CONTACT PRECAUTIONS

Common conditions for using special droplet contact precautions are: SARs, COVID-19, Mpox

Personal Protective Equipment includes: Gloves, gown, respirator (N95 or higher), protective eyewear

### PROTECTIVE PRECAUTIONS

Designed for allogeneic hematopoietic stem cell transplant (HSCT) patients to minimize fungal spore counts in the air and reduce the risk of invasive environmental fungal infections. Reference signage for specifics.

Personal Protective Equipment includes: Dependent on activity per standard precautions

### ENHANCED BARRIER PRECAUTIONS—Recommended for use in LONG TERM CARE FACILITIES ONLY

Healthcare personnel should wear gown and gloves during high contact activities 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.