

**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 meningitidis* (meningococcal) and *H. influenzae* meningitis

Mumps

Rubella

Parvovirus B19

**AIRBORNE PRECAUTIONS**

Common conditions for using airborne precautions are:

*Mycobacteria tuberculosis* (TB)

Measles

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).

**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.

**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

**AIRBORNE CONTACT PRECAUTIONS**

Common conditions for using airborne contact precautions are:

Chickenpox

Disseminated Shingles

Smallpox

Extrapulmonary tuberculosis (draining lesions)

Airborne infection isolation room (AIIR) required

**SPECIAL DROPLET CONTACT PRECAUTIONS**

Common conditions for using special droplet contact precautions are:

COVID-19

SARs

Mpox

**ENHANCED BARRIER PRECAUTIONS**

**LONG TERM CARE FACILITIES ONLY**

**Use gowns and gloves during high contact activities for residents with:**

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

Revised date: Oct, 2024.