**Standard Precautions**

Use Contact Precautions as recommended in Appendix A for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission.

**Module 1**

**Patient placement**

* in acute care hospitals, place patients who require Contact Precautions in a single-patient room when available

When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:

1. Prioritize patients with conditions that may facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.
2. Place together in the same room (cohort) patients who are infected or colonized with the same pathogen and are suitable roommates.

If it becomes necessary to place a patient who requires Contact Precautions in a room with a patient who is not infected or colonized with the same infectious agent:

* Avoid placing patients on Contact Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay).
* Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.
* Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one or both patients are on Contact Precautions.
* In **long-term care** and **other residential settings**, make decisions regarding patient placement on a case-by-case basis, balancing infection risks to other patients in the room, the presence of risk factors that increase the likelihood of transmission, and the potential adverse psychological impact on the infected or colonized patient
* In **ambulatory settings**, place patients who require Contact Precautions in an examination room or cubicle as soon as possible

**MODULE 2**

**Use of personal protective equipment**

**Gloves**

Wear gloves whenever touching the patient’s intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry into the room or cubicle.

**Gowns**

Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment

After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces

**Module 3**

**Patient transport**

* In **acute care hospitals** and **long-term care** and other **residential settings**, limit transport and movement of patients outside of the room to medically-necessary purpo ses.
* When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient’s body are contained and covered.
* Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.
* Don clean PPE to handle the patient at the transport destination.

**MODULE 4**

**Patient-care equipment and instruments/devices**

* Handle patient-care equipment and instruments/devices according to Standard Precautions

In **acute care hospitals** and **long-term care** and **other residential settings**, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

**In home care settings**

* Limit the amount of non-disposable patient-care equipment brought into the home of patients on Contact Precautions. Whenever possible, leave patient-care equipment in the home until discharge from home care services.
* f noncritical patient-care equipment (e.g., stethoscope) cannot remain in the home, clean and disinfect items before taking them from the home using a low- to intermediate-level disinfectant. Alternatively, place contaminated reusable items in a plastic bag for transport and subsequent cleaning and disinfection.
* In **ambulatory settings**, place contaminated reusable noncritical patient-care equipment in a plastic bag for transport to a soiled utility area for reprocessing.

**Environmental measures**

* Ensure that rooms of patients on Contact Precautions are prioritized for frequent cleaning and disinfection (e.g., at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment in the immediate vicinity of the patient.

Discontinue Contact Precautions after signs and symptoms of the infection have resolved or according to pathogen-specific recommendations in

**MODULE 5**

**Droplet Precautions**

use Droplet Precautions as recommended in Appendix A for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets >5µ in size) that are generated by a patient who is coughing, sneezing or talking

**Patient placement**

In **acute care hospitals**, place patients who require Droplet Precautions in a single-patient room when available

When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:

* Prioritize patients who have excessive cough and sputum production for single-patient room placement
* Place together in the same room (cohort) patients who are infected the same pathogen and are suitable roommates

If it becomes necessary to place patients who require Droplet Precautions in a room with a patient who does not have the same infection:

* Avoid placing patients on Droplet Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have or have anticipated prolonged lengths of stay).
* Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for close contact
* Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one patient or both patients are on Droplet Precautions
* In **long-term care** and **other residential settings**, make decisions regarding patient placement on a case-by-case basis after considering infection risks to other patients in the room and available alternatives
* In **ambulatory settings**, place patients who require Droplet Precautions in an examination room or cubicle as soon as possible. Instruct patients to follow recommendations for Respiratory Hygiene/Cough Etiquette

**Use of personal protective equipment**

* Don a mask upon entry into the patient room or cubicle
* No recommendation for routinely wearing eye protection (e.g., goggle or face shield), in addition to a mask, for close contact with patients who require Droplet Precautions.
* In **long-term care** and **other residential settings**, make decisions regarding patient placement on a case-by-case basis after considering infection risks to other patients in the room and available alternatives

Respiratory Hygiene/Cough Etiquette in Healthcare Settings

[Español](https://espanol.cdc.gov/enes/flu/professionals/infectioncontrol/resphygiene.htm)

To prevent the transmission of **all** respiratory infections in healthcare settings, including influenza, the following infection control measures should be implemented at the first point of contact with a potentially infected person. They should be incorporated into infection control practices as one component of Standard Precautions.

1. Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform healthcare personnel of symptoms of a respiratory infection when they first register for care and to practice Respiratory Hygiene/Cough Etiquette.

* [Cover Your Cough](https://www.cdc.gov/flu/protect/covercough.htm)  
  Tips to prevent the spread of germs from coughing
* [Information about Personal Protective Equipment](https://www.cdc.gov/hai/)  
  Demonstrates the sequences for donning and removing personal protective equipment

2. Respiratory Hygiene/Cough Etiquette

The following measures to contain respiratory secretions are recommended for all individuals with signs and symptoms of a respiratory infection.

* Cover your mouth and nose with a tissue when coughing or sneezing;
* Use in the nearest waste receptacle to dispose of the tissue after use;
* Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.

Healthcare facilities should ensure the availability of materials for adhering to Respiratory Hygiene/Cough Etiquette in waiting areas for patients and visitors.

* Provide tissues and no-touch receptacles for used tissue disposal.
* Provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

3. Masking and Separation of Persons with Respiratory Symptoms

During periods of increased respiratory infection activity in the community (e.g., when there is increased absenteeism in schools and work settings and increased medical office visits by persons complaining of respiratory illness), offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). When space and chair availability permit, encourage coughing persons to sit at least three feet away from others in common waiting areas. Some facilities may find it logistically easier to institute this recommendation year-round.

4. Droplet Precautions

Advise healthcare personnel to observe Droplet Precautions (i.e., wearing a surgical or procedure mask for close contact), in addition to Standard Precautions, when examining a patient with symptoms of a respiratory infection, particularly if fever is present. These precautions should be maintained until it is determined that the cause of symptoms is not an infectious agent that requires [Droplet Precautions](https://www.cdc.gov/hai/).