KEY POINTS

1. Transmission Precautions are special precautions developed to prevent transmission of pathogens by specific routes. Transmission precautions assume Standard Precautions and add other precautions for specific pathogens.
   a. Adhere to all applicable Standard Precautions.
   b. Apply Transmission Precautions related to route of pathogen transmission.

2. The CDC identifies specific isolation and precaunary measures for each of the following three routes of pathogen transmission:
   a. Three routes of pathogen transmission:
      1) Airborne
      2) Droplet
      3) Contact
   b. Airborne Precautions are required for pathogens which are expelled from the respiratory tract and ride on air currents:
      a. Airborne precautions are currently indicated for:
         1) Active pulmonary Tuberculosis, including for non-pulmonary TB, where aerezilization of TB-infected wound bacilli is possible
         2) Avian H5N1 influenza
         3) Bioterrorism agents (anthrax, small pox, etc.)
         4) Chicken pox and disseminated shingles
         5) SARS
         6) Measles
      b. Several airborne diseases, such as chickenpox and measles, are diseases to which some staff members have immunity and others do not.
      c. Consider deferring the care of a patient requiring airborne precautions until patient is considered non-infectious.
   c. Contact Precautions:
      a. Contact precautions are indicated for:
         1) Enteric infections, e.g. C. difficile, rotavirus
         2) Respiratory infections, e.g. influenza
         3) Skin/wound infections, e.g. impetigo, MRSA
         4) Parasitic infections, e.g. lice, scabies
         5) Multiple drug resistance organisms (MRSA, VRE, etc.)
   d. There is no universal agreement about when to discontinue contact precautions for some organisms, such as C. difficile and MRSA, due to a lack of research evidence. Presently, the CDC provides these recommendations:
      1) Contact Precautions are indicated as long as the patient has symptoms (e.g. unhealed infected wound, watery stools several times a day).
      2) Contact Precautions should probably be discontinued as soon as possible because research does indicate that patients on Contact Precautions become depressed and anxious.
      3) Once a patient is infected with organisms like C. difficile and MRSA, it is difficult to eradicate them, and patients may always be colonized despite being in good health.

EQUIPMENT

Airborne Precautions:
- NIOSH-approved N95 respirator, fit-tested
- Surgical face mask for patient

Droplet Precautions:
- Surgical face mask
- Surgical face mask for patient, optional

Contact Precautions:
- Gloves
- Gown, long sleeved, fluid resistant
- Dedicated equipment left in patient’s home
- Impervious bag for disposing contaminated items

PROCEDURE

Airborne Precautions
1. Adhere to Standard Precautions.
2. Don an appropriately fit-tested N-95 Respirator before entering patient’s room.
3. Perform a “fit-test” of mask:
   a. Blow out and assure that no air escapes from sides of mask.
   b. If air escapes, readjust mask.
4. Request patient use a face mask.
5. Avoid cough-inducing/aerosolizing procedures. If sputum collection is part of care, encourage collection while you are not present in room.
6. When care completed:
   a. Perform hand hygiene.
   b. Remove N95 mask after leaving patient’s room.
   c. Discard mask in impervious trash bag.
Droplet Precautions
1. Adhere to Standard Precautions.
2. Don surgical mask on entering patient’s room.
3. Ask patient to don a surgical mask, if tolerated.
4. When not providing direct care, avoid being within 3 feet of patient.
5. When care completed:
   a. Perform hand hygiene and remove surgical mask.

Contact Precautions
1. Obtain equipment needed for patient care that can be dedicated to patient and left in home.
2. Limit equipment brought into home:
   a. Plan ahead to bring as little as possible into the home.
   b. Consider leaving documentation devices/forms in car, documenting in car instead of home.
   c. Remove supplies needed for visit from visit bag. Do not bring visit bag into home.
   d. Place needed supplies in a “hip pack” or a plastic bag.
   e. Include a clean plastic bag for removing items from home.
3. Don gown and gloves for all patient contact, including contact with intact skin and items in patient’s environment.
4. Provide education about infection control strategies in patient’s home:
   a. Hand hygiene
   b. Appropriate disinfectants
   c. Need for cleaning items frequently touched by patient and others in home (light switches, door knobs, etc.)
   d. Other topics as appropriate to infection
5. When care completed:
   a. If equipment cannot remain in home, clean and disinfect.
   b. Place them in a clean plastic bag for transporting out of home.
   c. Remove gloves.
   d. Remove gown.
   e. Perform hand hygiene.
6. Discard used supplies in an impervious trash bag.

AFTER CARE
1. If supplies taken out of home need additional cleaning/disinfecting, transport to designated area in impervious bag.
2. Document in the patient’s record:
   a. Type of precautions used to provide care
   b. Any education provided to patient/caregiver about infection control

REFERENCES