

6. Types of Infection Control Precautions

Infection control precautions are transmission-based, depending on the clinical presentation or syndrome and likely pathogens, until the infectious etiology has been determined.

Standard Precautions should be routinely practiced by all health-care personnel.

During the care of a patient with suspected or confirmed influenza:

- Wear gloves if hand contact with respiratory secretions or potentially contaminated surfaces is expected.
- Wear a gown if soiling of clothes with patient's respiratory secretions is expected.
- Change gloves and gowns after each patient encounter and perform hand hygiene.
- Decontaminate hands before and after touching the patient, after touching the patient's environment, or after touching the patient's respiratory secretions, whether or not gloves are worn.
- When hands are visibly soiled or contaminated with respiratory secretions, wash hands with either a non-antimicrobial or an antimicrobial soap and water.
- If hands are not visibly soiled, use an alcohol-based hand rub for routinely decontaminating hands in clinical situations. Alternatively, wash hands with an antimicrobial soap and water.

Contact Precautions should be understood by health-care personnel.

- Place patient into a private room if possible. If a private room is not available, place (cohort) patients with other patients either suspected or confirmed to have same diagnosis requiring contact precautions (e.g., resistant organism infection).
- Gloves and gown should be donned prior to entering room.
- Remove gloves and gown prior to leaving the patient's room and dispose of gloves and gown in a waste container.

Droplet Precautions should be understood and practiced by health-care personnel.

In addition to Standard Precautions, observe Droplet Precautions during the care of a patient with suspected or confirmed novel influenza:

- Place patient into a private room as soon as possible. If a private room is not available, place (cohort) suspected influenza patients with other patients suspected of having influenza; cohort confirmed influenza patients with other patients confirmed to have influenza. Negative pressure rooms are not necessary.
- Masks should be donned when entering the room within 6-10 feet of the patient. Remove the mask when leaving the patient's room and dispose of the mask in a waste container.
- Eye protection (e.g., goggles) should be considered if the patient is producing infectious aerosols and close contact (within 3 feet) is possible.
- Until placement in a private room, and if patient movement or transport is necessary, place a surgical mask on the patient.
- Patient should be maintained on Droplet Precautions for a minimum of 5 days, unless there is a full resolution of illness or another etiology is identified.

Airborne Precautions control measures should be understood by health-care personnel.

- Place patient in a private room that meets airborne isolation requirements (i.e., private room, negative pressure, air exhausted directly to the outside, ≥ 6 air exchanges per hour). Staff should perform a "tissue test" or other appropriate test to confirm negative pressure before placing the patient in the room, and then daily to ensure negative pressure is maintained.
- Personnel should wear an N95 respirator (prior fit test clearance and instructions on respirator use) when entering the room. If N95 respirators are not available, other NIOSH-certified N-, R-, or P-class respirators may be used. Any change in the type of respirator used would require additional fit testing of personnel. Powered air purifying respirators (PAPRs) should be used for high-risk procedures, and should be considered for workers who have not been fit tested for an N95 respirator. Training is required to ensure proper use and care of PAPRs. The [-----] (e.g., industrial hygienists) will be responsible for overseeing appropriate PAPR use.