ISOLATION PRECAUTIONS

INTRODUCTION

Standard Precautions are used for all patient care situations, but they may not always be sufficient. If a patient is known or suspected to be infected with certain pathogens such as herpes zoster (shingles) varicella (chicken pox), severe acute respiratory syndrome (SARS) or tuberculosis, Isolation Precautions are needed.

Learning Break: A pathogen is a microorganism such as a bacteria or a virus that is capable of causing a potentially harmful disease. Common pathogens are the methicillin-resistant *Staphylococcus aureus* (MRSA) bacteria, the influenza virus, the bacteria that cause pneumonia, the hepatitis B and hepatitis C viruses, and the human immunodeficiency virus (HIV).

Isolation Precautions are a combination of commonly used infection control techniques. All infection control techniques and procedures are intended to isolate caregivers and patients from harmful pathogens. But Isolation Precautions are implemented when the transmission of a particularly virulent disease cannot be prevented by standard precautions alone. Isolation Precautions are relatively complex and times-consuming to use but in order to protect your patients and to protect yourself, you must use them correctly and do so all the time.
This module will review basic concepts of infection control; the infection control techniques of Airborne Precautions, Contact Precautions, Droplet Precautions, Respiratory Hygiene and Cough Etiquette, and Standard Precautions, and; provide examples of how Isolation Precautions should be used in patient care situations.

Learning Break: Certified Nursing Assistants are expected to know and independently use Standard Precautions; this is considered part of your professional responsibilities. You are not expected to determine whether or not Isolation Precautions are needed; this decision is made by an infection control specialist. However, CNAs are expected to follow the Isolation Precautions protocols.

The information in this module is derived from several sources, but the most important source and the one that is directly quoted is the 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. The 2007 Guideline is a comprehensive document produced by the Centers for Disease Control and Prevention (CDC), and it is available online through this link.


STATEMENT OF PURPOSE

This module will provide CNAs with the information they need to properly and efficiently use isolation precautions.

WHAT IS INFECTION CONTROL AND WHY IS IT IMPORTANT?
Infection control is defined as the focused efforts to reduce the transmission of pathogens in healthcare settings, and to prevent and reduce infections that can occur during the delivery of healthcare. The practice of infection control as it will be discussed in this module has three defined areas.

1. Determining the specific infection control techniques that are needed for each patient care situation.
2. Educating the healthcare staff in the proper use of infection control techniques
3. Monitoring to see if infection control techniques are being properly used and if they are preventing the occurrence of infections.

The need for infection control may not always be obvious. But although healthcare facilities help patients heal and recover, along with their benefits there is a risk; healthcare-associated infections. Healthcare-associated infections are infections that occur during the course of healthcare delivery; the setting could be a hospital, a clinic, a long-term care facility, or in the home.

A healthcare-associated infection that occurs in a hospital is called a nosocomial infection. In order to be classified as a nosocomial infection, 1) the patient must have been admitted for an illness other
than the infection, and; 2) the patient cannot have had evidence of the infection before entering the hospital.

Healthcare-associated infections are a significant cause of illnesses. The CDC estimated that in 2011 there were over 700,000 nosocomial infections in U.S. hospitals, and more than 75,000 of these patients died. Table 1 lists some of the common healthcare associated infections.

**Table 1: Healthcare-Associated Infections**

<table>
<thead>
<tr>
<th>Infection Type</th>
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<tr>
<td><strong>Bacteremia</strong></td>
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<tr>
<td>Central IV line infections</td>
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<tr>
<td><em>Clostridium difficile</em> colitis</td>
</tr>
<tr>
<td>Methicillin-resistant <em>S aureus</em> infections</td>
</tr>
<tr>
<td>Surgical incision site infections</td>
</tr>
<tr>
<td>Urinary catheter infections</td>
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<tr>
<td>Ventilator-associated pneumonia</td>
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Healthcare –associated infections are relatively common, but obviously they do not develop in many patients. A healthcare-associated infection develops if the following three circumstances are in place.

**Source of Infection**

For a healthcare-associated infection to occur there must be a source of infection. Given the fact that many people are admitted to a hospital for treatment of an infectious disease, there will always be many sources of infection in healthcare settings. The environment of a healthcare facility, the people who work there, and visitors can be
sources for infection, as well. Pathogen contamination of environmental contamination of surfaces such as bed rails and counter tops and medical equipment is well documented, making these a potential source of infection. Studies have shown that healthcare workers are often carrying potentially dangerous microorganisms. For example, the well-known bacteria methicillin-resistant Staphylococcus aureus bacteria, a.k.a. MRSA, has been estimated to be carried by as many as 15% of healthcare workers.

**Receptive Host**

A receptive host can be anyone who is exposed to an infectious pathogen, but the patients most at risk are elderly patients, patients who are immuno-compromised, and patients who have some way in which the pathogen can gain entry. The last example would include patients who have an open wound, patients who have an in-dwelling urinary catheter, a central IV line, or any other any significant break in the normal integrity of the skin or in the body’s defense mechanisms.

**Mode of Transmission**

There are three ways that pathogens are transmitted and cause healthcare-associated infections: contact transmission, droplet transmission, and airborne transmission. Mode of transmission will be discussed at length because reducing/stopping healthcare-associated infections is done by
preventing transmission of pathogens; preventing transmission of pathogens is done in part by proper use of infection control techniques, and; CNAs have a responsibility to learn and practice these infection control techniques.

1. **Contact transmission**: Contact transmission is the primary way pathogens are spread in healthcare settings. Contact transmission can be **direct** or **indirect**. Direct transmission occurs when pathogens are spread by direct contact of an infected person to someone else; there is no intermediary. This can happen if you are splashed with an infected body fluid like blood or sputum or suffer a needle stick injury. Indirect transmission occurs when a pathogen is transmitted from an infected source to another person by a contaminated object or a contaminated person, and this is a common occurrence in healthcare. The pathogen transmission may be from patient to healthcare worker and then to another patient; it may be from an infected object or surface to a healthcare worker and then to a patient; or it may be from an infected object worn or used by a healthcare worker. A typical example of indirect transmission of a pathogen is changing a surgical dressing. A CNA, an RN, or an MD has direct contact with a patient or contaminated bandages while changing a
surgical dressing. Infection control techniques are not followed, e.g., proper hand washing is not done. A bacterium that was present on the surgical incision or the old dressing material is now on that person’s hand and can be transmitted to another patient.

2. **Droplet transmission**: Droplet transmission is the spread of relatively large infected droplets from the one person’s respiratory tract to someone else’s respiratory tract, mouth, nasal passages, or the conjunctival surfaces of the eyes. Droplet transmission can happen if you are in close contact (approximately three feet or less) of the infected person. It can occur when someone coughs, sneezes, or talks. It can also occur during cardio-pulmonary resuscitation, suctioning, inserting an endotracheal tube, or during chest physical therapy. There is some evident that droplet transmission can occur at distances of six feet or more and the current recommendations for droplet precautions take this into account. In most cases infected droplets do not travel far and do not remain suspended in the air for a long period of time.

3. **Airborne transmission**: Airborne transmission occurs when small infectious particles (smaller than infected droplets) are spread from an infected person to someone else. Face-to-face
contact or close proximity is not necessary for airborne transmission to occur because these infectious particles can travel long distances and they remain airborne for long periods of time. Preventing airborne transmission requires special air and ventilation systems and special consideration for patient placement.

**Review**

Health-associated infections such as *Clostridium difficile* colitis, MRSA infections, and surgical incision site infections are very common and they can be quite serious. These infections happen when pathogens are spread by contact transmission (direct and indirect), droplet transmission, or airborne transmission. Patient to patient transmission by way of a healthcare worker is a common cause of healthcare-associated infections. Conscientious and consistent use of infection control techniques is the primary way that healthcare-associated infections and nosocomial infections can be prevented

**ISOLATION PRECAUTION TECHNIQUES**

Isolation Precautions are infection control techniques that are used when Standard Precautions will not protect patients and caregivers from an infectious disease. These techniques include Contact Precautions, Droplet Precautions, and Airborne Precautions. Considered together these techniques are called Transmission-Based
Precautions. (Note: In this module the terms Isolation Precautions and Transmission-Based Precautions are considered to be synonymous)

**When Are Isolation Precautions Needed?**

The CDC recognizes two levels of precautions that are used to prevent transmission of infectious diseases, Standard Precautions and Transmission Precautions. The 2007 Guideline for Isolation Precautions published by the CDC notes that:

- “Transmission-Based Precautions are for patients who are known or suspected to be infected or colonized with infectious agents, including certain epidemiologically important pathogens, which require additional control measures to effectively prevent transmission. Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.”

- “Standard Precautions are intended to be applied to the care of all patients in all healthcare settings, regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of healthcare-associated transmission of infectious agents among patients and healthcare personnel.”
Isolation Precautions (Transmission-Based Precautions) are used when a patient is known to be or suspected to be infected with a specific pathogen and Standard Precautions are not sufficient. Isolation Precautions include one or more (or all) of the Transmission-Based Precautions and Standard Precautions.

**Learning Break:** The 2007 Guideline for Isolation Precautions can be used a guide for infection control techniques for any infectious disease except Ebola and measles. Infection control practices appropriate for patients infected with Ebola or measles are covered in separate CDC documents and will not be discussed here.

Of course it is not always possible to know if an infection that requires the use of Isolation Precautions is present. Infections with herpes zoster, rubeola (measles), MRSA, tuberculosis, and other diseases may require laboratory tests to confirm they are present and the results of these tests are not immediately available. In some cases it may be clear that a patient is infected with one of these microorganisms. If not, clinicians will strongly consider initiating Isolation Precautions if a patient has one of the clinical syndromes listed in Table 2. These syndromes indicate that a serious infection may be present and that Standard Precautions are not enough.

**Table 2: Clinical Syndromes Indicating a Need for Isolation Precautions**

| Diarrhea |
Meningitis
Skin or wound infections
Respiratory infections

**Airborne Precautions**

Airborne Precautions are used if a patient has or is suspected to have an infectious disease such as rubeola, tuberculosis, or varicella (commonly known as chicken pox). These diseases are spread by inhalation of infected respiratory particles that are suspended in the air. Airborne Precautions include the following specific measures. In some cases, Contact Precautions may be needed, as well.

1. The patient should be is placed in an isolation room that has specific air circulation patterns, air exchange, and ventilation equipment. For example, an isolation room will have an air circulation system that completely exchanges the air in the room 6-12 times an hour and the air will be vented to the outside.

2. If an isolation room is not immediately available the patient should be placed in a single room and the door should be closed. Caregivers should wear a fit-tested N95 or higher level respirator and the patient should wear a paper surgical mask.

3. Anyone providing patient care and anyone entering the room must wear a mask or a respirator. The choice of which one
will depend on the illness; for example, if the patient has tuberculosis an N95 respirator should be worn.

4. If substantial spraying of respiratory fluids is anticipated, gloves, a gown, and goggles or a face shield should be worn.

5. Hand washing using soap and water or an alcohol-based hand rub must be done before entering and before leaving the room.

6. The patient must wear a surgical mask when leaving the room.

7. Instruct visitors to wear a mask while in the room.

**Contact Precautions**

The CDC recommends that Contact Precautions be used (or considered for use) if any of these conditions or diseases is present:

- Draining wounds
- Generalized rash
- Ostomy bags or tubes that contain body fluids
- Pressure ulcers
- Stool incontinence
- Uncontrolled secretions

**Learning Break:** Stool incontinence is a common problem so why would contact precautions be needed if a patient is incontinent of stool? One reason is for the prevention of nosocomial infections that
can cause *Clostridium difficile* colitis. *Clostridium difficile* colitis is characterized by diarrhea and approximately 50% of susceptible patients who are hospitalized longer than four weeks will develop *C. difficile* colitis. The bacterium is transmitted by the fecal-oral route, often by the hands of healthcare workers, and the *C. difficile* microorganisms can be present anywhere in the patient care area. There are two types of Contact Precautions, **Standard** and **Isolation**.  

**Contact Precautions.**  

Contact Precautions (Standard) include the following measures.  

1. Separation of the patient from other patients, if possible: a single room is preferred.  
2. If a single room is not available an infection control professional should be consulted about patient placement.  
3. In multi-patient rooms beds should be separated by three feet or more so that patients’ personal items are not accidentally shared.  
4. Wash your hands before putting on gloves and before touching the patient.  
5. Wear gloves whenever you touch the patient or when you touch his/her belongings or immediate environment.
6. Wear a gown if you may have significant contact with the patient or her/his belonging and the immediate environment around the patient.

7. Always wash your hand after removing personal protective equipment (PPE).

8. If the patient has diarrhea, he/she should use a bathroom separate from other patients and people.

Isolation Contact Precautions include all of above plus the measures listed below. They should be used if a patient has a drug-resistant infection, a MRSA infection, an open wound, or a diarrheal illness.

1. Wear a gown and gloves while in the patient’s room.

2. Remove the gown and gloves before leaving the room.

3. Use hand hygiene with soap and water or an alcohol-based hand rub before entering and after leaving a patient’s room.

4. Visitors must check with the nurse before taking anything into or out of the room.

**Droplet Precautions**

Droplet Precautions are used when patients have or are suspected to have a respiratory illness caused by pathogens such as the influenza virus (commonly known as the flu), the bordetella pertussis bacterium (commonly known as whooping cough), or rhinovirus (the microorganism that cause the common cold).
1. A single room is preferable. If a single room is not available consult with an infection control professional.

2. In multi-patient rooms beds should be separated by three feet or more so that patients’ personal items are not accidentally shared.

3. Wash your hands with soap and water or an alcohol-based hand rub before entering a patient’s room.

4. Put on a paper surgical mask before entering the room. The mask must be worn at all times while you are in the room. If it becomes damaged or soiled leave the room. Remove the mask, wash your hands, put on another mask and go back in.

5. After leaving the room, remove the mask, discard it in an appropriate receptacle and then wash your hands.

6. Patients who must be transported outside of the room should wear a mask if tolerated and be instructed to use Respiratory Hygiene/Cough Etiquette. (Note: Respiratory and Cough Etiquette will be discussed later in this section of the module)

**Standard Precautions**

Standard Precautions evolved from Universal Precautions and Body Substance Isolation. The CDC considers Standard Precautions to be “the primary strategy for the prevention of healthcare-associated
transmission of infectious agents among patients and healthcare personnel.”

Standard Precautions are based on the principle that all blood, body fluids, and secretions except sweat, non-intact skin, and mucous membranes may contain pathogens that can be transmitted. “The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure.”

Standard Precautions includes:

1. Hand hygiene.
2. Personal protective equipment
3. Respiratory and cough etiquette
4. Safe Injection Practices
5. The use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures

Hand washing and the use of PPE are familiar to experienced CNAs and those parts of Standard Precautions will not be reviewed here. Safe Injection Practices and lumbar puncture procedures are typically not a concern for CNAs, but CNAs should know how to handle and dispose of material and equipment that has been used for injections, venipunctures, and other invasive procedures.
Respiratory Hygiene and Cough Etiquette

Respiratory Hygiene and Cough Etiquette should be used if a patient has signs and symptoms of a respiratory illness, e.g., congestion, coughing, increased production of respiratory secretions, or rhinorrhea (commonly known as a runny nose).

Respiratory Hygiene and Cough Etiquette consists of the following measures.

1. Education of healthcare facility staff, patients, and visitors on the techniques and importance of Respiratory Hygiene and Cough Etiquette.

2. Posted signs that instruct patients, family members, and visitors on the techniques of Respiratory Hygiene and Cough Etiquette. The signs should be in language(s) appropriate to the population.

3. Covering the mouth/nose with a tissue when coughing. Promptly dispose of used tissues in an appropriate receptacle.

4. Anyone who is coughing should wear a paper surgical mask if this is possible and can be tolerated.

5. Caregivers and anyone else who will be in close proximity (i.e., less than three feet) to a patient who has signs and symptoms of a respiratory infection may consider wearing a paper surgical mask.
6. Always wash your hands with soap and water or an alcohol-based hand rub if you have had contact with respiratory secretions.

7. Covering the mouth and nose when coughing or sneezing and placing a mask of patients with signs/symptoms of a respiratory infection are proven methods for preventing the transmission of infected respiratory secretions.

8. People who have a respiratory infection or signs and symptoms of a respiratory infection should be separated from other people by a distance of > three feet, if possible.

**Learning Break:** Keeping a distance of three feet between a patient who has or may have a respiratory infection is only considered to be a reasonable guideline. In some cases, a distance of greater than six to ten feet may be appropriate. Consult with an infection control specialist if there are questions about the correct distance.

Readers may have noticed that Droplet Precautions and Respiratory Hygiene and Cough Etiquette both are used if a patient has signs/symptoms of a respiratory illness. Respiratory Hygiene and Cough Etiquette is part of Standard Precautions so it should be practiced in every patient care situation, but when should the next step be taken and Droplet Precautions be used?
There is no clear answer, but Droplet Precautions are part of Transmission Precautions and the need for Transmission Precautions is determined by an infection control expert or a physician. Always practice Respiratory Hygiene and Cough Etiquette and if you suspect that Droplet Precautions may be needed, contact your supervisor.

**Review**

Isolation Precautions are infection control techniques that are used when Standard Precautions will not protect patients and caregivers from an infectious disease. These techniques include Contact Precautions, Droplet Precautions, and Airborne Precautions, and depending on the situation one or more or all of them may be used. Considered together these techniques are called Transmission-Based Precautions. This module will use the terms Isolation Precautions and Transmission-Based Precautions interchangeably.

Airborne Precautions are used if a patient has or is suspect to have an infectious disease such as rubeola, tuberculosis, or varicella that is transmitted by inhaling infected respiratory particles.

Contact Precautions should be used if a patient has any of the following conditions.

- Draining wounds
- Generalized rash
- Ostomy bags or tubes that contain body fluids
- Pressure ulcers
- Stool incontinence
- Uncontrolled secretions

Droplet Precautions are used when patients have or are suspected to have an illness that is transmitted by inhalation of infected respiratory particles, but the pathogens, e.g., influenza, rhinovirus, usually do not cause serious illnesses. Droplet Precautions are less involved than Airborne Precautions.

Respiratory Hygiene and Cough Etiquette should be used if a patient has signs and symptoms of a respiratory illness, e.g., congestion, coughing, increased production of respiratory secretions, or rhinorrhea (commonly known as a runny nose). Respiratory Hygiene and Cough Etiquette is considered to be part of Standard Precautions.

Remembering the proper procedures required for these infection control techniques can seem challenging. However, after reviewing them several times you will see that they are difficult to learn. In addition, techniques such as Contact Precautions and Droplet Precautions are extensions of Standard Precautions, something every experienced CNA knows well. Finally, patients who have or are suspected an infectious disease and need Isolation Precautions will have written instructions on a sign outside the room: this is standard procedure and all the information that is important is right where it’s needed.
TRANSPORTING A PATIENT AND ISOLATION PRECAUTIONS

If Isolation Precautions are being used and a patient must be transported, some preparation is needed but this is not a difficult task. The CDC recommends:

1. Transport the patient only when it is necessary, e.g., for diagnostic and therapeutic procedures that cannot be done in the room.

2. If the patient must be transported, use the level of Transmission-Based Precautions that are in place.

3. Notify the staff at the destination to which the patient is going that Transmission-based Precautions are in use for the patient; they may need time to prepare.

SHOULD YOU BE CARING FOR A PATIENT WHO NEEDS ISOLATION PRECAUTIONS?

Healthcare workers are required to be vaccinated against certain communicable diseases or to have proof that they were vaccinated or that they are immune: these diseases would include hepatitis B, influenza, measles, mumps, rubella, varicella, and others. Before you care for someone who needs Isolation Precautions your immune status for certain diseases should be determined. The CDC notes that whenever possible “… non-immune HCWs should not care for patients with vaccine-preventable airborne diseases (e.g., measles, chickenpox, and smallpox).”
PUTTING IT ALL TOGETHER: PRACTICAL EXAMPLES OF THE USE OF ISOLATION PRECAUTIONS AND STANRD PRECAUTIONS

All of these patient care situations assume that the CNA is using Standard Precautions.

**Airborne Precautions**

You are assigned to care for a patient who is strongly suspected to have pulmonary tuberculosis. Pulmonary tuberculosis affects the lungs and it is spread by inhalation of infected drops that dispersed into the air when an infected patient cough, sneezes, and talks. Pulmonary tuberculosis can be treated with antibiotics, but it takes several weeks of drug therapy before a patient can be considered non-contagious.

1. Wash your hands before entering the room.
2. Put on an N95 respirator (or the type of respirator that has been provided) *that has been fit-tested for you* and then enter the room. Do not use a paper surgical mask.
3. Provide the patient care that you had planned and then exit the room.
4. If the N95 respirator becomes damaged or soiled, exit the room, remove it, wash your hands, and put on a new one.
5. After you have left the room, remove the N95 respirator, discard it in the appropriate trash receptacle, and wash your hands. Always remove the respirator and then wash your
hands. If you wash your hands and then remove the respirator you could potentially contaminate your hands.

**Learning Break:** Paper surgical masks can block large airborne particles and protect you against splashes. But these masks will not prevent the wearer from inhaling small, airborne infectious particles like the type that are exhaled from someone who has tuberculosis. Single use respirators like the N95 and paper surgical masks look quite similar but they are not interchangeable. Paper surgical masks can be used by anyone. N95 respirators are made in different styles and models and they must be fit tested for each individual.

**Contact Precautions – Isolation**

The patient has a draining wound that has been identified as being infected with MRSA. The patient also has occasional episodes of diarrhea and she has been hospitalized for almost four weeks. In addition, she has an occasional cough but the physician has determined that she does not have a respiratory infection.

1. Wash your hands. Put on a gown and gloves.

2. If the patient can tolerate it, have her wear a paper surgical mask when you are in the room. If this is not possible instruct her to cover her mouth with a tissue if she needs to cough and discard the tissue in an appropriate receptacle.
3. Provide the patient care that you had planned. In this situation you are going to perform a dressing change and urinary catheter care. Change gloves between these tasks.

4. Always wash your hands after removing personal protective equipment (PPE).

5. Remove the gloves and gown in the opposite order from putting them on: gloves first then the gown. Remove the gown and gloves before leaving the room.

6. Wash your hands.

**Learning Break:** If you need to wear a gown and gloves put the gown on first and then the gloves. Placing the ends of the gloves over the cuffs of the gown provides more protection than having the gloves under the cuffs; it makes for a better seal. Remove the gloves first as this prevents accidental contamination of your skin when you remove the gown. When you take a gown off always remove it in a way so that the outside - the potentially contaminated side - cannot touch your skin.

**Droplet Precautions**

Your patient has been diagnosed as having the flu. You have received your influenza vaccine but you are working on a medical floor that treats many elderly patients and some who are immuno-compromised so transmission of the influenza virus is a big risk.
1. Wash your hands with soap and water or an alcohol-based hand rub before entering a patient’s room.

2. Put on a paper surgical mask before entering the room. The mask must be worn at all times while you are in the room. Wash your hands first, and then put on the mask.

3. While you are providing patient care (in this case taking vital signs) the patient coughs very forcefully. This happens while your face is very close to hers and you don’t feel anything through the mask. However, in this situation you should leave the room, remove the mask, and wash your hands. Put on another mask and then go back in and finish the procedure.

4. After leaving the room, remove the mask, discard it in an appropriate receptacle and then wash your hands.

**Airborne Precautions and Contact Precautions - Isolation.**

The patient has been diagnosed as having chicken pox and he has skin lesions that are still oozing. This patient would need to be placed on Airborne Precautions and Contact Precautions - Isolation.

1. Wash your hands.

2. Put on a gown

3. Put on an N95 respirator (or the type of respirator that has been provided) *that has been fit-tested for you* and then enter the room. Do not use a paper surgical mask.
4. Put on gloves.

5. Provide the patient care that you had planned and then exit the room.

6. If the N95 respirator becomes damaged or soiled, exit the room, remove it, wash your hands, and put on a new one.

7. After you have left the room, remove the PPE in this order: gloves, gown, and then respirator.

8. Wash your hands.

**Standard Precautions**

Standard Precautions is comprised of hand hygiene, the use of PPE, Safe Injection Practices, Respiratory Hygiene and Cough Etiquette, and the use of masks for the insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures. Standard Precautions are second nature for experienced healthcare personnel, but a short review of selected parts of Standard Precautions will be helpful.

- The basis of Standard Precautions is that all blood, body fluids, and secretions except sweat, non-intact skin, and mucous membranes may contain pathogens that can be transmitted. Consider all of these fluids to be potentially infectious.
• “The application of Standard Precautions during patient care is determined by the nature of the HCW-patient interaction and the extent of anticipated blood, body fluid, or pathogen exposure.” You must use your professional judgment when deciding how to apply Standard Precautions. This is especially true concerning the use of PPE.

• Face masks, paper surgical masks, and respirators are not interchangeable; each has its specific uses. Face masks are only used to protect the wearer from splash contact with body fluids; they do not protect against inhalation of infectious particles.

• Always discard anything that may be contaminated in an appropriate receptacle. These are usually bright red and are clearly marked “For Hazardous Waste Only” or with another warning.

• Hand washing is the first and last step used during patient care.

• If you know or you think that you may have come into contact with a potentially infectious body fluid, notify your supervisor as soon as possible. Do not try and determine the level of risk by yourself. This is especially important if you have suffered a needle stick or a have had a splash with blood
to a mucous membrane. In some cases, e.g., exposure to blood that is contaminated with HIV, testing and drug therapy should be started as soon as possible.

**SUMMARY**

Isolation Precautions are used to prevent the transmission of infectious diseases in situations where Standard Precautions are not sufficient. They are used when a patient is known to have or is suspected to have an infection such as a MRSA infection, tuberculosis, measles, or chicken pox. Isolation Precautions do not replace Standard Precautions; the two are used together.

Isolation Precautions, which are also called Transmission-Based precautions, include Airborne Precautions, Contact Precautions (Standard and Isolation), and Droplet Precautions. The need for Isolation Precautions is determined by an infection control specialist or a physician. Isolation Precautions are more complex than Standard precautions but they are not difficult to learn and they are proven to prevent transmission of disease.