

Infection Control and Isolation Precautions

Which precautions go with which infections, what to wear, and the order to put it on and take it off.

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Based on the CDC's 2007 Guideline for Isolation Precautions, which is still the national guideline. An update was in progress when CDC's infection control advisory committee was dissolved in 2025. Always follow your facility's current policy.

Standard precautions: for every client

- Hand hygiene before and after client contact, and after removing gloves
- Gloves for contact with blood, body fluids, mucous membranes, or broken skin
- Gown, mask, and eye protection when splashes or sprays are likely
- Respiratory hygiene: cover coughs and offer a mask to clients who are coughing
- Safe injection practices and safe handling of sharps

Transmission-based precautions

These are added on top of standard precautions.

Precaution	Examples	Room	What you wear
Contact	MRSA, VRE, <i>C. difficile</i> , norovirus, scabies, RSV, wound infections with heavy drainage	Private room, or with a client who has the same infection. Dedicated equipment such as a stethoscope.	Gown and gloves on entering the room
Droplet	Influenza, pertussis, <i>Neisseria meningitidis</i> (meningococcal disease), mumps, rubella, <i>Mycoplasma pneumonia</i>	Private room, or at least 3 feet of separation with a curtain drawn	Mask on entering the room. Client wears a mask when leaving the room.
Airborne	Tuberculosis (pulmonary or laryngeal), measles, chickenpox (varicella), disseminated shingles	Airborne infection isolation room (negative pressure), door kept closed	Fit-tested N95 or higher respirator. Client wears a surgical mask when leaving the room.

High-yield details

- Chickenpox and disseminated shingles need **airborne plus contact** precautions.
- *C. difficile* and norovirus: wash with **soap and water**. Alcohol hand rub doesn't reliably kill *C. difficile* spores. Clean surfaces with a product that kills spores, such as a bleach-based disinfectant, per policy.
- Clients with suspected tuberculosis stay in airborne precautions until infectious TB is ruled out, following facility criteria.
- Keep transport to a minimum. When a client must leave the room, alert the receiving department.

Putting on and taking off PPE

Putting on (donning)

1. Hand hygiene
2. Gown
3. Mask or respirator
4. Goggles or face shield
5. Gloves (over the gown cuffs)

Taking off (doffing)

1. Gloves
2. Goggles or face shield
3. Gown
4. Mask or respirator (after leaving the room for an N95)
5. Hand hygiene

This is one of the sequences the CDC shows. CDC also shows a method that removes the gown and gloves together. The key is to remove the most contaminated items first, avoid touching the front of anything, and do hand hygiene right away if your hands become contaminated.

Hand hygiene

Use	When
Alcohol-based hand rub	The preferred method for most routine care when hands aren't visibly dirty
Soap and water	When hands are visibly dirty or soiled with blood or body fluids, after caring for a client with <i>C. difficile</i> or norovirus, and before eating or after using the restroom

Protective environment

For clients whose immune systems are severely weakened, such as after an allogeneic stem cell transplant: a positive-pressure room with HEPA-filtered air, and no fresh flowers or potted plants. Many facilities add their own neutropenic precautions; follow your policy.

Sources

1. Siegel JD, Rhinehart E, Jackson M, Chiarello L; HICPAC. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (CDC).
2. CDC. Sequence for Putting On and Removing Personal Protective Equipment.
3. CDC. Hand Hygiene in Healthcare Settings: clinical guidance.
4. CDC. *Clostridioides difficile*: infection prevention for healthcare providers.

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