TRANSMISSION-BASED PRECAUTIONS			
REQUIRED	DROPLET Intended to prevent transmission through close respiratory or mucous membrane contact with respira- tory secretions	CONTACT Intended to prevent transmission by direct or indirect contact with the patient or the pa- tient's environment	AIRBORNE Intended to prevent transmission of infec- tious agents that re- main infectious over long distances when suspended in the air
Examples	B. Pertussis, Influenza virus, adenovirus, rhinovirus, N. meningitides, and group A streptococcus (for the first 24 hours) Bact. meningitis(24 hours), haemophilus influenza type B	Cdifficile,, VRE, MRSA, scabies, Herpes zoster (shingles, varicellar- zoster)	Herpes Zoster (shingles, varicellar zoster), myco- bacterium, tuberculosis, SARS, rubeola, H1N1
Private Room	Yes, unless cohorting	Yes, unless co- horting	Yes
Door Closed	No	No	Yes
Mask Pro- tection	Surgical mask for close contact with patient (, less than 3 feet)	No	Yes PAPRS
Eye Protec- tion	During procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions		
Gown	Yes	Yes	No
Gloves	Yes	Yes	No
Disposable Thermome- ter	Yes	Yes	Yes
Special Transport Needs	Patient wears surgical mask	Cover/contain/ infected or colo- nized areas of pt's body	Patient wears surgical mask
Negative Air Room	No	No	Yes
		Reverse Airflow rooms: SICU 7, 8	Reverse Airflow rooms: MI 7,8,18, 19,20,21 NCCU 1,10, Safe Haven