

Contact Precautions Protocol

1. Introduction

Contact Precautions are required for patients diagnosed with or suspected of having infectious microorganisms transmitted by the contact route.

Refer to 3.3, Direct Contact Transmission and Indirect Contact Transmission.

Contact Precautions are followed in addition to Routine Practices.

Routine Practices shall be adhered to at all times by all healthcare workers.

2. Indications for Contact Precautions

Implement Contact Precautions empirically for patients with conditions listed in the Clinical Presentation and Empiric Precautions Table while waiting for cause to be determined at

http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/CP_and_EP_Table.pdf

If the specific organism or infectious disease has been established, follow the measures outlined in the Microorganism, Infectious Disease Table.

The need to establish Contact Precautions may differ between pediatric and adult patients who are incontinent or unable to comply with hygiene (e.g., cognitively impaired adult patients).

Contact Precautions are indicated when Routine Practices are not sufficient to control direct or indirect contact transmission; for instance:

- If the organism has a low infective dose (such as Norovirus)
- If the organism may be transmitted from the source patient's intact skin (such as MRSA)
- If there is potential for widespread environmental contamination (such as *C. difficile*)

3. Source Control

- Place a Contact Precautions sign on the door/bedspace.
- Restrict patients on Contact Precautions from participating in non-essential group activities and pet therapy programs.

4. Accommodation

Single Room (preferred)

- A single room with a private toilet (or designated commode chair), designated patient sink and a dedicated staff hand washing sink is preferred.
- Door may remain open.
- When single rooms are limited perform a risk assessment to determine patient placement and suitability for cohorting. Prioritize single rooms to patients with certain conditions/presentations (e.g., uncontained drainage, stool incontinence, young age, and cognitive impairment)
- Cohort patients who are infected or colonized with the same microorganism. For selecting cohort(s) of patients with Antibiotic Resistant Organisms (AROs), refer to [Antibiotic Resistant Organisms Protocol](#).

When cohorting is not feasible

- Do not place a patient on Contact Precautions in the same room as a patient who is at high risk for complications if infection occurs, or with conditions/presentations that may facilitate transmission (e.g., indwelling devices, open wounds, immunocompromised condition).
- Assign a designated commode or toilet to the patient with diarrhea. Any patient with diarrhea (even when etiology is still unknown) should not share a toilet or commode with another patient.
- Where possible, close privacy curtains between beds to minimize opportunities for direct contact.
Ensure there is a minimum of 1, preferably 2 meter separation between patient “cubicles”, and ensure family members/visitors are able to comply with the required precautions.

For newborn nurseries

- A single room is not necessary, providing there is required spacing between infant stations to minimize opportunities for direct contact. If multiple infants are kept in a single room, ensure there is preferably a 2 meter separation between infant stations, and ensure family members or designated visitors are able to comply with the required precautions.

5. Hand Hygiene

Healthcare workers shall perform hand hygiene according to the 4 moments of hand hygiene. Refer to [Routine Practices](#).

6. Personal Protective Equipment (PPE)

Provide Personal Protective Equipment outside the patient room, cubicle or when available, the anteroom. Perform hand hygiene prior to putting on PPE.

Gloves

- Wear gloves to enter the room, cubicle or the patient's designated bed space within a shared room.
- Remove gloves and perform hand hygiene on exit from the room, cubicle or patient bedspace.
- Change gloves between care activities and procedures with the same patient, e.g., after handling an indwelling urinary catheter, or suctioning an endotracheal tube. This prevents contamination of clean body sites or the patient's environment.
- Perform hand hygiene after glove removal.

Gowns

- Wear a long sleeved gown if it is anticipated clothing or forearms will be in direct contact with the patient or with environmental surfaces or objects in the patient care environment. If a gown is to be worn, put it on before entry into the room, cubicle or patient's designated beds pace in shared rooms
- If a healthcare worker enters a Contact Precautions room without a gown and is then required to perform an activity requiring a gown, he/she must remove and discard gloves, clean hands, put on a new, clean gown, and apply fresh gloves before returning to provide care.
- Remove gown before leaving the patient's environment; place it into a hands free receptacle in the patient room/cubicle/bedspace.
- Do not wear the same gown for more than one patient.
- Do not wear the same gown on repeated occasions (i.e., don't remove then reapply the same gown)
- Remove and replace the gown if it becomes wet or visibly contaminated.

Note:

Individuals may wear cultural or faith-related head coverings in a Contact Precautions room. Cultural or faith-related head coverings shall be considered equivalent to/treated as the individual's hair.

7. Patient Transport

Avoid room transfer within facility unless medically indicated. If medically indicated room transfer is unavoidable, advise patient transport and the receiving unit of necessary precautions in advance.

Inter-Facility Patient Transport

Precautions relevant to the Patient for Transfer

- Use a clean stretcher or wheelchair
- Cover all wounds
- Patient to perform hand hygiene on leaving room
- Patient to wear clean clothes, housecoat or cover gown; no gloves required for the Patient

Precautions relevant to the Health Care Worker for Transfer

- Follow Contact Precautions to enter and exit the room
- Remove PPE before leaving the room
- Perform hand hygiene before contact with the patient, after removal of PPE and before leaving the room
- Apply clean gloves and gown outside the room to transport patient

Precautions relevant to the Transport Service

- Follow Contact Precautions inside the patient room
- Follow Contact Precautions at the receiving facility, to place patient in their room
- Consider wheelchair/stretchers used in the transport as contaminated. Clean and disinfect prior to removal from isolation space or use with another patient
- Disinfect vehicle surfaces and any equipment that was in contact with the patient with facility-approved disinfectant

Visitor Precautions for Transporting the Patient

- Perform hand hygiene before leaving the room
- Visitors are not required to wear gloves and gown outside the room

8. Intra facility transport tests and treatments.

- Notify the transport service and receiving department, in advance of medical tests/procedures/room transfer, regarding the need for Contact Precautions. During out of room procedures, a health care worker in contact with the patient must maintain Contact Precautions. A dedicated clean person may be used to minimize environmental contamination.
- Before patient use, cover the clean transport chair/stretchers with a cover sheet, and place a clean cover sheet over the patient.
- If the patient's bed or personal wheelchair is used for transport, wipe the steering handles and side rails with disinfectant and allow required wet contact time prior to removing it from the room. After preparing the patient for transport, remove gown and gloves before exiting the room and perform hand hygiene.
- Apply clean PPE once out of the room/cubicle/bed space, to transport patient.
- Take care not to contaminate the environment with soiled gloves during transport.
- Disinfected handles of the transport chair/stretchers or the patient bed are considered clean until gloves have direct contact with the patient or patient equipment.
- After use and while wearing PPE, clean and disinfect the transport chair/stretchers at the test/treatment destination if transport is complete, or upon return of the patient to the unit. Remove PPE after cleaning and disinfecting the transport chair/stretchers.

9. Patient Therapy

Allow the patient out of his/her room as required for their care plan. Supervise the patient if compliance with precautions is inadequate. Following a risk assessment of cognitive ability, hygiene, continence, and lack of draining wounds, consideration may be made for patients to leave their rooms with supervision if compliance with precautions is inadequate.

Before the patient leaves the room

- All secretions/excretions are contained.
- The patient performs hand hygiene, with assistance as needed, prior to putting on a new clean housecoat or new cover gown with ties to the front.
- Patient does not wear yellow isolation gowns.

When the patient is outside the room

- The patient performs hand hygiene, with assistance as needed, immediately on exiting the room and when indicated to prevent contamination of the environment (e.g., after contact with clothing under cover gown, after using Kleenex).
- Staff must remove PPE, and perform hand hygiene, before leaving the patient room
- If staff are assisting/supervising the patient outside of the room/cubicle/bed space, and contact with the patient and/or his/her equipment is anticipated, apply clean PPE. If gloves are contaminated during patient supervision (e.g., used for direct care of patient or handling patient equipment) remove gloves and perform

hand hygiene before handling items in public areas, elevator buttons, door knobs, hand rails, or other patient's equipment.

- Wipe all surfaces having contact with the patient with facility approved disinfectant.

The following instructions are for staff when continuous assistance of the patient is required. E.g., when ambulating a patient with a fall risk.

- Staff put on clean PPE immediately prior to assisting the patient to put on a clean cover gown
- Staff continues to wear same PPE outside the room for one to one assist with the patient unless PPE is visibly soiled. If gloves are contaminated during patient supervision (e.g., used for direct care of patient or handling patient equipment) remove gloves and perform hand hygiene before handling items in public areas, elevator buttons, door knobs, hand rails, or other patient's equipment.

10. Equipment and Environment

- If reusable equipment must be used, clean/disinfect with facility-approved disinfectant prior to removal from room
- Keep minimal supplies in patient room. Do not overstock
- Use dedicated personal supplies, e.g., combs, razors, lotions, creams, and soaps.
- Discard supplies that cannot be appropriately disinfected or sterilized when patient is discharged, deceased, or Contact Precautions discontinued
- Upon discharge, bag personal articles that cannot be disinfected (e.g., books, magazines, toys, playing cards) and give to the patient or discard

11. Health Record/Health Record Documents, Mobile computers for electronic documentation, Other Papers

Written records should not go into the room. When there are documents that must enter the room (e.g., Power of Attorney, Paneling Papers, Advanced Care Directive). There are no special disinfection requirements for confidential papers taken into the patient room. Handle papers are per routine practice upon removal from the room:

- Wipe the table on which the document is signed with a facility-approved cleaner/disinfectant prior to signing
- Assist the patient to perform hand hygiene with alcohol-based hand rub prior to signing/handling the document
- Wipe the pen with a facility-approved disinfectant after signing

If the Medication Administration Record (MAR) has been in the isolation room:

- Wipe the pen and the external surface of the MAR with facility approved disinfectant upon leaving.
- Place mobile computer at the entrance of the room/cubicle/bed space and maintain the computer as clean (i.e., change gloves and clean hands between care of the patient and use of the computer. Alternately, a plastic cover may be placed on the computer keyboard. Remove the plastic cover and clean the keyboard, keyboard tray and mouse with facility approved disinfectant before removing from the room or upon patient discharge if dedicated to the room.

- When a wall mounted or fixed computer within the room is used for documentation, remove gloves, clean hands and put on new gloves to use the computer keyboard. After using the computer, remove gloves, clean hands and put on clean gloves to provide patient care. Avoid cross contamination from computer to patient and patient to computer.
- If the health record is required to accompany the patient for tests or treatments, place in a protective cover (i.e., plastic bag) to prevent contamination. Otherwise, have a dedicated staff person carry the chart without contaminating self or the chart

If the outside of the chart becomes contaminated, clean and disinfect with facility approved disinfectant

Other papers that must be brought into the patient room (e.g., legal)

- Perform hand hygiene
- Apply gown and/or gloves as required to prevent contact with the patient or the environment.
- The document can be taken into the room with or without a disposable document holder.
- Assist patient to perform hand hygiene
- Assist patient, as required, in signing/completing paperwork.
- Disinfect the pen and allow required wet contact time.
- Remove PPE inside the patient room and perform hand hygiene.
- Pick up the document from the surface/table and leave the room.
- Perform hand hygiene.
- If a disposable folder is used, take it to the doorway where a second person can remove the paper. Discard folder in the room, remove gloves inside the patient room and perform hand hygiene on leaving the room.

12. Cleaning

- Clean and disinfect all horizontal and frequently touched surfaces daily, and immediately when soiled.
- Facility-approved disinfectant must achieve manufacturer's recommended contact time on all surfaces to ensure disinfection
- During an outbreak more extensive and frequent cleaning with the facility-approved disinfectant may be required. Any changes will be recommended by the Outbreak Management Team
- Follow Regional/Facility Standard Operating Procedure, Cleaning of Isolation Discharge Client Room/Cleaning of Occupied Client Isolation Room
- Additional cleaning measures may be required in situations when continued transmission of specific infectious agents occurs, e.g., *C. difficile*, norovirus, rotavirus.
- When precautions are discontinued or the patient is moved, isolation room discharge cleaning of the room/bed space and bathroom, changing of privacy curtains and cleaning or changing of string/cloth call bells and/or light cords is required. Leave the contact precautions sign on the door until terminal cleaning is completed.

13. Education of Patients, Families and Visitors

Inform visitors about Contact Precautions and provide instruction on how to enter and exit the room safely, including:

- Information regarding how germs are spread
- When and how to perform hand hygiene according to the 4 moments of hand hygiene
- How to put on, take off and dispose of PPE when it is worn for direct care of a patient.

Refer to the [Contact Precautions Fact Sheet](#) and [Contact Precautions Visitor Instructions Pamphlet](#)

In the adult setting

- Visitors perform hand hygiene on entering and exiting the room.
- Visitors are instructed to wear gowns and gloves when providing direct care to the patient e.g. when helping with bathing, dressing, toileting, or changing soiled items. In addition, visitors should have access to the same PPE as staff and be instructed on the use of gowns to minimize contact with the environment e.g. where environmental soiling or contamination of the patient room exists.

In the pediatric setting

- PPE may not be necessary for parents or caregivers exposed pre-hospital who are providing the usual care of the patient, provided the parent or caregiver is not visiting other patients

14. Management of Visitors

Inform visitors to see the nurse prior to entering the room for the following purposes:

- Provide instruction and educational resources on hand hygiene and PPE.
- Assess the risk to the health of the visitor, the risk of the visitor transmitting infection, and the ability of the visitor to comply with precautions.
- Keep the number of visitors to a minimum (as determined by a risk benefit analysis).
- Only essential visitors (e.g. parent, guardian or primary caretaker) should be allowed.
- Restrict visitors to visiting only one patient.
- If the visitor must visit more than one patient, instruct the visitor to use the same barriers as the health care workers and perform hand hygiene before going to the next patient room.

15. References

[Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care](#). (April 2012) Manitoba Health. Available at: <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.

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