

2. Contact Precautions

Contact Precautions are recommended in addition to Standard Precautions when a resident is known or suspected to be infected or colonised with specific infectious agents that are spread by direct or indirect contact. Examples of infections spread by contact include, *Clostridium difficile* Infection (CDI), Norovirus or some multi-drug resistant organisms (MDRO's).

Standard Precautions must always be used in addition to Transmission Based Precautions.

Please discuss individual cases with Infection Prevention and Control for further advice.

Key Elements of Contact Precautions

Resident Placement

Appropriate resident placement is assessed in conjunction with infection prevention and control or, where relevant the Department of Public Health. A risk assessment will include the suspected/confirmed infection and the infection risk to other resident in the vicinity to determine resident placement.

- A single room with staff hand washing facilities and en-suite toilet facilities is the preferred option.

However, if a single room is not available, the following options may be advised;

1. Single room with staff hand washing facilities but with no en-suite facilities. A dedicated commode must be used.
2. A single room without any hand washing or toilet facilities. A dedicated commode must be used.

A notice should be placed on the room door/area advising visitors and other HCW's to report to staff-in-charge before entering. Signage indicating only the precautions that are required and not information regarding the residents condition to maintain their privacy. Refer to appendix 6.1 for Contact Precautions signs.

Resident should be

- educated regarding the reason/indication for Contact Precautions,
- educated to wash their hands with soap and water after using the bathroom and before eating. Resident who are unable to perform hand hygiene should be given assistance and
- requested not to leave the room unless absolutely necessary.

Hand Hygiene

Hand hygiene is the single most important measure in preventing and reducing the spread of infection. In accordance with The WHO Moments for Hand Hygiene, clean hands

1. Before touching a resident.
2. Before aseptic or clean procedures.
3. After blood or body fluid exposure risk.
4. After touching a resident.
5. After touching resident surroundings/environment.

- Hands should be decontaminated with an alcohol hand rub or an antimicrobial soap except in the following situations-
 - C. difficile*: Hands should be washed with soap (antimicrobial or non-antimicrobial) and water. Alcohol hand rubs are not effective against *C. difficile* spores. Research indicates that removal of *C. difficile* occurs as a result of the physical action of hand washing and rinsing (Dept of Health, 2014).
 - Norovirus: There is conflicting evidence and guidance regarding the efficacy of hand hygiene products on Norovirus (WHO, 2009, Public Health England, 2012). Therefore from a practical application hand washing with soap and water is advised when caring for all patients with diarrhoea.

Personal Protective Equipment (PPE)

In addition to the PPE advised for Standard Precautions the following measures apply to resident being cared for using Contact Precautions:

- Disposable gloves and plastic aprons should be worn for all care activities that involve direct contact with the resident skin, equipment used for client care or surfaces in close proximity to the resident.
- Aprons and gloves should be put on before entering the resident room.
- PPE should be removed and hand hygiene performed before leaving the resident room. PPE should be disposed of in the resident room.
- During care gloves should be changed and hand hygiene carried out in line with the 5 moments for hand hygiene.

Resident Transport

The movement and transport of resident should be limited to essential purposes only.

If movement or transport of a resident is required;

- Inform transport personnel and the receiving department/healthcare facility of the need for Contact Precautions.
- Remove and dispose of contaminated aprons and gloves and perform hand hygiene prior to transporting the resident being cared for using Contact Precautions.
- Don appropriate PPE (apron/gown and gloves) prior to touching the resident at the transport destination.
- Transport equipment (stretcher, bed, wheelchair) used for the transfer must be cleaned and decontaminated before use on another resident.

Care Equipment

In addition to Standard Precautions the following applies to resident being cared for using Contact Precautions.

- Only take essential equipment and supplies into the room. Do not overstock the room as unused stock will have to be discarded on cessation of Contact Precautions.
- Residents' charts/records should not be taken into the room.
- Medical devices (e.g. thermometers, stethoscopes) and care equipment (e.g. commode) should be dedicated for individual resident use for the duration of Contact Precautions. Where possible use single use items.

- If communal equipment is used, such equipment must be cleaned and disinfected in accordance with the manufacturers instructions, immediately after use. For majority of items use
 - a general purpose neutral detergent in a solution of warm water followed by a disinfection solution of 1,000 parts per million (ppm) available chlorine **or**
 - a combined detergent/disinfectant solution at a dilution of 1,000 ppm available chlorine.

Environmental Cleaning

In addition to Standard Precautions the following applies where a resident is being cared for using Contact Precautions.

- The residents' environment should be thoroughly cleaned using a neutral detergent and water daily. Particular attention should be given to frequently touched surfaces (e.g. bed rails, over bed table, door handles) and equipment in the immediate vicinity of the resident.
- In addition to cleaning, the requirement for disinfection should be based on a risk assessment, considering the following:
 - National guidance on specific infectious agents e.g Norovirus
 - Resident ability to maintain their hygiene
 - Degree of environmental contamination
 - Local guidance from Infection Prevention and Control Nurse.
- Where required clean and disinfect the environment using either
 - a general purpose neutral detergent in a solution of warm water followed by a disinfection solution of 1,000 parts per million (ppm) available chlorine **or**
 - a combined detergent/disinfectant solution at a dilution of 1,000 ppm available chlorine.
- Disposable gloves should be worn for environmental cleaning/disinfection when implementing Contact Precautions.

Deep cleaning of the environment following transfer/discharge/death of resident who was on Contact Precautions

Prior to initiating environmental cleaning and disinfection:

- All privacy and window curtains must be removed and sent for laundering.
- All disposable items including paper towels and toilet paper must be discarded.
- All sterile and non-sterile supplies in the resident environment which cannot be reprocessed must be discarded.
- Clean and disinfect the environment and all resident care equipment using either
 - a general purpose neutral detergent in a solution of warm water followed by a disinfection solution of 1,000 parts per million (ppm) available chlorine **or**
 - a combined detergent/disinfectant solution at a dilution of 1,000 ppm available chlorine.

Management of Laundry

All linen from a resident being cared for using Contact Precautions should be placed in an alginate/water soluble bag for laundering and then placed in the appropriate laundry stream as per local laundry policy.

Occupational Health

In addition to Standard Precautions, staff should be aware of their immune status for infectious pathogens (e.g. Varicella).

Non-immune staff should avoid direct contact with infected resident. If a staff member is unsure of his/her immune status for a particular pathogen, it is advisable to clarify with the Occupational Health Department.

Visitors

- Where visiting is essential advise visitors of the precautions needed before and after visiting including, not to visit other residents in the facility.
- Visitors should be encouraged to carry out hand hygiene before entering and on leaving the room, and before and after resident contact where they provide direct care.
- Visitors are not required to wear PPE unless they are carrying out direct care for a resident.

Duration of Contact Precautions

Infection Prevention and Control advice should be sought. Contact Precautions should be continued

- while the resident remains symptomatic
- and/or considered infectious or
- until the completion of effective treatment.