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IH0400: Contact Precautions	EFFECTIVE DATE: September 2006
	REVISED DATE: June 2014, September 2014, November 2016, March 2020
	REVIEWED DATE: October 2019, March 2020

1.0 PURPOSE

Contact Precautions refer to infection prevention and control interventions **to be used in addition to Routine Practices** and are intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact.

2.0 DEFINITIONS

Contact Precautions – measures used for diseases caused by epidemiologically important microorganisms that may be transmitted easily by contact with the patient's intact skin or with contaminated environmental surfaces (e.g. *Clostridium difficile*, MRSA, VRE, RSV). These infections can be transmitted even if the organism has a low infective dose and there is potential for widespread environmental contamination.

A point of care risk assessment for every patient interaction needs to be done to determine additional precautions, room placement and PPE:

Clinical Syndromes Requiring the Use of Controls (Including PPE) Pending Diagnosis

- **Acute diarrhea and / or vomiting of suspected infectious etiology:**
 - GLOVES, SINGLE ROOM
 - GOWN if skin or clothing will come into direct contact with the patient or the patient's environment and for paediatrics and incontinent/non-compliant adults
- **Acute respiratory infection, undiagnosed:**
 - SINGLE ROOM/SPATIAL SEPARATION preferred, FACIAL PROTECTION, GLOVES
 - GOWN if skin or clothing will come into direct contact with the patient or the patient's environment
- **Respiratory infection with risk factors and symptoms suggestive of Tuberculosis:**
 - FIT-TESTED N95 RESPIRATOR, NEGATIVE PRESSURE ROOM
- **Suspected meningitis and/or sepsis with petechial rash:**
 - SINGLE ROOM, FACIAL PROTECTION
- **Undiagnosed rash without fever:**
 - GLOVES
- **Rash suggestive of varicella or measles:**
 - NEGATIVE PRESSURE ROOM -= only immune staff to enter
- **Abscess or draining wound that cannot be contained:**
 - GLOVES
 - GOWN if skin or clothing will come into direct contact with the patient

Conditions/clinical presentations and specific etiologies requiring contact precautions:

	Specific etiologies	
<ul style="list-style-type: none"> * Acute viral respiratory infections * ■ bronchiolitis * ■ cold * ■ croup * ■ cough, fever, acute upper respiratory infection * ■ febrile respiratory illness * ■ fever without focus, acute, children * ■ influenza-like illness * ■ pharyngitis Conjunctivitis Dermatitis Desquamation, extensive Diarrhea Draining wounds, major wound infection, abscess, infected pressure ulcer or other skin infection if drainage cannot be contained by dressings Encephalitis, paediatric Endometritis with signs of toxic shock Food poisoning Gastroenteritis Gingivostomatitis, primary Hand, foot and mouth disease, children Hemolytic uremic syndrome, contact * Hemorrhagic fever Hepatitis of unknown origin, children Herpangina, children * Meningitis Necrotizing enterocolitis, children Pleurodynia, children Pseudomembranous colitis Rash, compatible with scabies * Rash, vesicular with fever * Rash, vesicular/pustular, with epidemiologic context of viral hemorrhagic fever 	<ul style="list-style-type: none"> * Adenovirus Adenovirus, conjunctivitis Amebiasis, children Antibiotic-resistant organisms Astrovirus, children * Bocavirus Brucellosis, major draining lesions Burkholderia cepacia Campylobacter Cholera, children <i>Clostridium difficile</i> * Coronavirus Cryptosporidiosis, children Diphtheria, cutaneous Enteroviral infections, children Enteroviral conjunctivitis <i>Escherichia coli</i> (enteropathogenic and enterohemorrhagic strains) Giardia Hepatitis A, E, children Herpes simplex virus <ul style="list-style-type: none"> ■ encephalitis, children neonatal ■ neonatal or mucocutaneous * Human metapneumovirus * Influenza seasonal, avian Monkeypox - use airborne/contact Norovirus – droplet/contact in outbreak 	<ul style="list-style-type: none"> * Parainfluenza virus Poliomyelitis, acute infantile * Respiratory syncytial virus Rhinovirus * Rotavirus * Rubella, congenital Salmonella Scabies Severe acute respiratory syndrome * Shigella Smallpox - use airborne/contact <i>Staphylococcus aureus</i>, major draining wound <i>Streptococcus</i>, Group A, major draining wound * invasive disease or toxic shock syndrome Vaccinia Vancomycin resistant enterococci Vancomycin-resistant <i>Staphylococcus aureus</i> Varicella-zoster virus <ul style="list-style-type: none"> ■ varicella – use airborne/contact ■ herpes zoster, disseminated or localized in immunocompromised host, localized in normal host if not contained Viral hemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg) * Yersinia enterocolitica

***Use Droplet & Contact Precautions**

3.0 PROCEDURE

As well as Routine Practices, Contact Precautions include the following:

3.1 Source control

- A **point of care risk assessment (PCRA)** as per routine practice should be done to determine if contact precautions are required.
- **Note that some diseases/conditions require two precaution categories – see table above**
- Signage placed at the entrance to the patient room, cubicle or designated bed space

3.2 Hand Hygiene

- Perform hand hygiene as per [IF0200](#) (Hand Hygiene Guidelines)

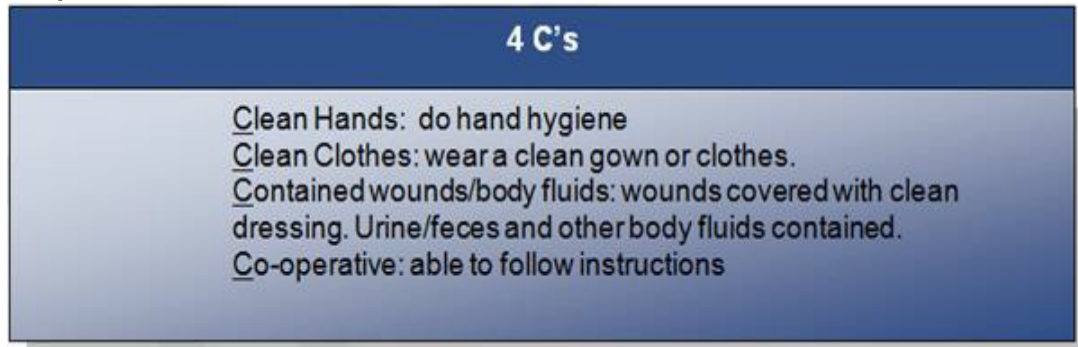
3.3 Patient placement and accommodation. [PRIVATE ROOM ALGORITHM](#)

- **Single room with toilet, patient sink and hand washing sink preferred.**
- Door may remain open.
- Signage placed at the entrance to the patient room, cubicle or designated bed space
- In Emergency Rooms, place signage on privacy curtain around cubicle.
- **Cohort**
 - Cohort patients who are infected or colonized with the same microorganism and are suitable roommates
- **Shared Room – when cohorting is not feasible:**
 - Maintain spatial separation of at least 2 metres between patients.
 - Roommates should be selected based on their ability to comply with precautions
 - Roommates should not be at high risk for serious disease if transmission occurs.
 - A patient with diarrhea should not share a toilet with another patient.
 - Contact Precautions should be applied in nursery settings.

3.4 Patient Flow/Transport

- Communication is essential when a patient goes to another department for testing, to another unit or to other healthcare settings/facilities. This communication must include Emergency Medical Services (EMS) staff and other transport staff.
- Personal protective equipment should be removed and disposed of and hand hygiene performed, prior to transporting patients.
- Health care provider to wear gloves and gown for **direct contact** with patient during transport.

Remind patients to adhere to the 4 C's when outside of their room.



- Patients do not need to wear gloves and isolation gown when outside the room
- Patients should not use common areas of hospital such as lounge or go into other patient rooms.

3.5 Personal Protective Equipment (PPE)

- Personal protective equipment should be provided directly outside the patient room or cubicle
- Use gloves and gown when in direct contact with patient or patient environment.
- **Remove gown and gloves and discard before leaving the room or bed space and do hand hygiene.**
- **The same personal protective equipment should not be worn for more than one patient.**

3.6 Cleaning and disinfection of non-critical patient care equipment

- Dedicate patient care equipment (e.g. blood pressure cuff, commodes etc.).
- If equipment must be shared it must be cleaned and disinfected between patients.
- Do not take extra supplies into patient's room.

3.7 Cleaning of the patient environment

- When precautions are discontinued **or** the patient is moved, do an **additional precautions discharge clean** of the room/bed space and bathroom which includes changing privacy curtains and cleaning and disinfecting or changing string/cloth call bells or light cords.
- For *Clostridium difficile* Infections (CDI) please refer to the [CDI cleaning poster](#)

3.8 Waste, laundry, dishes and cutlery

- Use routine practices

3.9 Education of patients, families and visitors

- Educate as per contact precautions signage.
- Recommend visit only one patient.
- Visitors to wear gloves and gown if participating in direct patient care.
- Visitors to remove gloves and gown and perform hand hygiene prior to leaving room.

3.10 Duration of precautions

- Contact precautions should be discontinued after signs and symptoms of the infection have resolved or as per Transmission Tables.
[REFER TO IH0100 TRANSMISSION TABLES](#)
- Precautions should be discontinued only after the room/bed space and bathroom has been isolation discharge cleaned.

3.11 Management of deceased bodies

- Contact precautions should be used for handling deceased bodies, preparing bodies for autopsy or for transfer to mortuary services.

3.12 Contact Precautions for Residential Care

In addition to Routine Practice:

- **A point of care risk assessment** should be done to determine if contact precautions are required – signage is available.
- Restrict activities if wound drainage or diarrhea cannot be contained.
- Follow the 4 C's as in box above.

3.13 Contact Precautions for Emergency and Ambulatory Care Settings

In addition to Routine Practice:

- **Triage - a point of care risk assessment** must be done to determine if contact precautions are required.
- Contact between symptomatic patients and others should be avoided by minimizing time spent in waiting rooms.
- Placement in a separate room/area should be done as soon as possible.
- Symptomatic patients should be scheduled at a time when they are less likely to encounter other patients unless they can be placed directly into a separate room
- **Additional precautions discharge clean** required only for patients with uncontained draining wounds, diarrhea or vomiting or uncontrolled respiratory secretions – need to have good communication between patient care staff and housekeeping regarding additional cleaning required.

3.14 Contact Precautions for Clients in a Home Environment

In addition to Routine Practice:

Symptomatic clients in the home should be advised to:

- Rest away from others, in a separate room, if available
- Use a designated bathroom, whenever possible
- Clean the bathroom frequently, especially frequently touched surfaces
- Not share towels or other personal items
- Stay home until symptoms resolved
- If medical appointment necessary – advise of symptoms

4.0 REFERENCES

- 1) [Routine Practices and Additional Precautions In all Healthcare Settings.](#) Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario; November 2012.
- 2) [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings;](#) Public Health Agency of Canada; 2017.
- 3) **Routine Practices and Additional Precautions Assessment and Educational Tools.**Public Health Agency of Canada; 2014.

Point of Care Risk Assessment is on the backside of all Precautions signs



Point of Care Risk Assessment



Risk	Protection
<ul style="list-style-type: none"> Contact with patient or environment expected 	<ul style="list-style-type: none"> Hand hygiene
<ul style="list-style-type: none"> Splash or spray of blood or body fluids/secretions anticipated 	<ul style="list-style-type: none"> Mask and eye protection Put on gown if soiling of clothing is likely
<ul style="list-style-type: none"> Contact with mucous membranes Non-intact skin, blood, body fluids, secretions, excretions or soiled or likely soiled item/surface anticipated 	<ul style="list-style-type: none"> Perform hand hygiene, then don gloves Perform hand hygiene after PPE removal and before leaving patient environment

	Contact	Contact Plus	Droplet	Droplet + Contact	Airborne	Airborne+ Contact
Organism-based precautions (examples only; not complete list)	CPO, MRSA, VRE, lice, scabies	<i>C. difficile</i>	<i>N. meningitidis</i> , mumps, pertussis	Influenza, invasive group A <i>Streptococcus</i>	Tuberculosis (TB), measles	Varicella (chickenpox, disseminated herpes zoster)
Syndromic precautions	Draining wound, diarrhea, infestation	Diarrhea and/or vomiting	Stiff neck + fever + headache	Malaise + acute cough + fever, toxic shock	Fever + weight loss + cough + high risk for TB	Disseminated rash + fever
Private room	Preferred. For suspect & confirmed CPO: yes	Preferred	Preferred. If in multi-bed room, draw curtain.	Preferred. If in multi-bed room, draw curtain.	Yes	Yes
Negative pressure room	No	No	No	No	Yes	Yes
Staff PPE	Gown + gloves	Gown + gloves	Procedure mask and eye protection	Procedure mask + eye protection + gown + gloves	N95 respirator	N95 respirator + gown + gloves
Visitor PPE	Gown + gloves if direct care	Gown + gloves	Procedure mask and eye protection	Procedure mask + eye protection (+gown +gloves if direct care)	Offer N95 respirator to visitor	N95 respirator (+gown +gloves if direct care)
Parents of pediatric patients	Clean hands before entering and on leaving room. Do not go into common areas such as patient kitchens, playrooms, school rooms, patient lounges.					
Patient wears a procedure mask during transport	No	No	Yes	Yes	Yes	Yes

JUN.2016 | Adapted from VCH/PHC

Contact Precautions Sign- Form #807902

CONTACT PRECAUTIONS

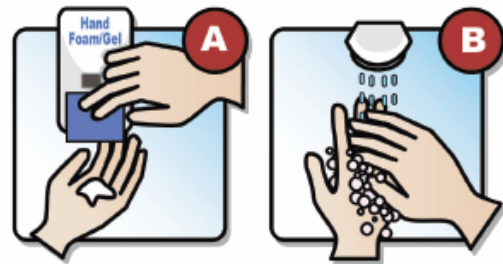
Bed #

Families and visitors:



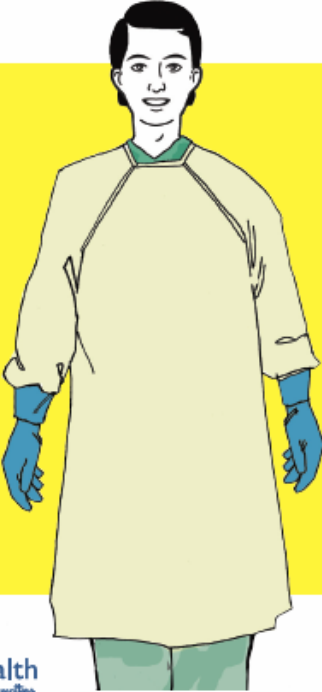
Please report to staff before entering

Clean hands before entering and when leaving room




Clean hands with
A) hand foam/gel or B) soap and water

Staff:



Required:
- Gown & Gloves

Point-of-Care Risk Assessment
When there is a risk of splash or spray, wear face and eye protection.



KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after "Discharge" cleaning

Contact Plus Precautions- Form #807914
Used for Clostridium Difficile Infection (CDI) Only

CONTACT PLUS PRECAUTIONS

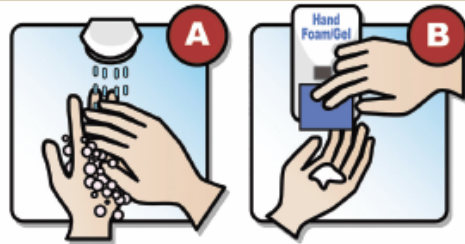
Bed #

**Families
and
visitors:**



**Please report
to staff before
entering**

**Clean hands
before entering and
when leaving room**



- A** Wash hands with soap & water (preferred)
- B** Clean hands with alcohol hand rub and wash with soap and water at first opportunity

Staff:



Required:

- Gown & Gloves

**KEEP
SIGN POSTED
UNTIL ROOM
CLEANED**
HOUSEKEEPER will
remove sign after
"Discharge"
cleaning

Point-of-Care Risk Assessment
When there is a risk
of splash or spray,
wear face and eye
protection.



Twice daily cleaning of high-touch surfaces