IH0400: Contact Precautions

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

Note: in this document the term “patient” is inclusive of patient, resident or client.
Conditions/clinical presentations and specific etiologies requiring contact precautions:

<table>
<thead>
<tr>
<th>Specific etiologies</th>
<th>Specific etiologies</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Acute viral respiratory infections</td>
<td>* Adenovirus</td>
</tr>
<tr>
<td>* <strong>bronchiolitis</strong></td>
<td>* Adenovirus, conjunctivitis</td>
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<tr>
<td>* <strong>cold</strong></td>
<td>* Amebiasis, children</td>
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<tr>
<td>* <strong>croup</strong></td>
<td>* Antibiotic-resistant organisms</td>
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<tr>
<td>* <strong>cough, fever, acute upper respiratory infection</strong></td>
<td>* Astrovirus, children</td>
</tr>
<tr>
<td>* <strong>febrile respiratory illness</strong></td>
<td>* Bocavirus</td>
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<tr>
<td>* <strong>fever without focus, acute, children</strong></td>
<td>* Brucellosis, major draining lesions</td>
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<tr>
<td>* <strong>influenza-like illness</strong></td>
<td>* Burkholderia cepacia</td>
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<tr>
<td>* <strong>pharyngitis</strong></td>
<td>* Campylobacter</td>
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<tr>
<td>Conjunctivitis</td>
<td>* Cholera, children</td>
</tr>
<tr>
<td>Dermatitis</td>
<td>* Clostridium difficile</td>
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<tr>
<td>Desquamation, extensive</td>
<td>* Croup</td>
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<tr>
<td>Diarrhea</td>
<td>* Cold</td>
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<tr>
<td>Draining wounds, major wound infection, abscess, infected</td>
<td>* Croup</td>
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<tr>
<td>pressure ulcer or other skin infection if drainage cannot be contained by dressings</td>
<td>* Croup</td>
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<tr>
<td>Encephalitis, paediatric</td>
<td>* Croup</td>
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<tr>
<td>Endometritis with signs of toxic shock</td>
<td>* Croup</td>
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<tr>
<td>Food poisoning Gastroenteritis</td>
<td>* Croup</td>
</tr>
<tr>
<td>Gingivostomatitis, primary</td>
<td>* Croup</td>
</tr>
<tr>
<td>Hand, foot and mouth disease, children</td>
<td>* Croup</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome, contact</td>
<td>* Croup</td>
</tr>
<tr>
<td>* Hemorrhagic fever</td>
<td>* Hemorrhagic fever</td>
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<tr>
<td>Hepatitis of unknown origin, children</td>
<td>* Human metapneumovirus</td>
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<tr>
<td>Herpangina, children</td>
<td>* Influenza seasonal, avian</td>
</tr>
<tr>
<td>* Meningitis</td>
<td>* Monkeypox - use airborne/contact</td>
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<tr>
<td>Necrotizing enterocolitis, children</td>
<td>* Norovirus – droplet/contact in outbreak</td>
</tr>
<tr>
<td>Pleuropneumonia, children</td>
<td>* Parainfluenza virus</td>
</tr>
<tr>
<td>Pseudomembranous colitis</td>
<td>* Poliomyelitis, acute infantile</td>
</tr>
<tr>
<td>Rash, compatible with scabies</td>
<td>* Respiratory syncytial virus</td>
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<td>* Rash, vesicular with fever</td>
<td>* Rhinovirus</td>
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<td>* Rash, vesicular/pustular, with epidemiologic context of viral hemorrhagic fever</td>
<td>* Rotavirus</td>
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<td>* Rubella, congenital</td>
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<td>* Salmonella</td>
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<td>* Scabies</td>
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<td></td>
<td>* Severe acute respiratory syndrome</td>
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<td></td>
<td>* Shigella</td>
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<td>Smallpox - use <strong>airborne/contact</strong></td>
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<td></td>
<td>Staphylococcus aureus, major draining wound</td>
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<td></td>
<td>Streptococcus, Group A, major draining wound</td>
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<td></td>
<td>invasive disease</td>
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<td>Vancomycin resistant enterococci</td>
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<td>Vancomycin-resistant enterococci</td>
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<td></td>
<td>Varicella-zoster virus</td>
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<td></td>
<td><strong>airborne/contact</strong></td>
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</tbody>
</table>
|                                                                                   | **herpes zoster**, disseminated or localized in immunocompromised host, localized in normal host if not contained Viral hemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg) Yersinia entercolitica

*Use Droplet & Contact Precautions

Note: in this document the term “patient” is inclusive of patient, resident or client.
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
- Contact precautions in addition to routine practices are sufficient for aerosol-generating medical procedures (AGMP) performed on patients on contact precautions who have no signs or symptoms of suspected or confirmed airborne illness

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.

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Infection Prevention and Control
Section 04H – IH0400 (Contact Precautions)

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

<table>
<thead>
<tr>
<th>4 C’s</th>
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</thead>
<tbody>
<tr>
<td>Clean Hands: do hand hygiene</td>
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<tr>
<td>Clean Clothes: wear a clean gown or clothes.</td>
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<tr>
<td>Contained wounds/body fluids: wounds covered with clean dressing. Urine/feces and other body fluids contained.</td>
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<tr>
<td>Co-operative: able to follow instructions</td>
</tr>
</tbody>
</table>

- 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.

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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

Note: in this document the term “patient” is inclusive of patient, resident or client.
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.


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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.

Note: in this document the term "patient" is inclusive of patient, resident or client.
CONTACT PLUS PRECAUTIONS

Bed# [blank]

Families and visitors:

STOP

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

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

—— Interior Health

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