

## CONTAINMENT PRECAUTIONS PROTOCOL

### 1. Introduction

Containment Precautions are required to prevent the transmission of highly contagious or virulent organisms (confirmed or suspected) transmitted by the direct or indirect contact route. These may be new, emerging organisms or an organism determined to cause severe illness/outcomes and/or severely contaminate the environment. Containment Precautions extend beyond [Contact Precautions](#) to prevent contamination of the environment and transmission to others.

Containment Precautions are followed in addition to [Routine Practices](#). Routine Practices shall be adhered to at all times by all healthcare workers.

### 2. Indications

Containment Precautions are indicated when [Routine Practices](#) and [Contact Precautions](#) are not sufficient to control transmission through direct or indirect contact transmission within a healthcare facility.

Implement Containment Precautions:

- As indicated in the [Microorganism, Infectious Disease Table](#) if the specific organism or infectious disease is suspected or known
- Empirically for patients with symptoms listed in the [Clinical Presentation and Empiric Precautions Table](#)
- Or as directed by the WRHA IP&C Program

Notify site Infection Control Professional/designate if Containment Precautions are implemented during business hours. After hours, notify:

- Dr. Evelyn Lo @ pager: 204-932-6538 for St. Boniface Hospital concerns.
- Dr. John Embil @ pager: 204-931-9538 for all other hospitals' concerns.
- Attending Pediatric ID Physician @ 204-787-2071 for pediatric concerns.

Examples of organisms for which Containment Precautions are implemented include:

- [Multidrug resistant \*Candida auris\*](#): an opportunistic fungal pathogen, which is known to cause invasive healthcare-associated infections. *C. auris* is found to contaminate and persist in the environment and may spread between patients. MDR *C. auris* is difficult to eradicate due to its limited treatment options and non-specific presentation.
- [Carbapenemase Producing \*Enterobacteriaceae\* \(CPE\)](#): Gram-negative bacilli that are highly resistant to beta-lactam antibiotics, as these are often the antibiotics considered to be the last line of defense, infections caused by these organisms have high morbidity and mortality rates. CPE are easily transmitted within hospitals, particularly between hospitalized patients.

### 3. Source Control

- Place a [Containment Precautions sign](#) on the door

### 4. Accommodation

#### 4.1. Room type

- A single room with a private toilet (or designated commode chair), designated patient sink and a dedicated staff hand washing sink is strongly recommended
- Door may remain open

#### 4.2. Cohorting

- When single rooms are limited:
  - consult site Infection Control Professional/designate regarding roommate selection during business hours
  - after hours, consult:
    - Dr. Evelyn Lo @ pager: 204-932-6538 for St. Boniface Hospital concerns.
    - Dr. John Embil @ pager: 204-931-9538 for all other hospitals' concerns.
    - Attending Pediatric ID Physician @ 204-787-2071 for pediatric concerns.
  - perform a risk assessment to determine patient placement and suitability for cohorting, in consultation with Infection Control Professional/designate
    - prioritize single rooms to patients with certain conditions/presentations (e.g., uncontained drainage, stool incontinence, young age, and cognitive impairment)

### 5. Hand Hygiene

Healthcare workers shall perform hand hygiene according to the [4 Moments of Hand Hygiene](#). Refer to [Routine Practices](#) for additional information.

### 6. Personal Protective Equipment (PPE)

Provide Personal Protective Equipment outside the patient room, cubicle or when available, the anteroom. Perform hand hygiene before [putting on PPE](#).

#### 6.1. [Gloves](#)

At all times

- Put on gloves before entering the room even if no contact with the patient or the patient environment is anticipated
- Remove gloves and perform hand hygiene when leaving the patient's room or 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 removing gloves

## 6.2. Gowns

At all times

- Wear a long sleeved gown to enter the room even if no contact with the patient or the patient environment is anticipated
- Remove gown when leaving the patient's room or bedspace
- Perform hand hygiene
- 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 a gown and then put the same gown on again)
- Remove and replace the gown if it becomes wet or visibly soiled

Faith or cultural head coverings do not require covering or removing in Containment Precautions rooms.

## 7. Transport

- Notify the site Infection Control Professional (ICP) or designate of any inter-facility transports **BEFORE** the transport occurs.
- For after-hours transport if ICP has not been previously notified, contact:
  - Dr. Evelyn Lo @ pager: 204-932-6538 for St. Boniface Hospital concerns.
  - Dr. John Embil @ pager: 204-931-9538 for all other hospitals' concerns.
  - Attending Pediatric ID Physician @ 204-787-2071 for pediatric concerns.
- Avoid room transfer within facility unless medically indicated.
- Only transport patient if medically indicated
- Perform tests and procedures in the patient room whenever possible
- Inform the receiving department or facility and transport service of the need for Containment Precautions, **before** the transport,
- Cover the clean transport chair or stretcher with a clean sheet, before putting the patient on it. Put a clean sheet over the patient
- Use a clean stretcher or wheelchair if available
- 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 before removing it from the room.
- After preparing the patient for transport, remove gown and gloves before exiting the room and perform hand hygiene
- Disinfected handles of the transport chair or stretcher or the patient bed are considered clean until gloves have direct contact with the patient or patient equipment. Refer to [specific disease protocol](#) for applicable disinfectant
- After use and while wearing PPE, clean and disinfect the transport chair or stretcher at the test/treatment destination if transport is complete, or upon return of the patient to their room.
- Remove PPE after cleaning and disinfecting the transport chair or stretcher

### 7.1. Patient

- Contain all secretions and excretions
- Cover all wounds
- Perform hand hygiene
- Put on a new clean housecoat or new clean patient gown; may use blue patient gown, with ties to the front
- Patient does not wear a yellow isolation gown or gloves

### 7.2. Healthcare Worker and Visitor

- Follow Containment Precautions to enter and exit the room
- Remove PPE before leaving the room
- Perform hand hygiene:
  - before putting on PPE
  - after taking off PPE, in the room
  - before putting on new PPE
  - after patient or patient environment contact
- Apply clean gown and gloves outside the room to transport patient
- During out of room procedures, health care workers must maintain Containment Precautions. A dedicated clean person may be used to minimize environmental contamination
- Take care not to contaminate the environment with soiled gloves during transport

### 7.3. External Healthcare Workers

- Follow Containment Precautions inside the patient room
- Follow Containment Precautions at the receiving facility, to place patient in their room
- Consider wheelchair or stretcher used in the transport as contaminated. Clean and disinfect before removal from isolation space or use with another patient
- Disinfect vehicle surfaces and any equipment in contact with the patient with facility-approved disinfectant (refer to [specific disease protocol](#) for applicable disinfectant)

## 8. Therapy (care outside the patient room)

- Consult the site Infection Control Professional/designate before patient therapy
- Perform a risk assessment to decide if the patient is appropriate to leave their room FOR PATIENT THERAPY consider:
  - cognitive ability
  - hygiene
  - continence
  - draining wounds
- Supervise the patient for compliance with precautions if out of their room.

### 8.1. Before the patient leaves their room

- Contain all secretions and excretions
- Cover all wounds
- The patient performs hand hygiene
- Put on a new clean housecoat or new clean patient gown; may use blue patient gown, with ties to the front
- Patient does not wear an isolation gown or gloves

### 8.2. When outside the patient room

- The patient performs hand hygiene, with assistance as needed, when exiting the room and when indicated to prevent contamination of the environment:
  - after touching their nose
  - after touching their mouth
  - after touching their clothes
- Staff remove PPE, and perform hand hygiene, before leaving the patient room
- Perform hand hygiene and apply clean PPE when assisting or supervising the patient outside of the room
- Staff should continue to wear same PPE outside the room for one to one assist with the patient unless PPE is visibly soiled. If gloves are contaminated (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, doorknobs, handrails, or other patient equipment
- Wipe all surfaces the patient touches, with the facility-approved disinfectant specified in the [specific disease protocol](#)

## 9. Equipment and Environment

- Dedicate patient care equipment to patients on Containment Precautions.
- If reusable equipment must be used, clean and disinfect with facility-approved disinfectant before removal from room. Refer to [specific disease protocol](#) for applicable disinfectant
- 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 disinfected or sterilized when patient is discharged, deceased, or Containment Precautions are discontinued.
- Upon discharge, bag personal articles that cannot be disinfected (e.g., books, magazines, toys, playing cards) and give to the patient or discard

## 10. Health Record, Documents and Mobile computers

### 10.1. Health Records

- Use facility-approved disinfectant to clean and disinfect outside of if it is contaminated. Refer to [specific disease protocol](#) for applicable disinfectant
- If the health record must 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

- If the Medication Administration Record (MAR) enters in the patient's room, wipe the external surface of the MAR binder with facility approved disinfectant when it leaves the patient room. Refer to [specific disease protocol](#) for applicable disinfectant

## 10.2. Documents

Do not take documents into the patient's room if they are not needed. There are no special disinfection requirements for documents (e.g., Power of Attorney, Paneling Papers, Advanced Care Directive), that have been in the patient's room:

- Perform hand hygiene
- Apply PPE
- Wipe the table on which the document is signed with a facility-approved cleaner/disinfectant before signing (refer to [specific disease protocol](#) for applicable disinfectant)
- Assist the patient to perform hand hygiene include wrist and any area that might contact the paper with alcohol-based hand rub before signing/touching the document
- Wipe the pen with a facility-approved disinfectant after signing (refer to [specific disease protocol](#) for applicable disinfectant)
- 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
- Handle papers as per Routine Practice after removal from the room

## 10.3. Mobile Computers

- Place mobile computer outside of patient environment and maintain the computer as clean (i.e., change gloves and clean hands between care of the patient and use of the computer)
- Avoid cross contamination from computer to patient and patient to 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 (refer to [specific disease protocol](#) for applicable disinfectant) before removing from the room or upon patient discharge if dedicated to the room

## 11. Cleaning

- Clean and disinfect all horizontal and frequently touched surfaces daily, and immediately when soiled
- Site Infection Control Professional or designate may provide direction regarding more extensive and frequent cleaning, and the required facility-approved disinfectant depending on the specific organism being suspected or confirmed
- Keep all surfaces wet with facility-approved disinfectant for required contact time
- The Outbreak Management Team may recommend more extensive and frequent cleaning during an outbreak



- Discharge:
  - Follow Regional/Facility Standard Operating Procedure, Cleaning of Isolation Discharge Client Room/Cleaning of Occupied Client Isolation Room when:
    - Containment Precautions are discontinued or
    - the patient is moved
  - isolation room discharge cleaning includes:
    - Cleaning the room
    - Cleaning bathroom,
    - Changing the privacy curtains
    - Cleaning or changing the call bell and its string/cloth
    - Cleaning or changing the light cord
  - Leave the [Containment Precautions sign](#) on the door until terminal cleaning is completed

## 12. Patient and Visitor Education

Inform visitors about Containment 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](#)
- Put on a gown and gloves before entering the patient room or bed space
- How to [put on, take off and dispose of PPE](#)

### 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

## 13. Visitor Management

Inform visitors to see the nurse before entering the room to:

- Provide instruction and [educational resources on hand hygiene](#) and [PPE](#).  
Visitors:
  - Perform hand hygiene on entering and exiting the room
  - Are instructed to wear gowns and gloves when entering the room, and to remove when leaving
- 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 close family members and those providing care, including essential emotional support as specified by the patient or alternate decision maker should be allowed
- Restrict visitors to visiting only one patient
- If the visitor must visit more than one patient, instruct the visitor to perform hand hygiene before going to the next patient room; and to follow [Routine Practices](#) and Containment Precautions

## 14. Duration of Precautions

Discontinue Containment Precautions:

- As indicated in the [Microorganism, Infectious Disease Table](#) if the specific organism or infectious disease is suspected or known
- Empirically for patients with symptoms listed in the [Clinical Presentation and Empiric Precautions Table](#)
- Or as directed by the WRHA IP&C Program

## 15. Occupational Health

Contact Occupational and Environmental Safety and Health (OESH) for staff assessment and or concerns.

## 16. References

- 16.1 [Annex A: Screening, Testing and Surveillance for Antibiotic-Resistant Organisms \(AROs\) In All Health Care Settings](#). (2013, February). Provincial Infectious Diseases Advisory Committee (PIDAC). Accessed December 12, 2018.
- 16.2 [Guidelines for the Prevention and Control of Antimicrobial-Resistant Organisms](#). (2016, August). MB Health. Accessed December 12, 2018.
- 16.3 [Managing Transmission of Carbapenem-Resistant Enterobacteriaceae in Healthcare Settings: A View From the Trenches](#). (2013, August). Palmore, Tara N. and Henderson, David K. Accessed December 12, 2018.
- 16.4 [Non-Employee Handbook](#). (2016). KentuckyOne Health. University of Louisville Hospital & James Graham Brown Hospital. Accessed December 12, 2018.
- 16.5 [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care](#). (April 2012). Manitoba Health. Accessed December 12, 2018.

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