

 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé	<b>Personal Care Home/Long Term Care Facility Infection Prevention and Control Program</b>	
	Additional Precautions- Contact Precautions	Page 1 of 9
	Approval Signature: <i>Linda Norton</i>	Supersedes:  Routine Practices and Additional Precautions January 2000
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## 1.0 **PURPOSE:**

- 1.1 To reduce and/or prevent the transmission of microorganisms that is spread by direct and/or indirect contact.
- 1.2 To reduce and/or prevent health care associated infections.

## 2.0 **DEFINITIONS:**

- 2.1 **Additional Precautions:** Additional measures when Routine Practices alone may not interrupt the transmission of an infectious agent. They are used in addition to Routine Practices, not in place of, and are initiated based on the condition/clinical presentation (syndrome) and on specific etiology (diagnosis).
- 2.2 **Cleaning:** The physical removal of foreign material, e.g. dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. It is accomplished by using water and detergents in conjunction with mechanical action.
- 2.3 **Cohort:** Physically separating (e.g. in a separate room or ward) two or more residents exposed to, or infected with, the same microorganism from other residents who have not been exposed to or infected with, that organism.
- 2.4 **Contact Precautions:** Additional practices to reduce the risk of transmitting infectious agents via contact with an infectious person. Contact Precautions are used in addition to Routine Practices.

- 2.5 **Contact Transmission:** Transmission that occurs when an exposure leads to an infectious dose of viable microorganisms from an infected/contaminated source resulting in colonization and /or infection of a susceptible host. Contact transmission is the most common route of transmission of infectious agents. There are two types:

**Direct Contact:** The transfer of microorganisms via direct physical contact between an infected or colonized individual and a susceptible host (body surface to body surface). Transmission may result in infection

**Indirect Contact:** Passive transfer of microorganisms from an infected or colonized individual to a susceptible host via an intermediate object e.g. contaminated hands that are not cleaned between episodes of patient care, contaminated instruments that are not cleaned between patients/uses or other contaminated objects in the patient's immediate environment.

- 2.6 **Contamination:** The presence of an infectious agent on hands or on the surface, such as clothing, gowns, gloves, bedding, toys, resident care equipment, dressings or other inanimate objects.
- 2.7 **Disinfectant:** Product used on inanimate objects to reduce the quantity of microorganisms to an acceptable level. Hospital-grade disinfectants require a drug identification number (DIN) for sale in Canada.
- 2.8 **Disinfection:** The inactivation of disease-producing microorganisms with the exception of bacterial spores. Hospital-grade disinfectants are used on inanimate objects and require a drug identification number (DIN) for sale in Canada.

**Low level disinfection**

The level of disinfection required when processing non-critical items and some environmental surfaces. Low level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g. influenza, hepatitis B and C, and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores (C-difficile).

- 2.9 **Immunocompromised:** Refers to residents with congenital or acquired immunodeficiency or immunodeficiency due to therapeutic agents or hematologic malignancies.

- 2.10 **Terminal Cleaning:** The process for cleaning and disinfection of resident accommodation that is undertaken upon discharge of any resident or on discontinuation of Contact Precautions. The resident room or bed space, bed, bedside equipment and environmental surfaces and sinks and bathroom should be thoroughly cleaned before another resident is allowed to occupy the space. This includes changing of privacy curtains and cleaning or changing of string/cloth call bells or light cords. The bed linens should be removed before cleaning begins.

### 3.0 **OPERATIONAL DIRECTIVES:**

- 3.1 Contact Precautions in addition to Routine Practices shall be used with those diseases that are transmitted by direct or indirect contact.
- 3.2 Contact Precautions in addition to Routine Practice shall be implemented for residents with conditions listed in Table 5 Section 10 "Transmission Characteristics and Empiric Precautions" without waiting for the etiology to be determined.
- 3.3 Contact Precautions shall be implemented for residents with conditions listed in Table 6 Section 10 "Transmission Characteristics and Precautions by Specific Etiology" where etiology has been established.
- 3.4 Some indications for Contact Precautions may differ among residents i.e. incontinent, cognitively impaired or unable to comply with hygiene.
- 3.5 Residents who are on Contact Precautions shall be restricted from participating in pet therapy programs.

### 4.0 **PROCEDURE:**

- 4.1 Identify the resident(s) who requires Contact Precautions. Refer to table 5 Section 10 "Transmission Characteristics and Empiric Precautions" where etiology has not yet been determined and Table 6 Section 10 "Transmission Characteristics and Precautions by Specific Etiology" once etiology has been determined.
- 4.2 Implement Contact Precautions for:
- acute diarrhea of likely infectious cause if uncontrolled (incontinent, stool cannot be contained in incontinent products and resident is not confined to bed)
  - Extensive disquaminating skin disorder with known or suspected

- infection or significant colonization
  - Skin rash compatible with scabies
  - Draining, infected wound in which drainage can not be contained by a dressing
  - Varicella or disseminating herpes zoster (with Airborne Precautions)
  - Outbreaks of influenza (with Droplet Precautions)
- 4.3 Place Contact Precaution sign (Appendix A) at entrance of resident room or in other visible locations.
- 4.4 Gather the necessary PPE and place in close proximity to the resident(s) room(s).
- 4.5 Notify team members of the need for Contact Precautions (resident status).
- 4.6 Provide education to staff, family, resident, visitors, volunteers regarding the organism, the transmission and the reason for Contact Precautions for the individual resident(s).
- 4.7 Resident Accommodation, Placement and Activities
  - 4.7.1 Perform a risk assessment on a case by case basis to determine:
    - resident placement
    - Removing resident from a shared room
    - Removing resident from participating in group activitiesConsider infection risk to other residents in the room, the presence of risk factors that increase the likelihood of transmission and the potential psychological impact on the infected resident.
  - 4.7.2 Accommodation, Placement
    - 4.7.2.1 If a single room is required, a single room with a private toilet or designated commode chair, designated resident sink, and designated staff hand washing station is preferred.
    - 4.7.2.2 Give priority for single room placement to residents with diarrhea or fecal incontinence not contained by incontinence briefs or diapers, wound or stoma not covered with a dressing or appliance to contain drainage, or cognitive impairment.

- 4.7.2.3 If single room is not available, perform a risk assessment to determine resident placement and /or suitability for cohorting
  - Cohort residents who are infected or colonized with the same microorganism and are suitable roommates.
- 4.7.2.4 If cohorting is not feasible, place the resident with a low risk roommate. Low risk roommates are those:
  - With no open wounds, decubitus ulcers
  - With no urinary catheters, feeding tubes or other invasive devices
  - Not debilitated or bed bound requiring extensive hands on care
  - Not immunocompromised.
- 4.7.2.5 In a shared room, assign a designated toilet or commode to the resident with diarrhea (watery stool). A resident with diarrhea (watery stool) should not share a toilet with another resident.
- 4.7.2.6 In a shared room make roommates and visitors aware of the precautions to follow.
- 4.7.2.7 Select roommates for their ability and the ability of their visitors to comply with the required precautions.
- 4.7.2.8 If possible close privacy curtain between residents.
- 4.7.3 Activities
  - 4.7.3.1 Restrict resident participation in group activities only if wound drainage or diarrhea cannot be contained.
  - 4.7.3.2 Ensure resident performs hand hygiene or is assisted as necessary to perform hand hygiene, before participating in group activities.
- 4.7.4 Room door may remain open.
- 4.8 Personal Protective Equipment (PPE)
  - 4.8.1 Gloves:
    - 4.8.1.1 Wear gloves for direct resident care such as bathing washing, turning resident, changing clothes, continence care, dressing changes, care of open wounds/lesions, toileting.  
Feeding and pushing a wheel chair are not classified as direct care.

- 4.8.1.2 Wear gloves, if direct contact with frequently touched environmental surfaces is anticipated.
  - 4.8.1.3 Remove gloves on leaving room or bed space, dispose of gloves into a hands free waste receptacle.
  - 4.8.1.4 Perform hand hygiene immediately after removing gloves.
- 4.8.2 Gowns:
  - 4.8.2.1 Wear a long sleeved gown for direct hands on care (e.g. bathing, washing, turning resident, changing clothes, continence care, dressing changes, care of open wounds/lesions, toileting) or if anticipated that clothing or forearms will be in direct contact with the environmental surfaces or objects in the resident's care environment.  
Feeding and pushing a wheel chair are not classified as direct care.
  - 4.8.2.2 Remove gown on leaving room or bed space. If gown is disposable, dispose gown into a hands free waste receptacle or if reusable, place gown into the laundry immediately after use and perform hand hygiene before leaving resident's environment.
- 4.8.3 Do not wear the same personal protective equipment for more than one resident. Change PPE and perform hand hygiene between contacts with all other residents.
- 4.9 Visitor Guidelines:
  - 4.9.1 Instruct visitor to speak with a nurse before entering the resident room.
  - 4.9.2 Provide the visitor with the Contact Precaution Information Sheet (Appendix B).
  - 4.9.3 Consider allowing only essential visitors (e.g. parent, guardian primary care taker, close friend) to visit.
  - 4.9.4 Restrict visitors to visiting only one resident. If the visitor must visit more than one resident, instruct the visitor to use the barriers as the healthcare workers and to perform hand hygiene before going to the next resident room.

#### 4.10 Equipment

- 4.10.1 Identify and store all equipment/supplies in a manner that prevents use by or for other residents.
- 4.10.2 If possible, use disposable single use items and place in garbage following use; or, dedicate non critical resident care equipment (i.e. commode, w/c, BP cuffs) to the use of the one resident and clean and perform low level disinfection with a facility approved disinfectant before reuse with another resident.
- 4.10.3 Clean and low level disinfect, with a facility approved disinfectant, shared equipment/items (e.g. assigned dining area) before reuse with another resident.
- 4.10.4 Do not share toys, electronic games or personal items between residents.
- 4.10.5 Do not take chart (paper or mobile electronic) into resident room.

#### 4.11 Environmental Controls

- 4.11.1 Use a facility approved disinfectant.
- 4.11.2 Additional cleaning measures or frequency of cleaning are required when specific infectious agents (e.g. VRE, C-dificile) are transmitted via direct or indirect contact.
  - 4.11.2.1 Clean all horizontal and frequently touched surfaces (call bells, hand and bed rails, light cords) and bathing and toileting facilities, at least twice daily and when visibly soiled.
- 4.11.3 For all other rooms clean and disinfect all horizontal surfaces and frequently touched surfaces daily and more often if soiled. This includes surfaces that are in close proximity to the resident (e.g. over bed tables, call bells, light cords, bed rails) and frequently touched surfaces in the resident environment such as door knobs, surfaces in the resident's bathroom and shared common areas for dining, bathing and toileting.
- 4.11.4 Remove and launder all curtains (privacy, window) when visibly soiled and on terminal cleaning.

#### 4.12 Laundry

- 4.12.1 Follow Routine Practices

- 4.13 Waste
  - 4.13.1 Follow Routine Practices
- 4.14 Sharps
  - 4.14.1 Follow Routine Practices
- 4.15 Dishes and Utensils
  - 4.15.1 Follow Routine Practices
- 4.16 Specimen Collection
  - 4.16.1 Follow Routine Practices
- 4.17 Education Staff, Resident, Families and Visitors
  - 4.17.1 Educate staff, residents, families and visitors about the following:
    - precautions being used, (Appendix B)
    - duration of precautions
    - prevention of transmission including hand hygiene and the use of PPE.
  - 4.17.2 Instruct family members/visitors who are participating with resident care about the indications for and appropriate use of PPE. Family members/visitors who assist with resident care are to wear the same PPE as the HCW.
- 4.18 Transporting/Transferring
  - 4.18.1 Instruct the transport team of the appropriate PPE to wear for direct contact with the resident during transport.
- 4.19 Bed side Post Mortem Care
  - 4.19.1 Use Routine Practices in addition to Contact Precautions.
- 4.20 Duration of Precautions
  - 4.20.1 Consult with the infection control practitioner/designate before discontinuing precautions.
  - 4.20.2 Terminally clean the resident room/bed space and bathroom before discontinuing precautions. This includes changing of privacy curtains and cleaning or changing of string/cloth call bells or light cords.



## 5.0 References

- 5.1 Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care, Health Canada (Revised July 1999) <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf>
- 5.2 Routine Practices and Additional Precautions in All Health Care settings, Provincial Infectious Diseases Advisory Committee (PIDAC) (Revised May 2010).

### **Operational Directive Contact:** Betty Taylor, Manager, PCH Infection Prevention & Control

- PCH Infection Prevention & Control Advisory council Approved for wide distribution (December 21, 2011)
- Distributed to ICPs, Directors of Care and other stakeholders for review & comments ( January 5, 2012) with return date (January 13, 2012)
- PCH Infection Prevention & Control Advisory Council Approved (as per December 21, 2011 PCH IP&C Advisory Council Meeting minutes)
- Directors of Care Approved (January 17, 2012)
- Executive Directors Approved (February 23, 2012)