

Section 4: **Additional Precautions**

Policy number: **4.2**

Subject: **Additional Precautions: Contact Precautions**

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## 1 PURPOSE

- 1.1 Contact Precautions are used **in addition to** Routine Practices for microorganisms where contamination of the environment or intact skin is a particular consideration, such as:
- 1.1.1 Contamination of the client environment
  - 1.1.2 Infectious agents of very low infective dose (e.g. norovirus, rotavirus)
  - 1.1.3 Clients infected or colonized with microorganisms that may be transmitted by contact with intact skin or with contaminated environmental surfaces (e.g. scabies, MRSA, VRE and C. difficile).

## 2 POLICY

- 2.1 Staff must use Contact Precautions **in addition to** Routine Practices for clients known or suspected to have infectious diseases transmitted by direct patient contact or by contact with items in the client's environment. (Refer to Appendix 12: Routine Practices Fact Sheet for Health Care Settings).

## 3 PROCEDURE

- 3.1 **Contact Transmission:** is the most common route of transmission of infectious agents. There are two types of contact transmission:
- 3.1.1 Direct Contact Transmission
    - 3.1.1.1 Occurs through touching e.g. an individual may transmit microorganisms to others by touching them.
  - 3.1.2 Indirect Contact Transmission
    - 3.1.2.1 Occurs when microorganisms are transferred via contaminated objects e.g. stethoscope used on multiple clients without cleaning the stethoscope between uses; or via hands touching a contaminated object, table, door knob, and then touching another object.
- 3.2 Elements That Comprise Contact Precautions in a Community Setting:  
(Refer to Summary Table below)  
(Refer to Appendix 24: Sample Signage for Contact Precautions)

3.2.1 Client Placement

- 3.2.1.1 In a clinic setting, place clients in an examination room or cubicle as soon as possible

3.2.2 Chart Identification

- 3.2.2.1 Flag the client's chart appropriately indicating precautions required

3.2.3 PPE (Gloves, Gown, Face Protection)

- 3.2.3.1 Gloves and gown are required for activities that involve “**direct care**” where the staff member's skin or clothing may come in direct contact with the client or items in the client's space
- 3.2.3.2 “**Direct Care**” includes but is not limited to things that may occur in a community setting such as physical examination, checking vital signs, dressing changes, or care of open wounds or lesions
- 3.2.3.3 Facial protection should be used, as per Routine Practices, if spraying or splashing is possible (this may include someone who may vomit while you are in the room)
- 3.2.3.4 Situations for appropriate PPE include, but are not limited to:
  - 3.2.3.4.1 Acute diarrhea
  - 3.2.3.4.2 Any skin rashes
  - 3.2.3.4.3 Draining, infected wounds with uncontained drainage
  - 3.2.3.4.4 Known or suspected infection or colonization with antibiotic resistant organisms
- 3.2.3.5 Hand hygiene must be performed after doffing gloves and gowns (Refer to Appendix 21: Recommended Steps for Putting on & Taking off Personal Protective Equipment).

3.2.4 Cleaning of Equipment

- 3.2.4.1 Clean and disinfect shared items (e.g. chair, examination table, stethoscope, blood pressure cuff after each use)
- 3.2.4.2 Keep items in the treatment/care rooms covered with a cleanable cover if not a frequently used item (Refer to Section 7.0: Principles of Cleaning and Disinfecting Environmental Surfaces).
- 3.2.4.3 Keep supplies in treatment/care rooms to a minimum to prevent possible contamination and the need for disposal or additional cleaning and disinfection

### 3.2.5 Environmental Cleaning

- 3.2.5.1 Routine cleaning (Refer to Section 7.0: Principles of Cleaning and Disinfecting Environmental Surfaces).
- 3.2.5.2 No special handling is required for laundry but linens that are grossly soiled should be handled separately
- 3.2.5.3 Most garbage or waste can be disposed of as routine waste and can go to the local landfill as regular garbage
- 3.2.5.4 Any human blood waste and sharps waste must comply with packaging requirements according to local, provincial and federal guidelines (Refer to Policy 7.12: Management of Waste)

### 3.2.6 Communication

- 3.2.6.1 Effective communication regarding precautions must be given to clients, families, other facilities and transport services prior to transfer
- 3.2.6.2 Appropriate signage should be posted on the door of treatment room (Refer to Appendix 24: Sample Signage for Contact Precautions)
- 3.2.6.3 Visitors should receive education regarding hand hygiene. PPE is not required unless the visitor is providing direct care.

**Table 1: Summary Table of Elements That Comprise Contact Precautions**

Element	Ambulatory/Clinic Setting	Home Health Care
<b>Accommodation</b>	Door may be open Placement is on a case-by-case basis Identify clients who require precautions Encourage client to perform hand hygiene on entering the setting	No restrictions on accommodation
<b>Signage</b>	Flag chart Sign on door if staying for longer duration	Flag chart
<b>Gloves</b>	For direct care	For direct care
<b>Gown</b>	For direct care	For direct care
<b>Equipment and items in the environment</b>	As per Routine Practices Chart (paper or mobile electronic) should not be taken into the client environment Clean and disinfect shared care items	As per Routine Practices

<b>Environmental Cleaning</b>	VRE and <i>C. difficile</i> rooms require special cleaning  Routine cleaning for all other rooms	Routine household cleaning
<b>Transport</b>	Clean and disinfect equipment used for transport after use	N/A
<b>Communication</b>	Effective precautions must be communicated to client, families, other facilities and transport services prior to transfer	

Source: Adapted from PIDAC: Routine Practices and Additional Precautions in All Health Care Settings, November 2012. Page 35.

### 3.3 Some Common Organisms Requiring Contact Precautions:

- 3.3.1 MRSA (Methicillin Resistant *Staphylococcus aureus*) (Refer to Appendix 25: CA-MRSA Fact Sheet)
- 3.3.2 VRE (Vancomycin Resistant Enterococci) (Refer to Appendix 26: Vancomycin Resistant Enterococci)
- 3.3.3 *Clostridium difficile* (Refer to Appendix 27: Clostridium difficile)
- 3.3.4 Scabies (Refer to Appendix 28: Scabies)
- 3.3.5 For other conditions and etiologies requiring Contact Precautions, refer to Appendix 29: Conditions/Clinical Presentations and Etiologies Requiring Contact Precautions

## 4 APPENDICES

**Appendix 12:** Public Health Ontario. (2012). PIDAC's Routine Practices Fact Sheet for all Health Care Settings.

**Appendix 21:** Public Health Ontario. (2012). PIDAC's Recommended Steps for Putting on and Taking Off Personal Protective Equipment

**Appendix 24:** Public Health Ontario. (2012). PIDAC's Sample Signage for Entrance to Room of a Patient Requiring Contact Precautions in all Health Care Settings.

**Appendix 25:** Health Canada – First Nation and Inuit Health Branch (FNIHB). CA-MRSA Toolkit: Methicillin-Resistant *Staphylococcus aureus* in the Community (CA-MRSA) Fact Sheet

**Appendix 26:** Public Health Ontario. (2011). Vancomycin Resistant Enterococci.

**Appendix 27:** Public Health Ontario. (2011). Clostridium difficile.

**Appendix 28:** Public Health Ontario. (2011). Scabies.

**Appendix 29:** Public Health Agency of Ontario. (2013) Conditions/Clinical Presentations and Etiologies Requiring Contact Precautions.

## 5 REFERENCES

Bennett, G. (2009). *Infection Prevention Manual for Ambulatory Care*. Washington, D.C.: Association for Professionals in Infection Control and Epidemiology

Friedman, C. & Petersen, K.H. (2004). *Infection Control in Ambulatory Care*. Sudbury, MA: Jones and Bartlett Publishers.

Public Health Ontario – Regional Infection Control Networks. (2012). *Environmental Cleaning Toolkit*. Retrieved from  
[http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Environmental\\_Cleaning\\_Toolkit.aspx](http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Environmental_Cleaning_Toolkit.aspx)

Public Health Ontario. (2011). *Infection Prevention and Control Reference Tool Fact Sheets for Health Care Providers in the Community*.

Public Health Ontario. (2012). *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings*, 2<sup>nd</sup> Edition. Retrieved from:  
[http://www.publichealthontario.ca/en/eRepository/Best\\_Practices\\_Environmental\\_Cleaning\\_2012.pdf](http://www.publichealthontario.ca/en/eRepository/Best_Practices_Environmental_Cleaning_2012.pdf)

Public Health Agency of Canada. (2013). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*. Retrieved from:  
<http://publications.gc.ca/site/eng/440707/publication.html>

Public Health Ontario. (2012). *Routine Practices and Additional Precautions in All Health Care Settings*. 3<sup>rd</sup> Edition. Retrieved from:  
[http://www.publichealthontario.ca/en/eRepository/RPAP\\_All\\_HealthCare\\_Settings\\_Eng2012.pdf](http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf)