

# CONTACT PRECAUTIONS

(Contact Precautions are in addition to Standard Precautions. See Standard Precautions for questions)

**ATTENTION!**

**ATTENTION! VISITORS** must report to the nurse station before entering.



## Patient Placement

Private room, if possible. Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.



## Personal Protective Equipment (PPE)

Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment.



## Hand Hygiene (according to Standard Precautions)

Avoid unnecessary touching of surfaces in close proximity to the patient.

When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with soap and water.

If hands are not visibly soiled, or after removing visible material with soap and water, decontaminate hands with alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water.



## Perform Hand Hygiene:

- Before having direct contact with patients
- After contact with blood, body fluids, or excretions, mucous membranes, non-intact skin, or wound dressings.
- After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure or lifting a patient)
- If hands will be moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves



## Patient Transport

Limit transport and movement of patients outside of the room to medically-necessary purposes.

When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered.

Remove and dispose of contaminated PPE and perform hand hygiene before and after transporting patients on Contact Precautions.



## Patient-Care Equipment and Instruments/Devices

If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

# CONTACT PRECAUTIONS

## From: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

### V. Transmission-Based Precautions

#### V.B. Contact Precautions

V.B.1. Use Contact Precautions as recommended in Appendix A for patients with known or suspected infections or evidence of syndromes that represent an increased risk for contact transmission. For specific recommendations for use of Contact Precautions for colonization or infection with MDROs, go to the MDRO guideline: [www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/ar/mdroGuideline2006.pdf).

#### V.B.2. Patient placement

V.B.2.a. In acute care hospitals, place patients who require Contact Precautions in a single-patient room when available.

When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:

- Prioritize patients with conditions that may facilitate transmission (e.g., uncontained drainage, stool incontinence) for single-patient room placement.

- Place together in the same room (cohort) patients who are infected or colonized with the same pathogen and are suitable roommates

- If it becomes necessary to place a patient who requires Contact Precautions in a room with a patient who is not infected or colonized with the same infectious agent:

- Avoid placing patients on Contact Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have open wounds, or have anticipated prolonged lengths of stay).

- Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.)

- Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one or both patients are on Contact Precautions.

V.B.2.b. In long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis, balancing infection risks to other patients in the room, the presence of risk factors that increase the likelihood of transmission, and the potential adverse psychological impact on the infected or colonized patient.

V.B.2.c. In ambulatory settings, place patients who require Contact Precautions in an examination room or cubicle as soon as possible.

#### V.B.3. Use of personal protective equipment

**V.B.3.a. Gloves** Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry into the room or cubicle.

#### V.B.3.b. Gowns

V.B.3.b.i. Wear a gown whenever anticipating that clothing will have direct contact with the patient or potentially contaminated environmental surfaces or equipment in close proximity to the patient. Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before leaving the patient-care environment.

V.B.3.b.ii. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces.

#### V.B.4. Patient transport

V.B.4.a. In acute care hospitals and long-term care and other residential settings, limit transport and movement of patients outside of the room to medically-necessary purposes.

V.B.4.b. When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered.

V.B.4.c. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.

V.B.4.d. Don clean PPE to handle the patient at the transport destination.

#### V.B.5. Patient-care equipment and instruments/devices

V.B.5.a. Handle patient-care equipment and instruments/devices according to Standard Precautions.

V.B.5.b. In acute care hospitals and long-term care and other residential settings, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.

V.B.5.c. In home care settings

V.B.5.c.i. Limit the amount of non-disposable patient-care equipment brought into the home of patients on Contact Precautions. Whenever possible, leave patient-care equipment in the home until discharge from home care services.

V.B.5.c.ii. If noncritical patient-care equipment (e.g., stethoscope) cannot remain in the home, clean and disinfect items before taking them from the home using a low- to intermediate-level disinfectant. Alternatively, place contaminated reusable items in a plastic bag for transport and subsequent cleaning and disinfection.

V.B.5.d. In ambulatory settings, place contaminated reusable noncritical patient-care equipment in a plastic bag for transport to a soiled utility area for reprocessing.

**V.B.6. Environmental measures** Ensure that rooms of patients on Contact Precautions are prioritized for frequent cleaning and disinfection (e.g., at least daily) with a focus on frequently-touched surfaces (e.g., bed rails, overbed table, bedside commode, lavatory surfaces in patient bathrooms, doorknobs) and equipment in the immediate vicinity of the patient.

V.B.7. Discontinue Contact Precautions after signs and symptoms of the infection have resolved or according to pathogen-specific recommendations in Appendix A.