



Policy & Procedure

Policy Title:	Contact Precautions	
Applies To:	All Nova Scotia Health Team Members	
Location Applicability:	All Nova Scotia Health Zones and Sites	
Related Procedure(s):	IPC-RP-001 Routine Practices and Additional Precautions IPC-RP-005 Routine Practices IPC-RP-015 Droplet Precautions IPC-RP-025 Airborne Precautions IPC-CD-001 Outbreak Management IPC-RP-020 Hand Hygiene	
Approved:	Effective:	Next Review:
October 13, 2022	October 14, 2022	October 13, 2026
Sponsor:	Senior Director, Quality Improvement & Safety	
Approval Authority:	VP, Medicine	
Number: IPC-RP-010	Manual:	Infection Prevention and Control

TABLE OF CONTENTS

Purpose.....	2
Policy Statements	2
Principles and Values	3
People Centred Care.....	3
Procedure.....	3
Source Control	3
Patient Accommodation, Placement and Flow	3
Patient Flow/Transport.....	4
Transport to Other Services/Departments	4
PPE for Contact Precautions:.....	5
Management of the Patient Care Environment	5

Patient Care Equipment/Supplies	5
Cleaning the Patient Environment.....	6
Patient Education	6
Management of Visitors	6
Modification of Contact Precautions for long-term care units.....	6
Resident Placement, Accommodation and Activities	6
Modifications of Contact Precautions for Ambulatory Care/Primary Care/Outpatient Settings.....	7
Special Considerations for the Care of Patients on Contact Precautions in Home Care	7
References	7
Related Documents	8
Learning Module	8
Policies	8
Patient Teaching Pamphlet	8
Video	8
Appendices	8
Appendix A: Definitions	9
Appendix B: Bristol Stool Chart.....	11
Version History	12

PURPOSE

This policy will outline Contact Precautions to be taken to prevent the transmission of infectious agents which are spread by direct or indirect contact.

POLICY STATEMENTS

1. All Team Members must follow Routine Practices and Additional Precautions in all health care settings to reduce the spread of Microorganisms that cause infection to patients/clients/residents, team members, visitors, Essential Care Partners, and volunteers.
2. Clinical Care Providers must complete a Point-of-Care Risk Assessment (PCRA) before any interaction with patients/clients/residents or their environments.
3. Clinical Care Providers must implement Contact Precautions based on results of a PCRA.
 - IPAC must be notified.
 - A confirmed infectious diagnosis is not necessary.
 - Refer to the [IPAC Disease Index](#) for guidance on routes of transmission and type of precautions to be utilized.
4. Contact Precautions must:
 - 4.1. Only be discontinued in consultation with IPAC.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

- 4.2. Be communicated to all members of the health care team providing care, and upon transfer of the patient to receiving unit/department/ facility or Emergency Health Services (EHS).
5. When initiating Contact Precautions for suspected outbreak situations, IPAC or the Administrator for the facility (after hours) must be notified. Refer to policy [IPC-CD-001 Outbreak Management](#).
6. The first person to suspect/identify a notifiable disease or condition must notify public Health per ["It's the Law Reporting Notifiable Diseases and Conditions"](#).
7. Environmental controls such as: Personal Protective Equipment (PPE), accommodations, and additional environmental cleaning must be put in place for all patients requiring Contact Precautions.

PRINCIPLES AND VALUES

People Centred Care

- Routine Practices are the Public Health Agency of Canada's (PHAC) minimum standard of infection prevention and control (IPAC) practice to prevent the spread of Microorganisms that cause Infection in all health care settings.
- Additional Precautions (i.e., contact, droplet, and airborne) in addition to Routine Practices are based on the route of spread of Microorganisms that are known or suspected.

PROCEDURE

Source Control

1. Place Contact Precautions notification in/on the patient/client/resident's health record as per facility protocol and document usage in the health care record.
 - 1.1. Ongoing assessment and documentation of stools for patients with diarrhea is critical to determine patient status and requirements for continued Contact Precautions.
 - 1.2. A tool to help document stool patterns is the [Bristol Stool Chart](#).

Patient Accommodation, Placement and Flow

1. A private room with a private bathroom is recommended for patients placed on Contact Precautions.
2. When a private room is unavailable, cohort patients only under the direction of an Infection Control Practitioner (ICP) or the Administrator on call for the facility (if after-hours).
 - 2.1. In a shared room, if a patient has diarrhea, assign a dedicated toilet or commode to that patient. Commodes must be emptied/disposed of in the soiled utility room.
 - 2.2. Close the privacy curtain between beds to minimize opportunities for direct contact.

3. When a patient refuses routine Antimicrobial Resistant Organism (ARO) screening, they must be placed on Contact Precautions for their hospitalization or until appropriate testing is completed and is negative.
 - 3.1. Dedicated toileting facilities are required, but these patients may be placed on Contact Precautions in a semi-private or ward.
4. Patients on Contact Precautions may use communal unit shower/tubs.
 - 4.1. Completely clean and disinfect any equipment (e.g., shower, shower curtain, or tub/shower chairs) after patient use as with Routine Practices.
5. Ensure that signage for Contact Precautions is clearly visible on entrance to patient room or bed space when in a shared environment.

Patient Flow/Transport

1. Transporting patients on Contact Precautions must be avoided unless medically necessary.
2. The ambulation of patients on Contact Precautions may be restricted in order to minimize the potential for transmission of contact spread Microorganisms.
 - Please refer to facility guidelines or contact IPAC.
3. Patients on Contact Precautions:
 - 3.1. Are permitted to leave their room only for medically essential purposes or when ambulating on the unit with guidance from team members.
 - 3.2. Must perform hand hygiene upon leaving their room.
 - 3.3. Must not visit other patients.

Transport to Other Services/Departments

1. Team Members must perform hand hygiene and wear appropriate PPE when entering the room/bed space and while preparing the patient (Refer to PPE section above for details).

NOTE: Patients do not routinely wear PPE for transport or ambulating.

2. Ensure the patient performs hand hygiene.
3. Wrap the patient in a clean blanket or sheet during transport.
4. Once patient is settled in stretcher or chair, remove PPE and perform hand hygiene prior to transporting the patient, put on clean gloves and other necessary PPE as per PCRA.
5. Maintain precautions during transport.
6. Patients should not routinely hold their own health records. Transport according to facility policy.
7. Advise the receiving area that the patient requires Contact Precautions.
8. Clean and disinfect the transport device immediately after use.
9. Remove gloves and perform hand hygiene.

PPE for Contact Precautions:

1. Gloves (Clean non-sterile gloves):
 - 1.1. Perform hand hygiene. Gloves must be worn by all team members when there is anticipated contact with the patient/client/resident or Patient Care Environment.
 - 1.2. Change gloves and perform hand hygiene between activities with the same patient or when gloves have been contaminated, torn or soiled.
 - 1.3. Remove gloves and perform hand hygiene prior to leaving patient's room.
2. Gowns:
 - 2.1. When indicated by a PCRA, wear a long-sleeved gown to protect uncovered skin or clothing from direct contact with the patient/client/resident, frequently touched environmental surfaces or objects, and when there is an increased risk of environmental Contamination due to incontinence, draining wounds, etc.
 - 2.2. Put gown on before entering the room or bed space of the patient/client/resident.
 - 2.3. Gowns should be cuffed (securement for sleeves riding up) and long-sleeved and offer full coverage of the body (front and back) from neck to mid-thigh or below.
 - 2.4. Remove gown before leaving the patient's room or bed space.
3. Mask (Surgical or Procedural)/Protective Eye Wear (goggles, shield):
 - 3.1. When indicated by a PCRA, wear a mask and eye protection to protect the mucous membranes of the eyes, nose and mouth when there is the potential for splashes or sprays of blood, body fluids, secretions or excretions as per Routine Practices.

NOTE: If you are providing care to multiple patients on Contact Precautions, change PPE and perform hand hygiene between patients.

Management of the Patient Care Environment**Patient Care Equipment/Supplies**

1. Where possible, provide single use disposable or dedicated equipment for the patient/client/resident. If disposable or dedicated equipment is not possible, clean and disinfect between patients as per Routine Practices.
2. For patients/clients/residents on Contact Precautions for enteric infections (*Clostridioides difficile* (*C. difficile*), Noroviruses, etc.), a sporicidal product must be used and requires twice daily cleaning if *C. difficile* is suspected (Contact Precautions (+)).
3. Dedicate a commode at the bedside for patient use in multi-bed rooms.
4. Place a laundry hamper in the single room as close to the exit door as possible or at the bedside of patients in shared accommodations. Special handling of linen is not indicated.
5. Place waste receptacle inside the patient room close to the door for PPE disposal.

6. Dietary team members must perform hand hygiene and don gloves upon room entry and remove gloves and perform hand hygiene upon exit. Gloves are required for delivery and pick up of trays.

Cleaning the Patient Environment

1. When precautions are discontinued or the patient/client/resident is relocated, terminal cleaning and disinfecting of room/bed space, bathroom and changing of privacy curtains must be done.
2. Environmental Services team members must wear a gown and gloves to perform housekeeping tasks.
3. Allow sufficient time for cleaning of rooms.
4. Remove Contact Precautions signage after the patient has been discharged and moved, and once cleaning has been completed.
5. Inform Environmental Services if special cleaning is required (e.g., Enteric for *C.difficile*, Noroviruses and Enhanced clean for Vancomycin-Resistant Enterococci (VRE), etc.)
 - 5.1. For patients on contact for enteric infections (*C.difficile*, Noroviruses etc.) a sporicidal product will be used and requires twice daily cleaning if *C. difficile* is suspected (Contact Precautions (+)).

Patient Education

1. Educate patients/clients/residents, their visitors, essential care partners, families, and caretakers about the Contact Precautions being used, the duration, as well as the prevention of transmission of infection to others.
2. Document education provided in the health care record.
3. See [Patient and Family Guide- Preventing the Spread of Germs and Infections](#)

Management of Visitors

1. The number of visitors/Essential Care Partners should be kept to a minimum (one to two).
2. Visitors and Essential Care Partners should be instructed to speak with a nurse before entering the patient room.
3. For further guidance on Family Presence and Essential Care Partners see [AD-QR-020 Family Presence Policy](#).

Modification of Contact Precautions for long-term care units

Resident Placement, Accommodation and Activities

1. Perform a PCRA to determine placement, removal from a shared room, or participation in group activities.
2. Restrict participation in group activities if wound drainage or diarrhea cannot be contained.
3. Residents who are ill with diarrhea, nausea and vomiting must not have meals in the common dining room.

4. Ensure all residents perform hand hygiene (or are assisted as necessary) before and after participation with group activities.

Modifications of Contact Precautions for Ambulatory Care/Primary Care/Outpatient Settings

1. Request that all patients clean their hands on arrival to the reception/registration desk.
2. Minimize contact between symptomatic patients and others.
3. Place in procedure room as soon as available.
4. Contact Precautions signage must be placed outside of the room.
5. Minimize the number of supplies in patient care rooms.
 - 5.1. Store in closed cupboards, drawers, etc. minimizes exposure to Microorganisms.
6. Do not touch supplies with soiled hands or gloves.
7. Do not touch privacy curtains with soiled hands or gloves.
8. Charts may be taken into the patient care room provided they are placed in a designated clean area (non-procedural) and are handled with clean hands.
9. Provide dedicated equipment for use with the patient (e.g., stethoscope, BP cuff, etc.) when possible.
10. Clean and disinfect patient care equipment and patient environment as per inpatient requirements (described above).
11. If a patient sits in the public waiting room (fully clothed with wounds covered) it is not necessary to clean or disinfect the chair. Routine environmental cleaning is sufficient.
12. Patients may use public washrooms in the area.
 - 12.1. Additional cleaning is required when there is visible soiling.

Special Considerations for the Care of Patients on Contact Precautions in Home Care

1. Notify the home care agency when a patient requires Contact Precautions.

REFERENCES

Occupational Safety General Regulations. (June 2013). Nova Scotia Occupational Health and Safety Act. <https://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>

Ontario Agency for Health Protection and Promotion. (May 2013). Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3rd ed. Toronto, ON: Queen's Printer for Ontario; <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf>

Pate, W. J. (March 18, 2022). Waste Management. APIC Text. <https://text.apic.org/toc/infection-prevention-for-support-services-and-the-care-environment/waste-management>

Provincial Infectious Disease Advisory Committee. (Nov 2012). PIDAC: Routine Practices and Additional Precautions in all Health care Settings-3rd ed. Retrieved April 1, 2016

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

Public Health Agency of Canada (2012). Hand Hygiene Practices in Healthcare Settings. https://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf

The Public Health Agency of Canada. (2016). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf>

RELATED DOCUMENTS

Learning Module

[Routine Practices and Additional Precautions](#)

Policies

[IPC-RP-001 Routine Practices and Additional Precautions](#)

[IPC-RP-005 Routine Practices](#)

[IPC-RP-015 Droplet Precautions](#)

[IPC-RP-025 Airborne Precautions](#)

[IPC-CD-001 Outbreak Management](#)

[IPC-RP-020 Hand Hygiene](#)

[IPC-RP-025 Airborne Precautions](#)

[ENV-WS-001 Waste Management](#)

[IPC-CL-001 Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment](#)

Patient Teaching Pamphlet

[Preventing the Spread of Infections- Routine Practices and Additional Precautions](#)

[Clostridioides difficile \(C.diff\)](#)

[Hand Hygiene](#)

Video

[Donning and Doffing Instructions: PPE used for Droplet and Contact Precautions](#)

[Essential Care Partners in Acute Care](#)

Appendices

[Appendix A: Definitions](#)

[Appendix B – Bristol Stool Chart](#)

Appendix A: Definitions








Additional Precautions	Further precautions based on the method of transmission (i.e., contact, droplet, airborne) that are necessary when Routine Practices alone may not be enough to interrupt transmission of an infectious agent.
Antibiotic-Resistant Organisms (ARO's)	A microorganism that has developed resistance to the actions of several antimicrobial agents of clinical or epidemiological significance.
Clinical Care Provider	Any person who delivers clinical care to a client, patient, or resident.
Colonization	The presence or growth of a microorganism in or on a body with growth and multiplication but without tissue invasion, cellular injury, or symptoms.
Contact Precautions	Used in addition to Routine Practices to reduce the risk of transmitting infections via contact with an infectious person and/or their environment.
Contact Precautions (+)	Contact precautions with the requirement of an enhanced cleaning protocol.
Contact transmission (Direct or indirect)	Contact transmission occurs when contact exposure leads to an infectious dose of viable microorganisms from an infected/contaminated source, resulting in colonization and/or infection of a susceptible host.
Contamination	The presence of an infectious agent on hands or a surface. This may include clothing, bedside items or equipment, medical or surgical instruments, or other inanimate objects.
Enteric	Gastrointestinal-related illnesses (e.g., diarrhea, vomiting).
Essential Care Partner	An essential care partner is a person who provides physical, psychological and emotional support, as deemed important by a patient, resident, or client. (Healthcare Excellence Canada, 2021)
Infection	Entry and multiplication of an infectious agent in the tissues of a host leading to a response from the host's immune system. Infection may or may not lead to clinical disease.
Methicillin-Resistant Staphylococcus aureus (MRSA)	Strains of <i>Staphylococcus aureus</i> that have developed resistance to beta-lactam antibiotics (i.e., penicillins, cephalosporins, and carbapenems).
Microorganisms	A bacteria, virus, fungi, protozoan, or prion capable of causing diseases (infection) in a source or a host.

This is a CONTROLLED document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Patient Care Environment	Area in close proximity to the patient including objects and surfaces (e.g., bedside table, IV pole, chairs, etc.)
Personal Protective Equipment (PPE)	Clothing or equipment used for protection against hazards (e.g. masks, N95 respirators, gowns, gloves, eye protection).
Point of Care Risk Assessment	An activity where Clinical Care Providers evaluate the likelihood of exposure to an infectious agent for a specific interaction, with a specific patient, in a specific environment, under available conditions and choose the appropriate actions/PPE needed to minimize exposure.
Routine Practices	Routine Practices are infection prevention and control (IPAC) practices for use in the routine care of all patients at all times in all healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed.
Team Members	Unless specifically limited in a specific Policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within Nova Scotia Health.
Vancomycin-Resistant Enterococci (VRE)	Strains of <i>Enterococcus faecium</i> or <i>Enterococcus faecalis</i> that have developed resistance to vancomycin.

Appendix B: Bristol Stool Chart

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

<https://publicdocuments.sth.nhs.uk/pil3883.pdf>

VERSION HISTORY

Version:	Effective:	Approved by:	What's changed:
Original	2017-08-08	[Issuing Authority]	N/A
Standard Review	2022-10-14	Gail Blackmore Senior Director, Quality Improvement & Safety	Minor changes that do not affect content.