**Policy**

Contact Precautions will be followed for the illnesses specified by the CDC.

# **Procedure**

**Contact Precautions**

In addition to Standard Precautions, use Contact Precautions for a resident known or suspected to be infected or colonized with epidemiologically important microorganisms transmitted by direct contact with the microorganism.

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| **Room Placement** | * Place in private room, or if unavailable
* Place in a room with a resident who has active infection with the same microorganism, but with no other infection (cohorting), or if unavailable
* Do not place in room with high risk residents
* Special air handling and ventilation are not necessary
* Room door may remain open
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| **Gloves and handwashing** | * Don gloves prior to direct care and after handwashing
* During the course of providing care for the resident, change gloves after having contact with infective material that may contain high concentrations of microorganisms (fecal material and wound drainage).
* Remove gloves before leaving room and wash hands immediately prior to leaving the room.
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| **Gown** | * Wear a gown if you anticipate that your clothing will come in contact with contaminated materials.
* Store the gowns in a closed container that can be easily accessed by staff outside or inside the room.
* Remove gown before leaving the resident’s environment.
* After gown removal, ensure that clothing does not contact potentially contaminated environmental surfaces.
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| **Resident Transport** | * If transport is necessary/required, ensure that precautions are maintained.
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| **Use Contact Precautions for these illnesses/ conditions** | **Duration of Contact Precautions** |
| 1. Gastrointestinal, respiratory, skin, or wound infections or colonization with multidrug resistant bacteria *judged by the infection control program, based on current state, regional, or national recommendations, to be of special clinical and epidemiologic significance*.
2. MRSA in the urine would not generally require contact precautions, but would be contained using standard precautions.
 | * Until off antibiotics
* Cultures are negative if ordered/indicated
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| 1. Enteric infections with a low infectious dose or prolonged environmental survival, including:
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| 1. *Clostridium difficile.*
 | Duration of illness |
| 1. For diapered or incontinent residents, enterohemorrhagic *Escherichia coli* 0157:H7, *Shigella*, hepatitis A, or rotavirus.
 | Duration of illnessFor hepatitis A- for one week after onset of symptoms |
| 1. Respiratory syncytial virus of immunocompromised adults; parainfluenza virus.
 | Duration of illness |
| 1. Skin infections that are highly contagious or that may occur on dry skin, including:
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| 1. Diphtheria (cutaneous)
 | Until off antibiotics and 2 culture taken at least 24 hours apart are negative |
| 1. Herpes simplex virus (mucocutaneous)
 | Duration of illness |
| 1. Impetigo
 | Until 24 hours after initiation of effective therapy |
| 1. Major (noncontained) abscesses, cellulitis, or decubiti
 | Duration of illness |
| 1. Pediculosis (lice)
 | Until 24 hours after initiation of effective therapy |
| 1. Scabies
 | Until 24 hours after initiation of effective therapy |

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| 1. Zoster (disseminated or in the immunocompromised host). (Also requires Airborne precautions)
 | * Until lesions are crusted. Incubation period for varicella (chickenpox) ranges from 10-21 days.
* Susceptible persons should not enter the room
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| 1. Viral/hemorrhagic conjunctivitis
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| 1. Viral hemorrhagic infections (Ebola, Lassa, or Marburg)
 | Duration of illness |
| 1. Pneumonia, Adenovirus
 | Duration of illness (Also requires Droplet Precautions) |