

# Infection Prevention and Control Manual – Long-term Care

## Part 3 – IPC Standards

### IC6: Infection Prevention and Control Requirements

## IC6: Contact Precautions

### 1.0 STANDARD

All residents known or suspected of having a condition transmissible by the direct or indirect contact route will be cared for using Contact Precautions in addition to routine practices.

Table1. Conditions and/or clinical presentations and specific organisms requiring contact precautions

Conditions/Clinical Presentation	Specific Organisms
<ul style="list-style-type: none"> <li>• Dermatitis</li> <li>• Desquamation, extensive</li> <li>• Wounds               <ul style="list-style-type: none"> <li>○ Draining wounds,</li> <li>○ Major wound infection,</li> <li>○ Abscess,</li> <li>○ Infected pressure ulcer</li> </ul> </li> <li>• Skin infection if drainage cannot be contained by dressings</li> <li>• Rash, suggestive of scabies</li> <li>• Rash, vesicular with fever</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Adenovirus</i> (eye and urinary infections)</li> <li>• <i>Bacillus anthracis</i> (for skin infection with draining lesions)</li> <li>• <i>Brucella</i> (for uncontained skin lesions)</li> <li>• <i>Cimex lectularius</i> (bed bug)</li> <li>• <i>Clostridium perfringens</i> (for draining wounds)</li> <li>• <i>Corynebacterium diphtheriae</i> (for skin infections)</li> <li>• <i>Coxsackievirus</i> (if draining skin lesions)</li> <li>• <i>Echovirus</i> (for conditions other than diarrhea and respiratory infections)</li> <li>• <i>Hepatitis A virus</i></li> <li>• <i>Herpes simplex virus</i></li> <li>• <i>Methicillin-resistant Staphylococcus aureus</i> (MRSA)</li> <li>• <i>Pediculosis</i> (head, pubic, body lice)</li> <li>• <i>Poliovirus</i></li> <li>• <i>Sarcoptes scabiei</i> (scabies)</li> <li>• <i>Staphylococcus aureus</i> (non-MRSA), major draining wound</li> <li>• <i>Streptococcus</i>, Group A, major draining wound, invasive disease or toxic shock syndrome</li> <li>• <i>Treponema pallidum</i> (for moist lesions)</li> <li>• <i>Vancomycin-resistant Enterococci</i> (VRE)</li> <li>• <i>Varicella-zoster virus</i>:               <ul style="list-style-type: none"> <li>○ Chickenpox (in addition to Airborne Precautions)</li> <li>○ Herpes zoster (shingles), disseminated or localized in immunocompromised host, localized in immunocompetent host if not contained</li> </ul> </li> </ul>

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## 2.0 DEFINITION

Direct Contact transmission occurs when transfer of microorganisms' results from direct physical contact between an infected individual and a susceptible host (body surface to body surface). Examples include soiled hands or gloves.

In-direct Contact involves passive transfer of microorganisms to a susceptible host. Examples include shared equipment and the environment.

## 3.0 PROCEDURE

<b>Room</b>	A single room is preferred with a private toilet or designated commode. If a single occupancy room is not available, the resident may be placed in a multi-bedroom on contact precautions.
<b>Door</b>	May remain open.
<b>Signage</b>	Contact Precaution signage at the entrance to the room and at the bed space in a multi-bedroom.
<b>Masks/ Eye protection</b>	As per <a href="#">Point of care risk assessment (POCRA)</a>
<b>Gloves</b>	For direct contact with resident or when contact with the environment is anticipated
<b>Long-sleeved Gowns</b>	For direct contact with resident or when contact with the environment is anticipated
<b>Hand Hygiene</b>	Before and after contact with the resident and their environment, before aseptic procedure, after contact with body fluids

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<p><b>Resident Equipment (e.g., BP Cuff, stethoscope, slings, bedpan, urinal, commode, wheelchair etc.)</b></p>	<p>Dedicate to the resident, or clean and disinfect after use</p>
<p><b>Resident Transfers</b></p>	<p>Transport for essential purposes only. Notify receiving health care facility and the ambulance service.</p>
<p><b>Resident Hand Hygiene</b></p>	<p>Resident should perform hand hygiene and be assisted as necessary before leaving their rooms after toileting and before meals</p>
<p><b>Resident Activities</b></p>	<p>Participation in group activities should be avoided while on precautions and per pathogen specific recommendations in Appendix I</p>
<p><b>Housekeeping</b></p>	<p>See <a href="#">Additional Precautions guidelines</a></p> <p>Follow <a href="#">case level environmental cleaning quick reference sheet</a> for cleaning and disinfecting surfaces unless requested by IPC practitioner or staff.</p> <p>Housekeeping services will be notified to perform an “isolation discharge clean” when the resident is no longer on contact precautions.</p>

### **Supplies**

- Avoid overstocking items in resident rooms
- At entrance to the room have the following supplies:
  - Hospital-grade disinfectant wipes (store away from access by the resident)
  - Personal Protective Equipment such as disposable gloves and long-sleeved gowns.
- The following items should be supplied in the resident's room:
  - Dedicated personal care supplies such as periwash, periwipes, mouthwash, shampoo, creams lotions etc.
  - Garbage bin with plastic liners
  - Laundry hamper, double bagging is not required
  - Alcohol based hand rub (ABHR) at point of care
  - Liquid hand soap and paper towels at the hand hygiene sink

#### **4.0 Waste, Laundry, Dishes and Cutlery:**

Follow routine practices

#### **5.0 Duration of Precautions:**

- Contact precautions can be discontinued after signs and symptoms of the infection have resolved or as per the pathogen specific recommendations in Appendix I Precautions Selection Table
- Notify housekeeping to do an isolation discharge cleaning of the room/bedspace and bathroom prior to discontinuing precautions

#### **6.0 REFERENCES**

Public Health Agency of Canada (PHAC). Routine practices and additional precautions for preventing the transmission of infection in health care settings. 2017

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine practices and additional precautions in all health care settings, 3rd edition. 2012