Contact precautions

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Introduction

Contact precautions help prevent the transfer of microorganisms that spread through direct or indirect contact with a patient or the patient's environment. (See *Conditions requiring contact precautions*.) Effective contact precautions require a single room, if possible, and the use of gloves and a gown by anyone who has contact with the patient, the patient's support equipment, or items that have come in contact with the patient or the patient's environment.[1] Proper hand hygiene and handling and disposal of articles that have come in contact with the patient and the patient's environment are essential.[1]

♦ ***Clinical alert:*** For information on Coronavirus disease (COVID-19), please refer to the latest recommendations from the CDC, located at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%253A%252F%252Fwww.cdc.gov%252Fcoronavirus%252F2019-ncov%252Fhcp%252Finfection-control.html, when caring for a patient with known or suspected Coronavirus disease.♦

♦ ***Clinical alert:*** Please refer to the latest recommendations from the Centers for Disease Control and Prevention (CDC), located at https://www.cdc.gov/vhf/ebola/clinicians/index.html, when caring for a patient with known or suspected Ebola virus infection.♦

CONDITIONS REQUIRING CONTACT PRECAUTIONS

The Centers for Disease Control and Prevention recommends contact precautions for patients who are infected or colonized (positive for a microorganism without clinical signs or symptoms of infection) with epidemiologically important organisms that can be transmitted by direct or indirect contact. The table below lists common conditions that require contact precautions, along with details regarding the precautionary period and applicable special considerations.[1]

Condition	Precautionary period	Special considerations (if applicable)
Abscess, major draining	• Duration of illness or until drainage stops or can be contained by a dressing	• Add droplet precautions for the first 24 hours of appropriate antibiotic therapy if you suspect invasive group A streptococcal disease.
Acute viral (acute hemorrhagic) conjunctivitis	• Duration of illness	• Note that this condition is highly contagious; outbreaks can occur in pediatric and neonatal settings.
Adenovirus gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Adenovirus pneumonia	• Duration of illness	• Also institute droplet precautions. • Extend precautions in immunocompromised patients *because viral shedding is prolonged in such patients.*
Avian influenza	• For 14 days after onset of symptoms or until you confirm an alternate diagnosis	• Also implement airborne precautions; use a respirator for all patient-care activities.[2] • Wear required eye protection.[2]
Bronchiolitis	• Duration of illness	• Wear a mask according to standard precautions.

Burkholderia cepacia pneumonia, patient with cystic fibrosis	• Unknown	• Also institute contact precautions for patients with cystic fibrosis whose respiratory tracts are colonized with bacteria. • Ensure the patient avoids exposure to other patients with cystic fibrosis.
Campylobacter species gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Cholera gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Clostridioides difficile gastroenteritis	• Duration of illness (*Note:* Some facilities continue isolation for several days after symptom resolution or until discharge *because* C. difficile–*infected patients continue to shed the organism for a number of days after diarrhea ceases.*)[3] [4]	• Discontinue the antibiotic to which the patient was previously exposed.[3] [4] • Conduct environmental cleaning and disinfection consistently; consider using an Environmental Protection Agency (EPA)–registered disinfectant that has a sporicidal claim or sodium hypochlorite solution.[3] [4] • Note that glove use is important for preventing the spread of *C. difficile* spores via the hands of health care workers. Perform hand hygiene after removing gloves. *Because alcohol doesn't kill* C. difficile *spores,* the use of soap and water or antimicrobial soap and water for hand hygiene is more effective at removing spores than the use of alcohol-based hand rubs. However, *to ensure compliance with hand hygiene,* you can use alcohol-based hand rubs instead if necessary. Consider using only soap and water in the event of an outbreak.[3] [4] [5] [6]
Cryptosporidium species gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Diphtheria, cutaneous	• Until two cultures (obtained 24 hours apart) are negative and the patient is off antibiotics	
Escherichia coli gastroenteritis (0157:H7 and other shiga toxin-producing strains, other species), diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	

Enteroviral infection, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Furunculosis, staphylococcal (infants and young children)	• Duration of illness or when wound lesions stop draining	
Giardia lamblia gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Hepatitis type A	• Duration of hospitalization in infants and children younger than age 3 • For 2 weeks after the onset of symptoms in children ages 3 to 14 • For 1 week after the onset of symptoms in children older than age 14	
Hepatitis type E, diapered or incontinent patient	• Duration of illness	
Herpes simplex, mucocutaneous, disseminated or primary, severe; neonatal	• Until lesions are dry and crusted • For asymptomatic exposed neonates, until cultures obtained at 24 and 36 hours are negative; incubation required for 48 hours	
Herpes zoster (shingles), disseminated disease (rash affects three or more dermatomes) or localized disease in an immunocompetent or immunocompromised patient [7] [8]	• Duration of illness or until ruling out disseminated disease in an immunocompromised patient	• For an immunocompetent patient with localized disease, follow standard precautions and completely cover lesions. • For an immunocompetent patient with disseminated disease, follow standard precautions; also implement contact and airborne precautions until lesions are dry and crusted.[8] • For an immunocompromised patient with localized disease, follow standard precautions; also implement contact and airborne precautions until ruling out disseminated infection and then follow standard precautions until lesions are dry and crusted. • For an immunocompromised patient with disseminated disease, follow standard precautions; also implement contact and airborne precautions until lesions are dry and crusted.[8]

		• Susceptible health care workers shouldn't enter the room if immune staff are available.
Human metapneumovirus	• Duration of illness or when wound lesions stop draining	• Wear masks, according to standard precautions.
Impetigo	• For 24 hours after initiation of effective therapy	
Monkeypox	• Until lesions are crusted	• Also implement airborne precautions until you confirm monkeypox and rule out smallpox.
Multidrug-resistant organism (MDRO) infection or colonization (such as with methicillin-resistant *Staphylococcus aureus,* vancomycin-resistant enterococcus, vancomycin intermediate-resistant *S. aureus,* vancomycin-resistant *S. aureus,* extended-beta lactamase producers, resistant *Streptococcus pneumoniae,* and carbapenem-resistant *Enterobacteriaceae*)[9]	• Duration specified by your facility's infection control program, which is based on local, state, regional, and national recommendations	• Note that adherence to standard precautions only may be permitted in some areas.[5] • For guidance concerning new or emerging MDROs, consult your state or local health department.
Mycobacterium tuberculosis draining extrapulmonary lesion	• Until the patient improves clinically and drainage has stopped or until three consecutive drainage cultures test negative	• Also implement airborne precautions.[10] • Rule out active pulmonary tuberculosis.
Norovirus gastroenteritis, diapered or incontinent patient	• Duration of illness and a period following recovery while the patient is still shedding the virus at high levels (usually 24 to 72 hours)[11]	• Wear a mask when cleaning areas that are heavily contaminated with feces or vomitus.[11] • Note that, in some situations in health care facilities, isolation of exposed and potentially incubating patients may also be necessary.[11] • Conduct environmental cleaning and disinfection consistently; consider using an EPA-registered disinfectant that has a sporicidal claim or sodium hypochlorite solution.
Parainfluenza virus infection, infants and young children	• Duration of illness	• Note that viral shedding may be prolonged in immunocompromised patients. • Be aware that antigen testing to determine when to discontinue contact precautions may be unreliable.
Pediculosis (head lice infestation)	• For 24 hours after the initiation of effective therapy	
Poliomyelitis	• Duration of illness or when wound lesions	

	stop draining	
Pressure injury; infected major, draining	• Duration of illness • Until wound drainage stops or you can contain it	
Respiratory syncytial virus infection; infants, young children, and immunocompromised adults	• Duration of illness or when wound lesions stop draining	• Note that viral shedding may be prolonged in immunocompromised patients. • Be aware that antigen testing to determine when to discontinue contact precautions may be unreliable. • Wear a mask, according to standard precautions.
Ritter's disease (staphylococcal scalded skin syndrome)	• Duration of illness or when wound lesions stop draining	• Note that health care workers may be a source of nursery or neonatal intensive care unit outbreaks.
Rotavirus gastroenteritis	• Duration of illness	• Conduct environmental cleaning and disinfection consistently. • Change and dispose of soiled diapers frequently. • Note that viral shedding may be prolonged in immunocompromised pediatric and elderly patients.
Rubella, congenital syndrome	• Until the child is age 1 year or until nasopharyngeal and urine cultures are repeatedly negative after age 3 months	
Salmonella species gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Scabies	• For 24 hours following initiation of effective therapy	
Severe acute respiratory syndrome	• Duration of illness plus 10 days after fever resolves (if respiratory symptoms have improved or resolved) • Until wound drainage stops	• Also implement airborne precautions. • Add droplet precautions if airborne infection isolation room is unavailable.
Shigella species gastroenteritis, diapered or incontinent patient	• Duration of illness or	

	a duration that's appropriate to control a facility outbreak	
S. aureus enterocolitis, diapered or incontinent children	• Duration of illness	
S. aureus–infected draining major skin wound or burn	• Duration of illness • Until wound drainage stops	
Streptococcus group A–infected draining major skin wound or burn	• For 24 hours following initiation of effective therapy	• Also initiate droplet precautions.
Vaccinia, eczema; fetal, generalized, or progressive	• Until lesions are dry and crusted and scabs separate	
Vaccinia blepharitis or conjunctivitis with copious drainage	• Until drainage ceases	
Vibrio parahaemolyticus gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	
Viral hemorrhagic fevers (Ebola, Lassa, Marburg, Crimean-Congo fever viruses)	• Duration of illness • Until wound drainage stops	• Also initiate droplet precautions. • Handle waste appropriately.
Yersinia enterocolitica gastroenteritis, diapered or incontinent patient	• Duration of illness or a duration that's appropriate to control a facility outbreak	

Equipment

- Gowns
- Gloves
- Plastic bags
- CONTACT PRECAUTIONS sign
- Additional supplies needed for patient care, such as a thermometer, a stethoscope, a blood pressure cuff, and clean dressings

Preparation of Equipment

Keep all contact precaution supplies outside the patient's room in a wall- or door-mounted cabinet, a cart, or an anteroom.

Implementation

- Gather the necessary equipment and supplies.

- Place a CONTACT PRECAUTIONS sign outside the patient's door *to notify anyone entering the room of the situation.*[1][12][13][14][15]
- Perform hand hygiene.[13][15][16][17][18][19]
- Put on a gown and gloves before entering the patient's room *to comply with contact precautions.* Instruct visitors to do the same, as required by your facility. (See the "Personal protective equipment (PPE), putting on" procedure.)[1][14][20]
- Confirm the patient's identity using at least two patient identifiers.[21]
- Situate the patient in a single room with private toilet facilities and an anteroom, if possible. If necessary, allow two patients with the same infection to share a room; however, consult with your facility's infection preventionist before placing two patients together.[1]
- Explain contact precautions to the patient and family (if appropriate) according to their individual communication and learning needs *to increase their understanding, allay their fears, and enhance cooperation.*[22]
- Always change gloves after contact with a contaminated body site, body fluids or excretions, mucous membranes, nonintact skin, or wound dressings.[1] Perform hand hygiene after removing used gloves and before putting on new gloves.[13][15][16][17][18][19]
- Handle all items that have come in contact with the patient as you would for a patient on standard precautions.[1]
- Limit the patient's movement from the room. If you must move the patient, cover infected areas with clean dressings.[1] Notify the receiving department or area of the patient's contact precautions (and any other transmission-based precautions, if applicable), *so the staff can maintain the necessary precautions and promptly return the patient to the room.*
- Teach the patient and family about the importance of hand hygiene in preventing the spread of infection and about other measures to prevent the spread of multidrug-resistant organisms.[5][23]
- Remove and discard your gown and gloves before leaving the room.[1]
- Perform hand hygiene before leaving the room.[13][15][16][17][18][19]
- Document the procedure.[24][25][26][27]

Special Considerations

- Clean and disinfect equipment that you must use for different patients in between each patient use, according to the manufacturer's instructions, as required by your facility, *to prevent cross-contamination.*[28][29] For confirmed or suspected *Clostridioides difficile* infection, after cleaning, consider using an EPA-registered disinfectant that has a sporicidal claim or sodium hypochlorite solution for disinfection. Notify environmental services after the patient's discharge *to ensure proper cleaning and disinfection of the room.*[1][3][13][28][29][30]
- Try to dedicate certain reusable equipment (such as a thermometer, stethoscope, and blood pressure cuff) for use only with the patient on contact precautions *to reduce the risk of transmitting infection to other patients.*[1]
- Note that research concerning the benefit of using a single-patient room to prevent transmission of *C. difficile* has been inconclusive. Some studies have shown that being in the same room with a colonized or infected adult patient isn't necessarily a risk factor for transmission. Patient factors are important determinants of infection transmission risk. Therefore, it's best to determine the need for a single-patient room, private bathroom, or both on a case-by-case basis.[1][3]

Complications

Social isolation is a potential complication of contact precautions.

Documentation

Record the need for contact precautions on the nursing care plan and as otherwise indicated by your facility. Document initiation and maintenance of the precautions and the patient's tolerance of the procedure. Record teaching you provided to the patient and family (if applicable), their understanding of that teaching, and any need for follow-up teaching. Note the date you discontinued contact precautions.

Related Procedures

- Bronchoscope reprocessing, automated reprocessor, respiratory therapy
- Bronchoscope reprocessing, manual, respiratory therapy
- Cleaning the OR
- Disinfection, noncritical patient care equipment
- Disinfection, noncritical patient care equipment, ambulatory care
- Disinfection, noncritical patient care equipment, respiratory therapy
- Disinfection, patient care equipment, home care
- Disinfection, semicritical patient care equipment
- Disinfection, semicritical patient care equipment, ambulatory care
- Disinfection, semicritical patient care equipment, respiratory therapy
- Droplet precautions
- Drying hands and arms, OR
- Endoscope reprocessing, automated reprocessor
- Endoscope reprocessing, manual
- Equipment cleaning and disinfection, neonatal
- Infection control, OR
- Infection control, PACU
- Reportable diseases
- Steam sterilization
- Steam sterilizer use and care, OR
- Sterile field management, OR
- Sterile technique, basic
- Sterilization of instruments using an autoclave, ambulatory care
- Surgical attire, donning

Related Lexicomp and UpToDate Patient Teaching Handouts

- How to Wash Your Hands Properly
- Isolation Precautions

References

(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions)

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Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions

The following leveling system is from *Evidence-Based Practice in Nursing and Healthcare: A Guide to Best Practice* (2nd ed.) by Bernadette Mazurek Melnyk and Ellen Fineout-Overholt.

Level I:	Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs)
Level II:	Evidence obtained from well-designed RCTs
Level III:	Evidence obtained from well-designed controlled trials without randomization
Level IV:	Evidence from well-designed case-control and cohort studies
Level V:	Evidence from systematic reviews of descriptive and qualitative studies
Level VI:	Evidence from single descriptive or qualitative studies
Level VII:	Evidence from the opinion of authorities and/or reports of expert committees

Modified from Guyatt, G. & Rennie, D. (2002). Users' Guides to the Medical Literature. Chicago, IL: American Medical Association; Harris, R.P., Hefland, M., Woolf, S.H., Lohr, K.N., Mulrow, C.D., Teutsch, S.M., et al. (2001). Current Methods of the U.S. Preventive Services Task Force: A Review of the Process. American Journal of Preventive Medicine, 20, 21-35.