

Contact precautions, AU

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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,^{1 2} or cohorting if multiple patients (check with your infection control specialist), and use of at least 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.^{2 3 4}

Proper hand hygiene and handling and disposal of articles that have come into contact with the patient and the patient's environment are essential.^{3 4 5}

◆ **Clinical alert:** Refer to the latest recommendations from the Australian Department of Health's *Information for Health Professionals*, including infection prevention and control principles and information for clinicians when caring for a patient with known or suspected Ebola virus infection.⁶◆

CONDITIONS REQUIRING CONTACT PRECAUTIONS		
<p>The Centers for Disease Control and Prevention recommends contact precautions for patients who are infected or colonised (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.^{3 4}</p> <p>For complete details of conditions requiring contact precautions please refer to pages 258–279 of the <i>Australian guidelines for the prevention and control of infection in healthcare</i>, Australian Commission on Safety and Quality in Health Care (2019).³</p>		
Condition	Precautionary period	Special considerations (if applicable)
Abscess, major draining	Duration of illness or until drainage stops or can be contained by a dressing	
Acute viral (acute haemorrhagic) conjunctivitis	Duration of illness	<ul style="list-style-type: none"> Note that it's highly contagious; outbreaks can occur in eye clinics, paediatric and neonatal settings
Adenovirus gastroenteritis, diapered or incontinent patient	Duration of illness or a duration that's appropriate to control a health care facility outbreak	
Adenovirus pneumonia	Duration of illness	<ul style="list-style-type: none"> Also institute droplet precautions Extend precautions in immunocompromised patients <i>because viral shedding is prolonged in such patients</i>
Avian influenza (bird flu)	Duration of illness	<ul style="list-style-type: none"> Also implement airborne and droplet precautions; respirator is required for all patient-care activities³ Wear required eye protection

Bronchiolitis	Duration of illness	<ul style="list-style-type: none"> • Also implement droplet precautions • Wear a mask according to standard precautions
<i>Burkholderia cepacia</i> pneumonia, patient with cystic fibrosis	Duration of illness	<ul style="list-style-type: none"> • Also institute contact precautions for patients with cystic fibrosis whose respiratory tracts are colonised with bacteria • Ensure the patient avoids exposure to other patients with cystic fibrosis
<i>Campylobacter</i> species gastroenteritis, incontinent or wearing pads patient requiring aids	24 hours after symptoms cease or a duration that's appropriate to control a facility outbreak	
Cholera gastroenteritis, incontinent or wearing pads patient requiring aids	Duration of illness or a duration that's appropriate to control a facility outbreak	
<i>Clostridium difficile</i> gastroenteritis	Duration of illness (<i>Note:</i> Some facilities continue isolation for several days after symptom resolution or until discharge <i>because C. difficile–infected patients continue to shed the organism for several days after diarrhoea stops</i>) ^{[7][8]}	<ul style="list-style-type: none"> • Discontinue the antibiotic to which the patient was previously exposed if applicable^{[7][8]} • Conduct environmental cleaning and disinfection consistently; consider using a Therapeutic Goods Administration (TGA)–approved disinfectant with a sporicidal claim or sodium hypochlorite solution^{[7][8]} • Note that glove use is important for preventing the spread of <i>C. difficile</i> spores via the hands of health care workers. Perform hand hygiene after removing gloves. <i>Because alcohol doesn't kill C. difficile spores</i>, soap and water or antimicrobial soap and water for hand hygiene is more effective at removing spores than alcohol-based hand rubs.^{[7][8][9]}
<i>Cryptosporidium</i> species gastroenteritis, incontinent or wearing pads patient requiring aids	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 off antibiotics	
<i>Escherichia coli</i> gastroenteritis (O157:H7 and other shiga toxin-producing strains, other species), incontinent or wearing pads patient requiring aids	Duration of illness or a duration that's appropriate to control a facility outbreak	

Enteroviral infection (excludes polio virus), incontinent or wearing pads patient requiring aids	Duration of illness	
Furunculosis, staphylococcal (infants and young children)	Duration of illness or when wound lesions stop draining	
<i>Giardia lamblia</i> gastroenteritis, incontinent or wearing pads patient requiring aids	Duration of illness	
Hepatitis type A	<ul style="list-style-type: none"> • Duration of hospitalisation in infants and children younger than 3 years • For 1 week after the onset of jaundice in children 3 years or older 	<ul style="list-style-type: none"> • Immunise if at high risk • Provide normal human immunoglobulin (NHIG) post-exposure as recommended • Contact precautions for those who are incontinent or wear nappies for the duration of the illness ³
Hepatitis type E, incontinent or wearing pads patient requiring aids	At least 14 days after the onset of jaundice (communicability period unknown)	
Herpes simplex, mucocutaneous, disseminated or primary, severe; neonatal	<ul style="list-style-type: none"> • Until lesions are dry and crusted • For asymptomatic exposed neonates, until cultures obtained at 24–36 hours are negative; incubation required for 48 hours 	
Herpes zoster (shingles), disseminated disease (rash affects three or more dermatomes) or localised disease in an immunocompetent or immunocompromised patient	<ul style="list-style-type: none"> • Duration of illness • Until lesions are dry and crusted (with localised disease) • Until disseminated disease is ruled out in an immunocompromised patient 	<ul style="list-style-type: none"> • For a patient with localised disease: follow standard precautions and completely cover lesions • For a patient with disseminated disease: follow standard precautions; also implement contact and airborne precautions for the duration of the illness ³ • Susceptible health care workers shouldn't enter the room if immune staff are available
Human metapneumovirus	Duration of illness	Wear masks according to standard precautions
Impetigo	For 24 hours after start of effective therapy	
Multidrug-resistant organism (MDRO) infection or colonisation (such as with methicillin-	Duration of illness	<ul style="list-style-type: none"> • For guidance concerning new or emerging MDROs, consult your state

resistant <i>Staphylococcus aureus</i> (MRSA), vancomycin-resistant enterococcus (VRE), vancomycin intermediate-resistant <i>S. aureus</i> , vancomycin-resistant <i>S. aureus</i> , extended-beta lactamase producers, resistant <i>Streptococcus pneumoniae</i> , and carbapenem-resistant <i>Enterobacteriaceae</i>)		<p>or local health department</p> <ul style="list-style-type: none"> • Droplet precautions should be used if a person is known to be colonised or infected with MRSA • Single room for VRE patients who are incontinent is preferred ³
<i>Mycobacterium tuberculosis</i> draining extrapulmonary lesion	Until the patient improves clinically and drainage has stopped or until three consecutive drainage cultures test negative	<ul style="list-style-type: none"> • Also implement airborne precautions • Rule out active pulmonary tuberculosis
Norovirus gastroenteritis, incontinent patient requiring aids	48 hours after symptoms cease or until institutional outbreaks are controlled. ³	<ul style="list-style-type: none"> • Wear a mask when cleaning areas that are heavily contaminated with faeces or vomitus and when a patient is symptomatic ³ • Conduct environmental cleaning and disinfection consistently; consider using a TGA-approved disinfectant with a sporicidal claim or sodium hypochlorite solution • Droplet precautions should be implemented if considered necessary from a risk assessment for incontinent patients • Hand washing with soap and water is recommended over alcohol-based hand hygiene as it is more effective • It may be necessary to cohort individuals to confine toilets and airspaces to prevent transmission ³
Parainfluenza virus infection, infants and young children	Duration of illness	<ul style="list-style-type: none"> • Note that viral shedding may be prolonged in immunocompromised patients ³ • Be aware that antigen testing to determine when contact precautions can be discontinued may be unreliable
Pediculosis (head lice infestation)	Duration of illness	<ul style="list-style-type: none"> • Transmitted through contaminated clothing, wear gloves and gown when removing clothing • Bag and wash any removed clothing in hot water ³
Poliomyelitis	<ul style="list-style-type: none"> • Duration of illness • May be in faeces for up to 6 weeks 	<ul style="list-style-type: none"> • Non-immune healthcare workers should not care for patient
Pressure injury; infected, draining major wound	<ul style="list-style-type: none"> • Duration of illness 	

	<ul style="list-style-type: none"> • Until wound drainage stops or can be contained 	
Respiratory syncytial virus infection (RSV); infants, young children, and immunocompromised adults	Duration of illness or when wound lesions stop draining	<ul style="list-style-type: none"> • Note that viral shedding may be prolonged in immunocompromised patients • Be aware that antigen testing to determine when contact precautions can be discontinued may be unreliable • Wear a mask according to standard precautions
Ritter's disease (staphylococcal scalded skin syndrome) (caused by <i>S. aureus</i>)	<ul style="list-style-type: none"> • Duration of illness or when wound lesions stop draining 	<ul style="list-style-type: none"> • Note that health care workers may be a source of nursery or neonatal intensive care unit outbreaks
Rotavirus gastroenteritis	<ul style="list-style-type: none"> • Duration of illness 	<ul style="list-style-type: none"> • Conduct environmental cleaning and disinfection consistently • Change and dispose of soiled nappies frequently • Note that viral shedding may be prolonged in immunocompromised paediatric and elderly patients • Alcohol-based hand hygiene is less effective than soap and water for handwashing with this infection³
Rubella, congenital syndrome	<ul style="list-style-type: none"> • Until the child is age 1 year or until nasopharyngeal and urine cultures are repeatedly negative after age 3 months 	<ul style="list-style-type: none"> • Non-immune or pregnant healthcare workers should not care for patient ³
<i>Salmonella</i> species gastroenteritis, diapered or incontinent patient	<ul style="list-style-type: none"> • Duration of illness (24 hours after symptoms cease) or a duration that's appropriate to control a facility outbreak 	
Scabies	<ul style="list-style-type: none"> • For 24 hours after start of effective therapy 	
Severe acute respiratory syndrome (SARS)	<ul style="list-style-type: none"> • Duration of illness plus 10 days after fever resolves (if respiratory symptoms have improved or resolved) 	<ul style="list-style-type: none"> • Also implement airborne precautions with N95 or higher mask (use surgical mask if N95 is not available), goggles and face shield • Add droplet precautions if airborne infection isolation room is unavailable

<i>Shigella</i> species gastroenteritis, incontinent patient requiring aids	Duration of illness or a duration that's appropriate to control a facility outbreak	
<i>S. aureus</i> enterocolitis, incontinent children requiring aids	Duration of illness	
<i>S. aureus</i> -infected, draining major skin wound or burn	<ul style="list-style-type: none"> • Duration of illness • Until wound drainage stops 	
<i>Streptococcus</i> group A-infected draining major skin wound or burn	For 24 hours after start of effective therapy or until drainage stops or can be adequately contained within the dressing	<ul style="list-style-type: none"> • Also start droplet precautions
Smallpox	Until lesions are dry and crusted and scabs are separated (3–4 weeks)	<ul style="list-style-type: none"> • Also start airborne precautions using P2 or N95 respiratory protection • Non-immune healthcare workers should not care for patient^[3]
<i>Vibrio parahaemolyticus</i> gastroenteritis, incontinent patient requiring aids	Duration of illness or a duration that's appropriate to control a facility outbreak	
Viral haemorrhagic fevers (Ebola, Lassa, Marburg, Crimean-Congo fever viruses)	<ul style="list-style-type: none"> • Duration of illness, need isolation room 	<ul style="list-style-type: none"> • Also start droplet precautions • Handle waste appropriately including sharps disposal • Use fluid-resistant or impermeable gowns, mask and goggles or face shield
<i>Yersinia enterocolitica</i> gastroenteritis, incontinent patient requiring aids	Duration of illness or a duration that's appropriate to control a facility outbreak	

For complete details of conditions requiring contact precautions, refer to pages 258–279 of the *Australian guidelines for the prevention and control of infection in healthcare*, Australian Commission on Safety and Quality in Health Care (2019).^[3]

■ Equipment

- Gowns
- Gloves
- Plastic bags
- Additional supplies needed for patient care, such as a thermometer, stethoscope, blood pressure cuff, and clean dressings
- Contact precautions sign (standardised transmission-based precautions signage developed by the Australian Commission on Safety and Quality in Health Care can be used)^[10]
- Fluid repellent mask, goggles and/or face shield if required as per standard precautions ^[2]

■ 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.⁵

■ Implementation

- Gather the necessary equipment and supplies.
- Place a contact precautions sign outside the patient's door, as required by your health care facility, *to notify anyone entering the room of the situation.*^{3 4 5 11 12 13}
- Perform hand hygiene.^{3 5 12 13 14}
- 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, AU](#)" procedure.)^{3 4 5 15}
- Confirm the patient's identity using at least three patient identifiers.¹⁶
- 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 your facility's infection control specialist before placing two patients together.^{3 4}
- Explain contact precautions to the patient and their family or carer according to their individual communication and learning needs, *to increase their understanding, allay their fears, and enhance cooperation.*¹¹
- Wear a fluid repellent mask, goggles and or face shield as per standard precautions if splash is likely.²
- Always change gloves after contact with a contaminated body site, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.^{3 4} Perform hand hygiene after removing used gloves and before putting on new gloves.^{3 12 13 14}
- Handle all items that have come in contact with the patient as you would for a patient on standard precautions.^{3 4}
- Limit the patient's movement from the room. If you must move the patient, cover infected areas with clean dressings.^{3 5} Notify the receiving department or area of the patient's contact precautions (and any other transmission-based precautions, if applicable) *so that staff can maintain the necessary precautions and promptly return the patient to the room.*
- Teach the patient and their family or carer about the importance of hand hygiene in preventing the spread of infection and about other measures to prevent the spread of multidrug-resistant organisms.¹¹
- Remove and discard your gown, gloves and any other protective equipment and discard in a yellow clinical waste bin before leaving the room.^{3 4}
- Perform hand hygiene before leaving the room.^{3 12 13 14}
- Document the procedure.¹¹

■ Special Considerations

- Clean and disinfect equipment you must use for different patients, in between each patient use, according to the manufacturer's instructions, as required by your health care facility, *to prevent cross-contamination.*^{3 11} For confirmed or suspected *Clostridium difficile* infection, after cleaning, consider using a Therapeutic Goods Administration (TGA)-approved disinfectant with 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 4 7 11 12 13 14}
- 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.*^{3 4}
- 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 colonised or infected adult patient isn't necessarily a risk factor for transmission. Patient factors are important determinants of infection transmission risk. Therefore, the need for a single-patient room, private bathroom, or both for any patient is best determined on a case-by-case basis.^{3 4 7}

■ 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 health care facility. Document the start and maintenance of the precautions and the patient's tolerance of the procedure.

Record teaching provided to the patient and their family or carer, their understanding of that teaching, and whether they require follow-up teaching.

Note the date you discontinued contact precautions.

This procedure has been endorsed by the Australian College of Nursing.



■ Related Procedures

- [Bronchoscope reprocessing, automated reprocessor, respiratory therapy](#)
- [Bronchoscope reprocessing, manual, respiratory therapy](#)
- [Cleaning the OR](#)
- [Disinfection, non-critical patient care equipment, AU](#)
- [Disinfection, noncritical patient care equipment, ambulatory care](#)
- [Disinfection, noncritical patient care equipment, respiratory therapy](#)
- [Disinfection, semicritical patient care equipment, ambulatory care](#)
- [Disinfection, semicritical patient care equipment, AU](#)
- [Disinfection, semicritical patient care equipment, respiratory therapy](#)
- [Droplet precautions, AU](#)
- [Drying hands and arms, OR](#)
- [Endoscope reprocessing, automated reprocessor, AU](#)
- [Endoscope reprocessing, manual, AU](#)
- [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, AU](#)

■ References

[\(Rating System for the Hierarchy of Evidence for Intervention/Treatment Questions\)](#)

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[Abstract](#) | [Complete Reference](#)

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.

