Contact precautions

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| **Prompt: Poster colour is yellow: use this explainer with the yellow contact precautions poster**  **Patient placement:** whenever possible prioritise patients with identified risks for infectious diseases/ agents/ transmissible microorganisms to single rooms with dedicated toilet/ ensuite facilities. Consider safety risks: risk assess patient placement in a single room, for example by the person in charge (PIC). |
| Step 1 |
| **Before each patient interaction, a health and care worker must assess the patient/ situation and complete a point of care risk assessment (PCRA)\***  A point of care risk assessment (PCRA) is an integral part of standard practice, which should be performed by every health and care worker **BEFORE** every patient interaction to allow them to accurately assess the risk **of exposing themselves and/ or others to infectious diseases/ agents/ transmissible microorganisms.**  This PCRA supports the selection of appropriate actions and personal protective equipment (PPE) in addition to any infection prevention and control (IPC) recommendations already in place such as patient placement and occupational aspects, (including health and care worker vaccination) to further minimise any risk of exposure. Refer to the following link for details on health and care worker vaccination. [Chapter 04 - Immunisation and Health Information for Health-Care Workers and Others in At-Risk Occupations | HIQA](https://www.hiqa.ie/reports-and-publications/niac-immunisation-guideline/chapter-04-immunisation-and-health-information)  This is a supporting tool, and risk assessments are likely to vary from person to person. |
| 1. **PATIENT**   **Consider:**   * Has the patient recently had symptoms or contact with a person who is symptomatic with diarrhoea / vomiting? * Is the patient identified as a potential risk of infection, for example enteric symptoms (gastroenteritis), diarrhoea and recent travel? * Has the patient a known history of carriage/ infection with multi-drug resistant organism/s (MDROs) * Is the patient mobile/ ambulatory/ independent and are they capable and willing to perform hand hygiene and other relevant prevention measures * Consider safety risks (risk assess patient placement in a single room).   **Prompt -** check surveillance system / chart / lab results, recent screens  Note: Contact precautions are generally not appropriate for patients who are colonised with MDRO in many non-acute care settings; please refer to NCEC page 112, Section 3.4 for further advice/ guidance.   1. **TASKS**   **Consider:**   * What type of task am I about to perform? Is this a non-clinical interaction? * Is this a clinical intervention? * Am I about to perform a task, for example providing personal care, bathing, assisting with toileting, carrying out a procedure, such as wound care, catheter care (high contact / low contact) * Will the task increase the likelihood that my skin/ clothing will become contaminated? (high contact / low contact)  1. **ENVIRONMENT**   **Consider:**   * Is the person located in a single room/ multi-bedded room? * Think about equipment. Is there dedicated equipment for the patient (blood pressure monitor, cuff, thermometer, hoist sling)? * Is the equipment shared, for example commode, hoist, blood glucose monitor, blood pressure monitor? If yes, clean and disinfect reusable equipment between each use. * Risk assess is there a risk to/ from other individuals (for example shared rooms, mobile patients with infectious symptoms)? * Consider space for physical distancing/ items of equipment. |
| Step 2 |
| **Choose appropriate PPE and implement the required actions in line with standard precautions including the following:**   * **Clean your hands in line with the WHO 5 moments**. Ensure access to hand hygiene products/ facilities & select as appropriate (alcohol based hand rub / handwashing) * **Gloves:** Risk assess glove requirement; consider in relation to tasks such as contact with chemicals or if there is a risk of blood/ body fluid exposure\*\* (for example: urine, vomitus, faecal matter etc.) * **Apron:** low level contact/ interaction with the patient * **Gown:** High level contact/ interaction with the patient * **Disposal of PPE**: Risk assess disposal in healthcare risk waste/ non risk waste streams (inside the patient’s room) |
| **NOTE:** Reassessment of PPE requirements should occur as the clinical scenario develops to reflect changes in transmission risk  Visitors do not routinely need to wear PPE. They should be encouraged to clean their hands before and after visiting the patient.  Advise and support visitors regarding PPE, as appropriate  Visitors should not visit if they have any acute onset respiratory or GI symptoms. |
| \*For further information, refer to**.** **Department of Health (2023). NCG, National Clinical Guideline No. 30 Infection Prevention and Control.**  **Available at:** <https://www.gov.ie/en/department-of-health/publications/infection-prevention-and-control-ipc/>  \*PCRA poster  \*\* Gloves off  **Footnote** The term patient refers to patients, service users, clients, residents, person, supported individual |