

## Frequently Asked Questions about...

# Contact Precautions (for care providers)

### **Q. What are contact precautions?**

A. Contact precautions are used in addition to standard precautions in an additional effort to prevent the spread of infection. Gloves and a gown are worn for all activities that may involve contact with the resident or potentially contaminated areas in the resident's environment. Use of noncritical care equipment (e.g., blood pressure cuffs) should be dedicated to a single resident. In addition, a private room may be recommended, especially if the resident's care is complicated or if the person is not able to follow instructions to limit contact with other residents and staff members. If a private room is not available, the resident is sometimes placed in a room with another resident who has the same bacteria or virus.

### **Q. When should I use contact precautions?**

A. You should use contact precautions whenever you are caring for a resident with an infection that can be transmitted by contact with the person's skin, mucus membranes, feces, vomit, urine, wound drainage, or other body fluids, or by contact with equipment or environmental surfaces that may be contaminated by the resident or by his/her secretions and excretions. Everyone, including housekeeping, visitors, and others entering the room should use the same precautions.

### **Q. What kind of infections can be spread by contact with another person or by contact with environmental surfaces or medical equipment used by the person?**

A. Some of the pathogens that live in a person's nose, on the skin, or in a wound, such as methicillin-resistant *Staphylococcus aureus* (MRSA), can be spread to others by direct contact or by contact with items in the resident's environment. Some other bacteria and viruses (like *Salmonella* and *Clostridium difficile*) are found in the feces of infected residents. Many bacteria and viruses can be transmitted by direct or indirect contact, so you should ask your supervisor if contact precautions should be used.

### **Q. Where can I find a list of the viruses and bacteria for which contact precautions are recommended?**

A. A list is included in the CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007. This guideline may be found at:  
<http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>

### **Q. Why aren't standard precautions sufficient to prevent infection by direct or indirect contact?**

A. Wearing gloves and a gown whenever you are in the room with a resident means that you will not accidentally touch a contaminated surface. Placing the resident in a private room, if possible, decreases the risks that other residents will accidentally be exposed to a pathogenic bacteria or virus. Contact precautions provide more protection.

### **Q. Does the resident on contact precautions always have to remain in his/her room?**

A. No, not always. Sometimes people can carry viruses or bacteria (such as MRSA) in the nose, in a wound, or in their stool, without being sick. This is called being "colonized" with the organism. Usually, if the resident has MRSA colonizing the nose, no special precautions are necessary if the person doesn't touch his/her nose, and if the person washes his/her hands frequently. If a person has a sore or wound that can be covered by a dressing, the person can usually move around freely. If a person is a carrier of an intestinal bacterium (such as *Salmonella*), it may be safe for the person to move around freely, as long as he/she is careful to wash his/her hands after using the bathroom and does not prepare food for others to eat.

Contact your local health department if you have additional questions about contact precautions