

Frequently Asked Questions about...

Contact Precautions (for care providers)

Q. What are contact precautions?

A. Contact precautions are used along with 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 patient or potentially contaminated areas in the patient's environment. Use of noncritical care equipment (e.g., blood pressure cuffs) should be dedicated to a single patient. A private room may be recommended, especially if the patient's care is complicated or if the person is not able to follow instructions to limit contact with other patients and staff members. If a private room is not available, the patient is sometimes placed in a room with another patient 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 patient 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 patient 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 patient's environment. Some other bacteria and viruses (like *Salmonella* and *Clostridium difficile*) are found in the feces of infected patients. 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 patient means that you will not accidentally touch a contaminated surface. Placing the patient in a private room, if possible, decreases the risks that other patients will accidentally be exposed to a pathogenic bacteria or virus. Contact precautions provide more protection.

Q. Does the patient 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 patient 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