

<b>Best Practice Guideline</b>	<b>Contact and Contact Plus Precautions in Long-Term Care and Assisted Living</b>
<b>Date</b>	October 10, 2024
<b>Reviewed Date</b>	
<b>Revised Date</b>	

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at [www.ipac.vch.ca](http://www.ipac.vch.ca).

## Site Applicability

All Vancouver Coastal Health owned, operated and contracted Long-Term Care and Assisted Living providers.

## Scope of Practice

All Staff

## Purpose

To provide guidance for staff to implement Contact Precautions. Contact Precautions are measures in preventing the transmission of suspected or confirmed infections spread by the contact route in healthcare settings based on known or suspected symptom presentation or identified conditions/situations.

To provide guidance for staff to implement Contact Plus Precautions. Contact Plus Precautions are measures in preventing transmission of suspected or confirmed gastroenteritis infections spread by direct or indirect contact. This requires guidance on using appropriate cleaning and disinfecting products, as well as recommendations for hand hygiene due to the spore-forming ability of some of these microorganisms.

## Background

Contact and Contact Plus Precautions is a form of Additional Precautions. Additional Precautions are required when the transmission characteristics of a specific microorganism and/or set of symptoms are not prevented with the use of Routine Practices alone. Additional Precautions do not replace the need for Routine Practice; rather they are used simultaneously. Refer to the [VCH Diseases and Conditions Table](#) for specific organisms.

## Management of a Resident on Contact Precautions

<b>Accommodation</b>
<ul style="list-style-type: none"> <li>Place residents who have a suspected or confirmed active infection that spreads by the contact route on Contact Precautions. See <a href="#">VCH Diseases and Conditions Table</a></li> </ul>



- Post- Contact/Contact Plus [signage](#) and [donning signage](#) at entrance; [doffing signage](#) in the doffing zone.
- Private room with bathroom (preferred). If a private room is not available, maintain resident in the shared room with the curtains drawn.
- Room door may remain open.

## Resident

- Dedicate equipment where possible.
- Maintain resident on Contact Precautions as per the [VCH Diseases and Conditions Table](#). Consult with an Infection Control Practitioner (ICP) if requiring further guidance.
  - Prior to discontinuing precautions, notify housekeeping services to perform an Additional Precautions discharge clean of room (including bathroom) and care staff to provide resident bath prior to removing the signage from entrance.
- Bring only necessary care items into the resident environment.
- Single use equipment is preferred for residents.
  - If single use equipment is not available, dedicate multi-use equipment for the duration the resident remains on Contact Precautions.
  - If a dedicated bathroom is not available, dedicate a commode.
    - Use [disposable hygienic products](#).
  - Clean and disinfect multi-use equipment after removing from room with a product that is effective against the confirmed organism. See [Commonly Used Disinfectants](#).
- Discard any unused supplies or items that cannot be cleaned and disinfected.
- Encourage the resident to perform hand hygiene prior to meals and after toileting.
- For transport, ensure receiving facility and transport personnel are aware of Contact and Contact Plus Precautions.

## Personal Protective Equipment (PPE)

- Staff to wear a new gown, gloves, medical mask and eye protection (for risk of splash or sprays of body fluids) prior to any contact within 2 meters of the resident and the resident's environment and any other additional PPE as per point of care risk assessment (PCRA). Remove PPE in the doffing zone and perform hand hygiene.

## Environmental Cleaning

- Clean as per routine environmental cleaning with appropriate cleaning solutions effective against the confirmed organism.
- Enhanced cleaning is at the direction of the Infection Control Practitioner (ICP)

## Family and Visitors

- Provide support and education to family members/visitors on donning/doffing and hand hygiene.



Information for patients, families and visitors

[Contact Precautions](#)

[Contact Plus Precautions](#)

## Management of a resident on Contact Plus Precautions

1. Residents are managed with the same measures as Contact Precautions above, and with the following additional measures:
  - a. Post [Contact Plus Precaution](#) signage at entrance.
  - b. Soap and water is the preferred method for hand hygiene. If a designated hand hygiene sink is not available at point of care, clean hands with ABHR first, and wash with soap and water at first opportunity.
  - c. VCH Owned and Operated Sites: ICP will initiate enhanced cleaning of the unit.
  - d. Contracted and Private Site: Site leadership and EVS manager to initiate enhanced cleaning.

## Notification and Documentation

Nursing staff to document in the clinical record that the resident is on Contact or Contact Plus Precautions and notify the Clinical Services Manager and ICP via the [ICP-LTC@vch.ca](mailto:ICP-LTC@vch.ca) email.

Cerner record documentation by ICP Flag. (working on this process)

## Admissions/Transfers

- When transferring a resident, notify the transferring service, receiving unit, or facility/home care agency of the necessary requirements in advance.
- There are no restrictions to admitting residents on Contact/Contact Plus precautions.

## Additional Resources

[Contact Precautions Signage](#)

[Contact Plus Precautions Signage](#)

[Best Practice Guideline for Cleaning and Disinfecting](#)

[Enhanced Cleaning in Long Term Care](#)

[Commonly Used Disinfectants](#)

