CONTACT PLUS PRECAUTIONS

Key Points:

- *This precaution was developed at HMC in May 2023 in response to our first Candida auris patient. This was a new organism for HMC and Washington State at that time and it was important to call out some enhanced Contact Precaution guidelines for this organism and other extremely drug resistant organisms (XDROs).*
- *Contact Plus Precautions are similar to Contact Precautions, but give enhanced awareness to environmental and shared equipment cleaning, patient movement, and PPE use.*
- *XDROs include: Vancomycin Resistant Staphylococcus aureus (VRSA), Carbapenemase-Producing Organisms (CPOs), Carbapenemase Resistant Acinetobacter baumanii (CRAB), Candida auris, and other pan resistant organisms.*

A. Indications:
   1. Contact Plus precautions should be used as recommended in Table A for patients with known or suspected infections or evidence of syndromes that represent an increased risk or direct or indirect contact transmission (CDC, 2019a).
   2. Refer to the quick reference guide regarding specific indications for Contact Plus Precautions.

B. Surveillance:
   1. *Candida auris* (*C auris*) surveillance testing will be done on admission for all patients are HMC.
   2. Additional inpatient testing may occur during times of a potential outbreak. IPC will coordinate with leadership and EPIC to determine cadence of testing.
   3. Additional High Risk patient groups will follow policy Screening guidelines for XDROs and *Candida auris* regarding surveillance testing.

C. Patient Placement: In addition to these guidelines:
   1. XDROs usually are not cohorted together due to differences in their antibiotic susceptibilities. Do NOT cohort Contact Plus organisms and contact IPC for guidance.
   2. Patients must be placed in a single room, ideally with a private bathroom. No shared hoppers.
   3. Placement in a larger private room to facilitate PT and OT within the room and storage of dedicated equipments/supplies.
   4. Patients should be moved ONLY if medically necessary.

D. Preparation

E. PPE: Anyone crossing the threshold of the patient room MUST be in PPE.
   1. When entering the patient care area or having direct contact with the patient, the HCW will:
      a. Perform hand hygiene with soap and water and/or alcohol-based hand sanitizer
      b. Wear gown and gloves
   2. Wear additional PPE (e.g. masks, eye protection) per Standard Precautions depending on the procedures done and anticipated level of blood and/or body fluid exposure.
   3. Donning and Doffing: Follow routine procedures for donning and doffing PPE. Don PPE prior to entry and doff PPE before exiting the contact precaution room.
   4. Law enforcement and Corrections Officers may remain without PPE if this would interfere with their ability to access weapons or retain the patient. They must be informed of infection control risk and must abide by PPE recommendations in the OR.

F. Patient Care and Transport – In addition to these guidelines:
Unit Responsibilities:
1. Wipe down high priority surfaces frequently throughout the day. Refer to Daily Nursing Cleaning Checklist.
2. Keep counter tops and other surfaces clear so EVS can thoroughly clean surfaces during daily cleans.
3. Minimize the number of items taken into the room. Ideally, all items that enter the room should remain in the room. If shared equipment needs to leave the room, ensure thorough cleaning of all surfaces with appropriate disinfectant. Identify the equipment that has been cleaned and disinfected based on unit protocol (e.g. sign, cover, etc).

Transport: In addition to these guidelines:
1. Coordination of patient transport and/or movement throughout the hospital is ESSENTIAL in minimizing the spread of these organisms.
2. Notification of receiving department is essential as the first step so coordination of cleaning of the room post vist can occur ahead of time to avoid unnecessary down time of rooms.

G. Visitors – Are allowed if donned in proper PPE (gown and gloves), do not bring belongings in and out, limit personal item, and disinfect cell phones and other items when exiting. Please review requirements and process of taking on and off PPE. See the HMC Family and Visitor policy for general visitation information.

H. Patient Care Equipment:
1. Designate equipment that can remain in the patient room for the duration of the admission.
2. Use disposable equipment when possible. Shared equipment must be thoroughly cleaned and disinfected. Refer to cleaning and disinfection standards.

I. Cleaning and Disinfection – In addition to these guidelines:
1. EVS will provide dedicated cleaning supplies specific to patient room. No cleaning equipment should leave the room/designated area. Any cleaning materials that leave the room must be wiped down.
2. Linens and waste should be managed as part of the normal collection and waste streams.
3. Use disinfectants rated for *C. auris*. Do NOT use VIREX or VIREX+.
4. Inpatinet Rooms:
    a. When a patient discharges or changes room, room decontamination MUST occur before opening the room. Follow room decontamination checklist.
    b. Guidance for other hospital areas are found under special population considerations.
    c. Inpatient: PCS-EVS Cleaning Quick Reference and Cleaning and Disinfection Page.
    d. Outpatient: AACS Isolation Precaution Slide and Cleaning and Disinfection Page.

J. Clearance of Precautions:
1. Patients who test positive for an XDRO (infection or colonization) will remain in Contact Precautions indefinitely.
2. No room downtime is needed for contact plus precautions.

K. Special Considerations: In addition to this guidance, refer to these policies for special populations/departments.
1. Contact Plus Precautions in Outpatient Settings
2. Precautions for Edward Thomas House – Respite
3. Laboratory:
    a. Phlebotomists will bring in only the supplies need to collect ordered samples. Carts or trays will remain outside of the room.

b. Exterior of specimen containers will be wiped down, double baged, and outside bag wiped prior to leaving the room.
c. Specimens normally transported via the pneumatic tube system can be sent in tube system.

4. OR/PACU:
    a. When possible, schedule patient for last case of the day.
    b. Minimize the number of staff in the OR.
    c. When possible, remove any unnecessary equipment prior to bringing patient to the OR.
    d. Clean and disinfect shared or resuable equipment (e.g. ventilators, anesthesia carts) after each use. OR/PACU leadership will operationalize ensuring all equipment is cleaned and disinfected prior to EVS terminal clean.
    e. **EVS:** After OR procedures, OR room must be terminally cleaned per EVS standard OR terminal cleaning process prior to the next case. After the last case of the day, the OR will be terminally cleaned and UV-C'ed per departmental process.
5. Radiology:
    a. When possible, schedule patient for last case of the day.
    b. Minimize the number of staff in the OR.
    c. When possible, remove any unnecessary equipment prior to bringing patient to the area.
    d. Clean and disinfect shared or resuable equipment after each use.
    e. **EVS:** After radiology procedures, Radiology staff should clean the room per normal room turnover protocol. No need for terminal clean by EVS staff or UV-C treatment.
6. Code Blue:
    a. Crowd control is essential during emergency response. Charge RN or designee should be present to limit only essential staff to respond and that proper PPE is donned.
    b. Do not take equipment out of the room until code is over and it can be properly cleaned.
    c. Follow strict transport policies if transferring to OR or ICU. Quarantine all equipment (Anesthesia equipment) so it can be properly cleaned post code.
    d. Consider change of scrubs if break in PPE occur during code.