Diseases that are spread by contact transmission are spread by people directly or indirectly touching the germ. **Direct contact** means that the skin of an *infected* person touches the skin of an *uninfected* person. **Indirect contact** means that an uninfected person touches an *object* that has been touched by an infected person.

**When a client is on Contact Precautions:** Gloves and gown must be worn for all contact with the client and the client’s environment.

Studies have shown that in health care facilities, the most common way infections are spread is by indirect contact from the hands of healthcare workers!

**Here are some examples of contact transmission:**

- Without wearing gloves, you change the clothes of a client who has a rash infected with staph germs (MRSA). Then, you bathe your next client without washing your hands and without wearing gloves.
- You wear gloves when you turn a client with scabies, but since the gloves are still dry, you forget to change them for the next client.

**FOR CLIENTS ON CONTACT PRECAUTIONS, YOU SHOULD:**

- Place clients with contact infections in a private room or with other clients who have the same kind of infection.
- Put on gloves and gown just before you enter the client’s room (or home).
- Change your gloves during client care, especially after contact with highly contaminated items.
- Remove the gown right before leaving the area. Place used gowns in a specially marked biohazard laundry or trash bag—even if the gown does not seem soiled. Never reuse gowns for isolation precautions.
- Take your gloves off right before you leave the client’s room (or home). Be careful not to touch contaminated items on your way out and wash your hands immediately!
- Avoid taking personal items, like your pen, stethoscope, sweater, or cell phone into the care area of a client on contact precautions. This will keep you from carrying the disease to your home or out into the community.
- Disinfect any client care equipment used on a client with a contact infection.

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**WHAT’S STOPPING YOU?**

Take a poll of your co-workers. Ask which of the following situations is the most likely reason they would give for *not* washing their hands.

- **Skin Irritation:** The soap is too harsh and damages the skin.
- **Supplies are not available:** Sinks are not conveniently located or are not stocked with soaps and towels.
- **Urgent or emergency care:** The client needs immediate care, there is no time to wash hands.
- **Wearing of gloves:** The belief that if gloves were worn, hands do not have to be washed after client care.
- **Not enough time:** High workload and understaffing.

*Now, take your findings to your supervisor.* There may be an easy solution! For example, if the reason is that the soap is too harsh, a different brand may be tested.

Your employer deserves to know the truth so the situation can be fixed.
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A CLOSER LOOK AT AIRBORNE PRECAUTIONS

Some diseases are known to be spread by airborne transmission. This means that the germs that cause these diseases are so tiny that they can float in the air for long periods of time. These germs can also “catch a ride” on dust particles, traveling wherever the dust particles go. So, keep in mind:

- Germs that are spread by airborne transmission can travel across a room or even farther.
- Airborne germs can be helped to spread by things like an electric fan.
- Airborne diseases are often very contagious since the germs can travel a long way and be breathed in by many people.
- **Expanded Airborne Precautions:** Some airborne diseases, like TB and SARS are more difficult to control. It’s not enough to just wear a mask. You have to be fitted with a special **respirator mask** to care for these clients. And, special air ventilation must be used to prevent the spread of germs outside of the room.

**When a client is on Airborne Precautions:** A mask must be worn whenever you are in the room with the client.

These precautions are used **in addition to** Standard Precautions for clients who have (or might have) airborne infections.

It’s important to know if you are immune to certain airborne infections like measles or chickenpox. If you are, you can work with infected clients without worrying about getting the disease yourself. You still have to follow all infection control precautions ordered for that client.

**FOR CLIENTS ON AIRBORNE PRECAUTIONS, YOU SHOULD:**

- Place them in private rooms or in rooms with patients who have the same diagnosis. Some facilities have rooms with special air filter systems for clients on Airborne Precautions.
- Keep the door to their room closed.
- Wear a special respirator mask when you work with clients who have (or might have) TB.
- Encourage them to cover their nose and mouth with a tissue or the inside of the elbow when sneezing and coughing.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Avoid transporting these clients unless at is absolutely necessary. If the client must be moved, cover the mouth with a surgical mask to reduce the risk of spreading germs.

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**Thinking outside the box!**

Working with clients in the home often requires coming up with creative solutions to uncommon problems.

- **THE PROBLEM:** You are caring for a 79 year old woman who currently suffers from shingles. She has the itchy rash on her abdomen and back with some smaller patches on her arms and face.
- The nurse has asked you to keep the rash covered as much as possible and has placed the client on airborne precautions.
- **WHAT YOU KNOW:** You know that shingles comes from the virus that causes chickenpox. Since you have never had chickenpox, you know that you may not be immune to it. You also know the client has a new granddaughter who is too young to have gotten vaccinated yet.
- **GET CREATIVE:** Think of **3 creative solutions** you might try so you can provide the best possible care to your client while keeping yourself and your client’s granddaughter from getting sick.
- **TALK ABOUT IT:** Share your ideas with your co-workers and supervisor and find out how they would solve the problem.
Some diseases are spread through droplet transmission. These germs fly through the air, but are too heavy to float. They drop quickly—and so it’s called “droplet” transmission. Because droplets are too heavy to float, they usually don’t travel more than three feet. These diseases are commonly spread during coughing, sneezing and talking. Here are examples of droplet transmission:

- You might be transferring a client with the flu and he sneezes on you. The droplets from the sneeze go in your eyes.
- You are bathing a child with the mumps. She coughs and the droplets from her cough spray up into your nose.

**When a client is on Droplet Precautions:** A mask must be worn for all contact within three feet of the client. These precautions are used in addition to Standard Precautions for clients who have (or might have) infections spread by droplets.

Remember that droplets can only travel a short distance, but you can get “hit” by many droplets at once because:

- A sneeze zooms out of the nose at over 100 miles per hour!
- A cough sends out an explosion of air going over 60 miles per hour!

**FOR CLIENTS ON DROPLET PRECAUTIONS, YOU SHOULD:**

- Place them in private rooms or in an area with other clients who have the same disease. (The door to their room may stay open.)
- Wear a surgical mask when working within 3 feet of the client.
- Put surgical masks on these clients if they need to be around uninfected people for a short period of time.
- Resist moving them from the room unless it is absolutely necessary. If the client must be moved, place a surgical mask on the client to reduce the risk of spreading germs.