



Healthcare-Associated Infections Program Adherence Monitoring Contact Precautions

Assessment completed by:

Date:

Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to contact precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are on contact precautions.

Instructions: Observe 3-4 patients/residents on contact precautions. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

Contact Precautions Practices		Contact Precautions Patient/Resident 1		Contact Precautions Patient/Resident 2		Contact Precautions Patient/Resident 3		Contact Precautions Patient/Resident 4		Adherence by Task	
										# Yes	# Observed
CP1.	Gloves and gowns are available and located near point of use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP2.	Signs indicating the patient/resident is on contact precautions are clear and visible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP3.	The patient/resident on contact precautions is housed in single-room or cohorted based on a clinical risk assessment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP4.	Hand hygiene is performed before entering the patient/resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP5.	Gloves and gowns are donned before entering the patient/resident care environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP6.	Gloves and gowns are removed and discarded, and hand hygiene is performed before leaving the patient/resident care environment. <i>Soap & water is used if it is hospital policy or if the patient/resident has C.difficile infection.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CP7.	Dedicated or disposable noncritical patient-care equipment (e.g. blood pressure cuffs) is used; if dedicated/disposable equipment is unavailable, then equipment is cleaned and disinfected prior to use on another patient/resident according to manufacturers’ instructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

of Correct Practices Observed (“# Yes”):

Total # Contact Precautions Observations (“# Observed”): _____

(Up to 28 total)

If practice could not be observed (i.e. cell is blank), do not count in total # Observed.

Adherence _____%

(Total “# Yes” ÷ Total “# Observed” x 100)