Infection Prevention and Control
AIRBORNE, DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices,
Additional Precautions are sometimes necessary to protect everyone from the spread of infection.
Point of Care Risk Assessment is used to determine necessary Additional Precautions.
Use Syndromic Surveillance Screening Toolkit for information regarding management of a suspected condition and the type of Additional Precautions that need to be implemented.
To maintain quality of care, remember to engage with patients on Additional Precautions and use strategies to prevent social isolation.

Mode of Transmission

- Use for micro-organisms or disease conditions spread via airborne transmission of small respiratory droplets, droplet transmission of larger droplets and direct and indirect contact (e.g., Measles, Mpox)
- Airborne transmission occurs when small droplets are expelled and aerosolized when someone with an airborne disease sneezes, coughs, laughs, and a susceptible person breathes these small droplets into their lungs. These aerosolized droplets can remain suspended in the air requiring rooms with negative ventilation to prevent spread.
- Droplet transmission occurs with direct person-to-person contact with infected droplets from saliva or nasal secretions generated from the respiratory tract of the source patient during coughing, kissing, sharing food/utensils, or during procedures such as suctioning or bronchoscopy.

Patient Placement and Accommodation

- Single occupancy Airborne Infection Isolation Room (AIIR) with anteroom (if possible), dedicated toilet, patient sink, and hand washing sink.
- Facilities without available AIIR should consult IPAC and refer to Management of Patients Requiring Airborne Isolation IN THE ABSENCE of Airborne Infection Isolation Rooms.
- Airborne, Droplet & Contact Precautions sign should be visible on entry to room.
- Room door must always remain closed (except when entering and exiting room).
- If room has an anteroom, enter and exit only through the anteroom doors.

Hand Hygiene

- Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine Practices or on the BCCDC website.
- Refer to IH Hand Hygiene Policy (AH0700)
- Use plain soap and water when hands are visibly soiled.
- Perform Hand Hygiene as per the 4 Moments for Hand Hygiene and
    - before accessing and donning personal protective equipment
    - after doffing gloves, after doffing gown inside patient room
    - after doffing eye protection, after doffing fit tested N95 respirator outside patient room
- Educate patients and visitors about how and when to use hand hygiene products.

Adapted From Alberta Health Services

AIRBORNE, DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

Personal Protective Equipment: Facial (fit tested N95 respirator and Eye Protection) Protection

Refer to How to Don and How to Doff PPE posters for details on careful removal and disposal of fit tested N95 respirators.

- PPE to be available directly outside patient room or in anteroom.
- Perform hand hygiene before accessing PPE.
- All health care providers are required to don a fit tested N95 respirator or equivalent and eye protection outside the patient room or in the anteroom, before entering the patient room.
- Use Point of Care Risk Assessment to determine level of risk of exposure to blood and bodily fluids to inform additional PPE requirements.
- The same fit tested N95 respirator and eye protection should not be worn between patients or between patient environments.
- Doff fit tested N95 respirator and eye protection after exiting patient room, into anteroom if available.
- Perform hand hygiene using ABHR or soap and water after removing each piece of PPE.

- Fit tested N95 respirator or equivalent:
  o Refer to Respirator Donning/Doffing Instructions) for how to don different styles of fit tested N95 respirators and how to perform seal check.
  o If fit tested N95 respirator becomes damp, damaged, or soiled during care, exit room as soon as possible to doff, perform hand hygiene and don a new mask.
  o Do not wear fit tested N95 respirator around your neck.

- Eye Protection:
  o eye protection (goggles, face shield or visor).
  o Refer to Eye & Facial Protection for eye protection options.
  o Prescription glasses do not meet WH&S regulations for eye protection,
  o Clean and disinfect re-useable eye protection after each use,

Personal Protective Equipment: Gowns

Refer to How to Don and How to Doff PPE posters for details on careful removal and disposal of gowns.

- PPE to be available directly outside patient room, cubicle, or designated space.
- Perform hand hygiene before accessing PPE.
- Do not wear a gown outside a patient room or bed space. The same gown should not be worn between patients or between patient environments.
- If gown becomes soiled during care, remove as soon as possible, perform hand hygiene, and don a new gown.
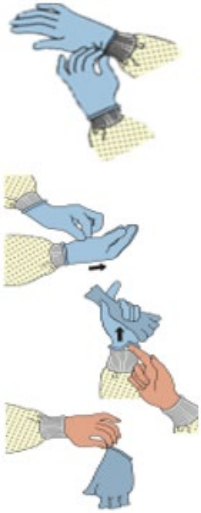- Perform hand hygiene using ABHR or soap and water after removing each piece of PPE.

Adapted From Alberta Health Services

AIRBORNE, DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

Personal Protective Equipment: Gloves

Refer to How to Don and How to Doff PPE information sheets for details on careful removal and disposal of gloves.

- Perform hand hygiene before accessing PPE.
- Wear non-sterile gloves to enter patient room or bed space.
- Gloves are single-use. Use only once, then dispose of them immediately after use.
- Never wash gloves or use ABHR while wearing gloves.
- Change gloves between care activities for the same patient (i.e., when moving from a contaminated body site to a clean body site).
- Sterile gloves are for sterile procedures.
- Do not wear gloves outside a patient room or bed space unless transporting contaminated items.
- The same gloves should not be worn between patients or between patient environments.
- If gloves tear, remove as soon as possible, perform hand hygiene and don new pair.
- Perform hand hygiene using ABHR or soap and water after removing each piece of PPE.
- For more information on glove use: Non-Sterile Exam Glove Selection Guide

Handling patient Care Items and Equipment

- Use disposable equipment when possible.
- Dedicate re-usable equipment for a single patient use only, until discharge (e.g., thermometers, blood pressure equipment).
- If reusable equipment cannot be dedicated for a single patient, follow IPAC Cleaning and Disinfection Manual for cleaning and disinfection process between patients.
  - o Refer to manufacturer's instructions for cleaning and disinfection information.
- Airborne, Droplet & Contact Precautions room should have a dedicated soiled linen bag, double bag only if leaking.
- Do not share toys, electronic games, and books that cannot be cleaned and disinfected.
- Clean and disinfect shared tubs and showers immediately after use as per IH procedures.
- Used meal trays and dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required.
- Do not take extra supplies, patient chart, or medication carts into the patient room.
- After patient is discharged, transferred, or Airborne, Droplet & Contact Precautions are discontinued, clean and disinfect reusable equipment, discard all single-use items that remain and launder unused linens.

AIRBORNE, DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

Patient Ambulation Outside Room
- Patients should leave the room or bed space for essential purposes only. Exceptions require IPAC consultation.
- Patient required to don medical mask for all transportation outside of their room.
- Before patients leave their room:
  - o assess whether the patient can wear a medical mask for the entire duration of time spent outside room
  - o educate and assist them to put on a medical mask
  - o consider alternative strategies for patients unable to wear or tolerate a mask, (e.g., neonates, infants & toddlers), such as covering a stroller or car seat with a blanket. Explain to caregiver that this helps prevent the spread of infection to others when a mask cannot be used. educate to avoid public common areas such as cafeteria
  - o Consult IPAC for assistance if additional support needed to develop a safe transport plan

Before patient leaves room consider and follow the **5 C's**, educate and assist the patient if necessary:

1. Communicate: notify receiving department if patient is on Additional Precautions.
2. Co-operative: is patient able to follow instructions.
3. Clean hands: assist patient if required to clean hands.
4. Clean clothes/clean sheet: patient to wear a clean gown or clothing/ cover with a clean sheet.
5. Cover/contain sources:
  - o Cover wounds with clean dressings.
  - o Contain urine/feces or other body fluids.
  - o Cover cough: If coughing and/or on droplet or airborne precautions place a medical mask on patient. Consult IPAC if not tolerated.

Freepik

Patient Transport

If patient must leave room for medical care, treatment or transfer:
- Use pre-determined transport route to minimize exposure to others.
- In addition to the **5 C's,** transport staff should assess risk of spreading infection and choose clean personal protective equipment (PPE) if necessary, to handle the patient during transport and at the transport destination, using Point of Care Risk Assessment. PPE is to be removed when patient handling is complete.
- Transport staff to keep fit tested N95 respirator or equivalent and eye protection donned for the duration of transport.
- When patient handling completed, doff eye protection and fit tested N95 respirator after exiting patient room, into anteroom if available.
- Clean and disinfect all transport equipment e.g., wheelchair, stretcher, IV pumps and poles.

Freepik

AIRBORNE, DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

Patient Hygiene

Daily access to or assistance with:

- Hand hygiene before meal, after using the washroom and frequently throughout the day.
- Clean gown/clothes and as needed.
- Linen change (e.g., sheets, pillowcase, towels, face cloth) and as needed.
- Oral care (minimum is daily or based on patient's care needs).
- Bathing (including use of cleaning wipes and/or bath basin).

Family and Visitors

Families and visitors should be educated on the following precautions:
- Visitors restricted to essential only and follow PPE indicated on Additional Precaution Signage, including use of N95 respirator.
- Before entering room, visitors must perform hand hygiene.
- Instruct How to Don and How to Doff N95 respirator and eye protection prior to entering patient's room. Gown and gloves to be worn if participating in direct patient care (e.g., feeding, toileting, bathing).
- Instruct family or visitors to wear and seal-check an N95 respirator, refer to Respirator Donning/Doffing Instructions.
- Instruct visitors to take off gloves, gown, and perform hand hygiene prior to leaving patient room.
- Visitors to take off N95 respirator and eye protection followed by hand hygiene outside patient room.
- Keep the number of visitors to a minimum.
- Door must remain closed except when entering or leaving the room.
- Must stay in the patient's room and not visit other patients.
- Provide applicable patient information sheets located on the IPAC webpage.

Environmental Cleaning and Disinfection
- Room surfaces and equipment cleaning and disinfection is required daily or more frequently, if directed by IPAC, by using IH approved products and procedures.
- After patient discharge, transfer or Airborne, Droplet & Contact Precautions are discontinued, Environmental Services to complete an Additional Precaution Discharge Clean and Disinfection of the room (including replacing privacy curtains).
- Keep room vacant with door closed post-discharge for two hours or per the air clearance or settle time.
- The room may be entered for discharge cleaning and disinfection only after air clearance time has lapsed.
- Environmental Services to remove the sign after Additional Precautions Discharge Cleaning and Disinfection completed.
- Persons entering the vacant room are required to wear eye protection, gown and gloves. Fit tested N95 respirator or equivalent is required if entering room before air clearance time has passed.

Adapted From Alberta Health Services