Infection Prevention and Control
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 microorganisms or disease conditions spread via droplet transmission AND direct and indirect contact (e.g., Influenza, group A Streptococcus, Norovirus).
- 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.
- These large droplets (greater than 5 microns in diameter) do not remain suspended in the air. Special ventilation is not required since true aerosolization does not occur.
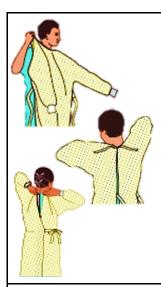
Patient Placement and Accommodation

- Single room with dedicated toilet, patient sink, and hand washing sink preferred. If single room is not available, cohort patients infected with the same microorganism. Refer to Recommendations for Cohorting Patients.
- Droplet & Contact Precautions sign visible on entry to room and bed space if in multibed room.
- Room door may remain open.
- Close door if aerosol generating procedure (AGMP) in progress, visibly post AGMP sign, don required PPE and follow directions accordingly.
- If sharing a room:
  - Maintain spatial separation of at least 2 metres between patients.
  - Roommates should be chosen on their ability to comply with precautions.
  - Assign dedicated toilet or commode, and place waste container and soiled linen bag in proximity for doffing PPE.
  - Privacy curtains/barriers must be drawn between patients.

Hand Hygiene

- Perform hand hygiene using alcohol-based hand rub (ABHR) or plain 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 according to the 4 Moments for Hand Hygiene and:
  - before accessing and donning personal protective equipment
  - after doffing each piece of personal protective equipment
- Educate patients and visitors on how and when to use hand hygiene products.

DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

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.

Personal Protective Equipment: Facial (medical masks and eye) protection

Refer to How to Don and How to Doff PPE posters for details on careful removal and disposal of medical masks and eye protection.
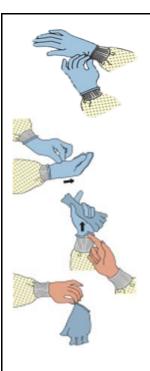
- Perform hand hygiene before accessing PPE.
- Wear facial protection (medical mask and eye protection) when within 2 metres (6 feet) of the patient to protect mouth, nose and eyes.
- Use Point of Care Risk Assessment to determine level of risk of exposure to blood and bodily fluids to inform additional PPE requirements (i.e., N95 mask for AGMP).
- The same medical mask and eye protection should not be worn between patients or between patient environments.
- To doff medical mask and eye protection- if you are less than 2 metres away from the patient, exit the room/area, doff, and perform hand hygiene.
- Perform hand hygiene using ABHR or soap and water after removing each piece of PPE.
- Medical Mask:
  o If medical mask becomes damp, damaged, or soiled during care, doff as soon as possible (when more than 2 metres away from patient), perform hand hygiene, and don a new mask.
  o Do not wear mask around your neck.
- Eye Protection:
  o Whenever a medical mask is required, also use eye protection (goggles, face shield or visor).
  o Refer to Eye and Facial Protection.
  o Prescription glasses do not meet WH&S regulations for eye protection.
  o Clean and disinfect re-useable eye protection after each use.

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 patient equipment when possible.
- Dedicate re-useable equipment for single patient use only, until discharge (e.g., thermometers, blood pressure equipment).
- If reusable equipment cannot be dedicated for single patient, clean and disinfect between patients.
    - Refer to manufacturer's instructions for cleaning and disinfection information.
- Droplet & Contact Precaution rooms should contain a dedicated soiled linen bag inside room, 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 patient room.
- After patient is discharged, transferred, or Droplet & Contact Precautions are discontinued, clean and disinfect reusable equipment, discard all single-use supplies and launder unused linens.

DROPLET & CONTACT PRECAUTIONS

In addition to Routine Practices

Patient Ambulation Outside Room, Bed Space

- Patients should leave the room or bed space for essential purposes only; exceptions require IPAC consultation.

Before patient leaves room consider and follow the **5 C's**, educate, and assist the patient if necessary:
1. **C**ommunicate: notify receiving department if patient is on Additional Precautions.
2. **C**o-operative: is the patient able to follow instructions.
3. **C**lean hands: assist patient if required to clean their hands.
4. **C**lean clothes/clean sheet: patient to wear clean gown or clothes/cover with clean sheet.
5. **C**over/contain sources:
   - Cover wounds with clean dressings
   - Contain urine/feces or other body fluids
   - Cover cough: If coughing and/or on droplet or airborne precautions place a medical mask on patient (if tolerated)

Freepik

Patient Transport

- Limit transport to essential and diagnostic purposes only.
- In addition to following 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 medical mask and eye protection donned for the duration of transport and when within 2 metres of the patient.
- When patient handling completed, PPE to be removed when 2 metres away from patient, and hand hygiene is performed.
- Clean and disinfect all transport equipment e.g., wheelchair, stretcher, pumps and poles.

Freepick

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 (sheets, pillowcase, towels, face cloth) and as needed.
- Oral care (minimum is daily or based on patient's needs).
- Bathing (including use of cleaning wipes and/or bath basin).

DROPLET & CONTACT PRECAUTIONS

In addition to [Routine Practices](#)

Family and Visitors

Families and visitors should be educated on the following precautions:

- Before entering, visitors must perform hand hygiene.
- Instruct how to put on medical mask 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).
- Must stay in the patient's room and not visit other patients.
- Must not use patient's dedicated bathroom or commode.
- Before leaving patient's room, visitor must take off their PPE and clean their hands.
- Provide applicable patient information sheets located on IPAC webpage.

Environmental Cleaning and Disinfection

- Room surfaces and equipment cleaning and disinfection is required daily or more frequently if directed by IPAC using IH approved products and procedures.
- After discharge, transfer, or Droplet & Contact Precautions are discontinued, Environmental Services to complete an Additional Precaution Discharge Clean and Disinfection of the room.
- Environmental Services to remove sign after Additional Precaution Discharge Clean and Disinfection is completed.