Contact and Droplet Precautions

In addition to Routine Practices



Accommodation

- Single room and bathroom (recommended whenever possible).
- Contact and Droplet Precautions sign visible on entry to room or bed space.
- Room door may remain open (close door if an aerosol generating procedure is in progress).
- If room-sharing, a separation of at least 2 metres between patients¹, a dedicated bathroom or commode for each patient and privacy curtains must be pulled between patients.



Hand hygiene

- Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water as described in Routine
- Use plain soap and water when:
 - hands are visibly soiled;
 - caring for patients with diarrhea and/or vomiting.
- Perform hand hygiene:
 - before accessing and putting on a gown, gloves, masks, and eye protection;
 - after taking off gloves, after taking off gown, and again after removing eye protection and mask.
 - Educate patients and visitors about how and when to use hand hygiene products.



Personal protective equipment: Gowns

- Wear a new gown to enter patient room or bed space.
- Fasten the tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists.
- Put on gown before putting on gloves; gloves should cover the gown cuffs.
- Do not wear a gown outside a patient room or bed space unless transporting contaminated items.
- Remove soiled gowns as soon as possible.
- Take off gloves and perform hand hygiene before taking off gown.
- Place used, disposable gowns in regular waste container, do not tear or rip to remove and perform hand hygiene.
- Place washable gowns in linen bag dedicated to room and perform hand hygiene.

Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of gowns.



Personal protective equipment: Gloves

- Wear non-sterile gloves to enter patient room or bed space.
- Put on gown first and then gloves after, cover gown cuffs.
- Gloves are single-use. Use only once, then dispose of immediately after use.
- Change gloves between care activities for the same patient (e.g., when moving from a contaminated body site to a clean body site).

¹ Patients are all persons who receive or have requested health care or services. The terms "client" or "resident" may also be used, depending on the health care setting.



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- Sterile gloves are for sterile procedures.
- Never wear gloves outside a patient room or bed space unless transporting contaminated items.
- Remove damaged gloves as soon as possible and perform hand hygiene.
- Never wash gloves or use ABHR while wearing gloves.
- Take off gloves and perform hand hygiene before taking off gown.
- Discard used gloves in a waste container.

Refer to the AHS **Donning** and **Doffing** PPE posters for details on careful removal and disposal of gloves.

For more detailed information on glove use see <u>Glove Use and Selection: IPC Best Practice Guidelines or Proper Glove Use as part of Personal Protective Equipment</u>.

Personal protective equipment: Facial protection

- Wear facial (mask and eye) protection to protect your mouth, nose and eyes.
- If you need a mask, you also need eye protection (e.g., goggles, face shields, visors attached to masks).
- Perform hand hygiene before putting on and immediately after taking off facial protection.
- Proper wearing of masks includes:
 - ensuring a snug fit over the nose and under the chin;
 - molding the metal bar over the nose;
 - o wearing the mask with the moisture-absorbing side closest to the face;
 - removing mask when leaving patient room or bed space;
 - changing mask when it becomes moist;
 - o careful removal after use, touching only the elastic or ties;
 - o not wearing masks around the neck.
- Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.
- Clean and disinfect re-useable eye protection after each use.
- Discard single-use masks and eye protection in regular waste container.

Refer to the AHS <u>Donning</u> and <u>Doffing</u> PPE posters for details on careful removal and disposal of facial protection.

N95 respirators and eye protection use **ONLY** for <u>Influenza A or B</u> (confirmed or suspected) cases when Aerosol Generating Medical Procedures are performed.

- All staff and physicians require fit-testing for an N95 respirator.
- Perform hand hygiene before putting on and immediately after taking off N95 respirator.
- Proper wearing of a N95 respirator includes:
 - o putting on the respirator before entering the patient's room;
 - o molding the metal bar over the nose;
 - o ensuring an airtight seal on the face, over top of the nose and under the chin;
 - o donning eye protection after N95;
 - o leaving the room and changing the respirator when it becomes moist;
 - o removing the respirator after leaving the patient's room by touching elastic only;
 - o not wearing respirator around the neck.

Refer to the AHS <u>Donning</u> and <u>Doffing</u> PPE posters for details on careful removal and disposal of N95 respirators.



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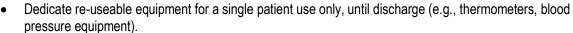




Handling patient care Items and equipment

Use disposable patient equipment when possible.







- Refer to manufacturer's instructions for equipment specific cleaning information.
- Contact and Droplet Precaution rooms should contain a dedicated 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 AHS 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.
- After patients are discharged, transferred or contact precautions are discontinued, clean/disinfect reusable equipment, discard single-use supplies that remain and launder unused linens.



Patient ambulation outside room, bed space or transfer

- Patients should leave the room or bed space for essential purposes only, exceptions require IPC consultation.
- Before patients leave their room, educate or assist them to:
 - perform hand hygiene;
 - put on clean clothing or hospital gown/housecoat;
 - ensure dressings and incontinence products contain drainage;
 - put on a procedure/surgical mask.



- Notify the receiving area, before departure, of the need for Contact and Droplet Precautions.
- Transport staff should assess the 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 Infection Prevention and Control Risk Assessment (IPC RA). PPE is to be removed when patient handling is complete.
- Medical charts transported with the patient must be kept clean.



Environmental cleaning

- Room surfaces and equipment cleaning/disinfection is required on a daily basis or more frequently if directed by IPC using AHS approved products and procedures.
- After discharge, transfer or discontinuation of contact and droplet precautions, clean room as per existing facility cleaning practices.
- Replace privacy curtains.

Additional precaution signs should not be removed until both patient's personal hygiene and environmental cleaning have been completed.

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Visitors



- Encourage visitors to perform <u>hand hygiene</u>.
- Instruct family or visitors masks and eye protection.
- Instruct family or visitors how to put on and take off gown and gloves, if they are assisting with care (e.g., feeding, turning).
- <u>Contact and Droplet Isolation Precautions Family/Visitor information</u> is an additional resource for visitors.
- Keep the number of visitors to a minimum.

