

Droplet & Contact Precautions

In addition to Routine Practices

Purpose:	To provide Island Health staff with direction to support the management of suspected or confirmed cases that require Droplet and Contact Precautions
Scope:	<ul style="list-style-type: none"> All Island Health Clinical and Medical Staff All areas, departments and settings in acute or non-acute care settings
Outcomes:	Appropriate implementation and management of Droplet and Contact precautions to eliminate the risk of transmitting or acquiring a health care associated infection (HAI) or antimicrobial resistant organism (ARO)

1.0 BEST PRACTICE

1.1 Health Care Providers (HCPs)

- Routine Practices** play a key role in preventing the transmission of infectious diseases and decreasing environmental bioburden. They should be used at all times with all patients/residents/clients and include:
 - Hand Hygiene (HH): see [Island Health Hand Hygiene Policy](#), HH website for [Leaders](#) and [HCPs](#), and the [4 Moments of Hand Hygiene](#)
 - [Respiratory/Cough Etiquette](#)
 - [Point of Care Risk Assessment](#) (PoCra) to determine what additional precautions and personal protective equipment (PPE) are needed
- When [Droplet and Contact precautions](#) are required, the patient/resident/client should be placed in a single room if possible with [signage](#) outside the door
- When a single room is not available, it is important to maintain a spatial separation between patients/residents/clients of at least 2 meters(m)/6 feet (the distance an infectious droplet can travel). In a multi-bed room the curtain should be 2 m from the patient/resident/client and kept closed at all times.
- Health Care Providers (HCPs) should be competent in [selecting](#) and [Donning/Doffing](#) PPE required for Droplet and Contact precautions (i.e., gloves, fluid resistant gown, procedure mask, eye protection) in order to protect themselves and others from acquiring or transmitting an HAI or ARO
- HCPs should be extremely vigilant when doffing to prevent self-contamination
- Patient Care Special Considerations:** a bath, shower, or otherwise damp/ humid environment can result in the HCP's mask becoming wet. In order to mitigate risk to the HCP in these types of environments, prior to initiating care and using IPAC best practice guidelines, please:
 - Doff existing PPE
 - Don new **Droplet/Contact PPE with a full face shield** (which provides more protection from splashes to the mask than goggles or mask with attached visor).

1.2 Patients/Residents/Clients

- Patients/residents/clients must remain in their room/bedspace unless attending a test or procedure
- Patients/residents/clients should be assisted/encouraged to carry HH before entering/when leaving the room (or any area they may visit during transfer), after using the bathroom and before all meals

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- Equipment/items should be single-use or dedicated to the patient/resident/client and not shared
- In multi-bed rooms, the patient/resident/client on additional precautions should avoid sharing the bathroom (i.e., provide a commode, or place them in a room where the roommate is bedridden); this includes using the bathroom for bathing (i.e., substitute a shower for a bed bath)

1.3 Visitors

Unit Staff should advise/educate visitors to:

- Perform HH before/after entering/leaving the room, and before/after assisting the patient/resident/client to eat
- Assist/encourage patients/residents/clients to carry out HH before entering /when leaving the room (or any area they may visit during transfer), after using the bathroom and before eating
- Don/doff PPE safely and not wear outside the room or patient/resident/client bed space
- Avoid visiting public areas, shared spaces (i.e., unit kitchen) or using the patient bathroom

1.4 Transfer of patient/resident/client for diagnostics and procedures

- **Patient/Resident/Client:** Perform HH before leaving and after returning to each area. During movement within the facility, the patient/resident/client should wear a procedure mask at all times to contain infectious droplets.
- **Transport staff (i.e. porters):** If the patient/resident/client wears a mask and droplets are contained no PPE is required, only HH before and after transport, as per [Island Health PPE and Patient Transport Procedure](#). Discuss the need for PPE with the unit nursing staff as this may vary depending on each situation (i.e., for COVID-19 confirmed patients, a mask and visor must be worn by the person handling the stretcher).
- **Receiving health care providers** must be advised of the additional precautions required

1.5 Environmental Cleaning

- Environmental room cleaning should take place daily (at a minimum) and be carried out according to the Island Health [Environmental Cleaning Guideline](#)
- Discharge cleaning involves a terminal room clean; on completion the precaution signage outside the door will be removed by housekeeping.
- No special precautions are required for laundry and waste management (follow Island Health guidelines)

1.6 Equipment use and Cleaning

- **All equipment/items in the patient/resident/client room/bedspace must be:**
 - Single use or dedicated to the patient/client for the duration of precautions
 - Cleaned and disinfected at least daily or when visibly soiled
 - Cleaned and disinfected prior to removal from room and before further use

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- **Specific cleaning procedures:** See Island Health [Recommendations for Cleaning of Non-Critical Equipment](#)

1.7 Food Trays

- Delivery and removal of food trays is the responsibility of unit nursing staff NOT dietary staff

2.0 RELATED ISLAND HEALTH STANDARDS AND RESOURCES

- [Donning PPE Video](#) and [Doffing PPE Video](#)
- Island Health IPAC [Discontinuing Additional Precautions](#)
- [Island Health Influenza Website](#)

3.0 REFERENCES

- [Routine Practices and Additional Precautions PHAC - 2014](#)
- [PICNet Best Practices for Environmental Cleaning in BC - 2016](#)

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