

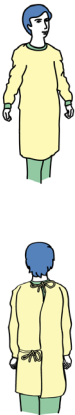









Droplet and Contact Precautions

In Continuing Care





In addition to Routine Practices

	<h3>Accommodation</h3> <ul style="list-style-type: none">• Single room and bathroom recommended whenever possible.• Droplet and Contact Precautions sign visible on entry to room or bed space.• Room door may remain open.• Close door if an <u>aerosol generating medical procedure</u> is in progress.• If room-sharing:<ul style="list-style-type: none">○ ensure separation of at least 2 metres between residents○ dedicate a bathroom or commode for each resident○ pull privacy curtains between residents
	<h3>Hand hygiene</h3> <ul style="list-style-type: none">• Perform <u>hand hygiene</u> using alcohol-based hand rub (ABHR) or soap and water as described in <u>Routine Practices</u>.• Use plain soap and water when:<ul style="list-style-type: none">○ hands are visibly soiled○ caring for residents with diarrhea and/or vomiting• Perform <u>hand hygiene</u>:<ul style="list-style-type: none">○ before accessing and putting on a gown, gloves, masks, and eye protection○ after taking off gloves, after taking off gown, and again after removing facial protection• Show residents and visitors how and discuss when to use hand hygiene products.
	<h3>Personal protective equipment: gowns</h3> <ul style="list-style-type: none">• Wear a new gown to enter resident room or bed space when:<ul style="list-style-type: none">○ providing direct care (e.g., <i>providing hands-on care, such as bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of wounds or toileting</i>)○ having any contact with items in resident room (<i>including gathering and handling specimens</i>)○ cleaning any areas in the resident room• Put on gown before putting on gloves; gloves should cover the gown cuffs.• Do not wear a gown outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area.• Remove damaged or heavily soiled gowns as soon as possible.• Take off gloves and perform <u>hand hygiene</u> before taking off gown.• Do not reuse gowns.• After removing gown:<ul style="list-style-type: none">○ place in waste container if disposable○ place in linen bag if reusable○ perform hand hygiene <p>(Refer to the <u>AHS Donning and Doffing PPE posters</u> for details on correct removal and disposal of gowns).</p>

 	<h3>Personal protective equipment: Facial (mask and eye) protection</h3> <ul style="list-style-type: none">• All staff and visitors must wear facial protection within 2 metres of the resident. If you need a mask, you also need eye protection (e.g., goggles, face shields, visors attached to masks).• Perform hand hygiene before accessing and putting on and immediately after taking off facial protection.• Proper wearing of a mask includes:<ul style="list-style-type: none">○ ensuring a snug fit over the nose and under the chin○ molding the metal bar over the nose○ wearing the mask with the moisture-absorbing side closest to the face○ removing mask when leaving resident room or bed space○ changing mask when it becomes moist○ correct removal after use, touching only the elastic or ties• Prescription glasses do not meet Workplace Health and Safety regulations for eye protection.• Clean and disinfect re-useable eye protection after each use, using AHS or facility approved products and procedure.• Discard single-use facial protection in waste container. <p>(Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of facial protection).</p>
	<h3>N95 respirators and eye protection</h3> <ul style="list-style-type: none">• AGMP require an N95 respirator if the adult patient has respiratory illness (RI) of unknown etiology; or confirmed infection with viral respiratory organism, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.• AGMP require an N95 respirator if the pediatric patient has respiratory illness (RI) of unknown etiology; or confirmed infection with suspected or confirmed influenza (all strains), COVID-19, or other emerging/novel respiratory pathogens; or suspected or confirmed viral hemorrhagic fever.• All staff entering the room of a resident with confirmed or suspected Influenza A or B, while aerosol generating medical procedures are being performed, must wear an N95 respirator.<ul style="list-style-type: none">○ Staff must be properly fit-tested for N95 respirators in compliance with CSA Standard Z94.4-02.○ A seal-check must be done each time an N95 respirator is worn to ensure there is an adequate seal between the mask and the users face.• Perform hand hygiene before putting on and immediately after taking off N95 respirator.• Proper wearing of an N95 respirator includes:<ul style="list-style-type: none">○ putting it on before entering the resident's room○ molding the metal bar over the nose○ ensuring an airtight seal on the face, over top of the nose and under the chin○ leaving the room and changing the respirator when it becomes moist○ removing the respirator after leaving the resident's room○ touching only the elastics when removing <p>(Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of N95 respirators).</p>

	<h3>Personal protective equipment: <u>Gloves</u></h3> <ul style="list-style-type: none"> • Wear new non-sterile gloves to enter resident room or bed space when: <ul style="list-style-type: none"> ○ providing direct care (e.g., <i>bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of wounds or toileting</i>) ○ having any contact with items in resident room (<i>including gathering and handling specimens</i>) ○ cleaning any areas in the resident room • Gloves are single-use. Use only once, then dispose of them immediately after use. • Put on gown first and then gloves after; gloves should cover gown cuffs. • Change gloves and perform hand hygiene between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site). • Do not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or assisting with resident transfer to another facility or area. • Never wash disposable gloves or use ABHR on any gloves. • Take off gloves and perform hand hygiene before taking off gown and facial protection. • Discard used gloves in a waste container. <p>(Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of gloves).</p>
	<h3>Handling resident care items and equipment</h3> <ul style="list-style-type: none"> • Use disposable care equipment when possible. • Dedicate re-useable equipment to a single resident until Droplet and Contact Precautions are discontinued (e.g., thermometers, blood pressure equipment). • If reusable equipment cannot be dedicated to a single resident for use, clean and disinfect it between residents. <ul style="list-style-type: none"> ○ Refer to manufacturer's instructions for equipment specific cleaning information • Rooms should contain a dedicated linen bag. Do not overfill bags. Double bag only if leaking. • Do not share items (e.g., puzzles, books, electronics) that cannot be cleaned and disinfected. • When Droplet and Contact Precautions are discontinued; discard single-use care equipment, reprocess reusable care items, change bed linens and cubicle curtains. Launder soiled resident clothing and any unused linens in the resident room. • Used meal trays and beverage 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.
 	<h3>Ambulation outside room, bed space or transfer</h3> <ul style="list-style-type: none"> • Residents should not leave their room or bed space. Exceptions require consultation with IPC or designate. • If residents must leave their room, instruct them on or assist them with: <ul style="list-style-type: none"> ○ performing hand hygiene ○ putting on clean clothing or clean housecoat ○ ensuring dressings and incontinence products are able to contain any drainage ○ putting on a procedure/surgical mask • Notify the receiving area of the need for Droplet and Contact Precautions before departure. • Transporting 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 Point of Care Risk Assessment (PCRA). If worn, transporting staff must remove PPE and perform hand hygiene at destination. (Refer to the AHS Donning and Doffing PPE posters for details on careful removal and disposal of PPE). • Medical charts transported with the resident must be kept clean.

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	<h3>Environmental cleaning</h3> <ul style="list-style-type: none">• All high touch surfaces in resident rooms, including bathrooms and commodes, must be cleaned at least daily.• Use AHS or facility approved products and procedures.• When Droplet and Contact Precautions are discontinued:<ul style="list-style-type: none">○ clean room as per existing facility cleaning practices○ clean touch surfaces of resident's ambulation aides○ change privacy curtains• Refer to facility Environmental Services cleaning schedules and practices.• Notify facility Environmental Services when precautions are discontinued to request a terminal/discharge cleaning of room.
	<h3>Visitors</h3> <ul style="list-style-type: none">• Encourage visitors to perform <u>hand hygiene</u>.• Instruct family or visitors how to put on and take off gown and gloves, if they are assisting with care (e.g., feeding, turning).• Show family or visitors how to put on and take off facial protection.  



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