

# Droplet and Contact Precautions - Infection Control

## Site Applicability

All PHC Acute and Long Term Care Sites.

## Practice Level

All PHC staff working directly or indirectly with patients.

## Standards

In addition to [Routine Practices](#), Droplet and Contact Precautions are used for exposure within two metres (six feet) of patients known or suspected to have microorganisms spread by large particle respiratory droplets (larger than 5 microns) or through direct contact with the patient or by indirect contact with contaminated environmental surfaces (fomites).

Nursing staff will initiate Droplet and Contact Precautions for all patients as required. A physician's order is not required.

Droplet and Contact Precautions can be discontinued with consultation of the Infection Control Practitioner/Physician.

Some examples of conditions requiring Droplet and Contact Precautions are:

- Influenza
- Invasive Group A Streptococcus
- COVID-19 (also requires Airborne Precautions)
- MRSA or CPO that is found in sputum when an active respiratory infection is present

## Guideline

**All Routine Practices are used with Droplet and Contact Precautions.**

### Patient Placement/Accommodation

- A single/private room with toilet, bathing, and hand washing facilities is preferred when available



- If a single room is not possible, place the patient in the same room with another patient who has the same organism but no other infections (cohort)
- If a single room is not available and cohorting is not possible, patient may share room with other patients as long as there is a two metre separation between patients and privacy curtains are drawn and Airborne Precautions are not also indicated (e.g., COVID-19)
- Negative pressure is not required
- Room door can remain open, unless performing an aerosol generating medical procedure
- Post a Droplet and Contact Precautions sign in a visible place at room entry point (see [Appendix A](#))
- Staff are to use Droplet and Contact Precautions when within two metres of the patient, providing direct patient care as well as when coming in contact with the patient environment

### **Hand Hygiene**

- Perform hand hygiene with alcohol-based hand rub (ABHR) or soap and water per Routine Practices (i.e., five moments of hand hygiene)
- Perform hand hygiene before donning and after doffing Personal Protective Equipment (PPE)
- Encourage and assist patient to clean hands frequently in addition to practicing respiratory etiquette

### **Personal Protective Equipment**

The correct technique for putting on and taking off PPE should be followed (see [Appendix B](#)).

- Gown:
  - Wear a clean, non-sterile gown if clothing or forearms will have direct contact with the patient or the patient environment
  - Perform hand hygiene prior to donning gown before entering the patient's room
  - Gown should be donned prior to gloves; gloves should cover gown cuffs
  - Fasten the neck and waist ties of the gown, ensure sleeves cover wrists
  - Gowns are single use; do not reuse gowns
  - Remove gown and perform hand hygiene before leaving the patient's room, or when task is complete if transporting contaminated items outside the patient's room
  - Place gowns in laundry hamper or in garbage if disposable
- Mask and Eye Protection:
  - Wear a medical mask and eye protection (i.e., goggles, visor mask, or face shield) when coming within two metres of the patient
  - Perform hand hygiene prior to donning mask and eye protection before entering the patient's room
  - Mask should cover the nose and mouth with the metal bar molded to the bridge of the nose and mask extending under the chin
  - Regular prescription eye glasses are not sufficient eye protection
  - Masks should be discarded when soiled/wet; touch only the elastic straps or ties when doffing mask
  - Remove mask and eye protection outside of the patient's room and perform hand hygiene



- Reusable eye protection (e.g., goggles) should be cleaned and disinfected after doffing
- Gloves:
  - Wear gloves to provide direct care to the patient or when touching the patient environment
  - Perform hand hygiene prior to donning gloves before entering the patient's room
  - If also wearing a gown, don gown first and then gloves; gloves should cover gown cuffs
  - Change gloves between tasks on the same patient (i.e., work from clean to dirty sites; change gloves after working on a contaminated body site before starting next task)
  - Gloves are single use; never wash gloves or use ABHR when wearing gloves
  - Remove gloves and perform hand hygiene before leaving the patient's room, or when task is complete if transporting contaminated items outside the patient's room
- N95 Respirator (based off point of care risk assessment):

### **Patient Care Equipment**

- Do not take extra equipment or unnecessary supplies into the patient's room
- Dedicate equipment for patient use whenever possible (e.g., stethoscopes, commode) and clean and disinfect equipment between uses
- When common use equipment or items cannot be dedicated, ensure adequate cleaning and disinfection before use with another patient; avoid sharing items that cannot be cleaned and disinfected (e.g., magazines)
- Discard any single-use supplies upon patient discharge

### **Dishes, Glasses, Cups, and Eating Utensils**

- These items are not considered sources of infection and special precautions are not needed
- Disposable dishes/utensils are not required for patients on Droplet and Contact Precautions
- Unit staff are required to deliver/remove food trays for patients on Droplet and Contact Precautions; Food Services staff will leave trays for patients on Droplet and Contact Precautions outside of the patient's room for delivery and pick up finished trays from a designated area/cart on the unit

### **Housekeeping**

- Daily cleaning of all flat surfaces and frequently touched areas and bathrooms
  - Twice daily cleaning for certain Antibiotic Resistant Organisms (e.g., CPO)
- Do not remove Droplet and Contact Precautions sign until discharge cleaning is complete
- Upon discharge: cleaning of all flat surfaces, frequently touched areas, furniture, bathroom, and walls; bedside curtains will be replaced; reusable equipment to be cleaned and disinfected and disposable items to be discarded

### **Patient Transport**

- Limit patient transport to essential and diagnostic purposes only
- Notify receiving department prior to transport of the precautions in place
- The patient should wear a medical mask during transport



- For transporting staff, wear medical mask and eye protection when within two metres of patient, including during transport; use point of care risk assessment to determine if gown and gloves are required during transport (i.e., if patient contact is expected)

### **Family/Visitors**

- Visitors will be kept to a minimum
- Instruct family/visitors on the importance of hand hygiene before and after visiting the patient
- Instruct family/visitors on the appropriate use of PPE if they will be within two metres of the patient or will participate in direct care

### **Transfer/Discharge**

- Notify the receiving unit, hospital, facility, long term care home, or community agency as well as any transport shuttle/ambulance crew of the precautions in place prior to transfer

### **Documentation**

- Ensure order for Droplet and Contact Precautions is in patient's Cerner chart, and discontinue order if no longer indicated

### **Related Documents**

- [B-00-07-13045](#) - Routine Practices



Appendix A: Droplet and Contact Precautions Sign

# DROPLET & CONTACT PRECAUTIONS

Bed #

Families and visitors:

Please report to staff before entering

Clean hands before entering and when leaving room

Clean hands with  
A) hand foam/gel or B) soap and water

Staff:

KEEP SIGN POSTED UNTIL ROOM CLEANED  
HOUSEKEEPER will remove sign after "Discharge" cleaning

## Required:

- Point of Care Risk Assessment
- Gown & Gloves
- Procedure mask with eye protection  
When within 2 metres of patient
- Keep 2 metres between patients

How you want to be treated.

Form No. PHC-NP123 (R. Sep-16)

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**Appendix B: Sequence for Donning and Doffing Personal Protective Equipment**

**Sequence for donning Personal Protective Equipment (PPE)**

**Perform hand hygiene**

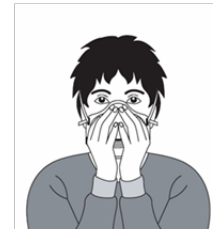
**1. GOWN**

- Fully cover torso from neck to knees, arms to end of wrists and wrap around the back
- Fasten in back of neck and waist



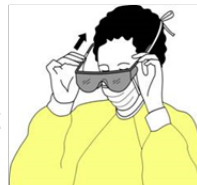
**2. MASK OR RESPIRATOR**

- Secure ties or elastic bands at middle of head and neck (or fit loops over ears)
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator



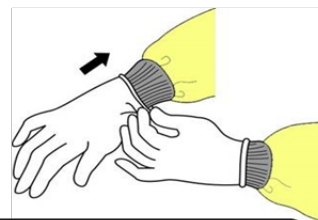
**3. GOGGLES OR FACE SHIELD**

- Place over face and eyes and adjust to fit



**4. GLOVES**

- Extend to cover wrists of isolation gown



**Use Safe Work Practices to Protect Yourself  
and Limit the Spread of Pathogens**

- Perform hand hygiene
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated

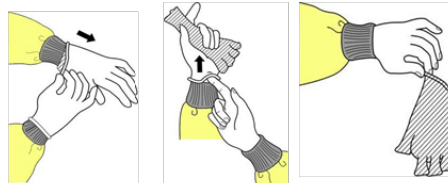
Adopted from the Guidance for Selection and  
Use of Personal Protective Equipment (PPE) in Healthcare Settings  
(CDC, 2018)



## Sequence for removing Personal Protective Equipment (PPE)

### 1. GLOVES

- Outside of gloves are contaminated
- Grasp outside of glove with opposite gloved hand; peel off
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove



Perform hand hygiene

### 2. GOWN

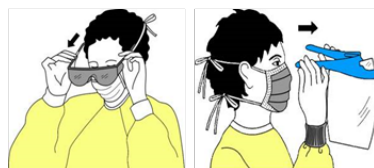
- Gown front and sleeves are contaminated
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



Perform hand hygiene and leave isolation room

### 3. GOGGLES or FACE SHIELD

- Outside of goggles or face shield is contaminated
- To remove, handle by headband or ear pieces



Perform hand hygiene

### 4. MASK or RESPIRATOR

- Front of mask/respirator is contaminated  
**DO NOT TOUCH**
- Grasp bottom, then top ties, or elastic loops to remove
- Discard in waste container



Perform hand hygiene



INFECTION PREVENTION AND CONTROL  
PROVIDENCE HEALTH CARE

Adopted from the Guidance for Selection and  
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(CDC, 2018)



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