

**What should
we do?**

DROPLET TRANSMISSION

Generated when an infected person

- Coughs
- Sneezes
- Talks

FACE- TOUCHING BEHAVIOUR

- Medicial students listening to 2 hours lecture
- 23/hr - 10/hr to mucous membrane
- Eye-3/hour
- Nose 3/hour
- Mouth 4/hour
- Chin 4/hour
- Ear 1/hour
- Cheek 4/hour
- Neck 1/hour

DROPLET TRANSMISSION

Example:

- *Bordetella pertussis*
- Influenza virus
- Adenovirus
- Rhinovirus
- *Mycoplasma pneumoniae*
- group A streptococcus
- *Neisseria meningitidis*

DROPLET PRECAUTIONS

- A single patient room is preferred
- If single room is not available
 - Cohorting
 - keeping the patient with an existing roommate
 - Spatial separation of >3 feet and drawing the curtain between patient bed

FACE MASK/SURGICAL MASK

- Masks that provide protection against pathogens carried by large respiratory droplets that can contaminate the mucous membrane
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	Period of communicability	Incubation period (day)
Droplet- transmitted diseases		
Meningococccemia	10 days before disease onset Through 24 hours after initiation of antibiotic	2-10
Diphtheria	2 weeks without antibiotic (may be longer)	1-10
Pertussis	Early catarrhal stage=>3wks	4-21

CONTACT PRECAUTIONS

- Single patient room is preferred
- In multi-patient rooms, >3 feet spatial separation between beds is advised
- Wear a gown and gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment.
- Donning PPE upon room entry and discarding before exiting the patient room is done to contain pathogens

CONTACT PRECAUTIONS

Private Room



**To physically separate
patient from other patients**

Gowns



**For healthcare workers
in contact with patients
or environment**

Gloves



**For healthcare workers
in contact with patients
or environment**

Interventions are generally applied to one patient in order to protect another

CONTACT PRECAUTIONS : EXAMPLE

Empiric

- Diarrhea with diaper/incontinence
- Generalized vesicular lesions (+/-airborne)
- Severe respiratory disease (with airborne)
- Draining abscess, major

• MDROs

- Enterococci (Vancomycin-resistant)
- Staphylococcus (MRSA, VRSA)
- *C.difficile*
- *A.baumannii*
- *Pseudomonas aeruginosa*
- Enterobacteriaceae (Carbapenem-resistant)

• Scabies, Lice

- RSV, human metapneumo virus
- Rota & norovirus