

	POLICIES & PROCEDURES Number: 30-30 Title: Droplet Precautions
Authorization: [√] SHR Regional Infection Prevention & Control Committee	Source: Infection Prevention & Control Date Initiated: May 1, 2001 Date Reaffirmed: June 2003, October 2012 Date Revised: October 2014 Scope: SHR & Affiliates

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Introduction

Droplet transmission refers to the potential exposure to microorganisms when droplets exit from the respiratory tract of a person. Droplets can be generated during coughing, sneezing, talking or during some procedures performed on the respiratory tract such as suctioning, bronchoscopy or nebulized therapies. Droplets may also be generated through the splash or spray of bodily fluids. These droplets are propelled a short distance (i.e., within 2 metres) through the air and deposited on the nasal/oral mucosa or the conjunctiva of a host. The coughs and sneezes of some individuals, like infants and the frail elderly, may not be forceful enough to propel droplets as far as two meters. Droplets do not remain suspended but settle on surfaces in the person's immediate environment. Some microorganisms, especially respiratory viruses, remain viable for extended periods of time. Contact transmission can occur by touching surfaces and objects contaminated by these respiratory droplets.

Policy

In addition to Routine Practices, use Droplet Precautions or Droplet and Contact Precautions for a client known or suspected to be infected with microorganisms transmitted by droplets as outlined in the Infection Prevention and Control Manual Reference Table: Precautions by Etiology or Clinical Presentation, i.e., respiratory syncytial virus, influenza, etc.

Purpose

1. To protect clients/residents, visitors and health care staff by preventing and controlling the spread of infectious disease throughout the facility by identifying and interrupting the specific route of transmission.

Procedure

1. Client Placement
 - Single room is preferred in order to maintain a 2 metre spatial separation between clients. Door may remain open. Private bathroom preferred.
 - Post [Droplet Precautions*](#) sign (SHR Printing Services #102108), if necessary and attach precaution label to chart cover.

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- Post [Droplet and Contact Precautions*](#) sign (SHR Printing Services # 102107), for appropriate illness (Influenza, MRSA in sputum or trach secretions, RSV, etc.,)
- Isolation supplies must be located outside the room. The location of the dedicated station must be placed away from possible sources of contamination such as sinks and sharps containers.
- The dedicated PPE station such as a supply cart needs to be properly stocked. Supplies should include:
 - Alcohol based hand rub (ABHR)
 - Gloves (3 sizes)
 - Gowns (if Droplet & Contact)
 - Mask with eye protection (mask with attached visor, mask and goggles, mask with face shield).
 - Hospital grade disinfectant
- Inside the room –
 - Waste basket
 - Dirty linen hamper
- Attach precaution labels to chart cover.

*Information handouts, Fact Sheets and signage are available from SHR Printing Services.

- If single room is unavailable, cohort clients with a low risk of transmission (good hygiene, able to control respiratory secretions, capable of self-care and able to comply with infection control precautions) with other clients colonized or infected with the same organism.
- If clients must share a room, maintain a 2 metre spatial separation between the infected client and others. Roommates and visitors must be aware of and able to comply with the precautions.
- If single room is unavailable and cohorting is not possible, use spatial isolation (cubicle isolation in a multi-bed room).
 - Post Droplet, or Droplet/Contact Precautions and STOP* sign on privacy curtain.
 - Keep privacy curtain pulled, if possible. The inside of the curtain is considered contaminated and the outside of the curtain clean.
 - The cart with clean supplies is placed outside the privacy curtain, where gown and gloves are donned.
 - The linen hamper and waste basket are placed inside the privacy curtain, where gown and gloves are removed.

2. Respiratory Hygiene (Respiratory Cough Etiquette)

- Teach the client how and when to perform hand hygiene.
- Teach the client how and when to perform respiratory hygiene practices (cover your cough by coughing into sleeve, using tissues, or wearing a mask). Refer to Policy 20-95, Respiratory Hygiene and Cough Etiquette.
- Teach the client to wear a mask (if tolerated) when health care workers, other staff and visitors are present.

3. Hand Hygiene

- Perform hand hygiene as per [20-20 Hand Hygiene](#) policy using either alcohol-based hand rub (ABHR) or liquid soap and water.
- Remember to check the client's hands are cleansed before and after eating, after going to the bathroom and frequently if the person is coughing and sneezing.

4. Respiratory Protection

- Wear a regular mask (procedure or surgical) if within 2 metres of the client.

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- Masks can be eliminated in the case of rubella or mumps if the health care worker is immune. Non-immune personnel should enter the room only if absolutely necessary and should wear a mask.
- Change mask if it becomes wet or soiled (from wearer's respiration or through an external splash)
- Remove the mask by the straps, being careful not to touch the mask itself, after leaving the room and dispose of in hands-free waste receptacle.
- Perform hand hygiene after removing the mask and after leaving the room.

If client is suspected to have Severe Acute Respiratory Syndrome (SARS) or an emerging respiratory syndrome that has not been clearly identified, increase your protection to an N95 respirator when conducting an aerosol-generating medical procedure (AGMPs)**. A negative pressure room is preferred for these procedures. If a negative pressure room is unavailable use a single room, obtain an Air Purification equipment from Facilities Management and keep the door closed. Do not delay urgent AGMPs (i.e., intubation) by transferring clients to single or negative pressure rooms. Refer to [30-20 Airborne Precautions](#) Policy for a list of negative pressure rooms.

**Aerosol-generating Medical Procedures (AGMPs) are medical procedures that can generate aerosols. Several types of AGMPs have been associated with increased risk of tuberculosis and SARS transmission. These procedures include: non-invasive positive pressure ventilation (BIPAP, CPAP); intubation and related procedures (i.e., open endotracheal intubation, manual ventilation); cardiopulmonary resuscitation; nebulized therapy; sputum induction; bronchoscopy; surgery and autopsy.

5. Eye Protection

- Wear eye protection (i.e., goggles, face shield) whenever a mask or respirator is worn. Prescription eye glasses are not considered sufficient eye protection.
- Remove eye or face protection after leaving the room and dispose of (if disposable) or place in a separate receptacle to go for cleaning (if reusable).
- Reusable goggles must be cleaned with a hospital disinfectant and allowed to sit for the required contact time.

6. Gloves and gown- **for Droplet/Contact Precautions only**

- Wear gloves and gown for all contact with the client or the environmental surfaces in the room.
- Gloves and gowns are single use only.
- Change gloves after contact with infectious material that may contain high concentrations of microorganisms.
- Remove gloves, then the gown. Untie at the back, pulling forward and turning inside on itself, rolling up and discarding in the laundry hamper in the room. Cleanse hands before leaving the room. Avoid contact with the environmental surfaces when leaving the room.

7. Client transportation

- Transport should be limited unless required for diagnostic or therapeutic procedures.
- Notify receiving department that Droplet or Droplet/Contact Precautions are required.
- A client with respiratory symptoms should wear a mask during transport.
- If the client is unable to tolerate a mask or has GI symptoms, accompanying staff member must wear a mask and eye protection.
- Transportation of the client to other departments should be limited to essential procedures only.

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8. Visitor Restrictions

- Instruct visitors regarding appropriate use of a mask, eye protection and hand hygiene as well as visitor guidelines for Droplet Precautions by providing [Droplet Precautions – Client, Family and Visitor Information](#) (SHR Printing Services #102924).
- Instruct visitors regarding the appropriate use of a mask, eye protection, gowns, gloves and hand hygiene as well as visitor guidelines for Droplet/Contact Precautions by providing [Droplet & Contact Precautions – Client, Family and Visitor Information](#) (SHR Printing Services #102927).

9. Client and family teaching

- Clients should understand the nature of their infectious disease and why precautions being used to prevent the transmission of disease to other clients, family and friends during their hospital stay and upon their return to the community.

10. Environmental Cleaning

- Interim cleaning of rooms is performed in the same manner as for all clients while wearing personal protective equipment for Droplet or Droplet/Contact Precautions.
- Following discharge or discontinuation of precautions:
 - Precaution sign should remain in place until cleaning is completed.
 - Precaution discharge cleaning is performed as for all clients.

References

1. Center for Disease Control and Prevention (CDC). *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.*
2. Health Canada. *Infection control guidelines. Routine practices and additional precautions for preventing the transmission of infection in health care.* CDR 1999; 25S4:41, 58, 66, 73.
3. Provincial Infectious Diseases Advisory Committee (PIDAC) Ontario. *Routine Practices and Additional Precautions in All Health Care Settings, August 2009.*
4. Public Health Agency of Canada draft document. *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care, September 1, 2010.*