Section 4: Additional Precautions Policy number: 4.3

Subject: Additional Precautions: Droplet Issued: September 2015

**Precautions** 

Revised:

Distribution: All FNIHB Staff

### 1 PURPOSE

1.1 Droplet Precautions: are used in addition to Routine Practices for clients known or suspected of having an infection that can be transmitted by large respiratory droplets. Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person. Droplets can be generated by talking, coughing, or sneezing and by some procedures performed on the respiratory tract (e.g. suctioning or nebulized therapies). These droplets are propelled a short distance and may enter the host's eyes, nose or mouth or fall onto surfaces. Contact transmission can then occur by touching surfaces and objects contaminated with respiratory droplets.

#### 2 POLICY

2.1 Health care providers must use Droplet Precautions in addition to Routine Practices for clients known or suspected to have an infection that can be transmitted by large respiratory droplets. Personal Protective Equipment (PPE) required to enter a room includes a procedure/surgical mask with visor, or mask and goggles. The ill client will be encouraged to wear a half face mask to contain respiratory droplets, and then be asked to perform hand hygiene.

## 3 PROCEDURE

- 3.1 Droplet Transmission:
  - 3.1.1 Occurs when droplets carrying an infectious agent exit the respiratory tract of a person
  - 3.1.2 Droplets can be generated when client talks, coughs, sneezes or sings
  - 3.1.3 Droplets can be generated through some procedures performed on the respiratory tract such as suctioning and nebulized therapies
  - 3.1.4 Droplets are propelled a short distance and may enter the host's eyes, nose or mouth of fall onto surfaces
  - 3.1.5 Droplets do not remain suspended in the air and usually travel < two metres
  - 3.1.6 Microorganisms contained in these droplets are then deposited on surfaces in the client's immediate environment and some microorganisms remain viable for extended periods of time

- 3.1.7 Contact transmission can occur by touching surfaces and objects contaminated with respiratory droplets.
- 3.1.8 Microorganisms transmitted by the droplet route include but are not limited to respiratory tract viruses (ARIs, influenza, rhinovirus, respiratory syncytial virus, rubella, mumps and *Bordetella pertussis*)
- 3.2 Droplet Precautions in a Health Care Setting:
  - 3.2.1 Droplet Precautions are always in addition to Routine Practices. (Refer to Appendix 12: Routine Practices Fact Sheet for all Health Care Settings)
  - 3.2.2 Ensure hand hygiene is performed by the client on presentation and departure from a health care setting
  - 3.2.3 Refer to Appendix 30: Sample Signage for Droplet Precautions. Refer to Appendix 21: Recommendations for Putting on and Taking off Personal Protective Equipment.
- 3.3 Client Placement
  - 3.3.1 In a clinic setting, where possible, triage client away from waiting area to an examination room or cubicle as soon as possible
  - 3.3.2 Where possible, draw privacy curtain
  - 3.3.3 If this is not possible, maintain a two-meter spatial separation (Refer to Policy 3.2: Risk Assessment Including Acute Respiratory Infections).
- 3.4 Chart Identification
  - 3.4.1 Flag the client's chart appropriately indicating droplet precautions required
- 3.5 PPE (Gloves, Gown, Face Protection)
  - 3.5.1 Client should be asked to wear a procedure (surgical) mask and to perform hand hygiene
  - 3.5.2 A mask and eye protection must be worn by any individual who is within two metres of the client, which includes:
  - 3.5.3 Surgical / procedure style mask covering mouth and nose
  - 3.5.4 Eye protection integrated with mask as visor, or separate items such as: goggles, face shield, or face mask
- 3.6 Cleaning of Equipment
  - 3.6.1 Clean and disinfect shared equipment between clients (e.g. chair, door knobs, examination table, stethoscope, blood pressure cuff after each use)

- 3.6.2 Keep infrequently used items in the treatment/care rooms covered with a cleanable cover (Refer to Section 7.0: Principles of Cleaning and Disinfecting Environmental Surfaces)
- 3.6.3 Keep supplies in treatment/care rooms to a minimum to prevent possible contamination and the need for disposal or additional cleaning and disinfection

## 3.7 Environmental Cleaning

3.7.1 Routine cleaning (Refer to Section 7.0: Principles of Cleaning and Disinfecting Environmental Surfaces)

## 3.8 Transport

- 3.8.1 Client to wear a mask during transport if tolerated
- 3.8.2 If the client cannot tolerate wearing a mask, transport staff should wear a mask and eye protection

### 3.9 Communication

3.9.1 Effective communication regarding precautions must be given to client, client's families, and to other facilities and transport services prior to transfer

### 3.10 Visitors

- 3.10.1 Should receive education regarding hand hygiene
- 3.10.2 Mask should be worn by visitors when within 2 metres of the client

**Table 1: Summary Table of Elements That Comprise Droplet Precautions** 

Element	Ambulatory/Clinic Setting	Home Health Care
Accommodation	Door may be open  Triage client away from waiting area to a single room as soon as possible ( if available), or draw privacy curtain (if available) and maintain a two-metre spatial separation  Client to wear a mask for duration of visit and perform hand hygiene	Discuss feasibility of spatial separation with client (e.g. when sleeping)
Signage	Sign on door if staying for longer duration	Not applicable

Equipment and items in the environment	Dedicate if possible	
<b>Environmental Cleaning</b>	Routine cleaning	
Transport	Client to wear a mask during transport	
Communication	Effective precautions must be communicated to client families, other facilities and transport services prior to transfer	

Source: Adapted from PIDAC: Routine Practices and Additional Precautions in All Health Care Settings, November 2012. Page 37.

For other conditions and etiologies requiring Droplet Precautions, refer to Appendix 31: Conditions/Clinical Presentations and Etiologies Requiring Droplet Precautions.

#### 4 APPENDICES

**Appendix 12:** Public Health Ontario. (2012). PIDAC's Routine Practices Fact Sheet for all Health Care Settings.

**Appendix 21:** Public Health Ontario. (2012). PIDAC's Recommended Steps for Putting on and Taking off Personal Protective Equipment.

**Appendix 30:** Public Health Ontario. (2012). PIDAC's Sample Signage for Entrance to Room of a Patient Requiring Airborne Precautions in all Health Care Settings.

**Appendix 31:** Public Health Agency of Canada. (2013). Conditions/Clinical Presentations and Etiologies Requiring Droplet Precautions.

### 5 REFERENCES

Bennett, G. (2009). Infection Prevention Manual for Ambulatory Care. Washington, D.C. Association for Professionals in Infection Control and Epidemiology.

Friedman, C. & Petersen, K.H. (2004). Infection Control in Ambulatory Care. Sudbury, MA: Jones and Bartlett Publishers.

Public Health Agency of Canada. (2013). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from: <a href="http://publications.gc.ca/site/eng/440707/publication.html">http://publications.gc.ca/site/eng/440707/publication.html</a>

Public Health Ontario. (2012). Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings. 2<sup>nd</sup> Edition. Retrieved from: http://www.publichealthontario.ca/en/eRepository/Best\_Practices\_Environmental\_Cleaning\_2012.pdf

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