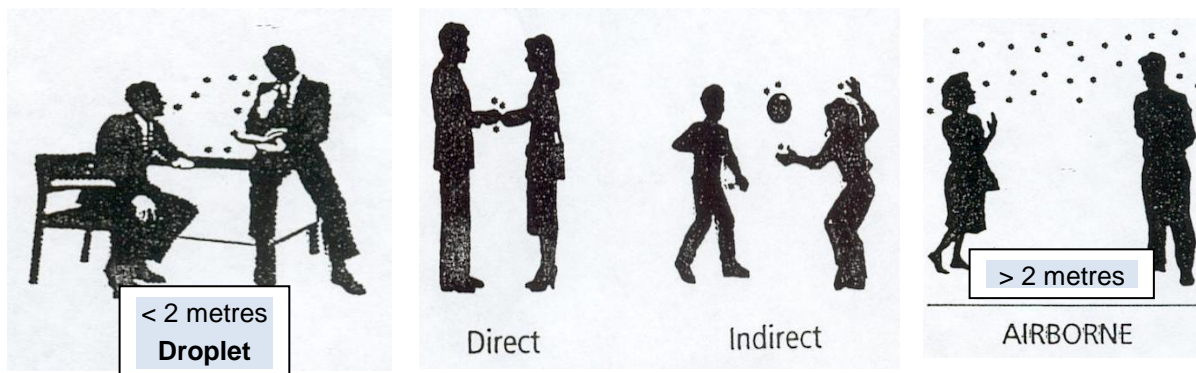


## Enhanced Droplet/Contact Precautions in Community Health Services

### Introduction

**Enhanced Droplet/Contact Precautions** are required for patients/clients diagnosed with, or suspected of having infectious microorganisms transmitted by the Droplet/Contact route, *and* the Airborne route during aerosol-generating medical procedures (AGMPs). Refer to [Appendix A](#) for examples of AGMPs. Enhanced Droplet/Contact Precautions are implemented according to the [Clinical Presentation/Microorganism/Infectious Disease Table](#). Refer to this table for specific disease/microorganism information.



Follow **Enhanced Droplet/Contact Precautions** in addition to **Routine Practices**. HCWs shall adhere to **Routine Practices** at all times.

### Indications for Enhanced Droplet/Contact Precautions

Implement Enhanced Droplet/Contact Precautions as directed by the WRHA IP&C Program.

Implement Enhanced Droplet/Contact Precautions as indicated in the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to the Additional Precautions section of the [WRHA Community Health Services IP&C Manual](#).

### Source Control

- Implement droplet precautions for patients/clients demonstrating signs and symptoms of acute respiratory symptoms or with conditions listed in the Clinical Disease microorganism Table without waiting for the etiology to be determined.

### Triage

- Identify patients/clients with acute respiratory symptoms when scheduling appointments for ROUTINE clinic visits. If possible, request that they defer routine clinic visits until symptoms of the acute infection have subsided.

- Instruct patients/clients with acute respiratory symptoms to put on a mask and clean their hands upon arrival at the clinic. You may provide them with the general public information pamphlet: [“Respiratory Hygiene”](#).
- Direct patients/clients with acute respiratory symptoms to a separate waiting area or place patient/client in a single room or pull privacy curtain in shared treatment area.
- Consider postponing any high risk procedures (e.g.: AGMPs) until acute respiratory symptoms have resolved.
- An assessment should be made as to whether the care or service can be deferred or provided without direct contact with the symptomatic individual (i.e.: the HCW is able to stay more than two meters from the patient/client). For example direct service staff performing non-personal support duties (e.g.: laundry, meal preparation, and housecleaning) should be able to stay more than two meters from the patient/client. Consider whether or not medication reminders can be done over the telephone or by another member of the household. For meal delivery consideration should be given to whether the item can be left with another individual in the home or placed inside the door of the home.
- Institution of telephone triage prior to a home visit will be determined through consultation with Infection Prevention & Control.

### **Accommodation**

- Conduct all treatments and examinations in a single room.
- In a clinic setting if a single room is not available a separation of ideally 2 metres; minimally 1 metre between patients, with privacy curtains drawn.
- Depending on etiology a washroom in a clinic setting/public facility may have to be dedicated to the patient/client until they are no longer in the clinic/facility. This would be determined in consultation with IP&C.
- In the home a client/patient should be cared for in a separate room away from other members of the household. If a separate room is not feasible a two-meter distance should be established in a shared room.

### **Hand Hygiene**

- Hand hygiene shall be performed according to the [4 Moments of Hand Hygiene](#):
  - Before initial patient/patient environment contact
  - Before aseptic/clean procedures
  - After body fluid exposure risk
  - After patient/patient environment contact

## Personal Protective Equipment (PPE)

- The following are applied before entering the room/treatment area:
  - Gloves
  - Gown
  - Procedure or surgical mask/N95 respirator
    - ***N95 respirators are only indicated during AGMPS (refer to [Appendix A](#) for list of AGMPS)***
  - Face shield or safety glasses or goggles
- Refer to [Putting it On/Taking it Off](#) posters for additional information.

## Patient Transport

- Only transport patient/client out of the home/room/treatment area for medically essential transfers, procedures or diagnostic tests.
- Avoid public transportation.
- Notify **Patient Transport Services** and the **receiving department** regarding the need for **Enhanced Droplet/Contact Precautions** in advance of the transfer/transport.
- Maintain Enhanced Droplet/Contact Precautions when the patient/client is outside the home/room/treatment area:
  - Control and secure traffic pathways (e.g., dedicate corridors and elevators). Take care not to contaminate the environment with soiled gloves during transport.
  - HCWs involved in transport (e.g. clinic staff, home care staff, EMS):
    - Must discard PPE as they leave the home/room/treatment area and put on new PPE prior to transporting patient.
    - Apply a procedure or surgical mask, clean isolation gown and clean gloves for transport. Change gloves and perform hand hygiene if soiled during transport.
  - Patient/Client
    - Apply a procedure or surgical mask if tolerated. If not tolerated or effective, practice Respiratory Etiquette, i.e., loosely cover the mouth or nose with a tissue. Tissues used are considered contaminated.
    - Performs hand hygiene prior to leaving the home/room/treatment area, after removal of the procedure or surgical mask and after the transport is complete.
- If used, clean and disinfect the transport chair after use
- After transport, HCWs perform hand hygiene after removing PPE. Refer to [Putting It On/Taking It Off](#) poster for additional information.

## Equipment and Environment

- Dedicate patient/client care equipment (e.g., thermometers, blood pressure cuffs) to the use of the patient. If this is not possible, appropriately clean and disinfect with a healthcare approved cleaner/disinfectant all shared equipment before reuse with another patient/client.

- Discard disposable patient/client care equipment and supplies.
- Minimize supplies brought into/stored in the home, room/treatment area
- Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.

### **Health Record/Health Record Documents, Other Papers**

- Do not take the any paper copies of the health record in the home/room/treatment area.

### **Other papers that must be brought into the patient/client home/room/treatment area for the patient/client to touch (e.g., legal...)**

- Assist patient/client to perform hand hygiene.
- Wipe the surface/table the document will be placed on with facility – approved disinfectant. Allow to air dry completely before placing items on the surface/table.
- Prior to removing papers and pen from the room, wipe the pen with facility-approved disinfectant.
- Use disposable folders or wipeable clipboards for holding paper documents. Wipe with disinfectant and allow to air dry completely before placing on clean surface outside the doorway or discard prior to leaving the room.

### **Patient/Client/Family/Caregiver/Accompanying Individual**

Staff shall educate the patient/client and/or family/ caregiver/accompanying individual about:

- Hand hygiene
- The nature of their disease
- Precautions to follow
- The length of time the precautions are anticipated to be in place
- Visitor restrictions
- How to prevent transmission of the infectious disease to family/friends.
- Specific information as it relates to the care environment
- When patient/client to follow up with their Primary Care Provider/go to an ERUC

## References:

1. Infection-control measures for health care of patients with acute respiratory diseases in community settings (2009). World Health Organization <http://www.who.int/csr/resources/publications>
2. Interim Guidance - Middle East respiratory syndrome coronavirus (MERS-CoV). (2013). Public Health Agency of Canada Retrieved August 23, 2013 from: <http://www.phac-aspc.gc.ca/eri-ire/coronavirus/guidance-directives/nCoV-ig-dp-eng.php>.
3. [Manitoba Guidelines for Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care](#). (April 2012). Manitoba Health. Retrieved December 5, 2013.
4. Preventing Respiratory Illnesses in Community Settings: Recommendations for Infection Control and Surveillance for Febrile Respiratory Illness (FRI) in Community Settings in Non-Outbreak Conditions (2004). Infection Control and Surveillance Standards Task Force: Community Health Providers [http://www.health.gov.on.ca/fr/public/programs/emu/sars/reports/report\\_taskforce\\_community\\_031104.pdf](http://www.health.gov.on.ca/fr/public/programs/emu/sars/reports/report_taskforce_community_031104.pdf)
5. Seasonal Influenza – Infection Prevention and Control Guidance for Management in the Home Care Setting (2012). Public Health Agency of Canada <http://www.phac-aspc.gc.ca/nois-sinp/guide/flu-grippe/index-eng.php>

### **Specific Disease Protocol Contacts:**

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## **Appendix A: Aerosol Generating Medical Procedures**

### **Introduction:**

An aerosol generating medical procedure (AGMP) is any procedure conducted on a patient that can induce production of aerosols of various sizes, including droplet nuclei. Examples include:

- Intubation and related procedures (e.g., manual ventilation, extubation, open endotracheal suctioning)
- Cardiopulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Autopsy
- Non-invasive positive pressure ventilation (CPAP, BiPAP)

***AGMPs should be performed on patients only when medically necessary.***

### **Personal Protective Equipment (PPE):**

N95 Respirator, eye protection, gloves, and a long sleeved gown are worn by all persons in the room where an AGMP is being performed.

- Put on all PPE before entering the room/bed space
- N-95 Respirator shall be
  - fit tested for HCWs
  - seal-checked prior to each use, as follows:
    - cover respirator with both hands
    - perform one of the following:
      - inhalation test: If respirator collapses slightly there is an adequate seal
      - exhalation test: If no air escapes respirator, there is an adequate seal
  - Changed if contaminated/wet
  - Respirators shall never be dangled around the neck or reused.
- Before leaving the room/bed space remove gloves, and long sleeved gown
- After leaving the room/bed space remove N95 Respirator and eye protection

**Early recognition of patients who may require an AGMP is necessary to ensure procedures are conducted in a controlled setting, which includes:**

#### **a. Administrative Controls:**

- The most experienced personnel perform the procedure
- The number of individuals present during AGMPs should be limited to only those essential to patient care and support
- Conduct procedures in a non-emergent manner (e.g., elective intubation)
- Sedate patient if intubation is required
- Ensure adequate equipment is in the room/bed space prior to procedure

**b. Engineering Controls:**

- Close doors and windows
- An Airborne Infection Isolation Room (AIIR) is required.
  - Consult Infection Prevention and Control if an AIIR is not available

**c. Environmental Controls:**

- Discard contaminated disposable equipment
- Clean/disinfect contaminated reusable equipment before removing it from the room/bed space