

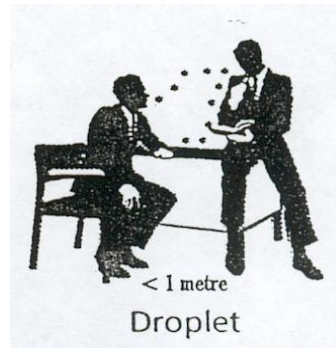


1.1 Droplet Precautions – Clinic Settings

1.1.1 Introduction

Droplet Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route.

Droplet Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



1.1.2 Indications for Droplet Precautions

Droplet Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Diseases Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Clinic Setting

1.1.3 Accommodation

Clients shall preferably be placed in a single room. No special air handling and ventilation are necessary.

- The door may remain open
- Room should have dedicated hand hygiene products/facilities.

In instances where there are not a sufficient number of single rooms, cohort clients with the same microorganism together.

If a single room is not available and cohorting is not possible:

- Maintain a separation of at least one metre between clients.

1.1.4 Hand Hygiene

Healthcare workers shall perform hand hygiene before leaving the room or the client's designated space/area and after removal of the surgical/procedure mask. After hand hygiene, take care not to contaminate hands before leaving the room or client's designated space/area.

1.1.5 Personal Protective Equipment

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.



Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of client, and for procedures that may result in coughing, splashing, and aerosol production.

- For care of clients with Rubella or Mumps, immune persons do not need to mask. Non-immune persons shall enter the room only if absolutely necessary and shall wear a surgical/procedure mask.

Masks shall be •

- Worn once
 - Changed
 - When wet
 - If the front of the mask has been touched, and/or
 - When contaminated with client secretions
 - Removed after leaving room or the client's designated space/area.

Masks shall never dangle around the neck.

Masks shall be removed in a manner preventing contamination. Eye

Protection

Face shields or goggles are worn when within one metre of a coughing client with symptoms of respiratory infection, and for procedures that may result in coughing, splatter, and/or aerosols.

- Face shields or goggles shall be removed in a manner preventing contamination.
- If reusable, send the eye protection for cleaning and disinfection.

1.1.6 Client Transport

Client transport out of the room is for medically essential purposes only.

In advance of the transport, notify the receiving department/facility regarding the need for Droplet Precautions.

Maintain Droplet Precautions while the client is outside the room.

- The client wears a surgical/procedure mask.
- The client performs hand hygiene prior to leaving the room or designated space/area.
- The client performs hand hygiene after removal of the surgical/procedure mask.
- Transport staff do not need to mask if client wears a mask.

If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

1.1.7 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.



Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and, Perform hand hygiene
- Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website

Instruct the client about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask to prevent contamination.
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask.

The family shall be instructed about the appropriate use and management of PPE •
If required, instruct the family about assisting with application of the surgical/procedure mask for the client.

Instruct the patient and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

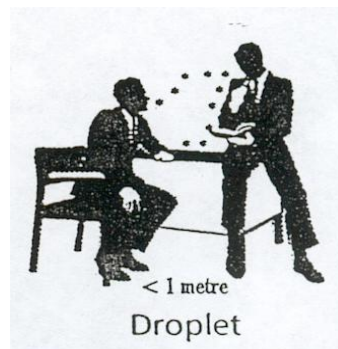
Instruct the client and family about the procedure, and importance of hand hygiene

2.1 Droplet Precautions – Community Settings

2.1.1 Introduction

Droplet Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route. It would be unusual to implement Droplet Precautions in a Community setting.

Droplet Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



2.1.2 Indications for Droplet Precautions

Droplet Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Diseases Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Community Setting.



2.1.3 Accommodation

Clients shall preferably be placed in a single room or designated space/area. No special air handling and ventilation are necessary.

- The door may remain open
- Room should have dedicated hand hygiene products/facilities.

In instances where there are not a sufficient number of single rooms or designated space/area, cohort clients with the same microorganism together.

If a single room is not available and cohorting is not possible: •
Maintain a separation of at least one metre between clients.

2.1.4 Hand Hygiene

Healthcare workers shall perform hand hygiene before leaving the room or the client's designated space/area and after removal of the surgical/procedure mask. After hand hygiene, take care not to contaminate hands before leaving the room or client's designated space/area.

2.1.5 Personal Protective Equipment

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of client, and for procedures that may result in coughing, splashing, and aerosol production.

- For care of clients with Rubella or Mumps, immune persons do not need to mask. Non-immune persons shall enter the room only if absolutely necessary and shall wear a surgical/procedure mask.

Masks shall be •

Worn once

- Changed
 - When wet
 - If the front of the mask has been touched, and/or
 - When contaminated with client secretions
 - Removed after leaving room or the client's designated space/area.
 - Masks shall be removed in a manner preventing contamination. •

Masks shall never dangle around the neck.

Eye Protection

Face shields or goggles are worn when within one metre of a coughing client with symptoms of respiratory infection, and for procedures that may result in coughing, splatter, and/or aerosols.

- Face shields or goggles shall be removed in a manner preventing contamination.

2.1.6 Client Transport (Out of room, transport to alternate facility or home)

Client transport out of the room is for essential purposes only.

In advance of the transport, notify the receiving department/facility regarding the need for Droplet Precautions.



If the client is going home, they and their family must be educated about proper precautions in the home. Refer to Section 4.5 Droplet Precautions in the home.

Maintain Droplet Precautions while the client is outside the room.

- The client wears a surgical/procedure mask.
- The client performs hand hygiene prior to leaving the room or designated space/area.
- The client performs hand hygiene after removal of the surgical/procedure mask.

If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

2.1.7 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and,
- Perform hand hygiene.

Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website.

Instruct the client about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask to prevent contamination.
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask.

If required, instruct the family about assisting with application of the surgical/procedure mask for the client.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends if they are going home.

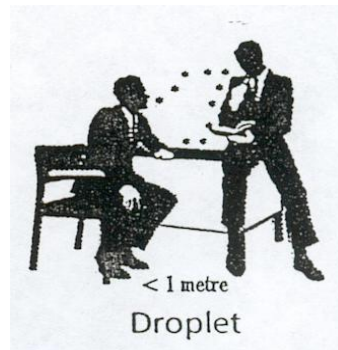
Instruct the client and family about the procedure, and importance of hand hygiene.

3.1 Droplet Precautions – Home Settings

3.1.1 Introduction

Droplet Precautions are required for clients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route.

Droplet Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



3.1.2 Indications for Droplet Precautions

Droplet Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Diseases Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions – Home Setting

3.1.3 Hand Hygiene

Dedicated hand hygiene products shall be available for hand hygiene. Healthcare workers shall perform hand hygiene after care of the client, after removal of the surgical/procedure mask and when leaving the home.

3.1.4 Personal Protective Equipment

Refer to Personal Protective Equipment – “Putting it on” and “Taking it off” on the Infection Prevention & Control website.

Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of client, and for procedures that may result in coughing, splashing, and aerosol production.

- For care of clients with Rubella or Mumps, immune persons do not need to mask. This should be discussed with their supervisor before going into the room. Non-immune persons shall enter the home only if absolutely necessary and shall wear a surgical/procedure mask.

Masks shall be •

Worn once

- Changed
 - When wet
 - If the front of the mask has been touched, and/or
 - When contaminated with client secretions
 - Removed before leaving client’s home.
 - Masks shall be removed in a manner preventing contamination.
- Masks shall never dangle around the neck.

Eye Protection

Face shields or goggles are worn when within one metre of a coughing client with symptoms of respiratory infection, and for procedures that may result in coughing, splatter, and/or aerosols.

- Face shields or goggles shall be removed in a manner preventing contamination.



3.1.5 Client Transport

Client transport out of the home is for medically essential purposes only. In advance of the transport, notify the receiving department/facility regarding the need for Droplet Precautions.

Maintain Droplet Precautions while the client is outside the home.

- The client wears a surgical/procedure mask.
- The client performs hand hygiene prior to leaving the home.
- The client performs hand hygiene after removal of the surgical/procedure mask.

If client has an artificial airway (e.g. tracheotomy) cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated and discarded in the garbage.

3.1.6 Client/Family

The client and/or family should be educated about the nature of the client's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place.

Instruct the client/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder.
- Immediately dispose of the tissue in the appropriate waste receptacle, and,
- Perform hand hygiene.
- Refer to the Respiratory Hygiene for the general public pamphlet on the Infection Prevention & Control website.

Instruct the client about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask.
- How to remove the surgical/procedure mask to prevent contamination.
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask.
- If required, instruct the family about assisting with application of the surgical/procedure mask for the client.

Instruct the client and family about preventing transmission of the infectious disease to his/her family, and friends.

Instruct the client and family about the procedure, and importance of hand hygiene.