

 Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé	Personal Care Home/Long Term Care Facility Infection Prevention and Control Program	
	Additional Precautions- Droplet Precautions	Page 1 of 8
	Approval Signature: <i>Linda Norton</i>	Supersedes: Routine Practices and Additional Precautions January 2000
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1.0 **PURPOSE:**

- 1.1 To reduce and/or prevent the transmission of microorganisms that are spread by droplet transmission.
- 1.2 To reduce and/or prevent health care associated infections.

2.0 **DEFINITIONS:**

- 2.1 **Additional Precautions:** Additional measures implemented when Routine Practices alone may not interrupt the transmission of an infectious agent. They are used in addition to Routine Practices, not in place of, and are initiated based on the condition/clinical presentation (syndrome) and on specific etiology (diagnosis).
- 2.2 **Cleaning:** The physical removal of foreign material, e.g. dust, soil, organic material such as blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. It is accomplished by using water and detergents in conjunction with mechanical action.
- 2.3 **Cohort:** Physically separating (e.g. in a separate room or ward) two or more residents exposed to, or infected with, the same microorganism from other residents who have not been exposed to, or infected with, that microorganism.
- 2.4 **Contamination:** The presence of an infectious agent on hands or on a surface, such as clothing, gowns, gloves, bedding, toys, resident care equipment, dressings or other inanimate objects.

- 2.5 **Disinfectant:** Product used on inanimate objects to reduce the quantity of microorganisms to an acceptable level. Hospital-grade disinfectants require a drug identification number (DIN) for sale in Canada.
- 2.6 **Disinfection:** The inactivation of disease-producing microorganisms with the exception of bacterial spores. Hospital-grade disinfectants are used on inanimate objects and require a drug identification number (DIN) for sale in Canada.
- Low level disinfection:** The level of disinfection required when processing non-critical items and some environmental surfaces. Low level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g. influenza, hepatitis B and C, and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores (e.g. C-difficile).
- 2.7 **Droplet:** Solid or liquid particles suspended in the air whose motion is governed principally by gravity; particle size is greater than 10 µm. Droplets are generated primarily as the result of an infected source coughing, sneezing or talking.
- 2.8 **Droplet Exposure:** Droplet exposure may occur when droplets that contain an infectious agent are propelled a short distance (i.e. within 2 metres) through the air and are deposited on the mucous membranes of the eyes, nose or mouth of a host.
- 2.9 **Droplet Nucleus:** A droplet nucleus is the airborne particle resulting from a potentially infectious (microorganism-bearing) droplet from which most of the liquid has evaporated, allowing the particle to remain suspended in the air.
- Note: droplet nuclei can also be found in aerosols; however, their motion is controlled by physical parameters including gravity and air currents.
- 2.10 **Droplet Precautions:** Additional practices that are used to reduce the risk of transmitting infectious agents via droplet transmission. Droplet Precautions are used in addition to Routine Practices.
- 2.11 **Droplet Transmission:** Transmission that occurs when the droplets that contain microorganisms are propelled a short distance (within 2 metres) through the air and are deposited on the mucous membranes of another person, leading to infection of the susceptible host. Droplets can also contaminate surfaces and contribute to contact transmission.

- 2.12 Facial Protection: Includes masks, eye protection, face shields or masks with visors.
- 2.13 Respiratory Hygiene: A combination of measures to be taken such as covering your cough to prevent the spread of respiratory microorganisms.
- 2.14 Terminal Cleaning: The process for cleaning and disinfection of resident accommodation that is undertaken upon discharge of any resident or on discontinuation of contact precautions. The resident room or bed space, bed, bedside equipment and environmental surfaces and sinks and bathroom should be thoroughly cleaned before another resident is allowed to occupy the space. This includes changing of privacy curtains and cleaning or changing of string/cloth call bells or light cords. The bed linens should be removed before cleaning begins.

3.0 **OPERATIONAL DIRECTIVES:**

- 3.1 Droplet Precautions in addition to Routine Practices shall be used with those diseases that are transmitted by droplet.
- 3.2 Droplet Precautions in addition to Routine Practice shall be implemented for residents with conditions listed in Table 5 Section 10 "Transmission Characteristics and Empiric Precautions" without waiting for the etiology to be determined.
- 3.3 Droplet Precautions shall be implemented for residents with conditions listed in Table 6 Section 10 "Transmission Characteristics and Precautions by Specific Etiology" where etiology has been established.
- 3.4 Some indications for Droplet Precautions may differ for certain pediatric residents (e.g. epiglottitis or cellulitis in children < 5 years, scarlet fever in children) and adult residents.
- 3.5 Residents are to be instructed in respiratory hygiene.
- 3.6 Health care workers should avoid touching the mucous membranes of their eyes, nose and mouth with their hands to prevent self contamination.
- 3.7 Only health care workers who are immune to mumps and rubella should provide direct care for residents with these infections.

4.0 **PROCEDURE:**

- 4.1 Identify the resident(s) who requires Droplet Precautions. Refer to table 5 Section 10 "Transmission Characteristics and Empiric Precautions" where etiology has not yet been determined and Table 6 section 10 "Transmission Characteristics and Precautions by Specific Etiology" once etiology has been determined.
- 4.2 Place Droplet Precaution sign (Appendix A) at entrance of resident room or in another visible location.
- 4.3 Gather the necessary PPE and place in close proximity to the resident(s) room(s).
- 4.4 Notify team members of the need for Droplet Precautions (resident status).
- 4.5 Provide education to staff, family, resident, visitors, volunteers regarding the organism, the transmission and the reason for Droplet Precautions for the individual resident(s).
- 4.7 Resident Accommodation, Placement and Activities
 - 4.7.1 Perform a risk assessment to determine:
 - Resident placement
 - Removing resident from a shared room
 - Removing resident from participating in group activitiesConsider infection risk to other residents in the room.
 - 4.7.2 Accommodation, Placement
 - 4.7.2.1 A single room with a private toilet or designated commode chair, designated resident sink, and designated staff hand washing station is preferred.
 - 4.7.2.2 Give priority for single room to residents who cannot be confined to their bed or bed area.
 - 4.7.2.3 If single room is not available, perform a risk assessment to determine resident placement and /or suitability for cohorting
 - Cohort residents who are infected or colonized with the same microorganism and are suitable roommates.

- 4.7.2.4 If cohorting is not feasible, avoid placing the resident with residents:
 - Who, if they become infected, would be at high risk for complications (immunocompromised e.g. dialysis, chemotherapy) or who may facilitate transmission.
- 4.7.2.6 In a shared room make roommates and visitors aware of the precautions to follow.
- 4.7.2.7 Select roommates for their ability and the ability of their visitors to comply with the required precautions.
- 4.7.2.8 Ensure residents, who are in a shared room, are physically separated, at least 2 metres apart, from each other. If a 2 metre spatial separation is not possible, manage the resident in his/her bed space with privacy curtains drawn.
- 4.7.3 Activities
 - 4.7.3.1 Restrict resident participation in group while resident is symptomatic.
 - 4.7.3.2 Ensure resident performs hand hygiene or is assisted as necessary before participating in group activities and performs respiratory hygiene.
 - 4.7.3.3 During an outbreak in the facility restrict social activities to the unit/area.
- 4.7.4 Room door may remain open.
- 4.8 Personal Protective Equipment
 - 4.8.1 Facial Protection (masks and eye protection, face shields, or masks with visors)
 - 4.8.1.1 For care of residents, wear facial protection within 2 metres of the resident who is coughing at the time of interaction or if performing procedures that may result in coughing.
 - 4.8.1.2 For care of residents with mumps or rubella, facial protection is not needed if the health care worker is immune, non immune personnel should not enter the room unless it is essential, and when necessary must wear facial protection.

- 4.8.1.3 In a cohort of residents affected with the same microorganism(s), facial protection may be used for successive residents.
 - 4.8.1.4 Wear and discard facial protection to prevent self contamination as per Routine Practices.
 - 4.8.1.5 Perform hand hygiene immediately after removal of facial protection.
- 4.9 Visitor Guidelines:
 - 4.9.1 Instruct visitor to speak with a nurse before entering the resident room.
 - 4.9.2 Provide the visitor with Droplet Precautions information (Appendix B).
 - 4.9.3 Restrictions in the number of visitors may be advisable during community or a facility outbreak of respiratory infections.
 - 4.9.4 If the visitor is visiting more than one resident, instruct the visitor to use the barriers as the healthcare workers and to perform hand hygiene before going to the next resident room.
- 4.10 Equipment
 - 4.10.1 Dedicate equipment including bedpans and commodes for single resident use, if possible, and label appropriately.
 - 4.10.2 Do not share toys, electronic games or personal items between residents.
 - 4.10.3 Do not take chart (paper or mobile electronic) into the resident's room.
 - 4.10.4 Clean and disinfect shared equipment / items (e.g. assigned dining area) following Routine Practices before reuse with another resident.
 - 4.10.5 Follow Routine Practices.
- 4.11 Environmental Controls
 - 4.11.1 Follow Routine Practices.

- 4.12 Laundry
 - 4.12.1 Follow Routine Practices
- 4.13 Waste
 - 4.13.1 Follow Routine Practices
- 4.14 Sharps
 - 4.14.1 Follow Routine Practices
- 4.15 Dishes and Utensils
 - 4.15.1 Follow Routine Practices
- 4.16 Specimen Collection
 - 4.16.1 Follow Routine Practices
- 4.17 Education Staff, Resident, Families and Visitors
 - 4.17.1 Educate staff, residents, families and visitors about the following:
 - Precautions being used, (Appendix B)
 - Duration of precautions
 - Prevention of transmission including hand hygiene, the use of personal protective equipment and respiratory hygiene.
 - 4.17.2 Instruct visitors who are participating with resident care about the indications for and appropriate use of personal protective equipment. Visitors who assist with resident care are to wear the same personal protective equipment as the health care worker.
- 4.18 Transporting/Transferring
 - 4.18.1 Limit transporting unless required for diagnostic or therapeutic procedures.
 - 4.18.2 Resident to wear a mask if tolerated and comply with respiratory hygiene during transportation.
 - 4.18.3 Instruct the transport team to wear facial protection when transporting the resident if the resident cannot follow respiratory hygiene.

4.19 Bed side Post Mortem Care

4.19.1 Use Routine Practices. Droplet Precautions are not necessary.

4.20 Duration of Precautions

4.20.1 Consult with the infection control practitioner/designate before discontinuing precautions.

5.0 References

5.1 Routine Practices And Additional Precautions for Preventing the Transmission of Infection in Health Care, Health Canada (Revised July 1999) <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf>

5.2 Routine Practices And Additional Precautions in All Health Care settings, Provincial Infectious Diseases Advisory Committee (PIDAC) (Revised May 2010)

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