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IH0300: Droplet Precautions	EFFECTIVE DATE: September 2006 REVISED DATE: April 2011, September 2014 February 2015, November 2016 REVIEWED DATE: October 2019
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1.0 PURPOSE

Droplet Precautions refer to infection prevention and control interventions **to be used in addition to Routine Practices** and are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

2.0 DEFINITIONS

Droplet Precautions – measures used for diseases that are spread by direct contact through droplet transmission. Droplet transmission refers to large droplets, greater than 5 microns in diameter, generated from the respiratory tract of the source patient during coughing or sneezing, or during procedures such as suctioning or bronchoscopy. These droplets are propelled a short distance of less than two metres (6 feet) through the air and deposited on the nasal, oral or conjunctival mucosa of the new host or fall onto surfaces. Large droplets do not remain suspended in the air. Special ventilation is not required since true aerosolization does not occur.

Droplet/Contact Precautions - microorganisms contained in these droplets can be deposited on surfaces in the patient’s immediate environment and some microorganisms remain viable for extended periods of time. Contact transmission can then occur by touching surfaces and objects contaminated with respiratory droplets.

A point of care risk assessment for every patient interaction needs to be done to determine additional precautions, room placement and PPE:

Clinical Syndromes Requiring the Use of Controls (Including PPE) Pending Diagnosis

- **Acute diarrhea and / or vomiting of suspected infectious etiology:**
 - GOWN if skin or clothing will come into direct contact with the patient or the patient’s environment and for pediatrics and incontinent/non-compliant adults
- **Acute respiratory infection, undiagnosed:**
 - SINGLE ROOM/SPATIAL SEPARATION preferred, FACIAL PROTECTION, GLOVES
 - GOWN if skin or clothing will come into direct contact with the patient or the patient’s environment
- **Respiratory infection with risk factors and symptoms suggestive of Tuberculosis:**
 - FIT-TESTED N95 RESPIRATOR, NEGATIVE PRESSURE ROOM
- **Suspected meningitis and/or sepsis with petechial rash:**
 - SINGLE ROOM, FACIAL PROTECTION
- **Undiagnosed rash without fever:**
 - GLOVES
- **Rash suggestive of varicella or measles:**
 - NEGATIVE PRESSURE ROOM -- only immune staff to enter
- **Abscess or draining wound that cannot be contained:**
 - GLOVES
 - GOWN if skin or clothing will come into direct contact with the patient

Conditions/clinical presentations and specific etiologies requiring droplet precautions:

Conditions/clinical presentations	Specific etiologies
* Bronchiolitis	* Adenovirus, respiratory strains
* Cellulitis, in child <5 years old if Haemophilus influenzae type B possible	* Bocavirus
* Cold	* Coronavirus
* Cough, fever, acute respiratory tract infection	* Diphtheria, pharyngeal
* Croup	* <i>H. influenzae</i> , in children
* Epiglottitis in child <5 years old	* Human metapneumovirus
* Febrile respiratory illness	* Influenza, seasonal, avian
* Hemorrhagic fever in epidemiologic context	* Meningococcus
* Influenza-like illness	* Monkeypox – use airborne/contact
* Meningitis	* Mumps
* Osteomyelitis, in children if <i>H. influenzae</i> possible	* Mycoplasma pneumoniae
* Paroxysmal cough, suspected pertussis	* Parainfluenza virus
* Pharyngitis	* Parvovirus B-19, aplastic crisis or chronic infection in immunocompromised patient
* Pneumonia, in children	* Pertussis
* Rash, macupapular with fever and one of coryza, conjunctivitis or cough	* Plague, pneumonic
* Rash, petechial/purpuric with fever	* Respiratory syncytial virus
* Rash, vesicular, pustular with epidemiologic context or viral hemorrhagic fever	* Rhinovirus
* Septic arthritis, in children if <i>H. influenzae</i> possible	* Rubella
* Toxic shock syndrome, if Group A Streptococcus possible	* Severe acute respiratory syndrome
	* Smallpox – use airborne/contact
	* <i>Staphylococcus aureus</i> in children with pneumonia
	* Streptococcus, Group A
	■ scarlet fever or pharyngitis in children
	■ invasive disease
	* Viral hemorrhagic fevers (Crimean-Congo, Ebola, Lassa, Marburg)

*** Use Droplet & Contact Precautions**

3.0 PROCEDURE

As well as Routine Practice, Droplet Precautions includes the following:

3.1 Source Control

- **A point of care risk assessment (PCRA)** as per routine practice should be done to determine if droplet precautions are required.
- **Note that some diseases/conditions require two precaution categories – see table above.**
- Signage placed at the entrance to the patient room, cubicle or designated bed space.
- Educate patients about respiratory hygiene. Once patient is in their room, the mask can be removed.
- Droplet precautions in addition to routine practices are sufficient for aerosol-generating medical procedures (AGMP) performed on patients on droplet precautions who have no signs or symptoms of suspected or confirmed airborne illness.

3.2 Hand Hygiene

- Perform hand hygiene as per [IF0200 \(Hand Hygiene Guidelines\)](#)

3.3 Patient placement and accommodation [PRIVATE ROOM ALGORITHM](#)

- **Single room with toilet and hand washing sink preferred.**
 - Door may remain open.
 - Signage placed at the entrance to the patient room, cubicle or designated bed space.
 - In Emergency rooms place signage on privacy curtain around cubicle.
- **Cohort**
 - Cohort patients who are infected or colonized with the same microorganism and are suitable roommates.
- **Share Room – when cohorting is not feasible:**
 - Maintain spatial separation of at least 2 metres between patients
 - Privacy curtains between beds should be drawn to minimize opportunity for droplet spread
 - Roommates should be selected based on their ability to comply with precautions.
 - Roommates should not be at high risk for serious disease if transmission occurs
 - Droplet precautions should be applied in nursery settings.

3.4 Patient flow/transport:

- Communication is essential when a patient goes to another department for testing, to another unit or to other healthcare settings/facilities. This communication must include Emergency Medical Services (EMS) staff and other transport staff.
- The patient should wear a mask if tolerated and follow respiratory hygiene during transport.
- If the patient cannot tolerate wearing a mask, transport staff should wear a surgical/procedure mask and eye protection.

Remind patients to adhere to the 4 C's when outside of their room.

4 C's
<p><u>C</u>lean Hands: do hand hygiene <u>C</u>lean Clothes: wear a clean gown or clothes. <u>C</u>ontained wounds/body fluids: wounds covered with clean dressing. Urine/feces and other body fluids contained. <u>C</u>o-operative: able to follow instructions</p>

- Patients should not use common areas of hospital such as lounge or go into other patient rooms.

3.5 Personal Protective Equipment (PPE)

- PPE should be provided outside the patient room or cubicle

- A surgical/procedure **mask and eye protection** should be worn
 - When within two metres (6 feet) of the patient.
 - Remove PPE and discard before leaving the room or bed space and do hand hygiene.
- **The same PPE should not be worn for more than one patient.**

3.6 **Cleaning and disinfection of non-critical patient care equipment**

- As per routine practices. If contact precautions are also in use, then refer to Contact Precautions Guideline 3.6.

3.7 **Cleaning of patient environment**

- As per routine practices. If contact precautions are also in use, then refer to Contact Precautions Guideline 3.7.

3.8 **Waste, laundry, dishes and cutlery**

- As per routine practices

3.9 **Education of patient, families and visitors**

- Educate as per droplet precautions signage.
- Recommend visit only one patient.
- Wear surgical/procedure mask and eye protection when within 2 metres of patient.
- For pediatrics, household contacts can choose not to wear PPE, as they will have already been exposed in the household.

3.10 **Duration of Precautions:**

- Droplet precautions should be discontinued after signs and symptoms of the infection have resolved or as per Transmission Tables
[REFER TO IH0100 TRANSMISSION TABLES](#)

3.11 **Management of deceased bodies**

- Routine practices, properly and consistently applied, should be used for handling deceased bodies and preparing bodies for autopsy or transfer to mortuary services.
- Droplet precautions are not necessary

3.12 **Droplet Precautions for Residential Care**

In addition to Routine Practices:

- **A point of care risk assessment** should be done to determine if droplet precautions are required – signage is available.
- Wear surgical/procedure mask and eye protection when within 2 metres of symptomatic resident.
- More commonly used in combination with contact precautions.
- Restrict activities while resident is symptomatic.

3.13 **Droplet Precautions for Emergency and Ambulatory Care Settings**

In addition to routine practices:

- **Triage – a point of care risk assessment** must be done to determine if droplet precautions are required.
- Contact between symptomatic patients and others should be avoided by minimizing time spent in waiting rooms.

- Patient should be separated from other patients by at least two metres.
- Symptomatic patients should be scheduled at a time when they are less likely to encounter other patients.

3.14 Droplet Precautions for Clients in a Home Environment

In addition to Routine Practices:

- Healthcare workers should screen clients for respiratory illness by phone, prior to the homecare visits, whenever possible.
- Ensure mask and eye protection are worn when within two metres of symptomatic client.
Symptomatic clients in the home should be advised to:
 - Stay home until symptoms resolved
 - If medical appointment necessary – advise of symptoms

4.0 REFERENCES

- 4.1 [Routine Practices and Additional Precautions In all Healthcare Settings.](#) Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario; November 2012.
- 4.2 [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings;](#) Public Health Agency of Canada; 2017.
- 4.3 **Routine Practices and Additional Precautions Assessment and Educational Tools.** Public Health Agency of Canada; 2014.

Droplet Precautions Sign - Form #807903

DROPLET PRECAUTIONS

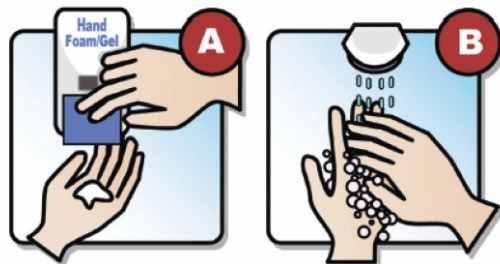
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**Families
and
visitors:**



**Please report
to staff before
entering**

**Clean hands
before entering and
when leaving room**



Clean hands with
A) hand foam/gel or B) soap and water

Staff:



**KEEP
SIGN POSTED
UNTIL ROOM
CLEANED**
HOUSEKEEPER will
remove sign after
"Discharge"
cleaning

Required:

- **Point of Care Risk Assessment**
- **Procedure mask with eye protection**
When within 2 metres of patient
- **Keep 2 metres between patients**



Droplet & Contact Precautions Sign - Form #807904

DROPLET & CONTACT PRECAUTIONS

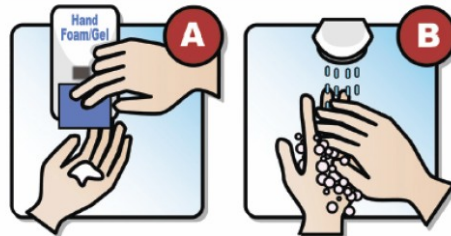
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Families and visitors:



Please report to staff before entering

Clean hands before entering and when leaving room



Clean hands with
A) hand foam/gel or B) soap and water

Staff:



Required:

- Point of Care Risk Assessment
- Gown & Gloves
- Procedure mask with eye protection
When within 2 metres of patient
- Keep 2 metres between patients

KEEP SIGN POSTED UNTIL ROOM CLEANED
HOUSEKEEPER will remove sign after "Discharge" cleaning