

IC6: Droplet Precautions

1.0 STANDARD

All residents who are known or suspected of having an infection with a condition transmissible via the droplet route will be cared for using Droplet Precautions.

Droplet Precautions are required for residents suspected or known to have an infection caused by microorganisms that are transmitted via liquid droplets (i.e. greater than 5-10 µm in diameter). Droplets are expelled into the air immediately after an infectious person talks, coughs or sneezes and typically travel less than 2-metres, settling on nearby environmental surfaces. Microorganisms contained in these droplets can directly contact the mucous membranes of an individual within a 2-metre distance or can be deposited on surfaces in the resident’s immediate environment. Droplets that have settled on surfaces pose a transmission risk if a person touches that contaminated surface. Some organisms can remain alive in the environment for extended periods of time. For this reason, Fraser Health droplet precautions includes contact precautions.

Examples of pathogens causing infections with droplet transmission are outlined in the table below.

Table 1. Common pathogens causing infections with droplet transmission

Viruses	Bacteria
<ul style="list-style-type: none"> • Adenovirus, respiratory strains • Coronavirus (including COVID-19 (SARS-CoV-2) Middle East respiratory syndrome coronavirus [MERS CoV]), • Enterovirus • Influenza viruses • Mumps virus • Parainfluenza virus • Respiratory Syncytial Virus (RSV) • Rhinovirus • Rubella virus 	<ul style="list-style-type: none"> • <i>Corynebacterium diphtheriae</i> (pharyngeal diphtheria) • <i>Bordetella pertussis</i> (pertussis) • <i>Haemophilus influenzae</i>, in children • <i>Mycoplasma pneumoniae</i> • <i>Neisseria meningitidis</i> (meningococcus) • <i>Staphylococcus aureus</i> (pneumonia) • Streptococcus group A (scarlet fever or pharyngitis in children, invasive disease)

2.0 PROCEDURE

	Requirements	
Resident Placement and Care	<ul style="list-style-type: none"> • Single occupancy room with an attached bathroom preferred (the door may remain open if there are concerns for the safety of the resident) • The resident may be placed in multi-occupancy room if a single occupancy room is unavailable • For a multi-occupancy room, the following must be in place: <ul style="list-style-type: none"> ○ A distance of at least 2-metres between residents ○ Pull the privacy screen/curtain between residents ○ Dedicated bathroom or toileting facilities • If an Aerosol Generating Procedure (AGP) is performed, follow instructions on resident placement in the AGP Standard Operating Procedure. • Daily bed baths, as well as linen and clothing changes are required for all residents on droplet precautions 	
Signage	<ul style="list-style-type: none"> • Post a Droplet Precautions sign at the entry to the room and at the bed space in multi-bed room (Appendix A) • Post a Aerosol Generating Procedure (AGP) sign on entry to the room during the AGP procedure and leave for one hour post procedure (Appendix B) 	
Cohorting	<ul style="list-style-type: none"> • If there are several residents with respiratory illness, they may be cohorted in a multi-bedroom in consultation with IPC 	
Hand Hygiene	<ul style="list-style-type: none"> • Follow the 4 Moments of Hand Hygiene • Use alcohol-based hand rub (ABHR) or plain liquid soap and water • Use soap and water when hands are visibly soiled or when caring for residents with diarrhea and/or vomiting 	
Personal Protective Equipment (PPE) Droplet precautions PPE is required for all entries to the room.	Outside of resident room	In resident room and at least 2-metres away from a resident
	Donning PPE <ol style="list-style-type: none"> 1. Perform hand hygiene 2. Put on Level-2 long-sleeved gown 	Doffing PPE <ol style="list-style-type: none"> 1. Remove gloves 2. Perform hand hygiene 3. Remove gown 4. Perform hand hygiene

	<ol style="list-style-type: none"> 3. Put on a medical mask (N95 respirator for AGPs) 4. Put on eye protection 5. Put on gloves 	<ol style="list-style-type: none"> 5. Remove eye protection 6. Perform hand hygiene 7. Remove medical mask. If N95 respirator worn, remove outside the resident’s room 8. Perform hand hygiene
<p>Resident Equipment & Supplies</p>	<ul style="list-style-type: none"> • Use disposable medical equipment when appropriate • Use dedicated re-usable equipment whenever possible (e.g. slings, BP cuffs, stethoscopes, thermometer etc.) until droplet precautions are discontinued • If dedicated equipment is not available or achievable, clean and disinfect equipment between residents with an appropriate health Canada approved disinfectant (check manufacturer’s instructions for compatibility) • Keep only immediate-use nursing and resident-specific supplies in the resident’s environment • Equipment that has been cleaned and disinfected should be identified with appropriate signage (e.g., Green Means Clean Tape) and stored in a clearly identified clean holding area 	
<p>Resident Transfers</p>	<ul style="list-style-type: none"> • Limit resident transport for essential purposes only • Additionally, resident must complete the following five steps before leaving their room: <ul style="list-style-type: none"> ○ Perform hand hygiene ○ Wear a medical mask during transport if tolerated ○ Change into clean clothing or hospital gown. Residents should not wear yellow isolation gowns and gloves ○ Cover all open or infected wounds with a dry dressing if applicable ○ Change and secure incontinence products if applicable • The transport staff must: <ul style="list-style-type: none"> ○ Don required PPE if assisting resident to wheelchair or stretcher ○ Doff PPE and perform hand hygiene once the resident is settled in the wheelchair or stretcher ○ Disinfect the handles of the wheelchair or stretcher with 0.5% accelerated hydrogen peroxide products (e.g., Accel wipes) before beginning transport of resident to the destination 	

	<ul style="list-style-type: none"> ○ Notify the receiving health care facility and ambulance service/transport service of the residents requirement for Droplet Precautions ○ The transport equipment must be disinfected immediately after use with a hospital grade disinfectant e.g., Accel wipes
<p>Resident Activities</p>	<ul style="list-style-type: none"> ● Restrict participation in group activities until Droplet Precautions are discontinued ● Provide rehabilitation activity within the resident room ● Provide the meal service in resident’s room <p>Mobilization</p> <ul style="list-style-type: none"> ● Resident must complete the following five steps before leaving their room for mobilization: <ul style="list-style-type: none"> ○ Perform hand hygiene ○ Wear a medical mask ○ Change into clean clothing or hospital gown. Residents should not wear yellow isolation gowns and gloves ○ Cover all open or infected wounds with a dry dressing if applicable ○ Change and secure incontinence products if applicable ○ Staff must accompany the resident and wear a new set of PPE when leaving the room to perform resident activities outside the room that include being in close contact with the resident (e.g., walking, transferring)
<p>Housekeeping</p>	<ul style="list-style-type: none"> ● Use Health Canada approved disinfectant with Drug Identification Number (DIN) for disinfecting equipment and surfaces in the affected room. ● Housekeeping staff who are entering the room of a resident on droplet precautions must wear appropriate PPE ● If an Aerosol Generating Procedure was performed within the last hour, an N95 respirator must be worn in addition to a gown, gloves, and goggles/face-shield ● Perform an isolation discharge clean of the room/bedspace and washroom after discontinuation of droplet precautions ● Enhanced cleaning of affected room or unit may be requested for high prevalence of confirmed and or suspected RI cases in a multibed room or on a unit based on IPC assessment

Waste and Laundry	<ul style="list-style-type: none"> Follow routine practices.
Meal Trays	<ul style="list-style-type: none"> Any staff member delivering or collecting meal trays in the resident environment must wear appropriate PPE
Visitors	<ul style="list-style-type: none"> Limit visitors to one person at a time When applicable, educate visitors on hand hygiene, respiratory etiquette and donning and doffing of PPE Ensure visitors are donning PPE before entering resident’s room and doffing PPE before leaving resident’s rooms Ensure visitors are performing hand hygiene before entering resident room and upon exiting room Visitors are restricted from entering other resident rooms during the same visit

3.0 DISCONTINUATION OF PRECAUTIONS

- Duration of precautions are dependent on the causative/infectious agent
 - Influenza and COVID-19 (SARS-COV-2), precautions can be discontinued five days after symptom onset
 - RSV-precautions can be discontinued seven days from onset of symptoms along with clinical improvement
 - Other causative agents, consult with Infection Prevention and Control (IPC)
- Consultation with IPC is recommended for certain resident groups (e.g. immunocompromised) prior to discontinuing droplet precautions as viral shedding may continue for longer periods of time
- Once droplet precautions are discontinued:
 - discard and replace resident personal care supplies
 - contact housekeeping staff to perform an isolation discharge clean of the room. Housekeeping staff is responsible for removing the droplet precautions sign once the isolation discharge clean is complete.

4.0 EVALUATION AND MONITORING

- Fraser Health has audit tools for hand hygiene and IPC best practices to monitor staff compliance with IPC best practices
- Hand hygiene audits should be conducted regularly as per Fraser Health Hand Hygiene - Policy and Infection Control Hand Hygiene – [Clinical Practice Guideline](#)
- There are several mechanisms for monitoring staff compliance with IPC practices. Monitoring staff compliance can assist in identifying gaps that may be contributing to the

transmission of RIs. Such monitoring can be related to a number of IPC practices as outlined below:

- The site hand hygiene audits must be conducted at a minimum each fiscal period.
- The affected neighbourhood must conduct daily hand hygiene and PPE audits during respiratory outbreaks
- The IPC community practitioner may request additional housekeeping (e.g. UV marker audits) and IPC best practices assessments when necessary

5.0 DOCUMENTATION

- Accurate and timely documentation in the resident’s health record is required for the management of suspect or confirmed cases of RI or other pathogens transmitted via droplet route. IPC practitioners may rely on resident health record to investigate cases to assist in outbreak and enhanced monitoring declaration.

6.0 REFERENCES

BC Centre for Disease Control and BC Ministry of Health. Infection Prevention and Control Requirements for COVID-19 in Long Term Care and Seniors’ Assisted Living. 2020

Public Health Agency of Canada. Canadian Pandemic Influenza Preparedness: Planning Guidance for the Health Sector [Internet]. August 2018 [cited 2023]. Available from:

<https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenzapreparedness-planning-guidance-health-sector.html>

Public Health Ontario. Best Practices for Managing COVID-19 Outbreaks in Acute Care Settings [Internet]. 2021 [updated 2023 Jan; cited 2023]. Available from:

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/best-practices-ipac>


Appendix A: Droplet Precautions Signage

DROPLET PRECAUTIONS

Bed #


STOP

Hand sanitizer



OR

Soap & water




FAMILIES AND VISITORS:

Please report to staff before entering

Clean hands before entering and when leaving room

STAFF:



KEEP SIGN POSTED UNTIL additional precautions room cleaning and disinfection is completed



Wear:

- Gown and gloves
- Medical mask and eye protection when within 2 metres of patient
- Additional PPE based on point-of-care risk assessment

Draw curtains/barriers and keep 2 metres between patients


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Appendix B: Aerosol Generating Procedure Sign

AEROSOL GENERATING PROCEDURE (AGP)



AGP precautions can be discontinued at: _____ Date, time

Bed # _____




FAMILIES AND VISITORS:

Please report to staff before entering


OR


Clean hands before entering and when leaving room



STAFF:


Wear:

- Gown, gloves, eye protection, fit-tested respirator (e.g. N95 respirator or equivalent)
- Additional PPE based on point-of-care risk assessment

Note:

- Preferred room placement is an Airborne Infection Isolation Room (AIIR). If not available, use a single occupancy room with door closed. If neither available, consult with Infection Prevention and Control (IPC).
- Use this sign when indicated by IPC guidelines.

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