

**IC6: 0500 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. Droplet precautions were previously known as droplet/contact precautions. However, as Droplet Precautions includes all the personal protective equipment for contact precautions with the addition of eye protection, it has been simplified to just “Droplet Precautions”.

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

**Table 1. Common pathogens causing infections with droplet transmission**

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

2.0 PROCEDURE

	Requirements	
<b>Resident Placement and Care</b>	<ul style="list-style-type: none"> <li>• Single occupancy room with an attached bathroom preferred (the door may remain open if there are concerns for the safety of the resident)</li> <li>• The resident may be placed in multi-occupancy room if a single occupancy room is unavailable</li> <li>• For a multi-occupancy room, the following must be in place:               <ul style="list-style-type: none"> <li>○ A distance of at least 2-metres between residents</li> <li>○ Pull the privacy screen/curtain between residents</li> <li>○ Dedicated bathroom or toileting facilities</li> </ul> </li> <li>• If an Aerosol Generating Procedure (AGP) is performed, follow instructions on resident placement in the <a href="#">AGP Standard Operating Procedure</a>.</li> <li>• Place lab confirmed COVID-19 cases in a single occupancy room or cohorted with other laboratory confirmed COVID-19 cases in a multi-occupancy room</li> <li>• Daily bed baths, as well as linen and clothing changes are required for all residents on droplet precautions</li> </ul>	
<b>Signage</b>	<ul style="list-style-type: none"> <li>• Post a <b>Droplet Precautions</b> sign at the entry to the room and at the bed space in multi-bed room (Appendix A)</li> <li>• Post an <b>Aerosol Generating Procedure (AGP)</b> sign on entry to the room during the AGP procedure and leave for one hour post procedure (Appendix B)</li> </ul>	
<b>Hand Hygiene</b>	<ul style="list-style-type: none"> <li>• Follow the 4 Moments of Hand Hygiene</li> <li>• Use alcohol-based hand rub (ABHR) or plain liquid soap and water</li> <li>• Use soap and water when hands are visibly soiled or when caring for residents with diarrhea and/or vomiting</li> </ul>	
<b>Required Personal Protective Equipment (PPE)</b>	<b>Outside of resident room</b>	<b>In resident room and at least 2-metres away from a resident</b>
	<b>Donning PPE</b> 1. Perform hand hygiene 2. Put on Level-2 long-sleeved gown	<b>Doffing PPE</b> 1. Remove gloves 2. Perform hand hygiene 3. Remove gown

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

	<ul style="list-style-type: none"> <li>○ Notify the receiving health care facility and ambulance service/transport service of the residents requirement for Droplet Precautions</li> <li>○ The transport equipment must be disinfected immediately after use with a hospital grade disinfectant</li> </ul>
<p><b>Resident Activities</b></p>	<ul style="list-style-type: none"> <li>● Restrict participation in group activities until Droplet Precautions are discontinued</li> <li>● Provide rehabilitation activity within the resident room</li> <li>● Provide the meal service in resident’s room</li> </ul> <p><b>Mobilization</b></p> <ul style="list-style-type: none"> <li>● Consult IPC Community Specialist prior to mobilizing the resident</li> <li>● Additionally, resident must complete the following five steps before leaving their room for mobilization: <ul style="list-style-type: none"> <li>○ Perform hand hygiene</li> <li>○ Wear a procedure mask</li> <li>○ Change into clean clothing or hospital gown. Residents should not wear yellow isolation gowns and gloves</li> <li>○ Cover all open or infected wounds with a dry dressing</li> <li>○ Change and secure incontinence products</li> <li>○ Staff must accompany the resident and wear a new set of PPE when leaving the room to perform resident activities outside the room (e.g., walking)</li> </ul> </li> </ul>
<p><b>Housekeeping</b></p>	<ul style="list-style-type: none"> <li>● Perform enhanced cleaning of high touch surfaces 6-8 hours after initial daily cleaning</li> <li>● Perform an isolation discharge clean of the room/bed-space and washroom after discontinuation of droplet precautions</li> </ul>
<p><b>Visitors</b></p>	<ul style="list-style-type: none"> <li>● Limit visitors to one person at a time</li> <li>● Educate visitors on hand hygiene, respiratory etiquette and donning and doffing of PPE</li> <li>● Ensure visitors are donning PPE before entering resident’s room and doffing PPE before leaving resident’s rooms</li> <li>● Ensure visitors are performing hand hygiene before entering resident room and upon exiting room</li> <li>● Visitors are restricted from entering other resident rooms during the same visit</li> </ul>

### 3.0 ROOM SET UP

- Have the following supplies at outside entrance to the room:
  - Low-level hospital-grade disinfectant wipes (e.g. Accel INTERvention, Clorox Bleach Wipes, CaviWipes)
  - Enclosed cart/holders with personal protective equipment (e.g. disposable gloves, gowns, eye protection and procedure/surgical mask )
- Have the following items inside the resident’s room:
  - Wall mounted alcohol-based hand rub (ABHR) and/or dedicated hand hygiene sink with liquid hand soap and paper towel dispensers
  - Dedicated personal care supplies (e.g. periwash, periwipes, mouthwash, shampoo, cream, lotions)
  - A no-touch garbage bin
  - Soiled laundry hampers; double bagging is not required. If leaking double bag and remove from room
- Avoid overstocking items inside the resident’s room as this adds to clutter and the room will not be adequately cleaned
- Provide cleanable/washable surfaces in the resident’s room
  - Horizontal surfaces should be able to withstand cleaning and disinfection with hospital grade disinfectants (no carpeting if possible)
  - Furnishings and coverings should be cleanable
  - Mattresses should be fluid impervious and cleanable.
  - Repair and/or replace torn/damaged mattresses and furniture
  - Ensure blankets, bedspreads, curtains are washable
  - Ensure wall surfaces, paint and wallpaper are washable
  - Call bell cords and light pull cords should be made of a smooth material that is able to withstand cleaning and disinfection with hospital grade disinfectant

### 4.0 WASTE, LAUNDRY, DISHES AND CUTLERY

Follow routine practices.

### 5.0 DISCONTINUATION OF PRECAUTIONS

- Duration of precautions are dependent on the causative/infectious agent
  - For influenza, precautions can be discontinued five days after symptom onset
  - For COVID-19 (SARS-COV-2), refer to the recommendations within the [Long-Term Care, Assisted Living COVID-19 Resource Toolkit](#), which includes admissions and transfers
  - For 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

- Discard and replace resident personal care supplies
- Contact Environmental Services to do an isolation discharge cleaning of the room/bed space and washroom when resident is eligible for discontinuation of droplet precautions

## 6.0 ENVIRONMENTAL CLEANING

- Notify Environmental Services/Housekeeping staff to perform an isolation discharge clean when Droplet Precautions are discontinued or if the resident is discharged/transferred. Remove Droplet Precautions signage after completion of isolation discharge clean
- Clean and disinfect the room using a hospital grade disinfectant, registered in Canada with a Drug Identification Number (DIN) and labelled as effective for both enveloped and non-enveloped viruses. Examples include 0.5% accelerated hydrogen peroxide (e.g. Accel INTERVention)
- Environmental Services 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

## 7.0 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 audits during respiratory outbreaks
- The IPC community specialist may request additional housekeeping (e.g. UV marker audits) and IPC best practices audits (e.g. compliance with additional precautions) when necessary

## 8.0 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

Fraser Health Infection Prevention and Control. Droplet Precautions: Standard Operating Procedure. 2015

Fraser Health Infection Prevention and Control. Clinical Practice Guideline: Droplet Precautions: Acute – Best Practices. 2019

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine practices and additional precautions in all health care settings, 3rd edition. 2012

Public Health Agency of Canada (PHAC). Routine practices and additional precautions for preventing the transmission of infection in health care settings. 2012

**Appendix A: Droplet Precautions Signage**

# DROPLET PRECAUTIONS

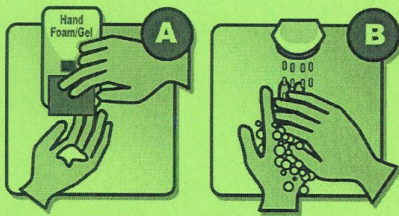
**Families  
and  
Visitors:**



**Bed #**

**Please report  
to staff before  
entering**

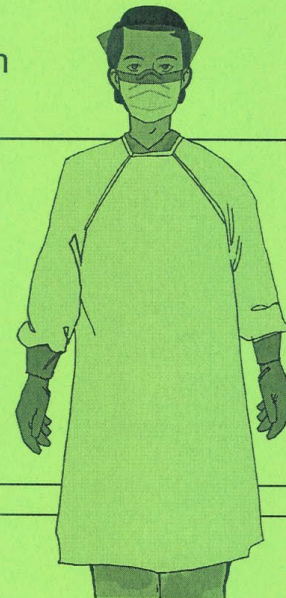
**Clean hands** before entering and when leaving room



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

**Wear mask and eye protection** when within 2 metres of patient

**If helping to care for the patient, put on gown and gloves** before entering room, and remove them before leaving room.



## Staff - Required:



- Point of Care Risk Assessment
- Gown and 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  
Isolation Discharge  
cleaning



**Appendix B: Aerosol Generating Procedure Sign**


# AEROSOL GENERATING PROCEDURE PRECAUTIONS

**Family and Visitors:**  
Please report to staff before entering





Bed #	
AGP signage can be removed at: (time at end of procedure + 1 hour post)	

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



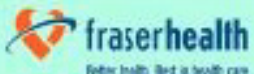
**Staff:**

 + 
 

**Required during and for one hour post AGP:**

- Point of Care Risk Assessment
- Gown and gloves
- Face shield or goggles
- Fit-tested N95 Respirator
- Keep 2 metres between patients

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



FH Infection Prevention & Control  
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