

# INFECTION PREVENTION AND CONTROL Policy

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## PREAMBLE

1. Routine Practices are the Public Health Agency of Canada's (PHAC) minimum standards of infection prevention and control (IPAC) practice to prevent the spread of Microorganisms that cause infection in all health care settings.
2. The need for Additional Precautions (i.e. contact, **droplet**, and airborne) combined with Routine Practices is determined based on the route of spread of Microorganisms that are known or suspected.

## POLICY STATEMENTS

1. All Staff must follow Routine Practices and Additional Precautions in all health care settings and at all times to reduce the spread of Microorganisms that cause infection to patients, staff, visitors and volunteers.
2. Clinical Care Providers must complete a Point-of-Care Risk Assessment (PCRA) before any interaction with patients or their environments.
3. Clinical Care Providers must implement Droplet Precautions based on results of a PCRA. IPAC must be notified. A confirmed infectious diagnosis is not necessary. Refer to the [Disease Index/Transmission Based Summary Table](#) for guidance on routes of transmission and type of precautions to be utilized.
4. Droplet Precautions must be communicated to all members of the health care team providing care, and upon transfer of the patient to receiving unit/department/ facility or Emergency Health Services (EHS).
5. When initiating Droplet Precautions for suspected outbreak situations, IPAC or the Administrator for the facility (after hours) must be notified. Refer to policy IPC-CD-001 [Outbreak Management](#).
6. The first person to suspect/identify a notifiable disease or condition must notify Public Health per ["It's the Law Reporting Notifiable Diseases and Conditions"](#).
7. Environmental controls such as: Personal Protective Equipment (PPE), accommodations, and additional environmental cleaning must be put in place for all patients requiring Additional Precautions.

## CLINICAL PRACTICE GUIDELINES

1. Source Control:
  - 1.1 Place Droplet Precautions notification in/on the patient's health record as per facility protocol and document usage in the health care record.



- 1.2 Where possible, direct patients with symptoms of a Droplet spread infection (e.g. fever, cough, sore throat, malaise, etc.) to a separate waiting area.
- 1.3 Instruct patients on the principles of Respiratory Hygiene (covering coughs) and hand hygiene.
- 1.4 Have the patient apply a procedure mask if tolerated when unable to perform Respiratory Hygiene.
2. Patient Accommodation, Placement and Flow:
  - 2.1 A private room with a private bathroom is recommended for patients placed on Droplet Precautions.
  - 2.2 Depending on the patient's condition and availability of single rooms, they may be placed in a multi-bed room. When considering placement in multi-bed rooms (i.e., if single patient rooms are limited) perform a PCRA to determine suitability for room sharing.
    - 2.2.1 When possible, place patients requiring Droplet Precautions with other patients who are known to be infected with the same pathogen.
    - 2.2.2 Prioritize patients who cannot be confined to their beds or bed areas for single patient room placement.
    - 2.2.3 When a room must be shared, do not place with immunocompromised patients or patients with cardiopulmonary diseases who do not share the same infection.
    - 2.2.4 Maintain a distance of at least 2 metres (6 feet) between patients. Pull the privacy curtain between the beds in multi-bed rooms.
    - 2.2.5 Do not cohort patients who are unable to comply with the recommended 2 metre (6 feet) spatial separation requirements.
    - 2.2.6 Dedicate a commode at the bedside for patient's use in multi-bed room.
    - 2.2.7 The door to the room may remain open provided the 2 metre (6 feet) distance is maintained.
  - 2.3 Where possible, place dialysis patients requiring Droplet Precautions in a single room for treatment.
  - 2.4 Ensure that signage for Droplet Precautions is clearly visible on entrance to patient room or bed space when in a shared environment.
  - 2.5 Patient Flow/Transport:



- 2.5.1 Transporting patients on Droplet Precautions must be avoided unless medically necessary.
- 2.5.2 Patients on Droplet Precautions can be allowed out of their room for medical and diagnostic procedures and as indicated by their plan of care (e.g. to participate in rehabilitation activities such as walking in hallway). Patients unable to comply with precautions must be supervised when leaving their room.
  - 2.5.2.1 Place a surgical or procedure mask on the patient when outside their room. If the patient is unable to wear a mask, the transporting Staff should wear facial protection.
  - 2.5.2.2 Have the patient perform hand hygiene prior to leaving the bed space/room. Assist as required.
  - 2.5.2.3 Arrange to have the patient taken directly to the destination.
  - 2.5.2.4 Patients are not to utilize common areas such as kitchenette and lounge, or visit other patients.
  - 2.5.2.5 Remind the patient to practice respiratory and hand hygiene when sneezing and coughing.
  - 2.5.2.6 Advise the receiving area that the patient requires Droplet Precautions.

### 3. PPE:

- 3.1 Provide a supply of PPE for Droplet Precautions outside the room. Wear PPE according to Routine Practices.
- 3.2 Wear a surgical/procedure mask and protective eyewear when within 2 metres (6 feet) of the patient.
- 3.3 Change the mask whenever damp or soiled. A mask is a single use item. It should be discarded immediately after its use- when removed from the face.
- 3.4 A respirator (i.e. N95) should be used for Aerosol-Generating Medical Procedures (AGMP) on patients requiring Droplet Precautions, with signs and symptoms of severe respiratory syndrome or a respiratory pathogen for which transmission risks are not yet known. See [Appendix B](#).

### 4. Management of the Patient Care Environment:

- 4.1 Place a laundry hamper in the single room as close to the exit door as possible or at the bedside of patients in shared accommodation. Special handling of linen is not indicated.



- 4.2 Place waste receptacle inside the patient room close to the door for PPE disposal.
- 4.3 Nutrition and Food Services Staff must perform hand hygiene, don a mask and gloves upon entry, and remove gloves and mask, and perform hand hygiene upon exit of a room where Droplet Precautions are being used. Gloves and masks are also required for delivery and pick up of trays.
- 4.4 Patient Care Equipment:
  - 4.4.1 Where possible, provide single use disposable or dedicated equipment for the patient. If disposable or dedicated equipment is not possible, clean and disinfect between patients as per Routine Practices.
- 4.5 Cleaning of the Patient Care Environment:
  - 4.5.1 Environmental services Staff must wear a gown, gloves mask and protective eyewear to perform housekeeping tasks.
    - 4.5.1.1 Allow sufficient time for cleaning of rooms.
    - 4.5.1.2 After the patient has been discharged and moved, remove Droplet Precautions signage once cleaning has been completed.
    - 4.5.1.3 Increased frequency of cleaning may be required in some situations (i.e. Outbreak).
    - 4.5.1.4 When precautions are discontinued or the patient is moved, terminal cleaning and disinfecting of room/bed space, bathroom and changing of privacy curtains must be done.
    - 4.5.1.5 Please refer to local environmental services policies for details.

## 5. Patient/Family/Visitors Education:

- 5.1 Educate patients, their visitors, families and caretakers about the Droplet Precautions being used, the duration, as well as the prevention of Droplet Transmission of infection to others. Document education provided in the health care record.
- 5.2 Instruct patients on appropriate respiratory and hand hygiene, and the proper use of surgical/procedure mask.
- 5.3 Provide a supply of tissues and a receptacle for patient use; encourage/assist patients with hand hygiene opportunities.
- 5.4 Instruct visitors about the indications for and appropriate use of PPE and hand hygiene.



- 5.4.1 A mask should be worn by visitors within 2 metres of the patient
- 5.4.2 Visitors who assist with patient care should use the same PPE as Staff. This may not be necessary for parents carrying out their usual care of young children.

6. Management of Visitors:

- 6.1 The number of visitors should be kept to a minimum (1-2). Visitors should be instructed to speak with a nurse before entering the patient room.

7. Intubated and Ventilated Patients:

- 7.1 Perform endotracheal suctioning using a closed suction apparatus.

8. Operating Room (OR):

- 8.1 Postpone elective procedures until the patient is non-infectious.
- 8.2 If surgery must be performed, advise the Pre-op, OR and PACU of the need for Droplet Precautions. Place a surgical mask/procedure mask on the patient for transport directly to the OR.

9. Modifications of Droplet Precautions in Long-Term Care:

- 9.1 In long-term care and other residential settings, perform a risk assessment to determine resident placement, considering infection risks to other residents in the room and available alternatives.
- 9.2 Assess the need to restrict participation in group activities while the resident is symptomatic.

10. Modifications of Droplet Precautions in Ambulatory Care/Primary Care/Outpatient Settings:

- 10.1 Where possible, place the patient directly into a single room. If not possible, place the patient in an area of the waiting room separated from other patients by at least 2 metres (6 feet).
- 10.2 The patient must:
  - 10.2.1 Wear a procedure/surgical mask if tolerated.
  - 10.2.2 Perform hand hygiene upon registering.
- 10.3 Consider separate waiting room or areas for well child visits and for children with acute respiratory infection.

11. Modifications of Droplet Precautions in Home Care:

- 11.1 Ask the patient and patient's family to self-screen for acute respiratory infection and inform the homecare agency prior to the health care provider's visit.



- 11.2 Advise patients to exclude themselves from group programs when experiencing symptoms of acute respiratory infection.
- 11.3 Screen for febrile respiratory illness in the home, by phone, prior to the home care visit whenever possible. If not able to do advance telephone screening, screen for febrile respiratory illness prior to entering the home.
- 11.4 Ensure medically necessary care is provided. Defer care (e.g. foot care clinics) and services (e.g. volunteer visitors and volunteer transportation) that are not medically necessary when patients are experiencing acute respiratory symptoms.

## DISEASE INDEX/TRANSMISSION BASED SUMMARY TABLE

[Annapolis Valley](#)

[Cape Breton](#)

[Central Zone](#)

[Guysborough Antigonish Strait](#)

[Colchester](#)

[Cumberland](#)

[South Shore](#)

[South West](#)

## REFERENCES

Association for Professionals in Infection Control and Epidemiology. (2014). APIC Text of Infection Control and Epidemiology. Chapter 111- Laundry, Patient Linen Textiles and Uniforms.

Canadian Standard Association Z94, 4-02 Selection, use and Care of Respirators.2002.

Infection Prevention and Control Nova Scotia (IPCNS), Department of Health and Wellness. (June 2015). Infection Prevention and Control: Guidelines for Long-Term Care Facilities.

Occupational Safety General Regulations. Nova Scotia Occupational Health and Safety Act. (June 2013). Retrieved June 8, 2016 from:  
<https://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>

Provincial Infectious Disease Advisory Committee. PIDAC: Best Practices for Cleaning Disinfection and Sterilization of Medical Equipment/Devices in all Health Care Settings- 3rd ed. (May 2013).

Provincial Infectious Disease Advisory Committee. PIDAC: Routine Practices and Additional Precautions in all Health care Settings-3rd ed. (Nov 2012). Retrieved

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April 1, 2016 from:

[https://www.publichealthontario.ca/en/eRepository/RPAP\\_All\\_HealthCare\\_Settings\\_Eng2012.pdf](https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf)

Public Health Agency of Canada, Hand Hygiene Practices in Healthcare Settings (2012) <http://www.phac-aspc.gc.ca>

The Public Health Agency of Canada. (2012). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.

Occupational Safety General Regulations. Nova Scotia Occupational Health and Safety Act. (June 2013). Retrieved June 8, 2016 from: <https://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>

## RELATED DOCUMENTS

### COVID-19

[2019 COVID-19: Aerosol Generating Medical Procedures in Healthcare Settings](#)

### Learning Module

[Routine Practices and Additional Precautions](#)

### Policies

[IPC-RP-001 Routine Practices and Additional Precautions](#)

[IPC-RP-005 Routine Practices](#)

[IPC-RP-010 Contact Precautions](#)

[IPC-RP-025 Airborne Precautions](#)

[IPC-CD-001 Outbreak Management](#)

[IPC-CD-005 Pneumococcal Immunization](#)

[IPC-CD-010 Influenza Immunization](#)

[IPC-RP-020 Hand Hygiene](#)

[IPC-CL-001 Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment](#)

### Patient Teaching Pamphlet

NSHA Preventing the Spread of Infections- Routine Practices and Additional Precautions

### Appendices

[Appendix A - Definitions](#)

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[Appendix B - Strategies to Reduce Aerosol Exposure When Performing Aerosol-Generating Medical Procedures \(AGMP\)](#)

[Replacing the Following District Health Authority Policies/Version History](#)

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## Appendix A- Definitions

### Additional Precautions

Further precautions based on the method of transmission (i.e. contact, droplet, airborne) that are necessary when Routine Practices alone may not be enough to interrupt transmission of an infectious agent.

### Aerosol- Generating Medical Procedures (AGMP)

Any procedure carried out on a patient that can induce the production of aerosols of various sizes, including droplet nuclei. Examples:

- Bronchoscopy procedures
- Non-invasive positive pressure ventilation (BIPAP, CPAP)
- Endotracheal intubation
- Open airway suctioning
- High-frequency oscillatory ventilation
- Aerosolized or nebulized medication administration
- Sputum induction

### Airborne Infection Isolation Room (AIIR)

An airborne isolation room (also referred to as a negative pressure room- definition below) is a single room used to isolate persons with suspicious or confirmed airborne infectious diseases.

### Airborne Precautions

Used in addition to Routine Practices when a patient has or is suspected of having an illness transmitted by small airborne droplet nuclei that remain suspended in air and may be inhaled by others (e.g. tuberculosis).

### Airborne Transmission

Airborne transmission: occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by others who are nearby or who may be some distance away from the source patient, in a different room or ward (depending on air currents) or in the same room that the patient has left, if there have



been insufficient air changes. Control of airborne transmission requires control of air flow through special ventilation systems and the use of respiratory protection.

**Alcohol-Based Hand Rub (ABHR)**

A liquid, gel, or foam formulation of alcohol that is used to reduce the number of Microorganisms on hands in clinical situations when hands are not visibly soiled.

**Clinical Care Provider**

Any person who delivers clinical care to a client, patient or resident.

**Contamination**

The presence of an infectious agent on hands or a surface. This may include: clothing, bedside items or equipment, medical or surgical instruments, or other inanimate objects.

**Droplet**

Solid or liquid particles suspended in the air, whose motion is governed principally by gravity and whose particle size is greater than 10 µm. Droplets are generated primarily as the result of an infected source coughing, sneezing or talking.

**Droplet Precautions**

Used in addition to Routine Practices for patients known or suspected of having infections spread via large infectious droplets (e.g. pertussis).

**Droplet Transmission**

Transmission that occurs when the droplets that contain Microorganisms are propelled a short distance (within two meters) 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.



<b>Infection</b>	Entry and multiplication of an infectious agent in the tissues of a host leading to a response from the host's immune system. Infection may or may not lead to clinical disease.
<b>Microorganisms</b>	A bacteria, virus, fungi, protozoan, or prion capable of causing diseases (infection) in a source or a host.
<b>N-95 Respirator</b>	Disposable, respiratory protective device that filters inspired air of particles greater than or equal to 1 micron in size with a filter efficiency of greater than 95%, and provides a tight facial seal.
<b>Negative Pressure</b>	The volume of air exhausted from the room is greater than the volume being drawn in. The pressure in the room is less than that of surrounding areas. Therefore, air is drawn into the room and does not escape into the hallway or adjacent areas. With negative pressure, air should be exhausted directly to the outside. Negative pressure is created in order to contain contaminated airborne particles.
<b>Patient Care Environment</b>	Area in close proximity to the patient including objects and surfaces (e.g. bedside table, IV pole, chairs, etc.).
<b>Personal Protective Equipment (PPE)</b>	Clothing or equipment used for protection against hazards (e.g. masks, N95 respirators, gowns, gloves, eye protection).
<b>Point of Care Risk Assessment</b>	An activity where Clinical Care Providers evaluate the likelihood of exposure to an infectious agent for a specific interaction, with a specific patient, in a specific environment, under available conditions and choose the appropriate actions/PPE needed to minimize exposure.



## **Respiratory Hygiene**

Measures that minimize contact with droplets when coughing or sneezing, such as: turning the head away from others, maintaining a two-meter (6 ft) separation from others, covering the nose and mouth, immediate disposal of tissues into waste after use and immediate hand hygiene after disposal.

## **Routine Practices**

Routine Practices are infection prevention and control (IPAC) practices for use in the routine care of all patients at all times in all healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed

## **Staff**

Unless specifically limited in a specific Policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within the NSHA.



## Appendix B

### Strategies to Reduce Aerosol Exposure When Performing Aerosol-Generating Medical Procedures (AGMP)

Apply the following strategies to reduce the level of aerosol exposure when performing AGMP for patients **with suspected or confirmed severe acute respiratory syndrome (SARS), tuberculosis and emerging respiratory infections.**

1. Limit AGMP to those that are medically necessary.
2. Anticipate and plan for AGMP.
3. Use appropriate patient sedation.
4. Limit the number of staff in the room when AGMP are performed.
5. Perform AGMP in airborne infection isolation rooms whenever feasible.
6. Maintain negative pressure.
7. Use single rooms (with the door closed and away from high risk patients if feasible), in settings where airborne infection isolation rooms are unavailable.
8. Ensure N95 respirators are worn by all staff present in the room during the procedure.
9. Use closed endotracheal suction systems wherever possible.

**Note:** When responding to a code (cardiac arrest) on a patient with an airborne infection who is not in an airborne infection isolation room, and if transfer to a single room or airborne infection isolation room is not feasible, pull the privacy curtain and ensure all staff in the room or within the privacy curtain area are wearing appropriate PPE. Remove visitors and other patients (if feasible).

*Reference: Public Health Agency of Canada (2012). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.*



**District Health Authority Policies Being Replaced****Annapolis Valley**

282.006 Routine Practices and Additional Precautions

**Cape Breton**

IC-I-50 Droplet Precautions in All Care Settings

**Capital Health**

IC 04-011 Droplet Precautions

**Colchester East Hants**

115-003 Isolation and Precaution Guidelines

**Guysborough Antigonish Strait**

3-05 Additional Precautions- Airborne and Droplet

3-06 Additional Precautions &amp; Patient Transportation

**Pictou County Health**

9-r-20 Routine Practices &amp; Isolation Precautions

**South Shore Health**

IC-210-001 Infection Prevention and Control: Routine Practices and Additional Precautions

**South West Health**

600.115.1 Isolation Precautions Initiation and Discontinuing

**Version History**

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New to NSHA 2017-08-08	2018-01-29 Clinical Practice Guidelines section 4.1; added masks and updated title for Nutrition and Food Services Staff.
	April 6, 2020