



# Policy & Procedure

<b>Policy Title:</b>	Droplet Precautions	
<b>Applies To:</b>	All Nova Scotia Health Team Members	
<b>Location Applicability:</b>	All Nova Scotia Health Zones and Sites	
<b>Related Procedure(s):</b>	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-RP-020 Hand Hygiene	
<b>Approved:</b>	<b>Effective:</b>	<b>Next Review:</b>
September 29, 2022	October 6, 2022	September 29, 2026
<b>Sponsor:</b>	Senior Director, Quality Improvement & Safety	
<b>Approval Authority:</b>	VP, Medicine	
<b>Number:</b> IPC-RP-015	<b>Manual:</b>	Infection Prevention and Control

## TABLE OF CONTENTS

Purpose.....	2
Policy Statements .....	2
Principles and Values .....	3
People Centred Care.....	3
Procedure.....	3
Source Control .....	3
Patient Accommodation, Placement and Flow .....	3
Patient Flow/Transport.....	4
PPE.....	5
Management of the Patient Care Environment .....	5
Patient Care Equipment.....	5

Cleaning of the Patient Care Environment.....	5
Patient/Family/Essential Care Partner/Visitor Education .....	6
Management of Visitors and Essential Care Partners.....	6
Intubated and Ventilated Patients.....	6
Operating Room (OR) .....	6
MODIFICATION OF CONTACT PRECAUTIONS FOR LONG-TERM CARE UNITS .....	6
Modifications of Contact Precautions for Ambulatory Care/Primary Care/Outpatient Settings.....	7
Special Considerations for the Care of Patients on Contact Precautions in Home Care .....	7
References .....	7
Related Documents .....	8
Learning Module .....	8
Policies .....	8
Patient Teaching Pamphlet .....	8
Videos.....	8
Appendices .....	9
Appendix A: Definitions .....	10
Appendix B: Strategies to Reduce Aerosol Exposure When Performing Aerosol-Generating Medical Procedures (AGMP) .....	13

## PURPOSE

The purpose of this policy is to outline droplet precautions taken to prevent the transmission of infectious agents which are spread by close respiratory or mucous membrane contact with respiratory secretions.

## POLICY STATEMENTS

1. All Team Members must follow Routine Practices and Additional Precautions in all health care settings to reduce the spread of Microorganisms that cause infection in patients/clients/residents, team members, Essential Care Partners, visitors, and volunteers.
2. Clinical Care Providers must complete a [Point-of-Care Risk Assessment \(PCRA\)](#) before any interaction with patients/clients/residents 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 [IPAC Disease Index](#) 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/clients/residents requiring Additional Precautions.

## PRINCIPLES AND VALUES

### People Centred Care

- 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.
- 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.

## PROCEDURE

### Source Control

1. Place Droplet Precautions notification in/on the patient/client/resident’s health record as per facility protocol and document usage in the health care record.
2. Where possible, direct patients/clients/residents with symptoms of a Droplet spread infection (e.g., fever, cough, sore throat, malaise, etc.) to a separate waiting area.
3. Instruct patients/clients/residents on the principles of Respiratory Hygiene (covering coughs) and hand hygiene.
4. Have the patient/client/resident apply a medical mask, if tolerated, when unable to perform Respiratory Hygiene.

### Patient Accommodation, Placement and Flow

1. A private room with a private bathroom is recommended for patients placed on Droplet Precautions.
2. Depending on the patient’s condition and availability of single rooms, they may be placed in a multi-bed room.
  - 2.1. 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. When possible, place patients requiring Droplet Precautions with other patients who are known to be infected with the same pathogen.
- 2.3. Prioritize patients who cannot be confined to their beds or bed areas for single patient room placement.
- 2.4. When a room must be shared, do not place with immunocompromised patients or patients with cardiopulmonary diseases who do not share the same infection.
- 2.5. Maintain a distance of at least 2 metres (6 feet) between patients. Pull the privacy curtain between the beds in multi-bed rooms.
- 2.6. Do not cohort patients who are unable to comply with the recommended 2 metre (6 feet) spatial separation requirements.
- 2.7. Dedicate a commode at the bedside for patient's use in multi-bed room.
- 2.8. The door to the room may remain open provided the 2 metre (6 feet) distance is maintained.
3. Where possible, place dialysis patients requiring Droplet Precautions in a single room for treatment.
4. Ensure that signage for Droplet Precautions is clearly visible on entrance to patient room or bed space when in a shared environment.

### Patient Flow/Transport

**NOTE:** Transporting patients on Droplet Precautions must be avoided unless medically necessary.

1. 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.)
2. Patients unable to comply with precautions must be supervised when leaving their room.
  - 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 team members should wear facial protection.
  - 2.2. Have the patient perform hand hygiene prior to leaving the bed space/room. Assist as required.
  - 2.3. Arrange to have the patient taken directly to the destination.
  - 2.4. Patients are not to utilize common areas such as kitchenette and lounge or visit other patients.
  - 2.5. Remind the patient to practice respiratory and hand hygiene when sneezing and coughing.
  - 2.6. Advise the receiving area that the patient requires Droplet Precautions.

## PPE

1. Provide a supply of PPE for Droplet Precautions outside the room.
2. Wear PPE according to Routine Practices.
3. Wear a surgical/procedure mask and protective eyewear when within 2 metres (6 feet) of the patient.
4. 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.
5. 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](#).

## Management of the Patient Care Environment

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.
2. Place waste receptacle inside the patient room close to the door for PPE disposal.
3. Dietary Team Members must perform hand hygiene and don gloves upon entry and remove gloves and perform hand hygiene upon exit of a room where Droplet Precautions are being used. Gloves are required for delivery and pick up of trays.

## Patient Care Equipment

1. Where possible, provide single use disposable or dedicated equipment for the patient.
  - 1.1. If disposable or dedicated equipment is not possible, clean and disinfect between patients as per Routine Practices.

## Cleaning of the Patient Care Environment

1. Environmental services Team Members must wear a gown, gloves, mask, and protective eyewear to perform housekeeping tasks.
2. Allow sufficient time for cleaning of rooms.
3. After the patient has been discharged and moved, remove Droplet Precautions signage once cleaning has been completed.
4. Increased frequency of cleaning may be required in some situations (i.e., Outbreak.)
5. 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.
6. Please refer to local environmental services policies for details.

## Patient/Family/Essential Care Partner/Visitor Education

1. Educate patients, their Essential Care Partners, visitors, families, and caretakers about the Droplet Precautions being used, the duration, as well as the prevention of Droplet Transmission of infection to others.
2. Document education provided in the health care record.
3. Instruct patients on appropriate respiratory and hand hygiene, and the proper use of surgical/procedure mask.
4. Provide a supply of tissues and a receptacle for patient use; encourage/assist patients with hand hygiene opportunities.
5. Instruct Essential Care Partners and visitors about the indications for and appropriate use of PPE and hand hygiene.
  - A mask should be worn by Essential Care Partners and visitors within 2 metres of the patient.
  - Essential Care Partners and visitors who assist with patient care should use the same PPE as Team Members. This may not be necessary for parents carrying out their usual care of young children.

## Management of Visitors and Essential Care Partners

1. The number of visitors/Essential Care Partners should be kept to a minimum (one to two.)
2. Visitors and Essential Care Partners should be instructed to speak with a nurse before entering the patient room.
3. For further guidance on Family Presence and Essential Care Partners see [AD-QR-020 Family Presence Policy](#).

## Intubated and Ventilated Patients

1. Perform endotracheal suctioning using a closed suction apparatus.

## Operating Room (OR)

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

## Modification of Contact Precautions for Long-Term Care Units

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.

2. Assess the need to restrict participation in group activities while the resident is symptomatic.

### **Modifications of Contact Precautions for Ambulatory Care/Primary Care/Outpatient Settings**

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

### **Special Considerations for the Care of Patients on Contact Precautions in Home Care**

1. Ask the patient, Essential Care Partners, and patient's family to self-screen for acute respiratory infection and inform the homecare agency prior to the health care provider's visit.
2. Advise patients to exclude themselves from group programs when experiencing symptoms of acute respiratory infection.
3. Screen for febrile respiratory illness in the home, by phone, prior to the home care visit whenever possible.
  - 3.1. If not able to do advance telephone screening, screen for febrile respiratory illness prior to entering the home.
4. Ensure medically necessary care is provided.
  - 4.1. 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.

## **REFERENCES**

Occupational Safety General Regulations. (June 2013). Nova Scotia Occupational Health and Safety Act. Retrieved from:

<https://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>

Pate, W. J. (2022, March 18). Waste Management. APIC Text.

<https://text.apic.org/toc/infection-prevention-for-support-services-and-the-care-environment/waste-management>

Public Health Agency of Canada (2021) Hand Hygiene Practices in Healthcare Settings.

Retrieved from: <https://www.canada.ca/en/public-health/services/infectious->

[diseases/nosocomial-occupational-infections/hand-hygiene-practices-healthcare-settings.html](https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/hand-hygiene-practices-healthcare-settings.html)

Public Health Agency of Canada. (2014). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care. Retrieved from: <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html>

Provincial Infectious Disease Advisory Committee. (Nov 2012). PIDAC: Routine Practices and Additional Precautions in all Health care Settings-3rd ed. Retrieved April 1, 2016 from: [https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en)

Provincial Infectious Disease Advisory Committee. (May 2013). Best Practices for Cleaning Disinfection and Sterilization of Medical Equipment/Devices in all Health Care Settings- 3rd ed. Retrieved from <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf>

## RELATED DOCUMENTS

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

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

[ENV-WS-001 Waste Management](#)

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

### Patient Teaching Pamphlet

[Preventing the Spread of Infections- Routine Practices and Additional Precautions](#)

[Clostridium difficile \(C.diff\) and Norovirus](#)

[Hand Hygiene](#)

### Videos

[Donning and Doffing Instructions: PPE used for Droplet and Contact Precautions](#)



[Essential Care Partners in Acute Care](#)

**Appendices**

[Appendix A: Definitions](#)

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

\* \* \*

## Appendix A: Definitions

<b>Additional Precautions</b>	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.
<b>Aerosol- Generating Medical Procedures (AGMP)</b>	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. Respiratory/airway suctioning. High-frequency oscillatory ventilation. Tracheostomy care. Chest physiotherapy. Aerosolized or nebulized medication administration. Diagnostic sputum induction.
<b>Airborne Infection Isolation Room (AIIR)</b>	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.
<b>Airborne Precautions</b>	Used in addition to Routine Practices when a patient/client/resident 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.)
<b>Airborne Transmission</b>	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.
<b>Alcohol-Based Hand Rub (ABHR)</b>	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.
<b>Clinical Care Provider</b>	Any person who delivers clinical care to a client, patient, or resident.

<b>Contamination</b>	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.
<b>Droplet</b>	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.
<b>Droplet Precautions</b>	Used in addition to Routine Practices for patients known or suspected of having infections spread via large infectious droplets (e.g., pertussis.)
<b>Droplet Transmission</b>	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>Essential Care Partner</b>	An essential care partner is a person who provides physical, psychological, and emotional support, as deemed important by a patient, resident, or client. (Healthcare Excellence Canada, 2021)
<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.

## 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 team members 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 team members 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 team members 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.

**version History**

<b>Version:</b>	<b>Effective:</b>	<b>Approved by:</b>	<b>What's changed:</b>
Original	2017-08-08	[Issuing Authority]	N/A
Standard Review	2022-09-29	VP, Medicine	Minor revisions that do not affect content