
TITLE: DROPLET PRECAUTIONS

A printed copy of this document may not reflect the current, electronic version on OurNH.

APPLICABILITY: All sites and facilities

RELATED POLICIES: 1-11-1-3-070: Routine Practices
4-1-1-070: Hand Hygiene Policy

DEFINITIONS: **Droplet Route:** Organisms spread by large particle droplets (greater than five microns in diameter) when clients cough, sneeze or talk within a two meter radius. Droplet transmission occurs with contact between the mucous membranes of the nose and mouth or conjunctivae of a susceptible host and large particle droplets.
Ambulatory Care: Health care provided in facilities where client does not remain overnight.

COMPETENCY REQUIREMENTS:

DOCUMENT QUICK LINKS

- [Doffing Procedures for Personal Protective Equipment \(10-005-4001\)](#)
- [Droplet Precautions Sign \(10-414-6202\)](#)
- [Droplet and Contact Precautions Signs \(10-414-6203\)](#)

KEY POINTS

- Droplet Precautions are used to prevent transmission of diseases caused by large respiratory droplets that occur by coughing, sneezing or talking within a two meter radius.
- Diseases transmitted by the droplet route include, but are not limited to, influenza, mumps, meningococcal meningitis and pertussis.
- A few diseases that spread through droplet route may also be transmitted by the contact route (for example the coronavirus that causes COVID-19).

POLICY STATEMENT (ALL STAFF MUST COMPLY)

In addition to Routine Precautions, staff shall use Droplet Precautions to reduce the risk of exposure to epidemiologically important microorganisms spread by direct or indirect contact.

Patient Placement

Single/Private Room is preferred. May cohort clients with the same infection, however there must be no other microorganism. Doors may remain open as droplets do not remain suspended in air.

Transmission Precautions signs must be hung next to the door indicating appropriate droplet precautions. If multi-bed ward, place the sign at head of client bed.

If a single room is unavailable clients may share a room with other clients under the following conditions:

- Patients will be spatially separated by at least two meters.
- Immunocompromised and others at high risk of complications must not be cohorted with clients on Droplet Precautions

PRECAUTIONS

In addition to Routine Precautions, the following apply:

Documentation

Document time and date Droplet Precautions are started and discontinued on the patient's chart.

Hand Hygiene

Alcohol Based Hand Rub (ABHR) is the preferred method for performing hand hygiene in healthcare settings.

Soap and water must be used for hand hygiene when hands are visibly soiled and in exceptional situations.

Staff will provide patients, residents, and clients with support to perform hand hygiene. Patients who are immobile, bed bound, and/or confused may require frequent support from staff to assist with hand hygiene either with soap and water or a disposable towelette.

Once gloves have been removed staff will perform hand hygiene.

Personal Protective Equipment

Staff must wear facial protection (surgical/procedure masks and eye protection including face shield, mask with visor attachment, goggles) within two meters of client.

Other personal protective equipment will be worn as determined by a risk assessment.

In cohort room, only facial protection may be left on for the care of successive clients.

Exception: For the health care worker immune to rubella, or mumps, a mask is not needed. If the health care worker is not immune or unsure, they will not enter the room unless absolutely necessary and must wear a mask.

Care of Client Equipment

Do not take extra equipment or supplies into the room.

Dedicate equipment for an individual client's use only if possible (e.g., stethoscopes, thermometers).

If common use equipment cannot be dedicated, clean and disinfect equipment between clients with hospital grade disinfectant.

Avoid placing equipment on client bed or commonly touched surfaces.

Housekeeping /Laundry/Dietary

Daily and discharge cleaning is handled routinely, as for all clients.

Linen and garbage will be placed in regular bags and closed securely prior to removal from room.

Regular dishes are used. Used dishes will be transported directly to kitchen on the dietary cart.

Client Transport

Transportation will be limited for essential medical purposes until symptoms resolve.

Client will wear a surgical mask when leaving room, and will be taught cough etiquette and hand hygiene by the most responsible nurse.

Unit staff must notify the porter and receiving department that the client is on droplet precautions. All diagnostic requisitions shall be labelled 'Droplet Precautions'.

Family/Visitors

Nursing staff will instruct family/visitors on the appropriate use of precautions (for example, surgical mask use and hand hygiene).

Transfer/Discharge Planning

Avoid transfer until the infection is resolved if possible.

On transfer or discharge, the home care, receiving unit, facility and ambulance involved in clients care will be notified of the recommended precautions.

Aerosol Generating Medical Procedures (AGMP)

All health care workers must wear a surgical mask and facial protection when aerosol generating medical procedure.

If AGMP is required for clients with emerging or known pathogens spread by airborne route (e.g., Severe Acute Respiratory Syndrome, tuberculosis, measles etc.) staff must don N95 masks as well as facial protection.

DISCONTINUING DROPLET PRECAUTIONS

This is disease specific, consult microorganism specific pages located on Infection prevention webpage.

PRECAUTIONS IN AMBULATORY CARE SETTINGS

- Outpatients requiring Droplet Precautions will be rebooked if at all possible.
 - If appointment is mandatory: Educate patient about hand hygiene/respiratory hygiene/cough etiquette.
 - Patient must:
 - Don surgical mask
 - Wait in separate room or sit at least two meters away from others
 - Staff will deliver care using Droplet (procedure mask within two meters of client) and Routine Precautions.

REFERENCES

APIC. (2009). *APIC Text of Infection Control and Epidemiology*. 3rd Ed. Washington.

Public Health Agency of Canada. (2010). *Guidance: Infection Prevention and Control Measures for Healthcare Workers in Acute Care and Long Term Care Settings: Seasonal Influenza*. Canada. Retrieved May 1, 2017 from <http://www.phac-aspc.gc.ca/nois-sinp/guide/flu-grippe/index-eng.php>

Public Health Agency of Canada. (2012). *Routine Practices and Additional Precautions in All Health Care Settings*. Retrieved May 1, 2017 from https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

World Health Organization. (2004). *Practical Guidelines for Infection Control in Healthcare Facilities*. Retrieved May 2, 2017 from http://www.wpro.who.int/publications/docs/practical_guidelines_infection_control.pdf

REVISION HISTORY			
Initial Effective Date:	July 2005		
Approved By:	VP Planning, Quality and Information Management		
Author Title:	Infection Prevention and Control		
Revision History:	Effective Date:	Description of Changes:	Reviewed or Revised by:
	July 7, 2020	Page 1, final key point added to reflect COVID-19 transmission.	Infection Prevention and Control; COOs
	May 3, 2017	Revised	Infection Prevention and Control; VP PQIM
	March 24, 2016	Revised	
	February 27, 2014	Revised	
	June 22, 2012	Revised	
	July 2008	Revised	
	July 2005	Issued	
Contact policiesstandards@northernhealth.ca if further information is required.			
Acknowledgements (optional):			