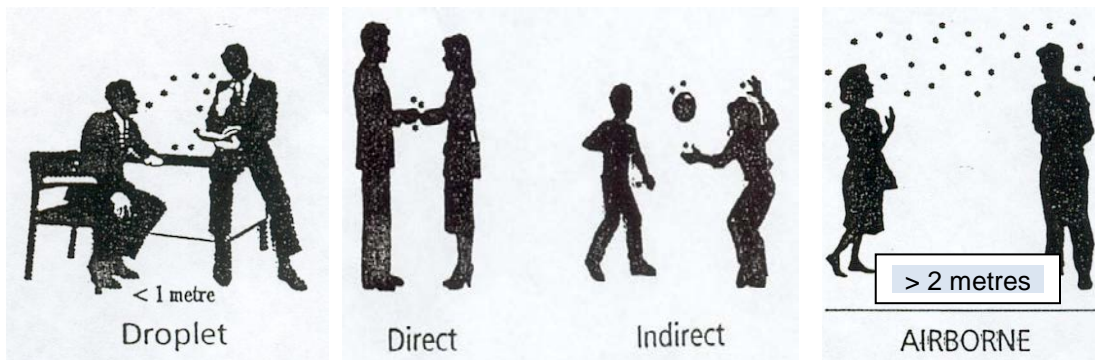




9. Enhanced Droplet/Contact Precautions

9.1 Introduction

Enhanced Droplet/Contact Precautions are required for patients diagnosed with, or suspected of having infectious microorganisms transmitted by the Droplet/Contact route, and the airborne route during aerosol-generating medical procedures (AGMPs). Refer to [Appendix A](#) for examples of AGMPs. Enhanced Droplet/Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information.



Follow **Enhanced Droplet/Contact Precautions** in addition to **Routine Practices**. Healthcare workers (HCWs) shall adhere to **Routine Practices** at all times.

9.2 Indications for Enhanced Droplet/Contact Precautions

Implement Enhanced Droplet/Contact Precautions as directed by the WRHA IP&C Program.

Implement Enhanced Droplet/Contact Precautions as indicated in the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to the WRHA Hospital IP&C Manual Implementation of Additional Precautions section: [Infection Prevention & Control Acute Care Manual](#).

9.3 Source Control

Implement droplet precautions empirically for patients with conditions listed in the Clinical Disease microorganism Table without waiting for the etiology to be determined.

9.3.1 Triage

Instruct patient to put on a mask and clean their hands as per “cover your cough etiquette”.

Direct patients with acute respiratory symptoms to a separate waiting area or place patient in a single room or pull privacy curtain in multi bed room.



9.4 Infection Prevention and Control Practices

9.4.1 Accommodation

- A single room with in room dedicated toilet, and sink bathing is required.

Consult Infection Prevention and Control if a single room is not available. Where considering cohorting with other patients with the same organism or household members with similar symptoms and exposure, the following are required:

- Dedicated in room hand hygiene, toileting and bathing
- A separation of ideally 2 metres; minimally 1 metre between patients, with privacy curtains drawn

For direction in newborn nurseries, consult Infection Prevention and Control.

9.4.2 Hand Hygiene

Hand hygiene shall be performed according to the 4Moments of Hand Hygiene:

- Before initial patient/patient environment contact
- Before aseptic/clean procedures
- After body fluid exposure risk
- After patient/patient environment contact

9.4.3 Personal Protective Equipment (PPE)

PPE, including the following are applied before entering the room/bed space:

- Gloves
- Gown
- Procedure or surgical mask/N95 respirator
 - N95 respirators are only indicated during AGMPS (refer to Appendix A for list of AGMPS).
- Face shield or safety glasses or goggles

Refer to [Putting it On/Taking it Off](#) posters (available online, in this manual or for order through [HSC Print Shop](#)) for additional information.

9.4.4 Patient Transport

Only transport patient out of the room for medically essential procedures or diagnostic tests.

Notify **Patient Transport Services** and the **receiving department** regarding the need for **Enhanced Droplet/Contact Precautions** in advance of the procedure/transport/transfer.



Maintain Enhanced Droplet/Contact Precautions while the patient is outside the isolation room:

- Control and secure traffic pathways (e.g., dedicate corridors and elevators). Take care not to contaminate the environment with soiled gloves during transport.
- If transporting patient in their own bed, clean and disinfect bed side rails, foot and headboard and high touch areas.
- Before use of transport chair or stretcher, cover the clean transport chair or stretcher with a cover sheet.
- HCWs involved in transport:
 - Must discard PPE as they leave the room, and put on new PPE prior to transporting patient.
 - Apply a procedure or surgical mask, clean isolation gown and clean gloves for transport. Change gloves and perform hand hygiene if soiled during transport.
- Patient
 - Do not place patient in isolation gown.
 - Apply a procedure or surgical mask if tolerated. If not tolerated or effective, practice Respiratory Etiquette, i.e., loosely cover the mouth or nose with a tissue, or cloth, or if transported in a stroller cover with a sheet. Cloths used are considered contaminated.
 - An incubator can be used in infant transport instead of mask or tissues.
 - Performs hand hygiene prior to leaving the room and after removal of the procedure or surgical mask and after the transport is complete.
- After use, clean and disinfect the transport chair or stretcher.
- After transport, HCWs perform hand hygiene after removing PPE. Refer to Putting it On/Taking it Off poster for additional information.

9.4.5 Equipment and Environment

Dedicate patient care equipment (e.g., thermometers, blood pressure cuffs, lifts/slings) to the use of the patient. If this is not possible, appropriately clean and disinfect shared equipment before reuse with another patient.

Discard disposable patient care equipment and supplies.

Do not share toys and personal effects with other patients. Clean all horizontal and frequently touched surfaces twice¹ daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.



9.4.6 Health Record/Health Record Documents, Other Papers

Health Record/Health Record Documents, e.g., vital sign sheets, Medication Records/Personal documents, Health Record, election ballot:

- Do not take the health record, medication administration record (MAR), or mobile computer into the isolation room.
 - If the MAR has been in the isolation room: wipe the pen and external surface of the MAR with facility-approved disinfectant upon leaving. Allow to air dry completely.
- Consider using PYXIS slips to perform bedside checks.

Other papers that must be brought into the patient room for the patient to touch (e.g., legal)

- Assist patient to perform hand hygiene.
- Wipe the surface/table the document will be placed on with facility-approved disinfectant. Allow to air dry completely before placing items on the surface/table.
- Prior to removing papers and pen from the room, wipe the pen with facility-approved disinfectant.
- Use disposable folders or wipeable clipboards for holding paper documents. Wipe with disinfectant and allow to air dry completely before placing on clean surface outside the doorway or discard prior to leaving the room.

9.4.7 Patient/Family/Visitor

Patient:

Unit staff shall educate the patient and/or family/ caregiver about:

- Hand hygiene
- The nature of their disease
- Precautions to follow
- The length of time the precautions are anticipated to be in place
- Visitor restrictions
- How to prevent transmission of the infectious disease to family/friends during their hospital stay, and on return to the community.

Family/Visitors:

Follow facility visiting policies.

Individuals with symptoms of an acute respiratory infection should be referred for medical assessment and restricted from visiting except for compassionate reasons. Those who do visit should be instructed in performing hand hygiene, respiratory hygiene, and use of PPE, be



instructed to limit their movement within the facility by **visiting the patient directly and exiting directly after the visit.**¹

Instruct visitors to speak with a nurse before entering the room of a patient on Enhanced Droplet/Contact Precautions to evaluate the risk to the health of the visitor and the ability of the visitor to comply with precautions, including PPE and hand hygiene. Visitors are offered and encouraged to use the same PPE as staff. The number of visitors should be minimized to essential visitors (e.g., immediate family member/parent, guardian or primary caretaker) only. Visitors should be restricted to visiting only one patient who is on Additional Precautions. If the visitor must visit more than one patient, the visitor is required to perform hand hygiene before going to the next patient's room, and to use the same PPE as healthcare workers (HCWs).

When asymptomatic parents/guardians visit their symptomatic child/children, they should be informed of: the need for appropriate hand hygiene, their choice to use PPE while in the patient's room, or not and potential inability to visit other patients if the parent/guardian chooses not to wear Personal Protective Equipment.

9.5 References

- 9.5.1 Interim Guidance - Middle East respiratory syndrome coronavirus (MERS-CoV). (2013) Public Health Agency of Canada. Available at: <http://www.phac-aspc.gc.ca/eri-ire/coronavirus/guidance-directives/nCoV-ig-dp-eng.php>.
- 9.5.2 Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care. Manitoba Health. (2012 April). Available at: <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>

Review Date: June 2018

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Appendix A: Aerosol Generating Medical Procedures on a patient on Enhanced Droplet/Contact Precautions

Introduction

An aerosol generating medical procedure (AGMP) is any procedure conducted on a patient that can induce production of aerosols of various sizes, including droplet nuclei. Examples include:

- Intubation and related procedures (e.g., manual ventilation, extubation, open endotracheal suctioning)
- Cardiopulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Autopsy
- Non-invasive positive pressure ventilation (CPAP, BiPAP)

AGMPs should be performed on patients only when medically necessary.

Personal Protective Equipment (PPE)

N95 Respirator, eye protection, gloves, and a long sleeved gown are worn by all persons in the room where an AGMP is being performed:

- Put on all PPE before entering the room/bed space
- N95 Respirator shall be:
 - fit tested for HCWs
 - seal-checked prior to each use, as follows:
 - cover respirator with both hands
 - perform an exhalation test: If no air escapes respirator, there is an adequate seal
 - Changed if contaminated/wet

Respirators shall never be dangled around the neck or reused.

- Before leaving the room/bed space remove gloves, and long sleeved gown
- After leaving the room/bed space remove N95 Respirator and eye protection

Early recognition of patients who may require an AGMP is necessary to ensure procedures are conducted in a controlled setting, which includes:

a. Administrative Controls:

- The most experienced personnel perform the procedure
- The number of individuals present during AGMPs should be limited to only those essential to patient care and support
- Conduct procedures in a non-emergent manner (e.g., elective intubation)
- Sedate patient if intubation is required
- Ensure adequate equipment is in the room/bed space prior to procedure

b. Engineering Controls

- Place patient in an Airborne Infection Isolation Room (AIIR) to perform an AGMP.
If not available:
 - Place patient in a single room, away from immunocompromised patients
 - Consult Infection Prevention and Control
- Close doors and windows

c. Environmental Controls

- Clean and disinfect unused disposable supplies and products that are in the patient's room and that can tolerate the process. When the patient is transferred or discharged:
 - Unused disposable supplies that have been cleaned and disinfected may be returned to the unit's Clean Supply Room
 - Unused disposable supplies that have non-intact packaging or cannot tolerate cleaning and disinfection are discarded
- Clean & disinfect contaminated reusable equipment before removing from room/bed space