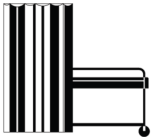


DROPLET PRECAUTIONS

ATTENTION!

VISITORS must report to the nurse station before entering.



Patient Placement

Private room, if possible. Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for direct contact.



Personal Protective Equipment (PPE)

Don a mask upon entry into the patient room or cubicle



Hand Hygiene (according to Standard Precautions)

Avoid unnecessary touching of surfaces in close proximity to the patient.

When hands are visibly dirty, contaminated with proteinaceous material, or visibly soiled with blood or body fluids, wash hands with soap and water.

If hands are not visibly soiled, or after removing visible material with soap and water, decontaminate hands with alcohol-based hand rub. Alternatively, hands may be washed with an antimicrobial soap and water.



Perform Hand Hygiene:

- Before having direct contact with patients
- After contact with blood, body fluids, or excretions, mucous membranes, non-intact skin, or wound dressings.
- After contact with a patient's intact skin (e.g. when taking a pulse or blood pressure or lifting a patient)
- If hands will be moving from a contaminated body site to a clean body site during patient care
- After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- After removing gloves



Patient Transport

Limit transport and movement of patients to medically-necessary purposes.

If transport or movement in any healthcare setting is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

No mask is required for persons transporting patients on Droplet Precautions.



DROPLET PRECAUTIONS

From: 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

V.C. Droplet Precautions

V.C.1. Use Droplet Precautions as recommended in Appendix A for patients known or suspected to be infected with pathogens transmitted by respiratory droplets (i.e., large-particle droplets $>5\mu$ in size) that are generated by a patient who is coughing, sneezing or talking.

V.C.2. Patient placement

V.C.2.a. In acute care hospitals, place patients who require Droplet Precautions in a single-patient room when available. When single-patient rooms are in short supply, apply the following principles for making decisions on patient placement:

- Prioritize patients who have excessive cough and sputum production for single-patient room placement
- Place together in the same room (cohort) patients who are infected the same pathogen and are suitable roommates.
- If it becomes necessary to place patients who require Droplet Precautions in a room with a patient who does not have the same infection:
 - Avoid placing patients on Droplet Precautions in the same room with patients who have conditions that may increase the risk of adverse outcome from infection or that may facilitate transmission (e.g., those who are immunocompromised, have or have anticipated prolonged lengths of stay).
 - Ensure that patients are physically separated (i.e., >3 feet apart) from each other. Draw the privacy curtain between beds to minimize opportunities for close contact.
 - Change protective attire and perform hand hygiene between contact with patients in the same room, regardless of whether one patient or both patients are on Droplet Precautions.

V.C.2.b. In *long-term care and other residential settings*, make decisions regarding patient placement on a case-by-case basis after considering infection risks to other patients in the room and available alternatives.

V.C.2.c. In *ambulatory settings*, place patients who require Droplet Precautions in an examination room or cubicle as soon as possible. Instruct patients to follow recommendations for Respiratory Hygiene/Cough Etiquette.

V.C.3. Use of personal protective equipment

V.C.3.a. Don a mask upon entry into the patient room or cubicle.

V.C.3.b. No recommendation for routinely wearing eye protection (e.g., goggle or face shield), in addition to a mask, for close contact with patients who require Droplet Precautions. *Unresolved issue*

V.C.3.c. For patients with suspected or proven SARS, avian influenza or pandemic influenza, refer to the following websites for the most current recommendations (www.cdc.gov/ncidod/sars/ ; www.cdc.gov/flu/avian/ ; www.pandemicflu.gov/)

V.C.4. Patient transport

V.C.4.a. In *acute care hospitals and long-term care and other residential settings*, limit transport and movement of patients outside of the room to medically-necessary purposes.

V.C.4.b. If transport or movement in any healthcare setting is necessary, instruct patient to wear a mask and follow Respiratory Hygiene/Cough Etiquette (www.cdc.gov/flu/professionals/infectioncontrol/resphygiene.htm).

V.C.4.c. No mask is required for persons transporting patients on Droplet Precautions.

V.C.4.d. Discontinue Droplet Precautions after signs and symptoms have resolved or according to pathogen-specific recommendations in Appendix A.