

Droplet Precautions

Key Points

Notes on Transmission Based Precautions

Transmission Based Precautions are designed for patients who are known (or suspected) to be infected or colonised with highly transmissible or epidemiologically important pathogens. For these cases further measures are needed in addition to standard precautions to prevent transmission of infection. The three categories of transmission - based precautions are Contact, Droplet and Airborne. They may be combined for diseases that have multiple routes of transmission. Whether used singularly or in combination, they are always used IN ADDITION to Standard Precautions.

Refer to Isolation Guidelines to identify those precautions which are required for specific organisms or infections.

In addition to Standard Precautions, use Droplet Precautions for patients known or suspected to be infected with micro-organisms transmitted by droplets. Droplets can be generated by the patient coughing, sneezing, talking or during the performance of procedures(eg nebulisers).

Guidance

1. Patient Placement

- A single room is indicated.
- When no single room available, consider cohorting: placing the patient in a room with patients who have active infection with the same microorganism but with no other infection.
- Special air handling and ventilation are not necessary and the door may remain open.

2. Door / Bed Signs

- An Isolation notice should be displayed on the room door.
- Advise all members of the healthcare team (e.g., therapists, domestic assistants, porters, ambulance personnel) of the required precautions.

3. Masks

- In addition to wearing a mask as outlined under Standard Precautions, wear a fluid shield mask when working within three feet or one metre of the patient.

4. Plastic Aprons

- Disposable plastic aprons should be worn for all contact with blood, body fluids, excretions, secretions and potentially contaminated surfaces or equipment.

5. Gloves

- Disposable non-sterile gloves should be worn for all contact with blood, body fluids, excretions, secretions or when handling potentially contaminated equipment or surfaces.

6. Hands

- Hands should be decontaminated before and after patient contact, following removal of gloves and before leaving the room. Use soap and water. Hand sanitising agent may only be used on socially clean hands.

7. Respiratory Etiquette

- If possible, the patient should be requested to cover his/her nose and mouth when coughing or sneezing and tissues should be discarded carefully at the bedside as clinical waste.

8. Visits to Other Departments

- Limit movement of patient from the room to essential purposes only.
- If transfer/movement is necessary, minimise the risk dispersal of droplets by placing a surgical fluid shield mask on the patient if this is possible.
- Notify the Department in advance, so that appropriate arrangements can be made to prevent the spread of infection.

9. Cutlery / Crockery

- Separate or disposable cutlery or crockery is not indicated. Wash in dishwasher in usual way.