

## INFECTION PREVENTION & CONTROL AUDIT: DROPLET PRECAUTIONS MONITORING TOOL IN LONG TERM CARE

*This Audit tool is for the use of staff to audit the practice of infection control procedures in long term care settings, to reduce risk of healthcare associated infection transmission, thereby ensuring residents are cared for in a safe environment.*

Facility:	Unit Bed Space/ Number:	Date (dd/mm/yyyy):
Start time:	End time:	Auditor (Print):

Healthcare Worker Category (Circle #):			
1 = Physician	6 = IV Team/Lab	11 = Radiology / DI Technician	16 = Pharmacy
2 = Nurse	7 = Physiotherapy	12 = Respiratory Therapy	17 = Volunteer
3 = Healthcare Aide	8 = Occupational Therapy	13 = Dietary	18 = Other
4 = Social Worker	9 = Environmental Services	14 = Speech Language / Audiology	
5 = Spiritual Care	10 = Patient Transport	15 = Rec Therapy	

Legend			
<b>HH</b> = Hand hygiene	<b>ICP</b> = Infection Control Professional	<b>N/A</b> = Not Applicable	
<b>HCW</b> = Healthcare Worker	<b>PPE</b> = Personal Protective Equipment	<b>N/S</b> = Not seen	
<b>IP&amp;C</b> = Infection Prevention and Control			

***Droplet Precautions are required for all residents diagnosed with, or suspected of having an infectious microorganism transmitted by the droplet route.***

1.0 Source Control		COMPLIANCE				COMMENTS
		YES	NO	N/S	N/A	
1.1	Resident is placed into a single room with private toilet, door may remain open					
1.2	Correct precautions signage is posted in a clearly visible location before entering the room or bedspace					
1.2.1	Signage lists the required precautions but does not indicate the diagnosis or clinical condition					
1.3	Resident has been instructed to wear a mask if able. The mask may be removed when resident is in their own room					
1.4	Respiratory hygiene instructions have been provided to the resident					
2.0 Initiation of Droplet Precautions						
2.1	When Droplet Precautions are initiated, the date and time are recorded on the resident health record					
2.2	Droplet Precautions are appropriate for the infectious organism or process					
2.3	IP&C is notified of the implementation of Droplet Precautions					

3.0 Accommodation (cont'd)		COMPLIANCE				COMMENTS
		YES	NO	N/S	N/A	
3.1	Resident is in a single room with a private toilet (preferred)					
3.1.1	Single room has designated resident sink separate from a staff handwashing sink (preferred)					
3.2	If single room unavailable, a risk assessment (in consult with IP&C) has been conducted to determine if resident can be cohorted with other resident(s) who have the same organism					
3.3	When cohorting is not possible:					
3.3.1	ICP is consulted					
3.3.2	Privacy curtains between beds are closed					
3.3.3	At least two meters separation between bed spaces is ensured					
3.3.4	All roommates and visitors are informed of precautions					
<b>4.0 Personal Protective Equipment (PPE)</b>						
4.1	PPE appropriate for Droplet Precautions is available outside the room/space entrance					
4.2	A variety of sizes of PPE are available to accommodate all persons entering room					
4.3	HH performed immediately prior to putting on PPE					
4.4	PPE are worn appropriately by staff and visitors entering the room					
4.4.1	A procedure mask and eye protection are applied when within two meters of a coughing person, or if performing procedures that may induce coughing or create splashes/sprays					
4.4.2	Nose, mouth, and chin are covered when wearing mask					
4.4.3	Mask is changed if it becomes wet or soiled, or if breathing becomes difficult					
4.4.4	Eye protection is worn over prescription prescription/fashion glasses (if applicable)					
4.5	Mask and eye protection are doffed in a manner to prevent contamination					
4.5.1	Doffed carefully by straps/ties					
4.5.2	Discarded in garbage after leaving resident room/bed space and hand hygiene performed					
4.5.3	HH is performed after doffing PPE					
<b>5.0 Patient Transport</b>						
5.1	Resident Transport Services and the receiving department are notified in advance of the need for Droplet Precautions					
5.2	Droplet Precautions are maintained while the resident is outside the isolation room					

5.0 Patient Transport (cont'd)		COMPLIANCE				COMMENTS
		YES	NO	N/S	N/A	
5.3	HCWs follow Droplet Precautions to enter the room					
5.4	Resident wears a procedure/surgical mask when outside the room and follows respiratory hygiene during transport if able					
5.5	Resident performs hand hygiene prior to leaving the room					
5.6	Resident performs hand hygiene after removal of the surgical/procedure mask					
<b>6.0 Equipment and Cleaning</b>						
6.1	No unnecessary items or excess equipment/supplies are stored in the room					
6.2	Equipment is dedicated to the resident					
6.2.1	If dedicated equipment is not available, it is cleaned and disinfected appropriately prior to use with another resident					
6.3	Isolation room terminal cleaning of the room and bathroom is performed when precautions are discontinued, or the resident is discharged or moved					
6.3.1	Droplet Precautions signage remains posted until terminal cleaning is completed					
<b>7.0 Discontinuation of Droplet Precautions</b>						
7.1	There is ongoing assessment of the need for, and the removal of Droplet Precautions					
7.2	When Droplet Precautions are discontinued, the date and time are recorded on the resident health record					
<b>8.0 Education of Residents, Families and Visitors</b>						
8.1	The resident has been educated about Droplet Precautions, including why they are isolated, when and how to clean hands according to 4 moments of hand hygiene, how to put on, take off and dispose of PPE, and the duration of precautions					
8.2	Visitors receive instruction on hand hygiene and the correct use and disposal of masks and any other required PPE					
8.3	There is documentation that resident and their families are provided with verbal and/or written education on how to follow Droplet Precautions					
<b>Compliance Score (see calculation below)</b>						<b>Compliance Score:</b>
Total number of 'YES'						
Total number of 'NO'						
Total number of items ('YES' and 'NO', exclude 'N/A')						
<b>TOTAL</b>						

Scoring:

$$\text{COMPLIANCE RATE} = \frac{\# \text{ YES}}{\# \text{ YES} + \# \text{ NO}} \times 100$$

## Infection and Prevention Control Audit: Droplet Precautions Monitoring Tool in Long Term Care Instructions

The purpose of this Audit tool is to determine HCW) compliance with PPE and Droplet Precautions. Droplet Precautions includes hand hygiene plus the use of PPE and specific accommodation as per the Manitoba Health Routine Practices and Additional Precautions guidelines.

The observer records the occasions they observe where a staff member dons/doffs PPE:

1. Write the name of observed Unit/Department on the form, record the day, month and year, and write your name on the line indicated.
2. Refer to the key on the tool for HCW type and other abbreviations used on the monitoring form.
3. For each item, the observer records the following:
  - Date – Include month, day, and year
  - HCW type – Use the number that corresponds with the title of the person you are observing
  - The observer will place an **X** in the appropriate box labeled **YES, NO, N/S, N/A**
  - This audit is to be conducted collaboratively between unit/area staff and IP & C. It is a *one-time* “snap shot”, and is not an audit of Housekeeping practices.
    - Identify in the tool what you observe, as well as what you did not observe (e.g., N/S). Compliance scores can be determined accordingly
  - Audit results are intended to help determine areas for improvement.
  - In order to monitor compliance with IP&C policies, as per Accreditation Canada Standards, this audit should be performed quarterly and as needed to ensure appropriate actions towards improvement are taken.

**NOTE:** Please refer to the [Droplet Precautions Protocol](#) (page 81) for any clarification.

### Site Infection Control Associate Instructions:

1. Complete audit with unit/area staff or manager.
2. Total the score when the audit tool is completed.
3. Send completed audit tool to unit/area manager, highlighting areas of concern/deficit.
4. Assess audit reports after one year to determine the frequency of further audits.
5. Collaborate with area manager to resolve issues as required.

### Additional Comments:

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