



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 1 of 6

POLICY:

Additional precautions refer to infection prevention and control interventions (e.g. barrier equipment, accommodation, additional environmental controls) to be used in addition to Routine Practices to protect staff and residents to interrupt transmission of infectious agents that are suspected or identified in a resident.

Additional Precautions are based on the mode of transmission (e.g. direct/indirect contact, airborne or droplet).

There are three categories of Additional Precautions: Contact Precautions, Droplet Precautions and Airborne Precautions.

Airborne precautions should be implemented for residents with suspected pulmonary or laryngeal tuberculosis, varicella or disseminated herpes zoster, and measles.

Droplet precautions should be implemented for residents with infections such as viral respiratory infections, influenza, and Group A streptococcus.

Contact Precautions may be indicated for certain organisms.

- If the organism has a low infective dose
- If the organism may be transmitted from the source resident's intact skin
- If there is potential for widespread environmental contamination

Clinical Syndromes Requiring the Use of Controls (including PPE) Pending Diagnosis:

- Acute diarrhea and/or vomiting of suspected infectious etiology: gloves, single room, gown if skin/clothing will come into direct contact with the resident
- Acute respiratory infection, undiagnosed: single room/spatial separation preferred, facial protection, gloves, gown if skin/clothing will come into direct contact with the resident or resident's environment
- Respiratory infection with risk factors and symptoms suggestive of Tuberculosis: Fit-tested N95 respirator, negative pressure room
- Suspected meningitis and/or sepsis with petechial rash: single room, facial protection
- Undiagnosed rash without fever: gloves



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 2 of 6

-
- Rash suggestive of varicella or measles: negative pressure room – only immune staff to enter
 - Abscess or draining wound that cannot be contained: gloves, gown if skin/clothing will come into direct contact with the resident

Initiation of Additional Precautions

Additional Precautions must be instituted as soon as symptoms suggestive of an infection are noted, not only when a diagnosis is confirmed. The infection control designate must be informed when additional precautions are initiated and will verify that the precautions are appropriate to the situation.

Duration and Discontinuation of Additional Precautions

Additional precautions should remain in place until there is no longer a risk of transmission of the microorganism or illness. In some instances, expert consultation may be required.

Precautions will be discontinued by the infection control designate.

It is important that additional precautions not be used any longer than necessary and that frequent assessment of the risks of transmission be carried out by infection prevention and control professionals with the goal being the removal of precautions as soon as it is safe to do so.

Elements of Additional Precautions:

1. Routine Practices
2. Specialized Accommodation and Signage
3. Barrier Equipment
4. Dedicated Equipment
5. Additional Cleaning Measures
6. Limited Transport Procedures
7. Communication

PROCEDURE:

1. Routine Practices

Refer to and follow procedure in Infection Control policy “2.2 Routine Practices”

2. Specialized Accommodation and Signage

Specialized accommodation and signage for residents on Additional Precautions includes:

- a) Spatial separation such as single room and private toileting facilities for resident requiring additional precautions. Consult public health as required; in some cases where residents are known to be infected with the same microorganism, cohorting is acceptable.



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 3 of 6

-
- b) Signage specific to the type of additional precautions. A sign that lists the required precautions should be posted at the entrance to the resident's room/bed space; signage should maintain privacy by indicating only the precautions required, not the information regarding the resident condition.
 - c) Specialized engineering control may be required for some types of Additional Precautions, e.g. negative pressure ventilation for Airborne Precautions.
3. Barrier Equipment

Personal protective equipment (PPE) is standardized and specific to the type(s) of additional precautions that are in place, e.g. gloves are required for entry to a Contact Precautions room regardless of the interactions that are to take place. If the Health Care Provider (HCP) needs to leave the room, the PPE must be removed and discarded. Fresh PPE must be worn if the HCP re-enters the room.
 4. Dedicated Equipment

Equipment must be dedicated to the resident whenever possible. Equipment and supplies that are required for the interaction should be assembled first and brought into the room after PPE has been put on.
 5. Additional Cleaning Measures

Additional cleaning measures may be required for the resident environment. The need for cleaning some items might be reduced if they are covered with a disposable or washable sheet before use (e.g., wheelchair, couch).
 6. Limited Transport Procedures

Transport of residents on Additional Precautions may be limited in some cases. The following points must be considered:

 - a) Normal health care activities must be maintained despite Additional Precautions, to ensure quality of care (e.g., ambulation as part of recovery from hip surgery)
 - b) Residents who leave their room must be assessed to determine their risk of transmission to others
 - c) For some conditions, limit transport of resident unless medically necessary (e.g., tuberculosis, acute viral respiratory illness, acute viral gastroenteritis, such as Norovirus infection)
 7. Communication



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 4 of 6

Effective communication regarding Additional Precautions is essential when a resident goes to another department for testing, to another unit or to other health care settings. This communication must include Emergency Medical Services (EMS) staff and other transport staff.

Airborne Precautions

In addition to Routine Practices, airborne precautions include the following:

- Residents with conditions such as infectious forms of Tuberculosis would need to be transferred to an institution with appropriate accommodation (negative pressure room) such as an acute care hospital.
- For measles or varicella, using a single room with the door closed is sufficient. If possible, place these residents on units where there are no susceptible, immunocompromised residents.
- High-efficiency (N95) masks should be used by all staff to enter the room of a resident with pulmonary/laryngeal tuberculosis.
- Staff who are confirmed to be immune to chickenpox and measles do not need to wear a mask to enter the room of a resident with either of those illnesses. Staff who is non-immune should not enter these rooms.
- Residents should not leave the room except for essential procedures. If the resident must leave the room they should wear a surgical mask and the receiving department must be notified of the need to use airborne precautions. Transport staff to wear an N95 respirator during transport.
- Residents and their families should understand the reason for the precautions and how to prevent transmission to family and friends.
- All visitors should speak with staff before entering the room and be instructed in the appropriate use of the precautions.
- Effective communication regarding precautions must be given to resident, families, other departments, other facilities and transport services prior to transfer

Droplet Precautions

In addition to Routine Practices, droplet precautions include the following:

- Resident to remain in room or bed space if feasible



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 5 of 6

-
- Draw privacy curtain
 - Signage should be placed outside the room indicating the type of additional precautions
 - Roommates and visitors should be aware of the precautions to be followed
 - Facial protection required within 2 metres of resident
 - Equipment/supplies should be dedicated to the resident and identified and stored in a way that prevents use for or by other residents
 - Routine cleaning of environment
 - Resident to wear a mask during transport
 - Effective communication regarding precautions must be given to resident, families, other departments, other facilities and transport services prior to transfer

Residents with the same symptoms or infection should be grouped together (cohorted) whenever possible to reduce the risk of transmission to other residents. This can be done by either physically grouping the residents together or assigning staff members to care only for the affected residents (cohort nursing).

Contact Precautions

In addition to Routine Practices, contact precautions include the following:

- Gloves and gowns should be used for direct contact with the resident or environmental surfaces that are frequently touched by the resident.
- Equipment/supplies should be dedicated to the resident and identified and stored in a way that prevents use for or by other residents.
- Clean and disinfect shared items (e.g., assigned dining area)
- Routine cleaning for room – VRE and C. difficile rooms require special cleaning
- Remove and launder all curtains when visibly soiled and on terminal cleaning
- Staff wear appropriate PPE for direct contact with the resident during transport
- Clean and disinfect equipment used for transport after use
- Effective communication regarding precautions must be given to resident, families, other departments, other facilities and transport services prior to transfer
- Roommates and visitors should be aware of the precautions to follow.
- Residents with the same organism or symptoms should be grouped together (cohorted) to reduce the risk of transmission to other residents.
- Resident not required to remain in room unless symptomatic
- Signage should be placed outside the room indicating the type of additional precautions



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: IC 2.2b

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices – Additional Precautions*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016; March 2017

REVIEW DATE: November 2018

Page 6 of 6

Where more than one mode of transmission exists for a particular microorganism, the precautions used must take into consideration both modes. For example, respiratory viruses may remain viable for some time in droplets that have settled on objects in the immediate environment of the resident and may be picked up on the hands of residents or staff. These microorganisms may be transmitted by contact as well as by droplet transmission and, therefore, both contact and droplet precautions are required.

References:

Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions in All Health Care Settings, Ministry of Health and Long-Term Care, August 2009