

HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 4.5

DEPARTMENT: *Infection Control*

SUBJECT: *Isolation Precautions*

APPROVAL DATE: _____

REVISION DATE: April 2004

REVISION DATE: March 2016; March 2017; Dec. 2020; November 2022

REVIEW DATE: Nov. 2018; Dec. 2019

Page 1 of 3

PURPOSE:

To define types of isolation precautions to be implemented to minimize the transmission of infectious agents.

PROCEDURE:

1. Routes of transmission of infectious agents have been classified as contact, droplet, airborne, common vehicle, and vector borne.
2. If possible, residents requiring isolation resulting in confinement to his/her room will be managed in a private room. If this is not possible caution will need to be taken to minimize resident interaction in the room.
3. Once isolation precautions requirement is identified:
 - a) Place appropriate isolation signage on the door.
 - b) Explain isolation procedure and purpose to resident. Notify families and explain precautions to visitors.
 - c) Soiled linen and garbage bags will be placed in bag in contaminated area.
 - d) Isolation trays shall be set up using washable dishes, glasses, cutlery and tray. Food to be delivered and transferred to the tray in disposable dishes for convenience or by direction by the IPAC Program Manager. Food trays and tray items are to be considered dirty once they enter resident's unit. Return the food tray to the delivery cart where it will be returned to the kitchen for cleaning and disinfection. Dietary staff to use appropriate PPE when handling dirty items.
 - e) Dedicate equipment to resident or disinfect after use.
 - f) Concurrent cleaning is performed by personnel who have been instructed as to precautions and clothing.
 - g) All disposable items should be discarded into proper waste/recycle receptacle..
 - h) Housekeeping must be notified to initiate cleaning for resident on additional precautions, and to complete additional cleaning once isolation has been discontinued.

Transmission-Based Precautions

There are three types of transmission-based precautions: contact precautions (for diseases spread by direct or indirect contact), droplet precautions (for diseases spread by large particles in the

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Page 2 of 3

air), and airborne precautions (for diseases spread by small particles in the air). Each type of precaution has some unique prevention steps that should be taken, but **all** have routine precautions as their foundation. **Note:** COVID-19 is transmitted via droplet route, please follow **enhanced** droplet/contact precautions with use of N95 mask as per recommended ministry guidance.

Contact Precautions

Contact precautions are used in addition to routine practices for microorganisms where contamination of the environment or intact skin is a particular consideration such as:

- Contamination of the resident environment
- Infectious agents of very low infective dose (e.g. norovirus)
- Residents infected or colonized with epidemiologically important microorganisms that may be transmitted by contact with intact skin or with contaminated environmental surfaces (e.g. MRSA, VRE, C. Difficile)

In addition to routine practices:

- Ensure hand hygiene by the resident on leaving his/her room.
- Place resident in single/private room accommodation where possible. Infection risk to other occupants of the room must be considered when selecting roommates.
- Gloves and gown must be worn for activities that involve direct care where the HCP skin/clothing may come in direct contact with the resident or items in the resident's room or bed space and removed following the activity for which they were used.
- Dedicate equipment and items in the environment where possible.
- VRE and C. difficile rooms require special cleaning. Routine cleaning for all other rooms.

Droplet Precautions

- Used for residents those have an infection that can be spread through close respiratory or mucous membrane contact with respiratory secretions.
- Examples of infections/conditions that require droplet precautions: influenza, pertussis (also known as “whooping cough”), and rhinovirus (also known as the “common cold”).

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Page 3 of 3

In addition to routine practices:

- Ensure hand hygiene by the resident on leaving his/her room.
- A mask and eye protection must be worn by any individual who is within two metres of the resident.
- A single resident room is preferred. If not available, spatial separation of more than 6 feet and drawing the curtain between beds is especially important.
- Residents on droplet precautions who must be transported outside of the room should wear a mask if tolerated and follow respiratory hygiene/cough etiquette.

Airborne Precautions

- Used if a resident has an infection that can be spread over long distances when suspended in the air. These disease particles are very small and require special respiratory protection and room ventilation.
- Examples of infections/conditions that require airborne precautions: chickenpox, measles, and tuberculosis.

In addition to routine practices:

- Wear a **N95 respirator** prior to room entry
- Best Practice recommends placing resident in an airborne infection isolation (AII) room – a single-person room that is equipped with special air handling and ventilation capacity. If the facility does not have an AII room, place the person in a private room with the door closed.
- When possible, non-immune healthcare workers should not care for residents with vaccine preventable airborne diseases (like measles and chickenpox)