

Section 4: **Additional Precautions**

Policy number: **4.1**

Subject: **Additional Precautions:
Overview**

Issued: **September 2015**

Revised:

Distribution: **All FNIHB Staff**

1 PURPOSE

- 1.1 Additional Precautions (AP) refer to infection prevention and control interventions (e.g. PPE, client placement, additional environmental cleaning), to be used **in addition to** Routine Practices to protect staff and clients by interrupting transmission of suspected or identified infectious agents.
- 1.2 Additional Precautions are based on the mode of transmission. There are three categories of Additional Precautions: Contact Precautions, Droplet Precautions and Airborne Precautions as well a combination of precautions such as droplet plus contact.

2 POLICY

- 2.1 When a client is either identified or suspected of having an infection with a potentially infectious agent, all staff must utilize Additional Precautions **in addition to** Routine Practices to protect themselves and the client, and to prevent or limit the transmission of an infectious agent.

3 PROCEDURE

- 3.1 Elements that comprise Additional Precautions in community settings include:
 - 3.1.1 Client Placement and Signage:
 - 3.1.1.1 If a client is either identified or suspected of having an infection with a potentially infectious agent, a risk assessment should be done and the client moved to a separate room if possible. (Refer to Appendix 22: Performing a Risk Assessment Related to Routine Practices and Additional Precautions).
 - 3.1.2 Signage specific to the type(s) of Additional Precautions should be posted:
 - 3.1.2.1 A sign that lists the required precautions should be posted at the entrance to the client treatment room
 - 3.1.2.2 Signage should maintain privacy by indicating only the precautions that are required, not information regarding the client's condition.
 - 3.1.2.3 For sample signage refer to Policy 4.2: Contact Precautions; Policy 4.3: Droplet Precautions; Policy 4.4: Contact and Droplet Precautions; Policy 4.5: Airborne Precautions.

- 3.1.3 Personal Protective Equipment (PPE)
 - 3.1.3.1 PPE is specific to the type(s) of Additional Precautions that are in place (See four categories of AP below).
- 3.1.4 Dedicated Equipment
 - 3.1.4.1 Equipment must be dedicated to the client whenever possible (e.g. in home settings)
 - 3.1.4.2 Equipment and supplies that are required for an interaction should be assembled first and brought into the room after PPE has been put on. PPE must be removed before leaving the client's room.
- 3.1.5 Additional Cleaning Measures
 - 3.1.5.1 Additional cleaning measures may be required for the client environment and shared equipment (Refer to Section 7.0: Cleaning and Disinfection of the Environment)
- 3.1.6 Client Movement in the Facility
 - 3.1.6.1 Clients who are to be transported within the facility must be assessed to determine the risk of transmission to others.
 - 3.1.6.2 For some conditions (such as tuberculosis, acute respiratory illness, acute gastroenteritis), limit movement of the client unless medically necessary
- 3.1.7 Communication
 - 3.1.7.1 Effective communication regarding AP is essential when a client goes to another health care facility for testing, additional treatment etc.
 - 3.1.7.2 Communication must include Emergency Medical Services (EMS) staff and other transport staff
- 3.2 Initiation of Additional Precautions (AP)
 - 3.2.1 AP must be instituted as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed. Contact the nurse in charge (NIC) or the communicable disease nurse if you have questions. (Refer to Policy 3.2: Risk Assessment including Acute Repertory Infection) (Refer to Appendix 22: Performing a Risk Assessment Related to Routine Practices and Additional Precautions)
 - 3.2.2 AP should be considered before laboratory confirmation of status for clients believed to be at high risk of being infected with antibiotic-resistant organisms (AROs) such as CA-MRSA.
 - 3.2.3 Refer to Table 1: Clinical Syndromes Requiring Additional Precautions Pending Diagnosis for common clinical syndromes and to Appendix 23 for a complete list of syndromes and controls required.

3.3 Duration and Discontinuation of Additional Precautions

- 3.3.1 AP should remain in place until there is no longer a risk of transmission of the microorganism or illness, or the risk has been ruled out. Contact the nurse in charge (NIC), or the communicable disease nurse if you have questions or require advice. In some cases expert consultation may be required.
- 3.3.2 Where the periods of communicability are known, precautions may be discontinued at the appropriate time (Refer to Appendix 23: Clinical Syndromes/Conditions With Required Level Precautions)
- 3.3.3 It is important that AP not be used any longer than necessary and that frequent assessment of the risks of transmission be carried out

3.4 Categories of Additional Precautions:

- 3.4.1 There are four categories of AP based on transmission of the organism as well as a combination of both Contact and Droplet precautions.
 - 3.4.1.1 Contact Precautions
 - 3.4.1.2 Droplet Precautions
 - 3.4.1.3 Airborne Precautions
 - 3.4.1.4 Droplet + Contact Precautions

Table 1: Clinical Syndromes Requiring Additional Precautions Pending Diagnosis

| Syndrome | Type of Precaution* | Move to Single Room? |
|--|--|--|
| Abscess or draining wound not contained by dressing | Contact | Yes |
| Diarrhea and/or vomiting of suspected acute infectious etiology | Droplet + Contact | Yes |
| Rash: Suggestive of varicella or measles | Airborne | Yes, with negative air flow (if available) and door closed. Only immune staff to enter. |
| Rash: Undiagnosed, without fever | Routine Practices, gloves for skin contact | No |
| Respiratory infection: Acute, undiagnosed | Droplet + Contact | Yes |
| Respiratory Infection: Risk factors and symptoms suggestive of active tuberculosis | Airborne + N95 respirator and eye protection | Yes, with negative air flow (if available) and door closed |
| Suspected meningitis and/or sepsis with petechial rash, etiology unknown | Adult: Droplet Pediatric: Droplet + Contact (pediatric) | Yes |

***Contact Precautions:** Gloves, gown if skin or clothing will come into direct contact with the client or their environment. Add mask ONLY if risk of splash/spray

***Droplet Precautions:** Facial protection (mask, eye protection)

***Airborne Precautions:** Airborne infection isolation room (if available); fit-tested N95 respirator for suspected tuberculosis, and eye protection

Source: PHO Routine Practices and Additional Precautions in All Health Care Settings, November 2012, Page 30

4 APPENDICES

Appendix 22: Public Health Ontario. (2012). Performing a Risk Assessment Related to Routine Practices and Additional Precautions.

Appendix 23: Public Health Ontario. (2012). Clinical Syndromes and Conditions with Required Level of Precautions.

5 REFERENCES

Bennett, G. (2009). Infection Prevention Manual for Ambulatory Care. Washington, D.C.: Association for Professionals in Infection Control and Epidemiology.

Friedman, C. & Petersen, K.H. (2004). Infection Control in Ambulatory Care. Sudbury, MA: Jones and Bartlett Publishers.

Public Health Agency of Canada. (2013). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings. Retrieved from:
<http://publications.gc.ca/site/eng/440707/publication.html>

Public Health Ontario. (2013). Environmental Cleaning Toolkit. Retrieved from
http://www.publichealthontario.ca/en/ServicesAndTools/Tools/Pages/Environmental_Cleaning_Toolkit.aspx

Public Health Ontario. (2012). Routine Practices and Additional Precautions in all Health Care Settings. Retrieved from:
http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf