

IC6: Additional Precautions

1.0 STANDARD

All staff must follow Additional Precautions as well as Routine Practices when providing care to residents known or suspected to be colonized or infected with particular organisms

2.0 DEFINITION

Additional precautions are used in addition to routine practices for patients known or suspected to be colonized or infected with particular organisms. Additional precautions interrupt transmission through the known mode of transmission for that specific organism. Additional precautions use environmental controls and barriers when interacting with the patient (e.g., signage, bed allocation, single occupancy room, PPE)

3.1 ASSESSMENT:

Point-of-Care Risk Assessment (POCRA) is an evaluation of the risk factors related to the resident, task and resident's environment.

PoCRA is used to assess the risk of an HCP being exposed to an infectious agent(s) and must be performed before each interaction with the resident or their environment to determine which interventions are required to prevent transmission of microorganisms.

A PoCRA is based on the HCP's judgement of the clinical situation (including the resident's clinical condition, physical, emotional and mental state) and the environment (including clutter or contamination from blood and body fluids).

Control measures that include additional precautions and a choice of personal protective equipment (PPE) are based on the risk factors identified.

- Assess the following before each patient interaction:
 - The resident
 - What are the resident's clinical signs and symptoms related to transmissible infections (e.g., coughing, fever, diarrhea, vomiting, rash, open wounds)?
 - Does the resident have known conditions or risk factors that require additional precautions? If yes, what additional precautions are required?
 - What is resident's health status (e.g., are they clinically extremely vulnerable)?

- Is the resident able to practice personal infection prevention and control (IPC) measures (e.g., hand hygiene, respiratory etiquette) or follow simple instructions?
 - The task
 - What type of task am I carrying out (e.g., personal care; a non-clinical interaction)?
 - Am I providing direct face-to-face care (e.g., performing an aerosol generating procedure (AGP)) or encountering blood and body fluids?
 - Am I trained, equipped and ready for the task?
 - The environment
 - Do I have easy access to the equipment and supplies needed to carry out IPC practices (e.g., a sharps container, waste disposal bin, hand hygiene station, PPE, soiled linen hamper, cleaning and disinfection wipes, and other supplies)?
 - Are additional precautions, such as single occupancy room, cleaning practices, required and in place?

3.2 Signage and accommodation

Signage and accommodation and for residents on additional precautions includes:

- Physical separation including single occupancy room and private toileting facilities
- Drawing curtains around the residents in multibed rooms
- Posting appropriate signage precautions at the entrance to the resident's room and over the bed space (if not in a single occupancy room)

3.3 PPE

PPE must be easily accessible. Isolation gowns and gloves should not be used by residents

3.4 Equipment

- Use disposable equipment when appropriate
- Dedicate re-usable equipment to the resident; and keep it in the room until precautions are discontinued
- Clean and disinfect all equipment prior to use on another resident
- Cleaned and disinfected equipment should be labeled (e.g., Green Means Clean tape) and stored in a designated clean holding
- Ensure minimal supplies in the resident rooms as items that cannot be cleaned and disinfected will be discarded when precautions are discontinued
- Meal tray delivery and collection – see specific additional precautions
- Additional cleaning measures may be required for the resident environment – see specific additional precautions

3.5 Initiating Additional Precautions

- Additional precautions can be initiated by unit staff based on PoCRA; a physician order is not required
- Additional precautions should be applied at the first sign and symptom of illness
- Choose additional precautions based on clinical presentation or suspected organism confirmed (see IPC Resource Manual A-Z Table) or Appendix 1

3.6 Discontinuing Additional Precautions

- Additional precautions should remain in place until there is no longer a risk of transmission
- Contact IPC practitioner before discontinuing additional precautions
- Call environmental services for an “isolation discharge clean” when additional precautions are discontinued, or the resident is transferred or discharged (if applicable)

3.7 Documentation

- Additional precautions must be documented in the resident’s health record
- Documentation should include rationale for precautions, type of precautions, and dates and time of initiation and discontinuation

3.8 Evaluation

- IPC program conducts surveillance of health care-associated colonization and infection cases (e.g., MRSA, CPO)
- This data should be used by care communities, units and clinical programs to identify gaps and create improvement plans

5.0 REFERENCES

1. Public Health Agency of Canada. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.[Internet]. 2017. Available from: <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practicesprecautions-healthcare-associated-infections.html>
2. Public Health Ontario. Routine Practices and Additional Precautions. [Internet]. 2012. Available from: <https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Routine-Practices-AdditionalPrecautions>
3. U.S. Centers for Disease Control and Prevention. Infection Control Basics. [Internet]. 2024. Available from: <https://www.cdc.gov/infection-control/hcp/basics/index.htm>