

IC.04.01

PRINCIPLES OF ADDITIONAL PRECAUTIONS

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Standards

- Routine Practices should be used by all HCW for all patient encounters.
- In addition to Routine Practices, Additional Precautions should be used:
 - For patients who are known or suspected to be infected or colonized with microorganisms that may be transmitted by droplet, droplet and contact, contact, contact plus, airborne, or airborne and contact routes.
 - For patients who are known or suspected to have an infectious disease that may be transmitted by droplet, droplet and contact, contact, contact plus, airborne, or airborne and contact routes.
 - For patients with specific conditions that may increase the risk of transmission (e.g., diarrhea, draining wounds).
- A physician's order is not required to initiate Additional Precautions.

Introduction

- Additional Precautions are precautions used *in addition* to Routine Practices for patients who are known or suspected to be infected or colonized with certain microorganisms. They may also be used for patients who have specific clinical conditions that may increase the risk of transmission (e.g., diarrhea, draining wounds).
- There are three categories of Additional Precautions: Airborne, Contact and Droplet. Additional Precautions are based on the mode of transmission of certain organisms.
- Some microorganisms may be transmitted by more than one mode, so a combination of Additional Precautions may be used (e.g., chickenpox requires both Airborne and Contact Precautions).
- Infection control precautions may differ depending on the level of care and the patient population characteristics of the unit or facility.
- Children may transmit certain infectious diseases or microorganisms more or less efficiently than adults and may require different categories of precautions than adults.

Refer to the table in **Section 5** for “**Infection Control Precautions – Specific Infectious Diseases, Conditions and Microorganisms**”.

Impact of Additional Precautions on Patient Care

- Although Additional Precautions are necessary to protect patients, health care workers (HCW) and visitors, there may be negative impacts for the patient such as:
 - Limited contact with HCW that may result in reduced patient monitoring, such as recording of vital signs, fewer physician visits, medication errors and increases in falls.
 - Fewer visits from family and friends, resulting in feelings of loneliness and reduced emotional support.
 - Psychological problems related to isolation such as anxiety, depression, sleep disturbance, withdrawal, regression and hallucinations.
- It is important that Additional Precautions not be used any longer than necessary and that frequent assessment of the risk of transmission be carried out by the Infection Prevention and Control Service (IPACS) to determine safe removal of these precautions.
- Modification of precautions may be required for medical purposes (e.g., to permit specialized testing, rehabilitation) or on compassionate grounds.

Initiation of Additional Precautions

- Additional Precautions should be initiated as soon as it is known or suspected that a patient has an infection or microorganism that is spread by airborne, airborne and contact, contact, contact plus, droplet, or droplet and contact routes, and before diagnostic or laboratory confirmation is available.
- A physician's order is not required to initiate Additional Precautions.

- Additional Precautions should also be initiated for situations in which extensive contamination of the patient's environment is anticipated.

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.
- Additional Precautions will be discontinued in consultation with IPACS
- If there is a difference of opinion regarding the discontinuation, then the higher level of precautions will remain in effect, with daily review, until there is a definitive diagnosis or expert consultation.
- Where the periods of communicability are known, precautions may be discontinued at the appropriate time under the direction of IPACS.

Accommodation for Patients on Additional Precautions

- Single room with patient sink and toilet, bathing facilities, and dedicated staff hand washing sink
- Remove all unnecessary equipment and furniture from room prior to the patient's admission, if possible.
- Specialized engineering controls are required for Airborne Precautions (i.e. negative pressure room). Pass-through cupboards will be locked and not used when Airborne or Airborne & Contact Precautions are put in place.
- If single rooms are not available, consult IPACS for recommendations on patient placement. It may be necessary to place patients with the same microorganism in the same room (see cohorting).

Signage

- A sign must be placed at the entrance of the patient room, or at the bed space, that clearly outlines the required precautions. This sign must be visible to all HCW and visitors who enter the room.
- Some infections or microorganisms may be transmitted by more than one route and require a combination of Additional Precautions.

Personal Protective Equipment (PPE)

- PPE is an essential component of Routine Practices and is used to prevent exposure by placing a barrier between the infectious source and one's own mucous membranes, airways, skin and clothing.
- In Routine Practices, selection of PPE is based on the risk assessment (e.g., nature of interaction, potential for splashes and sprays) and the likely mode of transmission.
- In Additional Precautions, the use of PPE has been standardized and is specific to each type of precaution regardless of the interaction that takes place. For example, gowns and gloves are required for direct care on all patients on Contact Precautions. The HCW may decide to add additional PPE based on the nature of the interaction and their point of care risk assessment.

Equipment

- Equipment, supplies and other items should be dedicated to the patient, whenever possible.
- Ensure minimal supplies are taken into the room to avoid excess waste and cost.
- When reusable equipment/ items (e.g., thermometers, blood pressure cuff, pulse oximeter) cannot be dedicated, ensure adequate cleaning and disinfection, with hospital-grade disinfecting wipes, is done between patients.
- Toys and personal care equipment must not be shared with other patients.
- Avoid placing equipment on patient's bed or commonly touched areas.
- The patient chart should not be taken into the room.

Environmental Cleaning

- Daily and discharge cleaning with special attention to high touch surfaces (e.g., bedrails, overbed tables, call bells, door knobs) is required for all patients on Additional Precautions.



- Room must have a complete discharge clean if patient is discharged, transferred or precautions are discontinued.
- For discharge or transfers of patients on Additional Precautions, ensure RD UV-C disinfection is done as per direction of IPACS.
- Clean and disinfect visibly soiled areas as soon as possible.
- Dedicated equipment and other items must be cleaned regularly and when soiled (e.g., toys).
- Bathroom facilities must be cleaned daily and when visibly soiled.
- Additional cleaning measures or frequency may be warranted in situations where continued transmission of specific infectious agents is noted (e.g., *C. difficile*, norovirus). Attention should be paid to frequently touched surfaces, such as doorknobs, call bell pulls, faucet handles, pass-through cupboards and wall surfaces that have been frequently touched by the patient.
- Additional cleaning measures may be required for the patient environment depending on the route of transmission for the microorganism. This will be noted in the table in Section 5.

Dishes, Glasses, Cups and Eating Utensils

- Gloves are not required for delivery or pickup of food trays, dishes, or eating utensils.
- Perform hand hygiene (HH) regularly.
- Dishware and eating utensils are effectively decontaminated in commercial dishwashers with hot water and detergents.
- Disposable dishes are not required for patients who are on Additional Precautions.
- Individuals delivering and removing food trays in rooms where Additional Precautions are required (e.g., Airborne Precautions, Airborne & Contact Precautions, Droplet Precautions, Droplet & Contact Precautions, Contact Precautions and Contact Plus Precautions) must wear appropriate PPE in order to reduce the risk of transmission.
 - In TACC:
 - For rooms equipped with pass-through cupboards (Level 6, 7 and 8):
 - Food/fresh meal trays are not to be placed in pass-through cupboards.
 - Pass-through cupboards will be locked and not used when Airborne or Airborne & Contact Precautions are put in place. Food trays will be delivered and removed from these rooms via the anteroom, by individuals wearing appropriate PPE.
 - Support services personnel may, from the hallway, remove finished/uneaten meal trays from top shelf of bottom pass-through cupboard for patients on all other types of isolation.

Patient Transport/Transfer/Discharge

- Transport of patients on Additional Precautions is usually limited unless medically necessary for diagnostic purposes or as required for rehabilitation purposes.
- Effective communication regarding the need for Additional Precautions is essential when a patient goes to another department for testing, to another unit or to other healthcare settings/facilities.
- Notify the receiving department, unit or facility in advance of the patient's status and recommended precautions.
- Make a notation of precautions required when preparing requisition.
- Assess patients prior to leaving their room to determine their risk of transmission to others and implement the appropriate precautions.
- Ask patient to perform HH prior to leaving room, and upon returning to room.
- On discharge/transfer or discontinuation of Additional Precautions:
 - All disposable patient equipment and supplies must be disposed of and not returned to general stock.
 - Supplies may be sent with patients who are transferred.



- All reusable equipment/items must be cleaned and reprocessed as per established guidelines.

Cohorting

- Cohorting may be utilized when single rooms are not available or during outbreak situations.
- IPACS must be consulted when assessing the need to cohort patients.
- Additional Precautions must be applied individually for each patient within the cohort. PPE must be worn for the care of each individual patient and not worn between patients within the cohort.

Patient Cohorting

Patient cohorting refers to:

- Placement and care of patients in the same room, who are infected or colonized with the same microorganism; or
- Placement of contacts who have been exposed to the same organism at the same time, in the same geographical area, together to limit the risk of further transmission.
- Equipment/items must be dedicated or cleaned and disinfected between uses on patients in the same room.
- Care must be taken to assess patients for the duration of colonization/infection. To prevent re-exposure, avoid placement of newly identified cases together with those who have a longer history of acquisition (as they may no longer be infected or colonized with the microorganism).
- Under the direction of IPACS, geographical cohorting within several rooms or an entire clinical unit can be implemented to contain an outbreak. Use of this practice can further limit transmission by segregating those who are infected or colonized to a specified area, away from those who are not.

HCW Cohorting

- HCW cohorting is the practice of assigning specified HCW to care only for patients known to be colonized or infected with the same microorganism. These HCW would not participate in the care of patients who are not colonized or infected with that microorganism.
- HCW cohorting can be used, in addition to patient and geographical cohorting. This practice can be used during outbreaks to limit the number of HCW interactions with infected/colonized patients, thereby decreasing the number of HCW exposed to infected cases and reducing the risk of transmission.

Visitors

- Visitors of patients on Additional Precautions in healthcare facilities should be kept to a minimum.
- HCW must inform patients and visitors about the reason for implementing Additional Precautions.
- HCW should provide instructions on how to enter and leave the room safely, hand hygiene, respiratory etiquette, and demonstrate putting on, taking off and disposing of PPE, as required.
- Visitors, other than household members, should wear required PPE.
- Household members may choose to wear PPE.
- Instruct visitors and family to visit patient only and not go to other shared patient care areas (e.g., playroom, teen lounge, school room, patient kitchen).
- Some Infectious diseases have specific visitor instructions, consult IPACS as needed.

REFERENCES

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