

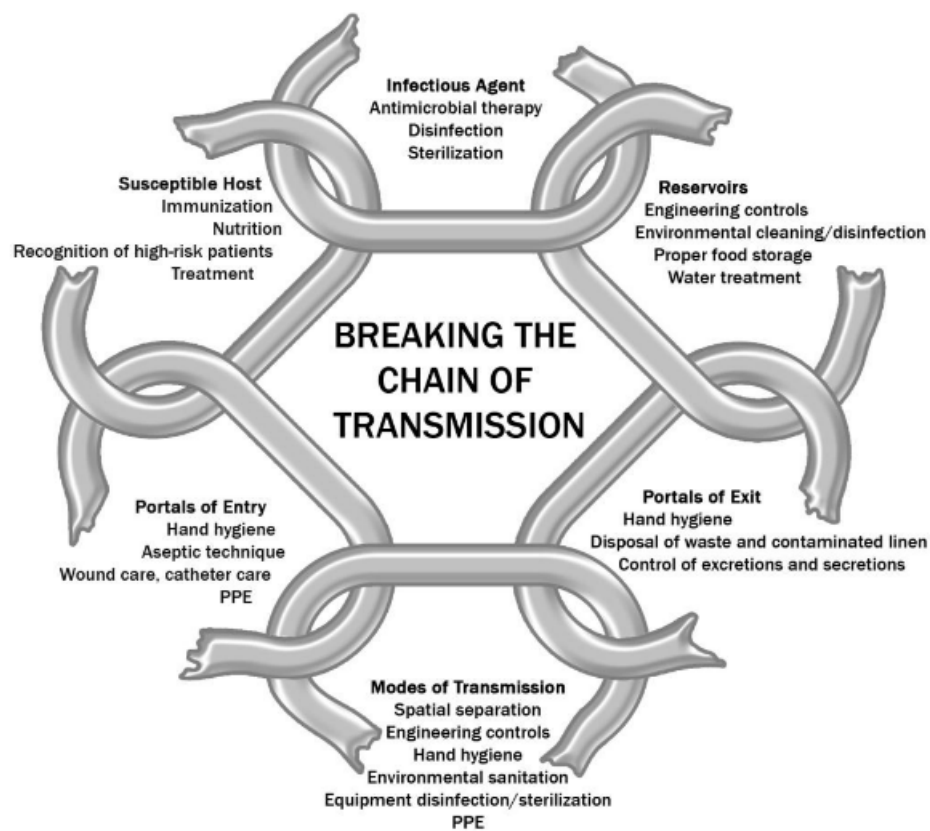
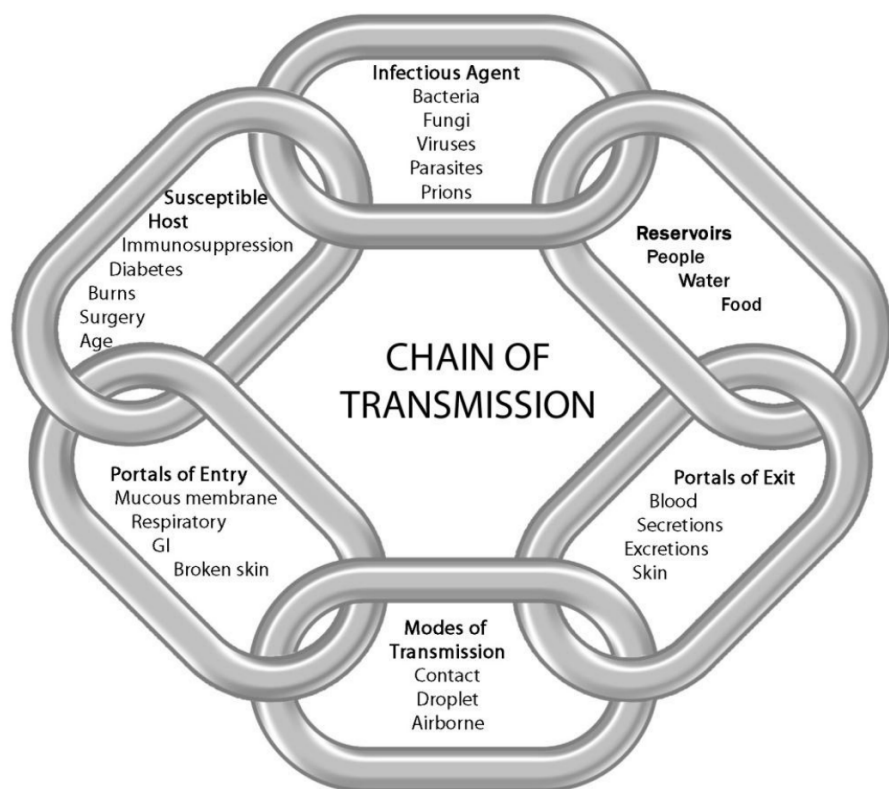


Community of Practice:

Additional Precautions Signage

September 2022

Chain of Transmission



When do we use Additional Precautions?

- *Additional Precautions* are **layered on top** of *Routine Practices*.
- Used to protect the care provider from the **known or unknown** infectious status of the client/patient/resident.
- Can be based on confirmed lab results, clinical syndromes and symptoms, or known exposures of infectious pathogens.



What are Additional Precautions?

- Specialized accommodation and signage
- PPE
- Dedicated equipment
- Additional cleaning measures
- Limited transport procedures
- Communication



STOP Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team and Visitors
(when inside room)

- Wear gown
- Wear gloves
- Dedicated patient equipment
- Dedicated medical equipment

Residents
(if necessary to be outside room)

- Clean hands

STOP Enhanced Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team and Visitors
(when inside room)

- Wear gown
- Wear gloves
- Dedicated patient equipment
- Dedicated medical equipment

Cleaning

- Use soap and water for hands
- Use sporadic cleaning agent

Residents
(if necessary to be outside room)

- Clean hands

STOP Droplet/Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team and Visitors
(when inside room)

- Wear gown
- Wear procedure mask and eye protection
- Wear gloves

Residents
(if necessary to be outside room)

- Wear procedure mask

STOP Enhanced Droplet/Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team
(when inside room)

- N95 + Droplet/Contact PPE

Visitors

- Check with nursing station before entering room

Residents
(if necessary to be outside room)

- Wear procedure mask

STOP Airborne Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team
(when inside room)

- Wear fit tested N95 respirator
- Keep door closed

Visitors

- Check with nursing station before entering room

Residents
(if necessary to be outside room)

- Wear procedure mask

STOP Airborne/Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team
(when inside room)

- Wear gown
- Wear fit tested N95 respirator
- Wear gloves
- Keep door closed

Visitors

- Check with nursing station before entering room

Residents
(if necessary to be outside room)

- Wear procedure mask

STOP Aerosol Generating Medical Procedure

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

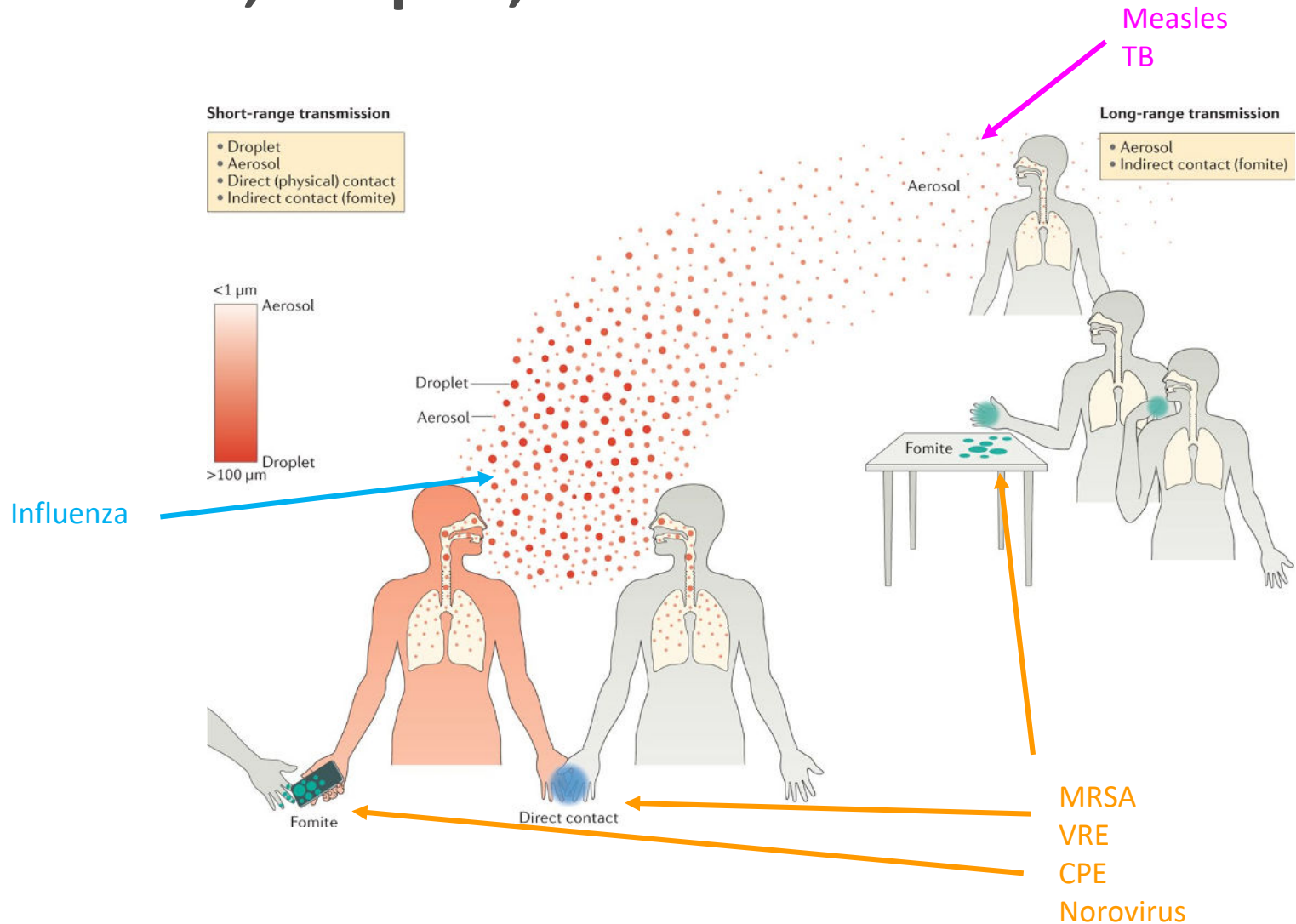
Care Team

- Wear fit tested N95 respirator
- Wear eye protection
- Wear gloves
- Wear gown

Visitors

- Check with nursing station before entering room

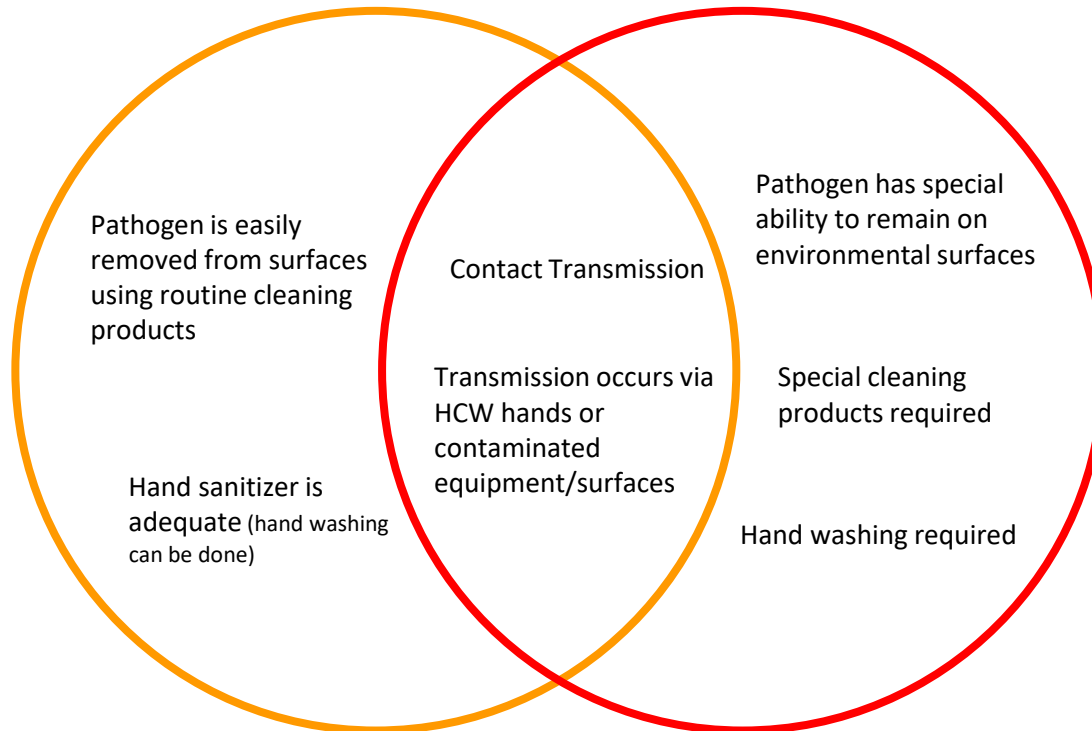
Contact, Droplet, and Airborne



Guide for Additional Precautions

Organism/Disease Transmission Chart						
Organism/Disease	Contact	Enhanced Contact	Droplet Contact	Enhanced Droplet Contact	Airborne Contact	Airborne
MRSA						
ESBL						
Norovirus (suspected/confirmed)						
Diarrhea NYD						
Scabies						
Bed bugs /Lice	Routine Practices (conceal personal items in sealed bag)					
C. difficile (confirmed)						
VRE						
CPE/CPO						
C. auris						
Hospitalization outside of Canada in last 1 years						
Influenza/RSV						
Bacterial Meningitis (suspected/confirmed)						
Streptococcal pyogenes (Group A)						
Mumps						
COVID-19						
Monkeypox						
Novel Respiratory Virus						
Chicken Pox (Varicella)						
Shingles (localized)	Routine Practices					
Shingles (immunocompromised or disseminated)						
Measles (Rubella)						
TB						

What is the difference?



STOP Contact Precautions

Clean Your Hands Often

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In addition to Routine Practices:

Care Team and Visitors
(when inside room)

- Wear gown
- Wear gloves
- Dedicated patient equipment
- Dedicated medical equipment

Residents
(if necessary to be outside room)

- Clean hands

STOP Enhanced Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team and Visitors
(when inside room)

- Wear gown
- Wear gloves
- Dedicated patient equipment
- Dedicated medical equipment

Cleaning

- Use soap and water for hands
- Use alcohol cleaning agent

Residents
(if necessary to be outside room)

- Clean hands



What is the difference?

STOP Droplet/Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

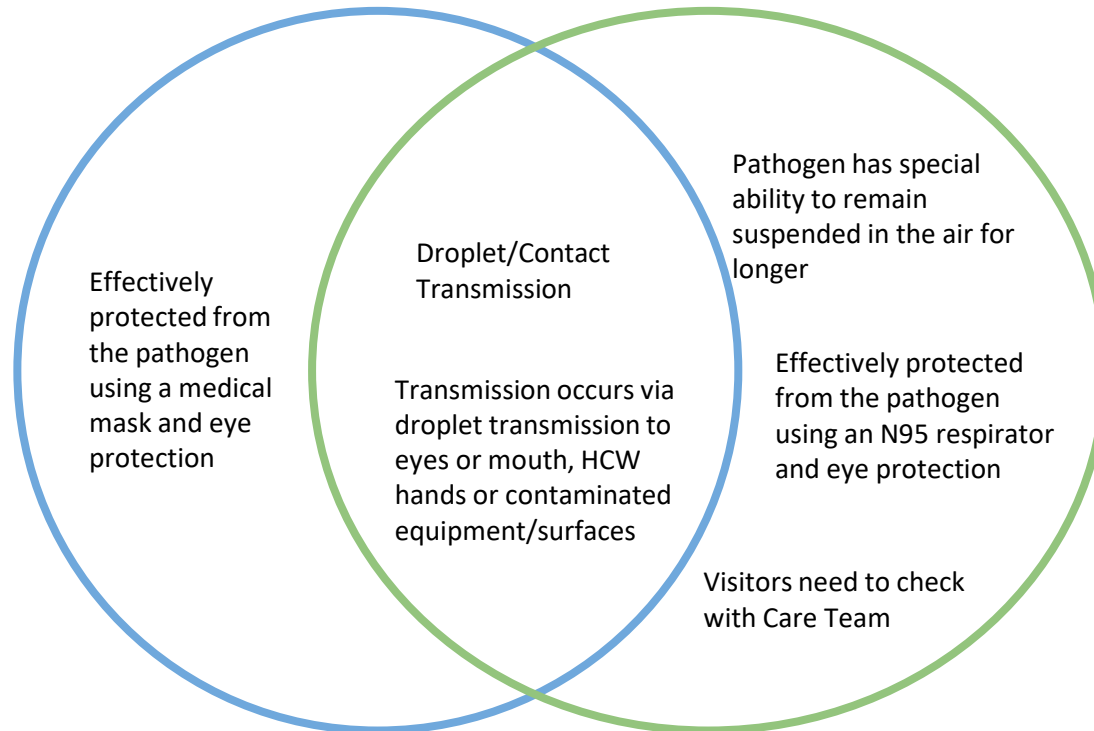
In addition to Routine Practices:

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(when inside room)

- Wear gown
- Wear procedure mask and eye protection
- Wear gloves

Residents
(if necessary to be outside room)

- Wear procedure mask



STOP Enhanced Droplet/Contact Precautions

Clean Your Hands Often

For more information please contact the Care Team or Infection Prevention and Control

In addition to Routine Practices:

Care Team
(when inside room)

- N95
- +
- Droplet/Contact PPE

Visitors

- Check with nursing station before entering room

Residents
(if necessary to be outside room)

- Wear procedure mask



What to do when an Acute Respiratory Illness (ARI) is suspected:

1

Identify person(s)
with **signs or symptoms**
concerning for
respiratory virus
via your Routine
Screening

2

Initiate *Enhanced Droplet/Contact Precautions*
by moving person
into a private
space/room/area
away from others



Use *Enhanced Droplet/Contact Precautions* until COVID-19 is ruled out

3

Collect NP swab
for respiratory
virus testing and
maintain *Enhanced Droplet/Contact Precautions* while
awaiting results

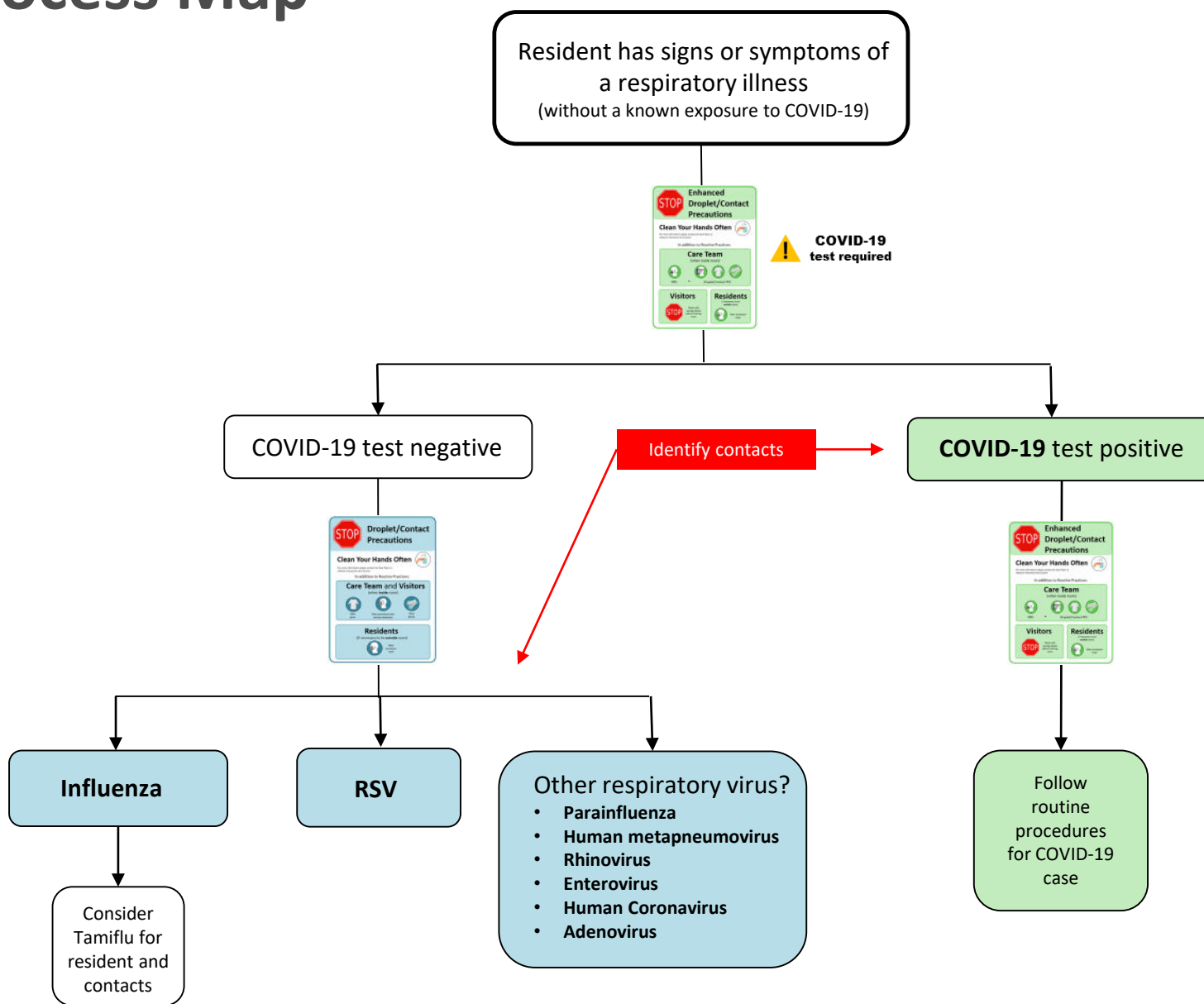


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Process Map



Equipment and Supplies

When a resident is on Additional Precautions, it is important to consider equipment and supplies used.

- Do not overstock supplies in the room/care area. Anything that goes in, that cannot be cleaned, should be discarded.
- Equipment should be dedicated to the room/resident.
- Ensure the appropriate cleaning Policies are being adhered to.
- No special precautions are required for linen and dishes other than Routine Practices.



Impact of Additional Precautions on Quality of Care

Although Additional Precautions are necessary to protect both other residents and health care providers, there may also be negative impacts for the resident.

These include:

- Limited contact with health care providers may result in lack of monitoring processes such as recording of vital signs and physician visits, medication errors and increases in falls.
- Fewer visits from family and friends often resulted in feelings of loneliness and interfered with needed emotional support.
- Psychological problems related to isolation such as anxiety, depression, sleep disturbance, withdrawal, regression and hallucinations have been reported.

Resources

Routine Practices and Additional Precautions

In All Health Care Settings, 3rd edition

Provincial Infectious Diseases Advisory Committee (PIDAC)

APPENDIX N: CLINICAL SYNDROMES/CONDITIONS WITH REQUIRED LEVEL OF PRECAUTIONS

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
ABSCCESS	Minor	RP	No		If community-associated MRSA is suspected, use Contact Precautions until ruled out.
	Major (drainage not contained by dressing)	Contact	Yes	Continue precautions for duration of uncontained drainage.	
ADENOVIRUS INFECTION	Conjunctivitis	Contact	Yes	Continue precautions for duration of symptoms.	May cohort patients in outbreaks.
	Pneumonia	Droplet + Contact	Yes		
AIDS	See HIV				
AMOEBIASIS (Dysentery) <i>Entamoeba histolytica</i>	Adult	RP	No		Reportable Disease
	Paediatric* and incontinent or non-compliant adult	Contact	Yes		
ANTHRAX <i>Bacillus anthracis</i>	Cutaneous or pulmonary	RP	No		Reportable Disease Notify Infection Control
ANTIBIOTIC-RESISTANT ORGANISMS (AROs) - not listed elsewhere		Contact may be indicated	May be indicated	Precautions, if required, are initiated and discontinued by Infection Control.	See also listings under MRSA, VRE, ESBL and CPE.
ARTHROPOD-BORNE VIRAL INFECTIONS Eastern, Western, & Venezuelan equine encephalomyelitis; St. Louis & California encephalitis; West Nile virus		RP	No		Reportable Disease No person-to-person transmission.
ASCARIASIS (Roundworm) <i>Ascaris lumbricoides</i>		RP	No		No person-to-person transmission.
ASPERGILLOSIS <i>Aspergillus</i> species		RP	No		If several cases occur in close proximity, look for environmental source.
BABESIOSIS		RP	No		Tick-borne. Not transmitted from person- to-person except by transfusion.
BLASTOMYCOSIS <i>Blastomyces dermatitidis</i>	Cutaneous or pulmonary	RP	No		No person-to-person transmission.
BOTULISM	See Food Poisoning/Food-borne illness				
BRONCHITIS/ BRONCHOLITIS	See Respiratory Infections				

PIDAC: Routine Practices and Additional Precautions in All Health Care Settings | November, 2012

74



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Questions?



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