



<p>Team Name: Staff Development, Infection Prevention &amp; Control</p> <p>Team Lead: Director - Staff Development, Infection Prevention &amp; Control</p> <p>Approved by: Regional Lead - Acute Care &amp; Chief Nursing Officer</p>	<p>Reference Number: CLI.8011.PL.021</p> <p>Program Area: Infection Prevention &amp; Control</p> <p>Policy Section: Infection Prevention &amp; Control</p>
<p>Issue Date: May 5, 2023</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Additional Precautions</p>

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**

Additional Precautions

**PURPOSE:**

Additional Precautions are additional measures that are implemented when Routine Practices alone may not interrupt transmission of an infectious agent.

**BOARD POLICY REFERENCE:**

- Executive Limitation (EL-02) Treatment of Clients
- Executive Limitation (EL-03) Treatment of Staff
- Executive Limitation (EL-07) Corporate Risk

**POLICY:**

Southern Health-Santé Sud (SH-SS) is committed to identifying and promoting Infection Prevention & Control (IP&C) measures known as Additional Precautions when the use of Routine Practices is not sufficient to prevent transmission of suspected or identified infectious agents. Additional Precautions may also be used when medical procedures increase the risk of transmitting microorganisms (e.g., aerosol generating medical procedures [AGMPs]).

The application of Additional Precautions is required for patient/staff safety and is specific to the care setting: Acute Care (AC), Personal Care Homes (PCH) and Home Care. **The application of Routine Practices always continues in every healthcare setting, even if Additional Precautions are implemented.**

## **DEFINITIONS:**

**Additional Precautions:** These are additional measures implemented when Routine Practices alone may not interrupt transmission of an infectious agent. They are used in addition to Routine Practices (not in place of) and are initiated based on condition and clinical presentation (syndrome) and on specific etiology (diagnosis).

**Aerosol-Generating Medical Procedure (AGMP):** Any procedure conducted on a client that can induce production of aerosols of various sizes, including droplet nuclei. Examples include, but are not limited to: intubation and related procedures, cardiopulmonary resuscitation, bronchoscopy, sputum induction, nebulized therapy, autopsy, non-invasive positive pressure ventilation (CPAP, BIPAP).

**Routine Practices:** This refers to a comprehensive set of IP&C measures that have been developed for use in the routine care of all clients at all times in all health care settings. Routine Practices aim to minimize or prevent healthcare associated infections (HAIs) in all individuals in the health care setting, including clients, HCWs, other staff, visitors, contractors, etc.

## **IMPORTANT POINTS TO CONSIDER:**

- Transmission Tables
  - Maintain printed copies of the [Transmission Tables \(Part C Tables 5 & 6\)](#) for front-line staff to assist them in decision-making
- Additional Precautions Poster
  - Posters are printed in color on legal size (8.5x14”), marked as appropriate for a client on additional precautions, and discarded after use
  - Keep colored copies in file drawer for easy access
- For Home Care specific direction for Additional Precautions, see Appendix V to IX in [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care.](#)

## **PROCEDURE:**

All AC, PCH and Home Care settings follow the guidance for Additional Precautions provided in the Manitoba Health, Seniors and Active Living – [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care.](#)

### **Types of Additional Precautions**

Additional Precautions are based on the infectious agent’s mode of transmission: Contact, Droplet, and Airborne. As some microorganisms can be transmitted by more than one route, Additional Precautions may need to be combined (e.g., Airborne/Contact, Droplet/Contact).

- **Contact Precautions**
  - Required for clients diagnosed with or suspected of having infectious microorganisms transmitted by direct or indirect contact
  - Are indicated when Routine Practices are not sufficient to control direct or indirect contact transmission, for instance:
    - If the organism has a low infective dose, i.e., Norovirus
    - If the organism may be transmitted from the source client’s intact skin, i.e., MRSA

- If there is potential for widespread environmental contamination, i.e., *Clostridioides difficile*
  - Personal protective equipment (PPE) required: gloves, gown
- **Droplet Precautions**
  - Required for clients diagnosed with or suspected of having infectious microorganisms spread by the droplet route.
  - Droplets are solid or liquid particles suspended in the air whose spread is usually limited to two metres (or six feet) mostly due to gravity; particle size is greater than 10 micrometres.
  - Droplets are usually generated by a person coughing, sneezing or talking.
  - PPE required: procedure or surgical mask, eye protection.
- **Airborne Precautions**
  - Required for clients diagnosed with or suspected of having an infectious microorganism transmitted by the airborne route.
  - Airborne transmission refers to dissemination of respiratory illnesses via microscopic particles which remain suspended in the air for long periods of time.
  - Negative pressure rooms are required as direction of air flows from the hallway into the room which is then exhausted directly outdoors or filtered before recirculation.
    - Where negative pressure rooms are not available, the door should remain closed
  - PPE required: Fit-tested N95 respirator
- **Enhanced Droplet/Contact Precautions**
  - Required for clients diagnosed with or suspected of having infectious microorganisms transmitted by the Droplet/Contact route, and the Airborne route during aerosol-generating medical procedures (AGMPs), i.e., COVID-19.
  - PPE required: gloves, gown, procedure or surgical mask/N95 respirator, eye protection.

### Implementation of Additional Precautions

Implement Additional Precautions based on guidance from the Transmission Tables when client assessment reveals symptoms suggesting a communicable infection are present. Do not wait for a specific diagnosis or lab confirmation prior to implementing Additional Precautions. **When Additional Precautions are instituted, they are always used in addition to Routine Practices** – see [Routine Practices Policy](#).

Follow the steps below when implementing Additional Precautions:

- Arrange appropriate client accommodation as required for the specific organism/disease/clinical presentation using the Transmission Tables below.
  - While waiting for cause to be determined, implement Additional Precautions for clients with conditions/symptoms listed in the [Transmission Characteristics and Empiric Precautions \(Part C Table 5\)](#).
  - If the specific organism or infectious disease has been identified, follow the measures outlined in the [Transmission Characteristics and Precautions by Specific Etiology \(Part C Table 6\)](#).

- For direction on specific additional precautions for all care settings, refer to Appendix V to IX in [Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care](#).
- Post Additional Precautions signage (CLI.8011.PL.021.SD.01) on the door and/or bedside if required.
  - Use 8.5 x 14" colored poster, check off as appropriate and discard after use
  - Instructions for use are on the back of the poster
- Obtain supplies, including appropriate PPE, required for the specific type of Additional Precautions.
  - Generally, visitors should have access to the same PPE as health care workers when providing direct client care. If needed, consult IP&C for further direction.
- Dedicate client equipment whenever possible. If not possible, clean and disinfect equipment between clients.
- Do not overstock supplies in the client room.
- Arrange additional cleaning measures for the client environment as appropriate and in consultation with Site ICP. Consider organism, type of Additional Precautions, presence of an outbreak, available accommodations, and level of environmental contamination.
  - At minimum, twice daily cleaning is required for *Clostridioides difficile* cases and in all outbreak situations
  - Ensure that "Increased cleaning & disinfection frequency (minimum of two times a day)" is checked off on the signage
- Do not implement any IP&C measures for linen and dishes; follow Routine Practices.
- Discuss Additional Precautions with client.
- Notify:
  - Physician,
  - Site ICP,
  - Housekeeping,
  - Family, if appropriate,
  - Bed Utilization Management, if bed blockage is required, and
  - Home Care Case Coordinator.
- Document in the client's health record – type of Additional Precautions and date/time they were implemented.
- Communicate Additional Precautions required prior to transport to another department, unit or facility.

### **Discontinuation of Additional Precautions**

Additional Precautions remain in place until there is no risk of microorganism transmission, however, it is important they are not used any longer than necessary. Frequent assessment of the risks of transmission must occur. Where periods of communicability are known, precautions may be discontinued at the appropriate time. Guidance for the duration of precautions can be referenced in the Transmission Characteristics and Precautions by Specific Etiology (Part C Table 6).

Upon discontinuation of any Additional Precautions or client discharge:

- Terminal cleaning of the room/bed space and bathroom is required

- Additional Precautions signage remains in place and appropriate PPE is worn until the room has been terminally cleaned
- Document in the client's health record – date/time Additional Precautions were discontinued
- Clean and disinfect reusable non-critical equipment with facility approved disinfectant
- Discard all disposable supplies/equipment

Upon discontinuation of Airborne Precautions or client discharge:

- Allow sufficient time for the air to be cleared of aerosolized droplet nuclei according to the [Appendix III – Time Needed \(by number of air changes per hour\) to Remove Airborne Microorganisms after Generation of Infectious Droplet Nuclei has Ceased table](#).
  - Ideally 99.9% (minimally 99%) of airborne microorganisms must be removed before it is safe to enter the room without an N95 respirator.
  - Where room air exchanges are unknown, maintain Airborne Precautions for **three hours after** the client is discharged or precautions are discontinued.

**SUPPORTING DOCUMENTS:**

[CLI.8011.PL.021.SD.01](#)

Additional Precautions Poster with instructions

[CLI.8011.PL.021.SD.01.F](#)

Additional Precautions Poster with instructions-French

**REFERENCES:**

Manitoba Health, Seniors and Active Living. (June 2019). *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care*.

Available at: <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>

Shared Health Manitoba. (February 2021). *Additional Precautions Poster*.

Winnipeg Regional Health Authority. (March 2021). *Additional Precautions – Introduction, Implementation and Discontinuation*.