

ADDITIONAL PRECAUTIONS INTRODUCTION, IMPLEMENTATION AND DISCONTINUATION

1. Introduction

Additional Precautions are infection prevention and control interventions used when [Routine Practices](#) are 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]).

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

Refer to the [Microorganism Infectious Disease Table](#) and the [Clinical Presentation and Empiric Precautions Table](#) for when Additional Precautions are required (and what the precautions are).

2. Implementation of Additional Precautions

Implement Additional Precautions when patient assessment reveals symptoms suggesting a communicable infection are present. Do not wait for a specific diagnosis or microbiological confirmation prior to implementing Additional Precautions.

Follow the steps below when implementing Additional Precautions:

- 2.1 Arrange appropriate patient accommodation as required for the specific organism/disease/clinical presentation.
- 2.2 Post appropriate Additional Precautions sign on the door if patient is in a private room
 - If in a multi-bed room, post the sign on the door AS WELL AS an easily visible location in the room (e.g., on the privacy curtain)
 - Additional Precautions signage is available under [Ordering Information](#)
- 2.3 Obtain supplies, including appropriate Personal Protective Equipment (PPE), required for the specific type of Additional Precautions.
- 2.4 Dedicate patient equipment whenever possible. If not possible, clean and disinfect equipment between patients.

- 2.5 Do not overstock supplies in the patient room. Maintaining a stocking list can help manage supply quantities.
- 2.6 Arrange additional cleaning measures for the patient environment as appropriate and in consultation with site ICP. Consider organism, type of Additional Precautions, presence of outbreak, available accommodations, and level of environmental contamination.
- 2.7 Do not implement any infection prevention and control measures for linen and dishes; follow Routine Practices.
- 2.8 Discuss Additional Precautions with patient. Information Sheets are available on the [IP&C web page](#).
- 2.9 Notify:
 - The Physician
 - Infection Prevention and Control
 - Housekeeping
 - Family, if appropriate
 - Admitting or Utilization Management, if bed blockage is required
- 2.10 Write an order to implement the appropriate Additional Precautions:
 - Document in the patient record the type of Additional Precautions, and the date and time they were implemented.
- 2.11 Communicate Additional Precautions required prior to transport to another department, unit or facility.

When **Additional Precautions** are instituted, they are always used **in addition to [Routine Practices](#)**.

3. Ambulatory Care

In addition to the measures outlined in **Implementation of Additional Precautions**, Section 2 above:

- Clean and disinfect or drape horizontal surfaces such as patient chair, desk closest to patient, exam table, and so on with a cover such as a clean sheet, between patients on Contact Precautions, Droplet Precautions or combined Additional Precautions including either Contact Precautions or Droplet Precautions
- Schedule patient on Additional Precautions as last patient of the day where possible
- Minimize contact between symptomatic patients and others

- If shared room, maintain appropriate separation between patients; close curtains between beds or chairs

4. Impact of Additional Precautions on Quality of Care ^[6.3]

Although Additional Precautions, such as wearing gloves and single room accommodation, help to reduce transmission to other patients and staff, there may be negative impacts for the patient.

These include: ^[6.3]

- Limited contact with staff may result in reduced monitoring processes (e.g., recording of vital signs), medication errors and increased falls
- Fewer visits from family and friends often resulting in feelings of loneliness and decreased emotional support
- Psychological issues related to isolation such as anxiety, depression, sleep withdrawal, regression and hallucinations

Recent studies, however, have noted patients on Contact Precautions did not perceive a negative impact on their care, and often perceived precautions as an improvement in their care. Some patients valued the solitude afforded by Additional Precautions and the quietness and privacy of single rooms. Evidence also suggests single-room accommodation is associated with improved outcomes, including a reduced risk of health care-acquired infections. ^[6.3]

Psychological support for the patient should include steps to prevent time disorientation and support for patients and their families as appropriate. ^[6.3]

It is important Additional Precautions not be used any longer than necessary, and that frequent assessment of the risks of transmission be carried out in collaboration with IP&C, with the goal of removing precautions as soon as it is safe to do so. Modification of precautions may be required for medical purposes (e.g., to permit specialized testing), or on compassionate grounds. ^[6.3]

5. ADDITIONAL PRECAUTIONS DISCONTINUATION

It is important Additional Precautions are not used any longer than necessary; they must remain in place until there is no risk of microorganism transmission. Therefore 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 duration of precautions can be referenced in the [Clinical Presentation/Microorganism/Infectious Disease Table](#).

5.1 Upon discontinuation of any Additional Precautions:

- Additional Precautions signage must remain in place until the room is cleaned and disinfected
- Write an order to discontinue Additional Precautions:
 - Document in the patient's health record the date and time the Additional Precautions were discontinued
- Wear appropriate PPE until the room has been cleaned and disinfected

5.2 Discontinuing [Airborne Precautions](#):

Perform Regular Client Room cleaning and disinfection upon discharge or discontinuation of Airborne Precautions. An Isolation Client Room cleaning/disinfection (i.e. terminal clean) is not required as organisms transmitted only via the airborne route do not contaminate objects or equipment in the patient environment.

- Upon discharge or discontinuation of Airborne Precautions allow sufficient time for the air to be cleared of aerosolized droplet nuclei ^[6.4] according to the [Air Exchange Table](#) in the Appendix (page 12.1). 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 exchanges are unknown, maintain precautions for **one hour after** the patient is discharged or precautions are discontinued.

5.3 Discontinuing [Contact Precautions](#) and [Droplet Precautions](#):

When precautions are discontinued or the patient is moved, Isolation Client Room cleaning and disinfection of the room/bed space and bathroom are required.

Additionally the following is required:

- 5.3.1 Clean and disinfect reusable non-critical equipment with facility-approved disinfectant.
- 5.3.2 Send re-usable semi-critical or critical equipment to Medical Device Reprocessing Department for reprocessing.
- 5.3.3 Discard all disposable supplies and equipment.
- 5.3.4 Patient's personal items:
 - Upon approval of the patient clean/disinfect solid surface wipeable items with facility approved disinfectant
 - Personal papers and non-cleanable items may be taken home by the patient or family
 - With the patient's approval surface clean/disinfect electronic equipment, e.g., lap tops, cell phones, according to manufacturer's instructions
 - Where possible, provide freshly laundered attire for the patient to wear upon discontinuation of Additional Precautions
 - Personal clothing should be taken home and laundered by the family or patient. Where this isn't possible, or for clothing that isn't cleaned/disinfected, securely bag and store until patient discharge
 - Securely bag and store any other personal items the patient does not want cleaned/disinfected until patient discharge
 - Discard unused hospital medications still in the patient's room according to facility policy upon patient discharge.
 - Personal medications may be taken home by patient or family

6. References

- 6.1 Canadian Tuberculosis Standards, 7th Edition. (2014, February 17). Public Health Agency of Canada. Available at: <http://www.phac-aspc.gc.ca/tbpc-latb/pubs/tb-canada-7/appendix-annexe-e-eng.php>.
- 6.2 Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. MMWR 2005; 54 (No. RR-17) CDC. (2005, December 30). Available at: <https://www.cdc.gov/mmwr/PDF/rr/rr5417.pdf>.
- 6.3 Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition. (2012, November). Provincial Infectious Diseases Advisory Committee (PIDAC). Available at: http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf.
- 6.4 Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care. (2012, April). Manitoba Health. Available at: <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>.
- 6.5 WRHA Housekeeping Department Standard Operating Procedure 3.1 available at: http://home.wrha.mb.ca/facilitymgmt/housekeeping/files/Procedure_3.1.pdf.
- 6.6 WRHA Housekeeping Department Standard Operating Procedure 3.2 available at: http://home.wrha.mb.ca/facilitymgmt/housekeeping/files/Procedure_3.2.pdf.
- 6.7 WRHA Housekeeping Department Standard Operating Procedure 3.3 available at: http://home.wrha.mb.ca/facilitymgmt/housekeeping/files/Procedure_3.3.pdf.
- 6.8 WRHA Housekeeping Department Standard Operating Procedure 3.4 available at: http://home.wrha.mb.ca/facilitymgmt/housekeeping/files/Procedure_3.4.pdf.