



## **Additional Precautions**

### **1. Introduction**

Additional Precautions are infection prevention and control precautions and practices required in addition to Routine Practices. Additional Precautions are required to interrupt transmission in the clinical setting. They are based on the mode (means) of transmission of the infectious agent: airborne, droplet, and contact.

Some microorganisms may be transmitted by more than one route necessitating more than one type of Additional Precautions (e.g., Airborne/Contact, Droplet/Contact).

Additional Precautions are established as soon as patient assessment indicates a possible communicable disease or clinical syndrome. It is not necessary to wait for a specific diagnosis or microbiological confirmation to implement additional precautions.

Refer to the Clinical Presentation/Microorganism/Infectious Disease table for the specific Additional Precautions required.

### **2. Implementation of Additional Precautions**

- 2.1 Post precautions sign on the door if patient is in a private room
  - If the patient is in a multi-bed room, post the sign on the door and in an easily identified location in the room (e.g., on the privacy curtain)
- 2.2 Obtain isolation supplies according to facility procedure.
- 2.3 Do not overstock supplies in the patient room.
- 2.4 No special precautions for linen and dishes other than Routine Practices.
- 2.5 Discuss Additional Precautions with patient. Refer to Patient/Family Information Sheets in Appendices 12 and 13.
- 2.6 Notify
  - 2.6.1 The physician, if required
  - 2.6.2 Infection Prevention and Control
  - 2.6.3 Housekeeping
  - 2.6.4 Family, if required
  - 2.6.5 If bed is to be blocked, notify Admitting or Utilization Management



2.7 Document on the patient's health record the type of additional precautions, and the date and time they were implemented.

### **3. Discontinuation of Additional Precautions**

3.1 Maintain the indicated precautions until the room has been cleaned.

3.2 Clean and disinfect reusable non-critical equipment with facility-approved disinfectant.

3.3 Discard all disposable supplies/equipment if unable to appropriately clean and disinfect.

3.4 Send semi-critical/critical devices/equipment to Sterile Processing Department for reprocessing.

3.5 Leave precautions sign on the door and contact Housekeeping to clean the room.

3.6 Leave door closed for one hour if the patient has been on Airborne Precautions.

3.7 Document on the patient's health record the date and time the additional precautions were discontinued.

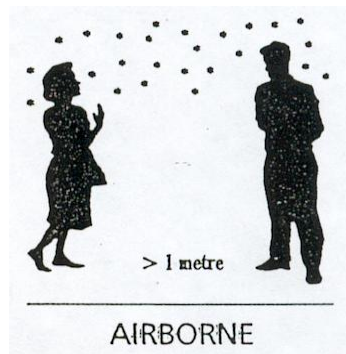


## 4. Airborne Precautions

### 4.1 Introduction

Airborne Precautions are required for patients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne route. Refer to 3.3, Airborne transmission, for a description of airborne transmission.

Airborne Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers



### 4.2 Indications for Airborne Precautions

Airborne Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions on page 5.1.

### 4.3 Accommodation

Single room with negative pressure ventilation in relation to surrounding areas

**NOTE:** When a negative pressure isolation room is not available, or in the event of an outbreak or exposure where large numbers of patients require Airborne Precautions, consult Infection Prevention and Control before patient placement to determine room placement and/or cohorting of patients.



- The door shall remain closed whether or not the patient is in the room
  - The door shall remain closed for one hour following the discontinuation of precautions
- The patient shall be confined to the room
  - When exiting the room for medically essential purposes, the patient shall wear a surgical/procedure mask
  - The patient shall perform hand hygiene after removal of the mask
  - When there are exceptional circumstances, the patient may leave the room in consultation with Infection Prevention and Control

Rooms should have dedicated toilet, hand hygiene, and bathing facilities.

Facilities that cannot provide properly ventilated (e.g., negative pressure) rooms should transfer a patient with infectious forms of tuberculosis to a facility with such accommodation. These arrangements shall be coordinated in advance, with receiving facilities. The following directives are implemented until the patient can be transferred to a facility with adequately ventilated negative pressure rooms

- Single room with door closed
- Physical separation of the patient if a single room is not available
  - Mask the patient with a surgical/procedure mask, and
  - Provide N95 respirators for everyone entering the room

For Measles or Varicella, facilities without negative pressure rooms and where transfer is not feasible, maintain patient in a single room with the door closed. These patients should be placed on wards where there are no susceptible, immunocompromised patients.

If numbers of negative pressure rooms are limited, set priority for use according to the impact of potential airborne transmission (e.g., infectious Tuberculosis > Measles > Varicella > disseminated zoster > extensive localized zoster).

#### **4.4 Healthcare Workers**

Healthcare workers should be aware of their immunity status

- Non-immune healthcare workers should not care for patients with vaccine-preventable airborne diseases (e.g., measles, chickenpox) unless absolutely necessary. If it is absolutely necessary to care for one of these patients then they must wear a N95 respirator to enter the isolation room.



## 4.5 Hand Hygiene

Healthcare workers shall perform hand hygiene before leaving the isolation room, and after removal of their N95 respirator.

## 4.6 Personal Protective Equipment (PPE)

### Masks/Respirators

Special masks/ N95 respirators: N95 respirators\* shall be available for persons entering the isolation room.

Individuals who are immune to vaccine-preventable diseases (e.g. measles, chickenpox) do not need to wear N95 respirators to go into the isolation room. This should be documented in the Additional Instructions section of the Airborne Precautions sign.

Individuals who are not immune or are uncertain of their immunity shall not enter the room unless absolutely necessary. If it is absolutely necessary to enter the room, then they shall wear a N95 respirator.

N95 respirators shall be

- Fit- tested for healthcare workers, as directed by Occupational Health
- Seal- checked by healthcare workers prior to each use. Seal checking procedure is as follows:
  - Cover respirator with both hands
  - Perform one of the following:
    - Inhalation Test: If respirator collapses slightly there is an adequate seal
    - Exhalation Test: If no air escapes respirator, there is an adequate seal
- Worn once
  - Changed:
    - When wet
    - If the front of the N95 respirator has been touched, and/or
    - When contaminated with patient secretions
  - Removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in Appendices 6 and 7
  - Removed after exit of the isolation room/cubicle

N95 respirators shall never dangle around the neck.

\*N95 respirators shall be certified by the National Institute of Occupational Safety and Health (NIOSH) with an N95 efficiency rating or better.



## 4.7 Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Airborne Precautions.

Maintain Airborne Precautions while the patient is outside the isolation room

- Healthcare workers wear N95 respirators when transporting patients requiring Airborne Precautions
- The patient wears a surgical/procedure mask and performs hand hygiene prior to leaving the room
- The patient with skin lesions associated with varicella, smallpox, or draining wounds caused by *M. tuberculosis* shall have them securely covered
- Consult Respiratory Therapy if the patient (adult and small child) has an artificial airway (e.g., ETT) and transport according to these guidelines
  - **Oral/nasal pharyngeal airway:** Patient wears a surgical/procedure mask over their mouth and nose
  - **Oral/nasal pharyngeal airway manually ventilated:** N100 filter or N100 filter/Heat Moisture Exchanger (HME) between the resuscitation bag and the patient or a N100 filter on the exhalation port of the resuscitation bag
  - **Oral/nasal endotracheal tube:** N100filter/HME on the ETT\*
  - **Tracheostomy Tube:** N100 filter/HME on the tracheostomy tube\*
- Consult Respiratory Therapy for guidance regarding the transport of infants in incubators
- The patient performs hand hygiene after removal of the surgical/procedure mask

\*If an air leak is present, loosely cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

## 4.8 Patient/Family

The patient, and/or family should be educated about the nature of the patient's infectious disease, the precautions to adhere to, and the length of



time the precautions will be in place. Refer to the 'Patient/Family Information Sheet on Airborne Precautions' in Appendices 12.1 or 13.

Instruct the patient/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover his/her nose and mouth with a tissue, or cough into his/her shoulder
- Immediately dispose of the tissue in the appropriate waste receptacle, and,
- Perform hand hygiene

Refer to the Cover Your Cough Pamphlet in Appendix 9

Instruct the patient about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask
- How to remove the surgical/procedure mask without contaminating oneself
- Know the procedure and the importance of hand hygiene prior to leaving the room and following removal of the surgical/procedure mask

The family shall be instructed about the appropriate use and management of PPE

- If required, instruct the family about assisting with application of the surgical/procedure mask for the patient
  - Instruct the family about how to correctly apply a N95 respirator, including seal check

Instruct the patient and family about preventing transmission of the infectious disease to his/her family, and friends during his/her hospital stay and upon his/her return to the community.

Instruct the patient and family about the procedure, and importance of performing hand hygiene.

#### **4.9 Visitors**

Visitors shall be informed about the precautions to adhere to.

Instruct the visitors about the procedure, and importance of performing hand hygiene.

If susceptible to the airborne microorganism requiring Airborne Precautions, visitors should not visit unless there are exceptional



circumstances. If this is the case, consult Infection Prevention and Control prior to the visit.

The nurse shall talk with visitors before they enter the isolation room, and

- Assess risk to the health of the visitor and the risk of the visitor transmitting infection
- Shall instruct the visitor about the appropriate use of respirators and other precautions

Keep the number of visitors to a minimum (at the discretion of the unit staff).



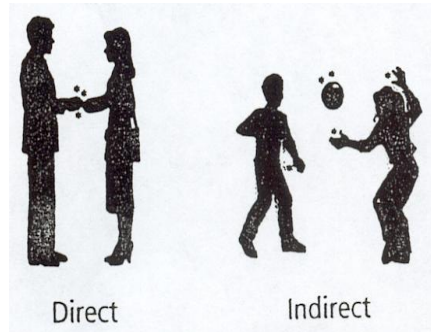


## 5. Contact Precautions

### 5.1 Introduction

Contact Precautions are required for patients diagnosed with, or suspected of having infectious microorganisms transmitted by the contact route. Refer to 3.3, Direct Contact Transmission and Indirect Contact Transmission, for descriptions of contact transmission.

Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



### 5.2 Indications for Contact Precautions

Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions on page 5.1.

The need to establish Contact Precautions in the presence of certain clinical findings and infections may vary for pediatric and adult patients.

Contact Precautions may be indicated for certain organisms when Routine Practices are not sufficient to control transmission, for instance

- If the organism has a low infective dose, e.g., Norovirus
- If the organism may be transmitted from the source patient's intact skin, e.g., MRSA
- If there is potential for widespread environmental contamination, e.g., *C. difficile*



### 5.3 Accommodation

Patients shall preferably be placed in a single room. No special air handling and ventilation are necessary

- The door may remain open
- Room should have dedicated toilet, hand hygiene, and bathing facilities

In instances where there are not a sufficient number of single rooms, cohort patients with the same microorganism together. This shall be done in consultation with Infection Prevention and Control.

If a single room is not available and cohorting is not possible, consult Infection Prevention and Control

- Maintain a separation of at least one metre between patients
- Roommates and all visitors shall be aware of precautions to follow
  - Select roommates for their ability, and that of their visitors, to comply with Contact Precautions
  - Roommates should not be at high risk for acquiring an infection

For newborn nurseries, a single room is not necessary if there is a 1-2 metre separation between infant stations

### 5.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the room/cubicle. Refer to Removing Personal Protective Equipment in Appendices 6 and 7. After hand hygiene, take care not to contaminate hands before leaving the room.

### 5.5 Personal Protective Equipment (PPE)

#### Gloves

- Are worn when entering the room or patient's designated bed space in shared room
- Are removed before leaving the room or the patient's designated bed space

#### Gowns

- Are worn if clothing or forearms will have direct contact with the patient
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects, and there is an increased risk of the environment being contaminated (e.g.,



incontinent patient, diarrhea, or drainage from a wound, colostomy or ileostomy not contained by dressing)

Remove gown before leaving the room or patient's designated bed space.

## 5.6 Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Contact Precautions.

Maintain Contact Precautions while the patient is outside the isolation room

- Before use, cover the clean transport chair or stretcher with a cover sheet
- Clean gown and gloves for healthcare worker for transport. Take care not to contaminate the environment with soiled gloves
- The patient performs hand hygiene prior to leaving the room
- After use, clean and disinfect the transport chair/stretcher in the room
- Remove gown and gloves and perform hand hygiene before leaving the room

## 5.7 Equipment and Environment

Patient-care equipment (e.g., thermometers, blood pressure cuffs, lifts/slings) should be dedicated to the use of the patient and cleaned and disinfected before reuse with another patient.

Disposable patient care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other patients.

The patient record and other papers shall not be taken into the room. If the patient record is required to accompany the patient for tests or treatments, it shall be placed in a protective cover to prevent contamination.



If personal documents are required to be taken into the room

- Wipe the table the document is to be signed on with facility-approved disinfectant
- The patient shall perform hand hygiene
- Patients should have a dedicated pen in the room. If not, after signing wipe pen with facility-approved disinfectant

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.

## 5.8 Patient/Family

The patient and/or family should be educated about the nature of the patient's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place. Refer to the Patient/Family Information Sheet on Contact Precautions in Appendices 12.3 or 13.

Instruct the patient and family about preventing transmission of the infectious disease to his/her family, and friends during his/her hospital stay and upon his/her return to the community.

Instruct the patient and family about the procedure, and importance of performing hand hygiene.

## 5.9 Visitors

Visitors shall be informed about the precautions to adhere to.

Instruct visitors about the procedure, and importance of performing hand hygiene.

The nurse shall talk with visitors before entering the isolation room, and

- Assess risk to the health of the visitor and the risk of the visitor transmitting infection
- If indicated, shall instruct the visitor about the appropriate use of gowns, gloves, and other precautions

Keep the number of visitors to a minimum (at the discretion of the unit staff).

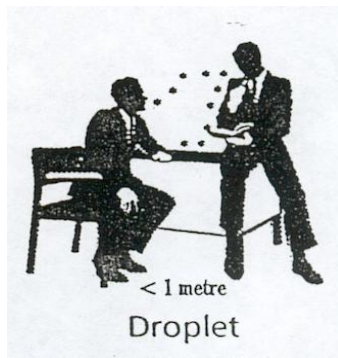


## 6. Droplet Precautions

### 6.1 Introduction

Droplet Precautions are required for patients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route. Refer to 3.3, Droplet Transmission, for a description of droplet transmission.

Droplet Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



### 6.2 Indications for Droplet Precautions

Droplet Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Diseases Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions on page 5.1.

### 6.3 Accommodation

Patients shall preferably be placed in a single room. No special air handling and ventilation are necessary

- The door may remain open
- Room should have dedicated toilet, hand hygiene, and bathing facilities

In instances where there are not a sufficient number of single rooms, cohort patients with the same microorganism together. This shall be done in consultation with Infection Prevention and Control.



If a single room is not available and cohorting is not possible consult Infection Prevention and Control

- Maintain a separation of at least one metre between patients
- Roommates and all visitors shall be aware of precautions to follow
  - Select roommates for their ability, and that of their visitors, to comply with Droplet Precautions
  - Roommates should not be at high risk for acquiring an infection (e.g., chronic lung disease, severe congenital heart disease, immunodeficiency)

For newborn nurseries, a single room is not necessary if there is a 1 to 2-metre separation between infant stations.

## 6.4 Hand Hygiene

Healthcare workers shall perform hand hygiene before leaving the isolation room/cubicle of a patient and after removal of the surgical/procedure mask. Refer to Removing Personal Protective Equipment in Appendices 6 and 7. After hand hygiene, take care not to contaminate hands before leaving the room.

## 6.5 Personal Protective Equipment

### Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of patient, and for procedures that may result in coughing, splashing, and aerosol production

- For care of patients with Rubella or Mumps, immune persons do not need to mask. Non-immune persons shall enter the room only if absolutely necessary and shall wear a surgical/procedure mask

Masks shall be

- Worn once
  - Changed
    - When wet
    - If the front of the mask has been touched, and/or
    - When contaminated with patient secretions
  - Removed after leaving room/cubicle of patient on isolation

Masks shall never dangle around the neck.

Masks shall be removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in Appendices 6 and 7.



## Eye Protection

Goggles, glasses, or face shields are worn when within one metre of a coughing patient with symptoms of respiratory infection, and for procedures that may result in coughing, splatter, and/or aerosols

- Goggles, glasses or face shields shall be removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in the Appendices 6 and 7.
- If reusable, send the eye protection for cleaning and disinfection according to facility policy

## 6.6 Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Droplet Precautions.

Maintain Droplet Precautions while the patient is outside the isolation room

- The patient wears a surgical/procedure mask
- The patient performs hand hygiene prior to leaving the room
- The patient performs hand hygiene after removal of the surgical/procedure mask.
- Transport staff do not need to mask if patient wears a mask

Consult Respiratory Therapy if the patient (adult and child) has an artificial airway (e.g., ETT) and cover the mouth or nose, around the tube, with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

## 6.7 Patient/Family

The patient and/or family should be educated about the nature of the patient's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place. Refer to the Patient/Family Information Sheet on Droplet Precautions in Appendices 12.4 and 13.



Instruct the patient/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder
- Immediately dispose of the tissue in the appropriate waste receptacle, and,
- Perform hand hygiene

Refer to the Cover Your Cough Pamphlet in Appendix 9.

Instruct the patient about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask
- How to remove the surgical/procedure mask to prevent contamination
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask

The family shall be instructed about the appropriate use and management of PPE

- If required, instruct the family about assisting with application of the surgical/procedure mask for the patient

Instruct the patient and family about preventing transmission of the infectious disease to his/her family, and friends during his/her hospital stay and upon his/her return to the community.

Instruct the patient and family about the procedure, and importance of hand hygiene.

## 6.8 Visitors

Visitors shall be informed about the precautions to adhere to.

Instruct the visitors about the procedure, and importance of performing hand hygiene.

Visitors shall wear a surgical/procedure mask when within one metre of the patient with the following exceptions

- Visiting patients with Rubella or Mumps, a surgical/procedure mask is not needed if the visitor is immune
  - Non-immune visitors should enter the patient's room only if necessary and wear a surgical/procedure mask
- For patients with acute viral respiratory infections, surgical/procedure masks may not be mandatory for visitors. The risk to the health of the visitors should be evaluated.





- For patients with suspected or confirmed H. influenza type b infection, visitors need to wear a surgical/procedure mask only if they have extensive close contact with non-immune infants

The nurse shall talk with visitors before entering the isolation room, and

- Assess the risk to the health of the visitor and the risk of the visitor transmitting infection
- Shall instruct the visitor about the appropriate use of the surgical/procedure mask and other precautions

Keep the number of visitors to a minimum (at the discretion of the unit staff).

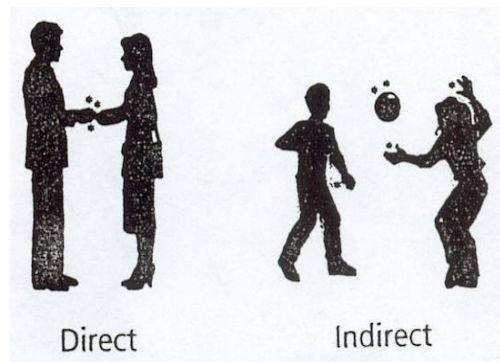
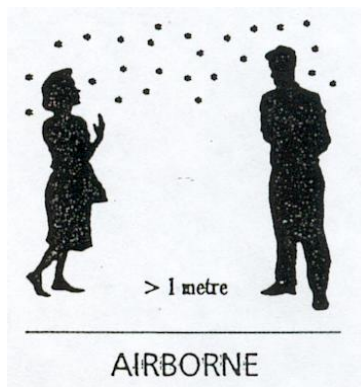


## 7. Airborne/Contact Precautions

### 7.1 Introduction

Airborne/Contact Precautions are required for patients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne and contact routes. Refer to 3.3 Airborne transmission for a description of airborne transmission and Direct contact transmission and Indirect contact transmission for descriptions of contact transmission.

Airborne/Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



### 7.2 Indications for Airborne/Contact Precautions

Airborne/Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions on page 5.1.

### 7.3 Accommodation

Single room with negative pressure ventilation in relation to surrounding areas

**NOTE:** When a negative pressure isolation room is not available, or in the event of an outbreak or exposure where large numbers of patients require Airborne Precautions, consult Infection Prevention and Control before patient placement to determine room placement and/or cohorting of patients.



- The door shall remain closed whether or not the patient is in the room
  - The door shall remain closed for one following the discontinuation of airborne precautions
  
- The patient shall be confined to the room
  - 
  - When exiting the room for medically essential purposes, the patient shall wear a surgical/procedure mask
  - The patient shall perform hand hygiene after removal of the mask
  - When there are exceptional circumstances, the patient may leave the room in consultation with Infection Prevention and Control

Rooms should have dedicated toilet, hand hygiene, and bathing facilities.

For Varicella, facilities without negative pressure rooms and where transfer is not feasible, maintain patient in a single room with the door closed. These patients should be placed on wards where there are no susceptible, immunocompromised patients.

If numbers of negative pressure rooms are limited, set priority for use according to the impact of potential airborne transmission (e.g., infectious tuberculosis > measles > varicella > disseminated zoster > extensive localized zoster).

#### **7.4 Healthcare Workers**

Healthcare workers should be aware of their immunity status

- Non-immune healthcare workers should not care for patients with vaccine-preventable airborne diseases (e.g. chickenpox, smallpox), unless absolutely necessary. If it is absolutely necessary to care for one of these patients then they must wear a N95 respirator to enter the isolation room.

#### **7.5 Hand Hygiene**

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the isolation room. After hand hygiene, take care not to contaminate hands before leaving the room.

Healthcare workers shall perform hand hygiene after removal of their N95 respirator.

Refer to Removing Personal Protective Equipment in Appendices 6 and 7.



## 7.6 Personal Protective Equipment

### Masks/Respirators

Special masks/ respirators: N95 respirators\* shall be available for persons entering the isolation room.

Individuals who are immune to vaccine-preventable diseases (e.g. chickenpox, smallpox) do not need to wear N95 respirators to go into the isolation room. This should be documented in the Additional Instructions section of the Airborne/Contact Precautions sign.

Individuals who are not immune or are uncertain of their immunity shall not enter the room unless absolutely necessary. If it is absolutely necessary to enter the room, then they shall wear a N95 respirator.

N95 respirators shall be

- Fit-tested for healthcare workers, as directed by Occupational Health
- Seal checked by healthcare workers prior to each use. Seal checking procedure is as follows:
  - Cover respirator with both hands
  - Perform one of the following:
    - Inhalation Test: If respirator collapses slightly there is an adequate seal
    - Exhalation Test: If no air escapes respirator, there is an adequate seal
- Worn once
  - Changed
    - When wet
    - If the front of the N95 respirator has been touched, and/or
    - When contaminated with patient secretions
  - Removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in Appendices 6 and 7
  - Removed after exit of the isolation room/cubicle

N95 respirators shall never dangle around the neck

\*N95 respirators shall be certified by the National Institute of Occupational Safety and Health (NIOSH) with an N95 efficiency rating or better



## Gloves

- Are worn when entering the room or patient's designated bed space in shared room
- Are removed before leaving the room or the patient's dedicated bed space

## Gowns

- Are worn if clothing or forearms will have direct contact with the patient
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects and there is an increased risk of the environment being contaminated (e.g., incontinent patient, diarrhea, or drainage from a wound, colostomy or ileostomy not contained by dressing)

Remove gown before leaving the room.

## 7.7 Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Airborne/Contact Precautions.

Maintain Airborne/Contact Precautions while the patient is outside the isolation room

- Before use, cover the clean transport chair or stretcher with a cover sheet
- Healthcare workers wear N95 respirators when transporting patients
- Clean gown and gloves for healthcare worker for transport. Take care not to contaminate the environment with soiled gloves
- The patient wears a surgical/procedure mask and performs hand hygiene prior to leaving the room
- The patient with skin lesions associated with varicella or smallpox shall have them securely covered
- After use, clean and disinfect the transport chair/stretcher in the room
- Remove gown and gloves and perform hand hygiene before leaving the room
- Consult Respiratory Therapy if the patient (adult and small child) has an artificial airway (e.g., ETT) and transport according to these guidelines



- **Oral/nasal pharyngeal airway:** Patient wears a surgical/procedure mask over their mouth and nose
- **Oral/nasal pharyngeal airway manually ventilated:** N100 filter or N100 filter/Heat Moisture Exchanger (HME) between the resuscitation bag and the patient or a N100 filter on the exhalation port of the resuscitation bag
- **Oral/nasal endotracheal tube:** N100filter/HME on the ETT\*
- **Tracheostomy Tube:** N100 filter/HME on the tracheostomy tube\*
- Consult Respiratory Therapy for guidance regarding the transport of infants in incubators
- The patient performs hand hygiene after removal of the surgical/procedure mask

\* If air leak present, loosely cover the mouth or nose, around the tube with a facecloth or similar cloth. Cloths used to cover the site of the leak shall be considered contaminated.

## 7.8 Equipment and Environment

Patient-care equipment (e.g., thermometers, blood pressure cuffs, lifts/slings) should be dedicated to the use of the patient and cleaned and disinfected before reuse with another patient.

Disposable patient care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other patients.

The patient record and other papers shall not be taken into the room. If the patient record is required to accompany the patient for tests or treatment it shall be placed in a protective cover to prevent contamination.

If personal documents are required to be taken into the room

- Wipe the table the document is to be signed on with facility- approved disinfectant
- The patient shall perform hand hygiene
- Patient should have a dedicated pen in the room. If not, after signing, wipe the pen with facility- approved disinfectant

All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.



## 7.9 Patient/Family

The patient, and/or family should be educated about the nature of the patient's infectious disease, the precautions to adhere to, and the length of time precautions will be in place. Refer to the 'Patient/Family Information Sheet on Airborne/Contact Precautions' in Appendices 12.2 and 13.

Instruct the patient/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover his/her nose and mouth with a tissue, or cough into his/her shoulder
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene

Refer to the Cover Your Cough Pamphlet in Appendix 9.

Instruct the patient about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask
- How to remove the surgical/procedure mask without contaminating oneself
- Know the procedure and the importance of hand hygiene prior to leaving the room and following removal of the surgical/procedure mask

The family shall be instructed about the appropriate use and management of PPE

- If required, instruct the family about assisting with application of the surgical/procedure mask for the patient
- Instruct the family about how to correctly apply a N95 respirator, including seal check

Instruct the patient and family on preventing transmission of the infectious disease to his/her family, and friends during his/her hospital stay and upon his/her return to the community

Instruct the patient, family about the procedure and importance of performing hand hygiene

## 7.10 Visitors

Visitors shall be informed about the precautions to adhere to.

Instruct the visitors about the procedure and importance of performing hand hygiene.



If susceptible to the airborne microorganism requiring Airborne/Contact Precautions, visitors should not visit unless there are exceptional circumstances. If this is the case, consult Infection Prevention and Control prior to the visit.

The nurse shall talk with visitors before they enter the isolation room, and

- Assess risk to the health of the visitor and the risk of the visitor transmitting infection
- Shall instruct the visitor about the appropriate use of respirators
- If indicated, instruct the visitor about the appropriate use of gowns, gloves and other precautions

Keep the number of visitors to a minimum (at the discretion of the unit staff).



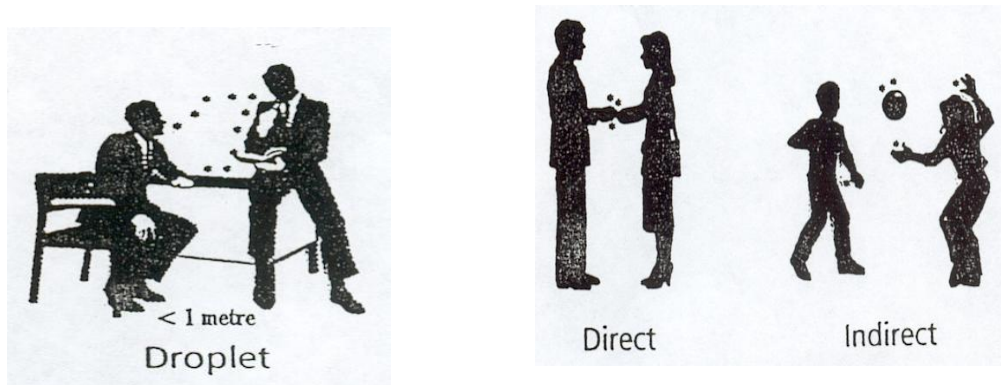


## 8. Droplet/Contact Precautions

### 8.1 Introduction

Droplet/Contact Precautions are required for patients diagnosed with, or suspected of having infectious microorganisms transmitted by the droplet route and contact routes. Refer to 3.3, Droplet transmission for a description of droplet transmission, Direct contact transmission and Indirect contact transmission for descriptions of contact transmission.

Droplet/Contact Precautions are followed in addition to Routine Practices. Routine Practices shall be adhered to at all times by all healthcare workers.



### 8.2 Indications for Droplet/Contact Precautions

Droplet/Contact Precautions are implemented according to the Clinical Presentation/Microorganism/Infectious Disease Table. Refer to this table for specific disease/microorganism information. Refer to Implementation of Additional Precautions on page 5.1.

### 8.3 Accommodation

Patients shall preferably be placed in a single room. No special air handling and ventilation are necessary

- The door may remain open
- Room should have dedicated toilet, hand hygiene, and bathing facilities



In instances where there are not a sufficient number of single rooms, cohort patients with the same microorganism together. This shall be done in consultation with Infection Prevention and Control.

If a single room is not available and cohorting is not possible consult Infection Prevention and Control

- Maintain a separation of at least one metre between patients
- Roommates and all visitors shall be aware of precautions to follow
  - Select roommates for their ability, and that of their visitors, to comply with Droplet/Contact Precautions
  - Roommates should not be at high risk for acquiring an infection (e.g., chronic lung disease, severe congenital heart disease, immunodeficiency)

For newborn nurseries, a single room is not necessary if there is a 1-2 metre separation between infant stations

## 8.4 Hand Hygiene

Healthcare workers shall remove gloves and gown and perform hand hygiene before leaving the room/cubicle. After hand hygiene take care not to contaminate hands before leaving the room.

Healthcare workers shall perform hand hygiene after removal of the surgical/procedure mask.

Refer to Removing Personal Protective Equipment in Appendices 6 and 7.

## 8.5 Personal Protective Equipment

### Masks

A surgical/procedure mask shall be worn by all healthcare workers when within one metre of patient, and for procedures that may result in coughing, splashing, and aerosol production

- For care of patients with Rubella, immune persons do not need to mask. Non-immune persons shall enter the room only if absolutely necessary and shall wear a surgical/procedure mask



### Masks shall be

- Worn once
  - Changed
    - When wet
    - If the front of the mask has been touched, and/or
    - When contaminated with patient secretions
  - Removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in Appendices 6 and 7
  - Removed after exit of the isolation room/cubicle

Masks shall never dangle around the neck.

### Eye Protection

Goggles, glasses, or face shields are worn when within one metre of a coughing patient with symptoms of respiratory infection and for procedures that may result in coughing, splatter, and/or aerosols

- Goggles, glasses or face shields shall be removed in a manner preventing contamination. Refer to Removal of Personal Protective Equipment in Appendices 6 and 7
- If reusable, send the eye protection for cleaning and disinfection according to facility policy

### Gloves

- Are worn when entering the room or patient's designated bed space in shared room
- Are removed before leaving the room or the patient's designated bed space

### Gowns

- Are worn if clothing or forearms will have direct contact with the patient
- Are worn if it is anticipated clothing or forearms will be in direct contact with frequently touched environmental surfaces or objects, and there is an increased risk of the environment being contaminated (e.g., incontinent patient, diarrhea, or drainage from wound, colostomy or ileostomy not contained by dressing)

Remove gown before leaving the room or patient's designated bed space.



## 8.6 Patient Transport

Patient transport out of the room is for medically essential purposes only.

In advance of the procedure, notify the Patient Transport Services and the receiving department regarding the need for Droplet/Contact Precautions

Maintain Droplet/Contact Precautions while the patient is outside the isolation room

- Before use, cover the clean transport chair or stretcher with a cover sheet
- Clean gown and gloves for healthcare worker for transport. Take care not to contaminate the environment with soiled gloves
- The patient wears a surgical/procedure mask
- The patient performs hand hygiene prior to leaving the room
- Transport staff do not need to mask if patient wears a mask
- After use, clean and disinfect the transport chair/stretcher in the room
- Remove gown and gloves and perform hand hygiene before leaving the room
- The patient performs hand hygiene after removal of the surgical/procedure mask

## 8.7 Equipment and Environment

Patient-care equipment (e.g., thermometers, blood pressure cuffs, lifts/slings) should be dedicated to the use of the patient and cleaned and disinfected before reuse with another patient.

Disposable patient care equipment and supplies shall be discarded.

Toys and personal effects should not be shared with other patients.

The patient record and other papers shall not be taken into the room. If the patient record is required to accompany the patient for tests or treatments, it shall be placed in a protective cover to prevent contamination.

If personal documents are required to be taken into the room

- Wipe the table the document is to be signed with facility- approved disinfectant
- The patient shall perform hand hygiene
- Patient should have a dedicated pen in the room. If not, after signing, wipe the pen with facility-approved disinfectant



All horizontal and frequently touched surfaces shall be cleaned daily and immediately when soiled.

Special cleaning procedures may be required in an outbreak situation. This will be determined in consultation with Infection Prevention and Control.

## 8.8 Patient/Family

The patient and/or family should be educated about the nature of the patient's infectious disease, the precautions to adhere to, and the length of time the precautions will be in place. Refer to the 'Patient/Family Information Sheet on Droplet/Contact Precautions' in Appendices 12.5 and 13.

Instruct the patient/family regarding Respiratory Hygiene/Cough Etiquette

- When coughing or sneezing, cover the nose and mouth with a tissue, or cough into his/her shoulder
- Immediately dispose of the tissue in the appropriate waste receptacle, and
- Perform hand hygiene

Refer to the Cover Your Cough Pamphlet in Appendix 9.

Instruct the patient about the appropriate use and management of PPE

- How to correctly apply and wear a surgical/procedure mask
- How to remove the surgical/procedure mask to prevent contamination
- Know the procedure and importance of hand hygiene following removal of the surgical/procedure mask

If required, instruct the family about assisting with application of the surgical/procedure mask for the patient.

Instruct the patient and family about preventing transmission of the infectious disease to his/her family, and friends during his/her hospital stay and upon his/her return to the community.

Instruct the patient and family about the procedure, and importance of hand hygiene.



## 8.9 Visitors

Visitors shall be informed about the precautions to adhere to.

Instruct the visitors about the procedure, and importance of performing hand hygiene.

Visitors shall wear a surgical/procedure mask when within one metre of the patient with the following exceptions

- Visiting patients with Rubella, a surgical/procedure mask is not needed if the visitor is immune
  - Non-immune visitors should enter the patient's room only if necessary and wear a surgical/procedure mask
- For patients with acute viral respiratory infections, surgical/procedure masks may not be mandatory for visitors. The risk to the health of the visitor should be evaluated

The nurse shall talk with visitors before entering the isolation room, and

- Assess the risk to the health of the visitor and the risk of the visitor transmitting infection
- Shall instruct the visitor about the appropriate use of the surgical/procedure mask
- If indicated, shall instruct the visitor about the appropriate use of gowns, gloves and other precautions

Keep the number of visitors to a minimum (at the discretion of the unit staff).