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IPAC BEST PRACTICES GUIDELINE
Additional Precautions in Home and Community Care

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PURPOSE

To provide guidance on use of and indications for Additional Precautions in home and community care.

BACKGROUND

- When there is indication that Routine Practices are not sufficient to prevent the transmission of infectious agents, Additional Precautions should be implemented.
- Prior to every client interaction or task, in all care settings, health care workers have a duty to assess the infectious risk posed by a client, situation or procedure using a [Point of Care Risk Assessment \(PCRA\)](#).
- Additional Precautions (Airborne, Contact and Droplet) are put in place to prevent transmission of specific organisms or infections that may not be fully prevented by Routine Practices. Continue with Routine Practices even with the application of Additional Precautions.
 - Additional Precautions are based on the mode of transmission for clients with known or suspected infection. Refer to the [VCH Residential](#) or [Acute Care Resource Manual](#) for information sheets specific to each category of Additional Precautions.
- Additional Precautions used in acute care are not always appropriate in community-based services due to differences in the type of treatment, length of stay, decreased level of acuity and lower risk of transmission.

PROCEDURE

- Routine Practices alone are sufficient when:
 - wound drainage and body fluids (e.g., sputum, feces, urine, blood) are contained/controlled, AND
 - the individual is cooperative/able to practice good personal and hand hygiene, AND
 - the client is not displaying signs of a communicable disease
- If there is a higher risk of transmission of an infectious agent, continue to use Routine Practices and also implement Additional Precautions (refer to Appendix A).
- In all cases where Additional Precautions are necessary, clients and family members should receive basic education about how to prevent transmission of the illness and proper use of any personal protective equipment (PPE) needed.

- Factors to consider when deciding if Additional Precautions are required:
 - Individual's mental status, ability to cooperate, level of self-care and personal hygiene
 - Ability to contain secretions, drainage or excretions to prevent soiling of the environment
 - Clinical conditions that increase risk of transmission:
 - symptoms of an infectious respiratory or gastrointestinal illness (acute onset cough, fever, diarrhea or vomiting)
 - other potentially communicable disease presentations (e.g., undiagnosed vesicular or maculopapular rash)
 - Individuals presenting from a unit or facility that is on outbreak management protocol
- For known or suspected communicable disease, follow the recommendations found in the [VCH IPAC Diseases and Conditions Table](#) for organism-specific Additional Precautions.
- When clients on Additional Precautions are transferred to another facility, notify the receiving area or facility of the client's status prior to departure.
- Additional Precautions for individuals in community-based services may be discontinued when the risk of transmitting infectious agents to others can be managed with Routine Practices as determined by a Point of Care Risk Assessment (PCRA).
- Individuals on Additional Precautions should not participate in group activities until symptoms resolve and/or blood and body fluids are contained/controlled. If uncertain about when an individual is no longer infectious, consult with the client's health care provider.

Special Considerations for Environment and Equipment

- Ensure that the health care worker and client perform hand hygiene immediately before and after using essential therapeutic tools that cannot be cleaned (e.g., books, puzzles, tactile stimulation items, etc.).
 - When items become damaged, visibly soiled or are used in a circumstance where Additional Precautions are necessary, they must be given to the client or discarded.
- Run an empty wash load with 1 cup of household chlorine bleach and water only (no clothes) after heavily soiled loads of laundry or if client is on Additional Precautions. If bleach unavailable, run empty load with available laundry detergent.
- Bring only necessary items into the client environment and avoid bringing a professional supply bag into the care area for individuals on Additional Precautions:
 - discard any unused supplies or items that cannot be cleaned
 - launder all unused linens or fabric/cloth items
 - clean and disinfect all equipment/items brought into the care environment even if unused (e.g., stethoscope)
 - if a professional bag is required, decant items to a disposable bag or place professional bag on a clean blue pad and wipe outside of bag on leaving the clients environment

Special Considerations for Personal Protective Equipment in Home Care

- Whenever possible, make a pre-visit call to assess for potential risks based on client symptoms and procedures to be performed. Upon arrival to the client's home, re-evaluate the situation by performing a [Point of Care Risk Assessment](#).

- Carry gloves, gown/apron, mask, face shield, a barrier on which to place clean items (e.g., blue incontinence pad) and a garbage bag for disposal of PPE in the home.
- Refrain from storing PPE in the client's home.
- If it is undesirable to enter the residence without having donned PPE (extreme unhygienic conditions), put on and take off PPE in an alternate location (e.g., outside the residence, apartment hallway or foyer).

Special Considerations for Antibiotic Resistant Organisms (ARO)

- Colonization refers to the presence of microorganisms in the absence of signs or symptoms of infection. Additional Precautions for ARO colonization are not required in home care and low risk community settings due to the decreased risk for transmission. Use a PCRA to determine if PPE is indicated (e.g., uncontained body fluids).
- If unsure if the setting is low risk for ARO transmission, contact Infection Prevention and Control for assessment.
 - Low risk community settings generally include areas with self-care ambulatory clients being seen primarily for consultation, teaching or counselling (e.g., psychiatry, outpatient physiotherapy, geriatric day care).
 - Settings where the risk of ARO transmission is higher due to the use of invasive devices, open wounds and an increased need for direct care require Contact Precautions for ARO colonization.

Special Considerations for Airborne Precautions

- N95 Respirators are used for suspected or confirmed infections spread by the airborne route (e.g., pulmonary tuberculosis, chicken pox, disseminated shingles, measles) and for [aerosol-generating medical procedures](#) (AGMPs) on clients with influenza-like illness.
 - Staff must be properly fit-tested for N95 respirators in compliance with Canadian Standard Association (CSA) Standard Z94.4-02. Check with your manager or local Workplace Health and Safety representative to determine if you need to be fit-tested for an N95 respirator.
 - Perform a seal-check each time you don a N95 respirator to ensure there is an adequate seal between the mask and your face.
 - Perform hand hygiene before putting on and immediately after taking off a N95 respirator.

REFERENCES

Alberta Health Services. (2016). Routine Practices with Additional Precautions. Community-based Services Resource Manual.

PICNet. (2014). Infection Prevention and Control Guidelines for Providing Healthcare to Clients Living in the Community. Retrieved from: https://www.picnet.ca/wp-content/uploads/PICNet_Home_and_Community_Care_Guidelines_2014_.p

PIDAC. (2015). Infection Prevention and Control for Clinical Office Practice. Retrieved from: http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf

APPENDIX A. Assessment of the Need for Additional Precautions in Home & Community Care

RISK OF TRANSMISSION	ASSESSMENT OF INDIVIDUAL	PLACEMENT AND PRECAUTIONS
LOW	<ul style="list-style-type: none"> No signs/symptoms of communicable diseases (e.g. fever, rash, diarrhea, cough) Cooperative, but may need prompting or assistance with hand hygiene, toileting practices, etc. Contained drainage of body fluids by wound care or incontinence products 	<ul style="list-style-type: none"> Routine Practices with prompting/assistance as needed
HIGH	<ul style="list-style-type: none"> Signs/symptoms of communicable diseases (e.g., fever, cough, rash, diarrhea, vomiting) Uncooperative, even with prompting or assistance (e.g., unable or unwilling to perform hand hygiene, change soiled dressings, incontinence products or clothes) Uncontained drainage of body fluids that regularly soil the environment Severe, non-intact skin conditions with shedding or flaking skin (e.g. extensive dermatitis or psoriasis) 	<ul style="list-style-type: none"> Additional Precautions required Consider booking at end of day or during periods of low activity Individuals with a suspected communicable disease should not sit in the waiting room and instead be moved to the exam/treatment space as quickly as possible. Advise client to perform hand hygiene and to wear a mask if indicated Clean and disinfect high-touch surfaces and equipment following visit (two-step process) Maintain social distancing (2 meters separation) for droplet transmission risk; mask client as required Keep door closed if the client has a suspected airborne disease. Client must wear procedure mask. Refer to Airborne Precautions information sheet for more information. Keep door closed and room vacant for required settle time after client has left. Keep door closed for Aerosol Generating Medical Procedures (AGMPs) if client has suspected or confirmed Influenza-Like Illness (ILI). Keep door closed and room vacant for required settle time after client has left.
<p><u>Airborne Precautions</u></p> <ul style="list-style-type: none"> N95 respirators are used with suspected or confirmed cases of airborne infections (e.g., pulmonary tuberculosis, chicken pox, disseminated shingles, measles). A seal-check must be done each time an N95 respirator is worn. Apply N95 respirators before entry to the residence and remove after exit Perform hand hygiene before putting on & immediately after taking off N95 respirator <p><u>Droplet Precautions</u></p> <ul style="list-style-type: none"> Put on and take off PPE inside the client’s residence Maintain a minimum 2m (6 feet) distance from the client while putting on and removing PPE <p><u>Contact Precautions</u></p> <ul style="list-style-type: none"> Put on and take off PPE as per Point of Care Risk Assessment <p>Note precautions may be used in conjunction for organisms that transmit by more than one route (e.g., Droplet and Contact Precautions or Airborne and Contact Precautions). Refer to the VCH IPAC Diseases and Conditions Table.</p>		
<p>Adapted from Alberta Health Services</p>		