

Infection Prevention and Control

Best Practice Guideline

Additional Precautions in Community Healthcare Settings

A printed version of this guideline may not be the most recent version. The OFFICIAL version is located at www.ipac.vch.ca.

Site Applicability

All Vancouver Coastal Health owned, operated and contracted Ambulatory and Community Healthcare Settings

Scope

All Staff

Purpose

To provide guidance to staff to implement Additional Precautions in addition to routine practices.

Background

Additional Precautions are required when the transmission characteristics of a specific microorganism and/or set of symptoms are not contained with the use of Routine Practices alone. Additional Precautions do not replace the need for Routine Practices; rather they are used simultaneously.

Prior to <u>every</u> client interaction or task, in all healthcare settings, healthcare workers have a
duty to assess the infectious risk posed by the client, the environment and the task being
performed, using a <u>Point of Care Risk Assessment (PCRA)</u>.

Antibiotic Resistant Organisms (AROs) and Risk of Transmission in Community Settings

The use of Additional Precautions is intended to prevent exposure and transmission of communicable disease and protect the health and safety of clients, staff and visitors. In Ambulatory and Community settings, the risk of transmission is balanced against the inherent characteristics of the community setting in relation to the client, the environment and the task being performed. The environment of care in community differs greatly and may occur in a variety of settings, including but not limited to the client home, outpatient clinics, and outreach services. Due to the variability in these environments and the way in which healthcare services are delivered it is helpful to quantify the risks and use a practical approach to the implementation of Additional Precautions while optimizing client treatment. The VCH Diseases and Conditions table uses a practical approach based on risk assessment which supports optimal client care.

Indications for the Application of Additional Precautions

A physician order is not required to initiate Additional Precautions.



Vancouver Coastal Health

Infection Prevention and Control

- Place clients on Additional Precautions when signs and symptoms of infection are identified through physical assessment, client self-identification of symptoms and/or when a specific organism has been identified.
- For specific organisms, consult the VCH <u>IPAC Diseases and Conditions Table</u> for appropriate recommendations.
- Clients presenting with signs of infection and/or a known organism requiring the application of Additional Precautions:
 - Direct client to don a medical mask, if indicated.
 - Direct client to perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water.
 - Clients with presumed communicable disease should not sit in the waiting room for extended periods of time, and instead be moved to an exam/treatment space with the door/curtain closed, as soon as possible.
- Use appropriate additional precaution signage:
 - Droplet Precautions
 - o **Droplet/Contact Precautions**
 - Contact Precautions
 - o Contact Plus Precautions
 - o Airborne Precautions
 - o <u>Airborne/Contact Precautions</u>

Lower Risk of Transmission					
Client	 No signs/symptoms of communicable disease (e.g. fever, rash, cough, diarrhea, vomiting) identified through PCRA, Infectious disease screening, client self-identification or physical assessment. Cooperative – but may need prompting to follow direction and/or requires assistance with hand hygiene, toileting etc. Contained – drainage of body fluids is contained by wound care products, incontinence products. 				
Environment	 There is access to running water. The environment is visibly clean with minimal clutter. Horizontal surfaces are comprised of non-porous materials that can easily be cleaned and disinfected. Exam/treatment space has a door/curtain that can be closed. There are dedicated spaces to safely dispose of waste. 				
Task	 Non-clinical interaction Client interview Group therapy Providing education 				





Infection Prevention and Control

Higher Risk of Transmission				
Client	 Signs/symptoms of communicable disease (e.g. fever, rash, cough, diarrhea, vomiting) identified through PCRA, infectious disease risk screening, client self-identification, physical assessment. Uncooperative – even with prompting or assistance (e.g. unable/unwilling to perform hand hygiene, change soiled dressings, incontinence products or clothing). 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). 			
Environment	 No access to running water. Environment is heavily soiled. Signs of infestation are present. Environment/horizontal surfaces heavily cluttered. Horizontal surfaces are comprised of materials that are porous and/or cannot be adequately cleaned and disinfected. 			
Task	 Performing a task where blood or body fluids may come in contact with skin, clothing or surfaces in the environment. Performing tasks which may cause splash or spray. 			

References

- 1. Provincial Infectious Diseases Advisory Committee (2015). *Infection prevention and control for clinical office practice*. Retrieved from <u>IPAC for COP ENGLISH 2015-04-27 NEW</u>
- Provincial Infectious Diseases Advisory Committee (2025). Infection prevention and control for home and community care. Retrieved from <u>Infection Prevention and Control for Home</u> and <u>Community Care</u>
- 3. Public Health Agency of Canada (2017). Routine practices and additional precautions for preventing transmission of infection in healthcare settings. Retrieved from
- 4. Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings Canada.ca

Associated Documents

VCH Diseases and Conditions Table





Infection Prevention and Control

First Released:	June 1, 2017					
Last Revised:	April 8, 2025					
Last Reviewed:	April 8, 2025					
Review Due By	April 8, 2028					
(Q 3 Y):						
Approved By:	Allyson Hankins Date: April 8, 2025					
Revision History						
Revision #:	Description of Changes:		Revised By:	Effective		
				Date:		
March 12, 2025	Updated to new guideline template; Document contents completely updated to align with the updated Diseases and		Allyson Hankins, Edwin Tunod,	March 12, 2025		
	Conditions table.		Katie Huynh,			
			Sanjna Chetty,			
			Carolyn Goss, Tania Dearden			
			Tama Bearden			
			l	1		