

Best Practice Guideline	Additional Precautions in Long-Term Care and Assisted Living
Date	October 10, 2024
Reviewed Date	
Revised Date	

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Site Applicability

All Vancouver Coastal Health owned, operated and contracted Long-Term Care and Assisted Living providers.

Scope of Practice

All Staff

Purpose

To provide guidance for staff to implement Additional Precautions in addition to routine practices. Additional Precautions are measures applied to prevent the transmission of microorganisms in long-term care homes based on known or suspected symptom presentation or identified conditions.

Background

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

- Prior to every resident interaction or task, in all long-term care homes, health care workers have a duty to assess the infectious risk posed by the resident, the environment and the task being performed, using a [Point of Care Risk Assessment \(PCRA\)](#).

Indications for the Application of Additional Precautions

- Place residents on Additional Precautions when signs and symptoms of infection are identified through physical assessment, resident self-identification of symptoms and/or when a specific organism has been identified.
- For specific organisms, consult the [VCH IPAC Diseases and Conditions](#) table for appropriate recommendations. See **Appendix A** for Organisms of Interest.
- Follow the Additional Precautions Best Practice Guidelines listed below, either alone or in combination, as required based on the organism.
 - [Airborne Precautions](#)
 - [Contact/Contact Plus Precautions](#)
 - [Droplet and Droplet/Contact Precautions](#)



- [Enhanced Barrier Precautions](#)
- Use signage for the appropriate precautions:
 - [Droplet Precautions](#)
 - [Droplet/Contact Precautions](#)
 - [Contact Precautions](#)
 - [Contact Plus Precautions](#)
 - [Airborne Precautions](#)
 - [Airborne/Contact Precautions](#)
 - [Enhanced Barrier Precautions](#)
- A physician's order is not required to initiate Additional Precautions.
- Residents on Additional Precautions are to remain in their room. If the resident is unable to remain in their room due to cognitive or behavioral challenges, consider [resident-centered interventions to manage behavior](#) and document in the care plan.
- Consult the LTC Infection Control team for advice on managing close contacts that may have been exposed to infectious organisms (e.g. roommates, tablemates).
- For transfers of residents on Additional Precautions, notify the receiving facility and the transport staff of the resident's status prior to departure.
- Although Additional Precautions are necessary to protect residents, staff and visitors, there may be negative impacts that staff should remain aware of including:
 - Limited contact with staff that may result in reduced resident monitoring (e.g. recording of vital signs, fewer physician visits, increased risk of falls).
 - Negative psychological and mental health impacts related to resident isolation such as anxiety, depression, sleep disturbance, withdrawal, regression and hallucinations.

It is important not to place residents on Additional Precautions for longer than necessary. Ongoing assessment of symptoms by health care staff is required to determine safe removal of precautions. Staff can consult the [VCH IPAC Diseases and Conditions Table](#) to assist with decision making for specific organisms or consult the ICP.

- For residents on Additional Precautions who have visitors, staff shall:
 - Explain the Additional Precaution requirements for safe visitation.
 - Educate the visitor(s) on the requirements for hand hygiene.
 - Educate and instruct the visitor(s) how to don and doff the required personal protective equipment (PPE) as outlined on the Additional Precautions signage.



- No special precautions are required for dishes or cutlery for residents on precautions, routine practices are sufficient.
- No special precautions are required for handling of linen or garbage. Provide in room hampers and bins for linen, hospital and personal laundry, and garbage
- [Best Practice Guideline for Management of Linen in Long-Term Care \(LTC\)](#)

Special Considerations for Managing Residents on Precautions

- Dedicate equipment when possible.
- Bring only necessary care items into the resident environment
- Single use equipment is preferred for residents.
 - If single use equipment is not available, dedicate multi-use equipment for the duration the resident remains on Additional Precautions.
 - Clean and disinfect multi-use equipment that cannot be dedicated after every use.
- Discard any unused supplies or items that cannot be cleaned and disinfected.
- Use disposable hygienic products for transporting body fluids to minimize splash, sprays and spills.
- Prior to discontinuing precautions, resident to be bathed.

Cleaning Requirements

- Dedicate equipment to resident when possible.
- Clean and disinfect equipment between uses.
- Clean as per Routine Environmental Cleaning (Routine Practices).
- Prior to discontinuing precautions;
 - Leadership or designate to communicate with environmental services to ensure an Additional Precautions Discharge Clean is completed.

Notification and Documentation

- Nursing staff to document in the clinical record that the resident/ is on precautions and notify Clinical Lead.

References

1. British Columbia Ministry of Health. (2019, In draft). Best Practices for Hand Hygiene in All Health care Settings and Programs (3rd ed.)
2. Canadian Standards Association Group. (2018). CSA Z8000-11: Canadian Health Care Facilities- Planning, Design and Construction (2nd ed).



3. Canadian Standards Association Group. (2021) CSA Z317.1. Special Requirements for Plumbing Installations in Health Care Facilities.
4. Lescure, D., Haenen, A., de Greeff, S., Voss, A., Huis, A., & Hulscher, M. (2021). Exploring determinants of hand hygiene compliance in LTCFs: a qualitative study using Flottorps' integrated checklist of determinants of practice. *Antimicrobial Resistance and Infection Control*, (10:14) <https://doi.org/10.1186/s13756-021-00882-2>
5. Ministry of Health Policy Communique. (2012). Hand Hygiene.
6. Public Health Agency of Canada. (2021). Hand Hygiene Practices in Healthcare Settings. https://ipac-canada.org/photos/custom/OldSite/pdf/2013_PHAC_Hand%20Hygiene-EN.pdf.
7. World Health Organization. (2012). [Hand hygiene in outpatient and home-based care and long-term care facilities.](#)
8. World Health Organization Patient Safety. (2009). WHO guidelines on hand hygiene in health care.
9. http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=BF5E5B4BEABF7D3D22C2BDC94BF1010E?sequence=1



Appendix A – Organisms of Interest

Resistant organisms	Routine Practices	Additional precautions	Duration of Precautions	Equipment Management	Environmental Cleaning	Cleaning and Disinfecting Product	Human Waste Disposal
<i>Candida auris</i>	Yes	No*					Regular waste streams
Carbapenemase Producing Organisms (CPO)	Yes	No*					Regular waste streams
<i>Clostridioides difficile</i> (CDI)	Yes	Contact Plus	Until 48 hours after last onset of diarrhea	Dedicate equipment to resident Clean and disinfect equipment after use when unable to dedicate	Initial clean (within __ hours and isolation discharge clean	Disinfectant with a sporicidal kill claim	Disposable hygienic products if unable to dedicate toileting facilities
Extended Spectrum Beta Lactamase (ESBL)	Yes	No					Regular waste streams
Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)	Yes	No	N/A		Routine		Regular waste streams
Vancomycin Resistant Enterococci (VRE)	Yes	No	N/A		Routine		Regular waste streams

