POLICY/PROCEDURE

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Due to the nature of the care provided in all healthcare settings there is an inherent risk for the transmission of infectious organisms. All healthcare providers are responsible for following the appropriate precautions when engaging in all patient care activities.

SPECIAL POINTS

Standard precautions are based on the premise that all patients are potentially infectious, even when asymptomatic, should be used routinely with all patients to prevent the exposure to blood, body fluid, secretions, excretions, mucous membranes, non-intact skin or soiled items potentially containing infectious organisms and to prevent the spread of infection.

Within hospital transportation of patients on any isolation precautions must be limited and all precautions must be continued.

When a patient on isolation precautions is transported for diagnostic testing, the requisition must have the appropriate isolation precautions identified. An orange isolation precaution sticker (Figure 1) must be placed on the all diagnostic requisitions (i.e. Laboratory and Diagnostic Imaging), with the type of precautions required clearly written on the sticker.

Figure 1

DEFINITIONS

Airborne Precautions: prevent transmission of infection agents that remain infectious over long distances when suspended in the air. Airborne precautions are used in addition to routine practices for patients known or suspected of having an illness transmitted by the airborne route (i.e. by small droplet nulei that remain suspended in the air an may be inhaled by others).

Contact Precautions: intended to prevent transmission of infectious agents, including epidemiologically important microorganisms, which are spread by direct or indirect contact

with the patient or the patient's environment. Contact precautions are used in addition to routine practices to reduce the risk of transmitting infectious agents via contact with an infectious person

Droplet Precautions: used in addition to routine practices for patients know or suspected of having an infection that can be transmitted by large infectious droplets.

POLICY

Additional isolation precautions may be used as well as standard precautions to interrupt the transmission of suspected or identified infectious agents. Additional precautions should be implemented as soon as symptoms of an infection are suspected, not only when a diagnosis is confirmed.

Any regulated health care professional can initiate additional precautions; it is not required to have a physician's order.

The discontinuation of additional precautions can be a complicated process requiring clinical assessment and testing of patients. The discontinuation of additional precautions should be in consultation with the Infection Control Coordinator. If there is a disagreement, the additional precautions should remain in place until there is a definitive diagnosis or expert consultation.

It is important that additional precautions are not used longer than necessary as it can pose a barrier to healthcare. The ongoing risk of transmission and need for additional precautions should be re-evaluated, with the goal of removing them as soon as it is safe to do so.

Please refer to the Hospital Wide Policy, *I-0650 Infection Control: Isolation Precautions Signs*, for additional information regarding additional precautions.

PROCEDURE

A risk assessment must be done before each interaction with a patient and/or their environment in order to determine which interventions are required to prevent transmission during the interaction, because the patient's status can change. Please see the Appendix for a risk assessment decision algorithm.

A single patient room is the preferred accommodation for all patients in health care settings. However, when single room accommodation is not possible the following consideration should be taken into account.

Droplet Precautions

- There must be a spatial separation of at least 2 meters, and facial protection for close contact (i.e. surgical mask and eye protection) for patients with the following symptoms:
    - A new or worse cough or shortness of breath with fever or chills
    - Copious uncontrolled respiratory secretions
    - Suspected or diagnosed meningococcal disease or meningitis of unknown etiology

- If the patient has the above symptoms, they should be accommodated in a single room. If a single room is not available, the Infection Control Coordinator should be contacted to discuss the patient's room accommodation.
- If addition to Droplet Precautions, Contact Precautions should also be initiated if the patient has an infection that is also spread via contact, such as influenza and other respiratory viral infections.

Accommodation for patients with Methicillin-Resistant Staphylococcus Aureus (MRSA)

Patients known to be colonized or infected with MRSA should be placed in a single room with individual toileting facilities. In acute care settings, patients with MRSA should not share a room with patients without MRSA.

Contact Precautions must be initiated, with appropriate isolation signage on the patient's room door. Also, the appropriate personal protective equipment must be available outside the patient's room.

If a single room is not available, cohort with other patients/residents with MRSA only in consultation with the Infection Control Coordinator or Office of the Chief Public Health Officer, and on a case-by-case basis.

Please refer to the Hospital Wide Policy, *I-0696 Infection Control: Multi Resistant Organisms (MRO) (MRSA/VRE) in the hospital*, for further instruction on appropriate screening and accommodation for patients with MRSA/Vancomycin-Resistant Enterococci (VRE).

Accommodation for patients with *Clostridium difficile* infection or VRE

Patient known to be colonized or infected with C. *difficile* or VRE must be placed in a single room with individual toileting facilities.

Contact precautions must be initiated, with appropriate isolation signage on the patient's room door. Also, the appropriate personal protective equipment must be available outside the

patient's room.

When caring for patients with known or suspected diarrheal illness, including *C. difficile*, **hand hygiene must be performed with soap and water.** Alcohol-based hand rub is not effective in killing *C. difficile* spores.

There is enhanced environmental cleaning of rooms with patients with *C. difficile* and VRE. The housekeeping department must be notified of these rooms, so that the appropriate cleaning and disinfecting practices can be used.

C. difficile is a spore-forming bacterium, which can persist in the environment for months if the appropriate disinfectant is not used. All rooms of patients with suspected or confirmed *C. difficile* must be cleaned and disinfected with a sporicidal cleaner.

Accommodation of patient on Airborne Precautions

Patients with suspected or confirmed infection spread via the airborne route must be placed in a single negative pressure airborne isolation room. The airborne isolation rooms are always under negative pressure, and have the ability for added HEPA filtration of exhausted air.

The types of infections requiring Airborne Precautions include pulmonary tuberculosis, chicken pox, and measles.

Airborne negative pressure isolation rooms are located on the Medicine Unit (2), Pediatrics Unit (3), and Emergency Department (1). When a patient is admitted to the negative pressure room, and requires airborne isolation, the room door and the door of the adjacent negative pressure room or rooms must remain closed at all times. This ensures that the pressure balancing for the room is maintained at negative pressure. When a patient requiring airborne isolation is in the negative pressure room, the HEPA filter fan is turned on by a switch in the room, for added filtration of the air that is exhausted.

Patients on airborne precautions must remain in their room with the door shut, unless leaving for diagnostic tests. If the patient is leaving for diagnostic testing, they must wear an N95 mask when outside of the negative pressure isolation room.

REFERENCES

Department of Health and Social Services. (2012). *NWT infection prevention and control manual*. Yellowknife, NT: Government of the Northwest Territories.

Provincial Infectious Disease Advisory Committee (PIDAC), Ontario Agency for Health Protection and Promotion. (2012). *Routine practices and additional precautions in all health care settings.* Toronto, ON: Queen's Printer for Ontario.

Provincial Infectious Disease Advisory Committee (PIDAC), Ontario Agency for Health Protection and Promotion. (2012). Best *practices for environmental cleaning for prevention and control of infections in all health care settings.* Toronto, ON: Queen's Printer for Ontario.

Reviewed and approved by: DEC - 5 2013
Chair, CPAC (signed and dated)

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Chief Executive Officer (signed and dated)

Appendix

Routine Practices Risk Assessment Algorithm for All Patient Interactions