

Title Routine Practices and Additional Precautions	Policy Number IPC-005	
Developer Manager, Infection Prevention & Control	Category	Clinical
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Executive Sponsor DIR, Emergency, CCU, and Ambulatory	Revision Date	October 2023
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10.0 Appendix (or Appendices)

- [Appendix 1 – Performing a Risk Assessment Related to Routine Practices and Additional Precautions](#)

1.0 Scope of Policy/Procedure

- To prevent the transmission of infections in hospital between all patients/staff/visitors (including those admitted to hospital or attending outpatient services).
- To protect patients, staff and visitors, from exposure to potentially pathogenic microorganisms.

2.0 Policy Statement

In keeping with its core value of accountability, the Hospital adheres to the Ministry of Health standards with respect to preventing and controlling communicable diseases and infections.

- All new hires working in the facility (including contract services providing service in the facility) must attend hospital orientation and keep updated on Infection Prevention & Control policies and practices.
- All hospital personnel (including contractors providing service in the facility) are required to follow the Infection Prevention & Control policies as they pertain to their service/department.
- All patients regardless of their diagnoses or presumed infection status will be cared for using “Routine Practices” (see [5.2](#) – Routine Practices).
- Patients with confirmed or suspected infections shall be isolated according to the transmission-based precautions as described in “Isolation Guidelines” located under “Documents” on NBRHC intranet main page.
- All patients with Acute Respiratory Illness (ARI) will be isolated as per NBRHC policy, “Screening for Acute Respiratory Illness” (IPC 014).
- Patients who meet criteria will be isolated as per NBRHC policy “Antibiotic Resistant Organisms (ARO), Preventing Transmission of” (IPC 003).
- All hospital personnel (including contract services providing service in the facility) are expected to report to Occupational Health and Safety if they have, or are exposed to, an infectious disease.

AUTHORITY & RESPONSIBILITY TO ISOLATE

IPAC

is responsible for ensuring the appropriate category of isolation is initiated and maintained according to hospital policy, and is responsible for the development and revision of isolation policies and procedures.

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All Personnel: physicians, nurses, technicians, students and others (including contractors providing service in the facility) are responsible for complying with isolation precautions.

When there is disagreement about appropriate infection control practices among those caring for a patient, staff should follow the practice of using the higher level of precautions until a consensus is reached or Infection Prevention & Control is consulted.

3.0 Supporting Documents

Document Title	Document Type	Number
Education material will be given to the patient and/or family members as stated in individual Infection Prevention & Control policies.		

4.0 Definitions

Term	Definition
ABHR	Alcohol Based Hand Rub
IPAC	Infection Prevention & Control
PPE	Personal Protective Equipment
Routine Practices and Additional Precautions	<ul style="list-style-type: none"> • Infection Prevention & Control best practices used by health care workers to reduce the risk of transmitting infections to and from patients, residents and staff in all health care settings. • Routine practices refer to minimum practices that should be used with all patients or residents. • Additional precautions refer to specific actions that should be taken with individuals that are at risk of transmitting or acquiring disease.
PCRA	Point of Care Risk Assessment
AGMP	Aerosol Generated Medical Procedures

5.0 Procedure/Process

5.1 Equipment and Supplies

- Isolation Guidelines – found on the hospital intranet under “Documents”
- Isolation cart for additional precautions – call ext. 4444 to have cart brought to area
- Appropriate precaution signs (located in designated sign holder on each unit and through IPAC office)
- Personal protective equipment (PPE) located in:
 - Stores
 - Isolation carts
 - Anterooms
 - Clean Utility Rooms
- Hospital electronic incident reporting system.

5.2 Routine Practices

Routine Practices are based on the premise that all patients/residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all patients/residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

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Health care providers must assess the risk of exposure to blood, body fluids and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

Accommodation:

- Patients who visibly soil the environment should be placed in private rooms with dedicated toileting facilities. This includes mobile patients with fecal incontinence (if stools cannot be contained with incontinent products) and patients with a draining wound that is not contained in the dressing.
- Private rooms are not required for children in diapers unless they have uncontained diarrhea and cannot be confined to their designated bed space.

Patient Care Equipment:

- Where possible, dedicated patient care equipment that will not be shared between patients should be considered.
- Reusable equipment that has been in direct contact with the patient must be cleaned and reprocessed before use in the care of another patient. Items that are routinely shared must be cleaned between patients, using hospital-approved disinfectant.
- There will be no sharing of personal care equipment/supplies (i.e., tooth brushes, razors).
- Equipment that is visibly soiled must be cleaned prior to disinfection.

5.3 Personal Protective Equipment (PPE)

Employer Responsibilities

- Conduct risk assessments and review best practices/legislation to determine appropriate PPE, based on risk to workers/staff and to patients
- Provide training on the use of PPE, including donning; doffing; disposal; etc.
- Provide appropriate PPE
- Ensure that workers/staff comply of use of PPE

Supervisor Responsibilities

- Ensure worker/staff compliance with training
- Ensure worker/staff is competent in the proper use of the PPE
- Provide and ensure adequate PPE

Worker/Staff Responsibilities

- Follow procedures for the use, care and disposal of PPE
- Wear appropriate PPE whenever required
- Conduct PCRA to ensure adequate PPE. Report any health & safety concerns related to use, maintenance and disposal of PPE to their supervisor

****All Staff must make themselves aware of location and appropriate use of personal protective equipment.**

5.3.1. Hand Washing

- Hands must be washed:
 - Before and after direct patient contact or contact with patient's environment
 - When in contact with contaminated items
 - Before donning gloves and immediately after removing gloves
 - Between certain procedures on the same patient, where soiling of hands is likely, to avoid cross contamination of body sites
- Plain soap may be used for routine hand washing.

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- ABHR can be used as an alternative to soap and water if a hand wash sink is not available and if hands are not visibly soiled.

5.3.2. Gloves

- Hands must be washed before donning gloves.
- Gloves must be used as an additional measure, not as a substitute for hand washing.
- Clean, non-sterile gloves must be worn for contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (open skin lesions or exudative rash) and for handling items visibly soiled with blood, body fluids, secretions or excretions.
- Gloves must be changed between patient care activities and procedures with the same patient after contact with materials that may contain high concentrations of microorganism, (i.e. after handling an indwelling urinary catheter or suctioning an endotracheal tube).
- Gloves must be removed immediately after completion of a specific task at point of use and before touching clean environment surfaces.
- Hands must be washed immediately after removing gloves.
- **Single-use disposable gloves must not be reused or washed.**

5.3.3. Mask/Eye Protection

- Fluid resistant masks, eye protection or face shields must be worn to protect the mucous membranes of the eyes, nose and mouth, during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions, including aerosol generating procedures.

5.3.4. Gowns

- At any time if it is necessary to sit on the patient's bed, a gown must be worn.
- Gowns must be used to protect uncovered skin and prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

5.4 Donning and Doffing of Personal Protective Equipment

5.4.1 Sequence for DONNING PPE

1. Perform Hand Hygiene

- Always perform hand hygiene immediately before donning PPE.

2. Gown

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

3. Mask or N95 Respirator

- Secure ear loops and fit flexible band to nose bridge
- Fit snug to face and below chin
- For N95 Respirator – secure elastic bands at middle of head and neck
- Seal-check N95 Respirator

4. Eye Protection / Face Shield

- Place over face and eyes and adjust to fit

5. Gloves

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- Extend to cover wrist of isolation gown

5.4.2 Sequence for DOFFING PPE

1. Gloves

- **Outside of gloves are contaminated!**
- Grasp outside of glove with opposite gloved hand; peel off
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove
- Discard gloves in waste container
-

2. Gown

- **Gown front and sleeves are contaminated!**
- Unfasten ties (be careful not to touch your face or head)
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in waste container (if disposable) or laundry hamper (for reusable)

3. Perform Hand Hygiene

- Perform hand hygiene after gloves/gown removal before moving on to other tasks or duties and prior to removing eye protection and mask

4. Eye Protection / Face Shield

- **Outside of face shield is contaminated!**
- To remove, handle by head band or strap
- Discard in waste container (if disposable) clean with Hospital approved disinfectant (for reusable)

5. Mask or Respirator

- **Front of mask/respirator is contaminated – DO NOT TOUCH!**
- Grasp by ear loops to remove
- For N95 Respirator – grasp bottom, then top elastic to remove
- Discard in waste container

6. Perform Hand Hygiene

- Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.

5.5 Additional Precautions

All patients with confirmed or suspected infections will be cared for using additional precautions in addition to routine precautions.

Patients will be placed on additional precautions using the “Isolation Guidelines” located on the intranet and/or Infection Prevention & Control homepages.

Cohorting of patients may only occur in consultation with IPAC.

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	Accommodation	Ambulatory/ Outpatient Settings	Masks/Gloves/ Gowns/Eye Protection	Patient Transport
<p><u>Airborne Precautions</u></p> <p>BGIS to ensure alarms are on.</p> <p>Minimum negative pressure of -7 is required at all times.</p>	<p>Private room with negative pressure. Room should have toilet, hand washing and bathing facilities.</p> <p>Airborne Precautions sign will be posted.</p> <p>Both doors must be kept closed at all times.</p> <p>After discharge, door should be kept closed for 35 minutes.</p> <p>* for O.R. setting see 5.10</p>	<p>Contact Infection Prevention and Control.</p>	<p>High filtration/N95 mask must be worn when entering the room. Staff that have been mask fit tested should wear the mask they have been mask fit tested for.</p>	<p>Patient must wear regular procedure mask during transport.</p> <p>Personnel in the receiving area must be notified of the precautions.</p> <p>Refer to 5.17 for specific procedure on "Transporting Isolated Patients".</p>

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<p><u>Contact Precautions</u></p>	<p>Private room with dedicated toilet and patient sink.</p> <p>Contact precaution sign will be posted.</p>	<p>Placement on case by case basis.</p> <p>Identify patients who require precautions.</p>	<p>Gloves must be worn for all patient contact.</p> <p>Gowns must be worn for all contact with patient and/or patient environment.</p>	<p>Patient should come out of the room for essential purposes only.</p> <p>Personnel in the receiving unit must be notified of the precautions.</p> <p>Refer to 5.17 for specific procedure on “Transporting Isolated Patients”.</p>
<p><u>Droplet Precautions</u></p>	<p>Private room or semi-walled divisible.</p> <p>Droplet sign will be posted.</p>	<p>Offer mask and ask patient to perform hand hygiene on arrival. Escort to exam room as soon as possible or segregate (2 metres/6 feet) from others.</p>	<p>A fluid resistant mask must be worn within 2 metres (6 feet) of the patient.</p> <p>Eye protection (goggles, face shield or mask with visor) must be worn within 2 metres (6 feet) of the patient.</p>	<p>Patient should come out of the room for essential purposes only.</p> <p>The patient should wear a mask during transport, if tolerated.</p> <p>Personnel in the receiving unit must be notified of the precautions.</p> <p>Refer to 5.17 for specific procedure on “Transporting Isolated Patients”.</p>
<p><u>Protective Isolation – Adult and Pediatric</u></p> <p>Adult: adult patient who’s neutrophils are less than 0.5 x 10⁹L</p> <p>Paediatric: paediatric patient who’s neutrophils are less than 2.0 x 10⁹L</p>	<p>Private room is preferred.</p> <p>Protective Isolation sign will be posted.</p>		<p>Mask: Procedure mask should be worn when entering a patient room .</p>	<p>Patient should come out of the room for essential purposes only.</p> <p>Patient should wear a procedure mask during transport.</p> <p>Personnel in the receiving unit must be notified of the precautions.</p> <p>Refer to 5.17 for specific procedure on “Transporting Isolated Patients”.</p>

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<p><u>Precautions for COVID-19 Patients (Confirmed or Suspect)</u></p>	<p>Private room.</p> <p>Droplet and Contact precaution signs, Purple Stop sign. Door to be kept closed.</p>	<p>Offer mask and Ask patient to perform hand hygiene on arrival. Escort to exam room as soon as possible or segregate (2 metres/6 feet) from others. Pull curtain or have divider between patients.</p>	<p>N95 must be worn within 2 metres (6 feet) of the patient.</p> <p>Eye protection (goggles, face shield) must be worn within 2 metres (6 feet) of the patient.</p> <p>Gloves must be worn for contact with patient and or patient environment.</p> <p>Gowns must be worn for contact with patient and/or patient environment.</p>	<p>Patient should come Out of the room for essential purposes only.</p> <p>Patient should wear a procedure mask during transport.</p> <p>Personnel in the receiving unit must be notified of the precautions.</p> <p>Refer to 5.17 for specific procedure on “Transporting Isolated Patients”.</p>
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5.6 Initiation of Isolation Acute-care Areas

Inpatient Areas

1. Determine the correct category of added precautions using the “Isolation Guidelines” found on the intranet under “Documents”.
2. Notify:
 - Infection Prevention & Control office at ext. 3335/3336/3337 or by Vocera
3. Obtain an isolation supply cart from Distribution Services (ext. 4444). Post appropriate signage in patient doorway (located in the designated sign holder on each unit). PPE for transmission-based precautions are in the isolation cart or are located in anteroom of negative pressure rooms.
4. Place the cart in the hallway outside of the patient’s room.
5. If the isolation required is airborne ensure appropriate N95 respirator is available. The isolation cart is clean; ensure that it is not used for dirty equipment, specimens, etc. Use the cart only for those supplies required to carry out isolation precautions:
 - Nursing staff will be responsible for restocking the cart at the end of their shift.
 - Isolation signage is located in the designated sign holder on each unit.
 - Purchasing will restock the carts once cart is returned after its use. .
 - Environmental services will wipe the cart daily with hospital-approved disinfectant.
6. Place laundry hamper and/or garbage can inside patient room, near the doorway, for proper disposal of PPE (do not place in anteroom).
7. Patients may leave their room for tests/procedures following “patient transport procedure” see [section 5.6](#).

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5.7 Considerations in Non Acute Care Areas

Routine practices are to be followed during all patient contact, see [section 5.2](#) (Routine Practices).

- Ask all patients to clean their hands using an ABHR on arrival to unit.
- Follow procedures for transmission
- Clean patient environment using hospital-approved disinfectant after visit or use.
- Do not cancel or postpone necessary tests and procedures. See “patient transport procedure” [section 5.6](#).

5.8 Outpatient and Community Care Settings

1. Determine the correct category of isolation using the “Isolation Guidelines” found on the intranet under “Documents”.
2. Segregate patient as best as possible according to assigned additional precautions.
3. To limit the amount of environmental contamination, attempt to assign isolated patient to one area and avoid moving them from room to room if possible. If ambulatory, ask patient to remain in one area rather than walking around.
4. If patient requires visit to another area ensure that necessary precautions are communicated.
5. Clean patient environment using hospital-approved disinfectant after visit or use.
6. Place laundry hamper and/or garbage can inside patient room, near the doorway, for proper disposal of PPE (do not place in anteroom). If needed, consult IPC for further direction.

5.9 Operating Room Setting

All patients going for surgery and have a confirmed or suspect infection will be cared for using additional precautions as per [5.6 Additional Precautions](#)

Any patient with an antibiotic resistant organism (ARO) should be scheduled as the last case of the day. Appropriate precautions are to be followed.

Patients requiring airborne isolation for an airborne infection such as TB or measles should either have their surgery postponed until they are no longer considered infectious or scheduled to allow adequate ventilation of the room after surgery (last case of the day or allow for 21 minutes of air exchange before re-entering):

- Notify Infection Prevention & Control department if surgery is booked.
- Consider consult with Infectious Disease Physician and transfer to facility with capability of negative pressure O.R.
- If possible, intubate/extubate patient in an airborne isolation room. A disposable bacterial filter should be placed on the expiratory side.
- Advise O.R. staff and anesthesiologists of suspected or confirmed case.
- All staff to wear N95 mask.
- Strictly control staff into and out of surgical suite.
- Use disposable anesthesia circuit and change after use.
- Recover patient in the O.R. or the negative pressure room in PACU.
- Clean room as End of Day clean.

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- Staff not required for extubation or post-op recovery should leave the suite.

5.10 Handling Laundry

- Wear appropriate PPE to prevent contamination of uniform.
- To prevent air contamination, handle linen carefully. **Do Not Shake.**
- Bag linen and laundry in the patient's room.
- Tie the edges securely in a knot.
- Linen that is soiled with blood, body fluids, secretions or excretions should be handled using the same precautions, regardless of whether the patient is on Additional Precautions.
 - a. Bag or otherwise contain contaminated laundry at the site of collection
 - b. Use leak-proof containment for laundry contaminated with blood or body substances (water-soluble bags and 'double-bagging' are not recommended)
 - c. Laundry carts or hampers used to collect or transport soiled linen need not be covered
 - d. Linen bags should be tied securely and not over-filled.

Double bagging is not required unless there is visible soil on the exterior of the bag.

5.11 Garbage Disposal

Most infectious diseases no longer require special handling for contaminated articles and require routine practices. Environmental Services staff and Distribution Attendants follow, "Biomedical Waste Policy (ADM-FA-010).

5.12 Care of Patient Equipment

- Dedicated equipment is preferred for patients on additional precautions.
- Wipe all reusable equipment that comes in contact with the patient and/or patient environment with hospital-approved disinfectant between patients.
- If ARO precautions in place, wipe all equipment twice with hospital-approved disinfectant.
- All reusable equipment that comes in contact with the patient's body fluids must be washed to remove visible soil before being returned to MDRD for reprocessing.

5.13 Cleaning of Environment

Environmental Services will clean room according to their departmental policies.

5.14 Handling Dishes

- No special precautions are necessary for dishes unless they are visibly contaminated with blood or other body fluids.
- If dishes visibly contaminated, nursing staff must remove blood/body fluids using hospital-approved disinfectant before placing with other trays.
- Food Services personnel who handle soiled dishes must wear kitchen utility gloves and wash their hands before handling clean dishes or food.
- When delivering meals, the Food Services staff is not required to take in or remove any trays from patients who are on isolation precautions.

5.15 Volunteers

- Volunteers should not enter isolation rooms unless under the supervision of trained personnel.
- If the Volunteer has received training in PPE and Additional Precautions, the Volunteer should consult with the primary nurse before entering the room.

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- Volunteers must remain at home if they have colds, coughs, rashes, skin infections, cold sores or flu-like illnesses.

5.16 Transporting Isolated Patients

- Notify the receiving department or facility and Distribution Services or ambulance attendants well in advance so they can prepare for isolation precautions.
- Nursing staff to prepare patient for transportation (mask and clean hands) on stretcher or in wheelchair.
- If Airborne, or Droplet Precautions are in place, the patient will need a regular procedure mask while outside the room. For children and adult patients that are not able to wear a mask, a blanket should be used to try to cover as much of the face as possible and tissue should be used by the compliant patient. Anyone in close contact must wear a mask.
- The patient must wash their hands, or use ABHR when leaving room.
- If a stretcher or wheelchair is required, or if patient is transported in his/her bed, cover with a clean blanket. Once the patient is seated, remove contaminated gowns and gloves and wash hands.
- Touching only the exterior of the clean blanket, wrap the patient. If vehicle is contaminated during this process, wipe the area using a hospital-approved disinfectant.
- **DO NOT wear contaminated gowns and gloves outside the patient's room.**
- Once in the receiving department, don gowns and gloves again, as required, to touch and assist with the patient.
- Follow the same procedure when returning the patient to the room.
- After returning the patient to the room, clean the wheelchair or stretcher with hospital-approved disinfectant. If ARO precautions are required then wipe the vehicle twice with hospital-approved disinfectant.

5.17 Discontinuation of Isolation Precautions

Additional precautions may be discontinued when there is thought to be no longer a risk of transmission of the disease or illness. The decision to discontinue precautions can be determined by the nurse (following criteria left by the ICP), the ICP team member or physician.

Droplet and Contact precautions for acute respiratory illness (ARI) See policy; ADM-017 Acute Respiratory Illness (ARI) – Prevention and Management

- Afebrile x 48 hours
- Minimal cough that is contained
- Overall clinical improvement
- Has diagnosis other than a respiratory infection that is causing symptoms (i.e., urosepsis)
- Confirmed or suspected Influenza: 5 days after the onset of illness or symptoms resolved (whichever is shorter).

Contact and Droplet precautions for gastroenteritis (excluding *C. difficile*)

- 48 hours after symptoms have resolved or diagnosed as non-infectious

Contact precautions for *C. difficile* infection refer to: Management and Prevention of Clostridium difficile policy (IPC 001) in consultation with IPAC.

ARO precautions: refer to Antibiotic Resistant Organisms (ARO) policy (IPC 003) in consultation with IPAC.

Airborne Isolation precautions for TB: refer to Exposure to TB policy (IPC 009) in consultation with IPAC.

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If the requirements for precautions are anticipated to change during evening or weekend hours, criteria for the discontinuation of precautions will be provided by Infection Prevention & Control when able.

Procedure

- The nursing staff will strip the room and dispose of all equipment according to the appropriate procedure and wear appropriate PPE.
- If isolation for C. difficile or ARO, leave Isolation sign up until the room is cleaned by Environmental Services staff. They will remove the isolation sign and call to have cart returned to Distribution.
- Leave the isolation cart available for Environmental Services staff.
- Environmental Services will clean the room as per their specific protocols and policies.
- Environmental Services staff to wear appropriate PPE during cleaning as indicated on isolation sign.
- Call distribution services (ext. 4444) to have isolation cart returned.

6.0 Documentation

- IPAC or nursing staff (after hours) will update isolation status by order entering appropriate additional precaution measure in Expense.
- IPAC will notify Bed Allocation staff to enter or remove isolation indicator, “I” in patient’s Expense file. The “I” indicator will appear on the bed list.
- Ambulatory settings should document any isolation precautions taken during care provided on unit documentation record.

7.0 References

1. Provincial Infectious Diseases Advisory Committee. (2012, November). *Routine Practices and Additional Precautions, in all health care settings*. Public Health Ontario
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<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
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8. Health Protection and Promotion Act. Food Premises, Ontario Regulation 493/17 (2020).
9. CDC Guideline for Isolation Precautions in Hospital, 2007.
10. Canadian TB Standards, 2014.
11. Health Protection and Promotion Act, 2019 – Food Premises Regulation 562 Ministry of Health of Ontario Guidelines for Food Service Personnel. APIC Infection Control and Applied Epidemiology Principles and Practices.

8.0 Stakeholder Review

Primary Stakeholders	Month/Year Reviewed
Manager, Nipissing Detox Centre	October 2023
Manager, Volunteer Services	October 2023
Manager, Surgical Ambulatory Clinics	October 2023
Manager, Medical Ambulatory Clinics	October 2023
Manager, Occupational Health & Wellness	October 2023
Committee Stakeholders	Month/Year Reviewed
Nursing Practice and Advisory Committee (NPAC)	February 2024
Medical Advisory Committee (MAC)	March 2024
Managers	February 2024
Infection Control Medical Committee	October 2023

9.0 Approval

Signing Authority Signature	Date Signed
VP, Clinical and Chief Nursing Executive	June 26, 2024

10.0 Appendices

- [Appendix 1: Performing a Risk Assessment Related to Routine Practices and Additional Precautions](#)

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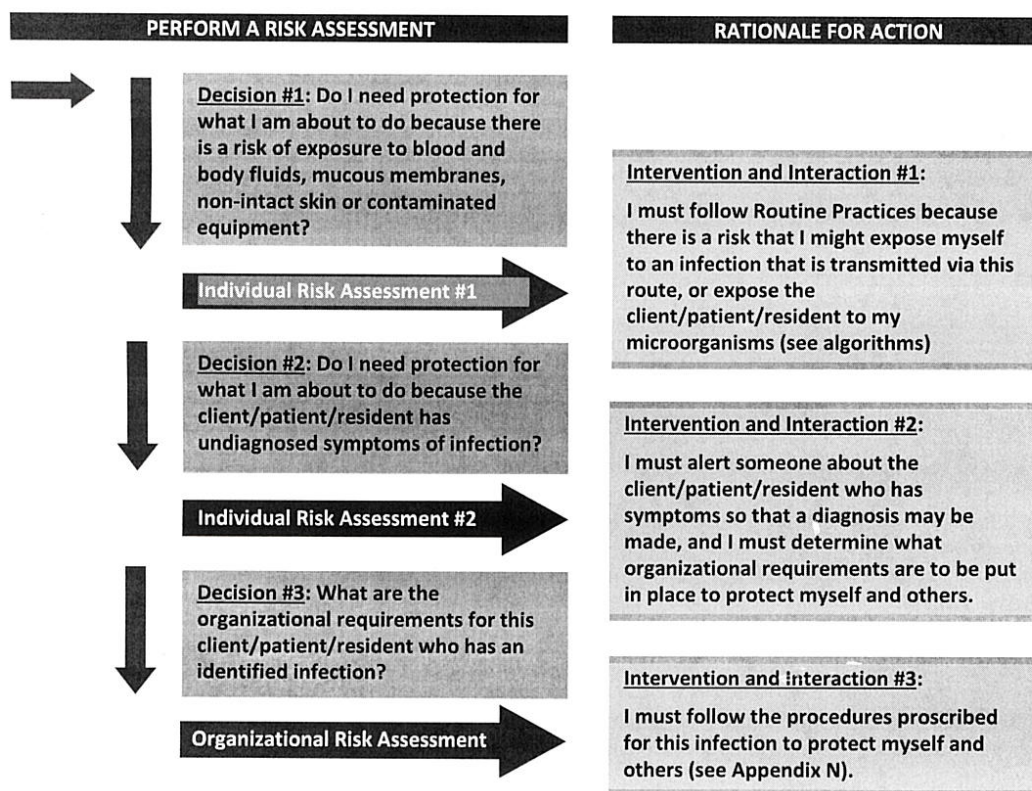
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Appendix 1 – Performing a Risk Assessment Related to Routine Practices and Additional Precautions

Performing a Risk Assessment Related to Routine Practices and Additional Precautions

An individual assessment of each client/patient/resident’s potential risk of transmission of microorganisms must be made by all health care providers and other staff who come into contact with them. Based on that risk assessment and a risk assessment of the task, one may determine appropriate intervention and interaction strategies, such as hand hygiene, waste management, use of personal protective equipment (PPE) and client/patient/resident placement, that will reduce the risk of transmission of microorganisms to and from the individual.²⁸ When a client/patient/resident has undiagnosed symptoms or signs of an infection, interventions must be informed by organizational requirements.

Risk assessment steps to be performed by a Health Care Provider to determine an individual’s risk of transmission of infectious agents and the rationale for associated protective measures



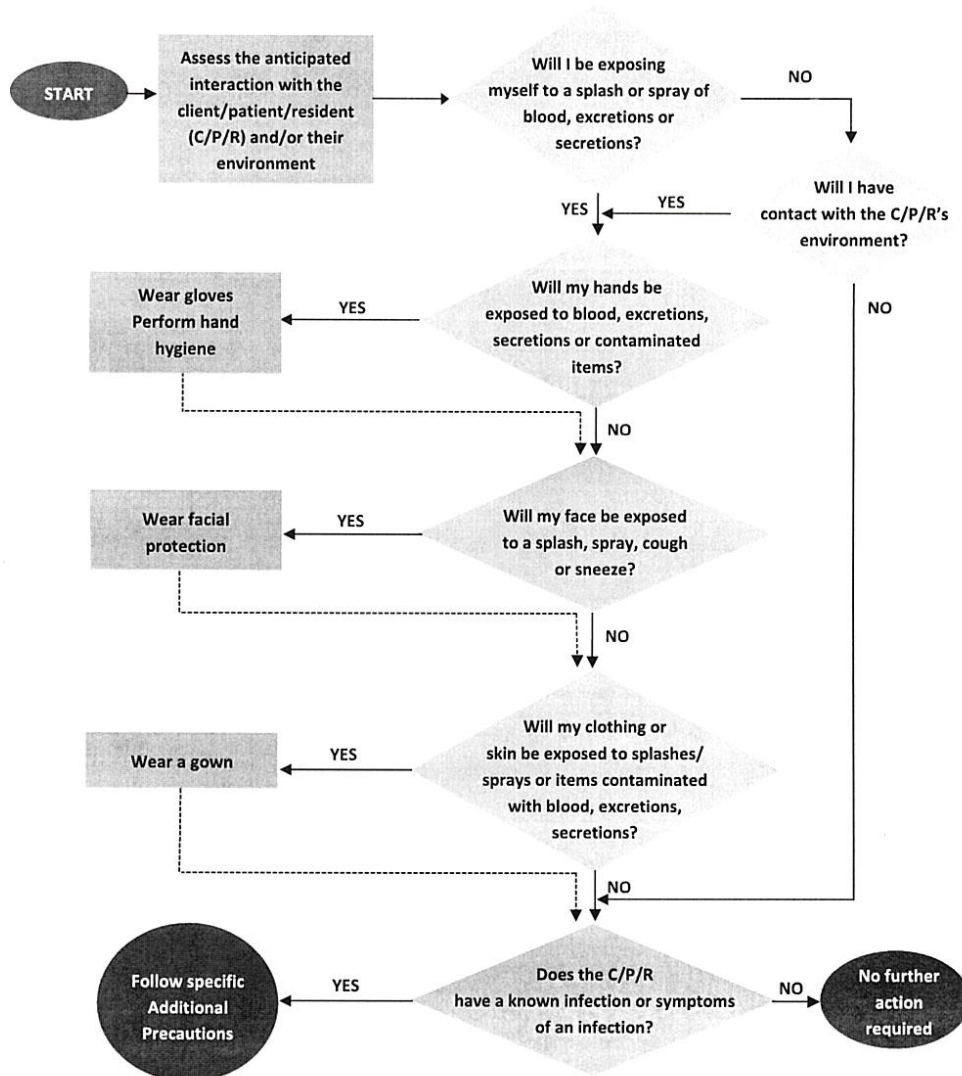
For more information please contact Public Health Ontario’s Infection Prevention and Control Department at ipac@oahpp.ca or visit www.publichealthontario.ca

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Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions



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