

Routine Practices with Additional Precautions in Community-based Services

When there is indication that [routine practices](#) are not sufficient to prevent the transmission of infectious agents, additional precautions should be implemented.

General principles

- Prior to every client interaction or task, in all healthcare settings, healthcare providers have a duty to assess the infectious risk posed by a client, situation or procedure using a [point-of-care risk assessment \(PCRA\)](#).
- Use [routine practices](#) for all clients when wound drainage and body fluids (e.g., sputum, feces, urine, blood) are contained, the individual is cooperative and is able to practice good personal and hand hygiene. If there is a higher risk of transmission of an infectious agent, implement Additional Precautions (refer to chart below).
- 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.

Airborne precautions

- N95 respirators are used with suspected or confirmed cases of airborne infections (e.g., 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

Droplet precautions

- Don and doff PPE inside the client's residence
- Maintain a minimum 2m (6 feet) distance from the client while donning or doffing

Contact precautions

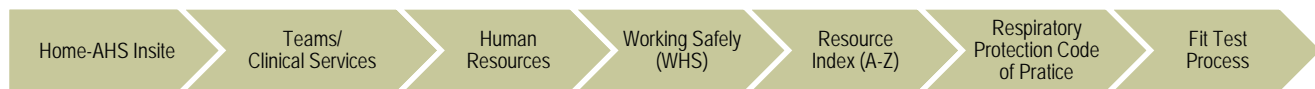
- Don and doff PPE as per point-of-care risk assessment

The [IPC Continuing Care Resource Manual Glossary](#) provides definitions of airborne, droplet and contact precautions.

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General principles (continued)

- N95 Respirators are used with suspected or confirmed airborne infections (e.g., tuberculosis, chicken pox, disseminated shingles, measles) and aerosol-generating medical procedures (AGMP). For more information on AGMP, refer to AHS [Point-of-Care Risk Assessment for Patients with Influenza-Like Illness \(ILI\) or Confirmed Influenza](#).
 - 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 (WHS) representative to determine if you need to be fit-tested for an N95 respirator:
 - AHS staff - WHS Fit Test Process provides more information on N95 Respirator fit testing



- 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 N95 respirator
- Additional precautions used in acute care are not always appropriate in community-based services due to type of treatment, briefness of stay and lower risk of transmission.
- 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
 - other potentially communicable disease presentations (e.g., new onset of fever, undiagnosed rash)
 - Individual presenting from a unit or facility who is on [outbreak management](#) protocol
- Follow the recommendations found on the AHS [Infection Prevention and Control Continuing Care Resource Manual](#) 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.

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Special considerations for additional precautions in Community-based Services

- Ensure the healthcare provider 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 discarded.
- 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](#) determined by [point-of-care risk assessment \(PCRA\)](#).
- Run an empty wash load with one cup of household chlorine bleach and water only (no clothes) after heavily soiled loads of laundry or if client is on additional precautions.

[Routine Practices with Additional Precautions Chart for Community-based Services](#)