

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Precautions	<b>SUBJECT:</b> Additional Precautions	<b>SECTION:</b> G <b>POLICY:</b> 9
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> <u>J. M.</u>	
<b>REVISION DATES:</b> November 2023	<b>IPAC Lead's Signature:</b> <u>L. Coppola, RN.</u>	

**ADDITIONAL PRECAUTIONS**

**POLICY:**

Additional Precautions refer to infection prevention and control interventions (e.g., barrier equipment, accommodation, additional environmental controls) to be used in addition to Routine Practices to protect staff and residents to interrupt the transmission of infectious agents that are suspected or identified in a resident.

Additional Precautions must be initiated as soon as symptoms suggestive of a transmissible infection are noted for residents known to have or considered to be at high risk of being colonized or infected with antibiotic-resistant organisms (AROs). Initiation of AP should not wait until laboratory confirmation of status.

**ELEMENTS THAT COMPRISE ADDITIONAL PRECAUTIONS:**

- 1) Specialized accommodation and signage specific to the type of additional precautions
- 2) Personal protective equipment specific to the type of additional precautions instituted
- 3) Dedicated equipment
- 4) Additional cleaning measure

**PROCEDURE:**

The Director of Nursing & Personal Care or designate will:

- 1) Ensure staff receive training upon hire and as required.

The IPAC Lead will:

- 1) Verify that the precautions are appropriate to the situation.
- 2) Ensure communication of precautions to all staff.

The Nurse will:

- 1) Inform anyone performing diagnostic procedures on a resident that there are Additional Precautions in place and what they are.
- 2) Initiate the appropriate Additional Precautions at the onset of symptoms and maintain precautions until laboratory results are available to confirm or rule out the diagnosis.
- 3) Inform the infection control practitioner when Additional Precautions are initiated.
- 4) Consult with the IPAC Lead before discontinuation of Additional Precautions.

All Staff will:

- 1) Educate visitors and students on Additional Precautions in place for a resident.
- 2) Implement appropriate Additional Precautions when applicable.

**NOTE: The Leamington Mennonite Home does not have an airborne infection isolation room (AIIR) that contains a negative pressure system, therefore if a resident requires Airborne precautions they will need to be transferred to hospital.**

**CLINICAL SYNDROMES REQUIRING USE OF CONTROLS (INCLUDING PPE)  
PENDING DIAGNOSIS**

SYNDROME	TYPE OF PRECAUTION*	SINGLE ROOM?
Abscess or draining wound not contained by dressing	Contact	Yes
Diarrhea and/or vomiting of suspected acute infectious etiology	Contact	Yes
Rash Suggestive of varicella or measles	Airborne	Yes, with door closed. Only immune staff to enter.
Undiagnosed, without fever	Routine Practices, gloves for skin contact	No
Respiratory infection Acute, undiagnosed	Droplet + Contact	Yes
Risk factors and symptoms suggestive of active tuberculosis	Airborne + N95 respirator	Yes, with door closed.
Suspected meningitis and/or sepsis with petechial rash, etiology unknown	Droplet	Yes
Suspected/confirmed COVID-19	N95 Respirator (fit tested, seal checked), gown, gloves, and eye protection	Manage in single room preferred.
<p><b>Contact Precautions:</b> Gloves, gown if skin or clothing will come into direct contact with the resident or his/her environment</p> <p><b>Droplet Precautions:</b> Facial protection (mask, eye protection)</p> <p><b>Airborne Precautions:</b> Airborne infection isolation room; fit-tested N95 respirator for suspected tuberculosis</p>		

