

# Additional Precautions

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## Cover

Welcome to the Infection Prevention and Control Core Competencies - “Additional Precautions”.

It is recommended you complete the Infection Prevention and Control Core Competencies module - “Routine Practices” before you begin.

## Introduction to Additional Precautions

Additional Precautions are Infection Prevention and Control or IPAC practices used in addition to Routine Practices.

Additional Precautions interrupt the transmission of suspected or identified infectious agents.

When we use Routine Practices and Additional Precautions correctly, we will help protect ourselves AND we will help protect our clients or patients or residents from the transmission of infection.

## Overview

In this course, you will learn about the principles and the categories of Additional Precautions. You will also learn about the elements that comprise each category of Additional Precautions.

## Have you ever thought about...?

Have you ever thought about:

Why a sign is posted on the door of a patient or resident room?

Why a health care provider wears gloves and a gown before entering a room?

Why there is a flag on a chart?

## Objectives

After finishing this course, you will be able to describe the modes of transmission, define and describe the categories of Additional Precautions. You will know **when** and **how** to use Additional Precautions. You will also be able to apply the principles and elements that comprise Additional Precautions.

In your workplace you may be called “staff” or “health care provider” or “health care worker”.

In this course, we’ll use the term “health care provider”.

## Mode of Transmission

Do you remember the Chain of Transmission in the Routine Practices Core Competencies Course? In healthcare, there are three common modes of transmission. They are Contact, Droplet and Airborne.

## Droplet Transmission

Droplet transmission occurs when droplets carrying an infectious agent exit the respiratory tract of a person and come in contact with the mucous membranes (such as the eyes, nose and mouth) of another person.

Mumps and pertussis are examples of droplet transmission.

### DROPLETS

What do you know about droplets?

Is it true or false that droplets travel on air currents?

Droplets do not remain in the air. They may contain infectious agents and usually travel less than 2 meters.

Is it true or false that droplets can remain on horizontal surfaces?

When we cough or sneeze, we release droplets. These droplets can land on surfaces and contaminate the environment. They can live on surfaces for a long period of time.

### DROPLET FACTS: 1

Droplets travel on air currents. True or false?

Answer: False

Droplets:

- do not remain in the air
- may contain infectious agents
- usually travel less than 2 metres

### DROPLET FACTS: 2

Droplets remain on horizontal surfaces. True or false?

Answer: True

Droplets can:

- land on surfaces
- contaminate the environment
- live on surfaces for long periods of time

## Contact Transmission

There are two types of contact transmission: direct contact and indirect contact.

Direct contact transmission occurs through touching.

Indirect contact transmission may occur by touching contaminated equipment and/or surfaces in the environment and then touching ourselves, or another person.

Examples of organisms that can be transmitted by contact are norovirus and many Antibiotic Resistant Organisms.

## Airborne Transmission

Airborne transmission occurs when airborne particles remain suspended in the air, travel on air currents and are then inhaled by susceptible people who may be nearby or some distance away from the infected person.

Tuberculosis, chicken pox and measles are airborne.

## Mode of Transmission - Activity

Identify the mode of transmission in each scenario.

Scenario One: "My wife has a cold and I think I might be coming down with it, too."

Contact, Droplet, or Airborne?

Answer: Droplet

Scenario One shows how droplets transmission occurs when droplets carrying an infectious agent exit through coughing.

Scenario Two: "How long have you been sick, grandma?"

Contact, Droplet, Airborne?

Answer: Contact

Scenario two shows contact transmission which occurs through touching.

Scenario Three: "I counted 52 chicken poxes on my body. I'm so itchy."

Contact, Droplet, or Airborne?

Answer: Airborne

Scenario three shows chickenpox which is transmitted through the airborne mode.

## Additional Precautions

Additional Precautions are infection prevention and control measures used to manage certain known or suspect infectious agents. They are used when Routine Practices **alone** are not sufficient to prevent and control spread.

Additional Precautions are based on the mode of transmission.

There are three categories of Additional Precautions: Contact Precautions, Droplet Precautions and Airborne Precautions.

Sometimes Additional Precautions are combined, depending on the mode of transmission.

Now it's time to stop & think.

How do Additional Precautions relate to Routine Practices?

How have you used Additional Precautions in your health care setting?

## Combination of Additional Precautions

How is influenza spread?

Which category or categories of Additional Precautions would help to prevent and control the spread of influenza?

How is croup transmitted?

Which category or categories of Additional Precautions would help to prevent and control the transmission of croup?

Sometimes more than one mode of transmission exists for a particular infectious agent, so, more than one type of precautions would be needed.

Most respiratory infections need droplet-contact precautions since they are spread by both droplet and contact transmission. Examples are common cold, influenza and croup.

When combinations of precautions are used, all elements of each type of precautions need to be applied.

## Initiating Additional Precautions

Additional Precautions must be initiated as soon as symptoms suggestive of a potentially transmissible infection are noted, not only when an infectious disease diagnosis is confirmed.

The initiation of Additional Precautions can be done by any regulated health care professional. This may include an RN, an RPN, a physician or an Infection Control Professional.

Each health care setting should have a policy regarding initiation of the appropriate Additional Precautions at the onset of symptoms.

For example, do you know the procedure or protocol you need to follow for a rash with no known cause or new onset fever, cough and shortness of breath?

Whenever Additional Precautions are initiated, the person responsible for infection prevention and control must be notified. He or she will verify that the precautions are appropriate.

## Maintaining Additional Precautions

Regular reviews by the person responsible for infection control may be done to determine when there is no longer a risk of transmission.

Additional Precautions need to be maintained until:

- They are discontinued by a physician, infection control professional or designate.
- Laboratory results may confirm or rule out the diagnosis.

Remember that being placed in a single room or remaining on Additional Precautions may impact a patient or resident's well-being. All efforts should be made to maintain their quality of care.

## Discontinuation of Additional Precautions

The discontinuation of Additional Precautions should be done as soon as safely possible and when the risk of transmission is no longer present.

Each health care setting should have a policy regarding the factors to consider when discontinuing Additional Precautions.

The Infection Control Professional must be consulted prior to discontinuation of Additional Precautions and, in some cases, discussion with the attending physician may be needed.

### Activity

Which client/patient/resident requires Additional Precautions?

Options

Mrs. Star has a high fever, cough and a sore throat.

Mrs. Moon has had a fall. She has a cut on her head that is bleeding.

Ms. Planet fainted. She is being investigated.

Answer

Mrs. Star has a high fever, cough and a sore throat.

Mrs. Star requires Additional Precautions because she has symptoms of a respiratory infection.

## Policies and Procedures of Additional Precautions

Policies and procedures related to Additional Precautions may vary from organization to organization.

It may depend on the health care setting, the client or patient or resident population, the organization's history of dealing with infections or it may be necessary to modify Additional Precautions for medical or therapeutic purposes.

Always follow your organization's policies and procedures and contact your Infection Control Professional to help with decision making.

## Elements of Additional Precautions

Choose the health care setting that most closely matches your workplace to see the elements of Additional Precautions.

# Community Care Health Care Setting (CC)

## CC Elements of Contact Precautions

### **Accommodation**

In the community clinic setting, clients requiring Contact Precautions need to be identified when they arrive at the clinic and placed into an examination room or cubicle as soon as available.

In the home health care setting there are no restrictions on accommodation.

### **Signage**

In clinic settings, flag the chart and post a Contact Precautions sign at the entrance to the examination room.

In home health care settings, flag the client's chart. Also flag the client record in the office to alert other service providers about the need for Contact Precautions.

### **PPE**

In the clinic setting, wear gloves and a gown for direct care. In the home health care setting, wear gloves and a gown for direct care.

### **Cleaning**

In the clinic setting, all patient care areas require a "hospital clean". If the client requires Contact Precautions because they have Vancomycin Resistant Enterococcus (VRE) or Clostridium difficile (C. difficile) special cleaning will be required.

In the home setting, routine household cleaning is sufficient. The use of household cleaners or dilute bleach solutions may be used to disinfect the bathroom.

### **Equipment**

Remember Routine Practices. Any equipment that is shared between clients' needs to be cleaned and disinfected after each use and before being used with another client.

In the home health care setting, equipment that is used for clients on Contact Precautions should be dedicated to that client. As a routine practice, clean and disinfect equipment after each use and before being used with another client.

### **Communication**

It is important that you tell patients or clients (and their families if necessary) why Contact Precautions are in place. Teach family members about the use of contact precautions and their risk of exposure. Also ensure that other departments, facilities or transport service providers are aware of the need for Contact Precautions.

### **Transport**

If the client needs to be transported by ambulance, transportation staff will need to wear gloves and a gown for direct contact during the transport. As always, clean and disinfect equipment used for transport.

## **Visitors**

Visitors should be taught when and how to perform hand hygiene.

## **CC Elements of Droplet Precautions**

### **Accommodation**

In the clinic setting, the patient should self-screen for respiratory symptoms. This could be done (through use of a poster at the clinic entrance. Respiratory screening needs to be done before they enter the clinic, when making an appointment, or, upon their arrival. If a patient has respiratory symptoms, he or she should be asked to clean their hands, be given a mask to wear, and immediately be moved into an examination room. If this is not possible, maintain a two-metre distance between the symptomatic patient and other waiting patients. See the symptomatic patient as soon as possible.

In the home health care setting, the client and their household members should be counselled about keeping a two-metre or six-foot distance between the client and others.

### **Signage**

In clinic settings, flag the chart and post a Droplet Precautions sign at the entrance to the examination room.

In home health care settings, flag the client's chart. Also flag the client record in the office to alert other service providers about the need for Droplet Precautions.

### **PPE**

When you are within two metres of the symptomatic patient or client you must wear a mask and eye protection.

### **Cleaning**

Follow routine environmental cleaning practices. Clinical areas need a "hospital clean" and public areas need a "hotel clean".

After the patient leaves the examination room, clean high-touch surfaces and other surfaces that the patient may have touched, with a low-level disinfectant before placing another patient in the room.

In the home, follow routine household cleaning practices.

### **Equipment**

Remember Routine Practices. Any equipment that is shared between patients or clients' needs to be cleaned and disinfected after each use and before being used with another patient or client.

In the home health care setting, equipment that is used for clients on Droplet Precautions should be dedicated to that client. As a routine practice, clean and disinfect equipment after each use and before being used with another client.

### **Communication**

It is important that you tell patients or clients (and their families if necessary) why Droplet Precautions are in place. Teach family members about the use of Droplet Precautions and their

risk of exposure. Also ensure that other departments, facilities and transport service providers are aware of the need for Droplet Precautions.

### **Transport**

If the patient or client needs to be transported from the clinic or home setting, they should wear a mask if tolerated. If the patient or client is unable to tolerate the mask, then, the health care staff transporting them must wear a mask and eye protection.

### **Visitors**

Discourage visitors. Family members should receive education about hand hygiene and the risk of exposure. If visitors are present they should be counselled about keeping two-metres away from the symptomatic client.

## **CC Elements of Airborne Precautions**

### **Accommodation**

Patients presenting at clinics with suspected airborne illnesses should be seen at the end of the day if possible. They should be given a mask to wear while they are within the clinic setting and placed in an airborne infection isolation room. If this is not available, the clinic staff should consider making arrangements to see the patient in a setting where an airborne infection isolation room is available.

In the clinic setting, the door to the examination room should remain closed until there have been sufficient air exchanges to clear the room of all airborne contaminants.

Airborne infection isolation rooms are not available in homes. Clients are free to move about their home.

### **Signage**

The patient's chart should be flagged to alert health care providers about the need to follow Airborne Precautions.

When a patient on Airborne Precautions is in an examination room, there should be an Airborne Precautions or alert sign on the door.

In home healthcare setting, flag the chart kept in the home and the client record in the office. This helps alert other service providers about the need for Airborne Precautions.

### **PPE**

The need for PPE while caring for patients or clients on airborne precautions will depend on why the patient or client is on precautions.

For patients or clients with confirmed or suspected tuberculosis (TB) you must wear a fit-tested, seal-checked N95 respirator to enter the clinic examination room or the client's home. Clients with tuberculosis should wear a mask whenever they leave their home.

There is never an indication for patients or clients to wear an N95 respirator.

For patients or clients with measles or varicella (chickenpox), it is preferred that only staff who have documented immunity to the particular disease enters the clinic examination room or client's home. If you are immune, you do not need to wear an N95 respirator. However, if you

do not have documented immunity, then, you must wear a fit-tested, seal-checked N95 respirator.

### **Cleaning**

Follow routine environmental cleaning practices in the clinic and routine household cleaning in the home.

### **Equipment**

Follow Routine Practices for use and cleaning of shared medical equipment.

### **Communication**

It is important that you tell patients or clients (and their families if necessary) why Airborne Precautions are in place. Teach patients who may be accompanied by family members that household contacts have already been exposed.

Ensure that other departments, facilities and transport service providers are aware of the need for Airborne Precautions.

### **Transport**

If the patient or client needs to be transported, then, they must wear a mask during the transport and staff transporting them must wear a fit-tested, seal-checked N95 respirator during the transport.

### **Visitors**

Discourage visitors.

Visitors should be counselled about their risk and wear an N95 respirator with good fit characteristics. They will need to be taught how to perform a seal-check.

For clients on precautions due to measles or varicella, visitors who are known to be immune do not need to wear an N95 respirator to visit.

People who are not household contacts and are not immune should not visit.

## **CC Stop & Think**

Now it's time to stop and think.

What are some of the challenges you have experienced related to the elements required for Additional Precautions?

How would you overcome the challenges of applying Additional Precautions in your health care setting?

## **CC Case 1 part 1/4**

You arrive at Mr. Downpour's home to deliver wound care. You find that he has a high fever, cough, sore throat and shortness of breath. Mr. Downpour went to the clinic this morning. Mr. Downpour has seasonal influenza.

"Good morning, Miss Downpour. I am here to do Mr. Downpour's wound care."

"I'm not feeling very well."

“I saw the doctor this morning.”

“You have influenza.”

Are Routine Practices sufficient? Yes or No.

Answer: No

Although Routine Practices always apply, in this scenario Additional Precautions are needed to interrupt the transmission of this identified infectious agent.

### CC case 1 part 2/4

Mr. Downpour has new onset symptoms of a respiratory infection with no known cause. What is the appropriate Additional Precautions for Mr. Downpour? Droplet, Contact, or Airborne?

Answer: Droplet and Contact

Seasonal influenza requires Droplet and Contact Precautions. The influenza virus is spread by respiratory droplets and contact with contaminated surfaces.

### CC case 1 part 3/4

What education would you provide to Mr. Downpour’s family to help reduce their risk?

Options

Remind Mr. Downpour to wear a mask at all times.

Stay 2 metres from Mr. Downpour as much as possible.

Practice respiratory etiquette.

Remain home from work and school until Mr. Downpour is better.

Answer

Stay 2 metres from Mr. Downpour as much as possible.

Practice respiratory etiquette.

Family members should try to stay 2 metres from Mr. Downpour by doing simple things like not sleeping in the same room or sitting 2 metres away from him. This will help reduce their risk.

Everyone should practice respiratory etiquette to help reduce the risk of transmission of respiratory infections.

### CC case 1 part 4/4

Mr. Downpour’s condition gets worse. You call an ambulance.

What elements of Additional Precautions should be used for each step below?

Review the elements of [Contact Precautions](#) if required.

#### Step 1

Scenario: An ambulance is required to transport a client who may have influenza.

Answer: Communication

## Step 2

Scenario: The Paramedics arrive, they assess Mr. Downpour and transport him to the emergency department. Mr. Downpour cannot tolerate wearing a mask so the paramedics wear a mask, eye protection, gloves and a gown.

Answer: Transport, PPE

## Step 3

Scenario: The stretcher and ambulance are cleaned and disinfected according to policy and procedures.

Answer: Cleaning, Equipment

## CC case 2 part 1/2

You are the Personal Support Worker visiting Ms. Trot to assist her with bathing. Ms. Trot has been vomiting and has diarrhea. Two days ago, Ms. Trot was taken to the Emergency department, was told she had norovirus and was sent home.

Based on how norovirus is spread, what category of additional precautions is needed for Ms. Trot? Droplet, Contact, or Airborne?

Answer: Contact

Norovirus requires Contact Precautions. It is spread by contact with faecal matter and contaminated surfaces.

## CC case 2 part 2/2

Ms. Trot soils her bedroom and bathroom while you are visiting. What PPE would you need to wear for cleaning up the room?

Options

Mask

Gloves

Gown

Eye Protection

Answer

Gloves

Gown

## CC case 3 part 1/3

You are visiting Mrs. Flag for the first time. You find that Mrs. Flag screened positive for MRSA on her last admission to the hospital. What category of precautions does Mrs. Flag require? Droplet, Contact, or Airborne?

Answer: Contact

MRSA is spread through direct and indirect contact so Contact Precautions are required.

## CC case 3 part 2/3

In addition to hand hygiene, what PPE is needed for each task?

### Tasks

Wash dishes  
Prepare a meal  
Bathe Mrs. Flag  
Read to Mrs. Flag

### Answers

Wash dishes: No PPE  
Prepare a meal: No PPE  
Bathe Mrs. Flag: Gown, gloves  
Read to Mrs. Flag: No PPE

## CC case 3 part 3/3

Mrs. Flag is concerned about a planned visit with his daughter and her children. She asks you whether they should visit. What advice would you give to Mrs. Flag?

### Options

Mrs. Flag's daughter should postpone the visit until her mother's MRSA has cleared.  
Mrs. Flag's daughter and her children can visit but should follow good hand hygiene practices.  
Mrs. Flag's daughter and her children should wear gowns and gloves while they are visiting.  
Mrs. Flag's daughter may visit but her children should stay at home.

### Answer

Mrs. Flag's daughter and her children can visit but should follow good hand hygiene practices.

## CC case 4 part 1/3

Ms. Runs calls for a follow-up appointment with her doctor. Which of the following IPAC factors should be considered when booking Ms. Run's appointment?

### Scenario

"Good morning, doctor's office. How may I help you?"

"This is Ms. Runs calling. I saw the doctor a few weeks ago. She put me on antibiotics and asked me to book a follow-up appointment."

"The doctor has some availability tomorrow. Do you have a fever, new cough, vomiting or diarrhea?"

"I have had very loose stools ever since I started antibiotics. In fact I can't control it and have had accidents."

What is the correct answer(s)?

#### Options

The availability of examination rooms at the time of the appointment.

The number of patients who will be in the clinic.

Whether Additional Precautions are required for Ms. Runs.

What time the physician wants to finish for the day.

#### Answer

The availability of examination rooms at the time of the appointment.

The number of patients who will be in the clinic.

Whether Additional Precautions are required for Ms. Runs.

### CC case 4 part 2/3

Ms. Runs arrives for her appointment and is placed in an examination room. What action(s) do you need to take?

#### Options

Ask Ms. Runs to wear a gown, gloves and mask.

Place a Contact Precautions flag on Ms. Runs' chart.

Clean and disinfect high-touch surfaces in the examination room.

Clean and disinfect multi-use equipment after use.

#### Answer

Place a Contact Precautions flag on Ms. Runs' chart.

Clean and disinfect high-touch surfaces in the examination room.

Clean and disinfect multi-use equipment after use.

### CC case 4 part 3/3

Ms. Runs' daughter has accompanied her on the visit. She asks you what actions should be taken at home to prevent the infection from being spread. What advice would you give her?

"Is there anything I can do to make sure no one else gets sick?"

What is the correct advice?

#### Options

Have Ms. Runs stay in one room away from all family members.

Clean your hands after helping Ms. Runs in the bathroom.

Clean the house three times a day.

Wash Ms. Runs' dishes and do her laundry separately from other family members.

#### Answer

Clean your hands after helping Ms. Runs in the bathroom.

### CC Case 5

Mr. Drip calls the clinic to book an appointment.

Scenario

“Do you have a new fever, cough or are you short of breath?”

“Yes, I feel hot and think I have a fever. I have been coughing since last night.”

“Alright. I’ll try to fit you in but we’re very busy today.”

Mr. Drip arrives for his appointment 45 minutes early. There is no examination room available.

Which of the following action(s) can you take to help minimize the risk of transmission?

Options

Move a patient from an examination room and place Mr. Drip in that room.

Give Mr. Drip a mask to put on and ask him to sit at least 2 metres from the other patients.

Ask Mr. Drip to wait outside until his appointment.

Ask Mr. Drip to clean his hands.

Answer

Give Mr. Drip a mask to put on and ask him to sit at least 2 metres from the other patients.

Ask Mr. Drip to clean his hands.

### CC Case 6 Part 1/3

Mrs. Spot brings her 7-year-old daughter, Jenny, into the walk-in clinic. Jenny has a fever, runny nose and a rash that started on her hair line and is now on her face. She is assessed and found to have measles. Based on how measles is spread, what category of Additional Precautions is needed for Jenny? Droplet, Contact, or Airborne?

Answer: Airborne

Measles requires Airborne Precautions.

### CC Case 6 Part 2/3

What is/are the option(s) to manage the transmission of an airborne infection?

Options

Allow Jenny and Mrs. Spot to wait in the waiting room.

Put Jenny into an airborne infection isolation examination room immediately.

Put Jenny into an examination room with the door closed.

Put an N95 respirator on Jenny.

Health care providers are to wear a fit-tested, seal checked N95 respirator.

Answer

Put Jenny into an airborne infection isolation examination room immediately.

Put Jenny into an examination room with the door closed.

Health care providers are to wear a fit-tested, seal checked N95 respirator.

## CC Case 6 Part 3/3

### Scenario

"Mrs. Spot, I'd like to review some information with you."

"None of my other children have been immunized and none of them have had measles. Three of my children are currently attending the same school as Jenny."

Which of the following would be important to discuss with Mrs. Spot?

### Options

Monitor her other children for signs and symptoms of measles.

Let the school know that her daughter is ill with a communicable disease.

Keep Jenny at home until her symptoms are gone.

The importance of having Jenny's friends visit with her.

### Answer

Monitor her other children for signs and symptoms of measles.

Let the school know that her daughter is ill with a communicable disease.

Keep Jenny at home until her symptoms are gone.

## CC Summary

Additional Precautions are used in addition to Routine Practices when Routine Practices are not sufficient to prevent and control the transmission of infectious agents.

The three categories of Additional Precautions are Contact, Airborne and Droplet Precautions and these may be used in combination.

Elements of Additional Precautions include accommodation, signage, Personal Protective Equipment or PPE, dedicated equipment, additional cleaning measures, limited transport and communication.

Initiate Additional Precautions as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed.

Additional Precautions should remain in place until there is no longer a risk of transmission of infection.

## Challenge Questions

This is the end of the component.

To show that you have completed this component, there is a test. There are five questions in the test.

You need to answer every question correctly and then you can print out a certificate.

If you do not answer questions correctly, review the material and retake the test.

Please select the health care setting that most closely matches your workplace.

If you are ready, please return to the [PHO website](#) and select the Challenge Question document that corresponds with this module.

## Long Term Care Health Care Setting (LTC)

### LTC Elements of Contact Precautions

#### **Accommodation**

The ideal accommodation for residents requiring contact precautions is a single room with a dedicated toilet and sink. Since this is often not possible in long-term care, each resident should be assessed on a case-by-case basis. The ability of the resident to follow precautions and the infection risk to other residents in the room should be considered in making the decision about accommodation. The door to the resident's room may stay open.

In most cases residents are able to leave their room. Exceptions may include the resident who has acute vomiting or diarrhea or a heavily leaking wound that cannot be contained.

#### **Signage**

In a single room, a Contact Precautions sign needs to be put at the entrance to the resident's room.

If the resident is in a multi-bed room, then the sign needs to be put by the bed space so it is easily seen.

#### **PPE**

You will need to put on a gown and gloves when you are providing direct, hands-on care for the resident. If you are entering the room and will not be doing any direct care you do not need to wear personal protective equipment but should practice hand hygiene according to the 4 Moments.

#### **Cleaning**

Routine environmental cleaning is sufficient for most residents on Contact Precautions. All high-touch surfaces, such as light switches and bed rails, must be cleaned daily.

Remove and launder privacy curtains as part of discharge or transfer cleaning.

Environmental services needs to be notified of any residents who have Vancomycin Resistant Enterococcus (VRE) or Clostridium difficile (C. difficile) so that special cleaning can be done.

#### **Equipment**

Dedicate equipment to the resident's use whenever possible.

Equipment that is shared between residents needs to be cleaned and disinfected after each use, based on Routine Practices, before being used with another resident.

Paper or mobile electronic resident records should be kept outside of the resident room.

#### **Communication**

It is important that you tell residents and their families why Contact Precautions are in place. Also ensure that other departments, facilities and transport service providers are aware of the need for Contact Precautions.

### **Transport**

Sometimes it is necessary for residents on Contact Precautions to be transported to another facility. If your resident needs to be transported, you need to wear gloves and gown only if you provide direct care for the resident during the transport. As a routine practice, after transport, clean and disinfect used equipment.

### **Visitor**

Show visitors how to clean their hands properly with alcohol-based hand rub or soap and water when they enter and leave the room.

Visitors do not need to wear PPE unless they are providing direct care, such as assisting with toileting or bathing the resident.

## **LTC Elements of Droplet Precautions**

### **Accommodation**

In long-term care, residents should remain in their room or bed space, if feasible, with privacy curtains drawn. The door may remain open.

The ability of the resident to follow precautions and the infection risk to other residents in the room should be considered in making the decision about accommodation.

### **Signage**

In a single room, place a Droplet Precautions sign at the entrance to the resident's room.

If the resident is in a multi-bed room, then place the sign by the bed space so it is easily seen.

### **PPE**

Wear a mask and eye protection whenever you are within two metres of a resident who is on Droplet Precautions.

### **Cleaning**

Rooms of residents on Droplet Precautions require routine environmental cleaning.

All high-touch surfaces such as bed rails and light switches should be cleaned daily.

### **Equipment**

Dedicate equipment to the resident's use whenever possible.

Equipment that is shared between residents needs to be cleaned and disinfected after each use, before being used with another resident.

Paper or mobile electronic resident records should be kept outside of the resident room.

### **Communication**

It is important that you tell residents and their families **why** Droplet Precautions are in place. Also ensure that other departments, facilities and transport service providers are aware of the need for Droplet Precautions.

### **Transport**

If the resident needs to be transported, then he or she should wear a mask if able. If the resident **cannot** wear a mask, then, the transport staff must use eye protection and a mask.

### **Visitors**

Show visitors how to clean their hands properly with alcohol-based hand rub or soap and water when they enter and leave the room.

A mask should be worn, by all visitors, whenever they are within two meters of the resident.

## **LTC Elements of Airborne Precautions**

### **Accommodation**

Residents who require Airborne Precautions should be placed in an airborne infection isolation room. This is also referred to as a “negative pressure room”. If this is not available they should be transferred to a facility where an airborne infection isolation room is available. While waiting for transfer the resident must be placed in a single room with the door and windows closed at all times.

Once the resident has been transferred the door to the room must remain closed until there have been enough air exchanges to remove airborne contaminants. Your Infection Control Professional will let you know when the door may be opened.

### **Signage**

An Airborne Precautions sign must be placed on the door.

### **PPE**

The need for personal protective equipment for residents on airborne precautions will depend on **why** the resident is on precautions.

For residents with confirmed or suspected tuberculosis you must wear a fit-tested, seal-checked N95 respirator to enter the room.

For residents with measles or varicella (chickenpox), it is preferred that only staff who have **documented** immunity to the particular disease enters the room. If you are immune, you do not need to wear an N95 respirator. However, if you do not have documented immunity then you must wear a fit-tested, seal-checked N95 respirator.

### **Cleaning**

Routine environmental cleaning practices should be followed.

### **Equipment**

Follow Routine Practices for use and cleaning of shared medical equipment.

### **Communication**

It is important that you tell residents and their families **why** Airborne Precautions are in place. Also ensure that other departments, facilities or transport service providers are aware of the need for Airborne Precautions.

### **Transport**

Residents on airborne precautions should remain in their room. They must wear a mask during the transport and staff transporting them must wear an N95 respirator during the transport.

## Visitors

Discourage visitors. Counsel visitors about the risks of visiting. Provide them with an N95 respirator and demonstrate how to perform a seal check.

## LTC Stop & Think

Now it's time to stop and think.

What are some of the challenges you have experienced related to the elements required for Additional Precautions?

How would you overcome the challenges of applying Additional Precautions in your health care setting?

## LTC case 1 part 1/4

Mr. Downpour shares a 2-bed room with Mr. Shower. Mr. Downpour develops a new cough, sore throat and shortness of breath. His symptoms are similar to another resident next door. Are Routine Practices sufficient? Yes or no?

Answer: No

Although Routine Practices always apply, in this scenario, Additional Precautions are needed because transmission of a respiratory infection may have occurred.

## LTC case 1 part 2/4

Mr. Downpour has new onset symptoms of a respiratory infection with no known cause. What are the appropriate Additional Precautions for Mr. Downpour? Droplet, Contact, or Airborne?

Answer

Mr. Downpour has symptoms of a respiratory infection. Droplet and Contact Precautions are required. The virus is spread by respiratory droplets and contact with contaminated surfaces.

## LTC case 1 part 3/4

In this scenario, what is the first thing you need to do?

Options

Send swab

Pull the curtain

Put up a sign

Answer: Pull the curtain

The first thing that needs to be done is to pull the curtain between Mr. Downpour and his roommate. This will create a barrier to help reduce the roommate's exposure to Mr. Downpour's respiratory droplets.

## LTC case 1 part 4/4

Mr. Downpour's laboratory report shows that he has seasonal influenza and his condition gets worse. He needs to go to the hospital.

What elements of Additional Precautions should be used for each step below?

Review the elements of [Droplet](#) and [Contact](#) Precautions if required.

### Step 1

Scenario: Call Patient Transfer Authorization Centre to transport Mr. Downpour who may have influenza.

Answer: Communication

### Step 2

Scenario: Paramedics arrive, assess and transport Mr. Downpour to the emergency department. Mr. Downpour can't tolerate wearing a mask, so the paramedics wear a mask, eye protection, gloves and a gown.

Answer: Transport, PPE

### Step 3

Scenario: The stretcher and ambulance are cleaned and disinfected according to policy and procedures.

Answer: Cleaning, Equipment

## LTC case 2 part 1/4

Mrs. Trot lives in a 2-bed room with Mrs. Runner. She has been vomiting and has diarrhea. The stool specimen report from the laboratory shows she has norovirus. Based on how norovirus is spread, what category of Additional Precautions is needed for Mrs. Trot? Droplet, Contact, or Airborne?

Answer: Contact

Norovirus requires Contact Precautions. It is spread by contact with faecal matter and contaminated surfaces.

## LTC case 2 part 2/4

Mrs. Trot has diarrhea that cannot be contained and she is also vomiting.

In reviewing her care plan, which of the following activities would be appropriate?

Options

Eating meals in her room.

Eating meals in the dining room at a separate table.

Participating in group activities.

Walking in the hallway with supervision.

Using the public washroom.

Being bathed in the tub room on the unit.

Answer

Eating meals in her room.

Being bathed in the tub room on the unit.

### LTC case 2 part 3/4

Mrs. Trot has soiled her bed space and washroom. What PPE do you need to wear to begin cleaning up the room?

Options

Mask

Gloves

Gown

Eye protection

Answer

Gloves

Gown

### LTC case 2 part 4/4

Mrs. Trot's room needs to be cleaned. What areas should be cleaned every day?

Answer

Telephone

Call bell

Bed rail

Bedside table

Over the bed table

Foot of the bed

ABHR dispenser

### LTC case 3 part 1/2

Mr. Flag has been transferred back to his room from a recent admission in the local hospital. He has shared his room with another resident for several years. The hospital discharge summary shows Mr. Flag screened positive for MRSA on admission from your facility. Previously this was not known. Based on the transmission of MRSA, what category of Additional Precautions does Mr. Flag require? Droplet, Contact, or Airborne?

Answer: Contact

Mr. Flag requires Contact Precautions. MRSA is spread through contact transmission.

### LTC case 3 part 2/2

You need to review Mr. Flag's accommodation. What action(s) should be taken?

Options

Move Mr. Flag to a single room.

Leave Mr. Flag in his current room.  
Move Mr. Flag's roommates.  
Transfer Mr. Flag back to the hospital for management of his MRSA.

Answer: Leave Mr. Flag in his current room.  
Mr. Flag can stay in his current room. It is important that health teaching on cleaning his hands be provided to him.

### LTC case 4 part 1/3

Mr. Cloud shares a 2-bed room with a roommate. You just received a call from the Public Health Unit. Mr. Cloud has Tuberculosis. What action(s) need(s) to be taken?

Options  
Move the roommate out.  
Keep the door closed.  
Put an Airborne Precautions sign on the door.  
Give Ms. Cloud an N95 respirator.

Answer  
Move the roommate out.  
Keep the door closed.  
Put an Airborne Precautions sign on the door.

### LTC case 4 part 2/3

You do not have any airborne infection isolation rooms (negative pressure rooms) in your long-term care facility. What action(s) need(s) to be taken to arrange and transport Mr. Cloud to the hospital?

Options  
Notify the Patient Transfer Authorization Centre.  
Put an Airborne Precautions sign on the stretcher.  
HCP wears an N95 respirator.  
Put a mask on Ms. Cloud.  
Put on a gown and gloves.

Answer  
Notify the Patient Transfer Authorization Centre.  
HCP wears an N95 respirator.  
Put a mask on Ms. Cloud.

### LTC case 4 part 3/3

You have called the Patient Transfer Authorization Centre and are ready to transport Mr. Cloud. What are the steps to follow?

Answer

Step 1: Clean your hands

Step 2: Put on an N95 respirator

Step 3: Push the stretcher into the room

Step 4: Put a mask on Mr. Cloud

Step 5: Move Mr. Cloud out of the room

Step 6: Clean your hands

## LTC Summary

Additional Precautions are used in addition to Routine Practices when Routine Practices are not sufficient to prevent and control the transmission of infectious agents.

The three categories of Additional Precautions are Contact, Airborne and Droplet Precautions and these may be used in combination.

Elements of Additional Precautions include accommodation, signage, Personal Protective Equipment or PPE, dedicated equipment, additional cleaning measures, limited transport and communication.

Initiate Additional Precautions as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed.

Additional Precautions should remain in place until there is no longer a risk of transmission of infection.

## Challenge Questions

This is the end of the component.

To show that you have completed this component, there is a test. There are five questions in the test.

You need to answer every question correctly and then you can print out a certificate.

If you do not answer questions correctly, review the material and retake the test.

Please select the health care setting that most closely matches your workplace.

If you are ready, please return to the [PHO website](#) and select the Challenge Question document that corresponds with this module.

## Administrative Controls Health Care Setting (AC)

### AC Elements of Contact Precautions

#### **Accommodation**

It is preferred that patients who are on contact precautions are placed in a single room with a dedicated toilet and sink. The door to the patient's room may stay open; however, patients are encouraged to stay in their room to help decrease the risk of spreading infection. If the patient

must have a special test, such as an x-ray, then, they may go to another department. The department needs to know the patient is on Contact Precautions. Each patient's ability to follow precautions needs to be assessed to assist in determining the best accommodation. Develop an individual care plan. If a single room is not available, the infection risk to other patients in the room should be considered in making the decision about accommodation.

### **Signage**

In a single room, a Contact Precautions sign needs to be put at the entrance to the patient's room. If the patient is in a multi-bed room, then the sign needs to be put by the bed space so it is easily seen.

### **PPE**

You will need to put on personal protective equipment (PPE) whenever you enter the room of a patient on Contact Precautions. Gloves must be worn on entering the patient's room or bed space. Gloves must be removed and hands cleaned on exit from the room or bed space. A gown must be worn if skin or clothing will come in contact with the patient or the patient's environment.

### **Cleaning**

Routine environmental cleaning is sufficient for most patients on Contact Precautions. All high-touch surfaces, such as light switches and bed rails, must be cleaned daily. Environmental Services needs to be notified of any patients who have Vancomycin Resistant Enterococcus (or VRE) or Clostridium difficile (or C. difficile) so that special cleaning can be done. On discharge or transfer cleaning, remove and launder privacy curtains.

### **Equipment**

When a patient is on Contact Precautions, equipment should be dedicated to that patient's use whenever possible. Remember Routine Practices. Any equipment that is shared between patients' needs to be cleaned and disinfected after each use and before being used on another patient. Items such as the patient record, whether it is paper or electronic, should be kept outside of the patient room.

### **Communication**

It is important that you tell patients and their families why Contact Precautions are in place. Also ensure that other departments, facilities or transport service providers are aware of the need for Contact Precautions.

### **Transport**

Sometimes it is necessary for patients on Contact Precautions to be transported to other areas of the hospital. If your patient needs to be transported, you need to wear gloves and gown if you provide direct care for the patient during the transport. As a routine practice, after transport, clean and disinfect used equipment.

### **Visitor**

Show visitors how to clean their hands properly with alcohol-based hand rub or soap and water when they enter and leave the room. Visitors do not need to wear PPE unless they are providing direct care, such as assisting with toileting or bathing the patient.

## **AC Elements of Droplet Precautions**

### **Accommodation**

Ideally, patients who require Droplet Precautions should be placed in a single room with a dedicated toilet and sink. The door to the patient's room may stay open; however, patients are encouraged to stay in their room to help decrease the risk of spreading infection. If the patient must have a special test, such as an x-ray, then, they may go to another department. The department needs to know the patient is on Droplet Precautions so they can be prepared and accommodate the patient properly.

Each patient's ability to follow precautions needs to be assessed to assist in determining the best accommodation. Develop an individual care plan. If a single room is not available, the infection risk to other patients in the room should be considered in making the decision about accommodation.

### **Signage**

In a single room, place a Droplet Precautions sign at the entrance to the patient's room.

If the patient is in a multi-bed room, then place the sign by the bed space so it is easily seen.

### **PPE**

Wear a mask and eye protection whenever you are within two metres of a patient who is on Droplet Precautions.

### **Cleaning**

Rooms of patients on Droplet Precautions require routine environmental cleaning. All high-touch surfaces such as bed rails and light switches should be cleaned daily.

### **Equipment**

Dedicate equipment to the patient's use whenever possible. Equipment that is shared between patients' needs to be cleaned and disinfected after each use, before being used with another patient. Paper or mobile electronic patient records should be kept outside of the patient room.

### **Communication**

It is important that you tell patients and their families **why** Droplet Precautions are in place. Also ensure that other departments, facilities or transport service providers are aware of the need for Droplet Precautions.

### **Transport**

Transporting a patient on Droplet Precautions should be limited unless it is necessary for a specific test or procedure. The patient should wear a mask if he or she is able. If the patient **cannot** wear a mask, then, the transport staff must use eye protection and a mask.

### **Visitors**

Show visitors how to clean their hands properly with alcohol-based hand rub or soap and water when they enter and leave the room.

A mask should be worn, by all visitors, whenever they are within two meters of the patient.

The only exception to this is in the paediatric setting. Household contacts of children on Droplet Precautions do not need to wear a mask since they have already been exposed in the home.

## AC Elements of Airborne Precautions

### **Accommodation**

Patients who require Airborne Precautions should be placed in an airborne infection isolation room. This is also referred to as a negative pressure room. If this is not available they should be transferred to a facility where an airborne infection isolation room is available. The door to the room must remain closed.

### **Signage**

An Airborne Precautions sign must be placed on the door to the airborne infection isolation room.

### **PPE**

For patients with confirmed or suspected tuberculosis, health care providers must wear a fit-tested, seal-checked N95 respirator to enter the room.

For patients with measles or varicella (chickenpox), it is preferred that only staff who have **documented** immunity to the particular disease enters the room. If you are immune, you do not need to wear an N95 respirator. However, if you do not have documented immunity then you must wear a fit-tested, seal-checked N95 respirator.

### **Cleaning**

Routine environmental cleaning practices should be followed.

### **Equipment**

Follow Routine Practices for use and cleaning of shared medical equipment.

### **Communication**

It is important that you tell patients and their families **why** Airborne Precautions are in place. Also ensure that other departments, facilities or transport service providers are aware of the need for Airborne Precautions.

### **Transport**

Patients on Airborne Precautions should remain in their room and transportation should be limited to only those procedures that are medically necessary.

If the patient needs to be transported then they must wear a surgical mask during the transport and staff transporting them must wear an N95 respirator during the transport.

### **Visitors**

Visitors to patients on precautions for tuberculosis should be limited to only household contacts. Household contacts should be assessed for active tuberculosis prior to visiting the

facility. An N95 respirator is not required, as they have already been exposed in the household. Visitors, other than household contacts, should be discouraged from visiting.

For patients on precautions due to measles or varicella, household contacts are not required to wear an N95 respirator as they have been exposed in the household. Assess household contacts for active infection prior to each visit.

Visitors of patients with measles or varicella who are known to be immune do not need to wear an N95 respirator to visit.

People who are **not** household contacts and are **not** immune should not visit.

## AC Stop & Think

Now it's time to stop and think.

What are some of the challenges you have experienced related to the elements required for Additional Precautions?

How would you overcome the challenges of applying Additional Precautions in your health care setting?

## AC case 1 part 1/6

Mr. Downpour arrives at the Emergency department with a high fever, cough, sore throat and shortness of breath. He cleans his hands. He puts on a mask upon entry to the emergency department. A nasopharyngeal swab is collected and comes back positive for seasonal influenza.

Are Routine Practices sufficient? Yes or no.

Answer: No

In this scenario, Additional Precautions are needed to interrupt the transmission of influenza.

## AC case 1 part 2/6

Based on how seasonal influenza is spread, what is the appropriate Additional Precautions needed for Mr. Downpour? Droplet, Contact, or Airborne?

Answer: Contact

Seasonal influenza requires Droplet and Contact Precautions. The influenza virus is spread by respiratory droplets and contact with contaminated surfaces.

## AC case 1 part 3/6

Mr. Downpour cleans his hands. He puts on a mask. He is being assessed at Triage by HCP wearing PPE. He is sitting in a corner of the Emergency waiting room, two metres away from others. In this scenario, who is at risk for exposure to the influenza virus?

Options

Health Care Provider

People in the waiting room  
Nobody

Answer: Nobody

The actions taken by the health care provider and Mr. Downpour have helped reduce the risk of transmission of the influenza virus.

### AC case 1 part 4/6

Mr. Downpour's condition worsens. He requires admission to the hospital. What is the best option to accommodate Mr. Downpour?

Options

Single room  
2-bed room  
4-bed room

Answer: Single room

A single room with a dedicated washroom is the best option for Mr. Downpour. This will help reduce the risk of exposure to other patients.

### AC case 1 part 5/6

All single rooms are occupied. All patient beds have privacy curtains. Which room would you assign to Mr. Downpour?

Options

2-bed room  
4-bed room

Answer: 2-bed room

You must consider the risk to other patients. In this case, a two-bed room with a shared washroom is the better option. The privacy curtain should remain closed around Mr. Downpour's bed space to limit the spread of droplets to the other patient.

### AC case 1 part 6/6

Mr. Downpour needs a CT scan. What elements of Additional Precautions should be used for each step below?

Review the elements of [Droplet](#) and [Contact](#) Precautions if required.

#### Step 1

Scenario: Call the Diagnostic Imaging Department to transport Mr. Downpour who may have influenza.

Answer: Communication

#### Step 2

Scenario: Mr. Downpour cannot tolerate wearing a mask so the Health Care Worker wears eye

protection, a mask, gloves and a gown to transport Mr. Downpour to Diagnostic Imaging.  
Answer: Transport, PPE

### Step 3

Scenario: The stretcher and CT Scan table are cleaned and disinfected as per policy and procedures.

Answer: Cleaning, Equipment

### AC case 2 part 1/5

Ms. Trot was admitted to a 2-bed room for management of dehydration related to vomiting and diarrhea. A stool specimen was obtained and sent to the laboratory. The laboratory report is positive for norovirus. Based on how norovirus is spread, what category of Additional Precautions is needed for Ms. Trot? Droplet, Contact, or Airborne?

Answer: Contact

Norovirus requires Contact Precautions. It is spread by contact with fecal matter and contaminated surfaces.

### AC case 2 part 2/5

Ms. Trot has soiled her bed space and washroom. What PPE would you need to begin cleaning up the room?

Answer

Gloves

Gown

### AC case 2 part 3/5

A decision needs to be made whether Ms. Trot needs to be moved from her 2-bed room. In determining whether or not to move Ms. Trot, what are the factors that you need to consider?

Options

How norovirus is spread.

The availability of single rooms.

Distance from the nursing station.

Whether Ms. Trot has extended health coverage.

Answer

How norovirus is spread.

The availability of single rooms.

## AC case 2 part 4/5

Ms. Trot's room needs to be cleaned. What are the areas that need to be cleaned every day?

Answer

Telephone

Call bell

Bed rail

Bedside table

Over the bed table

Foot of the bed

## AC case 2 part 5/5

Ms. Trot's neighbour has arrived to visit. She sees the sign on the door to the room and asks you what she should do. What information should you give the visitor?

Options

Ms. Trot has norovirus.

Ms. Trot should not have any visitors.

Visitors must put on a gown and gloves before entering Ms. Trot's room.

Visitors must clean their hands when they enter and leave Ms. Trot's room.

Visitors should not use the washroom in Ms. Trot's room.

Visitors should not eat or drink in Ms. Trot's room.

Visitors should remain at least 2 metres away from Ms. Trot at all times.

Answer

Visitors must clean their hands when they enter and leave Ms. Trot's room.

Visitors should not use the washroom in Ms. Trot's room.

Visitors should not eat or drink in Ms. Trot's room.

## AC case 3 part 1/3

Ms. Flag has been admitted to a 4-bed room with cellulitis of her right leg. An Antibiotic-Resistant Organism (ARO) screening swab was sent the morning after her admission since Ms. Flag had a previous hospitalization two months ago for pneumonia. You are notified 2 days later that the swab is positive for Methicillin-resistant *Staphylococcus aureus* (MRSA).

Based on the transmission of Methicillin-resistant *Staphylococcus aureus* (MRSA), what category of Additional Precautions does Ms. Flag require? Droplet, Contact, or Airborne?

Answer: Contact

Ms. Flag requires Contact Precautions. MRSA is spread through contact transmission.

### AC case 3 part 2/3

You are reviewing Ms. Flag's accommodation. Which of the following factors would you consider in making the decision about moving Ms. Flag or her roommates?

Options

Availability of other rooms.

The length of time Ms. Flag's roommates have shared the same room.

The need to screen Ms. Flag's roommates.

The risk of MRSA to the roommates.

The policy of your organization.

Answer

All of the above

### AC case 3 part 3/3

Two other patients are in the room with Ms. Flag. Which of Ms. Flag's roommates could be moved?

Options

Ms. Green

40-year-old female was admitted this morning for a flare-up of her ulcerative colitis. She is up and walking around the unit.

Ms. Walk

86-year-old female admitted two weeks ago for confusion. She has a history of wandering.

Neither of the roommates

Answer: Ms. Green

Ms. Green could be moved since she has been sharing the room with Ms. Flag for less than 12 hours. Whether Ms. Green is moved will depend on the policies of your facility.

### AC case 4 part 1/2

Mr. Cloud is on Airborne Precautions because he has Tuberculosis. He must have a special test in the diagnostic imaging department. You are going to transport Mr. Cloud. Which of the following action(s) is/are appropriate to transport Mr. Cloud?

Options

Put an airborne precaution sign on the wheelchair.

HCP transporting Mr. Cloud puts on an N95 respirator.

HCP transporting Mr. Cloud puts on a gown and gloves.

Call diagnostic imaging.

Put a mask on Mr. Cloud.  
Put an N95 respirator on Mr. Cloud.

Answer:  
HCP transporting Mr. Cloud puts on an N95 respirator.  
Call diagnostic imaging.  
Put a mask on Mr. Cloud.

### AC case 4 part 2/2

You are going to transport Mr. Cloud out of his room. What are the steps to follow?

Answer  
Step 1: Call diagnostic imaging  
Step 2: Clean your hands  
Step 3: HCP transporting Mr. Cloud puts on an N95 respirator  
Step 4: Put a mask on Mr. Cloud  
Step 5: Move Mr. Cloud out of the room  
Step 6: Clean your hands

### AC case 5 part 1/2

Master Hoop is an 8-year old patient who has pertussis. He has frequent, violent, coughing fits and is very short of breath. What Additional Precautions sign should be put on Master Hoop's room door? A Contact Precautions sign, a Droplet Precautions sign, or an Airborne Precautions sign?

Answer  
Droplet Precautions sign  
Pertussis is transmitted by respiratory droplets. It is not transmitted by the contact or airborne routes.

### AC case 5 part 2/2

Which of the following action(s) is/are appropriate?

Options  
Dedicate equipment to Master Hoop.  
Perform special cleaning in his room.  
Place him in a negative pressure room.  
Keep the door shut.

Answer  
Dedicate equipment to Master Hoop.

### AC Summary

Additional Precautions are used in addition to Routine Practices when Routine Practices are not sufficient to prevent and control the transmission of infectious agents.

The three categories of Additional Precautions are Contact, Airborne and Droplet Precautions and these may be used in combination.

Elements of Additional Precautions include accommodation, signage, Personal Protective Equipment or PPE, dedicated equipment, additional cleaning measures, limited transport and communication.

Initiate Additional Precautions as soon as symptoms suggestive of a transmissible infection are noted, not only when a diagnosis is confirmed.

Additional Precautions should remain in place until there is no longer a risk of transmission of infection.

## Challenge Questions

This is the end of the component.

To show that you have completed this component, there is a test. There are five questions in the test.

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