

# ADMINISTRATIVE MANUAL

## Policy/Procedure

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## POLICY STATEMENTS

1. Routine Practices must be used by all health centre staff at all times, in all health care settings and in the care/interaction with all patients in order to reduce the spread of microorganisms that cause infection.
2. All IWK staff must complete yearly self-education on routine practices and how they should be implemented in all settings in the health centre. These mandatory IWK learning modules are ***Routine Practices Level I*** and ***Routine Practices Level II***.
  - Staff who will not have direct contact with patients or the patient care environment must complete ***Routine Practices Level I*** yearly.
  - Staff who will have contact with patients or the patient care environment must complete ***Routine Practices Level II*** yearly.

## GUIDING PRINCIPLES AND VALUES

Routine practices are the minimum standards of infection prevention and control (IPAC) recommended by the Public Health Agency of Canada required to prevent transmission of microorganisms that can cause infection in the health care setting. Routine practices must be incorporated into the culture of each health care setting by all staff, physicians, volunteers, students, patients and families, and into the daily practice of every health care provider.

Microorganisms may be transmitted from symptomatic and asymptomatic individuals, emphasizing the importance of adhering to Routine practices at all times, in all healthcare

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settings and for all patients. Routine practices recognizes that microorganisms are always present on the skin, nose, throat, and in body fluids and excretions of all people.

Microorganisms can be transferred from:

- patient to health care provider
- patient to patient
- health care provider to patient
- health care provider to health care provider

Adherence to routine practices reduce the transmission of microorganisms between these groups in all healthcare settings and reduces the incidence of Healthcare-Associated Infections (HAIs).

The following are the basic elements that comprise Routine Practices:

- a) Point of Care Risk Assessment
- b) Hand Hygiene
- c) Respiratory Etiquette
- d) Source Control
- e) Patient Placement, Accommodation and Flow
- f) Aseptic Technique
- g) Personal Protective Equipment (PPE)
- h) Safe Handling of Sharps
- i) Management of the Environment
  - Cleaning of the environment
  - Cleaning and disinfection of equipment
  - Handling of waste and linen
  - Food Services Considerations
- j) Education of patients, families and visitors
- k) Visitor management

## PROCEDURE

### a) Point of Care Risk Assessment

Before every patient interaction or exposure to the patient care environment, all health care providers have a responsibility to assess the infectious risk posed to themselves and other

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patients, visitors, volunteers, and staff by performing a point of care risk assessment. A point of care risk assessment evaluates the likelihood of exposure to blood, body fluids, secretions/excretions, non-intact skin, mucous membranes, or contaminated equipment or surfaces.

When performing a point of care risk assessment, health care providers must ask themselves a set of questions to determine the risk of exposure and potential for transmission of microorganisms during their duties:

What task am I doing?

What are the patient's symptoms?

Does the patient have a diagnosis that increases my risk of exposure and potential transmission of microorganisms?

- What is my risk of exposure to blood, body fluids, excretions, secretions, non-intact skin, mucous membranes and contaminated surfaces or equipment?
- What is my skill level for this task?
- How cooperative is the patient?
- What is the environment where I will be performing this task?
- What actions do I need to take?
- What is the health care provider immune status?
  - For example asking “Am I immune to chicken pox?” in the case of interaction with a patient with active varicella. This will help determine use of PPE.

The answers to the questions will influence staff actions around patient placement, use of PPE, assistance that may be required from co-workers, and any additional precautions that may need to be put in place.

Please refer to **Appendix B: Point of Care Risk Assessment – Algorithm for Health Care Providers**.

## **b) Hand Hygiene**

All staff must perform hand hygiene as per [IC 205.2 Hand Hygiene](#). There are two approved methods of hand hygiene in the healthcare setting:

- Alcohol-Based Hand Rub
- Antimicrobial soap and water

Use of Alcohol-Based Hand Rub at the point-of-care is the preferred method for hand hygiene for all health care practitioners unless:

- hands are visibly soiled

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- there is potential exposure to diarrheal illnesses such as those caused by norovirus and spore forming pathogens such as *C. difficile*.

In these cases, the preferable method of hand hygiene is to use soap and water.

All staff, physicians, volunteers, and students who will have direct contact with patients are to perform hand hygiene according to **the “Four Moments” of Hand Hygiene, as outlined in Appendix C**

In non-clinical care, important times to perform hand hygiene would include:

- Before and after shifts and breaks
- Before and after eating
- After sneezing, coughing, or blowing your nose
- After using the washroom
- Whenever your hands feel dirty

All patients, families, volunteers, and visitors must receive education from staff on the importance of proper hand hygiene and when/how this is accomplished, particularly those exhibiting signs and symptoms of an infectious illness.

For more information regarding hand hygiene practices in the health centre, please refer to [IC 205.2 Hand Hygiene](#).

### c) Respiratory Etiquette

All staff must adhere to personal practices that prevent the spread of microorganisms that cause respiratory infections. Staff should also teach these personal practices to volunteers, students, patients, families, and visitors present in the health centre. Personal practices to prevent the spread of respiratory illnesses include:

- Not being present in the health centre when displaying symptoms of an acute respiratory infection, such as coughing, sneezing, rhinorrhea or fever.
  - Staff members should consult Occupational Health, Safety & Wellness when experiencing potentially infectious symptoms to discuss guidelines pertaining to employee illness.
  - Visitors, volunteers, and family members should be encouraged to wait until their symptoms have resolved before visiting patients in the health centre.
- When coughing or sneezing, avoidance measures should be performed that minimize the contact for others around you with droplets from your cough or sneeze. These

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avoidance measures include:

- Turning your head away from others when you cough or sneeze
  - Covering a cough or sneeze with your elbow instead of coughing or sneezing into your hands
  - Covering your nose and mouth with tissue when coughing/sneezing
  - Maintaining a two-meter separation from others when you are coughing or sneezing
  - Immediate disposal of tissues into waste after use
- Perform immediate hand hygiene after any cough, sneeze or disposal of tissues, whether by Alcohol-Based Hand Rub or by soap and water.

Respiratory etiquette should be encouraged for all coughing/sneezing staff, physicians, volunteers, students, patients, family, and visitors.

#### **d) Source Control**

In addition to Hand Hygiene and Respiratory Etiquette, the following Source Control strategies shall be used to contain microorganisms from spreading from an infectious source:

##### *Staff Illness*

- Staff and volunteers, should not come into work when experiencing symptoms of a potentially infectious illness. Any staff member who is displaying potentially infectious symptoms or who has been exposed to a potentially infectious illness and has questions regarding coming to work must contact Occupational Health, Safety & Wellness staff for guidance.

##### *Outpatients with Symptoms of an Infectious Illness*

- Patients who are acutely ill and have a scheduled outpatient clinic visit in the health centre should be informed to contact the appropriate clinic staff to discuss the possibility of rebooking their appointment to another date when their symptoms have resolved, if it is appropriate.
  - Note: if patients displaying symptoms of a potentially infectious illness cannot have their outpatient clinic visit rebooked to another date when their symptoms have resolved, staff may contact infection prevention and control for guidance on the management of the patient during the clinic visit.

##### *Triage*

- Staff in all clinical areas should collect simple triaging information at the time of patient registration. Prompt triage of patients in the Emergency Department, clinic settings,

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and any other care settings ensures symptomatic patients are assessed in a timely manner for any communicable illness.

- Triage information should be based on symptoms of communicable disease or acute respiratory infection, such as asking about history of cough, fever, vomiting or diarrhea.
- The appropriate Additional Precautions must then be immediately applied to any symptomatic patient, whether the cause of symptoms is immediately known or not (please refer to [IC 301.2 Application of Additional Precautions](#) for additional information.)

### *Spatial Separation of Patients*

- Wherever possible, patients exhibiting infectious illness symptoms must be placed into an individual room as soon as symptoms are observed.
- When being registered, move the patient out of the waiting area and into a separate area or examination room as soon as possible.
- If a separate space is unavailable in a clinic or the Emergency Department waiting area, maintain a spatial separation of at least two meters between any coughing patient and others in the area, or arrange seating so that coughing patients are facing away from the other patients.
- For those patients who may soil the environment, appropriate placement should occur as soon as possible, for example a single room with dedicated toileting facilities

### *Respiratory Hygiene*

- A mask, and instruction on hand hygiene and respiratory etiquette should be provided to every coughing/sneezing patient.
- Strategies should be applied to reduce the level of aerosol generation during Aerosol Generating Medical procedure.

### **e) Patient Accommodation, Placement and Flow**

#### *Single Room Care*

- Wherever possible, single rooms with individual toileting facilities are preferred for all patients at all times.
- In pediatric populations in particular, single patient rooms are advantageous due to the increased potential of communicable disease and the hygienic challenges inherent with this particular age group.

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- Single rooms must be used for all patients who visibly soil the environment, patients whose hygiene cannot be maintained, and those patients on Additional Precautions. Please refer to [IC 301.2 Application of Additional Precautions](#).

#### *Patient Transfers*

- Patient transfers must be limited to only those that are medically necessary whenever possible.
- Clean and disinfect equipment (e.g. stretcher, wheelchair) using a hospital-approved disinfectant before and after transport of a patient.
- For information on how to transfer a patient on Additional Precautions, please refer to [IC 301.2 Application of Additional Precautions](#).
  - Communicate Additional Precautions in place to all receiving staff for any patient transfer.

#### *Patients Displaying Potentially Infectious Symptoms*

- Additional Precautions should be used immediately whenever a patient is identified with symptoms of a communicable disease, even if it has not yet been identified what that communicable illness is. Additional Precautions are implemented based on symptoms, not a diagnosis. Please refer to [IC 301.2 Application of Additional Precautions](#) for additional information.
- Wherever possible, patients exhibiting infectious illness symptoms must be placed into an individual room as soon as symptoms are observed.
- Patients who display symptoms of a potentially airborne infectious illness must be immediately placed into a negative pressure room. Please refer to the [IWK negative Pressure Room List](#) on the IPAC subsite of Pulse for the current list of negative pressure rooms at the IWK.

#### **f) Aseptic Technique**

Aseptic technique must be used by all staff and physicians when performing invasive and sterile procedures on patients and handling injectable products. Aseptic technique includes, but is not limited to, the following measures:

- Hand hygiene must be performed immediately prior to any aseptic procedure as per Moment #2 of the 4 Moments for Hand Hygiene'. Please refer to **Appendix C: The Four Moments of Hand Hygiene**.
- Use of appropriate PPE as indicated by the sterile procedure (for example sterile gloves, sterile gowns, or masks)

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- Establish and maintain a sterile field throughout any procedure
  - For example: Open sterile trays and supplies only when ready to use to ensure maintenance of the sterile field; use of sterile drapes
- Preparing the patient's skin with an appropriate antiseptic before an invasive procedure. Please refer to policy: [202 Selection of Skin Antiseptics](#) or [1461 Surgical Skin Antiseptic Preparation](#)
- Maintaining sterility throughout sterile procedures
- Aseptic technique for the withdrawal of medication:
  - Disinfecting stoppers or injection ports of medication vials, infusions bags, etc. prior to entry, e.g. the use of alcohol to prepare the rubber stopper or injection port (waiting for alcohol to dry)
  - Use of sterile, single-use disposable needle and syringe for each medication/fluid withdrawal from vials or ampoules
  - following manufacturer's instructions

#### **g) Personal Protective Equipment**

All staff must use personal protective equipment appropriately during any patient interaction according to their point of care risk assessment and any Additional Precautions in place. Health care providers use personal protective equipment to protect the patient from transmission of microorganisms and to protect the health care providers from exposure to bloodborne and other microorganisms (for example sprays of blood, body fluids, respiratory tract or other secretions or excretions, non-intact skin or mucous membranes, exposure to contaminated surfaces or equipment).

- Person protective equipment must be available in all patient care areas at the point of care.
- The selection and use of PPE is based on the health care provider point of care risk assessment.
- health care providers must use the correct technique for putting on and taking off PPE (please refer to **Appendix D: Recommended Steps for Putting on Personal Protective Equipment and Recommended Steps for Taking off Personal Protective Equipment**)
- Discarding PPE into the designated receptacles immediately after use, followed by hand hygiene
- Personal protective equipment consists of barriers worn by health care providers to protect the health care providers from exposure to blood, body fluids and microorganisms. PPE includes the following:

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Gloves:

- shall be worn if there is a risk of hand contact with blood, body fluids, secretions, excretions, mucous membranes or non-intact skin.
- Staff must perform hand hygiene before putting on and whenever gloves are changed or removed.

Gowns:

- shall be worn if there is risk of skin or clothing contamination with blood or body fluids.
- Gowns should be long-sleeved, cuffed, and cover the front and back of the health care providers from neck to at least mid-thigh.

Masks/Eye/Face Protection:

- procedure/surgical mask and eye protection shall be worn if there is a risk of sprays or splashes of blood, body fluids, secretions or excretions.

*Non-Direct Patient Care use of PPE*

PPE may also be worn by staff who do not have direct contact with patients but who will have contact with soiled or contaminated items. Anyone who will have contact with items that are soiled or contaminated with blood or body fluids must wear appropriate PPE to protect themselves.

- For example laundry staff must protect themselves from infection by soiled linen by wearing appropriate PPE such as gloves and gowns when handling and processing soiled patient linens.

*PPE in the Operating Room Setting*

There are special considerations regarding the donning and doffing of PPE in an operating room environment. Please refer to the latest guidelines published by ORNAC (Operating Room Nurses Association of Canada) in the section regarding PPE for more detailed information. (ORNAC, 2017)

The following table outlines more detailed information on basic personal protective equipment:

	<ul style="list-style-type: none"> <li>• Perform hand hygiene before putting on gloves</li> <li>• Wear the correct size of gloves</li> </ul>
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<p><b>Non-sterile Gloves</b></p>	<ul style="list-style-type: none"> <li>• Health care providers with non-intact skin on their hands should always use gloves for direct patient care</li> <li>• Gloves should be put on immediately before the activity for which they are indicated</li> <li>• Gloves must be removed and discarded immediately after the activity for which they were used</li> <li>• Hand hygiene must be performed immediately after glove removal</li> <li>• Change or remove gloves if moving from a contaminated body site to a clean body site or the environment (avoid touch contamination)</li> <li>• Do not wash or re-use gloves</li> <li>• The same pair of gloves must not be used for the care of more than one patient</li> </ul>
<p><b>Gowns</b></p>	<ul style="list-style-type: none"> <li>• Gowns should only be worn when providing care for patients, and transporting, cleaning/disinfecting soiled equipment</li> <li>• When use of a gown is indicated, the gown should be put on immediately before the task and must be worn properly, i.e. opening at the back and tied at neck and around the waist</li> <li>• Remove the gown immediately after the task for which it has been used</li> <li>• Remove the gown in a manner that prevents contamination of clothing or skin and prevents agitation of the gown</li> <li>• Discard used gowns immediately after removal into the appropriate receptacle; do not hang gowns up for later use</li> <li>• Do not re-use a gown; do not go from patient-to-patient wearing the same gown</li> <li>• If a gown becomes wet, remove it at the first opportunity and if required to continue the task at hand, don a new clean dry gown (wet gowns do not adequately protect the health care providers)</li> </ul>

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<p><b>Masks</b></p>	<ul style="list-style-type: none"> <li>• Select a mask appropriate to the activity             <ul style="list-style-type: none"> <li>○ e.g. don a mask with face shield attached when at risk for cough/sneezes directly in the face or splashes or sprays may occur during the procedure; wear N95 masks when applying PPE for patients on airborne precautions</li> </ul> </li> <li>• Mask should securely cover the nose and mouth</li> <li>• Change the mask if it becomes soiled or wet</li> <li>• Adjust the mask to fit appropriately prior to entering the patient care space. Avoid touching or adjusting the mask with gloved hands while it is in place while in the patient care space. This increases staff risk.</li> <li>• When removing PPE, always clean hands with ABHR prior to the removal of facial PPE such as masks. This is because the hands may become contaminated when removing other items such as gowns and gloves.</li> <li>• Remove mask immediately after completion of task and discard into an appropriate waste receptacle</li> <li>• Do not allow mask to hang or dangle around the neck</li> <li>• A mask is a single use item</li> <li>• Clean hands after removing the mask</li> </ul>
<p><b>Eye Protection</b></p>	<ul style="list-style-type: none"> <li>• Prescription eye glasses are <u>not</u> acceptable as eye protection, as they do not provide sufficient protection from splashes and sprays</li> <li>• Eye protection must be removed immediately after the task for which it was used and discarded into waste (e.g. mask/face shield combination) or placed in an appropriate receptacle for cleaning (e.g. reusable goggles)</li> </ul>

**h) Safe Handling of Sharps**

Sharps include any objects capable of causing punctures, cuts, or injury for example needles, syringes, or blades. All staff must follow procedures to prevent sharps injuries by:

- Using safety-engineered sharps devices shall be used whenever possible to prevent injuries from needles, scalpels and other sharp devices.

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- Never re-capping needles.
- Immediately disposing of needles and sharps into puncture-resistant designated sharps containers at the point of use.
- Never reaching into waste or sharps containers.
- Removal and replacement of sharps containers when full.

### *Sharps injuries*

In the case of any sharps injuries of staff, occupational health, safety & wellness staff should be immediately contacted for guidance and management.

For further information on safe handling of sharps, please refer to policy: [1008.1 Safety Engineered Needles](#)

## **Management of the Environment**

### *Cleaning of the Environment*

Maintaining a clean and safe health care environment is an essential component of IPAC and is integral to the safety of patients, families, and staff.

- Environmental cleaning and disinfection should be performed on a routine and consistent basis to provide for a safe and sanitary environment.
- Environmental cleaning and disinfection is performed using a hospital-approved disinfectant in accordance with manufacturer's instructions (e.g. contact time)
- Established procedures for the routine care, cleaning, and disinfection of surfaces and furniture in the patient environment shall be followed. Please refer to policy: [225.0 Environmental Cleaning and Disinfection for Patient Care Environments](#) for more information on cleaning and disinfection of the environment.
- Particular attention must be paid to high touch surfaces within the patient environment (e.g. door knobs, hand rails).

### *Cleaning and Disinfection of Non-Critical Patient Care Equipment*

Ensuring the proper cleaning and disinfection of patient care equipment occurs is the responsibility of all staff who are using that piece of equipment. General Routine Practices that apply to all patient care equipment items are as follows:

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- A hospital approved cleaner/disinfectant (for example: liquid Percept™ or Prevention™ wipes) should be used to clean and disinfect all non-critical patient care equipment between uses.
- Equipment that is shared by more than one patient must be cleaned and disinfected between use with different patients at all times. Please refer to policy: [IC 210.0 Cleaning & Low-level Disinfection of Non-Critical Reusable Patient Care Equipment/Devices](#)
- Dedicate equipment for use with a single patient whenever possible.
- Individual departments/patient care areas should establish responsibility, accountability and guidelines for additional routine cleaning and disinfection of all patient care equipment.
- Equipment that is visibly soiled is to be cleaned and visible debris removed before disinfection occurs.

For further information regarding the cleaning and disinfection of non-critical patient care equipment, please refer to policy: [IC 210.0 Cleaning & Low-level Disinfection of Non-Critical Reusable Patient Care Equipment/Devices](#)

\*Note: For information on reprocessing of Semi-Critical and Critical patient care equipment, please refer to policy: [IC 235.0 High-Level Disinfection & Sterilization of Semi-Critical and Critical Reusable Patient Care Equipment/Devices](#)

### *Handling of Waste*

General Routine Practices that apply to waste products in all settings are as follows:

- Waste is separated, e.g. biohazardous waste (yellow bag) and general waste (clear bag)
- Package hospital-produced waste properly to protect the health care provider, patients and visitors from potential exposure and to facilitate the proper handling, storage, treatment and /or disposal of the waste.
- Select appropriate packaging for the type of waste being contained to maintain integrity during the collection, transport and storage process.
- Where the potential exists for exposure to infectious waste, staff must protect themselves appropriately with PPE according to their risk assessment, for example. gloves, gowns, protective footwear

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### Handling of Linen

General Routine Practices that apply to linens are as follows:

- There are designated areas to store clean linen that prevents contamination from dust and contamination
- Handle clean linen with clean hands
- Linen carts are to be dedicated for linen only. The clean linen carts are not to store other supplies.
- Appropriate PPE (for example gowns and gloves) should be worn when handling potentially soiled linen.
- Soiled linen should be handled carefully (with a minimum of agitation and shaking) to prevent personal and/or environmental contamination.
- Heavily soiled linen should be rolled or folded when being removed to contain the heaviest soil in the center of the bundle; remove large amounts of solid soiling material prior to folding.
- Soiled linen should be handled in the same way with appropriate precautions without regard to whether Additional Precautions are in place or not (for example soiled linens from an Additional Precautions space are placed in the same laundry bags, secured in the same manner and transported in the same way as soiled linen from non-Additional Precautions spaces.)
- Dispose of soiled linen in a leak proof plastic linen bag. Soiled linen bags should not be overfilled. Tie linen bags securely prior to being transported.
- Glove removal and hand hygiene should be performed after handling soiled linen.

### Food Services

General Routine Practices with respect to Food Services issues are as follows:

- Reusable dishware and utensils may be used for all patients, including those on Additional Precautions, e.g. patients on precautions for MRSA. Disposable dishes are not required.
- Food Services staff should perform hand hygiene upon entry and exit of inpatient care spaces if they will have contact with the patient/patient care environment. For further information on hand hygiene, please refer to policy [IC 205.2 Hand Hygiene](#)
- All used trays and contents should be returned to Food Services with a minimum of handling

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- PPE should be worn by staff during the dismantling of trays (for example waterproof gowns and gloves).

### **i) Education of Patients, Families and Visitors**

Routine Practices are applicable to everyone in the health centre, including patients, families, volunteers, and visitors. Education by staff for patients/families/visitors/volunteers in the understanding and importance of Routine practices is important to help decrease the spread of microorganisms in the health centre overall.

Routine practice issues pertaining to visitors/volunteers/families/patients are:

- Infection Prevention and Control patient education materials should be incorporated into teaching of patients, families and visitors (available on Pulse and from Queen's printer).
  - For example patient and family teaching on hand hygiene or Additional Precautions that may be in place for the patient.
- Appropriate hand hygiene instruction for all patients/families/visitors/volunteers should be completed by staff.
  - For visitors/families, hand hygiene upon entry and exit of the patient care space should be emphasized; performing hand hygiene prior to accessing shared unit spaces such as the family kitchen or the ice machines; for parents of young children hand hygiene after diaper changes, before assisting their child with eating or with taking medication, etc.
- Advise visitors/family members that they are not to visit the health care setting if they are ill with an infection (for example cold and flu symptoms, fever, nausea/vomiting, diarrhea)
  - If the visit is essential while the family member/visitor is displaying symptoms of a potentially infectious illness, staff should consult IPAC for further guidance.
- Family members/visitors should not sit/lie on beds or use patient washrooms if possible
- Always consult IPAC if there are questions regarding family member's need of PPE for patients on Additional Precautions. If PPE is required by a visitor/family member, this should be accompanied by instruction by staff in its correct application, use and disposal.
- Respiratory etiquette practices, particularly during respiratory illness season (for example covering coughs and sneezes), should be taught to patients and families by staff as part of routine teaching.
- Discourage patients from sharing personal items with each other.

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**j) Additional Precautions**

Specific pathogens or clinical syndromes/ presentations require Additional Precautions in addition to Routine Practices. Routine Practices and Additional Precautions, such as Contact Precautions, Airborne Precautions, and Droplet Precautions, are required for patients with a suspected or known infection, or colonization with microorganisms for which Routine Practices are insufficient to prevent transmission. For more information regarding Additional Precautions, please refer to policy: [IC 301.2 Application of Additional Precautions](#)

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## **RELATED DOCUMENTS**

### **IWK Policies**

Infection Prevention and Control Policy #301.1 - *Application of Additional Precautions*

Infection Prevention and Control Policy # 205.2 - *Hand Hygiene*

Infection Prevention and Control Policy #225.0 - *Environmental Cleaning and Disinfection*

Infection Prevention and Control Policy #210.0 - *Cleaning, Disinfection, and Sterilization of Patient Care Equipment*

Infection Prevention and Control Policy #215.3 - *Infection Prevention & Control Recommendations for Toys*

OHS&W Policy #1008.1: Safety Engineered Needles

### **NSHA Policies**

Infection Prevention and Control Policy IPC-RP-001 – *Routine Practices and Additional Precautions*

### **Appendices**

Appendix A :Definitions

Appendix B: Point of Care Risk Assessment - Algorithm for Health Care Providers

Appendix C: The “Four Moments” of Hand Hygiene

Appendix D: Recommended Steps for Putting on Personal Protective Equipment and Recommended Steps for Taking off Personal Protective Equipment

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## Other

The following are mandatory yearly learning packages related to this policy for all staff:

- ***Routine Practices Level I Learning Package and Self Test.*** Staff who complete this yearly mandatory learning package are not involved in direct hands-on patient care.
- ***Routine Practices Level II Learning Package and Self Test.*** Staff who are required to complete this yearly mandatory learning package are involved in the direct, hands-on care of patients and families. This self-test also applies to staff who may not have involvement with direct hands-on care, but who will likely come into contact with blood or other bodily fluids of patients while performing their routine work.

## Appendix A: Definitions

**Additional Precautions (AP):** Precautions that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., Contact, Droplet, and Airborne precautions or combinations thereof).

**Aerosol-Generating Medical Procedure (AGMP):** Medical procedures that can generate aerosols (very small particles that can be inhaled) as a result of artificial manipulation of a person's airway. There are several types of AGMPs: intubation and related procedures (e.g. manual ventilation, open endotracheal suctioning); cardiopulmonary resuscitation; bronchoscopy; sputum induction; nebulized therapy; non-invasive positive pressure ventilation.

**Alcohol-Based Hand Rub (ABHR):** A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water. This is the preferred method of hand hygiene when hands are not visibly soiled.

**Antibiotic-Resistant Organism (ARO):** A microorganism that has developed resistance to the action of several antimicrobial agents and that is of special clinical or epidemiological significance.

**Aseptic technique:** a set of measures designed to render the patient's skin, supplies and surfaces maximally free from microorganisms. This technique aims to prevent pathogenic microorganisms from being introduced to susceptible sites by hands, surfaces, and/or equipment.

**Barrier:** Equipment or objects used to prevent exposure of skin, mucous membranes, or clothing of staff to splashes or sprays of potentially infectious materials.

**Body fluids:** Fluids produced by the human body such as blood. Body fluids also includes cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, non-bloody saliva and tears, nasal secretions, sputum, sweat, vomitus, urine, vaginal secretions, seminal secretions and feces.

**Cleaning:** The physical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

**Colonization:** The presence and growth of a microorganism in or on a body resulting in growth and multiplication but without tissue invasion, cellular injury, or symptoms.

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**Contamination:** The presence of an infectious agent on hands or on a surface, such as clothing, gowns, gloves, bedding, toys, surgical instruments, care equipment, dressings or other inanimate objects.

**Disinfection:** The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

**Environment of the Client/Patient/Resident:** The immediate space around a patient that may be touched by the patient and may also be touched by the health care provider when providing care. In a single room, the patient environment is the room. In a multi-bed room, the patient environment is the area inside the individual's curtain. In an ambulatory setting, the patient environment is the area that may come into contact with the patient within their cubicle.

**Eye Protection:** A type of personal protective equipment that covers the eyes and is used by health care providers for protect when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or within two metres of a coughing client/patient/resident. Eye protection includes safety glasses, safety goggles, face shields and visors.

**Facial Protection:** Personal protective equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.

**Hand Hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub, and includes surgical hand antisepsis.

**Healthcare-Associated Infection (HAI):** An infection that is acquired during the delivery of health care (also known as *nosocomial infection*).

**Health Care Provider:** Any person delivering care to a patient. This includes, but is not limited to, the following: emergency service providers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support providers, clinical instructors, students, and home health care providers. In some non-acute settings, volunteers might provide care and would be included as health care providers.

**Mask:** A device that covers both the nose and mouth, is secured in the back and is used by health care providers to protect the mucous membranes of the nose and mouth.

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**Microorganism:** An infectious agent or pathogen capable of causing disease (infection) in a source or a host.

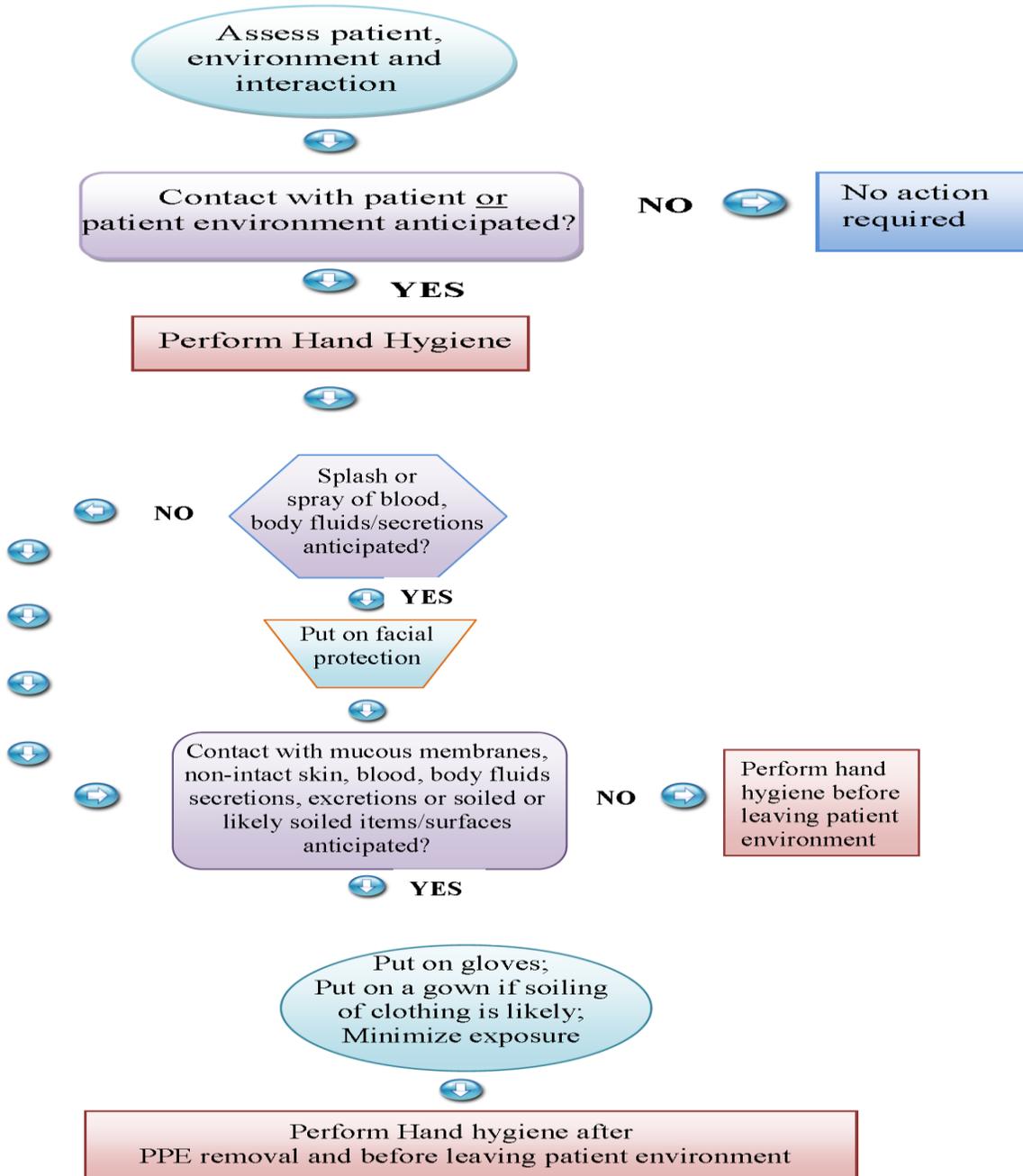
**Personal Protective Equipment (PPE):** Clothing or equipment worn for protection against hazards including microorganisms.

**Point-of-Care:** The place where three elements occur together: the client/patient/resident, the healthcare provider and care or treatment involving client/patient/resident contact.

**Safety-Engineered Medical Device:** A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces exposure incident risk. Safety-engineered devices are licensed by Health Canada.

**Source Control:** Any measures used to contain microorganisms from spreading from an infectious source.

### Appendix B: Point of Care Risk Assessment- Algorithm for Health Care Providers



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# Appendix C: The Four Moments of Hand Hygiene

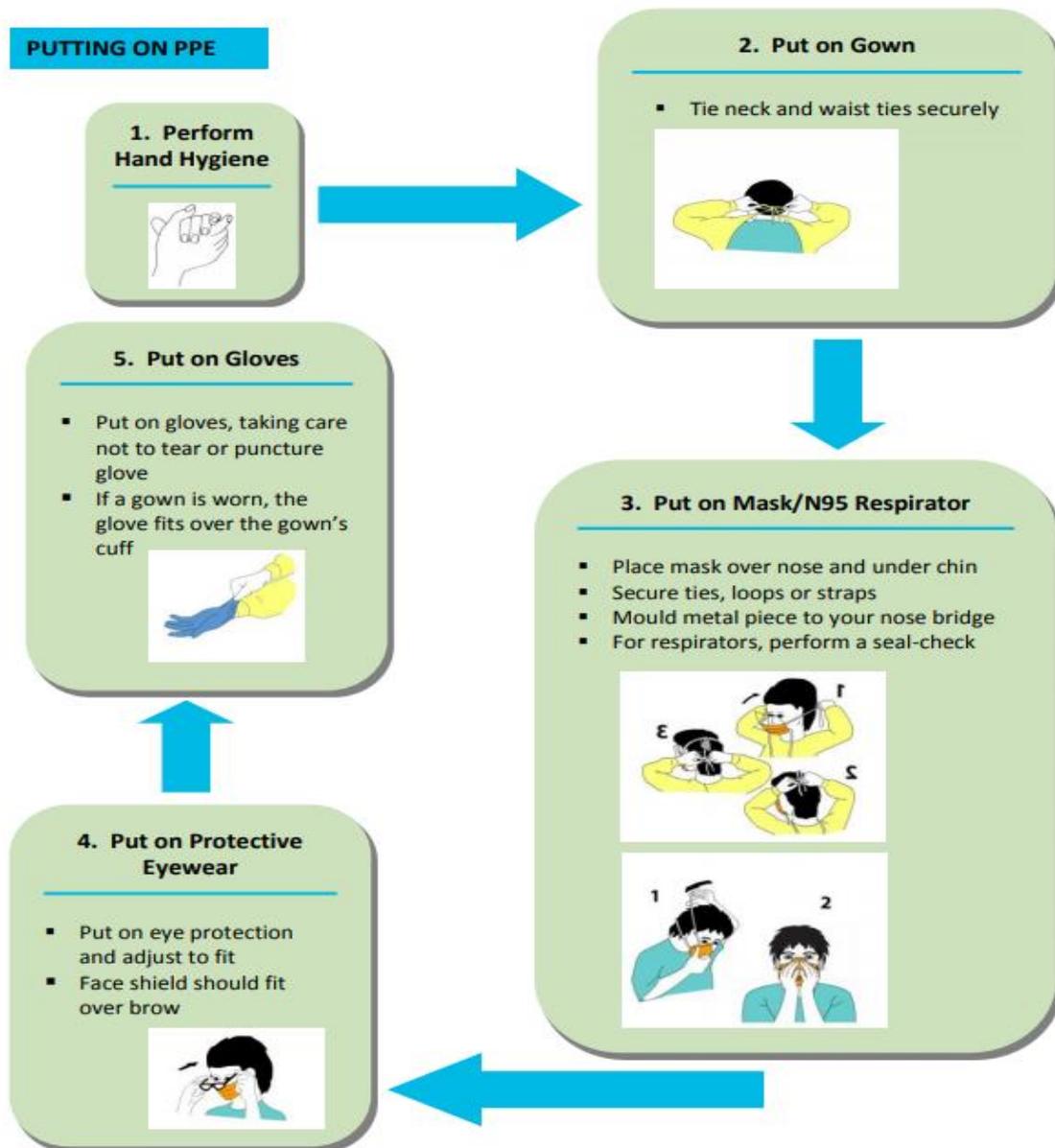


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### Appendix D:

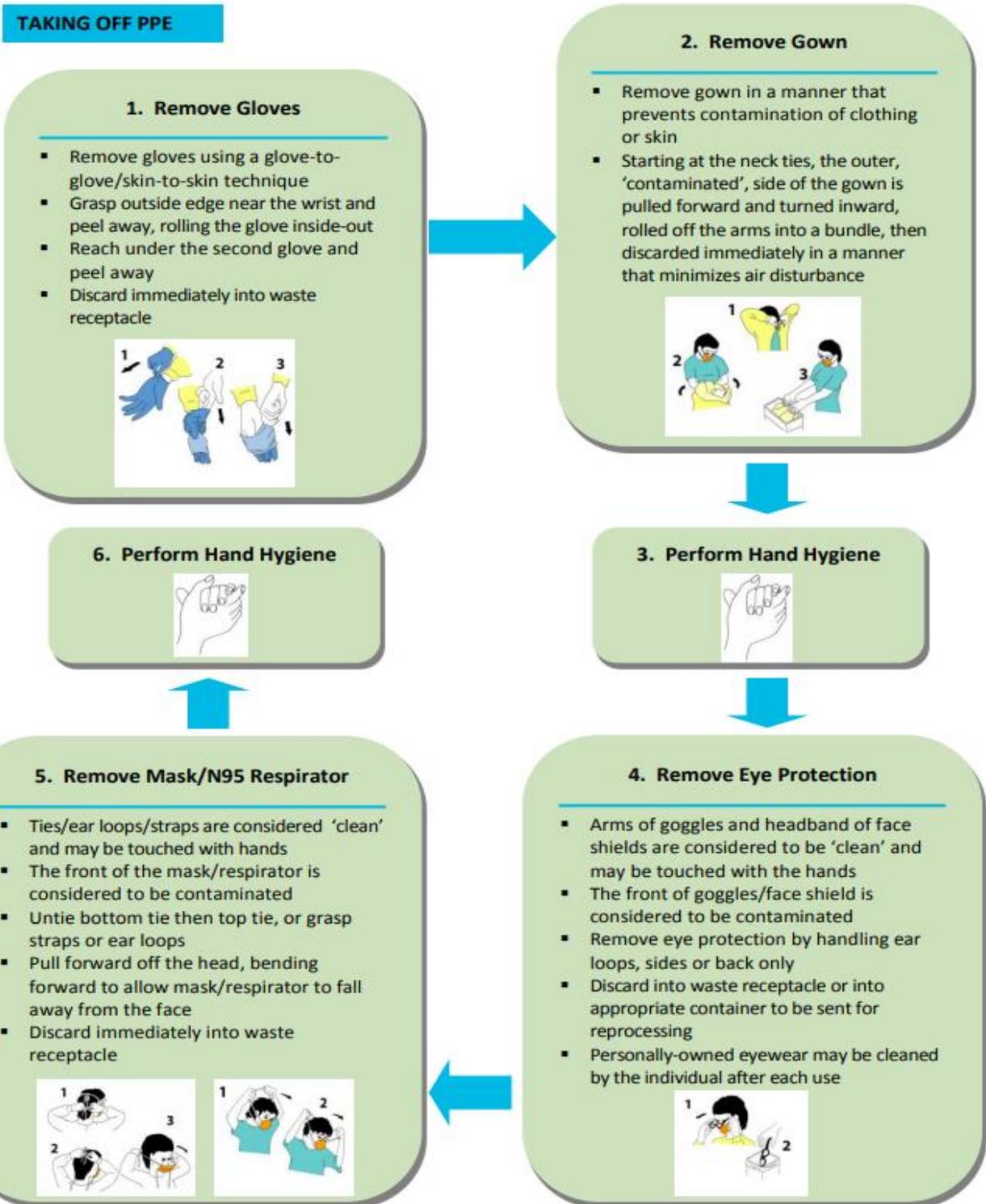
## Recommended Steps for Donning (Putting On) Personal Protective Equipment and Recommended Steps for Doffing (Taking off) Personal Protective Equipment

# Recommended Steps for Donning Personal Protective Equipment



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## Recommended Steps for Doffing Personal Protective Equipment



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## District Health Authority/IWK Policies Being Replaced

### Version History

(To Be Completed by the Policy Office)

<b>Major Revisions (e.g. Standard 4 year review)</b>	<b>Minor Revisions (e.g. spelling correction, wording changes, etc.)</b>

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