



# Policy & Procedure

<b>Policy Title:</b>	Routine Practices	
<b>Applies To:</b>	All Nova Scotia Health Team Members	
<b>Location Applicability:</b>	All Nova Scotia Health Zones and Sites	
<b>Related Procedure(s):</b>	IPC-RP-001 Routine Practices and Additional Precautions IPC-RP-010 Contact Precautions IPC-RP-015 Droplet Precautions IPC-RP-025 Airborne Precautions IPC-CD-001 Outbreak Management IPC-RP-020 Hand Hygiene	
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## PURPOSE

This policy outlines the required Routine Practices to be followed for all Nova Scotia Health patients/clients/residents.

## POLICY STATEMENTS

1. All Team Members must follow Routine Practices in all health care settings to reduce the spread of Microorganisms that cause infection to patients, Team Members, Essential Care Partners, visitors, and volunteers.
2. Clinical Care Providers must complete a Point-of-Care Risk Assessment (PCRA) before any interaction with patients or their environments.
3. The first person to suspect/identify a notifiable disease or condition must notify public Health per ["It's the Law Reporting Notifiable Diseases and Conditions."](#)

## PRINCIPLES AND VALUES

### People Centred Care

- Routine Practices are the Public Health Agency of Canada's (PHAC) minimum standards of infection prevention and control (IPAC) practice to prevent the spread of Microorganisms that cause Infection in all health care settings.
- Nova Scotia Health is committed to following routine practices for all patients to prevent the transmission of microorganisms to patients and team members.

## CLINICAL PRACTICE GUIDELINES

### Routine Practices

1. The elements of Routine Practice are:
  - [Point-of-Care Risk Assessment](#) (PCRA)
  - Hand Hygiene
  - Source Control
  - Patient Accommodation, Placement and Flow
  - Aseptic Technique
  - Personal Protective Equipment (PPE)
  - Sharps Safety
  - Management of the Patient Care Environment
  - Patient, Essential Care Partner, and Visitor Education
  - Administrative Controls

### Point-of-Care Risk Assessment (PCRA)

1. Before each patient/client/resident interaction, team members perform a PCRA.
2. When the PCRA determines a risk of spread of microorganisms the team member implements appropriate Additional Precautions.

### Hand Hygiene

1. Adhere to the 4 Moments for Hand Hygiene. Refer to NSHA Policy IPC-RP-020 [Hand Hygiene](#) for details.

### Source Control

1. Source control measures are strategies used to contain microorganisms from spreading from an infectious source. Patients should be shown how to comply with the measures they can participate in at the earliest encounter in any health care setting.

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

1. Patients should be prioritized for single room placement according to the potential transmission of microorganism.
2. When a single room is not available, use a PCRA and consult IPAC for selection of alternative placement.
3. Communicate Additional Precautions to receiving team members.

## **Steps for routine patient transport**

1. Clean and disinfect equipment (e.g., stretcher, wheelchair) using a hospital-approved cleaner and disinfectant-before and after transport of patient.
2. Ensure that linens and the patient's clothing are clean prior to transport.
3. Patients should not routinely be transported in their beds (exception: selective post-operative surgical patients.)
4. If patients must be transported in their beds (non-urgent transfer) apply clean linens and wipe down rails with hospital-approved cleaner and disinfectant.
5. Ensure that all drainage is adequately contained in dressings or other collection devices.
6. Check invasive lines and catheters for leakage. Ensure devices are well-secured.

## **Aseptic Technique**

1. Hand hygiene must be performed immediately prior to initiating aseptic procedures as per Moment 2 of the 4 Moments for Hand Hygiene.
2. Use Aseptic Technique for invasive and sterile procedures, including, but not limited to, the insertion of central lines, handling of intravenous systems, spinal procedures, and safe injection practices (including the use of multi-dose vials.)

## **Personal Protective Equipment (PPE)**

1. PPE must be available in all patient care areas at the point of care.
2. The selection and use of PPE is based on a PCRA.
3. PPE training (i.e., appropriate selection and donning & doffing) should be completed on hire as part of orientation, and as ongoing continuing education on a scheduled basis.

## **Sharps Safety**

1. Refer to [NSH Sharps Policy AD-OHS-005](#)

## **Management of the Patient Care Environment**

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

1. Dedicate equipment for use with a single patient when possible.

2. Equipment that is shared by more than one patient must be cleaned and disinfected between patients. See [Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment](#).
3. Departments must assign responsibility and accountability for routine cleaning of all patient care equipment. Departmental protocols for cleaning of specific diagnostic equipment may be in effect (e.g., radiology, cardiology, and endoscopy.)
4. Personal care supplies such as Alcohol Based Hand Rub (ABHR), lotions, creams, and bar soaps must not be shared between patients.
5. Dishes/utensils are managed in the same manner, regardless of whether a patient is on Additional Precautions.

### Dishes and Food Delivery:

1. Food Service Team Members must perform hand hygiene upon entry and exit of each inpatient unit and patient room (if anticipating or has contact with the patient/patient environment.)

**NOTE:** Gloves are not required in the routine delivery of trays. They are required for patients on Additional Precautions.

### Handling Linen:

1. There must be a designated area to store clean linen that prevents inadvertent handling or contamination by dust and other airborne particles.

**NOTE:** Clean linen must be stored at least one meter away from any “dirty area/items.”

2. Linen carts are to be dedicated for linen only. The clean linen carts are not to contain other supplies.
3. All health care laundry must be handled and collected in accordance with Occupational Health and Safety regulations and federal guidelines, thereby minimizing potential exposure of patients or team members to blood borne pathogens or other infectious agents.
4. Ensure linen is free of biomedical waste (e.g., large amounts of vomit or stool), sharps, instruments, and patient’s personal belongings.
5. Roll linen carefully into itself. Avoid shaking or agitation to minimize contamination of environment, surfaces, and people.
6. Dispose of dirty linen in a leak proof, plastic or linen bag, or hamper (preferably with a lid). Linen bags should not be overfilled. Tie securely prior to transport.
7. Do not place soiled linen on the floor or furniture.

### Waste Management:

1. Waste handlers must wear PPE appropriate to their risk (e.g., gloves, protective footwear.)

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2. Refer to [Waste Management - Policy - NSHA ENV-WS-001](#)

### **Cleaning and Disinfection of the Patient Care Environment:**

1. Follow established procedures for routine cleaning and disinfection of patient furniture and environmental surfaces.
2. Pay special attention to frequently touched surfaces (e.g., bedrails, doorknobs.)
3. Use hospital-grade cleaners and disinfectants in accordance with the manufacturer's validated written instructions (e.g., contact time, rinsing.)

### **Patient, Essential Care Partner and Visitor Education**

#### **Patient Education:**

1. Patient teaching must be documented in the patient's medical record. Topics should include hand hygiene and respiratory hygiene.

NOTE: Refer to Patient and Family Guides for [Hand Hygiene](#) and [Preventing the Spread of Germs and Infections \(Routine Practices and Additional Precautions\)](#)

#### **Essential Care Partner and Visitor Education:**

1. Advise Essential Care Partners and visitors to not visit people in a health care facility when they are ill with an infection (e.g., cold & flu symptoms, fever, nausea/vomiting, diarrhea)
2. Clinical Care Providers must instruct Essential Care Partners and visitors to:
  - Perform hand hygiene before and after visiting.
  - Use the same personal protective equipment as health care providers (i.e., gloves and a gown) when assisting with patient care.
  - Perform hand hygiene before accessing unit fridges, ice machines, etc.

### **Administrative Controls**

1. IPAC education must be provided to all team members on hire as part of their orientation and through continuing education on a scheduled basis.
2. Team Members have a responsibility to their patients and colleagues to not report to work when ill with symptoms that are likely attributable to an infectious disease.
  - 2.1. Team members will refer to Occupational Health, Safety, and Wellness for guidance on [communicable disease](#) exposures or diagnoses.
3. Immunization is one of the most effective preventive measures to protect patients and team members from acquiring communicable diseases.
  - 3.1. For team member immunization requirements- refer to occupational health protocols within your institution.
  - 3.2. Annual influenza immunization is strongly recommended.

## IPAC DISEASE INDEX

[IPAC Disease Index](#)

## REFERENCES

- Occupational Safety General Regulations. (June 2013). Nova Scotia Occupational Health and Safety Act. <https://www.novascotia.ca/just/regulations/regs/ohsgensf.htm>
- Pate, W. J. (March 18, 2022). Waste Management. APIC Text. <https://text.apic.org/toc/infection-prevention-for-support-services-and-the-care-environment/waste-management>
- Provincial Infectious Disease Advisory Committee. (May 2013). Best Practices for Cleaning Disinfection and Sterilization of Medical Equipment/Devices in all Health Care Settings-3rd ed <https://www.publichealthontario.ca/-/media/documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf>
- Provincial Infectious Disease Advisory Committee. (Nov 2012). PIDAC: Routine Practices and Additional Precautions in all Health care Settings-3rd ed. Retrieved April 1, 2016 from: [https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en)
- Public Health Agency of Canada (2021) Hand Hygiene Practices in Healthcare Settings. <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/hand-hygiene-practices-healthcare-settings.html>
- The Public Health Agency of Canada. (2014). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care. <https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html>

## Related Documents

### Policies

[IPC-RP-001 Routine Practices and Additional Precautions](#)

[IPC-RP-010 Contact Precautions](#)

[IPC-RP-015 Droplet Precautions](#)

[IPC-RP-025 Airborne Precautions](#)

[IPC-CD-001 Outbreak Management](#)

[IPC-RP-020 Hand Hygiene](#)

[IPC-CL-001 Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment](#)

[ENV-WS-001 Waste Management](#)

### Patient Teaching Pamphlet

[Preventing the Spread of Infections- Routine Practices and Additional Precautions](#)

[Hand Hygiene](#)

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## Video

[Donning and Doffing Instructions: PPE used for Droplet and Contact Precautions](#)  
[Essential Care Partners in Acute Care](#)

## Appendices

[Appendix A: Definitions](#)



## Appendix A: Definitions

<b>Additional Precautions</b>	Further precautions based on the method of transmission (i.e., contact, droplet, airborne) that are necessary when routine practices alone may not be enough to interrupt transmission of an infectious agent.
<b>Administrative Controls</b>	Infrastructure of policies, procedures and patient care practices intended to prevent exposure to and/or transmission of microorganisms to a susceptible host during the provision of health care.
<b>Alcohol-Based Hand Rub (ABHR)</b>	A liquid, gel, or foam formulation of alcohol that is used to reduce the number of microorganisms on hands in clinical situations when hands are not visibly soiled.
<b>Aseptic Technique</b>	The purposeful prevention of transfer of microorganisms from the patient's body surface to a normally sterile body site or from one person to another by keeping the microbe count to a minimum. Aseptic techniques, sometimes referred to as sterile techniques are measures designed to render the patient's skin, supplies and surfaces maximally free of microorganisms (PHAC, 2012).
<b>Clinical Care Provider</b>	Any person who delivers clinical care to a client, patient, or resident.
<b>Essential Care Partner</b>	An essential care partner is a person who provides physical, psychological, and emotional support, as deemed important by a patient, resident, or client. (Healthcare Excellence Canada, 2021)
<b>Infection</b>	Entry and multiplication of an infectious agent in the tissues of a host leading to a response from the host's immune system. Infection may or may not lead to clinical disease.
<b>Microorganisms</b>	A bacteria, virus, fungi, protozoan, or prion capable of causing diseases (infection) in a source or a host.
<b>Patient Care Environment</b>	Area in close proximity to the patient including objects and surfaces (e.g., bedside table, IV pole, chairs, etc.).
<b>Personal Protective Equipment (PPE)</b>	Clothing or equipment used for protection against hazards (e.g. masks, N95 respirators, gowns, gloves, eye protection).
<b>Point of Care Risk Assessment</b>	An activity where clinical care providers evaluate the likelihood of exposure to an infectious agent for a specific interaction, with a specific patient, in a specific environment, under available conditions and choose the appropriate actions/PPE needed to minimize exposure.

<b>Respiratory Hygiene</b>	Measures that minimize contact with droplets when coughing or sneezing, such as: turning the head away from others, maintaining a two-meter (6 ft.) separation from others, covering the nose and mouth, immediate disposal of tissues into waste after use and immediate hand hygiene after disposal.
<b>Routine Practices</b>	Routine practices are infection prevention and control (IPAC) practices for use in the routine care of all patients at all times in all health care settings and are determined by the circumstances of the patient, the environment, and the task to be performed.
<b>Team Members</b>	Unless specifically limited in a specific Policy, refers to all employees, physicians, learners, volunteers, board members, contractors, contract workers, franchise employees, and other individuals performing work activities within Nova Scotia Health.

**VERSION HISTORY**

<b>Version:</b>	<b>Effective:</b>	<b>Approved by:</b>	<b>What's changed:</b>
Original	2017-08-0	[Issuing Authority]	N/A
Standard Review	2022-09-29	VP, Medicine	Minors' revision that does not affect content