

**Regional Hospitals Infection Prevention & Control
Effective at Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and
Associated Health Care Facilities**

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Title: IC - Routine Practices

Applies to: all healthcare workers, staff, Hospital Affiliates, members of the Medical, Dental and Midwifery staff of the Hamilton Health Sciences, St. Joseph's Healthcare Hamilton and associated Health care facilities..

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1.0 Purpose & Goals Description

To outline best practice in assessing, analyzing and minimizing the risk of exposure to infectious disease. Routine Practice is based on the premise that all patients are potentially infectious, even when asymptomatic, and the same safe standards of practice should be used routinely with all patients to prevent contact with blood, body fluids, mucous membranes, non-intact skin and soiled items.

2.0 Definitions

Additional Precautions (AP): Additional Precautions (i.e. Contact Precautions, Droplet Precautions, Airborne Precautions) 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, airborne).

Administrative Controls: Measures put in place to reduce the risk of infection to staff or to patients(e.g. infection prevention and control policies/procedures, education/training).

Disinfection: The inactivation of disease-producing microorganisms with the exception of bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place.

Environment of the Patient: The immediate space around a patient that may be touched by the patient and may also be touched by the healthcare provider when providing care. The patient environment includes equipment, medical devices, furniture (e.g. bed, chair, bedside table), telephone, privacy curtains, personal belongings (e.g. clothes, books) and the bathroom that the patient uses. 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. In a nursery/neonatal setting, the patient environment is the inside of the isolette or bassinet and equipment outside the isolette/bassinet that is used for that infant.

Hand Hygiene: The removal of visible soil or killing of germs on the hands. Hand washing is necessary when hands are visibly soiled. When hands are not visibly soiled, hand hygiene can be done using alcohol-based hand rub product.

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

Noncritical Medical Equipment/device: Equipment/device that either touches only intact skin (but not mucous membranes) or does not directly touch the patient. Reprocessing of noncritical equipment/devices involves cleaning and may also require low-level disinfection (e.g., blood pressure cuffs, stethoscopes).

Personal Protective Equipment (PPE): Equipment used to prevent contamination of skin, mucous membranes or clothing of staff in order to prevent transmission of infectious disease.

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PPE may include any combination of gown, gloves, mask, goggles, or face shield.

Risk Assessment: An evaluation of the interaction of the health care provider, the patient and the patient environment to assess and analyze the potential for exposure to infectious disease.

Routine Practice (RP): The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

3.0 Equipment & Supplies

3.1 May use any or all of the following Personal Protective Equipment (PPE):

- Gloves
- Gowns
- Fluid resistant surgical/procedure mask or N95 respirator
- Eye protection that includes face shield or goggles
- Combination surgical/procedure mask and face shield
- Alcohol based hand rub or soap and water

4.0 Policy Statements

- 4.1** The elements of Routine Practices must be incorporated into the culture of all healthcare settings and into the daily practice of each health care provider during the care of all patients at all times.
- 4.2** The elements of Routine Practices include: risk assessment, hand hygiene, PPE, control of the environment and administrative controls.
- 4.3** The risk assessment process is a dynamic one, based on changes in information as care progresses, thus must be done before each interaction with a patient or their environment.
- 4.4** Hand hygiene is considered the most important and effective infection prevention and control measure to prevent the spread of health care-associated infections.
- 4.5** PPE is used to prevent transmission of infectious agents from patient-to-patient, patient-to-staff, and staff-to-patient.
- 4.6** Keeping the environment and patient care equipment clean is an important part of preventing the spread of infectious agents within the healthcare setting.
- 4.7** All persons visiting within the facility – staff, patients and visitors – are required to follow Infection Prevention and Control best practice.
- 4.8** The Healthcare provider is required to participate in instruction and training and must comply with Infection Prevention and Control policies as per Occupational Health and Safety Act, R.S.O. 1990, c.p0.1 and associated Regulations including the Health Care and Residential Facilities – O. Reg. 67/93.

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4.9 The Healthcare provider is required to notify Employee Health when ill and follow their direction on when it is safe to return to work.

4.10 Additional Precautions are necessary in addition to Routine Practice for patients with certain known or suspected infectious diseases.

5.0 Procedure

The elements of Routine Practices include: Risk Assessment, Hand Hygiene, Personal Protective Equipment (PPE), Control of the Environment and Administrative Controls.

5.1 Risk Assessment

5.1.1 Perform a risk assessment before each interaction with a patient or their environment in order to determine which interventions are required to prevent transmission during the planned interaction.

5.1.2 Perform a risk assessment of each task or interaction that includes assessing the risk of:

- Contamination of skin or clothing by microorganisms in the patient environment
- Exposure to blood or body fluids
- Exposure to non-intact skin
- Exposure to mucous membranes
- Exposure to contaminated equipment or surfaces

5.1.3 Recognition of symptoms of infection:

- Acute diarrhea and/or vomiting of unknown cause
- Acute respiratory infection, undiagnosed
- Respiratory infection with risk factors and symptoms suggestive of tuberculosis
- Suspected meningitis and/or sepsis with petechial rash
- Undiagnosed rash without fever
- Rash suggestive of varicella or measles
- Abscess or draining wound that cannot be contained

Note: If symptoms of infection are noted in the risk assessment, initiate the appropriate additional precautions, wear the appropriate PPE and notify the Most Responsible Physician or Nurse Practitioner and Infection Prevention and Control.

5.2 Hand Hygiene

5.2.1 Perform hand hygiene with an alcohol-based hand rub or with soap and water:

- 1.** Before initial patient/patient environment contact
- 2.** Before aseptic procedure
- 3.** After body fluid exposure risk
- 4.** After patient/patient environment contact

5.2.2 Perform hand hygiene immediately before and after gloves, between patient contact, between tasks and procedures on the same patient, before medication preparation, and when otherwise indicated to avoid transfer of microorganisms to other patients, to the health care provider, or to the environment.

5.2.3 Use soap and water when hands are visibly soiled.

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5.2.4 Alcohol-based hand rubs are the preferred method to routinely decontaminate hands in clinical situations when hands are not visibly soiled. Instruct patients and their family members and visitors on proper hand hygiene.

5.2.4 Designated hand washing sinks, should be available for staff and visitor hand hygiene only. Bath water and other fluids (such as IV bags, and feeds) should not be discarded down these sinks.

5.3 Personal Protective Equipment (PPE)

Choose PPE based on the risk assessment.

Wear the appropriate PPE if the risk assessment identifies a potential for:

- o Contamination of skin or clothing by microorganisms in the patient environment
- o Exposure to blood or body fluids
- o Exposure to non-intact skin
- o Exposure to mucous membranes
- o Exposure to contaminated equipment or surfaces

PPE may include one piece or a combination of the following:

- o Gown
- o Gloves
- o Fluid-resistant surgical mask/procedure mask
- o N95 respirator
- o Eye Protection that includes face shield, goggles or mask/face shield combination

Ensure sufficient supplies of easily accessible PPE are available.

5.3.1 Gloves

- Wear gloves when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions or equipment and environmental surfaces contaminated with the above.
- Do not wear gloves for routine care activities in which contact is limited to the intact skin of the patient.
- Perform hand hygiene before putting on gloves.
- Select gloves that fit well and are of sufficient durability for the task.
- Put on gloves just before the task or procedure that requires them.
- Remove gloves immediately after completion of the task that requires gloves, and perform hand hygiene before touching clean environmental surfaces.
- Change or remove gloves and perform hand hygiene if moving from a contaminated body site to a clean body site on the same patient.
- Do not use the same pair of gloves for the care of more than one patient.
- Do not re-use or wash single-use disposable gloves.
- Do not double glove

5.3.2 Gown

- Wear a gown when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Wear gowns only one time and do not re-use.
- Put on the gown immediately before the task and ensure it is worn properly (i.e. tied at top and around the waist)
- Remove gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.

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- ♦ Discard used gown into appropriate receptacle immediately after removal. Do not hang gowns for later use.
- ♦ Do not go from patient-to-patient wearing the same gown.

5.3.3 Mask

- ♦ Wear a surgical/procedure mask to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes of blood, body fluids, secretions or excretions i.e. wound irrigation.
- ♦ Wear a surgical/procedure mask when in operating theatres and when performing aseptic procedures (e.g., central line insertions, spinal epidural procedures)
- ♦ Place a surgical/procedure mask on a coughing patient when outside their room, as tolerated, to limit dissemination of infectious respiratory secretions.
- ♦ Ensure that the surgical/procedure mask securely covers the nose and mouth.
- ♦ Change the surgical/procedure mask if it becomes damp or visibly soiled.
- ♦ Do not touch surgical/procedure mask while wearing it.
- ♦ Remove surgical/procedure mask immediately after completion of task and discard into an appropriate waste receptacle. (See [Sequence for Donning PPE in Healthcare Settings](#), [Sequence for Removing PPE in Healthcare Settings](#))
- ♦ Do not allow surgical mask to hang or dangle around the neck.
- ♦ Clean hands after removing the surgical/procedure mask.
- ♦ Do not re-use disposable masks.
- ♦ Do not fold the masks.

5.3.4 Eye Protection (Goggles or Face Shield)

- ♦ Wear eye protection such as goggles, face shield or mask/face shield combination to protect the mucous membranes of the eyes when it is anticipated that a procedure or care activity is likely to generate splashes of blood, body fluids, secretions or excretions i.e. wound irrigation.
- ♦ Remove eye protection immediately after the task for which it was used and discard into waste or place in an appropriate receptacle for cleaning.
- ♦ Do not use prescription eye glasses as eye protection.

Note: Mask and eye protection must be used by staff when within two meters of *any patient having procedures generating droplets/aerosols*, with or without symptoms of an acute respiratory infection, to prevent deposition of droplets/aerosols on staff mucous membranes.

Such procedures include:

- ♦ Endotracheal intubation
- ♦ Cardio-pulmonary resuscitation
- ♦ Open airway suctioning
- ♦ Bronchoscopy**
- ♦ Surgery or autopsy
- ♦ Sputum induction**
- ♦ Non-invasive positive pressure ventilation for acute respiratory failure (CPAP, BIPAP)
- ♦ High-flow oxygen therapy
- ♦ Nebulized therapies
- ♦ Tube or needle thoracotomy
- ♦ Tracheostomy or tracheostomy care

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Note: ** For diagnostic bronchoscopy or sputum induction, use an N95 respirator due to potential risk of undiagnosed TB.

5.4 Control of the Environment

5.4.1 Patient Placement/Accommodation

- Choose patient accommodation based on the risk for the transmission of microorganisms.
- Place patients who visibly soil the environment (with feces, blood, body fluids or wound drainage) or for whom appropriate hygiene cannot be maintained in single rooms with dedicated toileting facilities.
- Physical barriers can help to deflect potential infectious droplets when an individual coughs or sneezes. Physical barriers include curtains, room dividers, glass or plexiglass screens, etc.

5.4.2 Patient Equipment

Note: The user of non-critical patient care equipment is responsible for its cleaning immediately after use.

- Clean and disinfect non-critical equipment between patients, including transport equipment
- Handle soiled equipment in a manner to prevent skin or mucous membrane exposures and to prevent contamination of clothing or the environment.
- Clean equipment that is visibly soiled. Wear gloves when cleaning. Perform hand hygiene after gloves are removed.

5.4.3 Medication Carts

- Ensure medication carts are cleaned and disinfected on a daily basis and as needed.
- Hand hygiene must be performed prior to any contact with medication cart and any medication preparation to prevent contamination of medications.

5.4.4 Linen

- Handle soiled linen as little as possible, and with minimal agitation to prevent the contamination of the air, surfaces, and the person handling the linen
- Place soiled linen in containers at the location where it is used. Do not rinse, sort or wash in the location of use.
- Do not place soiled linen on the floor.
- Securely tie linen bags and ensure they are not over-filled.

5.4.5 Waste

- Place all waste into the appropriate leak-proof waste receptacle (i.e. biohazardous waste into biohazardous receptacle)
- Double bag waste only when leakage occurs

5.4.6 Sharps

Note: the user of the sharp is responsible for the correct disposal of the sharp

- Ensure equipment that is required for performing the procedure is within arm's length
- Identify the location of the sharps disposal container; if moveable, place it as near to the point-of-use as necessary for immediate disposal of the sharp

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- ♦ Use safety engineered sharps, provided by the hospital
- ♦ Do not recap needles
- ♦ Do not remove used needles from disposable syringes
- ♦ Do not manipulate used needles by hand
- ♦ Place all sharps waste DIRECTLY INTO SHARPS CONTAINER

5.4.7 **Environmental Cleaning**

- ♦ Clean all high-touch surfaces in the patient's room and washroom on at least a daily basis.
- ♦ Perform a risk assessment and use appropriate PPE when cleaning the patient's environment

5.5 **Administrative Controls:**

- ♦ Measures that include employee training, supervisory competency, immunization, cough etiquette, workplace policies and procedures to reduce the risk of infection to staff or to patients

5.5.1 **Respiratory Etiquette**

- ♦ Encourage staff, patients and visitors to use respiratory etiquette when coughing and sneezing such as:
 - Turn head away from others
 - Maintain a 2 meter separation from other people
 - Cover the nose and mouth with a tissue
 - Discard tissue after use and perform hand hygiene
 - Cough/sneeze into a sleeve if a tissue is not available

5.5.2 **Education**

- ♦ Educate patients and visitors with respect to proper hand hygiene and the use of any required PPE.
- ♦ Attend/complete all assigned Infection Prevention and Control education.

5.5.3 **Healthy Work Place Policies**

- ♦ Report to Employee Health and refrain from coming to work or visiting in the hospital when ill with:
 - Coughing and fever
 - Nausea, vomiting and diarrhea
 - Undiagnosed rash or infectious rash
 - Conjunctivitis
- ♦ Ensure that all immunizations are up-to-date in consultation with Employee Health
- ♦ Seek treatment for all needle stick exposures with Employee Health or the Emergency Department.
- ♦ Ensure fit testing for N95 respirator is up-to-date.

5.5.4 **Monitoring of Compliance and Feedback**

- ♦ Monitor hand hygiene feedback supplied by Infection Prevention and Control to each floor to identify areas of practice that can be improved upon.

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6.0 Documentation & Communication

- ♦ Document on medical record any education provided to the patient and his/her family and visitors.

7.0 References

7.1 Internal References

[IC - Hand Hygiene Protocol](#)

[IC - Communicable Disease Index](#)

[Sequence for Donning PPE in Healthcare Settings](#)

[Sequence for Removing PPE in Healthcare Settings](#)

[IC - Additional Precautions Protocol](#)

7.2 External References

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.

8.0 Sponsor

Infection Prevention & Control – SJHH and HHS

9.0 In Consultation With

Joint Health and Safety Committee

10.0 Appendix

[Appendix A](#): Risk Assessment Steps to be Performed by a Health Care Provider to Determine an Individual's Risk of Transmission of Infectious Agents and the Rationale for Associated Protective Measures

[Appendix B](#): Routine Practices Risk Assessment Algorithm for All Patient Interactions

Keyword Assignment Hand Hygiene, Personal Protective Equipment, Respiratory Etiquette

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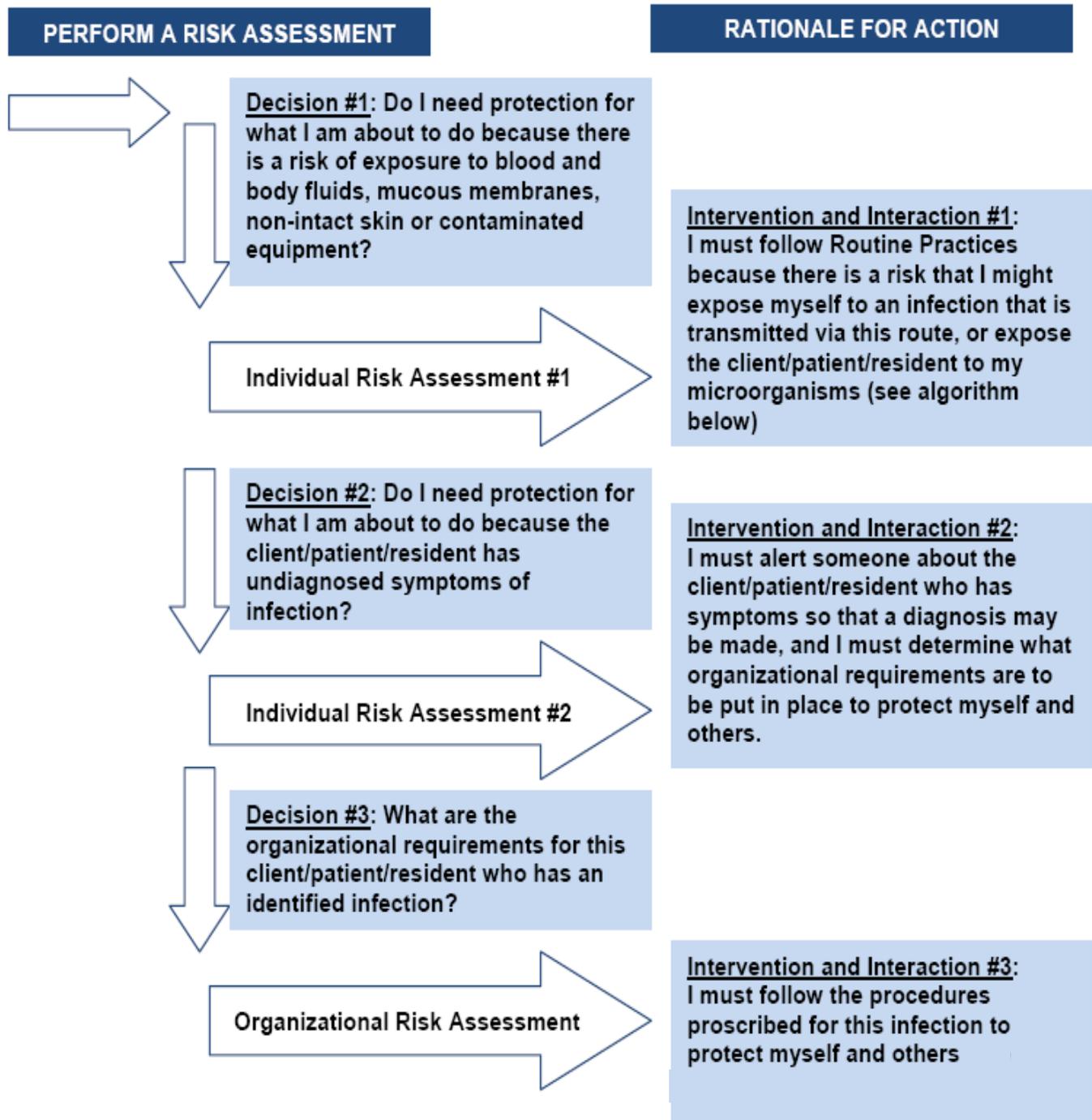
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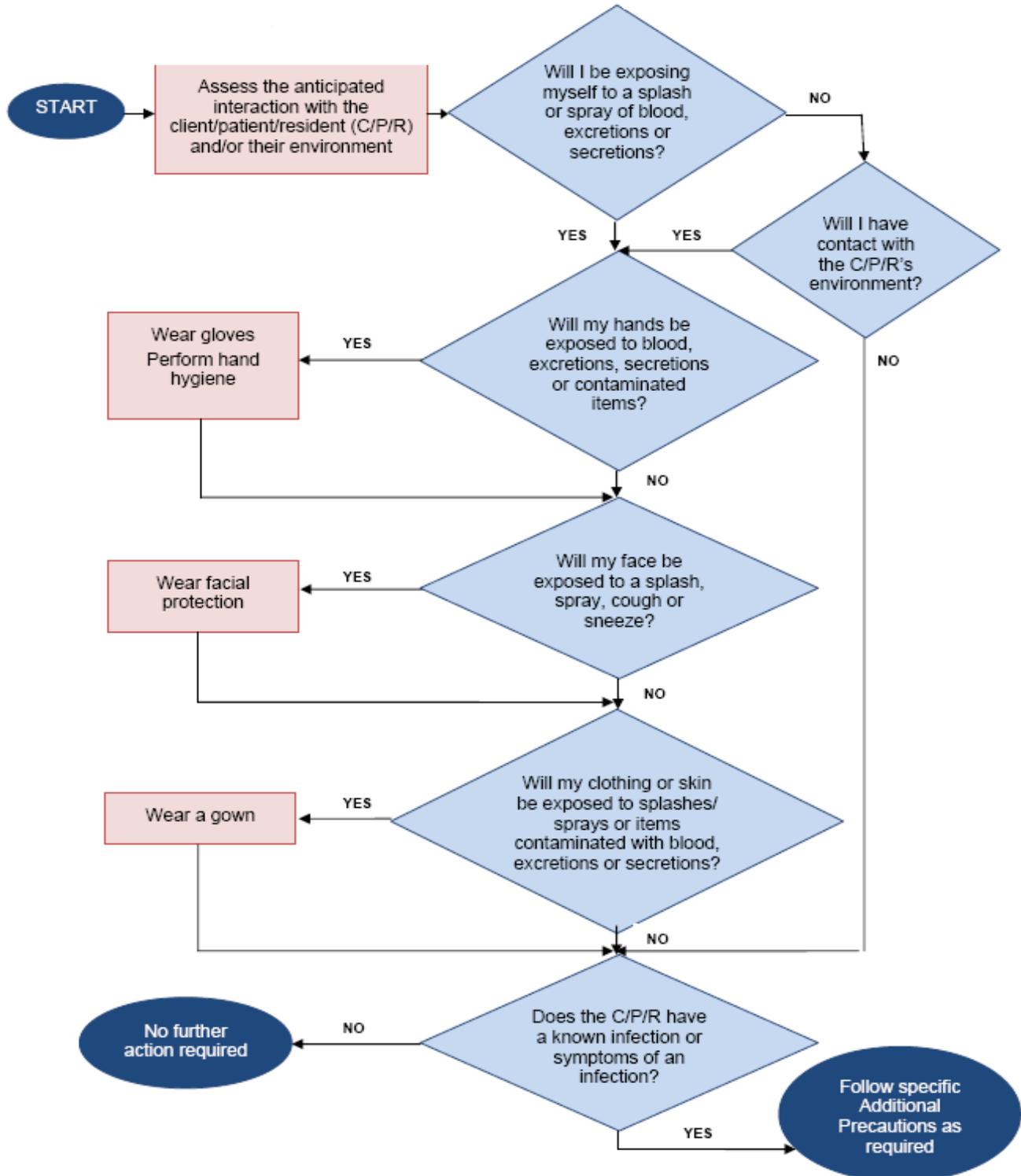
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