 Department of Health Government of Nunavut		<b>NURSING POLICY, PROCEDURE AND PROTOCOLS</b>	
		<b>Community Health Nursing</b>	
<b>TITLE:</b>		<b>SECTION:</b>	<b>POLICY NUMBER:</b>
Infection Control		Infection Control	10-003-00
<b>EFFECTIVE DATE:</b>	<b>REVIEW DUE:</b>	<b>REPLACES NUMBER:</b>	<b>NUMBER OF PAGES:</b>
February 10, 2018	February 2021		7
<b>APPLIES TO:</b>			
Community Health Nurses			

#### **POLICY:**

It is the responsibility of all Health and Social Services' staff to prevent the transmission of infection within the health centre.

#### **PRINCIPLES:**

Routine infection prevention and control practices are to be used with all clients, at all times.

#### **DEFINITIONS:**

**Infection:** The entry of an infectious agent in the tissues resulting in clinical signs and symptoms (disease).

#### **RELATED POLICIES, GUIDELINES AND LEGISLATION:**

Guideline 10-003-01	Infection Control Guidelines
Guideline 10-003-02	Airborne Precautions
Guideline 10-003-03	Droplet Precautions
Guideline 10-003-04	Contact Precautions
Guideline 10-003-05	Precautionary Measures for Microorganisms
Policy 10-004-00	Hand Hygiene
Policy 10-006-00	Housekeeping
Policy 10-007-00	Handling of Used Equipment and Supplies
Policy 10-008-00	Clean, Disinfect and Sterilize

#### **REFERENCES:**

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*



## **GUIDELINE 10-003-01**

### **Routine Guidelines for Infection Control Practices**

Routine infection control practices are to be used with **all clients, at all times**, regardless of presumed infectious status or diagnosis. Routine Infection Control Practices include:

1. The separation of suspected infected, symptomatic, or contagious clients including those with respiratory symptoms from uninfected clients. Ensure wellness clinics are not offered concurrently with “sick clinics”.
2. Hand hygiene should be performed before and after every client contact, as per Hand Hygiene Policy 10-004-00.
3. Gloves should be used as an additional measure and not as a substitute for hand hygiene.
4. Personal Protective Equipment, such as gowns, masks and eye protection should be worn during client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Always follow appropriate disposal measures for removing and discarding worn equipment.
5. Mouthpieces and resuscitation bags should be readily available for performing CPR.
6. Safe handling and disposal of needles and other sharp devices as per Sharps Policy 10-009-00 and Safe Handling and Disposal of Sharps Guidelines 10-009-01.
7. Appropriate cleaning, sterilization and disinfection of reusable equipment and office surfaces (counters, furniture) must be performed routinely.

### **Preventing Transmission**

Preventing the transmission of infectious diseases spread by either airborne or droplet routes poses a significant challenge in the health centre. Special arrangements for clients with a suspected respiratory infection can reduce this risk. The special arrangements will vary among health centres depending on the physical layout, resources, etc of the health centre. These arrangements may include:

1. Screening clients upon arrival to the health centre. Clients known or suspected to have a communicable disease should be escorted immediately into an exam room (if available) or isolated to a separate waiting area until a room is available.
2. Making efforts to see these clients at the end of the day or before the start of the day / appointment schedule.
3. Immunocompromised clients or newborns should not wait in the general waiting area. Whenever possible, schedule appointments with these clients outside of “sick clinic” times.
4. Masks may be provided, at the time of arrival, to the client with suspected or known respiratory infection



5. Closing the door of the examining room and limiting access to the client by visitors and staff members who are not immune to the suspected disease.

Preventing transmission of infectious diseases requires special attention to decrease the likelihood of spread. Precautions include:

- a) Disinfecting surfaces and equipment that have been in direct contact with the clients immediately after a visit.
- b) Clients known to be carriers of these organisms should have this indicated in their health record in order to facilitate recognition on subsequent visits.
- c) Designate one clinic room to the care of this client if daily visits are required or during a community outbreak.

#### REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.



## GUIDELINE 10-003-02

### AIRBORNE PRECAUTIONS

Airborne Precautions are used for clients known or suspected to have microorganisms spread by the airborne route. These may consist of small particle residue (5 microns or smaller) that result from the evaporation of large droplets or dust particles containing skin squames and other debris. These can remain suspended in the air for long periods of time and are spread by air currents within a room or over a long distance.

1. Any health care provider entering the room occupied by a client suspected or known to have an airborne-transmitted infectious disease should at a minimum be wearing an N95 respirator that has been properly fitted by an trained N95 fit tester.
2. The following special arrangements should be considered for client's who may be contagious:
  - a. Screening clients at the time the office visit is scheduled;
  - b. Making efforts to see these clients at the end of the day;
  - c. Quickly triaging clients out of common waiting areas and into an exam room;
  - d. Closing the door of the examining room and limiting access to the client by visitors and staff who are not immune to the suspected disease.
  - e. Clients suspected of a respiratory illness may be given a procedure mask to reduce airborne transmission.

Note: The N95 respirator must be fitted to the individual. Individuals that have not been fit tested are at increased risk of infection.

### REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.



## GUIDELINE 10-003-03

### DROPLET PRECAUTIONS

Droplet Precautions are used for clients known or suspected to have microorganisms transmitted by droplets larger than 5 microns. These droplets may be produced during coughing, sneezing or certain procedures such as suctioning. These particles are propelled a short distance, usually less than two metres, and do not remain suspended in the air.

1. Any health care provider coming within one meter of a client suspected or known to have a droplet-transmitted infectious disease should wear a surgical mask and eye protection. Prescription eyewear is not considered adequate eye protection.
2. Clients should be asked to wear a surgical mask to prevent transmission.
3. Clients should be moved immediately into an exam room to avoid transmission in the waiting room. If this is not possible, the client should be seated at least 2m from other clients in the waiting room.
4. Precautionary measures for clients suspected or known to have an influenza illness, particularly H1N1, shall be in accordance with the Government of Nunavut document: *Interim Guidance for Patient Treatment by Health Care Providers in Ambulatory Care Settings, Community Health Centres*.
5. The current scientific and epidemiological evidence available indicate that SARS is transmitted by large droplets generated when an infected client coughs, sneezes or talks.
  - a. Transmission may happen if these droplets settle on a mucous membrane or through the indirect inoculation of membranes with contaminated hands or equipment.
  - b. Current guidelines recommend that airborne precautions be practiced when performing high risk procedures (e.g. intubation, nebulizer therapy) for clients suspected of having SARS infection.

### REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Government of Nunavut (2009). *Interim Guidance for Patient Treatment by Health Care Providers in Ambulatory Care Settings, Community Health Centres*.



## GUIDELINE 10-003-04

### CONTACT PRECAUTIONS

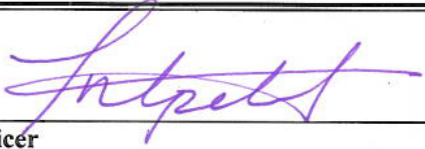

Contact Precautions are used for clients known or suspected to have microorganisms that can be spread by direct contact with the client or by indirect contact with environmental surfaces or client care equipment.

- Any health care provider likely to have direct skin-to-skin contact with a client suspected or known to have a contact transmitted infectious disease should wear gloves and a fluid resistant gown.
- Droplet precautions should be used for any clients with undiagnosed diarrhea.
- All surfaces and equipment that has come into contact with the client shall be cleaned and disinfected as outlined in Policy 10-008-00.

### REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Approved by:		Effective Date:
Chief Nursing Officer	11 FEB 2011 Date	April 1, 2011
	February 11, 2011 Date	
Deputy Minister of Health and Social Services		



MICROORGANISM TRANSMISSION ROUTES AND PRECAUTIONARY MEASURES		
TRANSMISSION ROUTE	DISEASES	PRECAUTIONS REQUIRED
<b>AIRBORNE</b>	Pulmonary tuberculosis Disseminated zoster Rubeola (measles) Varicella (chickenpox) Hemorrhagic fevers (Lassa, Ebola, Marburg) Smallpox	N95 particulate respirator Eye Protection Move promptly to exam room Close door Hand hygiene
<b>DROPLETS</b>	Diphtheria Influenza Meningococcal meningitis Mumps Pertussis Rubella Upper respiratory Infections (Until viral infection ruled out) (Adenovirus, Parainfluenza, Rhinovirus, RSV) Parvovirus B-19 Pneumonic Plague Invasive Group A Streptococcus	Surgical mask (client) Eye protection for high risk procedures Hand hygiene Move client promptly to exam room or separate from others in waiting room (>2m distance between clients)
<b>DIRECT CONTACT</b>	Infectious diarrhea (Campylobacter, E. coli, Giardia, Rotavirus, Salmonella, Yersinia) C. difficile Major burn wound infection Desquamation skin disorder Hepatitis A, E HSV (in neonatal or disseminated mucocutaneous) Scabies Varicella Zoster Viral respiratory infections(see above) Hemorrhagic fevers Antibiotic Resistant Organisms	Gloves Fluid resistant gown Hand hygiene Use same room for repeated client visits or community outbreak.

**Source: Health Canada (1999). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.**

