Routine Practices - Infection Control

Site Applicability

All PHC Acute and Long Term Care Sites.

Practice Level

All PHC staff working directly or indirectly with patients/residents.

Standard

It is the responsibility of the healthcare worker to perform a point of care risk assessment (PCRA) prior to every patient/resident interaction to determine the appropriate Routine Practices required for safe care.

In addition to Routine Practices, Additional Precautions may be indicated when patients/residents have a known or suspected infection with microorganisms for which Routine Practices may not be sufficient to prevent transmission.

Guideline

Routine Practices, also referred to as Standard or Universal Precautions, are the comprehensive infection prevention and control measures that are applied during care of patients/residents in healthcare settings at all times. Routine Practices take into account the patient/resident, the environment, and the task to be completed and are implemented to break the chains of transmission of microorganisms.

The components of Routine Practices are as follows:

1. Point of Care Risk Assessment
2. Hand hygiene
3. Patient/resident placement and flow
4. Aseptic technique/safe injection technique
5. Respiratory etiquette
6. Personal protective equipment (PPE)
7. Sharps safety and reducing exposure to blood-borne pathogens
8. Cleaning and disinfection of non-critical equipment
9. Environmental cleaning and managing blood and body fluid spillages

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10. Handling laboratory specimens
11. Care of the patient/resident after death
12. Handling of linen, waste, dishes and cutlery
13. Education of patients/residents, families, and visitors
14. Visitor management

This guideline summarizes and describes the various Routine Practices in infection control. For some Routine Practice elements a separate guideline exists that can be accessed through the corresponding link in the Related Documents section.

Point of Care Risk Assessment

Before each patient/resident interaction, a Point of Care Risk Assessment (PCRA) should be performed to determine the appropriate routine practices to provide safe care. Refer to the PCRA Best Practice Guideline for more details and to the PCRA Algorithm for PPE selection in Appendix A.

Hand Hygiene

The PHC corporate policy on hand hygiene should be adhered to at all times by all members of staff.

Staff should perform hand hygiene according to the WHO's My Five Moments for Hand Hygiene:

- Before patient/resident contact
- Before an aseptic task
- After a body fluid exposure risk
- After patient/resident contact
- After contact with the patient/resident environment

Alcohol based hand rub (ABHR) is the preferred method for performing hand hygiene in the healthcare setting. Soap and water are used for hand hygiene when hands are visibly soiled.

Patient/Resident Placement and Flow

Patients/residents should be prioritized for single room placement based on the potential for transmission of microorganisms.

Private rooms should be prioritized for patients who have (listed in order of priority):

1. Airborne or Airborne and Contact Precautions (Airborne Infection Isolation Room required)
    - Examples: Pulmonary TB, measles, chickenpox, disseminated shingles, COVID-19

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2. Confirmed CPO or *Candida auris* (private room with dedicated bathroom required)
3. Confirmed *C. difficile* or norovirus
4. Droplet or Droplet and Contact Precautions
    - Examples: Influenza, RSV, invasive Group A Streptococcus, meningitis
5. Contact or Contact Plus Precautions for a reason not listed above
    - Examples: MRSA, VRE, localized shingles in immunocompetent patient, scabies, Shigella

Refer to the Patient Placement Guideline for further information.

Aseptic Technique/Safe Injection Technique

Aseptic technique should be used when performing invasive procedures and handling injectable products. This includes:

- Performing hand hygiene prior to opening supplies.
- Performing hand hygiene with antimicrobial soap and water for invasive procedures (e.g., placing central intravascular catheters, placing catheters or injecting into the spinal canal or subdural spaces) when ABHR is not accessible.
- Performing hand hygiene prior to putting on single-use clean gloves, sterile gloves, sterile gown or mask, as indicated by the specific procedure.
- Opening tray and supplies only when ready to use to maintain a sterile field.
- Preparing the patient's/resident's skin with an appropriate antiseptic before performing an aseptic procedure.
- Using the appropriate size drape, when a drape is needed, to maintain a sterile field.
- Using a sterile, single-use disposable needle for each medication/fluid withdrawal from vials or ampoules.
- Using single-dose medication vials, prefilled syringes and ampules in clinical settings. If the product is only available as multi-dose vial, refer to next section "Use of multi-dose vials" below.
- Not administering medications or solutions from single-dose vials, ampoules or syringes to multiple patients/residents and not combining leftover contents for later use.
- Disinfecting the stoppers or injection ports of medication vials, infusion bags, etc. with alcohol before entering the port, vial or bag.

Use of multi-dose vials

If a product is only available in a multi-dose vials, the following must be complied with:

- The multi-dose vial should be restricted to single-patient use whenever possible.
- The multi-dose vial should be stored away from the bedside in a locked cart or medication room and in accordance with manufacturer's recommendations.

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- Syringes from multi-dose vials should be prepared from a centralized medication preparation area (e.g., do not take multi-dose vials to the patient bedside).
- A sterile single-use needle and syringe should be used each time a multi-dose vial is entered. Do not re-enter a multi-dose vial with a previously used needle or syringe.
- The multi-dose vial should be labeled with the date of first opening.
- The multi-dose vial should be discarded according to manufacturer's expiry date or organizational policy, whichever time is shorter.
- The multi-dose vial should be discarded if it becomes cloudy or contaminated or if sterility or product integrity is compromised.

Single patient/resident multi-use devices (e.g. glucose sampling devices, finger stick capillary blood sampling devices) should be used for only one patient. If this is not feasible, they should be cleaned and disinfected before use with another patient/resident.

Aseptic technique should be used, and should include the use of a mask and sterile gloves when placing a catheter or injecting material into the spinal canal or subdural space (e.g. during lumbar puncture).

Aseptic technique should be used for the storage, assembly and handling of the components of intravenous delivery systems:

- All intravenous equipment shall be used for one patient only.
- A syringe, needle or cannula shall be considered contaminated once it has been used to enter or connect to one patient's intravenous infusion bag or administrations set and should not be reused.
- Sterile components should not be assembled until the time of need, with the exception of areas such as the emergency department, ICU and the OR. If a primed set is used, it should be stored in a clean and dry area, labeled and dated and disposed of if not used within 24 hours.
- Sterile intravenous equipment components should be stored in a clean, dry and secure environment.

Maximal aseptic barriers that include a cap, mask, long-sleeved sterile surgical gown, sterile gloves and a large full body sterile drape and skin preparation with a suitable skin antiseptic should be used for inserting central venous catheters and pulmonary arterial catheters.

When inserting peripheral venous catheters or peripheral arterial lines, at a minimum, hand hygiene should be performed, the skin should be prepared with an antiseptic and clean disposable gloves should be worn.

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Skin antisepsis and single-use disposable needles should be used for acupuncture and for the use of items such as lancets and blood sampling devices.

Respiratory Etiquette

Respiratory etiquette should be encouraged for all patients/residents who have signs and symptoms of an acute respiratory infection and includes:

- Using tissues to contain respiratory secretions and dispose used tissues promptly.
- Coughing or sneezing into the upper sleeve/elbow if a tissue is not available.
- Wearing a mask when coughing or sneezing and when in common areas (e.g., in hallways during transport and in waiting areas).
- Turning away from others when coughing or sneezing.
- Maintaining a spatial distance of two metres for patients with and without respiratory symptoms.

Personal Protective Equipment

Personal Protective Equipment (PPE) is specialized clothing/equipment worn alone or in combination for protection against exposure to infectious microorganisms and to materials or substances that may harbor infectious microorganisms. PPE includes gloves, gowns, eye protection, masks, and N95 respirators.

The correct technique for putting on and taking off PPE should be followed at all times (see Appendix B), and hand hygiene should be performed before donning and after doffing PPE.

Refer to the PPE Guideline for additional information.

Sharps Safety and Prevention of Exposure to Blood-Borne Pathogens

The safe handling of sharps is essential to prevent injury and potential exposure to blood-borne pathogens.

Use of safety-engineered sharps devices is recommended where available.

Needles should not be recapped; used needles and other single-use sharp items should be disposed of immediately into designated puncture-resistant containers that are easily accessible and located at the point of care.

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Refer to the Sharps Safety and Prevention of Exposure to Blood Borne Pathogens Guideline for more details.

Cleaning and Disinfection of Non-Critical Equipment

Employees will handle used patient/resident care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients/residents.

Reusable non-critical equipment that has been in direct contact with the patient/resident will be reprocessed with cleaning and low-level disinfection before use in the care of another patient/resident.

- Assigning responsibility and accountability for routine cleaning of all patient/resident care equipment will be established by the specific program/service.
- Single use items will be discarded as per established guidelines.
- Follow manufacturer's recommendations and established procedures for the cleaning, disinfection and sterilization of specific patient care equipment.

Bedpans and commodes that are assigned for a single patient/resident should be cleaned and disinfected when soiled and routinely on a daily basis. Bedpans and commodes should be reprocessed with cleaning and low-level disinfection before use by another patient. The use of single-patient-use disposable bedpans is acceptable.

Sterile and clean supplies should be stored in a designated and separate clean, dry area protected from dust. Sterile and clean supplies should not be stored under sinks and/or near plumbing, as leaks may occur.

Refer to the Low Level Cleaning and Disinfection procedure, the Master Equipment Cleaning List, and the Cleaning and Disinfection of Commodes standard for additional information.

Environmental Cleaning and Managing Blood and Body Fluid Spillages

Environmental cleaning:

Refer to the Environmental Cleaning and Linen Guideline for details on environmental cleaning.

Managing blood and body fluid spillages:

Exposure to blood and other body fluids, such as feces, vomit, pus and urine, pose a potential risk for transmission of infection to those providing care. Viruses, such as hepatitis B, can be transmitted

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through blood or other body fluids. Therefore, quick and effective management of spillages is essential.

The procedure for managing spills of blood and body fluids is in the Spills of Blood and Body Fluids Guideline.

Handling Laboratory Specimens

All laboratory specimens will be handled as if they contain an infectious organism.

Refer to Laboratory Manual and the infection control Laboratory Specimens Guideline for further information on specimen collection and handling.

Care of the Patient/Resident after Death

The body of a person who has an infectious disease may remain infectious to those who handle it. As a general rule, the type of Additional Precautions used for handling individuals with an infectious disease remain necessary in the immediate post-mortem period and during autopsy (e.g., Airborne Precautions for active pulmonary tuberculosis; Contact Precautions for someone with Scabies).

See the Professional Practice Procedure Death (Adult): Care of the Patient for more considerations and steps to follow after a patient death. Additional infection control related practices can be found in the Care of the Body after Death Guideline.

Handling of Linen, Waste, Dishes and Cutlery

Linen

Bed linen should be changed regularly and when soiled. In ambulatory care, linens should be changed between every patient treatment/procedure. Soiled linen should be handled in the same way for all patients/residents without regard to their infection status. It should be placed in a no-touch receptacle at the point-of-use. Use PCRA to determine if PPE is needed when handling soiled linen.

More information is in the Environmental Cleaning and Linen Guideline.

Dishes and Cutlery

Dishes and cutlery are not considered sources of infection and special precautions are not needed.

Additional details are in the Dishes, Glasses, Cups, and Eating Utensils Guideline.

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Waste

Employees will collect and dispose of waste materials according to facility-specific guidelines.

Refer to the Waste Disposal Guideline for handling of different types of waste.

Education of Patients/Residents, Families, and Visitors

Healthcare workers should provide instructions to patients/residents, families and visitors regarding all aspects of infection prevention and control, including hand hygiene and respiratory etiquette.

Visitor Management

Visitors are asked to postpone their visit to a patient/resident when having symptoms of a communicable illness which include the following:

- Fever
- Respiratory symptoms (e.g. cough, shortness of breath, nasal congestion, etc.)
- Gastrointestinal symptoms (e.g. diarrhea/vomiting, etc.)
- Skin infections (e.g. rash, pustules, etc.)

Visitors who have been exposed to infectious diseases are not permitted to visit during the period of communicability:

- Influenza, Respiratory Syncytial Virus (RSV)
- Measles, mumps, chicken pox
- Whooping cough, meningitis

Visitors are asked to prevent the spread of germs by:

- Wearing a mask.
- Covering their mouth and nose with a tissue when they cough or sneeze.
- Coughing or sneezing into their sleeve (crook of arm).
- Using a tissue and placing used tissues into a waste basket.
- Cleaning their hands with alcohol-based hand cleaner after coughing or sneezing.

Visitors are encouraged to perform hand hygiene before and after visiting the patient/resident, and before and after eating or using the washroom. Visitors are asked to report to the Nursing Station for instructions on hand hygiene, and applicable Infection Control precautions for patients/residents who have Transmission Based (Additional) Precautions sign on their door.

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Visitors may be limited to those essential for patient support if the patient/resident has an illness in which there is a risk of transmission to visitor (i.e. influenza). Visitors may also be limited during an outbreak on the unit and/or facility (i.e. gastrointestinal or respiratory outbreak). The nurse-in-charge can assist and support the patient/resident and family in determining appropriate visitors.

Related Documents

Additional Precautions

- B-00-07-13084 - Airborne and Contact Precautions - Infection Control
- B-00-07-13028 - Airborne Precautions - Infection Control
- B-00-07-13074 - Contact Plus Precautions - Infection Control
- B-00-07-13029 - Contact Precautions - Infection Control
- B-00-07-13079 - Droplet and Contact Precautions - Infection Control
- B-00-07-13030 - Droplet Precautions - Infection Control

Care of the Patient/Resident after Death

- B-00-07-13042 - Care of the Body after Death - Infection Control
- B-00-12-10019 - Death (Adult): Care of the Patient

Cleaning and Disinfection, Handling Linen, Dishes, and Waste

- B-00-07-13064 - Cleaning and Disinfection of Commodes
- B-00-07-13039 - Dishes, Glasses, Cups, and Eating Utensils - Infection Control
- B-00-07-13034 - Environmental Cleaning and Linen - Infection Control
- B-00-07-13035 - Low Level Cleaning and Disinfection
- B-00-07-13076 - Master Equipment Cleaning List
- B-00-07-13038 - Spills of Blood and Body Fluids
- B-00-07-13036 - Waste Disposal - Infection Control

Hand Hygiene

- B-00-11-10191 - Hand Hygiene

Laboratory Specimens

- B-00-07-13040 - Laboratory Specimens - Infection Control

Patient Placement

- B-00-07-13087 - Patient Placement Guidelines - Infection Control

Personal Protective Equipment

- B-00-07-13088 - Personal Protective Equipment (PPE) - Infection Control

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Point of Care Risk Assessment

- B-00-07-13081 - Point of Care Risk Assessment - IPAC Best Practice Guideline

Sharps Safety

- B-00-07-13037 - Sharps Safety and Prevention of Exposure to Blood Borne Pathogens Guideline

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Public Health Agency of Canada. (2017). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html

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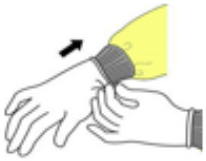
Appendix A: Point of Care Risk Assessment for Personal Protective Equipment Selection

Point of Care Risk Assessment Algorithm

A PCRA is to be performed prior to contact with every patient in the patient environment[1], even if the patient has been placed on Additional Precautions as more PPE may be required.

1. Will my hands be in contact with mucous membranes, non-intact skin, BBF[2], or contaminated items?
   - Yes → Wear non-sterile gloves



   - No

2. Will my clothing or skin become soiled from splashes/ sprays or contact with items contaminated with BBF[2]?
   - Yes → Wear gown

   - No

3. Will my eyes or face be splashed/sprayed with BBF[2] or within 2 metres of a coughing or vomiting patient?
   - Yes → Wear medical mask and eye protection

   - No

4. Is there a risk of airborne transmission (e.g., patient with known/suspected airborne infection or AGMP[3])?
   - Yes → Wear N95 respirator

Perform hand hygiene before and after using PPE.

Notes

1. Patient environment – any area within 2 metres of the patient as well as their belongings and bathroom, or the immediate space around a patient that may be touched by the patient and health care provider when providing care or performing tasks
2. BBF – blood and body fluids; includes urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions
3. AGMP – aerosol-generating medical procedure; includes nebulized therapy, airway suctioning, bronchoscopy, high flow oxygen administration, non-invasive positive pressure ventilation, intubation/extubation, and CPR

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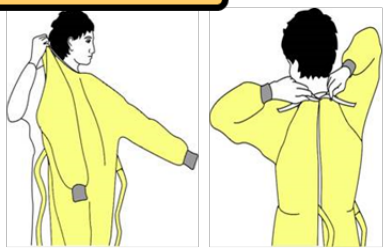
Appendix B: Sequence for Donning and Doffing Personal Protective Equipment

Sequence for donning Personal Protective Equipment (PPE)

Perform hand hygiene

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

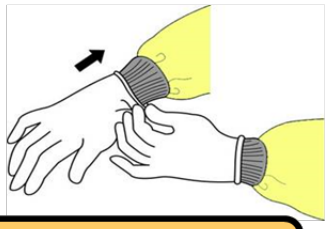
- Secure ties or elastic bands at middle of head and neck (or fit loops over ears)
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit check respirator

3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit

4. GLOVES

- Extend to cover wrists of isolation gown



Use Safe Work Practices to Protect Yourself and Limit the Spread of Pathogens

- Perform hand hygiene
- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated

Adopted from the Guidance for Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings (CDC, 2018)

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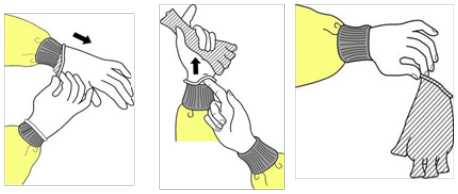
Sequence for removing Personal Protective Equipment (PPE)

1. GLOVES

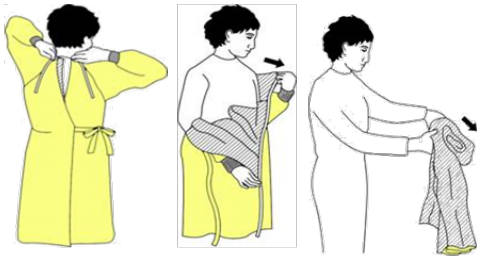
- Outside of gloves are contaminated
- Grasp outside of glove with opposite gloved hand; peel off
- Slide fingers of ungloved hand under remaining glove at wrist
- Peel glove off over first glove



Perform hand hygiene

2. GOWN

- Gown front and sleeves are contaminated
- Unfasten ties
- Pull away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard



Perform hand hygiene and leave isolation room

3. GOGGLES or FACE SHIELD

- Outside of goggles or face shield is contaminated
- To remove, handle by headband or ear pieces

Perform hand hygiene

4. MASK or RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH
- Grasp bottom, then top ties, or elastic loops to remove
- Discard in waste container

Perform hand hygiene

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Adopted from the Guidance for Selection and Use of Personal Protective Equipment (PPE) in Healthcare Settings (CDC, 2018)

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