Infection Prevention & Control Program

Module #3: Routine Practices and Additional Precautions

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Winnipeg Regional Health Authority
Caring for Health
Office régional de la santé de Winnipeg
À l'écoute de notre santé

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MODULE #3: ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS

OBJECTIVES

At the completion of this module you will be able to:

1. **Identify** the key components of Routine Practices & Additional Precautions (RPAP)
2. **Demonstrate** an understanding of the application of RPAP in the clinical areas using the case scenarios provided in terms of
    - Considerations for point of care risk assessment
    - Indications for hand hygiene
    - Placement of patients
    - Use of personal protective equipment
    - Handling of sharps, linen, dishes, and waste
    - Information for visitors

Required Readings

- [ ] Routine Practices Winnipeg Regional Health Authority https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Routine_Practices.pdf
- [ ] Winnipeg Regional Health Authority Infection Prevention and Control Manual: Additional Precautions
    - [ ] **Acute:** https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Additional_Precautions_Entire.pdf
    - [ ] **LTC:** https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/ltc/LTCRP.doc
    - [ ] **Community:** https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Routine_Practices.pdf
- [ ] Winnipeg Regional Health Authority Acute Care Infection Prevention & Control Manual- Clinical Presentation/Microorganism/Infectious Disease Table
    - [ ] https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/CP_and_EP_Table.pdf
    - [ ] https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Microorganism_ID_Table.pdf
- [ ] RPAP Orientation Module Review

Other Readings

- [ ] Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care MB Health 2012 https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf

- [ ] https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html

- [ ] Shared Health https://sharedhealthmb.ca/files/covid-19-ppe-zones-poster-green.pdf and https://sharedhealthmb.ca/files/covid-19-ppe-zones-poster-orange.pdf and https://sharedhealthmb.ca/files/covid-19-ppe-zones-poster-red.pdf

- [ ] Acute Care specific reading: Containment Precautions https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Containment_Precautions.pdf

- [ ] APIC Text of Infection Control & Epidemiology 4th Edition Chapter 29 – Isolation Precautions (Transmission-based Precautions)

Instructions:

Read the material. Write out your answers to the questions and discuss them with your preceptor.

OVERVIEW

The guideline “Routine Practices and Additional Precautions for preventing the transmission of Infection in Healthcare” is the foundation for all infection prevention and control activities. In Infection Prevention and Control (IP&C), you will utilize this information for the development of policies and procedures, teaching of staff, and for the auditing and monitoring of practices in the clinical area.

In this section you will learn the key concepts that you must know to help successfully do your in the infection control program.

KEY CONCEPTS

Principles of Transmission of Microorganisms

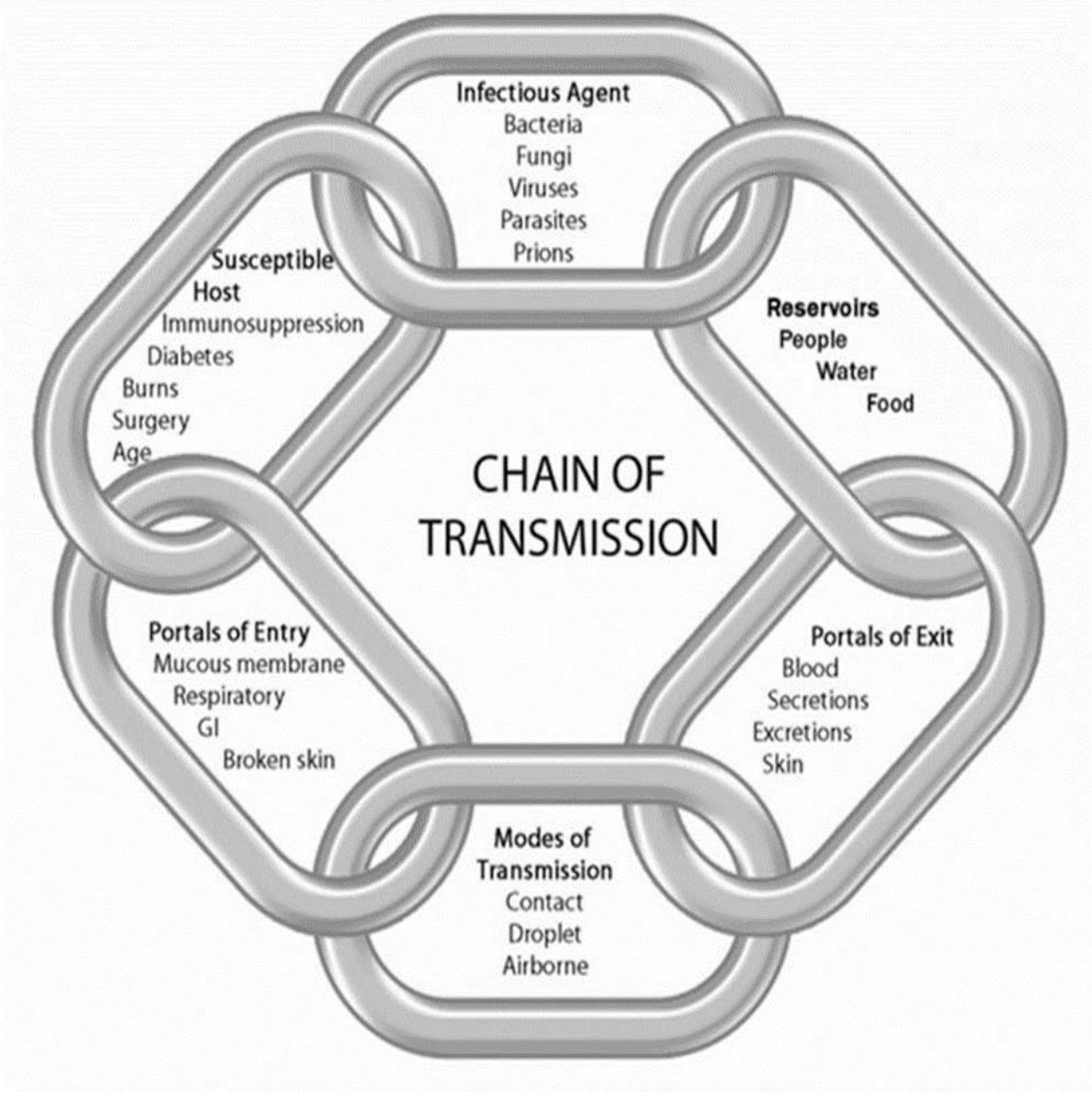
Define the following key concepts: **Chain of Infection**

TERM	DEFINITION
1. **Infectious Agent**	
2. **Reservoir**	
3. **Portal of Exit**	
4. **Means of transmission**	
5. **Portal of Entry**	
6. **Susceptible Host**	

Other Terms

TERM	DEFINITION
Colonization	
Aysmptomatic Infection	
Symptomatic Infection	

Principles of Transmission of Microorganisms



Chain of Infection Application

A break in any of the links in the chain of infection can prevent the transmission of infection. Using influenza as the disease, provide examples of how you would break each link in the chain of infection.

Preventing Transmission of Influenza

LINK	EXAMPLES OF BREAKING THE CHAIN
Infectious agent	
Reservoir	
Portal of Exit	
Means of Transmission	
Portal of Entry	
Susceptible Host	

Means of Transmission

ROUTE	DEFINITION	DISEASE EXAMPLE
Contact: • Direct • Indirect		
Droplet		
Airborne		
Droplet/Contact		
Airborne/Contact		
Vector-borne		
Common Vehicle		

Control Measures

Hierarchy of Controls

CONTROL MEASURE	DEFINITION	EXAMPLE
Engineering		
Administrative		
PPE		

Organization Responsibilities

Define organizational assessment.

TERM	PROVIDE AN EXAMPLE
Organizational Engineering Controls • Healthcare facility design, renovation and construction • Heating, ventilation and air conditioning • Source control	
Administrative Controls • Occupational health program • Education of health care workers • Reprocessing of patient care equipment • Environmental cleaning • Waste • Linen • Management of deceased patients • Management of pets/animals	

Healthcare Worker Responsibilities

TERM	DEFINITION
Point of Care Risk Assessment (PCRA)	
Routine Practices	
Additional Precautions	

ROUTINE PRACTICES (RP)

It is important to understand how routine practices have evolved over time. Canada uses Routine Practices versus Standard Precautions like the United States of America.

Routine Practices are the basis for preventing the transmission of germs during patient/client/resident care. Routine Practices are a set of infection prevention and control (IP&C) measures for use in the care of **ALL PATIENTS/RESIDENTS/CLIENTS (P/R/C) at ALL TIMES in ALL HEALTHCARE SETTINGS**. They recognize germs are always present and can be transmitted from one person to another either directly or indirectly. Therefore, RP requires all patients be treated as if they were infectious each and every time contact occurs, even if they have not been identified as having an infectious disease.

Routine practices are made up of the following key elements:

1. Point of Care Risk Assessment (PCRA)
2. Hand Hygiene (including Point of Care alcohol-based hand rub [ABHR])
3. Source Control (triage, early diagnosis and treatment, respiratory hygiene, spatial separation)
4. Patient Accommodation, Placement, & Flow
5. Aseptic Technique
6. Personal Protective Equipment (PPE)
7. Specimen Collection
8. Sharps Safety & Prevention of Blood-borne Transmission
9. Management of the Patient Care Environment
    - Cleaning of the Environment
    - Cleaning & Disinfection of Non-Critical Reusable Patient Care Equipment
    - Handling of Linen, Waste, Dishes
    - Handling of Deceased Bodies
10. Visitor Management and Education

ROUTINE PRACTICES

1. Point of Risk Assessment (PCRA)

The ability to perform a thorough point of care risk assessment is fundamental to practicing infection control. The ICP needs to have a very complete understanding of how to do a risk assessment, how to include it in every patient interaction, and how to use the findings to implement appropriate infection control practices. The ICP will be required to educate Healthcare Workers (HCWs) about PCRA and reinforce its use frequently. By applying the appropriate control measures from the PCRA staff are reducing risk to the patient, themselves, and others (including indirectly their families).

Prior to every patient interaction, all HCWs have a responsibility to assess the infectious risk posed to themselves and other patients, visitors, and HCWs by a patient, situation or procedure, to perform a PCRA.

Shared Health PCRA Tools:

1. https://sharedhealthmb.ca/files/covid-19-pcra-poster.pdf
2. covid-19-point-of-care-risk-assessment-tool.pdf (sharedhealthmb.ca)
3. Point of Care Risk Assessment PowerPoint
4. Point of Care Risk Assessment Booklet
5. Point of Care Risk Assessment for PPE Use Algorithm

Determine factors that influence the risk of transmission of infection:

Complete this table:	HIGHER TRANSMISSION RISK	LOWER TRANSMISSION RISK
Infectious Source	• Frequent cough • Copious secretions • •	• Infrequent cough • Minimal secretions • •
Environment	• Shared room • • •	• Single room • • •
Susceptible Host (patient)	• Underlying disease • • •	• Generally healthy • • •
Susceptible Host (HCW)	• Poor HH • •	• Appropriate HH • •

Example of PCRA

PCRA QUESTIONS	INFECTION CONTROL MEASURES
Example: You are preparing to enter a P/R/C room. You heard in report he's acutely ill with a cough. Ask yourself questions to determine risk for transmission: ? Does he have a fever? ? Does he practice respiratory etiquette? ? What type of care am I giving him? ? Where am I providing care – e.g., his home? A private room at the site? ? What PPE should I wear when providing care?	The assessment findings indicate he has a fever and an acute cough; and respiratory hygiene is not consistently used. He is in a private room and you are doing his daily nursing assessment. By evaluating the task being done, proximity to the patient, and exposure to uncontained excretions, you determine that PPE is required, specifically a mask or respirator with eye protection, a gown and gloves (many respiratory infections are spread by both droplets and contact)

2. Source Control

Source Control for routine practices involves measures to separate those with symptoms of transmissible organisms from those without. These measures include spatial separation of patients by 2 metres/6 feet for respiratory illnesses involving a cough, fever or shortness of breath.

Other source control measures involve erecting partitions to protect staff, and following protocol to place P/R/C with certain signs or symptoms directly into a single room. In certain settings, appointments can be made for these patients at the end of the day, or appointments postponed until the acute phase of the illness has subsided. Post signs reminding P/R/C of hand hygiene and respiratory etiquette and provide the supplies to perform both as appropriate to the environment.

Source Control Measures	
AREA	**SOURCE CONTROL RECOMMENDATION** (as appropriate to your area of work)
ER	
Outpatient Clinic	
Admitting	
Inpatient Unit	
Personal Care Home	
Community Facility	
Allied Health Department	

3. Hand Hygiene

Please refer to **Hand Hygiene Module**

4. Patient/Resident/Client Accommodation, Placement and Flow

Single rooms have been shown to decrease rates of healthcare-associated infections (HAIs). When there are only a limited number of single rooms, it is prudent to prioritize them for those who have conditions that facilitate transmission of infectious material to other persons (e.g., draining wounds, stool incontinence, and uncontained secretions) and for those who are at increased risk of acquisition and adverse outcomes resulting from HAIs (e.g., immunosuppression, open wounds, indwelling catheters, anticipated long stay, or total dependence on HCWs for activities of daily living).

5. Aseptic Technique

DEFINE	DEFINITION	EXAMPLES
Asceptic Technique		
Clean Technique		

6. Personal Protective Equipment

- Personal protective equipment (PPE) is any type of specialized clothing, barrier product, or breathing (respiratory) device used to protect workers from serious injuries or illnesses while doing their jobs.
- Personal protective equipment acts as a barrier between infectious materials and the skin, mouth, nose, or eyes (mucous membranes). In the application of Routine Practices PPE includes:
  - gloves
  - gowns
  - face protection- masks, N95 respirators, safety glasses, goggles, face shields

Practice donning/doffing PPE independently in order to ensure confidence in procedure.

https://professionals.wrha.mb.ca/old/extranet/ipc/files/00006-sh-ppe-donning-e.pdf
https://professionals.wrha.mb.ca/old/extranet/ipc/files/00007-sh-ppe-doffing-e.pdf

Gloves

Gloves is not a substitute for hand hygiene.

QUESTION	ANSWER
Why are gloves needed?	
Whom are they protecting?	
What are the indications for glove use?	i. ii. iii. iv.
What are the key errors noted when putting off or taking off gloves?	i. ii. iii.

Gowns

QUESTION	ANSWER
Why is a gown needed?	
Whom are they protecting?	
What are the indications for gown use?	
What are the key errors noted when putting off or taking off a gown?	i. ii. iii.

Facial Protection

QUESTION	ANSWER
List the components of facial protection	i. ii.
Why is facial protection needed?	
Who is facial protection protecting?	
What are the indications for facial protection use?	
What are the key errors noted when putting on or taking off facial protection?	i. ii. iii.

7. Sharps Safety and Prevention of Blood Borne Transmission

DEFINE SHARPS SAFETY	
Name at least two precautions for handling sharps	i. ii.
What initiatives are in place in your facility to ensure needles are not recapped?	
What structures are in place so that needles can be disposed of at the point of care in your facility?	
What direction as to when sharps containers should be removed and replaced does your facility's policy/housekeeping policy provide?	
What are the steps for staff to follow in the event of a sharps injury?	
Review the policy on blood and body fluid exposure in your facility.	

8. Management of the Patient Care Environment

Cleaning of the Environment

	ACTION
What policies are in place regarding environmental cleaning?	
Who should you contact regarding above?	

Cleaning and Disinfection of Non-Critical Reusable Patient Care Equipment

	EXPLANATION
What policies are in place regarding practices to clean and disinfect non-critical reusable patient care equipment?	

Handling of Linen, Waste & Dishes

	EXPLANATION
What policies are the recommended precautions in your facility for handling linen?	
What policies are the recommended precautions in your facility for handling waste?	
What policies are the recommended precautions in your facility for handling dishes and cutlery?	

Handling of Deceased Bodies

	EXPLANATION
What policies are the recommended precautions in your facility for handling deceased bodies?	
How do you manage deceased body if they are on additional precautions? Does it matter what type of precautions?	

9. Designated Caregiver and Visitor Management & Education

Review the Designated Caregiver (DC)/visitor information
https://sharedhealthmb.ca/files/expanded-visitation-acute-and-pch.pdf

VISITOR MANAGEMENT	EXPLANATION
Who provides DC/visitors with education on HH and PPE?	
How are DC/visitors alerted regarding Additional Precautions?	
Is there a process for reviewing the DC/visitors' practices of HH and PPE? If so, what is it?	

AEROSOL GENERATING MEDICAL PROCEDURES (AGMP)

An aerosol generating medical procedure (AGMP) is a medical or surgical procedure that involves manipulation of a patient's airway in a manner that may stimulate coughing and/or promote the generation of aerosols depending upon instruments and methods used. Some examples include:

- Intubation and related procedures (e.g., manual ventilation, open endotracheal suctioning)
- Cardiopulmonary resuscitation
- Bronchoscopy
- Sputum induction
- Nebulized therapy
- Autopsy
- Non-invasive positive pressure ventilation (CPAP, BiPAP)

Reference: Shared Health: https://sharedhealthmb.ca/files/aerosol-generating-medical-procedures-AGMPs.pdf

AGMP EXERCISE	
Give an example of a way to avoid generating aerosols	
What are the environmental controls that should be used for AGMPs?	
What PPE should be worn for an AGMP?	

ADDITIONAL PRECAUTIONS

Routine Practices correctly and consistently applied will prevent transmission of the majority of infections. However, there are situations that may result in gross contamination of the environment, or when organisms are spread through droplets, intact skin, or are airborne, that require Additional Precautions to control their spread. Additional Precautions are to be applied in addition to Routine Practices, and include:

- Contact Precautions
- Droplet Precautions
- Droplet/ Contact Precautions
- Airborne/Contact Precautions
- Enhanced Droplet/ Contact Precautions or Droplet/Contract with Airborne for AGMP Precautions
- Protective Precautions
- Modified Protective Precautions
- Containment Precautions

Contact Precautions

Contact Precautions help prevent infectious agents which are spread through direct and indirect contact.

Complete the questions below:

ITEM	EXAMPLE
Define: **Direct Contact**	
Define: **Indirect Contact**	

Find the required readings, the **Clinical Presentation, Microorganism, Infectious Disease Table**. Provide the following:

INFECTION/CONDITION	PRECAUTION	DURATION	COMMENTS
Abscess, major – no dressing or dressing does not adequately contain drainage			
Diarrhea, acute infective etiology suspected			
Multidrug-resistant organisms (e.g., MRSA, Antimicrobial Resistant Gram-Negative Bacteria (AMR GNB)			
Clostridioides difficile infection			

Key Components of Contact Precautions

Describe key considerations for each of the components of Contact Precautions:

COMPONENT	CONSIDERATIONS
Hand Hygiene	i. ii. iii. iv.
PPE	i. ii.
Patient Placement	i. ii. iii.
Equipment	i. ii. iii. iv.
Patient Transport	i. ii. iii. iv.
Visitors and Designated Caregivers	i. ii. iii.

Cohorting for Contact Precautions

Although a private room with a dedicated bathroom is preferred for patients placed on Contact Precautions, it is not always possible. Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

CRITERIA FOR COHORTING	CONSIDERATION
Roommate Considerations	
Distance Between Patients	
Privacy Curtains	

Droplet Precautions

Droplet Precautions help prevent transmission of infectious agents that are spread by the droplet route.

CRITERIA TO DEFINE DROPLETS	
How are respiratory droplets generated?	
What is the area of defined risk for transmission of droplet particles?	

Find the required readings, the **Clinical Presentation, Microorganism, Infectious Disease Table**. Provide the following:

INFECTIONS SPREAD BY THE DROPLET ROUTE			
INFECTION/CONDITION	**PRECAUTION**	**DURATION**	**COMMENTS**
Influenza			
Pertussis			
RSV			
Mumps			

Key Components of Droplet Precautions

Describe key considerations for each of the components of Droplet Precautions:

COMPONENT	CONSIDERATIONS
Hand Hygiene	
PPE	
Patient Placement	
Equipment	
Patient Transport	
Visitors and Designated Caregivers	

Cohorting for Droplet Precautions

Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

CRITERIA FOR COHORTING	CONSIDERATION
Roommate Considerations	
Distance Between Patients	
Privacy Curtains	

Airborne Precautions

Airborne Precautions help prevent transmission of infectious agents that are spread by the airborne route.

Answer the questions below:

1. How are airborne particles generated?	
2. What is the area defined risk for transmission of airborne particles?	

Infections Spread by the Airborne Route

Find the required readings, the **Clinical Presentation, Microorganism, Infectious Disease Table**. Provide the following:

INFECTION/CONDITION	PRECAUTION	DURATION	COMMENTS
Tuberculosis			
Varicella			
Zoster			
Measles			
Novel Respiratory Virus			

Key Components of Airborne Precautions

Describe the key considerations for each of the components of Airborne Precautions.

COMPONENT	CONSIDERATIONS
Hand Hygiene	
PPE	
Patient Placement	
Equipment	
Patient Transport	
Visitors and Designated Caregivers	

N95 Respirator Use

QUESTIONS	ANSWERS
When is an N95 respirator required?	
What is the difference between a procedure mask and an N95 respirator?	
When should fit testing be done?	
Who do you contact to be fit tested for an N95 respirator?	

METHODS

Cohorting for Airborne Precautions

Describe the following points that must be taken into consideration if it is necessary to cohort patients on Airborne Precautions, or to use a private room without negative pressure:

DISEASE	CONSIDERATIONS
TB	
Measles/Varicella	

NOTE: Please note there are organisms which require the use of a combination of Additional Precautions. For example, Influenza is spread by both droplet and contact transmission and therefore requires both Droplet & Contact Precautions in combination.

Enhanced Precautions or Droplet/Contact with Airborne for AGMP help prevent transmission of infectious agents that are spread by the droplet, contact and airborne route (previously defined individually)

Infections Spread by the Enhanced (excluding COVID-19 specific protocols)

Reference documents:

https://professionals.wrha.mb.ca/old/extranet/ipc/files/manuals/acutecare/Enhanced_Droplet_CP.pdf

INFECTION/CONDITION	PRECAUTION	DURATION	COMMENTS
Middle Eastern Respiratory Syndrome (MERS CoV)			
Avian H7N9			

Enhanced Precautions

Key Components of Enhanced Precautions (Acute Care Specific)

Describe key considerations for each of the components of Enhanced Precautions

COMPONENT	CONSIDERATIONS
Hand Hygiene	
PPE	
Patient Placement	
Equipment	
Patient Transport	
Visitors and Designated Caregivers	

Cohorting for Enhanced Precautions and Droplet/Contact with Airborne for AGMP Precautions

Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

CRITERIA FOR COHORTING	CONSIDERATION
Roommate Considerations	
Distance Between Patients	
Privacy Curtains	

Protective Precautions

Define Immunocompromised.	
What is the goal of using Protective Precautions?	
What are the indications for Protective Precautions?	
Give 2 examples of immunocompromised patient conditions.	1. 2.

Modified Protective Precautions

What is the goal of using Modified Protective Precautions?	
What are the indications for Modified Protective Precautions?	
Give 2 examples of immunocompromised patient conditions.	1. 2.

Key Components of Protective Precautions

Describe key considerations for each of the components of Protective Precautions.

COMPONENT	CONSIDERATIONS
Hand Hygiene	
PPE	
Patient Placement	
Equipment	
Patient Transport	
Visitors and Designated Caregivers	

Containment Precautions

NOTE: section specific to those providing IPC support to Acute Care facilities.

Containment Precautions are required to prevent the transmission of highly contagious or virulent organisms (confirmed or suspected) transmitted by the direct or indirect contact route. These may be new, emerging organisms or an organism determined to cause severe illness/outcomes and/or severely contaminate the environment

Find the required readings, the **Clinical Presentation, Microorganism, Infectious Disease Table**. Provide the following:

INFECTION/CONDITION	PRECAUTION	DURATION	COMMENTS
Vancomycin-resistant *Staphylococcus aureus* (VRSA)			
Vancomycin-Intermediate *Staphylococcus aureus* (VRSA			
Candida Auris			
Carbapenemase-Producing Enterobacteriaceae (CPE)			

Key Components of Containment Precautions

Describe key considerations for each of the components of Containment Precautions.

COMPONENT	CONSIDERATIONS
Hand Hygiene	i ii iii iv
PPE	i ii
Patient Placement	i ii iii
Equipment	i ii iii iv
Patient Transport	i ii iii iv
Visitors and Designated Caregivers	i ii iii

Cohorting for Containment Precautions

Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

CRITERIA FOR COHORTING	CONSIDERATION
Roommate Considerations	
Distance Between Patients	
Privacy Curtains	

ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS

In this section you will have an opportunity to apply the knowledge you have learned in the key concepts sections to scenarios which you may encounter in your job. Please discuss those that are applicable to your facility/role with your preceptor.

Scenario #1	A P/R/C is in acute respiratory distress. She presented with a history of fever and cough for two days and has now deteriorated and requires mechanical ventilation. She is a previously healthy individual with no co-morbidities. She has not received a flu vaccination

QUESTIONS	RECOMMENDATIONS
1. If this patient was admitted on your unit what type of precautions would be essential for all staff to use in order to safely care for her?	
2. What type of PPE would be used?	
3. Other than routine care of this patient, what medical interventions would require PPE?	
4. What type of microorganisms would you be concerned about with this patient?	
5. What distance should be maintained from this patient if you are not wearing PPE?	

Scenario #2	A 68 year old male with HIV has a cough and SOB. Chest x-ray shows a lesion in the right upper lung quadrant. There is no blood in the sputum, but the patient's mother was (+) for TB and hospitalized for the same when he was a child. Sputum is being sent for further testing. The P/C/R is in a multi-bed room. You have been called to assess the situation.

QUESTIONS	RECOMMENDATIONS
1. What is the first action?	
2. What precautions would you take, if any?	
3. What type of room placement would you recommend?	
4. What type of source control would you need?	
5. What type of precautions would be required if the patient needed to leave the room for diagnostics?	
6. What special type of cleaning procedures would be required?	

Scenario #3	A 15 year old male presents to ER with a one day history of fever, headache and stiff neck. He was assessed by the physician and it has been decided that a lumbar puncture be performed. Once investigations were completed this teenager was diagnosed with bacterial meningitis.

QUESTIONS	RECOMMENDATIONS
1. What type of precautions would be required to care for the patient?	
2. When would you employ these precautions and for how long?	
3. What type of PPE is required?	
4. What type of room placement would be best suited for this patient?	

Scenario #4	A 42 year old female was admitted to a four bed room. P/R/C had sudden onset of watery foul smelling diarrhea times four.
QUESTIONS	**RECOMMENDATIONS**
1. What type of specimens should be collected?	
2. When precautions would you recommend?	

Scenario #5	A 50 year old female is admitted who has just completed an aggressive course of chemotherapy and now presents with a fever. She is admitted with a post chemotherapy infectious process
QUESTIONS	**RECOMMENDATIONS**
1. Should Additional Precautions be implemented, and if so, what type?	
2. What types of conditions are we hoping to prevent and why is she at risk?	
3. Who should NOT enter this patient's room?	
4. What type of PPE is required to be worn?	
5. What type of precautions should be taken when this patient has to go for diagnostic testing?	

Scenario #6 Acute Care ICP Specific	A patient is admitted to your hospital with an EPR flag stating they are a CPE suspect.
QUESTIONS	**RECOMMENDATIONS**
1. What type of precautions would be required to care for the patient?	
2. When would you employ these precautions and for how long?	
3. Who should NOT enter this patient's room?	
4. What type of PPE is required?	
5. What room placement would be best suited for this patient?	

The WRHA would like to thank the Provincial Infection Control Network of British Columbia (PICNET) for allowing the use of their ICP Orientation Manual.

IP&C ORIENTATION MODULE EVALUATION – RPAP

These modules have been developed in order to make your IP&C orientation to the WRHA Infection Prevention & Control Program a good experience. Please complete the below evaluation for each module so any necessary changes can be made to improve the manual for future use. Your thoughts and comments are greatly appreciated, thank you.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The material was presented in a clear and organized way.	☐	☐	☐	☐
2. The information in the module was consistent with the objectives stated.	☐	☐	☐	☐
3. The required readings were useful.	☐	☐	☐	☐
4. The instructions with in the module were clear.	☐	☐	☐	☐
5. The amount of time given for the module was adequate.	☐	☐	☐	☐
6. The module provided information that I needed in order to do my job.	☐	☐	☐	☐
7. The module helped me to develop my critical thinking by using examples of IP&C situations.	☐	☐	☐	☐

COMMENTS

1. Do you now feel better prepared to begin your job, recognizing that this is an orientation manual and not meant to replace an accredited infection control course?

2. Do you have any suggestions on how this module can be improved?

3. Are there any additional topics that should be included in this module?

4. Any further comments?