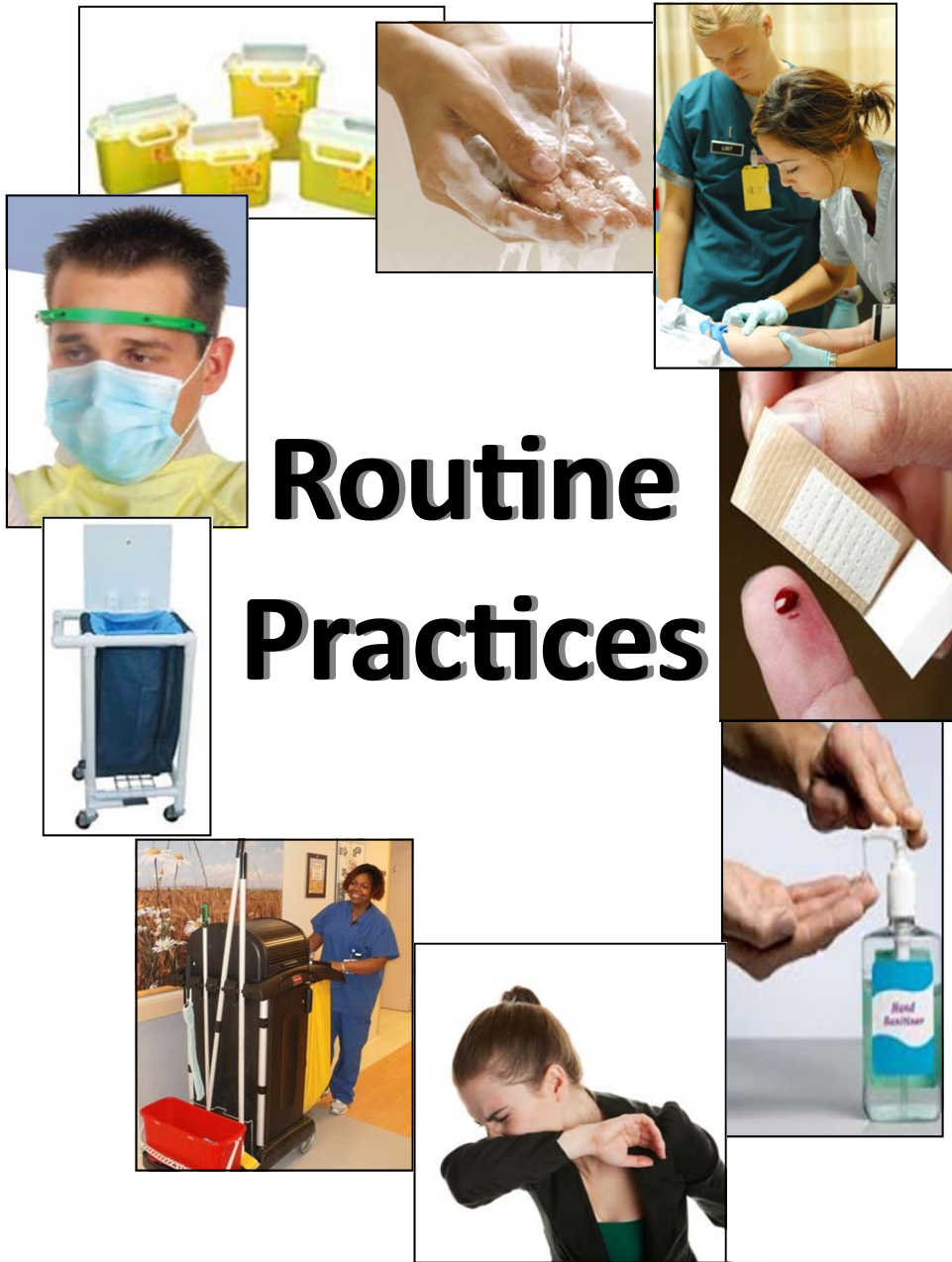


Routine Practices

WRHA Infection Prevention & Control Learning Booklet



Routine Practices

Remember to practice



Routine Practices

2

This Routine Practices booklet is intended to provide staff working in acute care, long term care and community settings with basic Infection Prevention & Control (IP&C) information

ALL STAFF need to know Routine Practices regardless of work setting

The word “patient” will be used in this booklet to indicate patient, resident, client.



WHAT are Routine Practices?

Routine Practices include:

- ⇒ Point of care risk assessment (PCRA)
- ⇒ Hand hygiene
- ⇒ Source control
- ⇒ Patient accommodation/placement/flow
- ⇒ Aseptic technique
- ⇒ Personal Protective Equipment (PPE)
- ⇒ Specimen collection
- ⇒ Sharps safety and prevention of bloodborne transmission

Routine Practices

3

Routine Practices continued:

- ⇒ Management of patient environment
- ⇒ Visitor management and education

- Routine Practices are basic IP&C measures expected for the care of all patients at all times in any healthcare setting.
- Routine Practices recognize germs are always present and can be transmitted from one person to another either directly or indirectly.
- Consistently following Routine Practices reduces the risk of transmission

About 220,000 Canadians (or one patient in nine) admitted to hospital every year get a healthcare associated infection (HAI) as a consequence of their hospital stay.

8,000 patients die annually from these infections (about the same number of annual deaths as those from breast cancer and motor vehicle

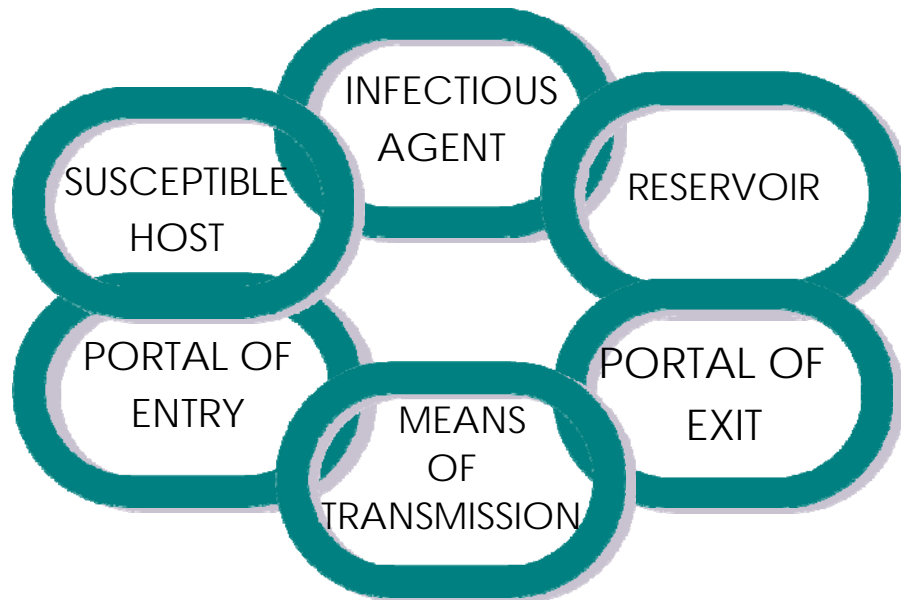


Remember to practice



The Chain of Transmission:

Infectious agents spread from a reservoir out of a portal of exit through various means of transmission. They gain access through a portal of entry to a susceptible host where colonization or infections can occur



Routine Practices

5

Definitions

- Infectious agent - A germ able to cause infection e.g., bacteria, fungi, virus, parasite
- Reservoir - The place where the infectious agent lives or grows e.g., a person, animal and/or object
- Portal of Exit - The way the infectious agent leaves the reservoir e.g., sneezing, wound discharge, bowel
- Means of Transmission - The way the infectious agent is spread from one place to another
- Portal of Entry - The way the infectious agent gets into a person or animal e.g., the nose, mouth, breaks in the skin, breathing
- Susceptible Host - Anyone who is not immune to the infectious agent

Remember to practice



Means of Transmission

Direct Contact (The most common means of transmission)

- ⇒ Occurs when germs are spread by direct physical contact from an infected or colonized person



Indirect Contact

- ⇒ Occurs when germs are spread by an object or intermediate person



Droplet Transmission



- ⇒ Occurs when droplets from an infected person travel a short distance (2 metres/6 feet) through the air and enter a susceptible host

Airborne Transmission

- ⇒ Occurs when germs are spread by dust or air particles and breathed in by a susceptible host

Common Vehicle Transmission

- ⇒ Occurs when a single contaminated source spread germs to multiple susceptible hosts
- ⇒ Examples of common vehicles include contaminated food, medication, water, or equipment



Vector-borne Transmission

- ⇒ Occurs when an insect or animal carries the germs to a susceptible host
- ⇒ Common vectors include mosquitoes, which, for example, can carry West Nile virus



Routine Practices

8

Point of Care Risk Assessment (PCRA)

The PCRA is an evaluation of risk factors related to the contact between:

- HCW
- Patient
- Their environment



With the PCRA the HCW looks at the patient and the situation. This includes but is not limited to :

- Exposure to blood and body fluids
- Need for Additional Precautions
- Need for a single/shared accommodation
- Strategies to reduce aerosol generation during medical procedures

Also Consider:

- Type of contact with the patient
- Type of task/procedure to be performed
- Risk of splash or sprays
- Presence of diarrhea or incontinence

Routine Practices

9

Once the PCRA is completed the HCW will use the following Source Control measures:

- Hand hygiene



- PPE



- Cleaning of non-critical patient equipment



- Strategies to reduce aerosol generation during medical procedures



Remember to practice



Hand Hygiene

The educational module on Hand Hygiene **must** be completed to meet your educational requirements for this element of Routine Practices.



- ⇒ Hand hygiene is the most important way to prevent the spread of germs. It reduces the number of microorganisms on the hands
- ⇒ Hand hygiene involves cleaning of hands with either soap and water or alcohol-based hand rub (ABHR)
- ⇒ 15 seconds: it's all the time that's needed to destroy almost all potentially harmful germs
- ⇒ While most healthcare providers believe they are already practicing appropriate hand hygiene, one Canadian study found actual compliance was less than **40%**



ABHR vs. Soap & Water

- ⇒ Alcohol-based hand rub is the recommended method of hand hygiene in any healthcare setting when hands are not visibly soiled
- ⇒ Alcohol-based hand rub **SHOULD NOT** be used when hands are visibly soiled

Alcohol Based Hand



- Alcohol based hand rub (ABHR) is at least 60% ethyl alcohol, or ethanol (equal to 120-proof). To compare, a bottle of vodka is 80-proof .
- Ingesting small amounts of ABHR can produce the same side effects as consuming large amounts of alcohol:
 - ⇒ Headache, dizziness, drowsiness, incoordination, nausea, slowed reaction time, slurred speech, giddiness, and unconsciousness
- Consumption of ABHR can also result in:
 - ⇒ Brain, liver, and kidney damage (from long-term use)
 - ⇒ Toxic ethanol levels



1 BEFORE initial patient/
patient environment contact



2 BEFORE an aseptic or
clean procedure



3 AFTER body fluid exposure



4 AFTER patient/patient
environment contact



Source Control

Source Controls are measures used to contain germs

Early Diagnosis and Treatment

Ensure patients with signs of infection are seen quickly and that all infections are considered



Respiratory Hygiene

Is the combination of measures used to minimize the spread of respiratory germs

How to practice respiratory hygiene:

- ⇒ Cover mouth and nose against a sleeve/ shoulder during coughing or sneezing
- ⇒ Use tissue to cover the mouth and nose during coughing and sneezing
- ⇒ Discard used tissues into the wastebasket
- ⇒ Turn head away from others when coughing or sneezing
- ⇒ Wear a procedure or surgical mask to protect others when coughing or sneezing
- ⇒ Perform hand hygiene after



Remember to practice



Triage

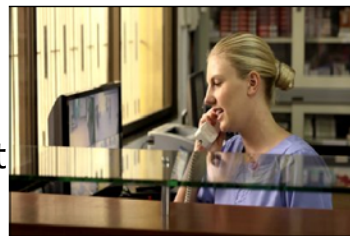
Emergency Rooms/Acute Assessment Settings

- Post signs to direct individuals with signs of infection to specific areas
- Physical barrier between individuals with signs of infection
- Place individuals who may soil the environment into a single room right away, e.g. vomiting, diarrhea



Ambulatory Settings/Clinic Settings

- Post signs in entrances reminding individuals with signs of infection to perform hand hygiene and respiratory hygiene
- Patients with routine clinic visits should be identified when scheduling appointments. Request they reschedule their appointment after the infection has gone away.
- For individuals that cannot defer their appointment remind them to follow hand hygiene and/or respiratory hygiene. Direct them into a private room or schedule them at a time when other individuals are not present



Spatial Separation

- Spatial separation and spacing is necessary to decrease exposure to germs from individuals in clinical and waiting areas and between a coughing/sneezing individual and a susceptible individual to prevent transmission of respiratory germs



- Spatial separation and spacing of 2 meters/6 feet spatial distance is necessary
- In a healthcare facility, a single room with toilet and sink is recommended



Remember to practice



Patient Accommodation, Placement and Flow

- Accommodation of patients in single rooms is preferred
- Determine patients who get priority placement in single rooms

When rooms must be shared, consider

- Roommates/visitors and their activities
- Avoid placing infected patient together with a patient at high risk of infection
- Create a boundary, e.g. draw curtains



- Patient flow is transfer within and outside of facility/area and their activity
- Considers the potential for exposure to and transmission of germs as a result of their activity and transport due to contact with other patients, their items and environmental surfaces

Aseptic Technique

Practices used to make patients, medical supplies and surface free from germs.

Required to prevent germs from entering patients sterile areas, e.g. IV site, urinary catheter site.

Components of aseptic technique:

- Using an antiseptic on patient's skin
- Performing hand hygiene
- Sterile gloves
- Gowns
- Masks when required
- Sterile drapes
- Maintaining a sterile field



Refer to the WRHA IP&C Manual
for more details

Injection safety:

- Never administer medications from the same syringe to more than one patient even if the needle is changed
- Do not enter a vial with a previously used syringe or needle
- Assign multi-vials to a single patient whenever possible

Routine Practices

18

- Never use medications packaged as single use vials for more than one patient
- Do not use IV bags or bottles as a source for more than one patient



Personal Protective Equipment

The educational module on PPE **must** be completed to meet your educational requirements for this element of Routine Practices.



PPE provides a physical barrier between the sources of infection and protects the user from exposure to germs. PPE should be used appropriately.

PPE includes:

- Gowns
- Gloves
- Facial Protection
 - mask or N95 respirator
 - eye protection



Specimen Collection

ALL clinical specimens are considered potentially infectious and should be handled carefully.

They must be packaged to prevent spillage, breakage or damage.



Collection process:

- Assemble supplies
- Perform Hand Hygiene
- Apply PPE if required or if splashing is anticipated
- The specimen must:
 - ⇒ be labeled
 - ⇒ transported correctly
 - ⇒ have their requisitions filled out according to laboratory policies and procedures
- After collection remove PPE and perform hand hygiene

Sharps Safety and Prevention of Bloodborne Transmission

- Users of sharps require education and training on how to safely handle sharps and prevent injury to themselves
- Use safety engineered devices
- Do not recap used needles
- Handle used needles and other sharps with care
- Dispose of used needles and sharps into designated puncture-resistant containers
- Follow Routine Practices when splashes with blood and/or body fluids are anticipated



Management of the Patient Care Environment

Cleaning of the Environment

- Do not eat or drink in areas where patient care is provided
- Whenever possible, dedicate non-critical equipment to a single patient



- Use organizational approved cleaners and disinfectants
- Assigned cleaning tasks should be monitored
- Assign responsibility and accountability for routine cleaning of patient equipment
- Ensure environmental cleaning follows a set procedure and frequency
- Ensure surfaces can be cleaned
- Increase frequency of cleaning of surfaces that are touched or used more often
- In hospital and LTC facilities, ensure rooms/ spaces are terminally cleaned following discharge or discontinuation of Additional Precautions

Cleaning and Disinfection of Non-Critical Patient Care Equipment

Contamination of equipment has been implicated in infection transmission

- Clean and disinfect items that have been in direct contact with a patient before used on another patient
- Clean and disinfect equipment dedicated to a patient according to a regular schedule
- Store sterile/clean supplies in a designated and separate clean dry area protected by dust
- Discard personal care items (e.g. tissues, lotions) and disposable equipment left in room following transfer, terminal cleaning, or discharge
- Consider computer keyboards and computer device technology used as contaminated.
 - ⇒ Perform hand hygiene after using, especially before touching a patient and their environment/supplies
- Ensure computer keyboards in patient rooms are cleaned during discharge or terminal cleaning



Handling of Linen

Risk from contaminated linen is negligible



- Handle soiled linen in the same way for all patients
- Change bed linen regularly and when soiled
- Handle soiled linen with a minimum of shaking
- Bag linen at the site of collection
- Store and transport clean and soiled linen separately
- Perform hand hygiene after handling soiled linen
- Roll or fold heavily soiled linen to contain the heaviest soil in the center of the bundle
- Do not remove large amounts of soil, feces or blood clots from linen by spraying with water
- Use a gloved hand and toilet tissue then place contents in bedpan/toilet
- If used, laundry chutes should be properly designed, maintained and used in a manner to prevent contamination.

Handling of Waste

Risk from most healthcare waste is negligible

- Waste receptacles should be conveniently located and preferably, hands-free
- Contain and dispose of biomedical waste according to WRHA policies



Handling of Dishes

- Disposable dishes and utensils are not required other than when dishwashing equipment is nonfunctioning
- No special precautions
 - ⇒ *Follow Routine Practices*



Handling of Deceased Bodies

- There are no special requirements
 - ⇒ *Follow Routine Practices*

Visitor Management and Education

- Visitors can transmit infections
- HCWs are responsible to teach patients and visitors basic principles including Hand Hygiene, Respiratory Hygiene and PPE
- Visitors with symptoms of infection (cough, fever, diarrhea) should not visit unless their visit is essential

Awareness of IP&C issues

Whether you work in :

- Community, Hospital or Long term Care
 - ⇒ Please refer to your area specific IP&C Manual
 - ⇒ Or other Routine Practices resources at <http://home.wrha.mb.ca/prog/ipc/practices.php>
 - ⇒ Or <http://wrha.mb.ca/ipc>



Remember to practice



Communication with the IP&C program

Contact IP&C when:

- IP&C education is needed
- Outbreak or cluster infection is suspected
- IP&C safety concerns of patients are to be reported
- You have questions about IP&C

Communication with Occupational and Environmental Safety & Health Professional/Designate

- Report exposure to an infectious disease
 - ⇒ At work, at home or illness with an infectious disease
- Discuss fitness to work
- Report of any personal concerns
 - ⇒ Skin conditions, allergies, injuries
- Discuss use and proper fit of PPE
- Reporting of Injury/Near Miss

Routine Practices Quiz

1. Infectious agents, reservoirs and means of transmission are links in the Chain of Infection.
 - a) True
 - b) False

2. Which one of the following is an example of direct contact?
 - a) Drinking contaminated water
 - b) Coughing or sneezing
 - c) A bite from a disease carrying insect?
 - d) Shaking hands with an infected or colonized person

3. Respiratory hygiene, hand hygiene and Personal Protective (PPE) equipment are all included in Routine Practices.
 - a) True
 - b) False

4. Personal care supplies, for example: lotions, creams and razors, may be safely shared between patients.

- a) True
- b) False

5. Persons responsible for cleaning soiled equipment should wear PPE suited to the task.

- a) True
- b) False

Routine Practices

Remember to practice:



Answer key:

- | | |
|------|------|
| 1. a | 4. b |
| 2. d | 5. a |
| 3. a | |

Remember to practice

