DEFINITIONS

1. **Acid-fast bacteria (bacilli) (AFB)**
   Microorganisms that are distinguishable by the retention of specific stains, even after being rinsed with an acid solution. The majority of AFB in patient specimens are mycobacteria, including species other than Mycobacterium tuberculosis (MTB) complex. The relative concentration of AFB per unit area on a slide (the smear grade) is associated with infectiousness. A positive culture is required for laboratory confirmation of MTB.[5]

2. **Active Infectious Tuberculosis Disease**
   The condition whereby the patient can transmit infection to others by virtue of the production of aerosols containing TB bacteria. Patients with smear-positive, cavitary and laryngeal disease are usually the most infectious.[5]

3. **Active TB Disease**
   Clinical disease that is usually symptomatic and for which microbiologic tests are usually positive and radiologic tests usually abnormal.[5]

4. **Acute Respiratory Infection (ARI)**
   Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract) which presents with symptoms of a fever greater than 38 degrees Celsius and a new or worsening cough or shortness of breath (also known as febrile respiratory illness or FRI). It should be recognized that some elderly individuals and people who are immunocompromised may not have a febrile response to a respiratory illness.[2.26]

5. **Additional Precautions**
   Additional measures implemented when Routine Practices alone may not interrupt transmission of an infectious agent.
   - Used in addition to Routine Practices (not in place of)
   - Initiated based on condition/clinical presentation syndrome, and on specific etiology (diagnosis). [2.26]

6. **Admission**
   Any stay in hospital greater than 24 hours, this includes any stay in the Emergency department >24 hours.[2.30]

7. Aerosols

Solid or liquid particles suspended in the air, whose motion is governed principally by particle size, which ranges from 10µm-100µm. See aerosol-generating medical procedures below.[2.26]

Note: Particles less than 10 µm (i.e., droplet nuclei) can also be found in aerosols; however, their motion is controlled by other physical parameters.[2.26]

8. Aerosol-Generating Medical Procedures (AGMPs)

Aerosol-generating medical procedures (AGMPs) are medical procedures that can generate aerosols as a result of artificial manipulation of a person's airway. There are several types of AGMPs which have been associated with a documented increased risk of tuberculosis (TB) or SARS transmission:

- 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)

There is debate whether other medical procedures may result in the generation of aerosols through cough induction and lead to transmission of infection. However, to date there is no evidence of the transmission of respiratory infections, including TB, SARS or influenza, by these methods. Examples of these procedures include:

- High-frequency oscillatory ventilation
- Tracheostomy care
- Chest physiotherapy
- Obtaining nasopharyngeal swabs or aspirates

Note: Irrigation of a wound / cavity or joint of a patient with suspected or confirmed non-respiratory TB has also been associated with an increased risk of TB transmission.[2.26]

9. Air changes per hour (ACH)

The number of air changes per hour in a room; one air change being a volume of air equal to the room volume (height X width X length).[2.5]

10. Airborne Exposure

Exposure to aerosols capable of being inhaled.[2.26]

11. **Airborne infection isolation room (AIIR)** Formerly, negative pressure isolation room.
An AIIR is a single occupancy patient care room used to isolate persons with a suspected or confirmed airborne infectious disease. Environmental factors are controlled in AIIRs to minimize the transmission of infectious agents that are usually transmitted from person to person by droplet nuclei associated with coughing or aerosolization of contaminated fluids. AIIRs should provide negative pressure in the room (so that no air flows out of the room into adjacent areas) and direct exhaust of air from the room to the outside of the building or recirculation of air through a HEPA filter before returning to circulation.[2.26]

12. **Airborne transmission**
Transmission of microorganisms via inhaled aerosols that results in an infection in a susceptible host.[2.26]

13. **Alcohol**
An organic chemical containing one or more hydroxyl groups. Alcohols can be liquids, semisolids or solids at room temperature.[2.26]

14. **Alcohol-based hand rub (ABHR)**
An alcohol-containing (60-90%) preparation (liquid, gel or foam) designed for application to the hands to kill or reduce the growth of microorganisms. Such preparations contain one or more types of alcohol with emollients and other active ingredients.[2.26]

15. **Animal Assisted Interventions (AAIs)**
Encompasses various procedures that are goal-directed and targets the specific aspects (developmental, therapeutic, emotional, and behavioral) of individual or groups of people involved in working with trained animals. It is conducted by animal-handler team, by meeting the standards of the competent organization.[2.1]

16. **Animal Assisted Interventions (AAI) Handler**
A person who has been trained to handle dogs that have already been trained for Animal Assisted Activities, Animal Assisted Therapy, or Animal Assisted Education.[2.1]

17. **Animal Visit Liaison (AVL)**

A staff member designated to provide support and facilitation to animal handlers visiting the facility. This includes keeping apprised of all animals entering the facility.[2.12]

18. Antimicrobial-Resistant Organism (ARO)

A microorganism that is of clinical or epidemiologic significance, and has developed resistance to the action of one or more antimicrobial agents. Examples of microorganisms included in this group are methicillin resistant staphylococcus aureus (MRSA), carbenapenase-producing enterobacteriaceae (CPEs), Candida auris and clinically significant antimicrobial resistant gram negative bacilli (AMR GNB). Other microorganisms are included when antimicrobial-resistance is judged to be significant in a specific health care facility or patient population, at the discretion of the IP&C program or local, regional, or national authorities. The types of organisms designated antimicrobial-resistant vary over time and place. Resistance is determined by laboratory testing and assigned based on the current criteria of the Clinical Laboratory Standards Institute (CLSI).
Note: Organism list has been updated to reflect organisms currently significant in the Winnipeg Health Region.[2.2]

19. Antiseptic

A product with antimicrobial activity that is designed for use on skin or other superficial tissues; it removes or kills both transient and resident flora. The term is used for preparations applied to living tissue.[2.14]

20. Asepsis

The absence of pathogenic (disease-producing) microorganisms.[2.26]

21. Aseptic Technique

The purposeful prevention of transfer of microorganisms from the patient's body surface to a normally sterile body site or from one person to another by keeping the microbe count to an irreducible minimum. Also referred to as sterile technique.[2.26]

22. Bacille Calmette-Guérin (BCG) (TB)

A live attenuated vaccine derived from *Mycobacterium bovis.*[2.5]

23. Bioburden

The number and types of viable microorganisms that can contaminate the equipment / device.[2.3]

24. Biomedical Waste

Waste means any chemical or biological substance that may create a risk to the safety or health of a worker, including:

- human anatomical waste
- animal anatomical waste
- microbiological laboratory waste
- blood and body fluid waste and
- used or contaminated needles and sharps such as knives, blades, scissors and other items that are capable of causing a cut or puncture refer to http://www.gov.mb.ca/labour/safety/.[2.26]

25. Cavitary disease (TB)

Evidence on chest x-ray, CT scan, MRI or pathology tests of lung destruction resulting in cavities or cystic areas that communicate with a bronchus. Cavities generally harbor large numbers of bacteria and, as a result, patients with cavitary disease tend to be highly infectious.[2.5]

26. Chemoprophylaxi

Administration of a medicine or chemical agent with the purpose of disease prevention, such as the use of antimicrobial drugs to prevent the acquisition of pathogens in an endemic area or to prevent their spread from one body area to another.[2.21]

27. Chronic Kidney Disease (CKD)

Abnormalities of kidney structure or function, present for >3 months, with implications for health and CKD is classified based on cause, GFR category, and albuminuria category (CGA).[2.18]

28. Cleaning

The physical removal of foreign material, e.g., dust, soil, and organic material such as: blood, secretions, excretions and microorganisms. Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.[2.26]

29. Cohort

Physically separating (e.g., in a separate room or ward) two or more patients exposed to, or infected with, the same microorganism from other patients who have not been exposed to, or infected with, that microorganism.[2.26]

30. Cohort staffing
The practice of assigning specific personnel to care only for patients known to be exposed to, or infected with, the same organism. These personnel would not participate in the care of patients who have not been exposed to, or infected with, that organism.[2.26]

31. Colonization
The presence of microorganisms in or on a host with growth and multiplication but without tissue invasion or cellular injury.[2.26]

32. Colonized
Presence of microorganism in or on a host with growth and multiplication but without tissue invasion or cellular injury, so there are no signs or symptoms of infection.[2.2]

33. Communicable disease
An illness that is caused by the transmission of an infectious agent or its toxic products directly or indirectly from an infected person, animal or plant, an inanimate object or the environment.[2.23]

34. Confirmed Case (TB)
A TB case can be either laboratory or clinically confirmed.[2.19]

35. Clinically-confirmed Case (TB)
In the absence of a positive culture or positive direct PCR define, a TB expert has indicated TB disease is likely present, based on one or more of the following:

- Common signs and symptoms of respiratory TB, which include cough of at least three weeks' duration. This cough is initially dry but after several weeks to months will become productive.
- Fever and night sweats are common but may be absent in the very young and elderly.
- Hemoptysis, anorexia, weight loss, chest pain (pleuritic pain) and other symptoms are generally manifestations of more advanced disease.
- Positive acid-fast bacilli (AFB) smear.
- Chest radiographic changes compatible with active TB disease (e.g., pulmonary infiltrates, volume loss due to destruction of the lung tissue and cavitations in the upper segments of the lung lobes). These are classic triad findings, mainly seen in non-immunocompromised adults
- Pathologic or post-mortem evidence of active TB disease.
- Favourable response to a therapeutic trial of anti-tuberculous drugs.[2.19]

Note: The probability of TB disease is higher based on likelihood of exposure to TB, e.g., patient is from a community where TB disease is endemic.[2.6]

36. Laboratory-confirmed Case (TB)

MTB detected by direct PCR in a respiratory specimen; or MTB complex (excluding M. bovis BCG strain, which has been largely eradicated) identified on culture from an appropriate clinical specimen (e.g., sputum, tissue biopsy, respiratory, gastric lavage).[2.19]

37. Contact (TB)

A person identified as having been exposed to Mycobacterium tuberculosis by sharing space with an infectious case of tuberculosis. The proximity and duration of contact usually corresponds with the risk of becoming infected.[2.5]

38. Contact exposure

Transmissions where exposure occurs through physical contact between an infected source and a host or through the passive transfer of the infectious agent to a host via an intermediate object.[2.26]

39. Contact Time

The defined time for which surfaces of the medical device are exposed to a chemical or thermal disinfection process to achieve the appropriate level of disinfection. [2.3]

40. Contact transmission (direct or indirect)

Transmission that occurs when exposure leads to an infectious dose of viable microorganisms from an infected/contaminated source resulting in colonization and/or infection of a susceptible host.

Direct contact:

The transfer of microorganisms via direct physical contact between an infected or colonized individual and a susceptible host (body surface to body surface). Transmission may result in infection.

Indirect contact:

Passive transfer of microorganisms from an infected or colonized individual to a susceptible host via an intermediate object e.g., contaminated hands that are not cleaned between episodes of patient care, contaminated instruments that are not cleaned between patient use or other contaminated objects in the patient's immediate environment.[2.26]

41. Contamination
The presence of microorganisms on inanimate objects (e.g., objects within the vicinity of the patient, patient bedding, medical devices or microorganisms transported transiently on body surfaces, such as on hands, on fomites, or in substances (e.g., water, food, milk).[2.14]

42. Cough etiquette
See Respiratory Hygiene.

43. Critical items
Instruments and devices that enter sterile tissues, including the vascular system. Reprocessing critical items such as surgical equipment or intravascular devices, involves meticulous cleaning followed by sterilization.[2.26]

44. Culture-positive disease (TB)
The isolation of Mycobacterium tuberculosis complex (excluding BCG strain) from clinical specimens (sputum, body secretions, or tissue).[2.5]

45. Decontamination
The removal, inactivation, or destruction, microorganisms, by use of physical or chemical means, in order to leave an item safe for further handling.[2.20, 2.26]

46. Dedicated
Equipment**,** supplies, and/or space designated for the use of a single patient.[2.25]

47. Designated Hand Washing Sink
A sink used only for hand washing.[2.26]

48. Direct Observed Therapy (DOT)
The process whereby a health care worker or pill dispenser watches the patient swallow each dose of medication as part of the treatment of active disease, to enhance treatment completion rates.[2.5]

49. Directive
A written set of instructions communicating policy and/or procedure in the form of manuals, orders, handbooks, notices, memorandums, and similar documents.[2.32]

50. Disinfectant

Product used on inanimate objects to reduce the quantity of microorganisms to an acceptable level. Hospital-grade disinfectants require a drug identification number (DIN) for sale in Canada.[2.26]

51. Disinfection

The inactivation of disease-producing microorganism with the exception of bacterial spores. Hospital-grade disinfectants are used on inanimate objects and require a drug identification number (DIN) for sale in Canada.[2.26]

High Level disinfection: The level of disinfection required when processing semi-critical items. High level disinfection processes destroy vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses but not necessarily bacterial spores.[2.26]

Intermediate Level disinfection: The level of disinfection required for some semi-critical items. Intermediate level disinfectants kill vegetative bacteria, most viruses and most fungi but not resistant bacterial spores. Level of disinfection required for some semi-critical items. Intermediate level disinfectants kill vegetative bacteria, most viruses and most fungi but not resistant bacterial spores.[2.4]
Low Level disinfection: The level of disinfection required when processing non-critical items and some environmental surfaces. Low level disinfectant kills most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g. influenza, Hepatitis B and C, and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores.[2.26]

52. Disseminated TB

Active TB disease that affects three or more sites or positive blood culture(s) for Mycobacterium. Tuberculosis. See also Miliary TB.[2.5]

53. Droplet

Solid or liquid particles suspended in the air whose motion is governed principally by gravity; particle size is greater than 10 µm. Droplets are usually generated by an infected source coughing, sneezing or talking.[2.26]

54. Droplet exposure

Droplet exposure may occur when droplets that contain an infectious agent are propelled a short distance (i.e. within 2 meters) through the air and are deposited on the mucous membranes of the eyes, nose or mouth of a host.[2.26]

55. Droplet nuclei
Airborne particles resulting from a potentially infectious (microorganism-bearing) droplet from which most of the liquid has evaporated, allowing the particle to remain suspended in the air.[2.5]
Note: Droplet nuclei can also be found in aerosols; however, their motion is controlled by physical parameters including gravity and air currents.[2.25]

56. Droplet transmission
Transmission that occurs when the droplets that contain microorganisms are propelled a short distance (within 2 metres) through the air and are deposited on the mucous membranes of another person, leading to infection of the susceptible host. Droplets can also contaminate surfaces and contribute to contact transmission (see also contact transmission).[2.26]

57. Drug identification number (DIN)
The number located on the label of prescription and over-the-counter drug products that have been evaluated by the Therapeutic Products Directorate and approved for sale in Canada.[2.26]

58. Drug resistance (TB)
In-vitro determination that growth of a strain of Mycobacterium tuberculosis is not inhibited by standard concentrations of an anti-TB drug.[2.5]

59. Emerging respiratory infections
Acute respiratory infections of significant public health importance, including infections caused by either emergence of new variants of known respiratory pathogens (e.g., novel influenza viruses, SARS) or emergence of as yet unknown pathogens.[2.26]

60. Extensively drug resistant tuberculosis (XDR-TB)
Tuberculosis due to bacteria resistant to at least isoniazid and rifampin and any fluoroquinolone, and at least one of three injectable second-line drugs (capreomycin, kanamycin and amikacin).[2.5]

61. Exposure
Having contact with a microorganism or an infectious disease in a manner such that transmission may occur.[2.26]

62. Facial protection
Facial protection includes masks and eye protection, face shields, or masks with visor attachment.[2.26]

63. Febrile respiratory illness

A term used to describe a wide range of droplet and contact spread respiratory infections, which usually present with symptoms of a fever >38°C and new or worsening cough or shortness of breath. Neonates, the elderly, and those who are immunocompromised may not have fever in association with a respiratory infection.[2.26]

64. First-line anti-tuberculosis drug

First-line antibiotics for the treatment of active tuberculosis disease. These are isoniazid, rifampin, ethambutol and pyrazinamide, and are considered the most effective and best tolerated. Streptomycin is no longer considered a first-line drug in Canada.[2.5]

65. Fit testing

The use of qualitative or quantitative method to evaluate the fit of a specific manufacturer, model and size of respirator on an individual. (Also see seal check).[2.26]

66. Flora

Microorganisms that live on or within a body to compete with disease-producing microorganisms and provide a natural immunity against certain infections. Also called normal flora.[2.21]

67. Fomites

Inanimate objects in the environment that may become contaminated with microorganisms and serve as vehicles of transmission.[2.26]

68. Genotype

1. The complete genetic constitution of an organism or group, as determined by the specific combination and location of the genes on the chromosomes.
2. The alleles situated at one or more sites on homologous chromosomes. A pair of alleles is usually designated by letters or symbols, such as *AA* when the alleles are identical and *Aa* when they are different.
3. A group or class of organisms having the same genetic makeup; the type species of a genus.[2.21]

69. Guideline

A systematically developed written statement setting a routine or set of recommendations for desired, good or best practice. By definition, a guideline is not mandatory . [2.32]

70. Hand Hygiene

A comprehensive term that applies to hand washing, hand antisepsis and to actions taken to maintain healthy hands and fingernails.[2.26]

71. Hand washing

A process for the removal of visible soil/organic material and transient microorganisms from the hands by washing with soap and water; also referred to as hand cleansing.[2.26]

72. Hazard

A term to describe a condition that has the potential to cause harm. Work-related hazards faced by HCWs and other staff are classified in categories:

- Biological and infectious
- Chemical
- Environmental
- Mechanical
- Physical
- Violence
- Psychosocial.[2.26]

73. Health care associated infection (HAI)

Infections that are transmitted within a health care setting (also referred to as nosocomial) during the provision of health care.[2.26]

74. Healthcare facilities

Include, but are not limited to, acute care hospitals, emergency departments, rehabilitation hospitals, mental health hospitals, and long-term care facilities.[2.26]

Health care setting

Any location where health care is provided, including emergency care, pre-hospital care, hospital, Long Term Care (LTC), home care, ambulatory care and facilities and locations in the community where care is provided, (e.g., infirmaries in schools, patient or correctional facilities).

Note: Some settings provide a variety of care, e.g., chronic care or ambulatory care provided in acute care, complex care provided in LTC, etc.[2.26]

Pre-hospital care

Acute emergency patient assessment and care delivered in a variety of settings (e.g., street, home, LTC, mental health) at the beginning of the continuum of care. Pre-hospital care workers may include paramedics, fire fighters, police and other emergency first responders amongst others.[2.26]

Acute care

A facility where a variety of inpatient services are provided, which may include surgery and intensive care. For the purpose of this document, acute care also includes ambulatory care settings such as hospital emergency departments, and free-standing ambulatory (day) surgery or other day procedures (e.g., endoscopy) centres.[2.26]

Ambulatory care

A location where health services are provided to patients who are not admitted to inpatient hospital units including but not limited to outpatient diagnostic and treatment facilities (e.g., bronchoscopy and pulmonary function laboratories, dialysis units), community health centres/clinics, physician offices, dental offices, offices of allied health professionals.[2.26]

Long-term care (LTC)

A facility that includes a variety of activities, types and levels of skilled nursing care for individuals requiring 24-hour surveillance, assistance, rehabilitation, restorative and/or medical care in a group setting that does not fall under the definition of acute care.[2.26]

Complex continuing care

The individual's chronic and complex condition requires continuing medical management, skilled nursing, and a range of interdisciplinary, diagnostic, therapeutic and technological services. Chronicity describes the condition or conditions that are assessed to be long-standing, and recurrent or fluctuating through periods of exacerbation. In some cases the condition will be progressive in nature. An acute condition may accompany the chronic condition.

Home care is the delivery of a wide range of health care and support services to patients in a variety of settings for health restoration, health promotion, health maintenance, respite, palliation and to prevent/delay admission to long-term patient care. Home care is delivered where the patient resides (e.g., homes, retirement homes, group homes and hospices).[2.26]

75. Healthcare organizations
The organizational entity that is responsible for establishing and maintaining health care services provided by Healthcare workers **(**HCWs) and other staff in one or more healthcare settings throughout the healthcare continuum.[2.26]

76. Healthcare workers (HCWs)
Individuals who provide health care or support services such as nurses, physicians, dentists, nurse practitioners, paramedics and sometimes emergency first responders, allied health professionals, unregulated health care providers, students, volunteers and housekeeping staff.[2.26]

77. Health Professional (HP) Reportable Disease
A communicable disease reportable to MB Health by a physician, registered nurse, or a member of a class of persons designated as health professionals in the regulations.[2.23]

78. High-efficiency particulate air (HEPA) filter
A filter that is certified to remove >99.97% of particles 0.3 µm in size, including M. tuberculosis-containing droplet nuclei; the filter can be either portable or stationary.[2.5]

79. High-level disinfection
See disinfection.

80. Hierarchy of Controls
There are three levels/tiers of IP&C and OH controls to prevent illness and injury in the workplace: engineering controls, administrative controls and personal protective equipment (PPE).[2.26]

81. Hydrogen Peroxide Enhanced Action Formulation (HP-EAF)
A formulation of hydrogen peroxide that contains surfactants, wetting agents and chelating agents. The resulting synergy makes it a powerful oxidizer that can rapidly achieve broad-spectrum disinfection for environmental surfaces and non-critical devices. Some formulations have sporicidal claims.[2.3]

82. Immune person
An individual with sufficient resistance against a particular infectious agent to prevent contracting infection or disease when exposed to the agent (synonymous with non-susceptible).[2.26]

83. Immunocompromised
This term refers to patients with congenital or acquired immunodeficiency or immunodeficiency due to therapeutic agents or hematologic malignancies.[2.26]

84. Impaired Kidney Function
Estimated Glomerular filtration rate (eGFR) <60ml/min/1.78m2.
Also see Chronic Kidney Disease (CKD).[2.18]

85. Inactive TB Disease (Inactive pulmonary disease)
Abnormal chest x-ray with findings considered typical of previous TB infection or disease, plus at least three sputum cultures negative for tuberculosis or the chest x-ray abnormalities stable for at least 6 months.[2.5]

86. Incidence
The number of new cases in a particular period. Incidence is often expressed as a ratio, in which the number of cases is the numerator and the population at risk is the denominator.[2.21]

87. Induration
The soft tissue swelling that is measured when determining the tuberculin skin test response to purified protein derivative (PPD) tuberculin. It is to be distinguished from erythema or redness, which should not be measured.[2.5]

88. Infection
Microorganisms multiply within the body and cause a response from the host's immune defences. Infection may or may not lead to clinical disease.[2.26]

89. Infection Control professional (ICP)
A health care professional (e.g. nurse, medical laboratory technologist) with responsibility for functions of the IP&C Program. This individual, who must have specific IP&C training, is referred to as an infection control professional/practitioner or ICP.[2.26]

90. Infectious agent

Terminology used to describe a microorganism or a pathogen capable of causing diseases (infection) in a source or a host. Synonymous with microorganism for the purposes of this document.[2.26]

91. Infectious TB

The condition whereby the patient can transmit infection to others by virtue of the production of aerosols containing TB bacteria. Patients with smear-positive, cavitary and laryngeal disease are usually the most infectious.[2.5]

92. Infectious dose

A dose at which an organism can reproduce in the host and produce a measurable effect.[2.22]

93. Influenza-like illness (ILI)

A constellation of symptoms which may be exhibited by individuals prior to the confirmation of Influenza.[2.26]
Note: Case definition: Acute onset of respiratory illness with fever and cough and with one or more of the following:

- Sore throat
- Arthralgia (joint pain)
- Myalgia (muscular pain)
- Prostration (extreme exhaustion) that could be due to influenza virus
    - In children less than 5 years of age, gastrointestinal symptoms (e.g., nausea, vomiting, diarrhea) may be present
    - In patients less than 5 years or greater than 65 years of age, fever may not be prominent.[2.27]

94. Influenza-like Illness (ILI) Outbreak

Two or more cases of ILI (including at least one laboratory-confirmed case) occurring within a seven-day period in an institution. An institution includes but is not limited to hospitals, long-term care facilities for both adults and children (e.g., personal care homes, nursing homes, chronic care facilities) and correctional facilities.[2.27]

95. Interferon gamma release assay (IGRA)

In-vitro T-cell based assays that measure interferon-γ (IFN-γ) production and that have been developed as alternatives to tuberculin skin testing (TST) for the diagnosis of latent TB infection. At the present time, two different types of IGRAs are registered for use in Canada. These are the Quantiferon®-TB Gold In-Tube and the T-SPOT.TB® assays.[2.5]

96. Invasive device
A medical device intended to come into contact with the surface of the eye or penetrate the body, either through a body orifice or through the body surface.
Note: Invasive devices typically include any device that penetrates the skin (excluding peripheral IV's and venipunctures) or contacts or penetrates mucous membranes (excluding oral thermometers and single insertion of a urinary catheter with immediate removal).[2.10]

97. Intermediate-level disinfection
See Disinfection.

98. Latent tuberculosis infection (LTBI)
The presence of latent or dormant infection with Mycobacterium tuberculosis. Patients with LTBI have no evidence of clinically active disease, meaning that they have no symptoms, no evidence of radiographic changes that suggest active disease and negative microbiologic tests; they are non-infectious.[2.5]

99. Laryngeal TB
A highly infectious form of TB disease, with erosive, exudative invasion of the larynx.
Note: These individuals are most commonly smear positive and culture positive; however, they may be highly infectious despite having smear negative and culture positive sputum.[2.13]

100. Low Index Suspicion of Active Tuberculosis
A differential diagnosis of two or more diseases with similar symptoms exists and through systematic contrast and comparison of the clinical findings, it has been determined the likelihood of the diagnosis of TB is a low possibility.[2.30]

101. Low Level Disinfection
See Disinfection.

102. Mask
A barrier to prevent droplets from an infected source from contaminating the skin and mucous membranes of the nose and mouth of the wearer, or to trap droplets expelled by the wearer, depending on the intended use. The term "mask" refers to surgical or procedure masks, not to respirators.[2.26]

103. Meningeal TB

TB of the meninges.

Note: Meningeal TB should be treated as a medical emergency; time is of the essence in achieving a good outcome, as the condition is frequently associated with devastating consequences: 25% morbidity (i.e. permanent neurologic deficit) and 15% to 40% mortality despite available treatment. The clinical course is characterized by a prodromal headache, malaise, fever and personality changes, followed by meningismus, cranial nerve palsies and confusion, which, if left untreated, can lead to seizures, coma and death within weeks.[2.5]

104. Microorganism

See Infectious Agent.

105. Miliary TB

Disseminated active TB with abnormal chest X-ray showing diffuse micro-nodules.

See also **Disseminated TB**.[2.5]

106. Mode of transmission

Mechanism by which an infectious agent is spread (e.g. via contact, through droplets or aerosols).[2.26]

107. Multidrug-resistant tuberculosis (MDR-TB)

Tuberculosis due to bacteria resistant to isoniazid and rifampin with or without resistance to other anti-tuberculosis drugs.[2.5]

108. Mycobacterium tuberculosis complex

M. tuberculosis (including subspecies M. canetti), M. bovis, M. bovis BCG, M. africanum, M. caprae, M. microti and M. pinnipedii. All of these species except M. bovis BCG are included in the Canadian case definition of tuberculosis.[2.5]

109. Multi-Use

Equipment/supplies/resources used more than once on multiple patients/residents/clients.[2.30]

110. N95 respirator

A disposable, particulate respirator (Note: most respirators used for health care purposes are disposable filtering face pieces covering mouth, nose and chin). Airborne particles are captured from the air on the filter media by interception, inertial impaction, diffusion and electrostatic attraction. The filter is certified to capture at least 95% of particles at a diameter of 0.3 microns; the most penetrating particle size. Particles of smaller and larger size are collected with greater efficiency. The 'N' indicates a respirator that is not oil-resistant or oil-proof. N95 respirators are certified by the National Institute for Occupational Health and Safety (NIOSH –organization based in the United States) and must be so stamped on each respirator (see also Respirator).[2.26]

111. Negative pressure isolation room

See Airborne Infection Isolation Room (AIIR)

112. New Active Case of TB

No documented evidence or history of previous active TB disease.[2.5]

113. Non-Critical Equipment/Items

Items that touch only intact skin but not mucous membranes. Reprocessing of non-critical items involves thorough cleaning and/or low level disinfection.[2.26]

114. Non-Critical Reusable Wipeable Equipment/Items

Non-Critical Equipment/items composed of non-porous material able to withstand facility approved disinfectant. Examples of non-critical reusable equipment/items include: lifts, transfer boards, wheelchairs and items such as plastic assessment tools and call bells.[2.30]

115. Non-Critical Reusable Hard-to-Clean Equipment/Items

Non-Critical reusable hard to clean Equipment/Items are composed of porous material (e.g., fabric, cardboard, paper, foam). Some examples are: wheelchair cushions, puzzles, sliders, slings, craft supplies, pencils, books, magazines, and transfer belts.[2.30]

116. Non-Respiratory Tuberculosis

Refers to all other disease sites not part of respiratory TB.[2.5]

117. Normal flora

See Flora.

118. Nosocomial infection
See Health care associated infection.

119. Nucleic acid amplification tests (NAAT)
A process whereby genetic material is amplified and then subsequently evaluated for the presence of DNA material; useful to identify specific mycobacterial species.[2.5]

120. Nursing Foot Care
The prevention, diagnosis and management of common foot conditions coordinated by nurses who have received specialized training.[2.11]

121. Occupational Health
For the purposes of this document, this phrase refers to the disciplines of Occupational health medicine and nursing, Occupational Hygiene and Occupational Health and Safety.[2.26]

122. Occupational Health and Safety
A legal term that is defined in legislation, regulation and/or workplace (e.g., union) contracts that impact a variety of disciplines concerned with protecting the safety, health and welfare of people engaged in work or employment. The use of the phrase “Occupational Health and Safety” invariably refers back to legislation and or regulation that influence workplace safety practices. The definition and therefore the content encompassed by “OHS” legislation varies between and within jurisdictions in Canada.[2.26]

123. Operating Room
A restricted area in which surgical and invasive procedures are performed, including but not limited to the scrub area.[2.29]

124. Outbreak
An excess over the expected incidence of disease within a geographic area during a specified time period, synonymous with epidemic.[2.26]

125. Organizational Risk Assessment

The activity whereby a health care organization identifies:

- hazard
- the likelihood and consequence of exposure to the hazard, and
- the likely means of exposure to the hazard
- the likelihood of exposure in all work areas in a facility/office/practice setting; and then
- evaluates available engineering, administrative and PPE controls needed to minimize the risk of the hazard.[2.26]

126. Patient

For the purposes of this document, the term "patient" will include those receiving health care, including patients, clients or residents.[2.26]

127. Patient care environment

Inanimate objects in the proximate environment of the patient that may be a source of or may be contaminated by microorganisms.[2.26]

128. Perinatal

Relating to the period shortly before and after birth; from the twentieth to twenty-ninth week of gestation to one to four weeks after birth.[2.7]

129. Personal Care Items

Personal care supplies include items used for bathing, skin care, nail care, oral hygiene and denture care. Included are the following items: lotions, creams, soaps, razors, toothbrush, toothpaste, denture box, comb and hairbrush, nail file and nail clippers and any other articles needed for personal hygiene.[2.16]

130. Personal Protective Equipment (PPE):

One element in the Hierarchy of Controls. Personal protective equipment consists of gowns, gloves, masks, facial protection (i.e., masks and eye protection, face shields or masks with visor attachment) or respirators that can be used by a HCW or other staff to provide a barrier that will prevent potential exposure to infectious microorganisms.[2.26]

131. Pet Escort

A person, other than the patient that is responsible for a pet visiting in a health care facility.[2.29]

132. Plain Soap

Basic detergent products that do not contain antimicrobial agents, or contain very low concentrations of antimicrobial agents which are effective solely as preservatives.[2.26]

133. Point-Of-Care

Refers to place where a patient receives care from a HCW or other staff. Point of care incorporates three elements being present at the same time: The patient, the HCW and an interaction that could result in the transmission of an infectious agent.[2.26]

134. Point of Care Risk Assessment (PCRA)

A PCRA is an activity whereby a HCW (in any health care setting across the continuum of care):

- Evaluates the likelihood of exposure to an infectious agent:
  - for a specific interaction
  - with a specific patient
  - in a specific environment (e.g. single room, hallway)
  - under available conditions (e.g. no designated hand washing sink)
- Chooses the appropriate actions/PPE needed to minimize the risk of exposure for the specific patient, other patients in the environment, the HCW, other staff, visitors, contractors, etc.[2.26]

135. Polymerase chain reaction (PCR)

Method of nucleic acid amplification.[2.5]

136. Precautions (including source control measures)

Interventions to reduce the risk of transmission of microorganisms between persons in health care settings including patient to patient, patient to HCW, and HCW to patient.[2.26]

137. Prevalence

The number of all new and old cases of a disease or occurrences of an event during a particular period. Prevalence is expressed as a ratio in which the number of events is the numerator and the population at risk is the denominator.[2.21]

138. Procedure

A written set of instruction that describes the approved and recommended steps for a particular act or sequence of acts.[2.32]

139. Protocol

A written set of required actions to manage a condition, issue or occurrence. A protocol is expected to be followed in detail with little scope for variation.[2.32]

140. Pulmonary tuberculosis

In Canada, pulmonary tuberculosis includes tuberculosis of the lungs and conducting airways, and includes tuberculous fibrosis of the lung, tuberculous bronchiectasis, tuberculous pneumonia and tuberculous pneumothorax.[2.5]

141. Purified protein derivative (PPD) tuberculin

A preparation of purified protein derived from culture filtrate of Mycobacterium tuberculosis. The tuberculin skin test uses 0.1 mL or 5 tuberculin units of PPD standardized to a common lot.[2.5]

142. Reprocessing

The process of rendering a potentially contaminated medical device safe and effective for use on a patient. This includes cleaning, disinfecting, packaging, and sterilizing the medical device as required, and can include sharpening, repairing, relubricating, and recalibrating.[2.20]

143. Respirator

A device to protect the user from inhaling a hazardous atmosphere. The most common respirator used in health care is a NIOSH approved N95 half-face piece filtering respirator. The term respirator refers to a half-face non-powered air purifying respirator. It is a personal protective device that fits tightly around the nose and mouth of the wearer, and is used to reduce the risk of inhaling hazardous airborne particles and aerosols, including dust particles and infectious agents. N95 respirators are specifically for use in health care. See also N95 Respirator, Respiratory Protection, Fit testing, Seal check.[2.26]

144. Respiratory hygiene/cough etiquette

A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms e.g. influenza.[2.26]

145. Respiratory protection

Respiratory protection requires the use of a respirator with NIOSH approved N95 or higher filtration to prevent inhalation of airborne microorganisms.[2.26]

146. Respiratory TB

This consists of pulmonary tuberculosis, tuberculous pleurisy (non-primary) and tuberculosis of intrathoracic lymph nodes, mediastinum, nasopharynx, nose (septum) and sinus (any nasal).[2.5]

147. Risk

The probability of an event and its consequences.[2.26]

148. Risk class

The classification assigned to a device involved in patient care based on the risk of infection involved with the use of the device. The classes are as follows:

Critical devices - devices that enter sterile tissues, including the vascular system. Reprocessing critical devices involves meticulous cleaning followed by sterilization.

Semi-critical devices - devices that come in contact with mucous membranes or non-intact skin, but ordinarily do not penetrate them. Reprocessing semi-critical items involves meticulous cleaning followed by high-level disinfection or sterilization. Non-critical devices - devices and patient care equipment that touch intact skin but not mucous membranes. Reprocessing of non-critical items involves thorough cleaning and/or low-level or intermediate disinfection.[2.20]

149. Routine Practices

A comprehensive set of IP&C measures that have been developed for use in the routine care of all patients at all times in all health care settings. Routine Practices aim to minimize or prevent HAIs in all individuals in the health care setting including patients, HCWs, other staff, visitors, contractors, etc.[2.26]

150. Seal check

A procedure the wearer performs each time a respirator is worn. This procedure is performed immediately after putting on the respirator to ensure that there is a good facial seal. Seal check has been called “fit check” in other IP&C documents. Refer to Appendix A of CSAZ94.4-02 Selection, Use and Care of Respirators. (See also Fit Test).[2.26]

151. Second-line anti-tuberculosis drug

Anti-tuberculosis drugs reserved for use as alternative treatment to the first-line drugs.
Second-line drugs consist of:

- Aminoglycosides, such as amikacin, kanamycin and streptomycin
- Cyclic polypeptides, such as capreomycin
- Analogs of d-alanine, such as cycloserine
- Fluoroquinolones, such as levofloxacin, moxifloxacin and ofloxacin
- Rifamycins other than rifampin, such as rifabutin or rifapentine
- Salicylic acid-antifolates, such as para-aminosalicylate (PAS)
- Thioamides, such as ethionamide and protionamide, and
- Phenazine derivatives, such as clofazimine.[2.5]

152. Semi-critical items

Items that come in contact with non-intact skin or mucous membranes but ordinarily do not penetrate them. Reprocessing semi-critical items involves thorough cleaning followed by high level disinfection.[2.26]

153. Service Animal

An animal that has been trained to provide assistance to a person with a disability that relates to that person's disability.[2.15]

154. Severe Acute Respiratory Infection (SARI)

The case definition for reporting SARI is applicable to any person meeting all of the following five criteria (I, II, III, IV and V):
A person admitted to hospital with the following:

I. Respiratory symptoms, i.e.

- Fever (over 38 degrees Celsius) **AND** new onset of (or exacerbation of chronic) cough or breathing difficulty

AND

II. Evidence of severe illness progression, i.e.

- Either radiographic evidence of infiltrates consistent with pneumonia, or a diagnosis of acute respiratory distress syndrome (ARDS) or severe ILI, which may also include complications such as encephalitis, myocarditis or other severe and life-threatening complications

AND

III. Either admission to the ICU/other area of the hospital where critically ill patients are cared for OR mechanical ventilation

AND

IV. No alternate diagnosis within the first 72 hours of hospitalization, i.e.

- Results of preliminary clinical and/or laboratory investigations, within the first 72 hours of hospitalization, cannot ascertain a diagnosis that reasonably explains the illness.

AND

V. One or more of the following exposures/conditions:

- Residence, recent travel (within ≤ 10 days of illness onset) to a country where human cases of novel influenza virus or other emerging /re-emerging pathogens have recently been detected or are known to be circulating in animals.
- Close contact with an ill person who has been to an affected area/site within 10 days prior to onset of symptoms.
- Exposure to settings in which there have been mass die-offs or illness in domestic poultry or swine in the previous six weeks.
- Occupational exposure involving direct health care, laboratory or animal exposure:
- Health care exposure involving health care workers who work in an environment where patients with severe acute respiratory infections are being cared for, particularly patients requiring intensive care;

OR

- Laboratory exposure in a person who works directly with Laboratory biological specimens;

OR

- Animal exposure in a person employed as one of the following:
  - Poultry/swine farm worker
  - Poultry/swine processing plant worker
  - Poultry/swine culler (catching, bagging, transporting, or disposing of dead birds/swine)
  - Worker in live animal market
  - Dealer or trader of pet birds, pigs or other potentially affected animals
  - Chef working with live or recently killed domestic poultry, swine or other potentially affected animals
  - Veterinarian worker
  - Public health inspector/regulator[2.9]

155. Single-Use
A device designated by the manufacturer for one use only.[2.17]

156. Smear
A laboratory technique for preparing a specimen so that bacteria can be visualized microscopically.
Note: Smear results are typically reported as a graded number of acid-fast bacilli (no AFB to 4+ AFB).[2.5]

157. Smear Positive
A specimen that is positive for acid-fast bacilli.
Note: The mycobacterium species may or may not be identified. Refer to ISM TB document.[2.29]

158. Source
The person, animal, object or substance that may contain an infectious agent/microorganism that can be passed to a susceptible host.[2.26]

159. Source Case TB
The person who was the original source of infection for secondary case(s) or contacts. The source case can be, but is not necessarily, the index case.[2.5]

160. Source Control
Methods to contain infectious agents from an infectious source including signage, separate entrances, partitions, triage/early recognition, AIIRs, diagnosis and treatment, respiratory hygiene (including masks, tissues, hand hygiene products and designated hand washing sinks) process controls for AGMPs and spatial separation.[2.26]

161. Staff
All persons employed by the WRHA facilities, or WRHA funded facilities, as well as members of the medical staff, volunteers, board members, students and other associated through contracts.[2.28]

162. Direct Care Staff
All staff who come in contact with patients, patient care environments, patient care equipment and blood and body fluids. This includes but not limited to physicians, nurses, Allied Health (occupational therapist, respiratory therapist, physiotherapist, speech language pathologist, dietician, laboratory and diagnostic imaging technologists, pharmacist), Support Services (health care aides, home support workers, housekeeping, porters, transfer personnel, specific volunteers, unit clerks, laboratory workers and others deemed appropriate for each site/area/program.[2.29]

163. Non-Direct Care Staff

All staff that does not have direct contact with patients, patient care environment, patient care equipment and blood and body fluids. This also includes corporate sites/area.[2.29]

164. Sterile Technique

See Aseptic Technique.[2.26]

165. Sterilization

A validated process used to render a product free from viable micro-organisms.[2.20]

166. Susceptible host

An individual without sufficient resistance against a particular infectious agent to prevent contracting infection or disease when exposed to the agent (synonymous with non-immune).[2.26]

167. Suspect (Probable) Case (TB)

High index of suspicion of active infectious TB disease with commitment to treatment. For the purposes of determining if a TB contact investigation should be considered, a "suspect (probable) case" of TB has been defined in Manitoba as a case where:

Acid-fast bacilli (AFB) are observed in smear of respiratory or other clinical specimen; and that case is clinically compatible with infectious MTB disease.

OR

A physician who has expertise in the diagnosis of TB has concluded that there is reasonable probability the individual has infectious MTB disease.[2.29]

168. Terminal cleaning

Terminal cleaning refers to the process for cleaning and disinfection of patient accommodation undertaken upon discharge of any patient or on discontinuation of Contact Precautions*. The patient room, cubicle, or bed space, bed, bedside equipment and environmental surfaces and sink and bathroom should be thoroughly cleaned before another patient is allowed to occupy the space. The bed linens should be removed before cleaning begins.
Note: Contact Precautions includes Droplet/Contact Precautions, Airborne/Contact Precautions and Enhanced Droplet/Contact Precautions.[2.26]

169. Transmission
The process whereby an infectious agent passes from a source and causes infection.[2.26]

170. Treatment of latent tuberculosis infection (LTBI)
The provision of therapy to individuals with LTBI to prevent progression to active disease; formerly termed preventive therapy or chemoprophylaxis.[2.5]

171. Tuberculin Skin Test (TST)
Skin test to identify whether a person has delayed-type hypersensitivity reaction to tuberculin antigens
Note: This test is not helpful in diagnosis of active TB and can have a false negative result in advanced active disease and/or immunocompromised patients.[2.5]

172. Upper Extremity Supportive Device
A wrap, splint, brace, cast, orthotic or compression device worn on the hand or wrist.[2.31]

173. Utility sink
A sink used for non-clinical purposes and not appropriate to use for hand washing.[2.26]

174. Virulence
The ability of the infectious agent to cause severe disease (e.g., Ebola: high; rhinovirus: low).[2.26]

175. Visitor (Casual)
All visitors who are not close visitors; examples may include: distant relatives, colleagues and friends.[2.30]

176. Visitor (Close)
Close family members and those providing care, including essential emotional support as specified by the patient or alternate decision maker.[2.30]

177. WRHA Facilities
WRHA Facilities: Facilities or sites within the Winnipeg Health Region that are owned or operated by the WRHA or that are integrated Hospitals (Concordia Hospital, Deer Lodge Centre, Grace Hospital, Health Sciences Centre, Misericordia Health Centre, Pan Am Clinic, Seven Oaks General Hospital, and Victoria General Hospital).[2.8]

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