

Routine Practices

1. Introduction

This guideline reaffirms Routine Practices as the foundation for preventing transmission of infections in all healthcare settings.

Routine Practices are a level of care that shall be provided for all patients. This standard of practice, as recommended by Public Health Agency of Canada, is required to prevent and/or minimize transmission of microorganisms.

Routine Practices are based on the important premise that it is often difficult to determine when a patient has an infectious disease. Routine Practices require we treat all patients as if they are infectious each and every time we come in contact with them, regardless of presumed infection status.

Routine Practices recognizes microorganisms are always present on the skin, nose, throat, and in body fluids and excretions. They can be transferred from one patient to another through use of commonly shared equipment and direct care activities.

Routine Practices apply to, and prevent transmission among all patients and healthcare personnel, regardless of the setting of care or diagnosis (suspected or confirmed). Consistent application of Routine Practices offers the greatest potential for preventing transmission.

Routine Practices incorporates previous precautions against bloodborne pathogens (Universal Precautions).

Healthcare workers shall apply Routine Practices in the clinical setting at all times.

The elements of Routine Practices are

Hand Hygiene

Personal Protective Equipment

- Gloves
- Gowns
- Masks
- Eye Protection

Respiratory Etiquette

Patient Management

- Patient Room/Accommodation
- Equipment
- Environmental Control
- Specimen Collection
- Visitors
- Education
- Postmortem Care

2. Hand Hygiene

Hand hygiene reduces the number of microorganisms on the hands, and is the most important practice to prevent the spread of infection to patients and staff.

2.1 Important Factors in Hand Hygiene:

Hands shall be washed with soap and water when hands are visibly soiled with blood, body fluids, secretions, excretions, and exudates from wounds.

Hands should be washed with soap and water when caring for patients with *C. difficile*.

When hands are not visibly soiled, use an alcohol-based hand rub or wash with soap and water.

Frequently missed areas of the hand include the thumbs, palms, web spaces, under nails, backs of fingers and hands.

Healthcare workers shall be vigilant to avoid touching their face with their hands, as well as to avoid hand contact with mucous membranes, including eyes.

Healthcare workers can reduce the frequency of hand hygiene required by minimizing unnecessary direct contacts with patients and their immediate environments. This can be accomplished by organization of care activities and avoiding actions such as leaning on bedrails.

If the patient bathroom is used for hand hygiene, avoid contamination of hands with potentially contaminated surfaces and objects.

Fingernails

- Artificial fingernails, gel nails, or extenders shall not be worn by any Level 1 Direct Care Providers, food handlers and anyone handling sterile preparations, linen and supplies. Refer to WRHA Dress Code Policy 20.70.010 and WRHA Routine Practices Policy 90.00.060
- Natural nail tips should be no longer than 0.635 centimeters ($\frac{1}{4}$ inch) long
- Nail polish can be worn but should be removed when chipped

Hand Jewellery

- Avoid wearing hand jewellery

Hand Lotions

- Healthcare Worker should be provided with lotion to minimize skin irritation that can occur with frequent hand hygiene
- Use facility approved lotions compatible with products and gloves in use
- Hand lotion bottles shall not be reused

Dispensers

- Do not add fresh soap or hand rub to a partially empty dispenser
- If reusable dispensers are utilized they must be emptied, washed and dried prior to refilling

2.2 When to Perform Hand Hygiene

Hand hygiene shall be performed after any direct contact with a patient or patient equipment, between procedures on the same patient, and before contact with the next patient.

Before

- Direct, hands-on care with a patient
- Performing invasive procedures
- Handling dressings or touching open wounds
- Preparing and administering medications
- Preparing, handling, serving or eating food
- Feeding a patient
- Shifts and breaks

After

- Contact with blood, body fluids, non-intact skin, and/or mucous membranes
- Contact with items known or considered to be contaminated
- Removal of gloves
- Personal use of toilet or wiping nose
- Shifts and breaks

Between

- Procedures on the same patient where soiling of hands is likely, to avoid cross-contamination of body sites

Refer to Hand Hygiene Quick Reference Chart in Appendix 1.

2.3 Agents Used for Hand Hygiene

Alcohol Based Hand Rub

- Must contain a minimum of 60% alcohol
- Use in all clinical situations, except when hands are visibly soiled
- Use as an alternative to plain or antimicrobial soap except when hands are visibly soiled

Plain Soap

- For routine hand washing

Antimicrobial Soap

- Before contact with invasive devices
- Before performing any invasive procedures
- Before contact with immunocompromised patients
- Before/after contact with patients on infection prevention and control precautions/isolation
- Use in high-risk areas: ICU, OR, Burn Unit, Dialysis, and Intensive Care Nurseries

How to Perform Hand Hygiene

Refer to Hand Hygiene Procedures in Appendices 2 and 3.

Using Alcohol Based Hand Rub

- Apply 2-3ml of product to the palm of one hand
- Rub hands together, covering all hand surfaces, including fingernails, web spaces, thumbs and palms
- The product usually dries within 15-20 seconds
- Ensure hands are completely dry before performing another task
- Note: Alcohol product is flammable

Using Plain or Antimicrobial Soap

- Wet hands under warm running water
- Apply soap and distribute over hands
- Rub hands together vigorously for 10-15 seconds to create a good lather
- Using friction, cover all hand surfaces including fingernails, web spaces, thumbs and palms
- Rinse under warm running water
- Dry hands gently and thoroughly with a disposable towel
- Turn off faucet using a clean disposable towel

2.5 Patient/Visitors

Patients and visitors should be instructed in proper hand hygiene.

The patient shall perform hand hygiene before eating (with assistance if necessary), after personal use of the toilet, and when soiled.

3. Personal Protective Equipment (PPE)

The type of Personal Protective Equipment (PPE) chosen depends on the clinical situation and the type of patient care interaction anticipated. The selection of gowns, gloves, masks, and/or face protection should include consideration of the following issues

- Probability of exposure to blood and/or body fluids
- Amount of blood and/or body fluids likely to be encountered
- Probable route of transmission

3.1 Gloves

Gloves are used as an additional measure to, not as a substitute for, hand hygiene.

Gloves are not required for routine patient care activities where contact is limited to a patient's intact skin.

Gloves are not needed for routine changes of incontinence products/diapers if the procedure can be done without contaminating the hands with stool or urine.

When indicated, gloves are put on directly before the task/procedure to be performed.

Clean, non-sterile gloves of appropriate size shall be worn

- When in contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds, or non-intact skin is likely
- For handling items visibly soiled with blood, body fluids, secretions or excretions
- When the healthcare worker has open lesions on the hands

Gloves shall be changed between care activities and procedures with the same patient. Gloves shall also be changed after contact with materials that may contain high concentrations of microorganisms (e.g., after handling an indwelling urinary catheter, after open suctioning of an endotracheal tube, after perineal care).

Remove gloves immediately following completion of task at point- of- use, and before touching clean environmental surfaces.

Hand hygiene shall be performed immediately after removing gloves.

Do not reuse or wash single-use disposable gloves.

Note: Healthcare workers with open skin lesions, dermatitis or wrist splints shall be assessed by Occupational Health.

3.2 Gowns

Routine use of gowns is not recommended.

Gowns are used to protect uncovered skin and prevent soiling of clothing during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

Sleeves should be to the wrist and cuffed for snug fit.

A disposable impervious/water repellent apron may be used under the gown to prevent contamination of clothing from leakage of large volumes of blood, body fluids, secretions or excretions.

When a gown has been worn, it is to be removed immediately after completion of the patient care activity requiring its use.

Gowns are to be worn once. Disposable impervious gowns are discarded after each use; cloth gowns are laundered.

3.3 Masks

Standard surgical/procedure masks are worn to protect the mucous membranes of the nose and mouth during procedures and patient care activities likely to generate splashes, sprays, or aerosols of blood, body fluids, secretions or excretions.

Masks are worn within 1 meter (3 feet) of a coughing patient.

Discard a mask if it is crushed, wet, has dangled around the neck, or has become contaminated.

Perform hand hygiene immediately after mask removal.

3.4 Eye Protection

Eye protection is worn to protect the mucous membranes of the eyes during procedures and patient care activities likely to generate splashes, sprays or aerosols of blood, body fluids, secretions or excretions.

Avoid self-contamination when removing eye protection.

Prescription eyeglasses are not considered eye protection. They do not provide adequate protection from splashes or sprays. Eye protection should fit over prescription glasses.

3.5 Face Protection

Face protection is worn to protect the mucous membrane of the eyes, nose, and mouth from splashes, sprays, or aerosols of blood, body fluids, secretions or excretions during procedures and patient care activities.

Avoid self-contamination when removing face protection.

Face protection shall fit over prescription glasses. Face protection shall be of appropriate size. It should be large enough to protect mucous membranes of the face.

If reusable, face protection shall be easy to clean and cleaned in a manner avoiding contamination of the healthcare worker.

4. Respiratory Etiquette

Simple measures patients can utilize to minimize the spread of respiratory organisms:

- Cover Your cough
- Cover your mouth and nose with a tissue when you cough or sneeze or cough or sneeze into your upper sleeve, not your hands
- Put your used tissue in the waste basket
- You may be asked to put on a surgical mask to protect others
- Clean your hands after coughing or sneezing
- Wash with soap & water or clean with alcohol-based handrub

5. Patient Management

5.1 Accommodation

Single rooms are not required for routine patient care.

Single rooms with dedicated toileting facilities shall be considered for patients

- Who visibly soil the environment
- Who cannot maintain appropriate hygiene. This includes mobile patients with fecal incontinence if stools cannot be contained in incontinence
- products/diapers, and/or patients with draining wounds whose dressings do not remain intact

Single rooms are not required for children in diapers unless they have uncontained diarrhea and cannot be confined to their designated bed space.

5.2 Equipment

Appropriate cleaning, disinfection and sterilization of reusable patient care equipment are important in preventing the transmission of organisms.

Cleaning is an extremely important part of equipment reprocessing and is necessary to permit maximum efficacy of subsequent disinfection and sterilization treatments.

The reprocessing method required for a specific item will depend on the items intended use, the risk of infection to the patient, and the amount of soiling.

Staff responsible for cleaning contaminated patient care equipment shall wear appropriate PPE and be properly trained. They shall wear PPE appropriate to the task to protect themselves from exposure to potential pathogens and chemicals and to protect the integrity of their skin.

Dedicated patient care equipment shall be used in high-risk areas (e.g., ICU).

Reusable equipment in direct contact with the patient should be cleaned and reprocessed before use in the care of another patient.

Routinely shared items should be cleaned between patients.

A routine cleaning schedule shall be established and monitored for items in contact only with intact skin only, if cleaning between patients is not feasible. This cleaning schedule shall include assignment of responsibility and accountability for cleaning.

Visibly soiled equipment shall be cleaned immediately.

Commodes and toilets shall be cleaned regularly, and immediately when soiled.

Bedpans shall be reserved for use by a single patient and labeled appropriately.

Used sharps shall not be recapped or manipulated by hand. Safety engineered devices shall be used where indicated.

Used needles and other sharp instruments must be handled with care to avoid injuries during disposal or reprocessing. Used sharp items shall be disposed of by the user immediately in designated puncture-resistant containers located in the area where the items were used.

Mouthpieces, resuscitation bags, or other ventilation devices must be provided for use in settings where the need to resuscitate is likely to occur.

Personal care supplies (e.g., lotions, creams, soaps, razors) are not to be shared between patients.

5.3 Environmental Control

Procedures should be established for routine care, cleaning and appropriate disinfection of patient furniture and environmental surfaces with a facility- approved disinfectant.

All horizontal and frequently touched surfaces should be cleaned daily and more often if soiled.

Immediately clean all spills of blood and/or body fluids with a facility- approved disinfectant.

Disposable dishware, utensils and dietary trays are not required for any patient for infection prevention and control purposes.

Linen should be handled with a minimum of agitation and bagged at the site of collection in a manner preventing contamination or soaking through. A second outer bag is only required to contain a leaking inner bag. Hand hygiene should be performed after having contact with all soiled linen.

Clinical waste should be contained in waste holding bags that prevent contamination. Double bagging of waste is not required.

5.4 Specimen Collection

All clinical specimens are considered potentially infectious and shall be handled carefully to prevent contamination.

Place all specimens in leak proof containers with secure lids to prevent leaking.

Avoid contamination of the outside of the specimen container and the laboratory requisition. If contamination of the outside of the container occurs, it shall be cleaned with a facility- approved disinfectant prior to transport.

Specimens shall be transported to the laboratory in Ziploc® bags. Requisitions shall be placed in the exterior pouch of the Ziploc® bag for transport.

Personal Protective Equipment should be considered when collecting and handling specimens.

Practice hand hygiene immediately after specimen collection.

5.5 Visitors

Visitors should be aware of, and comply with, infection prevention and control practices, including hand hygiene, for a given patient as instructed by the healthcare worker.

Healthcare workers should ensure visitors have convenient access to hand hygiene facilities.

5.6 Education

Healthcare workers shall receive education and training on the fundamentals of Routine Practices. This includes hand hygiene, and the method of donning and removing PPE. Refer to Appendices 5, 6, and 7 for the procedure for donning and removing of PPE.

Patients and visitors should be instructed by healthcare workers on infection prevention and control practices, such as hand hygiene, and the reason(s) for necessary precautions.

5.7 Postmortem Care

Use required PPE to prevent exposure to blood and other body fluids.

Eye protection and masks are not routinely required unless the generation of aerosols of blood and body fluids is expected.

All PPE shall be removed immediately after use, followed by hand hygiene.

All environmental surfaces contaminated during postmortem procedures shall be decontaminated with facility- approved disinfectant.

Visitors shall follow Routine Practices as instructed by healthcare workers.