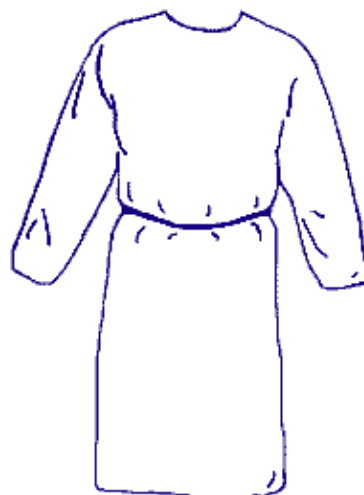


Routine Practices & Additional Precautions



What are Routine Practices?

Routine Practices refer to the infection prevention and control practices used for the routine care of **all** clients/patients/residents to prevent transmission of infectious diseases.

Whenever you may be exposed to someone else's blood, body fluids or broken skin you should use personal protective equipment to reduce your risk. The type of barrier you use will depend on the type of contact you have with the person.

What is a Risk Assessment?

The key to implementing routine practices is to assess your risk before each client/patient/resident interaction.

Important questions to ask yourself:

1. What type of contact am I going to have with the client/patient/resident?
2. What task am I going to perform?
3. What is my risk of being exposed to blood, body fluids, respiratory secretions, excretions, non-intact skin, mucous membranes, body tissues, and contaminated equipment?
4. Will the client/patient/resident be cooperative while I perform the task?

Perform Hand Hygiene

FACT: Hand Hygiene is the **most** effective way to prevent the spread of diseases.

- ✓ Hand hygiene must always be done **before and after** using personal protective equipment (PPE).
- ✓ If your hands don't have visible dirt on them, an alcohol based waterless hand rinse can be used, rub it all over your hands for **15 seconds**.
- ✓ If your hands and other skin surfaces are visibly soiled, wash with soap and running water. Lather up and scrub vigorously for **15 to 20 seconds**. This should be done immediately after contact with body fluids.

Use PPE

GOWNS

Long-sleeved gowns should be used to protect uncovered skin and prevent soiling of clothing during procedures and care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

MASKS & EYE PROTECTION

- ✓ Face protection includes the use of eye protection and masks.
- ✓ Use face protection if you are doing an activity, within a 2 metre zone, where there might be a splash or spray of blood or body fluids, secretions or excretions to your face.

GLOVES

- ✓ Gloves should be worn if you will touch someone else's blood, body fluids or broken skin (including rashes).
- ✓ Put gloves on just before you touch the other person and remove as soon as you're finished the activity.
- ✓ Clean hands as soon as you take the gloves off.

Sequence for Donning PPE

1. Perform Hand Hygiene



2. Gown



- Place your arms in the sleeves with thumbs in thumb loops
- Pull the gown over your head
- Tie in the back at waist ensuring entire backside is covered

3. Mask with Shield or Respirator



- Secure ear loops behind ears or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and chin below

4. Fit-check respirator Gloves



- Extend to cover wrist of isolation gown, ensuring no skin is showing

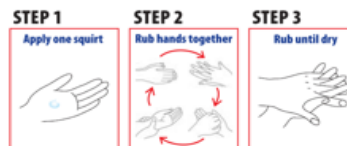
Sequence for Doffing PPE

1. Gown and Gloves



- Grasp the waist at belt area with both hands, and pull straight out and down to break gown from back
- Gown can then be pulled away from the body, removing the gloves in the process
- Roll into a ball to contain any fluids or contamination

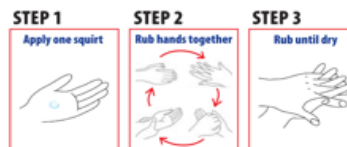
2. Perform Hand Hygiene



3. Mask or Respirator

- Front of mask/respirator is contaminated – DO NOT TOUCH!
- Grasp the ear loops or elastics and remove
- Discard in waste container

4. Perform Hand Hygiene



The type of PPE used will vary based on the level of precautions (contact, droplet/contact, airborne) required:

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

Clean and Disinfect

BLOOD & BODY FLUID SPILLS

- ✓ When we are exposed to blood or body fluids, it is just as important to clean surfaces as it is to clean our hands.
- ✓ To clean up after a blood or body fluid spill, follow these steps:
 1. Put on a pair of gloves.
 2. Clean up the spill using available absorbent material, and then wash the area with a disinfectant wipe and/or solution.
 3. The disinfectant wipe and/or solution must stay wet (**contact time**) on the surface for **1 minute**. This will kill any germs left on the surface.
 4. Dispose of used absorbent material in the garbage bin, remove gloves and clean your hands.
- ✓ For environmental surfaces not visibly soiled by blood or body fluids, use Accel disinfectant to disinfect. It is important that you follow the manufacturer's directions.



EQUIPMENT

- ✓ All equipment being used for more than one client/patient/resident must be cleaned between clients/ patients/residents.
- ✓ All touched surfaces in the client/patient/resident's room must be cleaned daily.
- ✓ Procedures for assigning responsibility and accountability for routine cleaning of equipment should be established.
- ✓ Soiled equipment should be handled in a way that prevents exposure to skin and mucous membranes and contamination of clothing and the environment.

SHARPS

- ✓ Used needles and other sharps should be handled with care to avoid injuries during disposal and reprocessing.
- ✓ If you are using a sharp, **NEVER RECAP, BEND OR BREAK USED NEEDLES &** always be sure to dispose of it in a puncture resistant container.

LINEN & WASTE

- ✓ Handle soiled linen and waste carefully to prevent contamination and transfer to other clients/patients/ residents.

Additional Precautions

Additional precautions, as well as routine practices, are necessary for certain infections. These precautions are based on how the infection is spread and are necessary for infections transmitted by the airborne, contact or droplet routes.

Airborne Precautions

- ✓ Chickenpox
- ✓ Measles
- ✓ Tuberculosis
- ✓ Disseminated Shingles

Droplet Contact Precautions

- ✓ New or worsening cough
- ✓ Fever with rash or headache

Contact Precautions

- ✓ Skin & soft tissue infections
- ✓ MRSA, VRE,
- ✓ CPE, MDRO
- ✓ Diarrhea

Enhanced Contact Precautions

- ✓ C. difficile associated diarrhea

Infection Control Bed Selection Matrix				
Bed Selection Priorities (Top to (↓) Bottom, then Left to (→) Right)				
Review bed selection daily Co-horting (room sharing) patients requires same ARO status, similar diagnosis or symptoms. Dedicate equipment to each isolated patient				
Accommodation	Airborne (501, 503, CICU 8, ED: AIIR 6)	Enhanced Contact	Contact	Droplet Contact
Private Negative Pressure	Tuberculosis, Varicella, ARI + Travel (last 14 days)			
Private with Private Bathroom Mandatory dedicated equipment			MDRO/CPE Special bathroom bleach clean	
Private with Private Bathroom		C difficile		
Private with Private Bathroom			MRSA; VRE	
Private with Shared Bathroom Commode use mandatory			Gastroenteritis	
Semi				ARI (Keep curtain pulled)
Semi Commode use mandatory for all			MRSA/MRSA; VRE/VRE;	
Semi Commode use mandatory for all			Gastroenteritis	
Ward			MRSA/MRSA; VRE/VRE; Same ARO flag (last resort) Commode use mandatory for all	ARI (keep curtain pulled)