**Policy Administration Console**

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| **Policy:** | Routine Practices | | |
| **Policy Owner:** | Director, Infection Safety | | |
| **SLT Sponsor:** | VP Patient Centred Care | | |
| **Approval By:** | City Wide Infection Control Committee | **Date:** | 2010-01-15 |

| **Effective Date:** | **Reviewed Date:** | **Revised Date:** |
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| 1998-06-01 | 2012-04-18 | 2012-04-18 |

**This policy applies to:** ☑ LHSC

**Similar policy at St. Joseph's:** **Policy Name:** Routine Practices
**Policy Owner(s):** Director, Occupational Health & Infection Control

**POLICY**

**Routine Practices** refer to the infection prevention and control practices to be used with all patients during all care to prevent and control transmission of microorganisms in all health care settings.
LHSC staff and affiliates must incorporate Routine Practices into their daily practices.
Routine Practices prevents transmission of microorganisms from:

- patient to patient
- patient to staff
- staff to patient
- staff to staff

The elements of Routine Practices include:

- risk assessment
- hand hygiene
- barrier equipment (personal protective equipment)
- environmental controls (patient placement, cleaning, engineering controls)
- administrative controls (policies/procedures, education, Healthy Workplace policies, immunization)

**Additional Precautions** are used **in addition** to Routine Practices for certain pathogens or clinical presentations.
Additional Precautions are based on the method of transmission (e.g., contact, droplet, airborne). The application of Additional Precautions may differ depending on the health care setting and the patient needs. For detailed information, including the type and duration of precautions required for specific infections, clinical syndromes and conditions see the Additional Precautions policy.

**PRACTICES**

1.1. **Risk Assessment**
   1.1.1. A risk assessment must be done before each interaction with a patient or their environment in order to determine which interventions are required to prevent transmission.

1.2. The risk assessment should include:
   1.2.1. Assessing the risk of:
      a. contamination of skin or clothing by microorganisms in the patient environment;

b. exposure to blood, body fluids, secretions, excretions, tissues;
c. exposure to non-intact skin;
d. exposure to mucous membranes; and
e. exposure to contaminated equipment or surfaces

1.2.2. Recognition of the symptoms of infection. See Appendix B: Clinical Syndromes Requiring the Use of Controls Pending Diagnosis. For detailed information, including the type and duration of precautions required for specific infections, clinical syndromes and conditions see the Additional Precautions policy.

1.3. See Appendix C: Routine Practice Risk Assessment Algorithm.

1.4. **Assessment for Symptoms of Acute Respiratory Infections (ARI)**

1.4.1. All patients must be assessed for symptoms of ARI on presentation to the facility, on an ongoing basis and during home care.

1.4.2. Depending on the clinical setting either active or passive screening is completed.

1.4.3. See Appendix D: Acute Respiratory Illness Screening for a complete description of screening procedures.

2. **Hand Hygiene**

2.1. There are two methods for hand hygiene; use of alcohol-based hand rub and washing with soap and water.

2.2. Alcohol-based hand rub is the preferred method when hands are not visibly soiled.

2.3. Washing hands with soap and water is required if there is visible soiling with blood, body fluids or other body substances.

2.4. The 4 moments for hand hygiene are:

1. before initial patient/patient environmental contact
2. before aseptic procedure
3. after body fluid exposure risk
4. after patient/patient environment contact

2.5. See the Hand Hygiene policy for detailed information.

3. **Appropriate Barrier Equipment**

3.1. Personal protective equipment (PPE) such as gloves, gowns and facial protection are used alone or in combination to prevent exposure, by placing a barrier between the infectious source and the health care provider's mucous membranes, airway, skin and clothing.

3.2. Selection of PPE is based on:

3.2.1. Assessment of the risk for exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items.

3.2.2. Nature of the patient interaction and/or the likely mode(s) of transmission for infectious agents.

3.2.3. When a patient presents to a healthcare provider and the risk of transmission from patient to staff is unknown, the healthcare provider should take measures to protect themselves and others from any transmission that might occur as a result of that contact. This would involve the use of appropriate or necessary PPE including gowns, gloves, mask, eye protection. When risks are unknown and cannot be clinically assessed, staff should always utilize a higher level of protection.

3.3. PPE should be put on immediately prior to the task and removed when the task for which the PPE was used has been completed.

3.4. PPE should be removed in a manner that prevents recontamination.

3.5. See Appendix E: Sequencing for Donning Personal Protective Equipment (PPE) and Sequence for Removing Personal Protective Equipment.

3.6. Contact Occupational Health and Safety Service (OHSS) with any concerns regarding PPE or issues of skin integrity or skin reactions.

4. **Appropriate Barrier Equipment: Gloves**

4.1. **Glove Indications**

4.1.1. Wear gloves when it is anticipated that hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or contaminated equipment and environmental surfaces.

4.1.2. Gloves are not required for routine health care activities if contact is limited to intact skin (e.g. taking blood pressure, bathing, and dressing).

4.2. **Glove Use**

4.2.1. Gloves should be put on immediately before the activity for which they are intended.

4.2.2. Perform hand hygiene before putting on gloves for clean/aseptic procedure and after glove removal.

4.2.3. Gloves must be removed and discarded immediately after the activity for which they were used.

4.2.4. Change or remove gloves if moving from a contaminated body site to a clean body site with the same patient.

4.2.5. Change or remove gloves after touching a contaminated environmental site and before touching a clean environment site.

4.2.6. Gloves must not be washed or reused.

4.2.7. The same pair of gloves must not be used for the care of more than one patient.

4.3. **Glove selection**

4.3.1. Assess and select gloves that are appropriate to the task.

4.3.2. For detailed information see Occupational Health and Safety, *General Guideline for Disposable Glove Use*

5. **Appropriate Barrier Equipment: Gowns**

5.1. **Gown Indications**

5.1.1. Wear a gown when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

5.2. **Gown Use**

5.2.1. Gown should be put on immediately before the task and must be worn properly (i.e. tied at top and at waist).

5.2.2. Remove gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.

5.2.3. Remove gown immediately if it becomes wet.

5.2.4. Discard used gown immediately into appropriate receptacle; do not hang gowns for later use

5.2.5. Do not go from patient to patient with the same gown.

5.2.6. Yellow isolation gowns are to be used for isolation purposes only and must not be worn outside of patient rooms.

5.3. **Gown Selection**

5.3.1. Gowns used as PPE should be cuffed and long sleeved and selection is based on the nature of the interaction and includes:

a. anticipated contact with infectious material

b. potential for blood and body fluid penetration of the gown

6. **Appropriate Barrier Equipment: Masks and Respirators**

6.1. **Mask Indications**

6.1.1. Wear a mask (in addition to eye protection) to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

6.1.2. Wear a mask (in addition to eye protection) within 2 metres of a coughing patient.

6.1.3. Wear a mask (in addition to eye protection) within 2 metres during procedures that generate respiratory droplets/aerosols (see Respiratory Procedures that Generate Droplets/Aerosols section below).

6.1.4. Wear a mask (in addition to eye protection) during procedures where body substances may become aerosolized (i.e. wound irrigation).

6.2. **Mask Use**

6.2.1. Mask should securely cover nose and mouth.

6.2.2. Do not touch mask while wearing it.

6.2.3. Change mask if it becomes wet.

6.2.4. Remove mask correctly immediately after completion of the task and discard.

6.2.5. Remove mask correctly immediately after contamination has occurred.

6.2.6. Clean hands after removing mask.

6.2.7. Do not reuse disposable masks.

6.2.8. Do not fold mask or place in pocket for use later or leave it dangling on your

neck.

6.3. **Mask Selection**

6.3.1. Mask selection is based on a risk assessment that includes:

a. type of activity and risk of exposure
b. length of procedure/care activity and
c. likelihood of contact with droplets/aerosols generated by the procedure or interaction

6.3.2. For detailed information see Occupational Health Personal Protective Equipment (PPE) Guidelines

6.4. **N95 Respirators**

6.4.1. An N95 respirator is used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route. See the Additional Precautions policy for disease specific indications for airborne precautions).

6.4.2. N95 respirators should also be worn for aerosol-generating procedures that have the potential to expose staff to undiagnosed tuberculosis. For detailed information see Appendix A: Routine Practices for Respiratory Procedures that Generate Droplets/Aerosols.

6.4.3. For additional information on N95 respirators contact OHSS. Fit testing of these products is required.

7. **Appropriate Barrier Equipment: Eye Protection**

7.1.1. **Eye Protection Indications**

a. Wear eye protection (in addition to a mask) to protect the mucous membranes of the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
b. Wear eye protection (in addition to a mask) within 2 metres of a coughing patient.
c. Wear eye protection (in addition to a mask) within 2 metres during procedures that generate respiratory droplets/aerosols (see Respiratory Procedures that Generate Droplets/Aerosols section below).
d. Wear a eye protection (in addition to a mask) during procedures where body substances may become aerosolized (i.e. wound irrigation).

7.2. **Eye Protection Use**

7.2.1. Eye protection includes:

a. safety glasses;
b. safety goggles;
c. face shields; and
d. visors attached to masks
e. prescription eye glasses are not acceptable as eye protection

7.2.2. Eye protection may be disposable or washable.

7.2.3. Eye protection should provide a barrier to splashes from the side.

7.2.4. Eye protection must be removed immediately after the task for which it was used and discarded into waste or placed in appropriate receptacle for cleaning.

7.3. **Eye Protection Selection**

7.3.1. Eye selection is based on a risk assessment that includes

a. type of activity and risk of exposure
b. other PPE used
c. personal vision needs

7.3.2. For detailed information see Occupational Health Personal Protective Equipment (PPE) Guidelines

8. **Respiratory Procedures that Generate Droplets/Aerosols**

8.1. Certain respiratory procedures have the potential to generate droplets/aerosols that may expose staff to respiratory pathogens. PPE (mask and protective eye wear or face shield) must be used within 2 metres of patient procedures that generate droplets/aerosols with or without symptoms of an acute respiratory infection.

8.2. For detailed information on respiratory procedures that generate droplets/aerosols see Appendix A: Routine Practices for Respiratory Procedures that Generate Droplets/Aerosols.

9. **Environmental Controls**

9.1. **Accommodation and Placement**

9.1.1. Patients who visibly soil the environment (i.e. drainage uncontained) require Contact Precautions. See Additional Precautions policy for room placement of patients on precautions.

9.2. **Environment and Equipment Cleaning**

9.2.1. Equipment that is being used by more than one patient requires cleaning between patients.

9.2.2. Procedures should be established for assigning responsibility and accountability for routine cleaning of all patient care equipment.

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

9.2.4. See Environmental Cleaning Standards and Frequencies protocol daily and discharge cleaning routines.

9.3. **Dishware and Eating Utensils**

9.3.1. Dishware and eating utensils are effectively decontaminated in commercial dishwashers. Reusable dishware and utensils may be used for all patients including those on Additional Precautions. Disposable dishes are not required.

9.4. **Linen and Waste**

9.4.1. Linen that is soiled with blood, body fluids, secretions or excretions should be handled with care in the following manner:

a. bag or contain contaminated laundry at source
b. use leak proof containment for laundry contaminated with body or body substances
c. tie and do not overfill linen bags
d. laundry carts or hampers used to collect or transport soiled linen do not need to be covered

9.5. **Sharps Injury Prevention and Waste Management**

9.5.1. Consult OHSS and/or see OHSS policies for detailed information:

a. LHSC Sharps Handling Policy
b. LHSC Waste Management Policy
c. LHSC Blood and Body Fluid Clean Up Instructions

9.6. **Blood and Body Fluids Exposure Protocols**

a. Consult OHSS and/or see OHSS/Corporate protocols/policies
b. Blood and Body Fluid Exposure Protocol

10. **Administrative Controls**

10.1. **Staff Education**

a. See the Core Competency Training Module Routine Practices

10.2. **Patient and Visitor Education**

10.2.1. Patient education should include:

a. Hand Hygiene "Just Ask Us"
b. Guidelines for Visitors How you can help prevent the spread of germs

11. **Immunization**

11.1. Contact OHSS for staff immunization requirements/protocols

**REFERENCES**

Health Canada (1999).Infection Control Guidelines; routine practices and additional precautions for preventing the transmission of infection in health care, CCDR 25, S4.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. Toronto, ON: Queen's Printer for Ontario; 2011.

Ontario. Provincial Infectious Diseases Advisory Committee. Annex B: Best Practices for Prevention of Transmission of Acute Respiratory Infection In All Health Care Settings. May, 2010

Ontario. Provincial Infectious Diseases Advisory Committee. Best Practices for Hand Hygiene in All Health Care Settings. December 2012.

**APPENDICES**

Appendix A: Routine Practices for Respiratory Procedures that Generate Droplets/Aerosols.
Appendix B: Clinical Syndromes Requiring the Use of Controls Pending Diagnosis

Appendix C: Routine Practice Risk Assessment Algorithm
Appendix D: Acute Respiratory Illness Screening

Appendix E: Sequencing for Donning Personal Protective Equipment (PPE) and Sequence for Removing Personal Protective Equipment.

Please refer to the On-line Corporate Policy Manual for the most up to date version of this policy. LHSC cannot guarantee that hard copy versions of policies are up-to-date.