HURON PERTH & AREA
ONTARIO HEALTH TEAM

INFECTION PREVENTION AND CONTROL POLICY MANUAL

ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS POLICY

Approved by:	HPA OHT IPAC Working Group
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Reviewed:	

Scope:
The documents in the Huron Perth & Area (HPA OHT) Infection Prevention and Control (IPAC) Policy Manual are intended to be adopted by all HPA OHT member organizations. The policies are designed to create a standard and evidence-based approach to IPAC practice resulting in a consistent healthcare experience while minimizing the risk of healthcare-associated infections. These policies are most effective when used in conjunction with organizational policies that address client/patient/resident, facility, and sector-specific needs.

Purpose:
To prevent the spread of infection between healthcare workers, patients, clients, and others in the healthcare environment through adherence to Routine Practices and Additional Precautions.

All patients/clients/residents are potentially infectious, even when not symptomatic. Adhering to consistent, safe standards of practice in all healthcare interactions and with all patients/clients/residents will prevent the spread of microorganisms causing infection.

In situations where people are known or suspected to be infectious, extra infection prevention and control measures (Additional Precautions) will be put in place in addition to Routine Practices to further interrupt the transmission of infection.

Policy:
Routine Practices requires healthcare workers to consider all body fluid, non-intact skin and contaminated items to be potentially infectious.

To avoid exposure to infectious material, healthcare workers must assess their risk of exposure to blood, body fluid, secretions, excretions, mucous membranes, non-intact skin, or soiled items prior to every healthcare interaction. This assessment is referred to as a Point-of-Care Risk Assessment (PCRA).

When a risk - or potential risk - of infection is identified, Additional Precautions will be used to reduce the risk of transmitting infection within the healthcare setting.

Environmental Controls such as placement of the client/patient/resident, physical barriers, ventilation, and cleaning and disinfection are also considered part of Routine Practices and Additional Precautions.

Routine Practices and Additional Precautions are to be used in conjunction with other IPAC measures including hand hygiene, respiratory etiquette, staying home when sick, and cleaning and disinfection. These practices are discussed in more detail in the rest of the HPA OHT IPAC Policy Manual.

Routine Practices

Routine Practices (sometimes called standard precautions or universal precautions) are based on the premise that all patients/clients/residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all patients/clients/residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Point-Of Care Risk Assessment

Healthcare workers must perform a Point-of-Care Risk Assessment (PCRA) prior to every healthcare interaction.

A PCRA involves asking yourself specific questions about the activity you are going to perform including about the chance of exposure to body fluids or contaminated items, the health status of your patient/client, and any organizational requirements around Personal Protective Equipment (PPE).

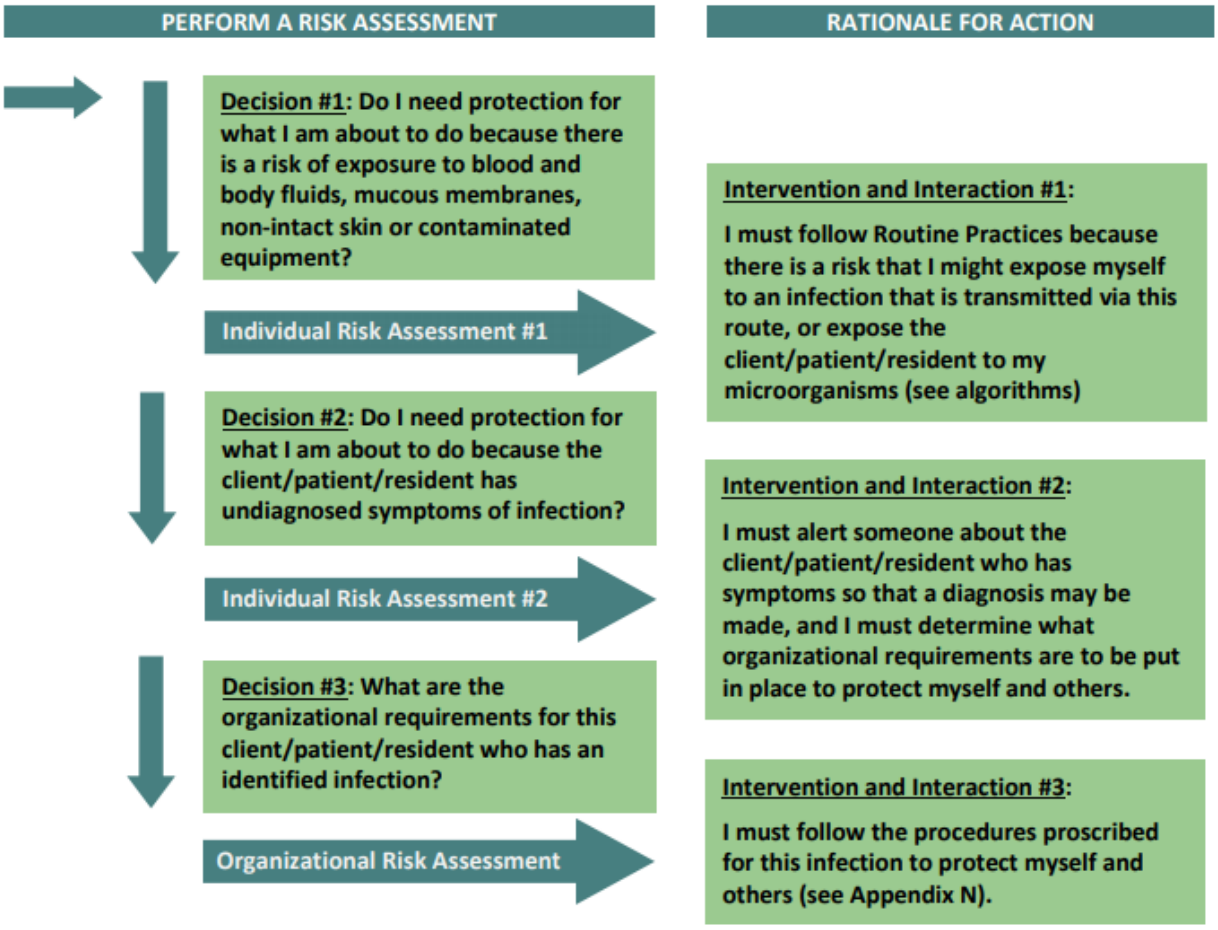
Your PCRA will inform you which, if any, if PPE is required for this healthcare interaction and may impact where the client/patient/ resident should be placed.
Note that the outcome of a risk assessment with the same individual may change, even within the same shift. This can happen if new symptoms develop, a new diagnosis is made, or there is a change in cognitive status.

Some examples of considerations to include in the PCRA are:

- Am I likely to be exposed to body fluids, non-intact skin, or mucous membranes?
- How contaminated is the environment or items in the environment?
- How close will I be to the patient/client/resident?
- Does the patient/client/resident have uncontrolled diarrhea, draining wounds, respiratory symptoms, or inability to follow instructions?

The following chart illustrates the steps involved in a PCRA. Decision #1 is broken down further in the algorithm below.

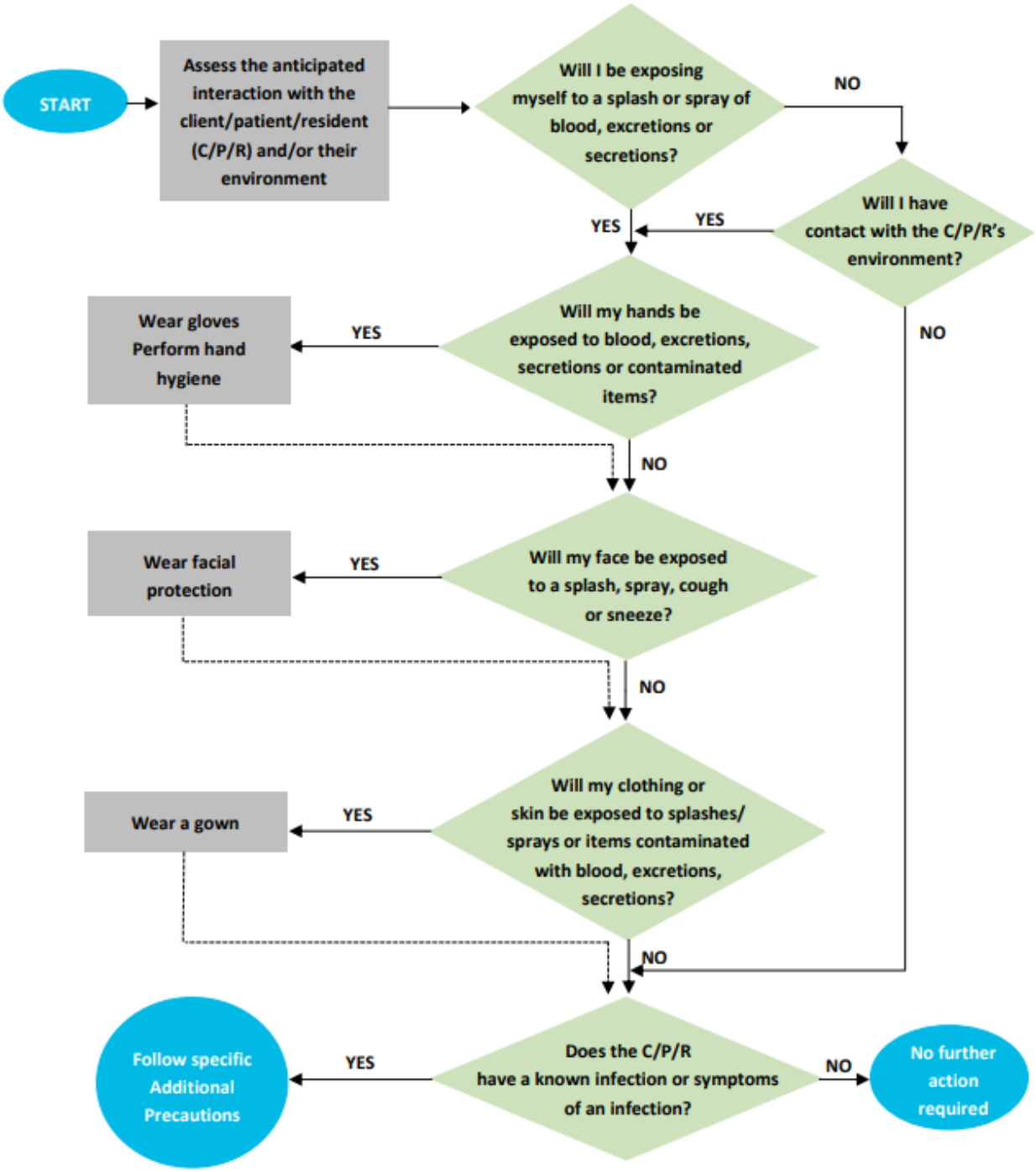
Risk assessment steps to be performed by a Health Care Provider to determine an individual's risk of transmission of infectious agents and the rationale for associated protective measures



Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings, 3rd Ed. 2012.

Additional considerations based on risk of exposure to body fluid are detailed in the next chart. It will help to determine what PPE, if any, is required for the healthcare interaction.

Routine Practices Risk Assessment Algorithm for All Client/Patient/Resident Interactions



Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings, 3rd Ed. 2012.

Hand Hygiene

Routine Practices always includes appropriate Hand Hygiene. For more information on how and when to clean your hands please refer to the Hand Hygiene Policy.

Patient Care Equipment

Where possible, patient care equipment should be dedicated to a single patient/client/resident. When equipment is shared it MUST be cleaned and disinfected between uses. In some situations, patient care equipment MUST be dedicated to a specific patient/client/resident. These situations will be described in organizational policies and procedures. Additional recommendations on cleaning and disinfection are available in the Cleaning and Disinfection Policy.

Additional Precautions

Additional Precautions refers to the use of barriers, such as PPE or environmental controls, that are put in place for a specific patient or type of interaction that is known to be higher risk.

Personal Protective Equipment (PPE)

PPE including gloves, gowns, eye protection, masks, and N95 respirators must be worn by healthcare workers when required based on PCRA, or organizational policy.

How to use PPE

- Always clean hands (soap and water or ABHR) before putting on PPE.
- Don PPE immediately prior to the patient interaction and remove immediately after. Do not walk through the hallways or facility in new or used PPE to prevent contamination of the PPE and the environment.
- PPE should be disposed of (or laundered if appropriate) after each healthcare interaction. In the event of supply shortages always follow organizational policies and provincial directives around PPE conservation.
- Always clean hands immediately after removing PPE

When to use PPE

- Based on the PCRA
- Based on Additional Precautions (Isolation) signs at the door
- Based on information provided by the patient/client/resident or other healthcare workers
- Based on organizational policy or legislation – ex universal masking in pandemic

Employer Responsibilities

- Ensure appropriate PPE is available in multiple sizes at the point of care. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the protective equipment will be used.
- Provide education and training to staff on how to select and use PPE.

Types of PPE

Gloves

Wear gloves for contact with mucous membranes, non-intact skin, blood, body fluids, secretions, excretions, rashes, when touching any contaminated equipment or environmental surfaces, and

when the patient/client/resident has or is suspected of having an illness spread via Contact (ie. on Contact precautions). Gloves are task-specific and single use.

- Gloves do NOT replace the need for hand hygiene.
- Do NOT wash gloves – they will develop tiny holes and become ineffective
- Do NOT routinely double glove
- Change gloves right away if they become torn or soiled
- Gloves are NOT required for routine care involving contact with intact skin (bathing, dressing, taking vitals)
- Gloves come in several sizes, choose the size that is not too tight but not loose. Properly fitting gloves are more comfortable and less likely to tear.
- Choose the right type of glove for the task
    - Nitrile or vinyl for regular care
    - Sterile gloves to be used for sterile or aseptic procedures
    - Latex or powdered latex gloves are not recommended due to the potential for allergies and development of new allergies
    - Very thin polyethylene "sandwich" gloves should never be used for providing care

Gown

Wear a gown when splashes or sprays of blood, body fluids, excretions or secretions are likely to occur. Gowns are worn when holding a newborn against midwife/second attendant's chest. Parents are not required to wear gowns when they hold their baby.

- Gown must be tied at the neck and waist
- Do NOT hang gown to reuse later
- Change to a new gown after each healthcare interaction
- Either disposable or reusable gowns may be used, however the gown must prevent respiratory secretions, blood, and other body fluids from passing through during normal use. Some situations (ex. surgery) require a specific level of gown; these will be described in organizational policies and procedures.

Eye protection

Wear eye protection to protect the mucous membranes of the eyes, nose, and mouth from splashes and sprays of body fluids, secretions and excretions.

- Should provide a barrier to splashes from the front and side
- Remove and clean or dispose of after use
- Eye glasses are NOT acceptable eye protection.

  Appropriate eye protection includes:
    - Safety goggles
    - Safety glasses
    - Face shields
    - Visors attached to masks

Mask

Wear a mask to protect the mucous membranes of the nose and mouth from splashes and sprays of body fluids, secretions and excretions. Masks also protect the patient/client/resident from the respiratory secretions of the healthcare worker if they must work while symptomatic (not recommended – see Healthy Workplace Policy)

Patients/clients/residents should be asked to wear a mask if they present to the healthcare setting with respiratory illness.

- A mask should securely cover the mouth and nose, do not let it dangle or rest under chin
- Do not touch mask while wearing it
- Do not reuse a disposable mask
- Change the mask if it becomes wet or soiled
- Dispose of mask immediately after use

N95 Respirator

Wear a fit-tested seal-checked N95 respirator in specific situations where you may be exposed to infectious airborne particles. N95s that are not the appropriate size for the wearer will not be effective and should not be used.

- N95 fit testing must be completed at least every 2 years
- Seal-check the respirator every time it is worn
- If an N95 is required, but a fit-tested respirator is not available, the healthcare worker should not enter the room.
- Facilities where N95s are routinely used MUST have a respiratory protection program in place according to the Occupational Health and Safety Act

Transmission Based Precautions (Contact/Droplet/Airborne Precautions)

When Additional Precautions are required for a patient/client/resident in a shared space or who will be seen by more than one healthcare worker, the information needs to be communicated to others who may be in contact with that person. This should be done through the use of signage and, if the precautions will continue beyond the current visit, a flag in the patient/client/resident chart or medical record.

Additional Precautions signs, or Isolation signs, can be printed off here.

Types of Additional Precautions

Contact Precautions

Required for organisms spread via direct and indirect contact. Indirect contact refers to a susceptible person touching a surface that has been contaminated by an infected person, rather than the person themselves.

Required PPE for Contact Precautions includes:

- Gloves
- Gown

Droplet Precautions

Often combined with Contact precautions, Droplet precautions are required for organisms that spread via large respiratory droplets that are spread primarily through coughing and sneezing. A person becomes infected when the droplets enter their body through the mucous membranes of the eyes, nose, and/or mouth.

Required PPE for Droplet Precautions includes:

- Eye protection
- Mask
- Add gown and gloves if Contact Precautions are also required

Airborne Precautions

Airborne Precautions are used in addition to Routine Practices for clients/patients/residents known or suspected of having an illness transmitted by the airborne route. There are a very small

number of infections that spread via the airborne route, including measles, respiratory tuberculosis, chickenpox, disseminated zoster, and some emerging infections.
Some organisms may become airborne during certain medical procedures. Organization-specific policies will address procedures requiring Airborne precautions.

Required PPE for Airborne Precautions includes:

- N95 respirator
- Airborne Infection Isolation Room (AIIR) / Negative pressure room
- Add gown and gloves if Contact Precautions are also required
- Add eye protection if Droplet Precautions are also required

Examples of additional precautions requirements. A more detailed table can be found here: Clinical Syndromes/Conditions with Required Level of Precautions.

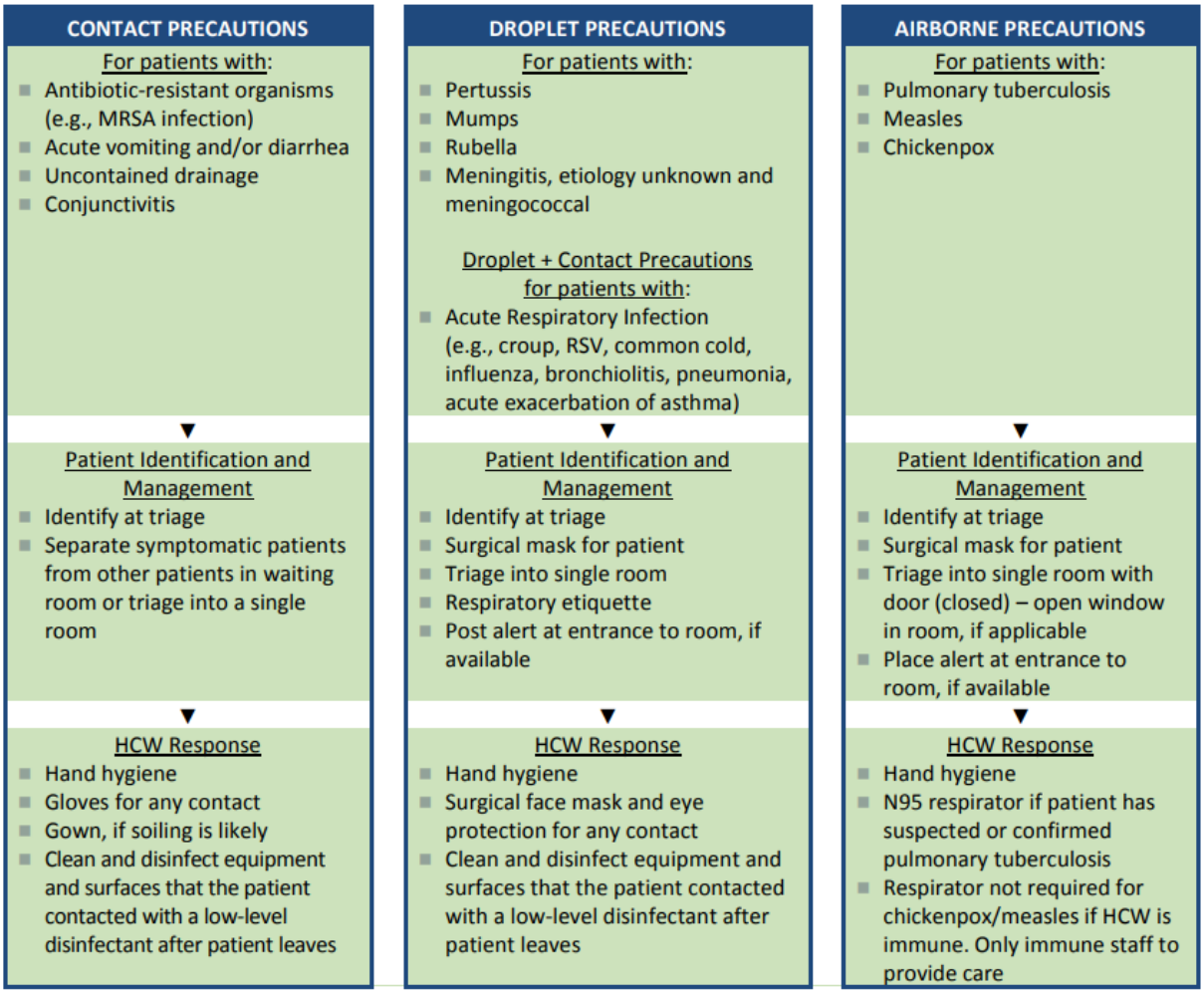


Figure 22: Examples of Additional Precautions (based on mode of transmission)

Provincial Infectious Diseases Advisory Committee (PIDAC). Infection Prevention and Control for Clinical Office Settings. 2015.

Environmental Controls

Environmental controls include changes that can be made to the physical environment that will help to decrease transmission of infection in the healthcare setting.

Accommodation or placement of the client /patient/ resident

When someone arrives at the healthcare setting with infectious symptoms, and their visit cannot be deferred, they should be kept separate from others in the facility. Where possible they should be provided a private room with separate toileting facilities. Use a PCRA and the Clinical Syndromes/Conditions with Required Level of Precautions document to determine the appropriate PPE and accommodation.

Physical barriers

Clear physical barriers such as Plexiglas can allow healthcare workers to communicate with patients/clients/residents while maintaining a separate space that prevents the spread of organisms between them. Other types of barriers such as screens, partitions, or curtains can be used between patients/clients/residents to reduce the spread of infection and also protect privacy.

Any physical barriers should be cleaned and disinfected regularly. Hard, smooth surfaces are easier to disinfect than soft. See the Cleaning and Disinfection Policy for details.

Heating, Ventilation and Air Conditioning (HVAC)

Building ventilation systems can be utilized to reduce the amount of infectious organisms in the air by altering the amount of fresh air coming into to the building, or changing the pressure between rooms.

In some healthcare facilities there are strict ventilation specifications that must be maintained for certain clinical spaces. Organizations should maintain their own policies and procedures which outline the specific requirements.

In situations where a negative pressure room is required (Airborne isolation) but is not available, healthcare workers must wear a seal-checked fit-tested N95 respirator while in the same some as the patient/client/resident. The person requiring Airborne isolation should be transferred to an appropriate facility as soon as possible.

Enhanced Cleaning and Disinfection

In some cases, additional cleaning and disinfection is required based on the PCRA or the patient/client/resident condition or diagnosis. More frequent cleaning can reduce the amount of contamination in the environment, thereby reducing the risk of transmission of infection. See organization-specific policies and procedures and the Cleaning and Disinfection Policy.

Education

All healthcare workers will be provided with education on Routine Practices and Additional Precautions, including the use of PPE, on hire and annually. Please see the IPAC Education for All Healthcare Workers Policy.

Resources

Documents

Clinical Syndromes/Conditions with Required Level of Precautions – PIDAC.
Use this document to determine isolation precautions based on diagnosis.

Routine Practices and Additional Precautions in All Health Care Settings – PIDAC Best Practice Guidance document.

Signs

Additional Precautions Signage (Contact, Droplet Contact, Airborne Isolation) – Public Health Ontario

Recommended Steps: Putting on and Taking off PPE (donning and doffing) – Public Health Ontario

Steps for Putting on and Removing PPE (donning and doffing) – CDC
Note: Example 1 is for cloth gowns, Example 2 is for disposable gowns

Definitions:

Additional Precautions: Precautions (i.e., Contact Precautions, Droplet Precautions and Airborne Precautions) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Alcohol-Based Hand Rub (ABHR): A liquid, gel or foam formulation of alcohol (e.g., ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time consuming to use than washing with soap and water.

Antibiotic-Resistant Organism (ARO): A microorganism that has developed resistance to the action of several antimicrobial agents and that is of special clinical or epidemiological significance.

Healthcare-Associated Infection (HAI): A term relating to an infection that is acquired during the delivery of health care (also known as nosocomial infection).

Healthcare Worker: Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students and home health care workers. In some non-acute settings, volunteers might provide care and would be included as health care providers

Personal Protective Equipment (PPE): Any device worn by a worker to protect against hazards. For healthcare workers PPE is most commonly worn to protect against infectious organisms. Examples of PPE include gloves, gowns, masks, face shields or goggles, and respirators.

Point-of-Care Risk Assessment (PCRA): An individual assessment of each client/patient/resident's potential risk of transmission of microorganisms to the healthcare worker. Includes considerations around the health and behavioural status of the client/patient resident, the type of interaction, the environment, and the susceptibility of the healthcare worker (ie. immunization status).

Routine Practices: Infection prevention and control practices to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

References:

Centers for Disease Control and Epidemiology (CDC). Guidelines for Environmental Infection Control in Health-Care Facilities. (2019). https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings. Appendix N: Clinical Syndromes/Conditions with Required Level of Precautions. https://www.publichealthontario.ca/-/media/documents/R/2012/rpap-clinical-syndromes.pdf?la=en

Provincial Infectious Diseases Advisory Committee (PIDAC). Infection Prevention and Control for Clinical Office Practice. https://www.publichealthontario.ca/-/media/documents/b/2013/bp-clinical-office-practice.pdf?la=en

Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings. https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf?la=en

Provincial Infectious Diseases Advisory Committee (PIDAC). Best Practices for Infection Prevention and Control in Perinatology in all Health Care Settings that Provide Obstetrical and Newborn Care. (2015) https://www.publichealthontario.ca/-/media/documents/b/2015/bp-ipac-perinatology.pdf?la=en