



<p>ITeam Name: Staff Development, Infection Prevention &amp; Control</p> <p>Team Lead: Director - Staff Development, Infection Prevention &amp; Control</p> <p>Approved by: Regional Lead - Acute Care &amp; Chief Nursing Officer</p>	<p>Reference Number: CLI.8011.PL.020</p> <p>Program Area: Infection Prevention &amp; Control</p> <p>Policy Section: Infection Prevention &amp; Control</p>
<p>Issue Date: February 14, 2023</p> <p>Review Date:</p> <p>Revision Date:</p>	<p>Subject: Routine Practices</p>

*Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.*

**POLICY SUBJECT:**  
Routine Practices

**PURPOSE:**  
Routine Practices are the foundation for preventing transmission of infections in all healthcare settings.

**BOARD POLICY REFERENCE:**  
Executive Limitation (EL-02) Treatment of Clients  
Executive Limitation (EL-03) Treatment of Staff  
Executive Limitation (EL-07) Corporate Risk

**POLICY:**  
Southern Health-Santé Sud (SH-SS) is committed to identifying and promoting Infection Prevention and Control (IP&C) practices and precautions for preventing the transmission of infection in all health care settings.

Routine Practices are the required IP&C practices for use in the routine care of ALL clients at ALL times in ALL health care settings, as recommended by MB Health and the Public Health Agency of Canada (PHAC). Consistent use of Routine Practices by all healthcare workers (HCWs) is required to prevent the spread of infection. No HCW is exempt from following Routine Practices.

## **DEFINITIONS:**

**Client:** An individual who accesses and/or receives health care related services from a SH-SS facility or program. Clients may be patients in an acute care setting, residents in a personal care home or clients in a community program.

**Donning PPE:** Putting on personal protective equipment (PPE)

**Doffing PPE:** Taking off PPE

**High-touch surfaces:** Those surfaces that have frequent contact with hands. Examples include, but are not limited to: doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, toilet flushes, monitoring equipment, IV infusion pump, end-of-bed table and the edges of the privacy curtains. The specific surfaces that should be considered high-touch will vary between health care settings.

**Low-touch surfaces:** Those surfaces that have minimal contact with hands. Examples include, but are not limited to: floors, walls, ceilings, mirrors and window sills.

**Routine Practices:** This refers to a comprehensive set of IP&C measures that have been developed for use in the routine care of all clients at all times in all health care settings. Routine Practices aim to minimize or prevent healthcare associated infections (HAIs) in all individuals in the health care setting, including clients, HCWs, other staff, visitors, contractors, etc.

## **PROCEDURE:**

All SH-SS facilities (Acute Care and Personal Care Homes) and all community programs (Emergency Response System (ERS), Home Care, Public Health, Primary Health Care and Mental Health) will follow the guidance for Routine Practices provided in the Manitoba Health, Seniors and Active Living – *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care*. <https://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>

**Elements of Routine Practices** include, but are not limited to:

- Point of Care Risk Assessment
- Hand Hygiene
- Client Placement/Accommodation
- Personal Protective Equipment
- Respiratory Hygiene
- Handling Client Care Items and Equipment
- Environmental Cleaning
- Linen and Dishes
- Client Transport
- Family and Visitors
- Waste and Sharp Handling

### **Point of Care Risk Assessment (PCRA):**

- Assess the risk of spreading infection before every client interaction, taking into consideration the client, client environment and nature of the interaction.
- Assess for any possible contact with blood, body fluids, secretions, excretions, contaminated surfaces and equipment.
- Perform hand hygiene and put on the correct PPE, if needed, before providing care.
- Refer to Point of Care Risk Assessment (PCRA) CLI.8011.PL.020.SD.01.

**Hand Hygiene:**

- Hand hygiene is the single most important step in preventing infections.
- Perform hand hygiene by using alcohol-based hand rub (ABHR) or soap and water.
- Follow the 4 Moments for Hand Hygiene:
  - BEFORE initial contact with a client or client's environment
  - BEFORE clean or aseptic procedure
  - AFTER exposure or risk of exposure to blood and/or body fluids
  - AFTER contact with a client or client's environment
- Refer to SH-SS Hand Hygiene Policy (CLI.8011.PL.001).

**Client Placement/Accommodation:**

- Determine options for client placement and room sharing if single rooms are limited by using the PCRA (CLI.8011.PL.020.SD.01).
- When there are insufficient single rooms, room assignments and cohorting of clients should be based on:
  - Route of transmission of the infectious agent
  - Risk factors for transmission (e.g., cognitive status, ability to maintain hygiene)
  - Risk factors for acquisition in other clients on the unit (e.g., compromised immunity)
- When cohorting clients:
  - Remove PPE (if worn) and perform hand hygiene when leaving one bed space or before providing care to the other clients in the room
  - Separate client beds by a minimum of 2 meters

**Personal Protective Equipment (PPE):**

- Consists of gloves, gowns or facial (mask and eye) protection that can be used by a HCW or other staff to provide a barrier that will prevent potential exposure to infectious microorganisms
- Refer to PPE Donning and PPE Doffing Posters (CLI.8011.PL.020.SD.02 and CLI.8011.PL.020.SD.03).

**Gloves**

- Wear non-sterile gloves as determined by the PCRA:
  - When there is a risk of contact with blood, body fluids, secretions, excretions, mucous membranes or non-intact skin
  - When handling contaminated surfaces and equipment
  - When providing direct care, if the HCW has an open cut or abrasion on the hands
- Appropriate glove use:
  - Perform hand hygiene before donning clean gloves and immediately after doffing gloves
  - Gloves are single-use
  - Never wash gloves or use ABHR while wearing gloves
  - Do not wear gloves when accessing clean supplies or linens

## **Gowns**

- Wear long-sleeved, cuffed gown as determined by the PCRA:
  - To protect uncovered skin
  - To prevent soiling of clothing
  - During procedures and client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions
- Appropriate gown use:
  - Perform hand hygiene before donning clean gown and immediately after doffing gown
  - Gowns are single-use
  - Ensure the gown sleeves cover your wrists
  - Do not use gowns as housecoats or warm up jackets
  - Remove gown immediately after completion of the client care activity requiring its use
  - When removing gowns, place in waste container if disposable or in linen bag if reusable

## **Facial (Mask and Eye) Protection**

- Wear facial (mask and eye) protection (e.g., masks and eye protection, face shield or mask with visor attachment) as determined by the PCRA (CLI.8011.PL.020.SD.01):
  - To protect the mucous membranes of the eyes, nose and mouth during procedures and client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions
  - When caring for a coughing or sneezing client
- Appropriate facial (mask and eye) protection use:
  - Perform hand hygiene prior to donning facial protection and immediately after doffing
  - Ensure your nose, mouth and chin are covered when wearing a mask
  - Do not dangle a mask around the neck when not in use
  - Do not reuse a mask
  - Change the mask if it becomes wet or soiled
  - Prescription eye glasses are not acceptable as eye protection

## **Respiratory Hygiene**

- Cough or sneeze into your upper arm or elbow OR
- Cover your nose and mouth with a tissue when coughing or sneezing
  - Dispose of the tissue immediately after use and perform hand hygiene

## **Handling Client Care Items and Equipment**

- Bring minimal supplies into client room, tub room, home and treatment rooms.
- All reusable equipment and supplies should be dedicated to the client until discharge.

- If reusable equipment cannot be dedicated to a single client, clean and disinfect thoroughly with a regionally approved low-level disinfectant before use on another client.
- Do not share personal items (i.e., soaps, lotions, razors) between clients.
- After clients are discharged, transferred or additional precautions are discontinued, clean/disinfect reusable equipment, discard single-use supplies that remain in the room and launder unused linens.

### **Environmental Cleaning**

- Clean and disinfect high-touch surfaces within client environment at least daily and when visibly contaminated.
- Low-touch surfaces should be cleaned on a regularly scheduled basis.
- Terminal cleaning is required following client discharge/transfer.
- Use regionally approved cleaner disinfectants and follow Environmental Services (EVS) policies/procedures.

### **Linen and Dishes**

- Soiled linen is handled the same way for all clients, regardless of their infection status
- Handle soiled/used linen with minimum agitation and place directly in linen bag at point-of-use without sorting. Do not overfill bags. Double bag only if leaking.
- Transport and store clean linen in a manner that prevents its contamination and ensures its cleanliness, i.e., cover linen carts when in storage and during transportation.
- Used meal trays and dishes do not require special handling. Place on dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required.

### **Client Transport**

- Avoid transfer of clients within facilities, unless medically indicated
- Before clients leave their room, educate or assist them to:
  - Perform hand hygiene
  - Offer a mask to the client, if respiratory symptoms are present
  - In AC, put on clean hospital gown/housecoat
  - Ensure dressings and incontinence products are able to contain any body fluids or drainage
- Staff transporting client should assess the client's risk of spreading infection and if necessary, choose clean PPE using the PCRA (CLI.8011.PL.020.SD.01).

### **Family and Visitors**

- Encourage and instruct family and visitors to:
  - Perform hand hygiene on entry and exit to the facility/client room and as needed.
  - Practice respiratory hygiene while visiting.
  - Reschedule visits when feeling unwell.

### **Waste and Sharp Handling**

- Wear gloves to remove waste from client rooms, treatment rooms or if the outside of the garbage bag is soiled.
- Perform hand hygiene immediately after waste disposal.

- Avoid contact with clothing/body.
- Dispose of sharps immediately after use in a puncture-proof, biohazard container at point-of-care.
- Do not overfill waste or sharps container.
- Follow SH-SS waste management sorting and disposal guidelines.

**SUPPORTING DOCUMENTS:**

<a href="#">CLI.8011.PL.020.SD.01</a>	Point of Care Risk Assessment (PCRA)
<a href="#">CLI.8011.PL.020.SD.02</a>	PPE Donning Poster
<a href="#">CLI.8011.PL.020.SD.02.F</a>	PPE Donning Poster– French
<a href="#">CLI.8011.PL.020.SD.03</a>	PPE Doffing Poster
<a href="#">CLI.8011.PL.020.SD.03.F</a>	PPE Doffing Poster– French

**REFERENCES:**

Alberta Health Services. (January 2020). *Infection Prevention and Control – Routine Practices*.

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Saskatchewan Health Authority. (November 16, 2020). *Routine Practices – Infection Prevention and Control*.

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