PPG-00029
Routine Practices and Additional Precautions

Area	Infection Prevention and Control
Section	Routine Practices and Additional Precautions
Subsection	N/A
Document Type	Guideline
Scope	All Health Care Providers

Approved By	**Original Effective Date**	**Revised Effective Date**	**Reviewed Date**
Debbie Poole, VP Acute and Long Term Care / EMS	2014-Mar-26	2018-Jul-18	2018-Jul-18

For the purposes of this document, Acute Care includes acute care inpatient facilities, emergency departments, endoscopy, day surgery, hemodialysis and chemotherapy. Ambulatory Care includes outpatient clinics such as therapy services, laboratory and diagnostic imaging, public health, mental health, medical clinic, etc.

TABLE OF CONTENTS

ROUTINE PRACTICES

Routine Practices are the foundation for preventing the transmission of microorganisms during client care in all health care settings. It is a comprehensive set of infection prevention and control (IP&C) measures developed for use in the routine care of **ALL CLIENTS AT ALL TIMES IN ALL HEALTH CARE SETTINGS.**

Consistent application of Routine Practices is expected for the care of all clients at all times across the continuum of care. Microorganisms may be transmitted from symptomatic and asymptomatic individuals, emphasizing the importance of adhering to Routine Practices at **all times** for **all clients** in **all health care settings.**

Clients and visitors have a responsibility to comply with Routine Practices where indicated. Teaching clients and visitors basic principles (e.g. hand hygiene, use of Personal Protective Equipment [PPE]) is the responsibility of all health care providers. All health care providers will complete education and training on S.P.O.T. pertaining to Routine Practices at the recommended/required intervals.

POINT OF CARE RISK ASSESSMENT (PCRA)

The PCRA is an evaluation of the risk factors related to the interaction between the health care provider, the client and the client's environment to assess and analyze their potential for exposure to infectious agents and identifies risks for transmission. Control measures are based on the evaluation of the risk factors identified.

Health care providers should routinely perform a PCRA before every interaction with a client to determine which interventions are required to prevent transmission of microorganisms during that interaction.

A PCRA is performed when a health care provider evaluates a client and situation, including, but not limited to:

- Determine the possibility of exposure to blood, body fluids, secretions and excretions, non-intact skin, and mucous membranes and select appropriate control measures (e.g. PPE) to prevent exposure.
- Determine the need for Additional Precautions when Routine Practices are not sufficient to prevent exposure.
- Within health care facilities, determine the priority for single rooms or for roommate selection if rooms/spaces are to be shared by clients.

Risk varies in health care settings; therefore, control measures may need to be modified depending on the health care setting, rather than imposing the same level of precautions across all settings.

How to Perform a PCRA

When performing a PCRA, health care providers consider questions to determine risk of exposure and potential for transmission of microorganisms during client interactions. Examples of such questions are:

- What contact will the health care provider have with the client?
- What task(s) or procedures(s) is the health care provider going to perform?
- Is there a risk of splashes/sprays?
- If the client has diarrhea, is he/she continent? If incontinent, can stool be contained in an incontinence product?
- Is the client able and willing to perform hand hygiene?

- Is the client in a shared room?

Point of Care Risk Assessment Algorithm (PCRA) For All Client Interactions

Assess the TASK, the CLIENT and the ENVIRONMENT[1] prior to each client contact. Performing a PCRA is the first step in Routine Practices. Routine Practices are to be used with all clients for all care at all times. This will help you decide what, if any, PPE you need to wear to protect yourself and to prevent the spread of germs.

A **PCRA** is to be performed prior to contact with every client, every time even if the client has been placed on Additional Precautions as more PPE may be required.

Will my hands be in contact with mucous membranes, non-intact skin, BBFs[2] or contaminated items?

YES

Wear Gloves

Will my clothing or skin become soiled from splashes/sprays or contact with items contaminated with BBF[2]?

YES

Wear Long-Sleeved Gown

Will my eyes, face or mucous membranes be splashes/sprayed with BBF[2] or within 2 metres of a coughing or vomiting client?

YES

Wear Facial Protection (mask and eye protection)

Perform Hand Hygiene before and after using PPE

Notes:

[1] Environment – any area within 2 metres of the client as well as their belongings and bathroom or the immediate space around a client that may be touched by the client AND may also be touched by the health care provider when providing care or performing tasks.

[2] BBF = Blood and Body Fluids (includes: urine, feces, wound drainage, saliva, vomit, CSF, sputum, nasal secretions, semen, vaginal secretions).

Factors Affecting Risk of Transmission of Microorganisms in a Health Care Setting Within the Chain of Infection

Higher Risk of Transmission is Associated with:	
Infectious Agent	**Microorganism/Infectious Agent** • Presence of large amount of the infectious agent • Low infective dose required for infection (i.e. high infectivity) • High pathogenicity/virulence (i.e. ability to cause disease or illness) • Airborne Spread • Able to survive in the environment • Able to colonize invasive devices • Able to exist in an asymptomatic/carrier state
Reservoir Portal of Exit	**Source Client** • Incontinent of stool and stool not contained by incontinence products • Draining skin lesions or wounds not contained by dressings • Copious uncontrolled respiratory secretions • Inability to comply with hygienic practices and IP&C precautions • Client in intensive care unit or requiring extensive hands-on care
Reservoir	**Environment** • Inadequate cleaning/disinfection • Shared care equipment without cleaning between clients • Crowded facilities • Shared facilities, such as multi-bed rooms (e.g. toilets, sinks, baths) • High client-nurse ratio • Inadequately educated, trained or non-compliant staff
Host Portal of Entry	**Susceptible Host** • Client in intensive care unit or requiring extensive hands-on care • Client has invasive procedures or devices • Non-intact skin (client or staff) • Debilitated, severe underlying disease • Pediatric and elderly clients • Recent antibiotic therapy • Immunosuppression • Lack of appropriate immunization

Adapted from Routine Practices and Additional Precautions in All Health Care Settings, Provincial Infectious Diseases Advisory Committee (PIDAC), November 2012.

HAND HYGIENE

Hand hygiene (HH) is a general term referring to any action of hand cleaning. HH relates to the removal of visible soil and removal or killing of transient microorganisms from the hands while maintaining the good skin integrity resulting from a hand care program.

Hands of health care providers are the most common vehicle for the transmission of microorganisms from client to client, from client to equipment and the environment, and from equipment and the environment to the client. Transmission of organisms by hands of health care providers between clients can result in health care-associated infections (HAIs). During the delivery of health care, the health care provider's hands continuously touch surfaces and substances including inanimate objects, clients' intact or non-intact skin, mucous membranes, food, waste, body fluids and the health care provider's own body. This movement while carrying out tasks and procedures provides many opportunities for the transmission of organisms on hands.

Hand Hygiene is the single most important practice to prevent infections in health care settings.

Hand hygiene is a core element of client safety for the prevention of infections and the spread of antimicrobial resistance.

There are two methods of performing hand hygiene:

1. Alcohol-Based Hand Rub (ABHR):

- Use of alcohol-based hand rub (ABHR) has been shown to reduce health care-associated infection rates.
- ABHR is the preferred method for decontaminating hands. ABHR is faster and more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled. Hand hygiene with correctly applied alcohol-based hand rub kills organisms in seconds.
- ABHRs:
  - Provide a rapid kill of most transient microorganisms.
  - Contain emollients to reduce hand irritation.
  - Are less time consuming than washing with soap and water.

Alcohol-based hand rub is the preferred method to routinely decontaminate hands in clinical situations when hands are not visibly soiled.

- The efficacy of the ABHR depends on the consistency of the product (e.g. gel, foam, liquid), the concentration of the product (e.g. percentage of alcohol), the amount of product used, the time spent rubbing, and the hand surface rubbed.
  - ABHR should not be used with water, as water will dilute the alcohol and reduce its effectiveness.
  - ABHR should not be used immediately after hand washing with soap and water as it will result in more irritation of the hands.

ABHRs available for health care settings range in concentration from 60 to 90% alcohol. Concentrations higher than 90% are less effective because proteins are not denatured easily in the absence of water. Studies suggest that norovirus is inactivated by alcohol concentrations ranging from 70% to 90%. Since norovirus is a concern in all health care settings, a minimum concentration of 70% alcohol should be used.

Using Alcohol-Based Hand Rub (ABHR)

- Ensure hands are visibly clean and dry (if soiled or wet, follow hand washing steps).
- Apply one to two full pumps of product onto one palm.
- Spread product over all surfaces of hands, concentrating on finger tips, under fingernails, between fingers, back of hands, and base of thumbs; these are the most commonly missed areas.
- Continue rubbing hands until product is dry; this will take a minimum of 15 seconds if sufficient product is used.

2. Hand Washing

- Hand washing with soap and running water must be performed when hands are visibly soiled.
- Bar soaps are not acceptable in health care settings except for the personal use of a single client. In this case, the bar must be stored in a soap rack to allow drainage and drying. It should be discarded on client discharge.
- Only liquid soap or ABHR should be used in a client's home for health care provider hand hygiene. Bar soap is acceptable for client's personal use.
- Plain soaps act on hands by emulsifying dirt and organic substances (e.g. blood, mucous), which are then flushed away with rinsing. Antimicrobial agents in plain soaps are present only as a preservative.
- Antimicrobial soaps have residual antimicrobial activity and are not affected by the presence of organic material. Disadvantages of antimicrobial soap include:
  - ♦ Antimicrobial soaps are harsher on hands than plain soaps and frequent use may result in skin breakdown.
  - ♦ Frequent use of antimicrobial soap may lead to antibiotic resistance.

When alcohol-based hand rub is available in the health care facility for HH, the use of antimicrobial soap is not recommended.

Using Soap and Water

- Wet hands with warm (not hot or cold) water; hot or cold water is hard on the hands, and will lead to dryness.
- Apply liquid or foam soap.
- Vigorously lather all surfaces of hands for a minimum of 15 seconds. Removal of transient or acquired bacteria requires a minimum of 15 seconds of mechanical action. Pay particular attention to finger tips, under fingernails, between fingers, backs of hands and base of the thumbs; these are the most commonly missed areas.
- Using a rubbing motion, thoroughly rinse soap from hands; residual soap can lead to dryness and cracking of skin.
- Dry hands thoroughly by blotting hands gently with a paper towel; rubbing vigorously with paper towels can damage the skin.
- Turn off taps with paper towel to avoid recontamination of the hands.
- Do not use ABHR immediately after washing hands, as skin irritation will be increased.

Using Towelettes/Wipes

- Hand wipes impregnated with plain soap or alcohol may be used to remove visible soil and/or organic material, but should not be used as a substitute for ABHR or hand washing, as they are not as effective at reducing bacterial counts on health care provider's hands.

When visible soil is present and running water or satisfactory hand washing sink is not immediately available (e.g. prehospital care/home care), use moistened towelettes to remove the visible soil, followed by ABHR.

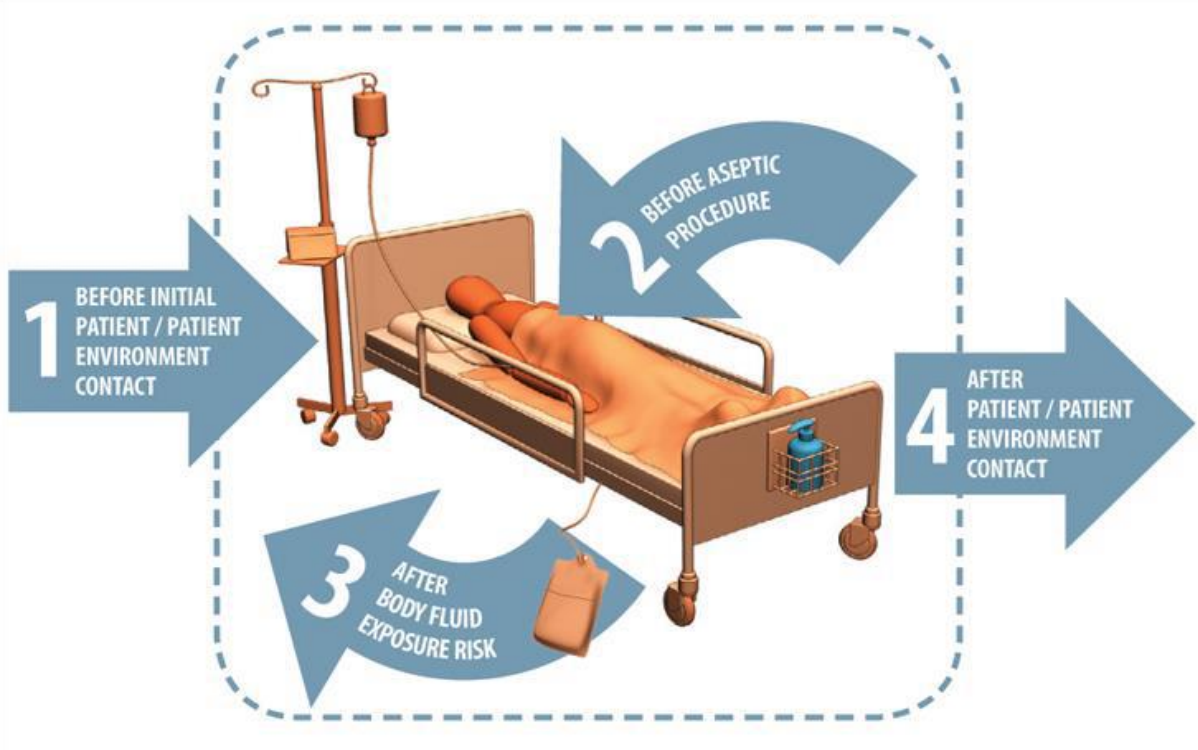
Using Non-Alcohol-Based Waterless Antiseptic Agents

- Currently there is no evidence for the efficacy of non-alcohol based, waterless antiseptic agents in clinical areas. Non-alcohol based products have a quaternary ammonium compound (QUAT) as the active ingredient, which been shown to be not as effective against most microorganisms as ABHR or soap and water.
  - ♦ QUATs are prone to contamination by Gram-negative organisms.
  - ♦ QUATs are also associated with an increase in skin irritation.

Non-alcohol-based waterless antiseptic agents are not recommended for hand hygiene in clinical areas.

Indications and Moments for Hand Hygiene during Health Care Activities

While all indications for hand hygiene are important, there are some essential moments in health care settings where the risk of transmission is greatest and hand hygiene must be performed. Performing hand hygiene at the most essential moments helps to protect the client, the health care provider, and the health care environment. These essential hand hygiene indications can be simplified into *Your 4 Moments for Hand Hygiene*:



Your 4 Moments for Hand Hygiene**:** *Image source: Just Clean Your Hands - Public Health Ontario.*

Moment 1: Before Initial Client/Client Environment Contact

When? Clean hands before contact with the client or client's environment. Examples include performing hand hygiene before:

- Assisting a client to reposition
- Checking a client's pulse/blood pressure
- Touching items in a client's home or personal belongings

Why? To protect the client and their environment from harmful microorganisms carried on the health care providers hands.

Moment 2: Before Clean/Aseptic Procedures

When? Clean hands before any clean or aseptic procedure. Examples include performing hand hygiene before:

- Putting on gloves
- Invasive procedures (e.g. injection, checking blood glucose, catheter insertion, etc.)
- Handling dressings or touching open wounds
- Preparing and administering medications
- Giving eye drops
- Feeding a client, handling food

Why? To protect the client against harmful microorganisms, including their own microorganisms, from entering their body.

Moment 3: After Body Fluid Exposure Risk

When? Clean hands after an exposure to blood and body fluids, non-intact skin, and/or mucous membranes. Examples include performing hand hygiene after:

- Removing gloves
- Contact with blood and body fluids (e.g. urine, feces, vomit, etc.)
- Handling soiled/contaminated items (e.g. bathroom, linen, medical instruments)
- Between procedures on the same client where soiling of hands is likely

Why? To protect the health care provider and health care environment from harmful client microorganisms.

Moment 4: After Client/Client Environment Contact

When? Clean hands after contact with the client or client's environment. Examples include performing hand hygiene after:

- Feeding a client
- Assisting a client to mobilize
- Changing bed linen, touching a bed rail, clearing the bedside or over bed table
- Adjusting an intravenous rate, touching monitors

Why? To protect the health care provider and the health care environment from harmful microorganisms.

Other important times to perform HH include:

- After blowing your nose
- After using the washroom
- Before and after shifts and breaks
- Before and after eating

Hand Hygiene at the Point of Care

Providing ABHR at the point of care is an important system support to improve hand hygiene. Point of care products should be available at the required moment, without leaving the client care environment. This enables health care providers to follow Your 4 Moments for Hand Hygiene.

Factors that Reduce Effectiveness of Hand Hygiene:

- Condition of Hands: The condition of the hands can influence the effectiveness of hand hygiene. Intact skin is the body's first line of defense against bacteria. Therefore, careful attention to hand care is an essential part of the hand hygiene program. The presence of dermatitis, cracks, cuts or abrasions can trap bacteria and compromise hand hygiene. Dermatitis also increases shedding of skin cells and, therefore, shedding of bacteria.
- Nails: Long nails are difficult to clean, can pierce gloves and harbour more microorganisms than short nails. Keep natural nails clean and short.
- Nail Polish: Studies have shown that chipped nail polish or nail polish worn longer than four days can harbour microorganisms that are not removed by hand washing, even with surgical hand scrubs. Nail polish, if worn, must be fresh and in good condition. Gel polish has been shown to damage nails, resulting in nail weakness, brittleness and thinning, putting nails at increased risk for breaking. Nail art (adding decorative paint effects to nails) has been shown to be associated with outbreaks of infection.
- Artificial Nails or Nail Enhancements: Acrylic nails harbor more microorganisms and are more difficult to clean than natural nails. Artificial nails and nail enhancements have been implicated in the transfer of microorganisms and in outbreaks.
- Rings, Hand Jewelry and Bracelets: Hand and arm jewelry hinder hand hygiene. Rings increase the number of microorganisms present on hands and increase the risk of tears in gloves. Arm jewelry, including watches, should not interfere with, or become wet when performing hand hygiene.
- Long sleeves should not interfere with, or become wet when performing hand hygiene.

SOURCE CONTROL

Source control measures are strategies used to contain microorganisms from spreading from an infectious source.

Respiratory Etiquette

Respiratory etiquette refers to a combination of measures designed to minimize the transmission of respiratory pathogens.

Encourage respiratory etiquette for all individuals who have signs and symptoms of a respiratory infection, beginning at the point of initial encounter in any health care setting. Respiratory etiquette includes:

- Covering the mouth and nose against a sleeve/shoulder during coughing or sneezing.
- Using tissues to cover the mouth and nose during coughing or sneezing, with prompt disposal into a hands-free waste receptacle.
- Using a mask when coughing or sneezing.

- Turning the head away from others when coughing or sneezing.
- Maintaining a spatial separation of two metres/six feet between clients symptomatic with an acute respiratory infection and those who do not have symptoms of a respiratory infection. If this cannot be achieved, the symptomatic person must wear a mask.

Individuals (e.g. health care providers, visitors, volunteers, etc.) with signs/symptoms of respiratory illness should not come to client care areas.

Triage

1. Emergency rooms and acute care settings;
   - Post signs to direct clients with symptoms of acute infection (e.g. cough, fever, vomiting, diarrhea, coryza, rash, conjunctivitis) to perform hand hygiene and/or respiratory hygiene appropriate for symptoms.
   - Ensure a physical barrier (e.g. plastic partition at triage desk) is located between infectious sources (e.g. clients with symptoms of a respiratory infection) and others.
   - Place clients who are likely to contaminate the environment directly into a single examining room whenever possible:
     - ♦ Clients with gastrointestinal (acute diarrhea/vomiting) illness.
     - ♦ Clients with respiratory infections. These clients should be placed either directly into an examining room or an airborne infection isolation room, as indicated by the respiratory infection suspected. Place a procedure mask on these clients until isolated or spatial separation is achieved.
     - ♦ Clients with excessive bleeding or body fluid drainage.

2. Ambulatory/Clinic setting;
   - If possible, identify clients with symptoms of an acute infection when scheduling appointments for routine clinic visits and request they defer routine clinic visits until symptoms of the acute infection have subsided.
   - Inform clients who cannot defer their routine clinic visit (e.g. those that require assessment of symptoms/condition) to follow hand hygiene and/or respiratory hygiene (e.g. provide procedure mask) recommendations appropriate for their symptoms. Direct these clients into an examining room as soon as they arrive and/or schedule their appointment for a time when other clients are not present.
   - Post signs at clinic entrances reminding symptomatic clients to perform hand hygiene and/or respiratory hygiene appropriate for symptoms.

3. Home Settings:
   - If the client is showing symptoms of an acute infection, if possible, encourage the use of a separate bathroom, frequent cleaning and limited prolonged interaction with other individuals.

Early Diagnosis and Treatment

Ensure symptomatic clients are assessed in a timely manner and that any potential communicable infection is considered (e.g. tuberculosis, norovirus, respiratory syncytial virus, pertussis).

Spatial Separation

Appropriate spatial separation and spacing requirements are necessary to decrease exposure to microorganisms for clients and visitors in clinical and waiting areas. A two metre/six foot spatial distance between a symptomatic infected client and an unprotected susceptible host is recommended to prevent the transmission of infectious droplet particles.

CLIENT ACCOMMODATION, PLACEMENT, & FLOW

Accommodation and Placement within Acute/Long Term/Transitional Care

Single rooms with a private toilet, client hand hygiene sink and designated staff hand hygiene sink may reduce opportunities of transmission between clients. This should be considered particularly when the client has poor hygiene, contaminates the environment or cannot comply with IP&C measures because of age or decreased cognitive abilities.

When availability of single rooms is limited, priorities for placement of clients in single rooms are determined by the PCRA. Priority for single rooms goes to clients:

- Requiring Additional Precautions.
- Identified as high risk for transmission of microorganisms (e.g. stool incontinence, uncontained secretions).
- Identified as being at higher risk of acquisition and adverse outcomes resulting from transmission of microorganisms (e.g. immunosuppression, open wounds, indwelling catheters).

When single rooms are not available and rooms must be shared, factors to be considered with shared rooms include:

- Selecting appropriate roommates. (Roommates that are not immunocompromised, have drainage tubes, IV's, open wounds etc.).
- Delineating the boundary of the potentially contaminated client area within the shared room (e.g. draw privacy curtain around client).
- Preventing transmission risks through sharing of sinks and toilets.
- Assessing activities of the roommates and their visitors.

Questions to Ask When Determining Placement of Clients and their Roommates

- Is the client soiling their environment because of poor hygiene practices, uncontained drainage or incontinence?
- Does the client have an infection that might be transmitted to another client?
- What is the condition of other clients in the unit/program?
- Does the client have an indwelling device (e.g. urinary catheter, central line, feeding tube)?
- Does the client have non-intact skin?
- Is the client more susceptible to infection with respect to underlying conditions or extremes of age?
- Can the client follow directions on hygiene measures?

Client Flow/Transport

- Frequent client transfers should be avoided as this increases opportunities for transmission to occur.
- In facility settings, the health care provider and those responsible for coordinating accommodation (e.g. Utilization Coordinators), are responsible for selecting the most appropriate accommodation type based on the PCRA and for prioritizing use of single rooms and Airborne Infection Isolation Rooms (AIIRs).
- Single client transport is preferred. If multi-client transport is required, consider the following to prioritize single client transport:
  - ♦ Requires Additional Precautions.
  - ♦ Identified as high risk for transmission of microorganisms (e.g. stool incontinence, uncontained secretions).
  - ♦ Identified as being at higher risk of acquisition and adverse outcomes resulting from transmission of microorganisms (e.g. immunosuppression, open wounds, indwelling catheters).

ASEPTIC TECHNIQUE

Aseptic technique, sometimes referred to as sterile technique, refers to practices designed to render the client's skin, medical supplies and surfaces free from microorganisms. These practices are required when performing procedures that expose the client's normally sterile sites (e.g. intravascular system, spinal canal, subdural space, urinary tract) to minimize contamination with microorganisms.
Components of aseptic technique involve the following:

- Preparing skin with an antiseptic
- Hand hygiene, preferably with ABHR
- Sterile gloves
- Long-sleeved gowns
- Masks, when required, to prevent microorganisms carried in the health care provider's nose and mouth from contaminating the sterile field
- Sterile drapes, used to prevent transferring microorganisms from the environment to the client while the procedure is being performed
- Maintaining a sterile field

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE provides a physical barrier between the uninfected individual and an infectious agent/infected source, and protects the user from exposure to blood borne and other microorganisms (e.g. sprays of blood, body fluids, respiratory tract or other secretions or excretions). PPE should not be relied on as a stand-alone primary prevention strategy.

A PCRA identifies hazards and enables the health care provider to select PPE compatible with the hazard likely to be encountered during the client care interaction. Health care providers should determine what PPE is needed by assessing the risk of exposure to blood, body fluids, secretions and excretions, mucous membranes, or non-intact skin during client care interactions.

Appropriate PPE must be available for use by health care providers, visitors, clients, contractors, and others, to prevent exposure to an infectious agent/infected source.

Appropriate and proper use of PPE includes:

- PCRA to determine need for PPE
- Correct technique for putting on and taking off PPE
- Correct technique when wearing PPE (e.g. not contaminating self)
- Discarding into designated/appropriate receptacles immediately after use followed by hand hygiene, preferably with ABHR

Following the PCRA, PPE for the appropriate application of Routine Practices may include:

- Gloves
- Long-sleeved gowns
- Facial protection:
  - ♦ Masks (procedure or surgical)
  - ♦ Eye protection (safety glasses or face shields) does not include prescription or fashion glasses
  - ♦ Masks with visor attachment

Performing a PCRA to determine whether PPE is necessary is also important to avoid overreliance on PPE, misuse or waste. Over-reliance on PPE may result in a false sense of security. Misapplication or

incorrect removal of PPE can result in inadvertent exposure of the user or client to infectious agents or contamination of the client's environment.

Gloves

The use of gloves is not a substitute for hand hygiene, but an additional measure of protection. For Routine Practices, glove use is dependent on a risk assessment of the client, the environment and the interaction. Gloves are not required for routine client care activities when contact is limited to a client's intact skin.

- Gloves are used to reduce the transmission of microorganisms from one client to another or from one body site to another, and to reduce the risk of exposure of the user to blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin and for handling items or touching surfaces visibly or potentially soiled. Options include nitrile, vinyl or surgical gloves. Non-powdered gloves are recommended to avoid reactions with alcohol-based hand rub. Prolonged use can result in germ transmission. When another indication for hand hygiene occurs while wearing gloves, remove gloves and perform hand hygiene.

Because gloves are not completely free of leaks and hands may become contaminated when removing gloves, hand hygiene must be performed before and after glove removal.

Wear gloves as determined by the PCRA:

- For anticipated contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (including skin lesions or rash).
- For handling items or touching surfaces visibly or potentially soiled with blood, body fluids, secretions or excretions.
- While providing direct care if the health care provider has an open cut or abrasions on the hands.

Appropriate Glove Use:

- Perform hand hygiene prior to putting on gloves for tasks requiring clean, aseptic or sterile technique. Ensure hands are dry when donning gloves.
- Should cover the sleeve cuffs when a gown is worn.
- Put gloves on directly before contact with the client or just before the tasks or procedure requiring gloves.
- Wear disposable nitrile gloves for cleaning medical equipment.
- Change or remove gloves and perform hand hygiene immediately after client care activities that involve contact with materials that may likely contain large amounts of microorganisms (e.g. after handling an indwelling catheter, changing a dressing, etc.). If gloves are still indicated, perform hand hygiene and replace with a clean pair.
- Remove gloves and dispose into a hands-free waste receptacle immediately following their intended use.
- Do not reuse single-use gloves. Do not clean gloves with alcohol-based hand rub or wash for reuse. Washing affects glove integrity and has not been shown to be effective in removing microorganisms.
- Perform hand hygiene following the removal of gloves, before leaving the client's environment and before touching other environmental surfaces.
- Do not use the same pair of gloves for the care of more than one client.
- Do not double glove.
- It is never appropriate for clients to wear gloves.

Gowns and Other Apparel

Long-sleeved gowns are worn for Routine Practices as indicated by the PCRA, to protect uncovered skin and clothing during procedures and client care activities likely to produce soiling or generate splashes or sprays of blood, body fluids, secretions or excretions.

Gowns include isolation gowns – reusable/disposable, fluid repellent, or sterile. The type of gown selected is based on the:

- Anticipated degree of contact with infectious material.
- Potential for blood and body fluid penetration of the gown; fluid repellence when heavy liquid contamination is anticipated (e.g. operating theatre, dialysis; equipment cleaning).
- Requirement for sterility (e.g. operating theatre, central line insertion).

It is never appropriate for clients to wear gloves or isolation gowns while out of their room.

Facial Protection

Facial protection protects susceptible hosts when within two metres/six feet of clients with respiratory signs/symptoms. It protects mucous membranes of the eyes, nose and mouth during client care activities and procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions. It also acts as a barrier when performing aseptic/sterile procedures. Facial protection includes masks (procedure or surgical), eye protection (safety glasses or face shields), or masks with visor attachment.

Appropriate Use of Facial Protection:

- Perform hand hygiene prior to applying facial protection.
- Wear and discard facial protection appropriately to prevent self-contamination.
- Wear eye protection over prescription or fashion glasses; prescription or fashion glasses alone are not adequate for eye protection.
- Ensure nose, mouth, and chin are covered when wearing a mask.
- Avoid self-contamination by not touching facial protection on its external surface during use and disposal.
- Wear disposable eye protection or face shields only once to avoid self-contamination. If eye protection or face shields are reusable, clean and disinfect as per regional policy before reuse.
- Remove facial protection carefully by the straps or ties.
- Discard facial protection immediately after the intended use into a hands-free waste receptacle (i.e. dispose of as soon as removed from face) and perform hand hygiene.
- Do not dangle a mask around the neck when not in use.
- Do not reuse masks.
- Change the mask if it becomes wet or soiled (from the wearer's breathing or due to an external splash).
- Change the mask if breathing becomes difficult.
- Do not position on head or around the neck for later use.
- In cohort settings, facial protection may be worn for the care of successive clients.

Donning and Doffing PPE

- Refer to Personal Protective Equipment Putting it on in 5 Easy Steps (PMH2314)
- Refer to Personal Protective Equipment Taking it off in 6 Easy Steps (PMH2315)

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 must be cleaned with a PMH approved disinfectant prior to transport.
- All specimens submitted to the laboratory for testing must be packaged in such a manner as to prevent spillage, breakage, or damage to the specimen itself, and/or to accompanying specimens. The safety of the environment, and the safety of all persons involved in the shipping, handling and receiving of these specimens must be ensured by preventing exposure to the contents of the shipment at any time.
- Specimens and requisitions must be labeled to comply with receiving laboratory's acceptance policy.
- Specimens will be transported to the laboratory in sealable bags as recommended by the laboratory.
- Each specimen must have its own requisition. Requisitions must be placed in the exterior pouch of the bag for transport.
- Consider PPE when collecting specimens.
- Perform hand hygiene immediately after specimen collection.

SHARPS SAFETY & PREVENTION OF BLOODBORNE TRANSMISSION

Users of sharps require education and training about how to safely handle sharp devices to prevent injuries to themselves and to others who may encounter the device during or after procedures. Safety programs include a formal incident investigation for every sharp injury occurring in the work setting.

- Use of safety engineered devices such as using protected needle devices, needle-free systems with self-sealing ports, and syringes with safety features, have been reported to reduce needle stick injuries. Their use has been identified as a priority in risk reduction strategies. Some models have demonstrated a risk for clients. Therefore, careful consideration to both clients and health care providers should be taken when selecting safety engineered sharps devices. Refer to organizational policies, procedures and guidelines for handling and disposal of sharps.
- Do not manipulate by hand or recap used needles. Handle used needles and other sharp instruments with care to avoid injuries during disposal. Dispose of used needles and other used single use sharp items immediately into designated puncture-resistant containers readily accessible at the point of care.

Have health care providers cover open skin areas/lesions on hands or forearms with a dry dressing at all times. Consult Occupational Health or designate if adherence to hand hygiene recommendations is impeded by the dressing.

Perform first aid immediately if exposed to blood or body fluids:

- Thoroughly rinse the site of a percutaneous injury with running water and gently clean any wound with soap and water.
- Flush mucous membranes of the eyes, nose, or mouth with running water if contaminated with blood, body fluids, secretions or excretions.
- Thoroughly rinse non-intact skin with running water if contaminated with blood, body fluids, secretions or excretions.

Report exposure immediately to your supervisor after first aid is performed. Seek immediate medical attention as directed in policies, procedures and guidelines for exposures to blood and body fluids.

	EMS/Ambulatory/Clinic Settings	Acute/Long Term/Transitional Care	Home Settings
Cleaning of the Environment:	Minimize Environmental Contamination by:		
	• Clean and disinfect environment following care/transport.	• Refrain from taking the client care record/chart into the room, cubicle or designated bed space in a shared room and perform hand hygiene after handling the record/chart. • Refrain from eating or drinking in areas where direct client care is provided, at the nursing station, in medication rooms, in clean supply rooms, and in reprocessing or laboratory areas. • Ensure environmental cleaning follows a set procedure and frequency, and is documented and supervised by adequately trained Environmental Services (ES) personnel. • Ensure surfaces are constructed of materials that can be easily cleaned at the point of use. • Clean and disinfect surfaces likely to be touched and/or used on a more frequent schedule compared to other surfaces. This includes surfaces in close proximity to the client (e.g. bedrails, over bed tables, call bells, treatment chairs, examination tables) and frequently touched surfaces in the client care environment such as doorknobs, surfaces in the client's bathroom and shared common areas for dining, bathing, toileting. • Monitor for adherence to recommended	• Educate clients about the importance of environmental cleaning.

	EMS/Ambulatory/Clinic Settings	Acute/Long Term/Transitional Care	Home Settings
		environmental cleaning practices. • Ensure rooms/spaces are cleaned following client discharge or transfer (Discharge/Transfer Cleaning-Client Room [PPG-00241]) and after discontinuing Additional Precautions (Routine Additional Precautions Cleaning-Client Room [PPG-00248]). • Use PMH approved cleaner/disinfectant. • When continued transmission or outbreaks of selected microorganisms (e.g. norovirus, rotavirus, C. *difficile*) occur, use of specific disinfectant products may need to be considered as directed by the Infection Control Professional.	
Cleaning and Disinfection of Non-Critical Client Care Equipment	Contamination of client care equipment, items in the client environment, as well as the client's environment itself have been implicated in transmission of infection.		
	• Use of disposable items is preferred where practical. • Clean and disinfect client care equipment before use on another client.	• Clean and disinfect used non-critical client care equipment or potentially contaminated items (e.g. toys) that have been in direct contact with a client or in that client's environment before use in the care of another client. • Clean and disinfect non-critical client care equipment dedicated to an individual client according to a regular schedule. • Assign responsibility for regular cleaning of reusable non-critical client care equipment. • Dedicate bedpans and commodes for single client use and label appropriately.	• Educate clients about the importance of environmental cleaning. • Limit the amount of disposable and non-disposable client care equipment and supplies brought into the home. • Whenever possible, leave reusable client care equipment in the home until the client is discharged from home care services. • Clean and disinfect reusable non-critical client care equipment (e.g. stethoscope) that cannot remain in the home before removing them from the home. • Alternatively, place contaminated

	EMS/Ambulatory/Clinic Settings	Acute/Long Term/Transitional Care	Home Settings
		Clean and disinfect before use by another client. Bedpan holders for disposable bedpans must be reprocessed following use. • Store sterile and clean supplies in a designated and separate clean dry area protected from dust. Do not store under sinks and/or near plumbing as leaks may occur. • Discard personal care items (e.g. tissues, lotions, soaps, razors) and disposable equipment such as containers used for blood collection or tourniquets left in the room during terminal/discharge clean.	reusable items in a plastic bag for transport and subsequent cleaning and disinfection. • Discard or leave unused disposable equipment or supplies in the home following discharge from home care services (do not use for other clients). • It is recommended that community staff entering the home environment carry a wipeable travel bag or container that will enable staff to have access to PPE, disinfectant wipes, alcohol-based hand rub, etc.
Handling of Linen	Linen may become contaminated with pathogens but risk of disease is negligible.		
	• Handle soiled linen with minimal agitation to avoid contamination of air, surfaces and persons. • Handle soiled linen in the same way for all clients without regard to their infection status. Place soiled linen in an appropriate receptacle at the point of use. • Clean linen should be transported and stored in a manner to prevent contamination. • Maintain separation of clean and soiled linen during transport and storage. • Change client linen regularly and when soiled, and following client discharge. • Roll or fold heavily soiled linen to contain the heaviest soil in the center of the bundle. Do not remove large amounts of solid soil, feces or blood clots from linen by spraying with water; use a gloved hand and toilet tissue then place into a bedpan or toilet for flushing. • Wash reusable linen bags after each use; they may be washed in the same cycle as the linen contained in them. In ambulatory care: • Change linen following every client treatment/procedure.		• Handle soiled linen with minimal agitation to avoid contamination of air, surfaces and persons. • Handle soiled linen in the same way for all clients without regard to their infection status. Place soiled linen in an appropriate receptacle at the point of use. • Change linen following every client treatment/transport. • Roll or fold heavily soiled linen to contain the heaviest soil in the center of the bundle. Do not remove large amounts of solid soil, feces or blood clots from linen by spraying with water; use a gloved hand and toilet tissue then place into a bedpan or toilet for flushing.

	EMS/Ambulatory/Clinic Settings	Acute/Long Term/Transitional Care	Home Settings
Handling of Waste	Most waste generated in health care settings is no more hazardous than household waste.		
	• Waste receptacles should be conveniently located and, preferably, hands-free. • Contain and dispose of biomedical waste in impervious waste-holding bags or double bags according to municipal/regional regulations. • Dispose of blood, suctioned fluids, excretions and secretions in a sanitary sewer or septic system according to municipal/regional regulations.		• Inform clients to place sharps into a puncture proof container. Some local pharmacies provide sharps containers.
Handling of Dishes	• No special precautions; Routine Practices are sufficient. There are no indications for the use of disposable dishes other than when dishwashing equipment is non-functioning.		
Handling of Deceased Bodies	• Use Routine Practices properly and consistently for the routine handling of deceased bodies. ♦ Adhere to provincial/territorial specified communicable disease regulations. Refer to Manitoba Health, *Public Health Act, Dead Bodies Regulations*		

VISITOR MANAGEMENT

Visitors have been known to transmit infections including tuberculosis, pertussis, and respiratory viruses in health care settings. Visitors have a responsibility to comply with Routine Practices. All health care providers are responsible to teach clients and visitors the basic principles, such as hand hygiene before and after visiting, respiratory hygiene, and use of PPE.

Exclusion of visitors with signs and symptoms of transmissible infections should reduce this risk. Visitors with symptoms of acute infection (e.g. cough, fever, vomiting, diarrhea, coryza, rash, conjunctivitis) should not visit unless the visit is essential (e.g. parent, guardian or primary caretaker), in which case they should be instructed and supervised in precautions to take to minimize transmission of infection.

Precautions for an essential visitor who has symptoms of an acute infection include:

- Wearing a mask for a respiratory tract infection
- Performing appropriate hand hygiene
- Remaining in the client's room
- Avoiding public areas
- Avoiding contact with other clients or with client care equipment

Visitors could be at risk for serious diseases should they acquire a client's infection (e.g. acquisition of a respiratory virus by a visitor with chronic lung disease, or exposure of a non-immune visitor to varicella), and should be capable of complying with the necessary precautions to prevent indirect transmission (e.g. hand hygiene, not sharing personal items) to other clients.

EDUCATION

All health care providers will complete education and training on S.P.O.T. pertaining to Routine Practices at the recommended/required intervals.

Both clients and visitors should be instructed by health care providers on IP&C practices, such as hand hygiene, respiratory etiquette, not sharing personal items, and the reason(s) for necessary precautions.

ADDITIONAL PRECAUTIONS

Additional Precautions are interventions used in addition to Routine Practices to prevent transmission of certain microorganisms by interrupting transmission of infectious agents that are suspected or identified in a client.

Additional Precautions are based on the mode of transmission of the infectious agent: airborne, droplet, and contact. Some microorganisms may be transmitted by more than one route necessitating more than one type of Additional Precautions (e.g. Airborne and Contact, Droplet and Contact).

Refer to the Infectious Disease Table (PMH1115) to determine if Additional Precautions are required.

When Additional Precautions are implemented, they are always used <u>in addition</u> to Routine Practices.

IMPLEMENTATION OF ADDITIONAL PRECAUTIONS

Additional Precautions are implemented as soon as client assessment reveals symptoms suggesting a communicable disease is present. It is not necessary to wait for a specific diagnosis or microbiological confirmation to implement Additional Precautions.

All Health Care Settings:

- Arrange appropriate client accommodation as required for the specific organism/disease/clinical presentation.
- If within a health care facility, post Additional Precautions sign at the entrance to the client room, cubicle or designated bed space.
- Obtain isolation supplies as required.
- Do not overstock supplies in the client room, designated space/area, or home.
- Dedicate client care equipment whenever possible. If not possible, clean and disinfect equipment between clients.
- No special precautions for linen and dishes other than Routine Practices.
- Notify:
  - Infection Control Professional (ICP)
  - Primary Care Provider
  - Environmental Services (ES), if within a health care facility or clinic setting
- Document on the client's health record the type of Additional Precautions and the date and time they were implemented.
- Provide the client and family with information sheets for specific type of Additional Precautions and discuss as required.
- Communicate Additional Precautions required prior to transport to another department, unit or facility.

DISCONTINUATION OF ADDITIONAL PRECAUTIONS

- Discontinue Additional Precautions only in consultation with the ICP.
- Within Acute Care, Long-Term/Transitional Care and Clinic Settings:
  - Signage must remain posted and Additional Precautions maintained until a discharge/transfer Additional Precautions clean is complete. ES to remove sign.
  - If the client has been on Airborne Precautions, allow sufficient time for the air to be cleared before ES performs terminal clean. Refer to Air Exchange Table (PMH2036). If ES/nursing staff enter the room before the appropriate time has elapsed, they are required to wear an N95 respirator.

- Clean and disinfect reusable non-critical equipment with a PMH approved cleaner/disinfectant.
- Discard all reusable non-critical supplies/equipment if unable to be cleaned and disinfected.
- Send semi-critical/critical devices/equipment for reprocessing according to Cleaning and Disinfection of Medical Equipment/Devices (Critical, Semi-Critical & Non-Critical) (PPG-00026).
- Document on the client's health record the date and time the Additional Precautions were discontinued.

AIRBORNE PRECAUTIONS

Introduction

Airborne Precautions refer to IP&C interventions to be used in addition to Routine Practices to prevent transmission of airborne particles. These particles remain suspended in the air, and can be widely dispersed by air currents, through open doors, and even to different rooms and are then inhaled by those who are nearby or who may be a distance away from the source.

Control of airborne transmission is the most difficult, as it requires control of airflow through special ventilation systems and use of respirators.

Aerosol-generating medical procedures (AGMPs) can also generate aerosols that may be light enough to remain suspended in the air for short periods of time, allowing inhalation of microorganisms. Refer to Aerosol-Generating Medical Procedures (AGMPs) (PMH2325).

AIRBORNE

ACCOMMODATION

Acute Care and Long Term/Transitional Care Facilities

- Place the client in a single Airborne Infection Isolation Room (AIIR) also known as a negative pressure room.
  - If an AIIR is not available, arrange for transfer to a facility with an AIIR as soon as medically feasible.
  - In situations when AIIRs are not available, perform a risk assessment to determine the potential risk of transmission and reduce the risk of transmission by the following:
    - Place the client in a single room with the door closed until transfer to an available AIIR can occur.
    - The client should wear a mask (if tolerated) in the room. Allow the client to remove their mask once in an AIIR.
    - Place the client away from susceptible, immunocompromised clients.
    - Determine the immune status of roommates and other close contacts exposed to measles, varicella and herpes zoster. If they are susceptible, consult ICP.

EMS, Community Programs & Home Settings:

- Clients with suspected or confirmed airborne illness exhibiting respiratory symptoms should be provided with a surgical/procedure mask.
- Single room, if possible/practical within the room or home.

Ambulatory Care & Clinic Settings:

- The door shall remain closed whether or not the client is in the room.
- Physical separation of the client if a single room is not available.
  - Mask the client with a surgical/procedure mask, and
  - Provide N95 respirators for everyone entering the room. Refer to Personal Protective Equipment below.

If numbers of AIIRs are limited, set priority for use according to the impact of potential airborne transmission (e.g. Severe Acute Respiratory Infection (SARI)>infectious TB > Measles > Varicella > disseminated zoster > extensive localized zoster). Refer to Inpatient Airborne Infection Isolation Room (AIIR) Locations (PMH2035).

HEALTH CARE PROVIDERS

- Only immune healthcare providers should enter a room where Airborne Precautions are in place for measles, varicella or herpes zoster; an N95 respirator is not required. Health care providers should be aware of their immunity to varicella and measles.
- An N95 respirator is required if unknown immunity or non-immune health care providers are required to enter the room of a client who has measles, varicella or herpes zoster when there are no qualified immune health care providers available and patient safety would be compromised if they did not provide care.

HAND HYGIENE

Health care providers shall perform hand hygiene according to Your 4 Moments for Hand Hygiene, including before leaving the isolation room or home, and after removal of their N95 respirator.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Healthcare worker to wear fit-tested N95 respirator upon entering room and when assisting or performing an aerosol-generating medical procedure (AGMP).

Appropriate respirator use:

- Hand hygiene should be performed prior to putting on a respirator.
- A seal check must be performed. Seal checking procedure is as follows:
  - Cover respirator with both hands. Perform one of the following:
    - Inhalation Test: If respirator collapses slightly there is an adequate seal.
    - Exhalation Test: If no air escapes respirator, there is an adequate seal.
- Respirators should be carefully removed by the straps to avoid self- contamination.
- Respirators should not dangle around the neck when not in use.
- Respirators should be changed if they become wet or soiled (from the wearer's breathing or an external splash).
- Respirators should be discarded immediately after use, followed by hand hygiene.

CLIENT TRANSPORT

Client transport out of the room/home is for medically essential purposes only. Clients should not use common areas of health care facility such as lounge or go into other client rooms.

In advance of the procedure or transport, notify transport services and the receiving facility/program regarding the need for Airborne Precautions.

Community clients should not use public transport. They should be transported in well-ventilated vehicles (e.g. with the windows open) as much as possible.

Maintain Airborne Precautions while the client is outside the isolation room/home:
- Health care providers wear N95 respirators when transporting clients requiring Airborne Precautions.
- The client wears a surgical/procedure mask and performs hand hygiene after removal.
- The client performs hand hygiene prior to leaving the room or home.
- The client with skin lesions associated with varicella or draining wounds caused by *M. tuberculosis* shall have them securely covered.
- Consult Respiratory Therapy if client has an artificial airway.

CLIENT, FAMILY AND VISITORS

Visitors should be limited. Clients, family and visitors should be educated about their risk and advised to wear an N95 respirator. Refer to Airborne Precautions Fact Sheet (PMH170).

Instruct the client regarding:
- Correct application, use and removal of a surgical/procedure mask without contaminating oneself.
- Correct procedure and importance of hand hygiene prior to leaving the room or home and following removal of the surgical/procedure mask.

Instruct family and visitors regarding:
- Assisting the client with application of the surgical/procedure mask, if required.
- Correct application of an N95 respirator, including performing a seal check.
- Correct procedure and importance of performing hand hygiene.

Elements that Comprise Airborne Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

Element		Acute Care	Long Term Care/Transitional Care	EMS/Ambulatory/Clinic Settings	Home Settings
Accommodation		AIIR or transfer		Single room	Not applicable
		Door must remain closed.			
Signage		Yes: Airborne Precautions Signage (PMH053)		Not applicable	
PPE: N95 Respirator	**Active Infectious TB**	For duration of care			
	Measles, Varicella	Only immune staff to provide care to client. N95 respirators required for non-immune individuals or those with unknown immunity who must enter. N95 respirator not required if immune.			
Equipment and Items in the environment		As per Routine Practices			
Environmental cleaning		Routine cleaning			
Transport		Limit transport unless required for diagnostic or therapeutic procedures.			
		Client to wear a procedure mask during transport, when out of room/home. Transport staff to wear an N95 respirator during transport.			
Communication		Effective communication regarding precautions must be given to client, families, other departments, other facilities and transport services prior to transfer.			

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

CONTACT PRECAUTIONS

Introduction

Contact Precautions refer to IP&C interventions to be used in addition to Routine Practices to prevent the transmission of microorganisms spread by direct or indirect contact. Contact transmission is the most common route of transmission of infectious agents.

Direct contact occurs through touching; for example, an individual may transmit microorganisms to others by touching them.

Indirect contact occurs when microorganisms are transferred via contaminated objects; for example, if a commode is used by one client then taken to another client without cleaning and disinfecting the commode in-between.

DIRECT CONTACT

INDIRECT CONTACT

ACCOMMODATION

Health Care Facilities and Clinic Settings:

Clients should be placed in a single room or designated space/area.

- The door may remain open.

- **Within health care facilities**, room or designated space/area should have dedicated toilet, hand hygiene facilities.
- **Within clinic settings**, room or designated space/area should have dedicated hand hygiene product/facilities.

In instances where there are not a sufficient number of single rooms, or sufficient designated space/area, cohort clients with the same microorganism together. This shall be done in consultation with IP&C.

If a single room is not available and cohorting is not possible:

- Maintain a separation of at least one metre preferably two, between clients.

- **Within health care facilities**, consult IP&C and ensure the following:
  - Roommates and all visitors shall be aware of precautions to follow.
  - Select roommates for their ability, and that of their visitors, to comply with Contact Precautions.
  - Roommates should not be at high risk for acquiring an infection:
    - No open wounds
    - No decubitus ulcers
    - No urinary catheter, feeding tube or other invasive devices
    - No debilitated or bed-bound clients requiring extensive hands on care
    - Not receiving dialysis, chemotherapy, or radiation treatments

- A client with diarrhea should not share a toilet with other clients. Assign a dedicated toilet or commode to the client with diarrhea.
- For newborn nurseries, a single room is not necessary if there is a 1-2 metre separation between infant stations.

Recommendations for Home Settings
Symptomatic clients in the home should be advised to:
- Perform hand hygiene (e.g. after using toilet, after touching any wounds, after blowing nose).
- Rest away from others, in a separate room, if available.
- Use a designated bathroom, whenever possible.
- Clean the bathroom frequently, especially frequently touched surfaces.
- Not share towels or other personal items.
- Contain wound drainage and secretions.
- Stay home until symptoms resolved.
- If medical appointment necessary – advise clinic/program of symptoms.

ACTIVITIES/RECREATION

- In consultation with IP&C, determine client placement and participation in group activities. Consider both the risk of infection transmission to others and the potential adverse impact on the infectious client.
- Restrict activities if wound drainage or diarrhea cannot be contained.
- Promote and facilitate hand hygiene for clients before participating in group activities.

HAND HYGIENE

Health care providers shall perform hand hygiene according to Your 4 Moments for Hand Hygiene.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Provide PPE outside the client room, cubicle or designated bed space in shared rooms and when available, the anteroom. Perform hand hygiene prior to putting on PPE.

Gloves and Gowns:
- Use gloves and long-sleeved gown when in direct contact with client or client environment.
- Change gloves between care activities and procedures with the same client (e.g. after handling an indwelling urinary catheter, or suctioning an endotracheal tube). This prevents contamination of clean body sites or the client's environment. Perform hand hygiene after glove removal.
- Remove gloves and gown, discard before leaving the room or bed space, and perform hand hygiene.
- The same PPE should not be worn for more than one client.

CLIENT TRANSPORT

Transport out of the room is for medically essential purposes only. Clients should not use common areas of health care facility such as lounge or go into other client rooms.

Clients are required to perform hand hygiene, wear clean clothes and have wounds covered when leaving room or home. Clients are not required to wear gloves or isolation gown.

In advance of the procedure or transport, notify the transport services and the receiving facility/program regarding the need for Contact Precautions.

Health Care Facility Settings:
Maintain Contact Precautions while the client is outside the room:
- Health care provider removes gown and gloves and performs hand hygiene before leaving the room, or designated space.
- Health care provider to wear clean long-sleeved gown and gloves during transport. Take care not to contaminate the environment with soiled gloves.
- After use, clean and disinfect the transport chair/stretcher in the room.

EQUIPMENT AND ENVIRONMENT

- Dedicate client care equipment (e.g. blood pressure cuff, commodes etc.).
- If equipment must be shared, it must be cleaned and disinfected between clients.
- Do not take extra supplies into client's room.
- Disposable client care equipment and supplies shall be discarded.
- Toys and personal effects should not be shared with other clients.

Within Health Care Facilities and Clinic Settings:
The client record and other papers shall not be taken into the room or designated space. If the record is required to accompany the client for tests or treatments, it shall be placed in a protective cover to prevent contamination.

If personal documents are required to be taken into the room or designated space:
- Wipe the table the document is to be signed on with a PMH approved disinfectant.
- The client shall perform hand hygiene.
- Clients should have a dedicated pen in the room. If not, after signing wipe pen with a PMH approved disinfectant.

Within Home Settings:
Do not take a medical record into an area where contamination is likely to take place. Perform hand hygiene between client contact and documentation. The medical record can be accessed after the client visit for charting.

CLIENT, FAMILY AND VISITORS

Visitors should be limited. Clients, family and visitors should be educated about their risk and advised about the precautions to adhere to, including hand hygiene. Refer to Contact Precautions Fact Sheet (PMH174).

Within Acute Care and Long Term Care Facilities:
The health care provider shall talk with visitors before entering the isolation room, and:
- Assess the risk to the health of the visitor and the risk of the visitor transmitting infection.
- If indicated, shall instruct the family and visitor about the appropriate use of PPE.
  - Visitors should wear gloves and long-sleeved gown if providing direct care such as bathing, washing, changing clothes/incontinent products, toileting, wound care, etc.
    - Feeding or pushing a wheelchair is not classified as direct care.
  - Visitors to remove gloves and gown and perform hand hygiene prior to leaving room.

Elements that Comprise Contact Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

<table>
<tr><th colspan="2">Element</th><th>Acute Care</th><th>Long Term Care/Transitional Care</th><th>EMS/Ambulatory/ Clinic Settings</th><th>Home Settings</th></tr>
<tr><td colspan="2" rowspan="4">Accommodation</td><td colspan="4">Door may remain open</td><td rowspan="4">No restrictions on accommodation</td></tr>
<tr><td>Single room with dedicated toilet and client sink</td><td colspan="3">Placement is on a case-by-case basis</td></tr>
<tr><td colspan="2">Remain in room unless diagnostic, therapeutic or ambulation purposes required</td><td>Encourage client to perform hand hygiene on entering the setting</td></tr>
<tr><td colspan="2">Signage</td><td colspan="2">Yes:
Contact Precautions Signage (PMH039)</td><td colspan="2">Not applicable</td></tr>
<tr><td rowspan="2">PPE</td><td>Gloves</td><td colspan="2">For all activities in the room/bed space</td><td colspan="2" rowspan="2">For direct care of client or contact with environmental surfaces</td></tr>
<tr><td>Long-Sleeved Gowns</td><td colspan="2">For all activities where skin or clothing will come into contact with the client or client’s environment</td></tr>
<tr><td colspan="2">Equipment and Items in the Environment</td><td colspan="4">Dedicate if possible. Clean and disinfect shared items prior to use with another client</td></tr>
<tr><td colspan="2" rowspan="2">Environmental Cleaning</td><td colspan="3">C. difficile rooms require special cleaning</td><td>Routine cleaning</td></tr>
<tr><td colspan="4">All horizontal and frequently touched surfaces should be cleaned daily and immediately when soiled</td></tr>
<tr><td colspan="2" rowspan="3">Transport</td><td colspan="4">Draining wounds should be contained and infected areas covered</td></tr>
<tr><td colspan="2">Health care provider wears gloves and long-sleeved gown for direct contact with client during transport</td><td colspan="2" rowspan="2">Not applicable</td></tr>
<tr><td colspan="2">Clean and disinfect equipment used for transport after use</td></tr>
<tr><td colspan="2">Communication</td><td colspan="4">Effective communication regarding precautions must be given to client, families, other departments, other facilities and transport services prior to transfer</td></tr>
</table>

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

DROPLET PRECAUTIONS

Introduction

Droplet Precautions refer to IP&C interventions to be used in addition to Routine Practices and are intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions.

ACCOMMODATION

Health Care Facility Settings:

Clients should be placed in a single room. No special air handling and ventilation are necessary:

- The door may remain open.
- Room or designated space/area should have dedicated toilet, bathing facilities, and hand hygiene product/facilities.

In instances where there are not a sufficient number of single rooms or sufficient designated space, cohort clients with the same microorganism together. This shall be done in consultation with IP&C.

If a single room or designated space is not available and cohorting is not possible:

- Maintain a separation of at least 2 metres between clients
- Within health care facilities, consult IP&C and:
  - Inform roommates and all visitors of precautions to follow.
  - Select roommates for their ability, and that of their visitors, to comply with Droplet Precautions.
  - Roommates should not be at high risk for acquiring an infection (e.g. chronic lung disease, severe congenital heart disease, immunodeficiency).
  - For newborn nurseries, a single room is not necessary if there is a 2-metre separation between infant stations.

Recommendations for Clinic and Home Settings:

- If possible, screen clients in advance of appointments or home visits by phone.
- Consider postponing appointments/visits that are not medically necessary.
- Symptomatic clients in the home should be advised to:
  - Stay home until symptoms resolved
  - If medical appointment necessary – advise clinic/program of symptoms
- Within clinic settings, room or designated space/area should have dedicated hand hygiene products/facilities.

ACTIVITIES/RECREATION

Clients may need to be excluded from group activities if experiencing symptoms of acute respiratory illness

HAND HYGIENE

Health care providers shall perform hand hygiene according to Your 4 Moments for Hand Hygiene.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Facial Protection

Facial protection (procedure/surgical masks and eye protection) shall be worn by all health care providers when within 2 metres of the client, and for procedures that may result in coughing, splashing, and aerosol production.

- For care of clients with Pertussis, Rubella or Mumps, immune persons do not need to wear facial protection. Non-immune persons shall enter the room/home only if necessary and shall wear facial protection.
  - Pregnant health care providers should not care for clients with rubella regardless of their immune status.

CLIENT TRANSPORT

Client transport out of the room/home is for medically essential purposes only. Clients should not use common areas of health care facility such as lounge or go into other client rooms.

In advance of the procedure or transport, notify transport services and the receiving facility/program regarding the need for Droplet Precautions.

Maintain Droplet Precautions while the client is outside the isolation room or home:

- The client wears a surgical/procedure mask.
- The client performs hand hygiene prior to leaving the room or home.
- The client performs hand hygiene after removal of the surgical/procedure mask.
- If client cannot tolerate wearing a procedure mask, transport staff should wear facial protection. Transport staff do not need to wear facial protection if client wears a mask.
- Consult Respiratory Therapy if client has an artificial airway.

CLIENT, FAMILY AND VISITORS

Visitors should be limited. Clients, family and visitors should be educated about their risk and advised about the precautions to adhere to. Refer to Droplet Precautions Fact Sheet (PMH172).

Instruct the client regarding:

- Correct application, use and removal of a surgical/procedure mask without contaminating oneself.
- Correct procedure and importance of hand hygiene prior to leaving the room or home and following removal of the surgical/procedure mask.

Instruct family and visitors regarding:

- Assisting the client with application of the surgical/procedure mask, if required.
- Correct application of facial protection when within 2 metres of the client with the following exceptions:
  - If visiting clients with Rubella or Mumps, facial protection is not needed if the visitor is immune. Non-immune visitors should enter the client's room only if necessary and wear facial protection.
- Correct procedure and importance of performing hand hygiene.

Elements that Comprise Droplet Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

<table>
<tr><th colspan="2">Element</th><th>Acute Care</th><th>Long Term Care/Transitional Care</th><th>EMS/Ambulatory/Clinic Settings</th><th>Home Settings</th></tr>
<tr><td colspan="2" rowspan="3">Accommodation</td><td colspan="2">Client to remain in room or bed space if feasible, or wear a procedure mask (if tolerated) within 2 metres of other clients</td><td rowspan="3">Discuss feasibility of spatial separation with client (e.g. when sleeping)</td></tr>
<tr><td colspan="2">Single room with dedicated toilet and client sink. Door may remain open</td><td rowspan="2">Door may remain open</td></tr>
<tr><td colspan="2">Remain in room unless diagnostic or therapeutic procedures, or ambulation purposes required</td></tr>
<tr><td colspan="2">Signage</td><td colspan="2">Yes:
Droplet Precautions Signage (PMH052)</td><td colspan="2">Not applicable</td></tr>
<tr><td>PPE</td><td>Facial Protection</td><td colspan="4">When within 2 metres of client</td></tr>
<tr><td colspan="2">Equipment and items in the environment</td><td colspan="4">As per Routine Practices</td></tr>
<tr><td colspan="2">Environmental cleaning</td><td colspan="4">Routine cleaning</td></tr>
<tr><td colspan="2">Transport</td><td colspan="4">Client to wear a procedure mask during transport. If client cannot tolerate wearing a procedure mask, transport staff should wear facial protection. Transport staff do not need to wear facial protection if client wears a mask</td></tr>
<tr><td colspan="2">Communication</td><td colspan="4">Effective communication regarding precautions must be given to client families, other departments, other facilities and transport services prior to transfer</td></tr>
</table>

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

AIRBORNE AND CONTACT PRECAUTIONS

Introduction

Airborne and Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by both the airborne and contact routes. The precautions must take into consideration both modes of transmission.

Elements that Comprise Airborne and Contact Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

<table>
<tr><th colspan="2">Element</th><th>Acute Care</th><th>Long Term Care/Transitional Care</th><th>EMS/Ambulatory/Clinic Settings</th><th>Home Settings</th></tr>
<tr><td colspan="2" rowspan="2">Accommodation</td><td colspan="2">AIIR or transfer</td><td>Single Room</td><td rowspan="2">Not applicable</td></tr>
<tr><td colspan="3">Door must remain closed</td></tr>
<tr><td colspan="2">Signage</td><td colspan="2">Yes: Airborne and Contact Precautions Signage (PMH051)</td><td colspan="2">Not applicable</td></tr>
<tr><td rowspan="4">PPE</td><td rowspan="2">N95 Respirator</td><td colspan="4">For duration of care</td></tr>
<tr><td colspan="4">Only immune staff to provide care to client. N95 respirator not required if immune</td></tr>
<tr><td>Gloves</td><td colspan="2">For all activities in the room/bed space</td><td colspan="2" rowspan="2">For direct care of client or contact with environmental surfaces</td></tr>
<tr><td>Long-Sleeved Gowns</td><td colspan="2">For all activities where skin or clothing will come into contact with the client or client’s environment</td></tr>
<tr><td colspan="2">Equipment and Items in the environment</td><td colspan="4">Dedicate if possible. Clean and disinfect shared items prior to use with another client</td></tr>
<tr><td colspan="2">Environmental cleaning</td><td colspan="4">All horizontal and frequently touched surfaces should be cleaned daily and immediately when soiled</td></tr>
<tr><td colspan="2" rowspan="4">Transport</td><td colspan="4">Limit transport unless required for diagnostic or therapeutic procedures</td></tr>
<tr><td colspan="4">Client to wear a procedure mask during transport. Cover skin lesions associated with varicella</td></tr>
<tr><td colspan="4">Health care providers to wear an N95 respirator during transport and gloves and long-sleeved gown for direct contact with client during transport</td></tr>
<tr><td colspan="4">Clean and disinfect equipment used for transport after use</td></tr>
<tr><td colspan="2">Communication</td><td colspan="4">Effective communication regarding precautions must be given to client, families, other departments, other facilities and transport services prior to transfer</td></tr>
</table>

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

DROPLET AND CONTACT PRECAUTIONS

Introduction

Droplet and Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by both the droplet and contact routes. The precautions must take into consideration both modes of transmission.

Elements that Comprise Droplet and Contact Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

<table>
<tr><th colspan="2">Element</th><th>Acute Care</th><th>Long Term Care/Transitional Care</th><th>EMS/Ambulatory/ Clinic settings</th><th>Home Settings</th></tr>
<tr><td colspan="2" rowspan="3">Accommodation</td><td colspan="2">Client to remain in room or bed space if feasible, or wear a procedure mask (if tolerated) within 2 metres of other clients</td><td rowspan="3">Discuss feasibility of spatial separation with client (e.g. when sleeping)</td></tr>
<tr><td colspan="2" rowspan="2">Single room with dedicated toilet and client sink. Door may remain open</td><td>Door may remain open</td></tr>
<tr><td>Encourage client to perform hand hygiene on entering the setting</td></tr>
<tr><td colspan="2">Signage</td><td colspan="2">Yes: Droplet and Contact Precautions Signage (PMH038)</td><td colspan="2">Not applicable</td></tr>
<tr><td rowspan="3">PPE</td><td>Facial Protection</td><td colspan="4">When within 2 metres of client</td></tr>
<tr><td>Gloves</td><td colspan="2">For all activities in the room/bed space</td><td colspan="2" rowspan="2">For direct care of client or contact with environmental surfaces</td></tr>
<tr><td>Long-Sleeved Gowns</td><td colspan="2">For all activities where skin or clothing will come into contact with the client or client’s environment</td></tr>
<tr><td colspan="2">Equipment and Items in the environment</td><td colspan="4">Dedicate if possible. Clean and disinfect shared items prior to use with another client.</td></tr>
<tr><td colspan="2">Environmental cleaning</td><td colspan="4">All horizontal and frequently touched surfaces should be cleaned daily and immediately when soiled</td></tr>
<tr><td colspan="2" rowspan="3">Transport</td><td colspan="4">Draining wounds should be contained and infected areas covered. Health care provider wears and gloves and long-sleeved gown for direct contact with client during transport</td></tr>
<tr><td colspan="4">Client to wear a procedure mask during transport. If client cannot tolerate wearing a procedure mask, transport staff should wear facial protection. Transport staff do not need to wear facial protection if client wears a mask</td></tr>
<tr><td colspan="4">Clean and disinfect equipment used for transport after use</td></tr>
<tr><td colspan="2">Communication</td><td colspan="4">Effective communication regarding precautions must be given to client families, other departments, other facilities and transport services prior to transfer</td></tr>
</table>

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

AIRBORNE, DROPLET AND CONTACT PRECAUTIONS

Introduction

Airborne, Droplet and Contact Precautions are required for clients diagnosed with, or suspected of having an infectious microorganism transmitted by the airborne, droplet and contact routes. When a causative organism is emerging and not fully understood, the route is assumed to be airborne, droplet and contact until known to be otherwise. The precautions must take into consideration all modes of transmission.

Elements that Comprise Airborne, Droplet and Contact Precautions

NOTE: Interventions listed in this table are in addition to Routine Practices

<table>
<tr><th colspan="2">Element</th><th>Acute Care</th><th>Long Term Care/Transitional Care</th><th>EMS/Ambulatory/ Clinic settings</th><th>Home Settings</th></tr>
<tr><td colspan="2" rowspan="2">Accommodation</td><td colspan="2">AIIR or transfer</td><td>Single Room</td><td rowspan="2">Discuss feasibility of spatial separation with client (e.g. when sleeping)</td></tr>
<tr><td colspan="3">Door must remain closed</td></tr>
<tr><td colspan="2">Signage</td><td colspan="2">Yes – Airborne, Droplet and Contact Precautions Signage</td><td colspan="2">Not applicable</td></tr>
<tr><td rowspan="4">PPE</td><td>N95 Respirator</td><td colspan="4">For duration of care</td></tr>
<tr><td>Eye Protection</td><td colspan="4">When within 2 metres of client</td></tr>
<tr><td>Gloves</td><td colspan="2">For all activities in the room/bed space</td><td colspan="2" rowspan="2">For direct care of client or contact with environmental surfaces</td></tr>
<tr><td>Long-Sleeved Gowns</td><td colspan="2">For all activities where skin or clothing will come into contact with the client or client’s environment</td></tr>
<tr><td colspan="2">Equipment and Items in the environment</td><td colspan="4">Dedicate if possible. Clean and disinfect shared items prior to use with another client.</td></tr>
<tr><td colspan="2">Environmental cleaning</td><td colspan="4">All horizontal and frequently touched surfaces should be cleaned daily and immediately when soiled</td></tr>
<tr><td colspan="2" rowspan="4">Transport</td><td colspan="4">Limit transport unless required for diagnostic or therapeutic procedures</td></tr>
<tr><td colspan="4">Client to wear a procedure mask during transport, when out of room/home. Draining wounds should be contained and infected areas covered.</td></tr>
<tr><td colspan="4">Health care providers to wear an N95 respirator, eye protection during transport. Gloves and long-sleeved gown to be worn for direct contact with client during transport</td></tr>
<tr><td colspan="4">Clean and disinfect equipment used for transport after use</td></tr>
<tr><td colspan="2">Communication</td><td colspan="4">Effective communication regarding precautions must be given to client families, other departments, other facilities and transport services prior to transfer</td></tr>
</table>

Table Source: Adapted from Public Health Ontario, Provincial Infectious Diseases Advisory Committee (PIDAC), *Routine Practices and Additional Precautions in All Health Care Settings* (November 2012) and Manitoba Health *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care* (April 2012).

RELATED MATERIAL

PMH039, Contact Precautions Signage
PMH051, Airborne and Contact Precautions Signage
PMH052, Droplet Precautions Signage
PMH053, Airborne Precautions Signage
PMH170, Airborne Precautions Fact Sheet
PMH171, Airborne and Contact Precautions Fact Sheet
PMH172, Droplet Precautions Fact Sheet
PMH173, Droplet and Contact Precautions Fact Sheet
PMH174, Contact Precautions Fact Sheet
PMH912, Contact Precautions – *C. difficile* Signage
PMH1873, N95 Respirator Information Pamphlet North 7130N95
PMH1874, N95 Respirator Information Pamphlet AOSafety Pleats Plus® Filtering Facepiece Respirator
PMH2006, Waste Management Guide
PMH2035, Inpatient Airborne Infection Isolation Room (AIIR) Locations
PMH2036, Air Exchange Table
PMH2115, Additional Precautions Quick Reference
PMH2244, N95 Respirator Information Pamphlet 3M VFlex Respirator
PMH2245, N95 Respirator Information Pamphlet 3M Aura Respirator
PMH2314, Personal Protective Equipment Putting it on in 5 Easy Steps
PMH2315, Personal Protective Equipment Taking it off in 6 Easy Steps
PMH2325, Aerosol-Generating Medical Procedures (AGMPs)
PMH2328, Airborne, Droplet and Contact Precautions Signage (in development)
PPG-00005, Hand Hygiene
PPG-01603, Use of Airborne Infection Isolation Room (AIIR) (in development)

REFERENCES

Interior Health. (November 2016). *Infection Prevention & Control Manual.* Retrieved from https://www.interiorhealth.ca/AboutUs/QualityCare/IPCManual/Entire%20Infection%20Control%20Manual.pdf

Manitoba Health. (April 2012). *Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care.* Retrieved from http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf

Nova Scotia Health Authority. (May 2017). *Learning Module for Routine Practices and Additional Precautions.* Retrieved from http://policy.nshealth.ca/Site_Published/nsha/document_render.aspx?documentRender.IdType=5&documentRender.GenericField=&documentRender.Id=66751

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee (PIDAC). (November 2012). *Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition.* Retrieved from http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf.

Vancouver Coastal Health. (June 2017). *Point of Care Risk Assessment.* Retrieved from http://ipac.vch.ca/Documents/Routine%20Practices/PCRA%20Algorithm.pdf

Winnipeg Regional Health Authority. (March 2018).*Acute Care Infection Prevention & Control Manual.* Retrieved from http://www.wrha.mb.ca/extranet/ipc/files/manuals/acutecare/ManualHospital_Full.pdf

DOCUMENT HISTORY

Version	Changes
2014-Mar-26	New.
2018-Jul-18	Revised. Compare to previous version for details.