



HOMES AND SENIORS SERVICES

POLICY & PROCEDURE NUMBER: 2.2a

DEPARTMENT: *Infection Control*

SUBJECT: *Routine Practices*

APPROVAL DATE: April 2004

REVISION DATE: April 2007

REVISION DATE: March 2016

REVISION DATE: March 2017

REVIEW DATE: November 2018

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BACKGROUND:

Routine practices replace the term “universal precautions.” Routine practices are based on the premise that all residents are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all residents to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

The consistent and appropriate use of Routine Practices by all health care providers with all resident encounters will lessen microbial transmission and reduce the need for additional precautions.

Health care providers must assess the risk of exposure to blood, body fluids and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms. This risk assessment followed by the implementation of Routine Practices to reduce or remove risk should be incorporated into the culture of the long-term care home and into the daily practice of each health care provider.

PURPOSE:

To reduce the risk of transmission of infections/diseases among residents and staff members. Additional precautions are needed for residents with highly transmissible epidemiologically significant organisms transmitted by contact (direct or indirect), airborne or vector routes of transmission.

PROCEDURE:

Routine practices include:

- Risk Assessment
- Hand hygiene
- Personal Protective Equipment (PPE)
- Accommodation
- Resident care equipment



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- Environmental control

Risk Assessment

A risk assessment must be done before each interaction with a resident or their environment in order to determine which interventions are required to prevent transmission during the interaction because the resident's status can change. See: [Routine Practices Risk Assessment Algorithm](#).

The risk of transmission involves factors related to:

- The resident status (including colonization)
- The characteristics of the resident
- The type of care activities to be performed
- The resources available for control
- The health care provider immune status

The Health Care Provider will perform a risk assessment of each task/interaction that includes:

- a) Assessing the risk of:
 - Contamination of skin/clothing by microorganisms in the resident environment
 - Exposure to blood, body fluids, secretions, excretions, tissues
 - Exposure to non-intact skin
 - Exposure to mucous membranes
 - Exposure to contaminated equipment or surfaces
- b) Recognition of symptoms of infection requiring the use of PPE and other controls pending diagnosis.

Where there is a rise in the transmission of infection based on the risk assessment, appropriate controls must be put into place and appropriate PPE must be used to protect the Homes' staff, and residents at least until a **definitive** diagnosis may be made.

Hand Hygiene – refer to Infection Control policy - 2.3 Hand Hygiene



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Hand washing with alcohol based hand rubs are the preferred method when an employee's hands are not visibly soiled. When an employee's hands are visibly soiled, they should wash with soap and water – see policy 2.3 Hand Hygiene.

Hand washing is done:

1. According to the 4 moments of hand hygiene:
 - Before initial resident/resident environment contact
 - Before aseptic procedures
 - After body fluid exposure risk
 - After resident/resident environment contact
2. Between different procedures with the same resident.
3. After removing gloves.
4. Before meals and breaks.
5. After personal hygiene measures (blowing nose, handling hair, going to the toilet, etc.)

Personal Protective Equipment (PPE)

PPE includes gloves, gown, mask, eye protection and face shield.

- Gloves are not a substitute for hand washing.
- Gloves should be used when touching blood, body fluids, secretions, excretions and contaminated items.
- Gown, mask and eye/face protection should be used during a procedure whereby splashing of blood, body fluids, secretions and excretions are likely.
- Where there is risk of transmission of infection based on the risk assessment, appropriate PPE must be used to protect the Home staff and residents.

Accommodation

- Single rooms are not required for routine resident care
- Single rooms should be used for residents whom visibly soil their environment and when hygiene measures cannot be maintained



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- Where there is risk of transmission of infection based on the risk assessment, appropriate controls must be used to protect the Home staff and residents.

Resident Care Equipment

- Staff should dedicate resident care equipment to ill/isolated residents
- Equipment should be cleaned prior to being used for another resident
- Staff should take precautions when handling resident equipment and avoid contamination of equipment

Environmental Control

- Regular cleaning should be done including dusting, cleaning of horizontal surfaces, mattresses and pillows, curtains, bathrooms, waste, floors, carpets, linen, medical equipment and equipment used for cleaning.
- Where there is risk of transmission of infection based on the risk assessment, appropriate controls must be used to protect the Home staff and residents.

Refer also to Infection Control Policy 2.2b Routine Practices – Additional Precautions

References:

Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions In All Health Care Settings, Ministry of Health and Long-Term Care, August 2009



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

