



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; March 2017; Dec. 2020; Nov. 2022

REVIEW DATE: November 2018; December 2019

Page 1 of 5

BACKGROUND:

Routine practices are a system of infection prevention and control practices to be used with all residents during all care to prevent and control transmission of microorganisms. This is 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 reduce or prevent the spread of germs, thus break the chain of transmission and reduce the need for additional precautions.

Health care providers must assess the risk of exposure to blood, body fluids, microorganisms, etc. and non-intact skin through a personal point of care risk assessment (PCRA) prior to all interactions and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

PURPOSE:

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

PROCEDURE:

Routine practices include:

- Point of Care Risk Assessment (PCRA)
- Respiratory Etiquette
- Cleaning and Disinfection
- Hand hygiene
- Personal Protective Equipment (PPE)



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Page 2 of 5

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- Accommodation
 - Resident care equipment
 - Environmental control

Point of / Personal Care Risk Assessment (PCRA)

A personal care 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: 2.2 c PCRA Algorithm – form.

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, hazardous chemicals
 - 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 the personal point of care risk assessment identifies a risk of exposure or transmission of infection, appropriate control measures 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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Page 3 of 5

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, excretions and chemicals 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
- 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
- All equipment must 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.



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Page 4 of 5

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- Where there is risk of transmission of infection based on the risk assessment, appropriate controls (PPE, Additional Precautions, dedicated room or equipment) must be used to protect the Home staff and residents.
 - Portable fans and air conditioning units can spread infectious droplets beyond 2 metres
 - Large industrial hall fans are to be avoided in resident care areas and in any outbreak unit.
 - A portable fan / air conditioning unit should not be directed towards the door of the room. Ideally the fan should be directed upwards and in direction of resident within the area but not at face level.
 - Portable Hepa air filtering units can be used in a resident room as long as they can be externally vented.
 - Placement must be reviewed so that the air flow is not directed towards the hallway or over any environmental surfaces.

Refer also to Infection Control Policy 2.2b Routine Practices – Additional Precautions and 2.2 c Point of Care Risk Assessment Algorithm

References:

Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions In All Health Care Settings, Ministry of Health and Long-Term Care, November 2012

Public Health Ontario: [Infection Prevention and Control for Long-Term Care Homes, Summary of Key Principles and Best Practices, December 2020](#)



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

