

Routine Practices & Additional Precautions

Routine Practices

Routine practices are infection prevention and control precautions used in the routine care of all clients, at all times, in all health care settings.

Routine practices are based on the principle that any individual may carry an organism capable of spreading disease/illness to others. Some individuals may have symptoms of disease, but some may not.

All persons are at risk of acquiring these organisms through contact with their mucous membranes or non-intact skin. The key is to use routine practices appropriately to prevent the spread of infection.

Follow your agency's guidelines, protocols, policies and procedures for implementing routine practices.

Routine practices include:

- Frequent, thorough hand hygiene
- Risk assessment related to client symptoms, type of care provided, and the setting in which care is provided
- Use of personal protective equipment (PPE) such as:
 - ✓ gloves
 - ✓ masks
 - ✓ eye protection or face shield
 - ✓ gowns
- Healthy workplace practices including sharps safety and environmental cleaning
- Education of health care workers

Hand Hygiene:

- Hand washing is the most effective way to prevent spread of infections. Hands should be washed any time there is contact with another person's blood, body fluids, rash, or non-intact skin.
- Hand hygiene can be performed using plain soap and water, rubbing all surfaces of the hands vigorously for 10-15 seconds. If your hands don't have visible dirt on them, you can use an alcohol-based hand rub (70 – 90% alcohol content) applied to all surfaces of the hands and fingers until dry.
- Regular use of hand lotion is recommended to maintain skin integrity.

- Hand hygiene should be performed:
 - ✓ Before and after direct client care.
 - ✓ Before any sterile/clean procedure.
 - ✓ Immediately after removing PPE, e.g. gloves.
 - ✓ Before and after handling or preparing food.
 - ✓ After contact with blood or body fluids.
 - ✓ After contact with items likely to be contaminated with blood or body fluids.
 - ✓ Any time hands are visibly soiled.
 - ✓ Frequently during your shift.

Risk Assessment:

- Assess risk of infection as soon as possible to implement appropriate measures that limit risk of exposure.
- Risk assessment considers the client's symptoms, care and service delivery, skill level of the ESW.
- Assessment includes screening for infectious diseases, fever, respiratory symptoms (e.g. coughing), rash, diarrhea, draining wounds, excretions and secretions.

Personal Protective Equipment:

Gloves

- Wear gloves according to agency policies and procedures and when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, draining wounds, mucous membranes or contaminated surfaces or objects.
- Wearing gloves is **NOT** a substitute for hand hygiene.
- Perform hand hygiene immediately after removing gloves.

Mask & Eye Protection or Face Shield

- Protect eyes, nose and mouth during procedures and activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.
- Wear within 2 metres of a coughing client/patient/resident.
- In general, surgical masks are adequate to prevent transmission of respiratory infections spread by large droplets where airborne transmission is not suspected.
- Where airborne transmission is suspected, use of a sub-micron respiratory mask (e.g. N95) may be indicated for use. These masks must be fit-tested regularly for each ESW to ensure maximum protection.
- Use masks and change them according to the manufacturer's recommendations.

Gowns/Aprons/Coveralls

- Wear protective, long-sleeved gown if contamination of uniform or clothing is anticipated (i.e. procedures likely to generate splashes or sprays of blood, body fluids, secretions, excretions).
- Gowns should completely cover the user, front and back.

Sharps Safety:

- Prevent injuries from sharps (e.g. needles, razors, broken glass) which can cause an infection if they have been contaminated with the blood of another person.
- Immediately dispose of sharps in a puncture resistant container.
- Never recap used needles or pass exposed sharps from person to person.
- Dispose of sharps container when the ‘full’ line is reached.
- Report all needlestick injuries to your Designated Officer and immediate supervisor. Seek medical assessment to determine risk of infection and need for post-exposure prophylaxis.

Environmental Cleaning:

- The patient care environment influences the risk of infection in hospitals and other health care settings.
- Cleaning and disinfecting equipment, objects and surfaces will reduce the number of infectious agents in the physical environment thereby reducing the risk of infection.
- For specific guidelines related to routine cleaning best practices, laundry/bedding, waste management and sharps disposal, care/storage of cleaning supplies, and cleaning/disinfection practices for patients on additional precautions, see “Best Practices for Environmental Cleaning for Infection Prevention and Control in All Health Care Settings”, December 2009* (Provincial Infectious Diseases Advisory Committee – PIDAC).
- Surfaces contaminated with blood and/or body fluids need to be properly cleaned and disinfected immediately. To clean and disinfect after a blood or body fluid spill, follow your agency’s protocol which may include:
 - ✓ Assemble materials required for dealing with the spill prior to donning PPE.
 - ✓ Inspect the area around the spill for splashes and splatters.
 - ✓ Restrict activity around the spill until the area has been thoroughly cleaned and disinfected and is completely dry.
 - ✓ Put on gloves. If there is the possibility of a splash, wear a gown and facial protection.
 - ✓ Confine/contain the spill. Wipe up any blood/body fluid spills using either disposable towels or other products designed for this purpose. Dispose of

materials by placing them into a regular waste receptacle, unless soiled materials are so wet that blood can be squeezed out of them. In this case, segregate them into a biomedical waste container.

- ✓ Disinfect the entire spill area with a hospital-grade disinfectant and allow it to stand for the amount of time recommended by the manufacturer.
- ✓ Wipe area again using disposable towels and discard into regular waste.
- ✓ Avoid splashing or generating aerosols during clean-up.
- ✓ Remove gloves and perform hand hygiene.

(Source: PIDAC Document*, pg. 97)

Additional Precautions

Certain pathogens and clinical presentations require the use of precautions in addition to routine practices. These precautions are determined by the mode of transmission and are needed for infections transmitted by:

- ❖ **Contact**
- ❖ **Droplet**
- ❖ **Airborne**

Do not wait for a diagnosis or a pathogen to be isolated to implement additional precautions – implementing appropriate precautions will provide protection against the pathogen which is the likely cause.

Follow your agency's guidelines, protocols, policies and procedures for implementing additional precautions.

Contact Precautions

Contact precautions are used when treating/transporting patients who have a communicable disease spread by contact transmission (e.g. MRSA, C. Difficile, influenza). Contact transmission can be direct or indirect.

Direct Contact	Indirect Contact
Direct physical contact between infected or colonized individual and a susceptible host	Passive transfer of microorganisms to a susceptible host via an intermediate object: <ul style="list-style-type: none">• contaminated hands• contaminated instruments• inanimate objects in the client's immediate environment

In addition to routine practices, use the following contact precautions:

- Wear gloves for direct care, and remove and discard immediately when patient contact is complete.
- Wear a gown for direct/personal care or when clothing/skin may become contaminated. Remove and discard immediately after patient contact is complete.
- Wear masks and eye protection whenever splash with blood/body fluids is possible.

Contact precautions should be used for:

- Providing personal/direct care for clients with Antibiotic Resistant Organisms (ARO's)
- Acute diarrhea, if uncontrolled
- Extensive peeling skin disorders with known or suspected infection
- Skin rash compatible with scabies
- Draining, infected wounds in which drainage cannot be contained by a dressing

Droplet Precautions

Transmission occurs through contact with large droplets that are > 5 microns in diameter. Illness spreads when droplets of respiratory secretions come into direct contact with the mucous membranes of the mouth, nose or eyes of another person.

Droplet spread can also occur indirectly when a person touches a surface or object contaminated with droplets of infected respiratory secretions, and then touches his/her own or someone else's mucous membranes.

Examples of illnesses transmitted by droplet transmission include: influenza, rubella, pertussis or whooping cough, group A strep, and meningococcal disease.

In addition to routine precautions, use the following droplet precautions:

- Wear a surgical/procedure mask covering the nose and mouth within two metres of the client.
- Use protective eye wear when providing direct care within two metres of the client.

Airborne Precautions

Transmission occurs through contact with smaller particles (≤ 5 microns in diameter) that stay suspended in the air. These microorganisms can be transmitted by inhalation of these small particles.

Airborne precautions should be implemented for clients suspected of having such infections, including mycobacterium tuberculosis, measles, varicella virus (chickenpox), and SARS.

In addition to routine precautions, use the following airborne precautions:

- Wear a sub-micron particulate respirator (N95 mask) and eye protection at all times.
- Have mask-fit testing regularly to ensure maximum effectiveness.
- Place a surgical mask on the patient when possible.
- For inpatients suspected of having an airborne disease, place in a single room with negative pressure. Use single patient transport only.

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