

## ***Infection Prevention and Control: Routine Practices and Additional Precautions***

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### ***Introduction***

Routine Practices and Additional Precautions must be practiced in all settings where health care is provided, across the continuum of health care including Public Health. Routine Practices are based on the premise that all clients are potentially infectious, even when they have no symptoms and that the same safe standards of practice should be used routinely with all clients to prevent exposures to blood, body fluids, secretion, excretions, mucus membranes, non-intact skin or soiled items and to prevent the spread of microorganisms. Staff 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 from clients to staff, staff to clients, staff to staff and client to client.

An Ontario employer, who is covered by the Occupational Health and Safety Act OHSA, has a range of legal obligations, including the obligation to: inform, instruct, and supervise workers to protect their health and safety [clause 25(2)(a)]. A worker also has a duty to use or wear any equipment, protective devices or clothing required by the employer [clause 28(1)(b)]

### ***Purpose***

For staff to understand and apply routine practices relevant to their day-to-day work assignments and to determine when additional precautions are required.

### ***Legislative Authority***

Occupational Health and Safety Act R.S.O. 1990, Chapter 0.1

### ***Policy Definitions and Interpretation***

**Acute Respiratory Infection (ARI):** Any new onset of acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C and a new or worsening cough or shortness of breath (previously known as febrile respiratory illness, or FRI).

**Additional Precautions:** Precautions (i.e., Contact, Droplet, and Airborne) that is necessary in addition to Routine Practices to protect staff from certain pathogens.

**Aerosolization:** The process of creating very small droplets that may carry microorganisms. The aerosolized droplets may be light enough to remain suspended in the air for short periods of time allowing inhalation of the microorganisms.

**Airborne Precautions:** Used in addition to Routine Practices for clients known or suspected of having an illness transmitted by the airborne route (i.e., by small droplet nuclei that remain suspended in the air and may be inhaled).

**Alcohol-Based Hand Rub (ABHR):** A liquid, gel or foam formulation of 62%-90% alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands when the hands are not visibly soiled.

**Aseptic Technique:** The purposeful prevention of transfer of microorganism from the client's body surface to a normally sterile body site or from one person to another by keeping the microbe count to an irreducible minimum. Also referred to as sterile technique.

**Client:** A person who receives treatment, care, education, promotional information, or services (i.e. inspections, environmental testing)

**Droplet and/or Contact Precautions:** Used in addition to Routine Practices for clients known or suspect of having an infection that can be transmitted by large infectious droplets.

1. A surgical/procedural mask covering the worker's nose and mouth within two meters of the client.
2. Protective eye wear when providing direct care within two meters of the client.
3. Hand hygiene before entering the clients environment; before touching the client or item in the clients environment after touching the client or leaving the clients environment; and before putting on PPE and after removing and disposing of PPE.
4. Examination procedures that minimize contact with droplets (e.g. sitting next to rather than in front of a coughing client when taking a history or conducting an examination).
5. Gloves when staff is likely to have contact with body fluids or to touch contaminated surfaces.
6. Gowns during procedures and client care activities where clothing might be contaminated.
7. Any communal or shared equipment must be cleaned and disinfected after use or be single use.

**Hand Hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished by using soap and warm running water or a 62%-90% alcohol-based hand rub. See SMDHU Hand Hygiene Policy and **Appendix D: Techniques for Performing Hand Hygiene**

### **Infection Prevention and Control Coordinator (IPCC)**

**Manager/Supervisor:** Is the person to whom a staff member directly reports. Staff may report to a Supervisor, Manager, Director or Medical Officer of Health.

**Personal Protective Equipment (PPE):** Is used alone or in combination to prevent exposure, by placing a barrier between the infectious source and one's own mucous membranes, airways, skin, and clothing.

- A. **Eye Protection:** A device that covers and protects the eyes when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or used within two metres of a coughing client. Eye protection includes: safety glasses, safety goggles, face shield, or a visor attached to a mask. Eye glasses are not acceptable as eye protection.

- B. **Gloves:** Medical grade gloves that cover the hands when it is anticipated that the hands will come in contact with mucus membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions, or equipment and environmental surfaces contaminated with the above.
- C. **Gown:** A covering that protects the body and clothing when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions or within two metres of a coughing client.
- D. **Mask:** A device that covers the nose and mouth and protects the mucus membranes of the nose and mouth when it is anticipated that a procedure or activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions within two metres of a coughing client.
- E. **N 95 Respirators:** Is a device that is worn on the face that covers the nose and mouth to reduce the wearer's risk of inhaling airborne particles.

**Point of Care:** The place where the client, the staff and the activity (treatment, service, inspection) occur involving contact with the client or their environment (e.g. room, house, clinic)

**Respiratory Etiquette:** A combination of measures to be taken by an infected person designed to minimize the transmission of respiratory microorganism. It is used by clients who have signs and symptoms of an Acute Respiratory Infection (ARI) beginning at the point of entrance into a building (i.e. waiting areas). It includes turning of the head or using a tissue or sleeve/shoulder to contain respiratory secretions to cover the mouth and nose during coughing or sneezing. Clients could also wear a mask or be placed two metres away from other staff or clients to prevent the spread of respiratory secretions.

**Risk Assessment (RA):** Is an activity whereby staff evaluates the likelihood of exposure to an infectious agent (bacteria, virus, parasite) looking at the specific interaction or activity (e.g. education, treatment, vaccination, screening, inspection) with the client and/or the client's environment. (e.g. private home, school, health care facility, SMDHU clinic, restaurant) and under available conditions (e.g. hand washing sinks, ABHR, PPE, sharps containers, plexi glass barrier)

1. Assess the Risk:

- Exposure and/or contamination of one's own clothing or skin from direct contact with a client's or animal's blood, body fluids, secretions, excretions or mucus membranes (mouth, nose, genital area) or indirect contact with a client's body fluids from surfaces or equipment;
- Exposure and/or contamination of one's own mucus membrane (eyes, nose, mouth) from direct contact with a client's blood, body fluids, secretions, excretions, mucus membranes;
- Exposure and/or contamination of one's hands from direct contact to the clients non-intact skin (breaks in skin) or blood, body fluids, secretions, excretions, mucus membranes; and
- Exposure and/or contamination of one's hands from indirect contact to contaminated equipment or surfaces (e.g. blood, vomit, sewage, soil)

2. Choose the appropriate actions:

Hand hygiene and wear Personal Protective Equipment (PPE) to minimize the risk of exposure/contamination to the staff member and/or the client.

**Routine Practices:** The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with ALL clients during ALL care to prevent and control transmission of microorganism.

**Routine Practices include:**

1. **Administrative Controls:** This includes policies and procedures, staff education, monitoring hand hygiene or cleaning/disinfection compliance, and staff immunization programs.
2. **Environmental Controls:** Examples include the appropriate placement of symptomatic clients (isolation room/plexiglass barriers), point of care sharps containers, ABHR, and dedicated hand wash sinks.
3. A Risk Assessment (RA) to be done before each client interaction to determine the appropriate routine practice or the need for additional precautions.
4. Hand Hygiene: Use alcohol-based hand rub (ABHR) at the point of care OR when hands are visibly soiled, wash hands with soap and warm running water.
5. Personal Protective Equipment (PPE) that is worn to prevent staff from coming into contact with a client's blood, body fluids, secretions, excretions, non-intact skin or mucous membranes and should be followed alongside routine practices. See [Appendix C: Steps for Putting On and Taking off Personal Protective Equipment \(PPE\)](#)

The full description of Routine Practices to prevent and control transmission of infections can be found on the [Public Health Agency of Canada](#) website.

**Staff:** All individuals employed by or working for the Simcoe Muskoka District Health Unit, including full-time, part time, casual and contracted personnel; volunteers; students and members of the Board of Health.

**Policy**

SMDHU shall provide instruction, information and supervision to all workers in order to protect their health and safety.

All SMDHU staff providing face-to-face client services must do so in a manner that minimizes their personal risk from acquiring or transmitting infections. This will be accomplished through the use of routine practices consistent with current provincial/federal recommendations and as reflected in all relevant program policies and procedures. At times of crisis or outbreaks of illness, staff will adopt any necessary changes in procedures as they are received.

## Procedures

1. Manager/Supervisor will provide staff with orientation and annual training opportunities related to infection prevention and control practice through a variety of methods utilizing a risk assessment and the [Education Matrix – Appendix E](#).

**Note:** Refer to Education and Training within this Policy

2. Manager/Supervisor will ensure that:

- a. Staff are adequately protected by [Environmental Controls](#) and supplied with the appropriate [Personal Protective Equipment](#) as determined by a [Risk Assessment \(RA\)](#) to protect them and the clients they serve.
- b. All staff understands and complies with [Routine Practices](#) and [Additional Precautions](#) within this policy and/or procedure.
- c. A periodic review of staff compliance to procedures pertaining to routine practices is conducted. (e.g. Monitoring the proper cleaning and disinfection procedures for multi-use devices/equipment before and after client use, monitoring proper sterilization procedures or monitoring staff hand hygiene before and after each client interaction.)  
Note: Periodic audits will also be conducted by the Infection Prevention and Control Coordinator (IPCC).
- d. A periodic review of all supplies such as ABHR, Personal Protective Equipment (PPE) or cleaning and/or disinfectant products made available to staff and that these items are not expired.

**Note:** Monthly inspections are conducted by designated Health and Safety Representatives. Items that are Major or Serious under Infection Control should be reported to Help Desk who will filter out Help Desk Tickets to the Infection Prevention and Control Coordinator (IPCC), Occupational Health and Safety and Infrastructure/Facilities. The IPCC will work with Manager/Supervisor to remediate the deficiency.

- e. Staff will be N 95 respirator-fit tested every two years or as required if a RA determines they will come in contact with an airborne disease due to routine work or designated work as part of an emergency response plan.

3. Staff will ensure that:

- a. They receive orientation and annual training opportunities related to infection prevention and control practice through a variety of methods as recommended by their Manager/Supervisor utilizing a risk assessment and the [Education Matrix – Appendix E](#).
- b. They report to their Manager/Supervisor when they suspect or have acquired a Reportable or Infectious Disease while conducting work for the SMDHU or when they have acquired an Acute Respiratory Infection (ARI). Reports of this nature are always confidential and stored with Human Resources for surveillance purposes. The information will be used to help monitor an increase in overall staff illness rates for the purpose of managing staffing shortages and/or illness surveillance within the community.
- c. They maintain current immunizations as recommended by the Canadian Immunization Guide and the Staff Immunization Recommendations Policy. Staff should also be

aware of their immune status. See [HS0107 Staff Immunization Recommendations Policy](#).

- d. They receive their annual Influenza Immunization prior to Influenza season. See [HS0106 Staff Influenza Immunization Policy](#)
- e. Prior to every interaction with a client and/or the client's environment, staff shall assess the risk of acquiring a potential infection spread by either the client or the client's environment by conducting a [Risk Assessment\(RA\)](#)
- f. When pre-booking or confirming appointments they will follow screening procedures with all clients to assess for symptoms of Acute Respiratory Infection ([ARI](#)). [Appendix A: Screening Algorithm for Acute Respiratory Infection \(ARI\)](#)
- g. They follow [Routine Practices](#) with **all** clients at **all** times.
- h. They will perform a Risk Assessment for the activity in which they are involved, and recognize the Indications for Hand Hygiene. See Hand Hygiene Policy for a more comprehensive procedure. [HS120 Hand Hygiene Policy](#)
- i. Hand Hygiene is performed before they enter into a client's environment; before they come in direct contact with the client; after they have come in direct contact with the client and after they leave the client's environment. See Hand Hygiene Policy for a more comprehensive procedure: [HS0120 Hand Hygiene Policy](#)
- j. Hand Hygiene is performed using alcohol based hand rub (ABHR) (70%) for 15 seconds if hands are not visibly soiled and when a hand basin with soap and warm running water is not available at the point of care.
- k. Hand Hygiene is performed using soap and warm running water for 15 seconds when hands are visibly soiled. If a hand basin is not available then disposable moisten towelettes can be used to remove soil and then ABHR can be utilized.
- l. All clinic settings on site or off site will be provided with point of care ABHR at alcohol strength of 70%.
- m. They are educated and understand how to put on and take off [Personal Protective Equipment \(PPE\)](#). [Appendix C: Steps to Putting on and Taking off Personal Protective Equipment](#)
- n. PPE is available for use, and will be used as indicated by a risk assessment and any program standards.
- o. Gloves will be worn when the risk assessment indicates the staff member will come in contact with a client's blood and or body fluids. Selection of gloves should be based on a risk assessment based on the type of setting, the task that is performed, the likelihood of exposure to body substances, the anticipated length of use and the amount of stress on the gloves. Nonsterile disposable medical gloves for routine client care are made from nitrile, latex or vinyl. Powdered latex gloves have been associated with latex allergy. Latex-free alternatives must be used by persons with type 1 hypersensitivity to natural rubber and for care of clients with this type of latex allergy. Sterile gloves are used when performing sterile procedures.

- p. Eye protection will be worn when the risk assessment indicates the staff member's eyes and face may come in contact with a client's blood or body fluids. Reusable eye protection shall be cleaned and disinfected before and after use.
  - q. Mask will be worn when a risk assessment has been conducted and the likelihood that the staff member will be exposed to or come into contact with a client's respiratory secretions. [Respiratory/Droplet Contact Precautions](#) shall be followed. A mask and goggles/eye protection should be put on to protect the staff's mucus membrane (eyes, nose and mouth). Mask selection is based on a risk assessment that includes type of procedure/care activity, length of procedure/care activity and likelihood of contact with droplets/aerosols generated by the procedures or interaction. Masks can also be placed on the client as an effective barrier for retaining large droplets which can be released from symptomatic clients through talking, coughing, or sneezing.
  - r. Gown will be worn when a risk assessment has been conducted and the likelihood that the staff member will be exposed to or come in contact with a client's respiratory secretions, blood, or body fluids. The gown is used to protect the staff member's clothes.
  - s. An N 95 respirator will be worn and airborne precautions are used when indicated by a risk assessment. The assessment will take into consideration the specific infectious agent if known or suspected, the activity to be performed, and the immune status of the staff. N 95 respirators are respirators recommended by Health Canada and the U.S. Centers for Disease Control and Prevention (CDC) for use by health care workers who come in contact with clients with infections that are transmitted from inhaling airborne droplets (e.g., tuberculosis (TB) or Severe Acute Respiratory Syndrome (SARS)). They must also be used when conducting procedures that generate aerosol mists. (i.e. collection of water from showers or cooling towers).
  - t. They carry and replenish the necessary PPE, ABHR and disinfectant wipes supplied to them for use and notifies their Manager/Supervisor that such supplies are needed or expired.
  - u. All multi-use devices/equipment such as instruments, display materials or surfaces that come in contact with a client or shared between clients and shared between staff will be cleaned, disinfected or sterilized [HS0119 Cleaning and Disinfection of Multi-Use Devices/Equipment Policy](#) and [Clinical Services Sterilization Policy and Procedures](#)
  - v. All items that are deemed as single use shall be properly disposed of after each client use.
  - w. Aseptic technique is used when appropriate.
  - x. All sharps will be disposed of in an approved sharps container located at the point of care.
4. A stock of approved N 95 respirators will be available at 15 Sperling and utilized by staff as determined by a risk assessment. List of fitted staff is maintained by Human Resources
5. The Communicable Diseases (CD) Program Assistant is responsible for maintaining emergency supplies including mask stock and should be informed by

Manager/Supervisors when stock is used or outdated. Emergency equipment is stored in the basement storage room of 15 Sperling in the Barrie office and includes:

- Goggles
  - Gowns
  - Gloves
  - Masks and N95 respirators
  - Thermometers
  - 70% Alcohol Based Hand Rub (ABHR)
  - Tyvek suits used for CBRN response
6. The Communicable Disease Team on a daily basis will monitor a variety of surveillance sites and is responsible for informing the Clinical Service (CS) Management Team and the Medical Officer of Health (MOH) of situations that may impact the staff and communities serviced by SMDHU. Changes in Infection Prevention and Control practices will be made in consultation with the MOH Team and CS Management Team.
7. Emerging issues such as a pandemic or a novel disease outbreak may change an element within Routine Practices and Additional Precautions. The Communicable Disease Team (CD) in consultation with the Clinical Service Director and MOH Team will provide recommendations on best practices at the time of the event. Staff will be kept informed of relevant emerging issues via:
- Health Faxes
  - Emails
  - Team meetings
  - Person to person discussions
  - Teleconferences
  - Intranet/Internet

## **Procedures for Service Provision On and Off-Site**

### **A. Procedures for All Service Provision On-site**

#### **1. Booking for all Client Appointments**

1.1 All staff when pre-booking or confirming appointments with all clients will screen clients for ARI symptoms and encourage clients to rebook appointment if they are acutely ill with fever over 38 C, or feeling feverish - having shakes or chills and respiratory symptoms such as a new/worse cough or shortness of breath within the past 24 hours. [Appendix A: Screening Algorithm for Acute Respiratory Infection](#)

#### **2. Client Screening Before Service Provision**

2.1 Signage for Self Screening for Acute Respiratory Infection (ARI) will be posted at all entrances to all SMDHU offices instructing clients to **self-screen** upon arrival at entrance for new/worse cough or shortness of breath and feeling feverish. Signage will also encourage individuals to utilize the provided ABHR and use respiratory hygiene and cough etiquette. **Appendix B: Signage for Self Screening for Acute Respiratory Infection (ARI)**



2.2 Client will be greeted in a manner that maintains a two metre distance between staff and the client.

2.3 ARI Screening will be initiated at reception prior to the clients visit with the intended staff member. Reception staff will screen clients for ARI symptoms and encourage client to rebook appointment if they are acutely ill with fever or feeling feverish - having shakes or chills and respiratory symptoms such as a new/worse cough or shortness of breath within the past 24 hours. [Appendix A: Screening Algorithm for Acute Respiratory Infection.](#)

2.4 If the client's response to the screening questions are "No", Routine Practices will be initiated with the client and Reception Staff will request the client to perform hand hygiene for 15 seconds using ABHR.

2.5 In the event that a client responds "Yes" to the screening questions:

- a. The client will be asked to reschedule the appointment/visit/consultation. Appointments can be re-booked after five days from the initial start of ARI symptoms. (Note: Communicability for most respiratory viruses is five days). Provide client with information on how to contact Health Connection to obtain information on services.
- b. If the appointment is deemed necessary

**Note: Only applies to Sexual Health clients**

- i. The client is asked to perform hand hygiene using ABHR.
- ii. Client is provided a mask, if tolerated and requested to wear the mask until they receive further directions.
- iii. If the client is accompanied by a friend, family member or minor who has failed the ARI screening, the friend, family member or minor must be provided with a mask, if tolerated.
- iv. If a mask cannot be tolerated by the client, friend, family member or minor who has failed the screening while in the waiting room the appointment will need to be re-scheduled or the client can be directed to sit in an area that prevents contact with other clients approximately 2 metres distance, or if possible place in an interview room or empty clinic room.
- v. Reception will contact the Public Health Nurse or Nurse Practitioner responsible for the client to inform them that the client has failed the initial ARI Screening.
- vi. The Public Health Nurse or Nurse Practitioner will initiate appropriate droplet/contact precautions and continue to assess client for:
  - Acute illness requiring assessment by a health care provider.
  - Travel history in the past 14 days
  - Contact with an ill person who has a history of travel within the past 14 days

- 2.6 Should “no” be the response to all the above the client can be seen using droplet/contact precautions.
- 2.7 If “yes” to travel history the client will be asked to re-book the appointment and seek a health care provider for assessment and further testing is required. This is actionable in consultation with the MOH team.

### **3. Maintaining a Clean Reception Area**

- 3.1 The Reception or Branch Office Program Assistant is responsible for ensuring that all waiting areas are clean. Keeping the reception area clean during office hours is one way of reducing the incidence of viral and bacterial transmission to clients and health unit staff.
- 3.2 Any time that a client appears to be symptomatic (coughing, sneezing, feverish) or during increased client use during scheduled clinics; the waiting area should be cleaned using an approved disinfectant wipe. This would include all high touched surfaces contaminated by respiratory droplets. As a minimum this would include wiping down arms of chairs in the waiting area and the edges of the desk where clients may touch. Any items left by clients such as magazines should be discarded.

### **4. Maintaining a Clean Clinic/Interview room**

- 4.1 Staff who will use an on-site clinic room or client interview room with no on-site contract cleaners during regular office hours is responsible for maintaining a clean clinic or interview room before and after each and every client visit.
- 4.2 All devices/equipment that may come in contact with a client's intact skin is considered to be a non-critical devices/equipment. (e.g. examination table, blood pressure cuffs, computers). These items must be cleaned and disinfected with a disinfectant wipe before and after each client use or when visibly soiled.
- 4.3 Food or water used for consumption shall not be brought into a clinic or interview room while the room is being used to provide services to clients.
- 4.4 If an interview room is utilized as both an office space and a clinic space over the course of the day staff will clean and disinfect surfaces (e.g. desk, chairs) after the client has left and before staff are permitted to consume food and water within this room. The interview room will be cleaned before providing services to clients.(e.g. desk)
- 4.5 Staff shall document on clients' records what items were cleaned and disinfected prior to and after the client interaction and what product was used.
- 4.6 All clinics located in a SMDHU office will have posted signs indicating that the clinic room will require cleaning after each client use or is cleaned. This will indicate to all staff that the room is ready or not ready for the next client to use.

- 4.7 Staff who work in a clinic located in a SMDHU office that has an on-site contract cleaner will place the posted sign in the “Needs Cleaning” section and request site cleaners to perform cleaning duties.
- 4.8 If a clinic is run during office hours and an on-site contract cleaner is not present the staff member that runs the clinic is responsible to clean the clinic space and indicate on the sign if the room is clean or needs cleaning.
- 4.9 The staff member responsible for the client visit, interview or service will remove and/or dispose of all devices/equipment that are soiled and will be responsible for cleaning and disinfecting of all horizontal surfaces after each client use.
- 4.10 If a clinic or interview room has been found dirty by another staff member they will contact their Manager/Supervisor to report that the room was not cleaned and remedial action will be taken to have the room cleaned prior to the next client use.

**Note:** Accelerated Hydrogen Peroxide products such as Accel tb or Optum 33 are approved products to be used as the cleaner-disinfectant wipe for non-critical devices/equipment and all hard surfaces located within the clinic setting. (e.g. table tops, vinyl exam table and arm chairs, counter tops, doors, door knobs, etc). For a more comprehensive procedure. [HS 0119 Cleaning and Disinfection of Multiuse Devices/Equipment Policy](#)

Lysol Disinfectant wipes will be used within the non-clinical setting such as waiting rooms and staff offices for non-critical devices/equipment and all hard surfaces such as table tops, vinyl chairs, desks, doors, door knobs, and computers etc.

- Staff will conduct hand hygiene and then wear vinyl gloves before handling disinfect wipes.
- Staff will remove gloves and conduct hand hygiene after task has been performed.

## **5. Unexpected Events – Blood and Body Fluid Exposure**

During provision of any services, unexpected events may occur that may expose staff to blood and body fluids. Each office will be stocked with supplies to limit the risk of exposure to blood and body fluids when the area has to be cleaned by staff. Refer to [HS0102 Blood or Body Fluid Exposures Policy](#).

## **6. Supplies Available in Each Office**

A plastic container labeled “Blood Spills Response Kit” is provided in each office for use.

## **7. Documentation**

Documentation is to be completed for all items above within staff progress notes as per SMDHU documentation procedures. Appointment sheets will be retained and filed within the respective program record maintenance systems.( i.e. VPD Scheduler)

Assessments and interventions undertaken by all staff will be recorded in the client records

## **B. Procedures for Service Provision Off-site**

### **1. Preparation for Setting up Off-site Location**

- 1.1 Staff may work in a variety of settings away from the SMDHU. To be prepared for potential exposures with clients off-site; a Risk Assessment (RA) should be conducted prior to travelling out to conduct an off-site service and prior to each encounter with a client or the client's environment.
- 1.2 After conducting an RA and in discussion with their Manager/Supervisor clinical services staff should carry with them as a minimum:
- A small stock of masks and/or N 95 Respirators (fit tested)
  - Goggles/safety glasses
  - Gloves
  - Gowns
  - 70 % ABHR
  - Accelerated Hydrogen Peroxide Wipes/Lysol Wipes
  - A Blood Spills Kit ( For clinics off site in facilities where there is no cleaning staff available such as a janitor/maintenance)
- 1.3 Staff other than clinical services who travel to a variety of settings should carry with them as a minimum:
- 70% ABHR
  - Disinfectant wipes approved for cleaning/disinfecting equipment/devices/surfaces
  - Personal Protective Equipment and/or N 95 Respirators (fit tested) when a RA indicates there will be an exposure risk to potential infectious diseases during routine work. (e.g. Conducting environmental testing for (Legionellosis) or a health hazard investigations (mold) as per program procedures).
- 1.4 Staff will use the ARI Active Screening Tool [Appendix A: Screening Algorithm for Acute Respiratory Infections \(ARI\)](#) prior to visiting a client at a private home or in a public setting (e.g. vaccine or dental clinics within a school, family health visits).
- 1.5 Clients who fail the ARI Screening Tool should be asked to reschedule their appointment and/or seek medical attention. [Routine Practices](#) will be used with all clients during all off site visits/appointments.
- 1.6 When a staff member knows or suspects that a client and/or reservoir within the client's environment is infected with an organism that is spread via droplet/contact or airborne transmission the staff member must wear an N 95 Respirator that is properly fit tested. (e.g. active Tuberculosis or SARS in a client or Legionellosis within a water source)

## **2. Maintaining a Clean Clinic Area Off Site**

- 2.1 Clinical Services staff that are responsible for running an off-site clinic or service with no on-site cleaners present is responsible for maintaining a clean clinical environment before and after each and every client visit.
- 2.2 All items and equipment that may come in contact with a client's intact skin is considered to be non-critical device/equipment. These items must be cleaned before and after each client use. (e.g. examination table, blood pressure cuffs).

- 2.3 Staff running programs/services within public spaces (mall, school, community centre or hall) is responsible to provide the program/service in a clean environment. If the area is not clean, the staff member will discuss with the operator of the facility the importance of having the area cleaned for SMDHU use.
- 2.4 Staff will conduct hand hygiene and wear vinyl gloves before disinfecting surfaces.
- 2.5 Accelerated Hydrogen Peroxide approved products will be used to disinfect hard surfaces such as table tops, vinyl chairs, counters, doors, door knobs, etc.
- 2.6 Staff will remove gloves and conduct hand hygiene after the task is complete.

### **3. Unexpected Events – Blood and Body Fluid Exposure**

During provision of any clinic service, unexpected events may occur that may expose staff to blood and body fluids. Refer to [HS0102 Blood or Body Fluid Exposures Policy](#).

### **4. Outbreak Precautions within other Facilities**

- Staff visiting or working in another health care facility, or a facility where an outbreak has been declared, will adhere to [routine practices](#) and any [additional precautions](#) that are required to minimize the risk of exposure.
- The Infection Control Practitioner working within the facility sets the standards for IPAC practices. SMDHU staff will follow the direction of the facility.
- If there are concerns related to the level of infection prevention and control practices being set within the facility, consultation with CD Managers and MOH team should occur.
- The standards set should be based on the Ministry of Health and Long-Term Care, Provincial Infectious Diseases Advisory Committee (PIDAC) and Ontario Hospital Association (OHA) surveillance documents.

### **5. Education and Training**

- Manager/Supervisor will utilize the [Education Matrix](#) to determine what level of education staff will require concerning Routine Practices and Additional Precautions and Hand Hygiene.
- Unless otherwise indicated in the [Education Matrix](#) Managers/Supervisors will ensure all staff are trained on Routine Practices and Hand Hygiene utilizing the IPAC Core Competencies Course offered by Public Health Ontario. Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture. On-line learning modules are available on the [Public Health Ontario](#) web site.

- Infection Prevention Control Coordinator (IPCC) will work with Managers/Supervisor to set up a facilitated educational session during scheduled team or program meetings within four months of Routine Practices and Hand Hygiene Policy release.
- The IPCC will ensure the link to the modules are current on the intranet and act as a resource for any questions or concerns on the course materials.
- All staff that work in Clinical Services, if otherwise indicated, will be required to do the Public Health Ontario IPAC Modules independently. Rationale: Staff within these programs provided direct care to clients and/or provides education to others in health care facilities, LTCH, PSS and should be well versed on Routine Practices and Hand Hygiene.
- Staff who complete the modules independently or in a facilitated session will print off a certificate of completion or be provided with a certificate of completion by the IPCC and staff will provide the certificate to their direct Manager/Supervisor as proof of education and training who will forward it on to Human Resources.
- New staff as per their orientation will schedule time in consultation with their Manager/Supervisor to complete the module independently or facilitated with the IPCC within 90 days of the commencement of their employment.

**Education and training will be provided in the following format:**

- The IPAC Core Competencies Courses offered by Public Health Ontario will be utilized for staff training in IPAC. Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture. On-line learning modules are available on the [Public Health Ontario](#) web site.

**Infection Prevention and Control (IPAC) Core Competencies (PHO)**

***Module Two: Chain of Transmission and Risk Assessment (45 minutes)***

Provides information on:

Chain of Transmission

- How to break the links in the Chain
- How to conduct a Risk Assessment (RA)

***Module Three: Health Care Provider Controls (45 minutes)***

Provides information on:

- Hand Hygiene
- Personal Protective Equipment (PPE)

***Related Policies***

[HS0120 Hand Hygiene](#)

[HS0119 Cleaning and Disinfection of Multiuse Equipment/Devices](#)

**Reference**

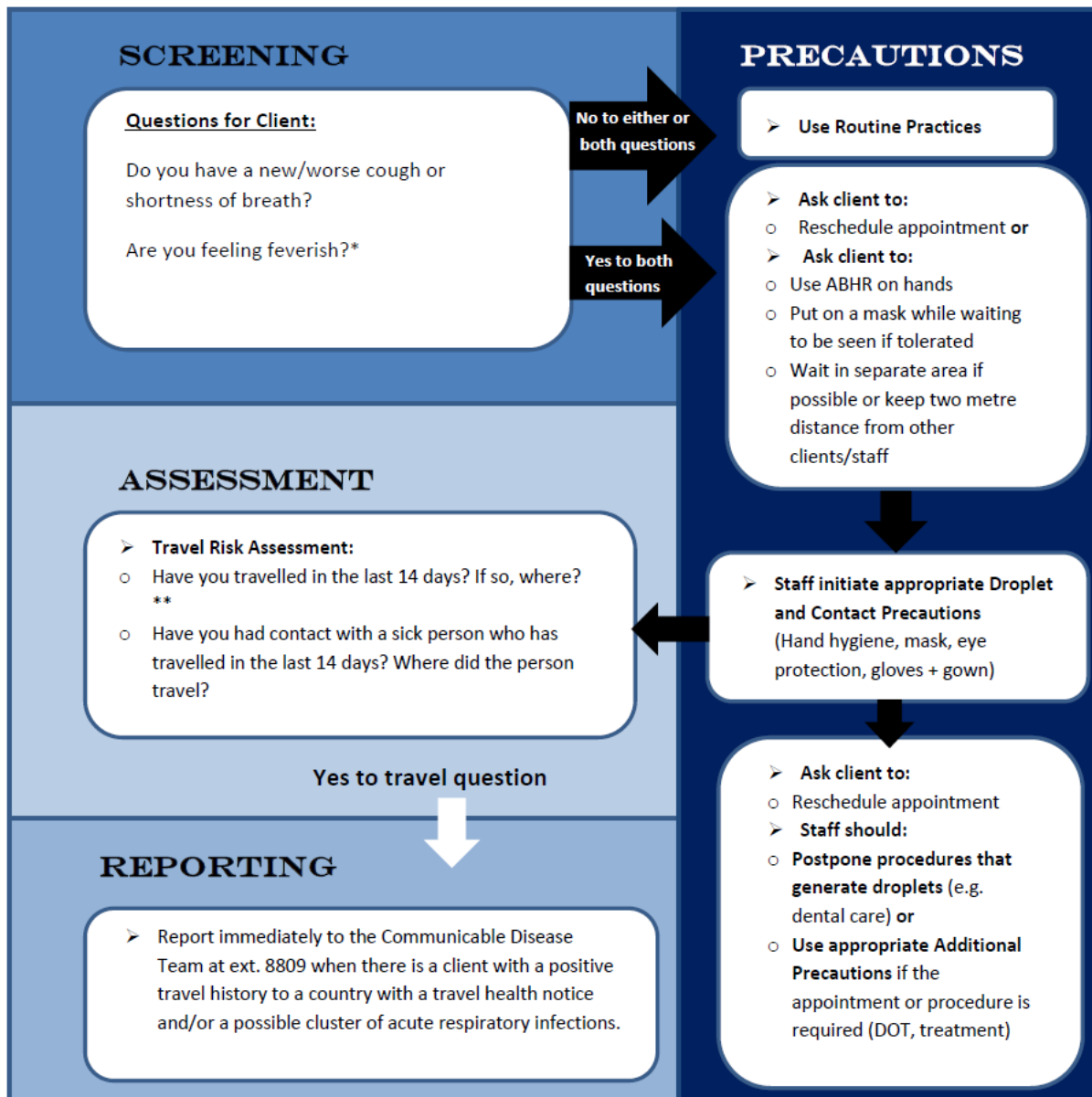
1. Public Health Agency of Canada Hand Hygiene Practices in HealthCare Settings. 2012.
2. Provincial Infectious Diseases Advisory Committee Best Practices for Hand Hygiene in All Health Care Settings. April 2014

**Final Approval Signature:** \_\_\_\_\_

Review/Revision History:

February 25, 2015 – Approved

## Appendix A: Screening Algorithm for Acute Respiratory Infection (ARI)



\* Elderly people and people who are immunocompromised may not have a fever with a respiratory infection, so the presence of new onset cough/shortness of breath may be enough to trigger further precautions. Staff should maintain an increased awareness during influenza season. Individuals presenting with acute cardiopulmonary illnesses or asthma in the absence of symptoms of respiratory infection may have influenza.

\*\* For a current list of travel health notices, see <http://www.phac-aspc.gc.ca/tmp-pmv/pub-eng.php>



***Appendix B: Signage for Self Screening for Acute Respiratory Infection (ARI)***



**Read Carefully**

1. Do you have a **NEW** or **WORSE** cough or shortness of breath?
2. Are you feeling feverish?

**If the answer to these questions is YES**

Rub Alcohol Based Hand Rub on your hands for 15 seconds

**AND**

If you have a cough, put on a mask or use a tissue to cover your mouth

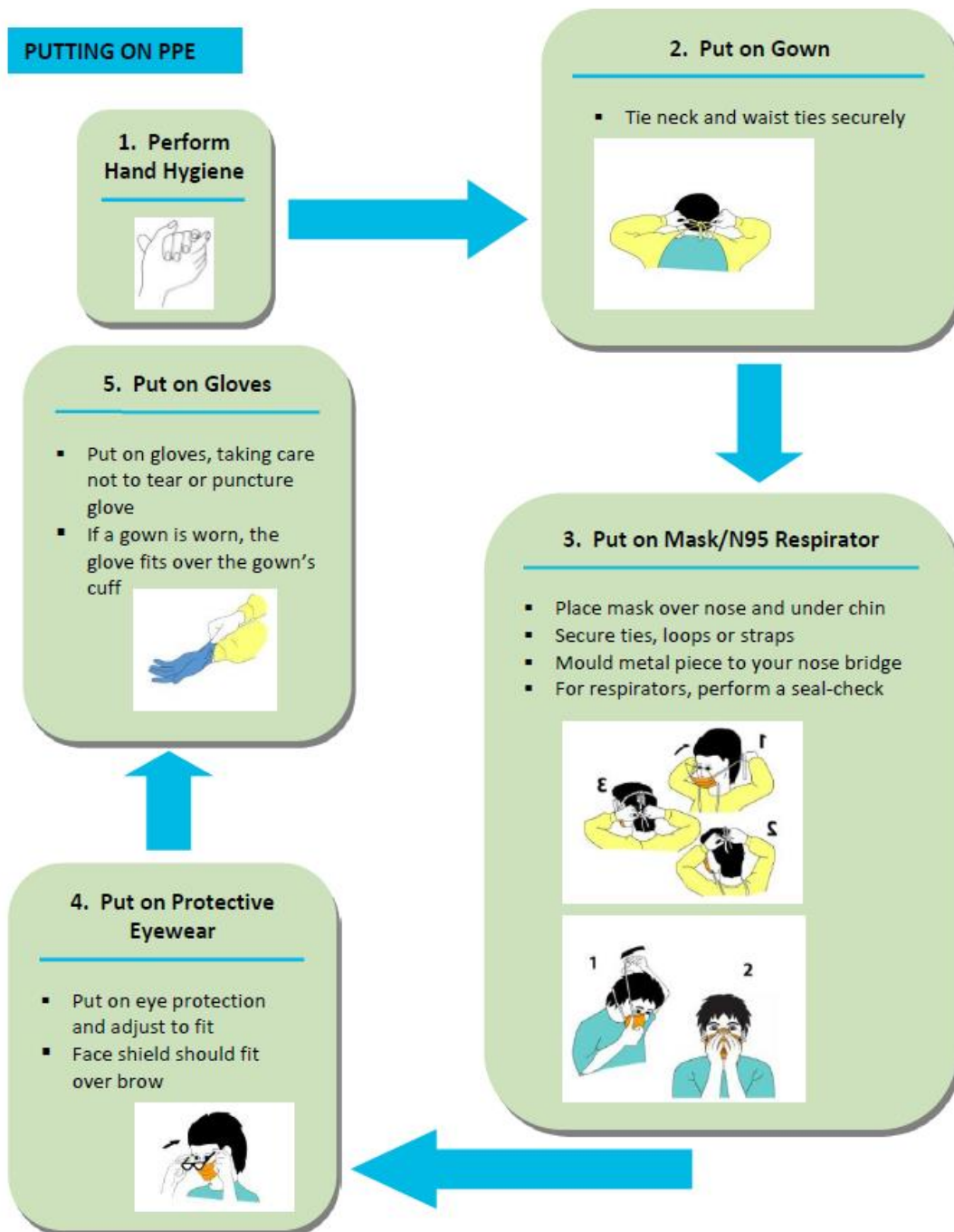
**AND**

Tell the receptionist or public health staff right away

## APPENDIX C: Steps for Putting On and Taking off Personal Protective Equipment (PPE)

[Images developed by Kevin Rostant.

Some images adapted from Northwestern Ontario Infection Control Network – NWOICN]

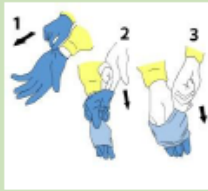


PIDAC: Routine Practices and Additional Precautions in All Health Care Settings | November, 2012

## TAKING OFF PPE

### 1. Remove Gloves

- Remove gloves using a glove-to-glove/skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



### 2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting at the neck ties, the outer, 'contaminated', side of the gown is pulled forward and turned inward, rolled off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance



### 6. Perform Hand Hygiene

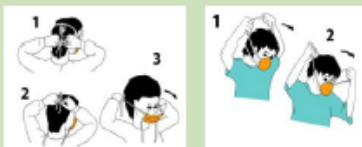


### 3. Perform Hand Hygiene



### 5. Remove Mask/N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



### 4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



Appendix D: Techniques for Performing Hand Hygiene



# HAND HYGIENE WITH ALCOHOL-BASED HAND RUB



## Appendix E: Education Matrix

Service	Hand Hygiene Do you <b>only</b> come in contact with staff and the SMDHU office environment while conducting services for the SMDHU?	Hand Hygiene Do you provide a service that brings you in direct or indirect contact with a client and/or their environment? OR Do you provide education on Hand Hygiene?	Risk Assessment Do you provide a service that brings you in direct or indirect contact with a client and/or their environment? OR Do you provide education on Risk Assessments?	Personal Protective Equipment Do you provide a service that brings you in direct or indirect contact with a client and/or their environment where there is the potential that you will be exposed to a client's blood, bodily fluids, excretions, or secretions? OR Do you provide education on Personal Protective Equipment?
<b>MOH Team CNO</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene	Yes: Independent Public Health Ontario: Health Care Providers Controls - Hand Hygiene Module Three	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two	Yes: Independent Public Health Ontario: Health Care Providers Controls -Personal Protective Equipment (PPE) Module Three
<b>Board of Health**</b>	No: Continue ** Hand hygiene demonstration during orientation	No: NA	No: NA	No: NA
<b>Contractors Cleaners</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene	NA	NA	NA
<b>Clinical</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario: Health Care Providers Controls - Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario: Health Care Providers Controls -Personal Protective Equipment (PPE) Module Three No: NA
<b>Health Protection</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
<b>Healthy Living</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
<b>Human Resources and Infrastructure</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
<b>Program Foundations and Finance</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Hand Hygiene Module Three No: NA	Yes: Facilitated Public Health Ontario: Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Facilitated Public Health Ontario: Health Care Providers Controls- Personal Protective Equipment (PPE) Module Three No: NA
<b>Family Health</b>	Yes: Read Appendix D: Techniques for Performing Hand Hygiene No: Continue	Yes: Independent Public Health Ontario Hand Hygiene Module Three No: NA	Yes: Independent Public Health Ontario Chain of Transmission and Risk Assessment Module Two No: NA	Yes: Independent Public Health Ontario Health Care Providers Controls Personal Protective Equipment (PPE) Module Three No: NA