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<h2 style="text-align: center;">IF0100: Routine Practices for All Care Areas</h2>	<p>EFFECTIVE DATE: September 2006</p> <p>REVISED DATE: November 2010, December 2012, November 2016</p> <p>REVIEWED DATE: October 2019</p>
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1.0 PURPOSE

Routine Practices are infection prevention and control practices designed to reduce the risk of blood and body fluid exposures to healthcare workers **AND** to prevent and control contamination and transmission of microorganisms in all healthcare settings.

2.0 DEFINITIONS

See the glossary in [Appendix A](#) for definitions.

3.0 GUIDING PRINCIPLES

Routine Practices
<p>Routine Practices are used by ALL healthcare providers for ALL patients/residents/clients in ALL settings ALL of the time</p>

- 3.1 Routine Practices must be incorporated into the culture of each healthcare setting and into the daily practice of each healthcare provider.
- 3.2 Routine Practices apply to all **BODY FLUIDS, NON-INTACT SKIN, MUCOUS MEMBRANES OR EQUIPMENT CONTAMINATED WITH BLOOD, BODY FLUIDS OR TISSUES.**
- 3.3 A **Point of Care Risk Assessment** must be done by healthcare providers **before each interaction** with the patient or their environment to determine which interventions are required to prevent transmission of microorganisms during that interaction.
 - Choose patient placement or accommodation based on the risk assessment.
 - Choose personal protective equipment (PPE) based on the risk assessment.
- 3.4 PPE is used to prevent transmission of infectious agents both from patient-to-patient and from patient-to-healthcare provider. Healthcare settings must ensure sufficient supplies of, and quick, easy access to PPE is provided.

- 3.5** Preventing transmission of microorganisms to other patients is a patient safety issue, and preventing transmission to staff is an occupational health and safety issue. Healthcare providers are accountable to practice safely to protect patients and themselves by following organizational infection prevention and control guidelines.

Just because it 'looks' clean doesn't mean it isn't contaminated by bacteria or viruses

4.0 PROCEDURE

- 4.1 Point of Care Risk Assessment - to be done before each interaction** with a patient or their environment.

Assess the patient for high risk of contaminating environment:

- Uncontrolled diarrhea.
- Uncontained draining wounds or skin lesions.
- Uncontrolled respiratory symptoms.
- Symptoms – vomiting, fever, skin rash.
- Inability to clean hands or cover cough.

What type of environment is high risk for patient?

- Shared space (i.e.) multi-bed room, shared bathrooms.
- Crowded areas such as waiting rooms, hallways.
- Shared equipment.

- 4.2** Use avoidance procedures that **minimize contact with droplets** (e.g., sitting next to, rather than in front of, a coughing patient when taking a history or conducting an examination).

- 4.3 Hand Hygiene** Refer to [IF0200 HAND HYGIENE GUIDELINE](#)

Activity	Best Practice
Hand Hygiene	<ul style="list-style-type: none"> ▪ Before and after every patient/patient environment contact. ▪ After contact with blood or body fluids, soiled linen, equipment or garbage. ▪ Before and after glove use. ▪ Before performing aseptic procedures. ▪ Before handling food or medication. ▪ Before handling clean linen or supplies. ▪ After using the toilet or after toileting others. ▪ After changing an incontinence product or a child's diaper. ▪ Prior to using computers and other electronic devices. ▪ Alcohol-based hand rub (ABHR) used routinely when hands are not visibly soiled. ▪ Soap and water used when hands are visibly soiled. ▪ Assist patients with hand hygiene before eating, after toileting and when hands are soiled. ▪ Educate visitors about hand hygiene.

4.4 Personal Protective Equipment (PPE)

Determine the appropriate PPE to use that will decrease exposure risk and prevent transmission of infectious agents: includes gloves, masks, N95 respirators, eye protection, and gowns/aprons.

Activity	Best Practice
Gloves – non sterile, single use, latex free	<ul style="list-style-type: none"> ▪ Wear for contact with blood or body fluids, mucous membranes, draining wounds or non-intact skin (open skin lesions or rash). Refer to non-sterile exam glove selection guide. ▪ Wear for handling items or surfaces potentially contaminated with blood or body fluids. ▪ Gloves should be put on directly before the task for which gloves are required. ▪ Gloves must be removed and discarded immediately after the activity for which they were used. ▪ Hand hygiene must be done immediately prior to putting on gloves and after removing gloves. ▪ Gloves are not required for routine care when in contact with intact skin (e.g. bathing, dressing the patient, taking blood pressure). ▪ Gloves are not required to handle food trays and dishes. ▪ Change gloves after touching a contaminated body site and before touching a clean body site or the environment. ▪ Do not wash or re-use single use gloves. ▪ Sterile gloves are worn to protect the patient during aseptic procedures. ▪ Disposable gloves are worn for tasks other than direct patient care (e.g. laundry, working with chemicals, cleaners and disinfectants). I H Facilities refer to the
Masks and eye protection	<ul style="list-style-type: none"> ▪ Wear to protect the mucous membranes of the nose, mouth and eyes during procedures/activities likely to generate splashes of blood, body fluids, secretions or excretions or within two metres of a coughing patient. ▪ Change mask if it becomes wet. ▪ Do not allow mask to hang or dangle around the neck. ▪ Remove mask by using ties or elastic and discard mask promptly after use. ▪ Remove and discard the eye protection after use if disposable; if re-usable, clean with a disinfectant after each use. ▪ The outside of the mask and eye protection are considered contaminated. ▪ Clean hands after removing the mask and eye protection. ▪ Do not re-use disposable masks. ▪ Prescription eye glasses are <u>not acceptable</u> as eye protection.
N95 Respirators	<ul style="list-style-type: none"> ▪ Must be fit tested prior to wearing N95 respirator. ▪ Wear when caring for patients on Airborne Precautions. ▪ A single-use N95 mask must only be worn once.
Gowns/aprons – single use	<ul style="list-style-type: none"> ▪ Wear impermeable long sleeve gown to protect uncovered skin and prevent soiling of clothing during activities likely to generate aerosolization of blood or body fluids. ▪ The gown/apron should be put on immediately before the task and must be worn properly, i.e., tied at top and around the waist. ▪ Gowns/aprons are SINGLE USE - remove promptly after use and discard in appropriate receptacle. The outside of the gown/apron is considered contaminated so hand hygiene must be done following removal.

4.5 Environmental Controls

Measures implemented to reduce the risk transmission of infectious agents to patients and healthcare providers; includes patient placement and transport, patient care equipment, cleaning practices including laundry and dishes and engineering controls such as point-of-care sharps containers and waste management.

Activity	Best Practice
Patient Placement	<ul style="list-style-type: none"> ▪ Options include single patient rooms, two patient rooms and multi-bed rooms/bays. ▪ Single room with dedicated bathroom and sink preferred when there is a potential for transmission of an infectious agent (i.e.) patients with uncontrolled diarrhea ▪ Maintain a spatial separation of at least 2 meters between coughing patients and others in the room – draw the privacy curtain between beds. ▪ Cohorting a group of patients (with same disease/organism) in the same area is an option if single rooms are not available.
Patient transport	<ul style="list-style-type: none"> ▪ Patient's gown/clothing is clean. ▪ Patient has clean hands prior to going to another department. ▪ Wounds are covered with clean, intact dressings. ▪ Incontinence products are in place and intact when required. ▪ Patients who are coughing need to wear a surgical/procedure mask.
Patient care equipment	<ul style="list-style-type: none"> ▪ ALL patient care equipment including transport equipment requires cleaning and disinfection after each use. ▪ Storage of contaminated equipment is to be in a designated area/container – usually in a Soiled Utility Room. ▪ Gross soil must be removed before the item can be cleaned and disinfected. ▪ Once items are cleaned and disinfected, they should be labeled as such, and moved to a clean storage area. ▪ Dedicate bedpans and commodes for single patient use. Clean and disinfect before use by another patient. ▪ Single use items are to be discarded, not reused. ▪ Procedures should be established for assigning responsibility for routine cleaning of all healthcare equipment. ▪ Wear appropriate PPE when handling, cleaning and disinfecting soiled equipment. ▪ Personal care supplies are single patient use items and are NOT to be shared (i.e.) soap, lotions and creams. REFER TO IX0800 PERSONAL CARE SUPPLIES GUIDELINE ▪ When using nursing bags in the Community settings, place soiled equipment in impervious container and do not return it to the nursing bag.

Activity	Best Practice
Environmental cleaning	<ul style="list-style-type: none"> ▪ High touch surfaces in patient care areas are cleaned and disinfected with a hospital-grade disinfectant (quaternary ammonium compound or hydrogen peroxide product) daily and more frequently if the risk of environmental contamination is higher. ▪ Floors are cleaned with a detergent product. ▪ No “re-dipping” (double dipping) of cleaning cloths in the cleaning solutions. ▪ Gloves should be worn during cleaning and disinfecting procedures. ▪ Containers for liquid soap and ABHR are disposable and should not be ‘topped up’. ▪ When a patient is discharged or transferred the room or bed space must be cleaned and disinfected thoroughly before the next patient occupies the space. ▪ Do not apply cleaning chemicals by aerosol or trigger sprays. ▪ Tubs should be cleaned and disinfected after each use. Use cold water when using the disinfectant and ensure contact time of the disinfectant with all surfaces is for 10 minutes or as recommended by the manufacturer. ▪ Use gloves when handling waste/garbage. ▪ Place biohazardous waste (items saturated, dripping with blood) in appropriate biomedical waste container in the soiled utility room. ▪ Items that are broken, torn, cracked or malfunctioning need to be replaced.
Dishes	<ul style="list-style-type: none"> ▪ Use commercial dishwashers or wash with hot water and detergent for ALL dishes, including those used by patients on Additional Precautions. ▪ Disposable dishes are not required. ▪ Gloves are not required when transporting dirty dishes. ▪ If Food Service Workers identify trays that contain bodily fluids or sharps, they will bring this to the attention of the nursing staff.
Laundry	<ul style="list-style-type: none"> ▪ ALL laundry is handled the same way, including those patients on Additional Precautions. ▪ Wear appropriate PPE when handling soiled laundry (i.e. gloves and if necessary disposable gown or apron). ▪ Position hamper/tote/laundry bag in room or as close to the room entrance as possible. ▪ Ensure that laundry is free of sharps, instruments, and patient’s personal belongings. ▪ Excrement should be removed manually, not by spraying with water. ▪ Roll laundry carefully into itself. Avoid shaking or fluffing. ▪ Dirty laundry is not to be placed on the bedside tables, floor or in the sink. ▪ Place soiled laundry into leak proof bags. ▪ Laundry bags should be tied securely and not over-filled. ▪ Remove PPE after handling soiled linen and perform hand hygiene before handling clean laundry.
Sharps	<ul style="list-style-type: none"> ▪ Sharps disposal containers must be readily available in all areas. ▪ Sharps must be discarded immediately after use, directly into a disposal container at the point of use. ▪ Do not recap needles. ▪ Scalpel blades must be removed using forceps. ▪ Never fill a sharps disposal container more than ¾ full. ▪ Never leave a sharp protruding from the sharps disposal container.

Activity	BEST PRACTICE
Waste Management	REFER TO IF0300 WASTE MANAGEMENT GUIDELINE
Blood/body fluid spills	<ul style="list-style-type: none"> Wear appropriate PPE. Absorb excess fluid with paper towels and discard in biohazardous waste container. Clean area first, and then disinfect the area with an approved hospital disinfectant. Notify Housekeeping of large spills.

4.6 Administrative/Source Controls

Activity	BEST PRACTICE
Healthcare Provider Education	<ul style="list-style-type: none"> Ongoing education includes hand hygiene, Point of Care Risk Assessment, Routine Practices & Additional Precautions, cleaning & disinfection of the environment and equipment and staff safety.
Patient Education	<ul style="list-style-type: none"> Includes hand hygiene, respiratory hygiene and not sharing personal care items.
Respiratory Hygiene	<ul style="list-style-type: none"> Post signs with instructions to patients and visitors on how to ‘cough/sneeze into your sleeve’, ‘cover your cough’ with a tissue and promptly dispose of used tissue, or put on a mask if the symptoms are uncontrollable or person cannot comply with instructions. Hand hygiene must be done following contact with respiratory secretions including disposal of used tissues. Maintain spatial separation, ideally more than 2 meters (6 feet) between persons with respiratory symptoms in common areas, such as waiting rooms. Healthcare providers to use and teach patients avoidance measures that minimize contact with droplets when coughing or sneezing, such as: turning the head away from others; covering the nose and mouth with tissue.
Visitors	<ul style="list-style-type: none"> Should not enter the healthcare setting if they are sick or unable to comply with hand hygiene and other precautions that might be required. Should be instructed to do hand hygiene when entering and exiting the patient’s room. Encourage visitors to have annual influenza vaccine. Provide visitor with information pamphlets located on the INFECTION PREVENTION & CONTROL WEBSITE.
Healthy Workplace Practices	<ul style="list-style-type: none"> Staff not to come into work when ill with symptoms that are of an infectious origin. Provide appropriate immunizations to patients and healthcare providers including annual influenza vaccine.
Aseptic Technique	<ul style="list-style-type: none"> Use for handling medications and for procedures such as intravenous catheterization, urinary catheterization, wound care, etc.
Aerosol-Generating Medical Procedures	<ul style="list-style-type: none"> Only those needed to perform the procedure should be present in room. Use Routine Practices including hand hygiene and appropriate PPE based on the Point of Care Risk Assessment Use Additional Precautions based on the Point of Care Risk Assessment and potential for infectious disease diagnosis.

Donning Personal Protective Equipment (PPE)

1 Perform hand hygiene



2 Put on fluid-resistant gown

- Tie neck and waist ties securely



3 Put on mask / N95 respirator

- Place mask over nose and under chin
- Secure ties, loops or straps
- Mould metal piece to your nose bridge
- Perform seal-check for N95 respirator



4 Put on face shield

- Put on face shield - should be fit over eye brows and extend below chin



5 Put on gloves

- Put on gloves – if gloves tear or puncture, discard and put on new pair
- Fit glove over cuff of gown



Doffing Personal Protective Equipment (PPE)

1

* Undo side tie on gown first, then:

Remove gloves

- Outside of gloves are contaminated!
- Use a glove-to-glove / skin-to-skin technique
- Grab outside edge near the wrist and peel away
- Reach under the second glove and peel away
- Throw into the garbage immediately
- **Do hand hygiene**



2

Remove gown

- Gown front and sleeves are contaminated!
- Unfasten the neck ties, then waist ties
- Pull gown away from neck and shoulders, touching inside of gown
- Roll off the arms into a bundle
- Throw into garbage immediately in a way that minimizes air disturbance



3

Perform hand hygiene



4

Remove face shield

- Outside of face shield is contaminated!
- Handle only by headband – remove face shield from the back by lifting head band
- Carefully pull away from face
- Throw into garbage
- **Do hand hygiene**



5

Remove mask / N95 respirator

- Front of mask/N95 respirator contaminated!
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top and remove without touching the front of the mask
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into garbage



6

Perform hand hygiene



5.0 REFERENCES

- 5.1. **Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care;** Public Health Agency of Canada; Sept 1, 2010 – Final Version.
- 5.2. **Routine Practices and Additional Precautions In all Healthcare Settings.** Provincial Infectious Diseases Advisory Committee (PIDAC), Ontario; July 2011.
- 5.3. <https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en> accessed October 17 2019 Best Practice for Environmental Cleaning for Prevention and Control of Infections in all Healthcare Settings 3rd Edition April 2018.

Aerosol-generating medical procedures (AGMPs) - are medical procedures that can generate aerosols as a result of artificial manipulation of a patient's airway. Examples include intubation, manual ventilation, open endotracheal suctioning, CPR, bronchoscopy, sputum induction, nebulized therapy, surgery, autopsy, and non-invasive positive pressure ventilation (CPAP, BiPAP, Chest Physiotherapy (Cough Assist, Percussion or Vibration)

Aseptic Technique – preventative measures to reduce the risk of introduction of microorganisms through a portal of entry including mucous membranes, intravenous catheterization, breaks in the skin, urinary catheterization; methods of introduction include inhalation, injection, and puncture.

Principles of Aseptic Technique

1. Prepare area and patient and assemble items needed in advance of the procedure
2. Hand hygiene – follow the IH HH guideline and policy utilizing the moments of hand hygiene
3. Environment
 - a. Store sterile equipment in clean supply rooms
 - b. Clean/disinfect work surface immediately prior to procedure
4. Maintain an aseptic field (place only sterile items within the aseptic field, do not reach across the aseptic field)
5. Wear personal protective equipment as appropriate to procedure
6. Skin/site preparation
7. Non touch technique

Cleaning – the physical removal of dirt, dust or foreign material. Cleaning usually involves soap and water, detergents or enzymatic cleaners. Thorough cleaning is required before disinfection or sterilization may take place.

Cohorting – the placement and care of patients in the same room, who are infected or colonized with the same microorganism; or placing those who have been exposed together to limit risk of further transmission.

Disinfection – removal and destruction of most pathogens (or disease-causing organisms) except bacterial spores; requires friction (cleaning) and the use of a disinfectant product.

High touch areas/surfaces – are those that have frequent contact with hands and require more frequent cleaning, particularly during outbreaks. Examples include doorknobs, elevator buttons, telephones, call bells, bedrails, light switches, monitoring equipment, chair arms, faucet handles, over bed tables, hand rails, flusher handle, soap and ABHR dispensers, paper towel holder and edges of privacy curtains.

Housekeeping Clean

- **Terminal/Discharge Clean** – refers to the process of cleaning and disinfection which is undertaken upon discharge of a patient from a room. The patient room, cubicle, or bed space, bed, bedside equipment, environmental surfaces, hand washing sink and bathroom should be thoroughly cleaned before another patient is allowed to occupy the space.
- **Isolation Terminal Clean** – refers to the process of cleaning and disinfection which is undertaken upon discharge of a patient from or discontinuation of any 'Isolation Precautions' (Additional Precautions). In addition to the Terminal/Discharge clean, privacy and shower curtains are changed, toilet paper, paper towel, glove box and toilet brush should all be discarded and replaced.

Non-critical Medical Equipment – equipment in the patient care environment that is used between patients (e.g. imaging equipment, electronic monitoring equipment, commode chairs); items that touch only intact skin but not mucous membranes.

N95 Respirator – type of mask used to prevent inhalation of small particles that may contain infectious agents transmitted via the airborne route.

Personal Protective Equipment (PPE) – barriers placed between the infectious source and one's own mucous membranes, airways, skin and clothing to prevent exposure to blood and body fluids.

Point of Care Risk Assessment – a dynamic process done **before each interaction** with a patient or their environment in order to determine which interventions are required to prevent transmission of microorganisms during the interaction considering the patient's status can change.

Respiratory Hygiene – personal practices that help prevent the spread of microorganisms that cause respiratory infections; applies to any person entering a healthcare facility who has signs of illness, including cough, congestion, runny nose or increased production of respiratory secretions.

Routine Practices – based on the assumption that all blood and body fluids contain potentially infectious organisms, the same safe standards of practice should be used **routinely** with **all** patients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms.

Sharps – are devices that can cause occupational injury to healthcare providers (e.g. laceration or puncture the skin). Some examples of sharps include needles, lancets, blades and clinical glass.