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Personal Care Items

Purpose

To prevent transmission of microorganisms on contaminated personal care items, in acute care hospitals and long-term care facilities, to patients and health care providers (HCPs).

To ensure that personal care items are kept clean and dedicated to single patient use.

Definitions

Personal care item: Any non-medical item in the patient environment that is used for personal hygiene, oral hygiene, grooming, and beautification (e.g., skin cleansers, lotions, razors, toothbrushes, and incontinence care products).

Patient: Anyone who receives or has requested care or services from Interior Health including **residents, inmates, and clients**.

Health Care Provider (HCP): Individual providing or supporting healthcare services that will bring them into contact with patients.

Acute Care Facility: A hospital where lengths of stay average less than 30 days, and where a variety of services are provided (e.g., surgery, intensive care).

Long Term Care Facility: Provides 24-hour professional nursing care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes.

Patient Environment: The immediate space around a patient that may be touched by the patient and the HCP. (e.g., a single room includes the entire room and a multi bed-room includes the space inside the curtain).

Micro-organism: An entity of microscopic size, encompassing bacteria, fungi, protozoa, and viruses.

Infection: An invasion of the body by microorganism(s) that multiply and cause an interaction between the host and the organism. The interaction may only be a detectable immune response such as a TB skin test conversion (subclinical infection) or produce signs and symptoms resulting from the altered physiology and/or associated cell damage (clinical disease).

Cleaning: The physical removal of foreign material (e.g. dusts, soil, organic material such as blood, secretions, excretions, and microorganisms) using mechanical and/or chemical means. Cleaning physically removes rather than kills microorganisms.

Disinfection: The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Disinfection usually involves chemicals, heat, or ultraviolet light.

Contamination: The presence of microorganisms on inanimate objects, in substances, or on body surfaces such as hands.

Fomites: Those objects in the inanimate environment that may become contaminated with microorganisms and serve as a vehicle of transmission.

Overview

Personal care items can become contaminated with microorganisms, such as fungi or bacteria, during use. These microorganisms can persist on these items, known as fomites, and potentially be transmitted to others. The transfer of these microorganisms through shared personal care items is a well-documented route for the spread of infections. This risk of transmission is what guides best practice.

Best Practices

- Personal care items should be stored, dispensed, handled, labelled with patient identifiers, and disposed of appropriately.
- Where possible, it is recommended that patients admitted to acute or long-term care facilities bring their own labelled personal care items for individual use.
- **Personal care should not be shared between patients.**
- Health care providers to educate patients, and visitors on not sharing their personal care items.
- Adhere to [Hand Hygiene Guideline](#) and [Hand Hygiene Policy \(AH0700\)](#) when handling, stocking, and disposing of personal care items.

Cleaning and Disinfection

- All personal care items in the patient's environment should be cleaned and disinfected according to [Routine Practices \(IF0100\)](#), [IPAC Cleaning and Disinfection Manual](#) and [Shared Bathing Facilities Cleaning and Disinfection](#).
- For patients on Additional Precautions, also refer to corresponding additional precaution guideline.
- Items should be visibly clean and be free from debris, hair, and soap residue.

Stocking of Personal Care Items

- Gloves are not required for restocking personal care supplies unless otherwise indicated by [Point-of-care-risk-assessment \(PCRA\)](#) or [Additional Precautions](#).
- Perform hand hygiene and adhere to [Hand Hygiene Guideline](#) when stocking personal care items.
- Overstocking of personal care items can result in unnecessary waste and excess clutter, preventing Environmental Services (EVS) from effectively cleaning and disinfecting the patient environment.

- To prevent overstocking, it is recommended patient rooms be stocked with minimal supplies for example, what is required for a 24-hour period.
- Unused personal care items that cannot be cleaned and disinfected should be discarded.

Storage of Personal Care Items

- Store in an area that is distinctly separate from dirty items.
- Do not place on the floor (items that have touched the floor are considered dirty and contaminated).
- Store in a manner that prevents use by or for other patients (e.g., do not store in a bathroom that is shared by multiple patients).
- Store in a labelled container or bag that can be cleaned and disinfected.
- Store oral hygiene items in a separate labelled container or bag that is kept away from contamination from the sink and toilet.
- Any unused and sealed personal care item that has entered the patient environment must not be restocked unless it can first be cleaned and disinfected.

Labelling of Personal Care Items

- Label individual items with two patient identifiers (e.g., patient name and DOB).
- Label the container/bag storing the items with patient identifier (e.g., patient name and DOB).
- All multi use products must be labelled with the date that the product was opened.

Dispensing and Handling of Personal Care Items

- Encourage or assist patient to perform hand hygiene before handling oral hygiene items.
- When possible, use liquid products that come from a pump to avoid contamination of the product (e.g., lotion).
- Liquid soap is preferred (bar soap harbors microorganisms and is discouraged).
- Multi dose products should be **single patient use**.
- Products should never be “topped up” as this results in contamination of the product and the container.
- Dispense in a manner that prevents contamination to the product and container by using an applicator or medicine cup to dispense a multi use product.

Disposal of Personal Care Items

- Dispose of any sharps (e.g., razors) immediately after use in a puncture resistant container (sharps container at point of care).
- Dispose of contaminated or potentially contaminated personal care items (that cannot be cleaned and disinfected) in the regular garbage disposal.
- Dispose of single use items after use and do not reprocess.
- Personal care items should be taken home with the patient when they are discharged from the facility or placed in the garbage.

- Health care providers are responsible for the disposal of any personal care items that have been left behind by a patient before a discharge clean can be completed by EVS.
- Monitor products for their expiration date and dispose of when expired.
- Dispose of any multi use products 30 days after date opened (unless otherwise stated on product) or if product has been open for an unknown length of time and was not dated.

References

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| Revision History | Date | Section | Revision |
| | April 2025 | Entire document | Updated template and reviewed content Removed specific care setting headings and generalized document as recommendations are the same. Removed contracted food care recommendations. Removed recommendations for bed pans (under equipment cleaning and disinfection) |
| | | Personal care supply | Definition updated, changed to "Personal Care Items" from "Personal Care supplies" Removed specific examples of care items |