1 Introduction

1.1 To describe the minimum standards and routine infection control precautions to use for all patient contacts in order to protect the patient and the healthcare worker from potentially pathogenic organisms.

1.2 It is the legislated and professional responsibility of all staff to consistently apply these precautions, in order to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources, thus protecting patients and healthcare workers.

2. Policy statement

2.1 Staff shall perform a risk assessment for each interaction they have with a patient or their environment and work in such a manner so as to reduce or remove the risk of exposure or transmission to infectious agents.

2.2 All staff involved in patient care must be familiar with and adhere to the practices described herein.

2.3 Staff identifying the need for precautions in addition to routine practices, will refer to the appropriate policy for implementation and management (see Infection Prevention and Control Service Manual – Contact Precautions 3-15, Droplet Precautions 3-17, Airborne Precautions 3-20).

3. Definitions

3.1 Infectious Agent: A microorganism, i.e. a bacterium, fungus, parasite, virus, or prion, which is capable of invading body tissues, multiplying, and causing infection.

3.2 Personal Protective Equipment (PPE): Clothing or equipment worn by staff for protection against hazards.

3.3 Risk Assessment: An evaluation of the interaction of the health care provider, the patient and the environment to assess and analyze the potential for exposure to infectious agents, both within the healthcare setting, and in the community.

3.4 Routine Practices: The system of Infection Prevention and Control Service practices to be used with all patients during all care to prevent and control transmission of microorganisms in health care settings.
4. Procedure

4.1 Risk Assessment

4.1.1 For each task or interaction health care providers must assess risk of:

4.1.1.1 contamination of skin or clothing by microorganisms in the patient environment or from the type of task/procedure that will be performed;
4.1.1.2 exposure to blood, body fluids, secretions, excretions, tissues;
4.1.1.3 exposure to non-intact skin;
4.1.1.4 exposure to mucous membranes; and
4.1.1.5 exposure to contaminated equipment or surfaces.

4.1.2 Recognition of signs and symptoms of infection.

4.2 Hand Hygiene (see Infection Prevention and Control Service Manual Section 2-05 Hand Hygiene)

4.2.1 Hand hygiene is performed using alcohol-based hand rub or soap and water:

4.2.1.1 Before and after each patient contact
4.2.1.2 After contact with items in the patient’s environment
4.2.1.3 Before performing invasive procedures.
4.2.1.4 Before preparing, handling, serving or eating food and before feeding a patient.
4.2.1.5 Before preparing/administering medications.
4.2.1.6 After situations or procedures in which contamination of hands was likely.
4.2.1.7 Before putting on and after taking off gloves and other PPE
4.2.1.8 After personal functions, such as using the toilet, wiping or blowing the nose or helping a patient with the same.

4.3 Procedure/Examination Gloves (see Infection Prevention and Control Service Manual 2-25 Gloves: Indications and Procedures)

4.3.1 Wear gloves when there is a risk of hand contact with blood, body fluids, secretions, excretions, non-intact skin, mucous membranes or contaminated surfaces or objects.

4.3.2 Sterile gloves are worn during sterile procedures such as central line insertions.

4.3.3 Wear non-sterile gloves (clean gloves) when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, contaminated items, or if the potential for touching these materials exist.

4.3.4 Change gloves between tasks and procedures on the same patient.

4.3.5 Remove gloves promptly after use and perform hand hygiene immediately to avoid transfer of microorganisms to other patients or environments.

4.3.6 Never wash or re-use gloves.

4.3.6.1 Contact with alcohol hand rub can degrade gloves.
4.4 **Gown/Plastic apron** (see Infection Prevention and Control Service Manual 2-35 Gowns: Indications and Procedures)

4.4.1 Wear a long-sleeved gown (a clean, non-sterile gown is adequate) and/or a plastic apron with sleeves to protect skin or prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions (e.g. open suctioning, endoscopy, etc.).

4.4.2 Remove soiled gown as promptly as possible and perform hand hygiene to avoid transfer of microorganisms to other patients or environments. Gowns are not to be reused once removed.

4.5 **Fluid Resistant Procedure Mask AND Protective Eyewear** (see Infection Prevention and Control Service Manual 2-30 Respirators, Masks, Eyewear: Indications and Procedures)

4.5.1 Wear a fluid-resistant procedure mask and eye protection to protect the mucous membranes of the eyes, nose, and mouth during procedures (including respiratory procedures generating droplets/aerosols-see Appendix A) and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

4.5.2 Wear a fluid-resistant procedure mask and eye protection within 2 metres of a coughing patient.

4.5.3 Perform hand hygiene then remove mask and protective eyewear carefully to avoid contamination. Perform hand hygiene again. Do not re-use disposable masks or respirators.

4.5.4 A procedure mask without eye protection shall be placed on coughing patients when outside their room, if tolerated, to limit the spread of respiratory secretions.

4.6 **Respiratory Procedures Generating Droplets/Aerosols** (see Appendix A Examples of Respiratory Procedures Generating Droplets/Aerosols)

4.6.1 All procedures should ideally be performed in a private room with the door closed. However, if this is not possible:

4.6.1.1 a semi-private room with at least two metre separation and a closed curtain between patients may be used.

- anyone within two metres during the procedure (including family members there on compassionate grounds) must wear appropriate protective equipment and be instructed in its use.
- the number of people in the room during the procedure should be kept to a minimum.
4.7 **Patient Care Equipment** (see Infection Prevention and Control Service Manual 2-14 Cleaning Disinfection & Sterilization Practices of Patient Care Equipment)

  4.7.1 Use appropriate PPE when handling soiled or used patient care equipment.

  4.7.2 All patient care equipment that is being used by more than one patient must be cleaned between each patient.

  4.7.3 Single-use items must be discarded after use and not re-used (see KGH Policy Manual 4-045; Reuse of Single Use Medical and Surgical Devices HDH Administrative Manual, Policy 2850).

4.8 **Environmental Control**

  4.8.1 All horizontal surfaces in patient care areas will receive a minimum daily cleaning with a hospital grade disinfectant.

  4.8.2 Furnishings and finishes must be evaluated prior to purchase, or installation, based on their ability to be cleaned, and their compatibility with the hospital approved cleaning and disinfecting agents.

  4.8.3 Environmental Service staff shall monitor and report to their manager any surface that cannot be effectively cleaned due to damage.

  4.8.4 Environmental Service Manager shall notify in writing the appropriate Program/Manager and Infection Prevention and Control Service Services of reported damaged finishes or surfaces.

  4.8.5 Small spills of body substances (e.g. blood, urine) will be cleaned following departmental safety procedures.

  4.8.6 Large spills of body substances should be managed as described in the Code Brown procedure (see Emergency Procedures Manual, Code Brown).

  4.8.7 Plants and cut flowers are strongly discouraged from all Critical Care settings.

4.9 **Linen**

  4.9.1 Gloves and gown must be worn when handling soiled linen.

  4.9.2 Linen should be removed carefully and bagged at site of collection in such a way that the bag does not break. Do not place linen on the floor.

  4.9.3 Linen bags should be tied securely and not over-filled.

  4.9.4 Remove PPE prior to making the bed with fresh linen.

4.10 **Patient Related Practices**

  4.10.1 Hand Hygiene: Patient should be encouraged to clean their hands prior to entering/leaving their room and before/after attending procedures/therapy.

  4.10.2 Respiratory Etiquette: Patients should be encouraged to cover their cough/sneeze (please see Cough Etiquette brochure SAP #82681). If unable to do so independently patient should be offered a procedure mask.
4.10.3 Patient Location: Whenever possible, assign a private room to a patient who contaminates the environment with blood or other body fluids, excretions or secretions. If a private room is not available, consult with Infection Prevention and Control Service regarding placement alternatives.

4.11 Protective Environment

4.11.1 There is insufficient evidence to support the use of a protective environment (formerly known as 'reverse isolation') for most severely immunocompromised patients. However, for Acute Leukemia patients or Stem Cell transplant patients with severe neutropenia (less than $1.0 \times 10^9$ cells/L ANC [Absolute Neutrophil Count]) the following recommendations should be followed:

4.11.1.1 Assigned a private room.
4.11.1.2 Nursing will post a Protective Environment sign by the door at the entrance to the patient room.
4.11.1.3 Visitors with symptoms of any infection should refrain from visiting.
4.11.1.4 Staff with active infections must be reassigned.
4.11.1.5 Routine use of a mask, gown or gloves by health care providers or visitors is not required.
4.11.1.6 Patients may wear a procedure mask when leaving the room, if desired.
4.11.1.7 If the room is an Airborne Infection Isolation Room (AIIR) the switch must be OFF or if it is a Protective room turned to 'Positive' position.
4.11.1.8 Plants, dried or fresh flowers should not be allowed in the patient's room, until the ANC is greater than $1.0 \times 10^9$/L.

5. References

KINGSTON HEALTH SCIENCES CENTRE

INFECTION PREVENTION & CONTROL POLICY

Subject: ROUTINE PRACTICES

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6. Related Documents
   1. Infection Prevention and Control Service Manual
      3-15 Contact Precautions
      3-17 Droplet Precautions
      3-20 Airborne Precautions
      2-05 Hand Hygiene
      2-25 Gloves: Indications and Procedures
      2-30 Respirators, Masks, Eyewear: Indications and Procedures
      2-35 Gowns: Indications and Procedures
      2-14 Cleaning Disinfection & Sterilization Practices of Patient Care Equipment
   2. KGH Policy Manual 4-045 Reuse of Single Use Medical and Surgical Devices;
   3. HDH Administrative Manual, Policy 2850
   5. Cough Etiquette brochure SAP #82681

Authorizing Signatures:

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APPENDIX A

Examples of Respiratory Procedures Generating Droplets/Aerosols

FLUID-RESISTANT PROCEDURE MASK + PROTECTIVE EYEWEAR (goggles or face shield) are required for the following procedures:

- patients on oxygen concentrations of 50% or higher via aerosol mask or trach mask
- nebulized therapies
- use of bag-valve mask to ventilate a patient
- endotracheal intubation including during cardio-pulmonary resuscitation
- open airway suctioning
- tube or needle thoracotomy
- therapeutic bronchoscopy or other upper airway endoscopy*
- tracheostomy
- any other procedure that generates coughing or generation of aerosolized droplets

* For diagnostic bronchoscopy or sputum induction, an N95 respirator and a negative pressure room MUST be used.