5. Routine Practices

"All patients are potentially infectious (even when asymptomatic) and the same safe standard 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 to prevent the spread of organisms".
PIDAC, Routine Practices and Additional Precautions in all health care settings, 2012.

Routine Practices is based on the concept that all blood and most body fluids (urine, feces, wound drainage, sputum) may contain infectious organisms (bacteria, virus, parasites or fungus).

The key to Routine Practices is to assess the risk of transmission of microorganisms before any interaction with the patient and the environment in which they are to receive health care.

The consistent use of Routine Practices will reduce the volume and frequency of exposures. This will reduce the risk of transmission of microorganisms to other workers, patients and visitors. A decrease in the spread of microorganisms will reduce the number of people exposed and thereby the reduce the number of colonized and infected people.

Routine Practices include:

- Hand hygiene
- Risk assessment
- Risk reduction strategies
- Education

Hand hygiene

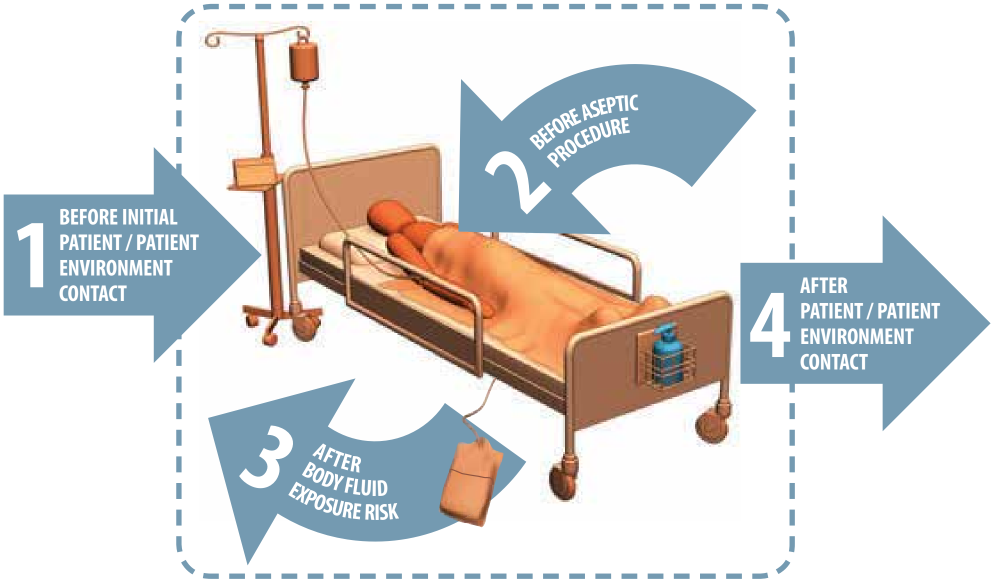
Hand hygiene is removing or killing microorganisms on the hands. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections. In health care, hand hygiene is used to remove transient microorganisms that have been picked up via contact with patients, contaminated equipment or other surfaces in the health care environment. Hand hygiene uses soap and running water or alcohol-based hand sanitizer.

Although health care providers know the importance of hand hygiene, studies show health care providers perform hand hygiene only 40 to 60 % of the times that they should.

Hand hygiene should be performed:

- Before providing care to the patient
- Between dirty and clean activities with same patient
- Before aseptic procedures
- When personal protective equipment (PPE) is removed
- Before preparing, handling, serving or eating food or feeding a patient
- After assisting patients with personal care
- Before putting on and after taking off gloves
- After performing personal functions (e.g. using the toilet, blowing your nose)
- When hands come into contact with secretions, excretions, blood and body fluids
- When leaving the patient's care area.

Use soap and running water whenever hands are visibly soiled.



From: Canadian Patient Safety Institute, Canada's Hand Hygiene Campaign Toolkit, 2008

In health care, hand hygiene is required using either alcohol-based hand sanitizer (60-90% concentration ethyl or isopropyl alcohol) or hand washing with plain liquid soap and running water. Hand sanitizer is accepted as the most effective practice.

When should soap and water be used?

The mechanical action of washing, rinsing and drying removes transient microorganisms present on the hands. Hand washing with soap and running water must be performed whenever hands are visibly soiled.

When should alcohol-based hand sanitizer be used?

Use of alcohol-based hand sanitizers is the preferred method for decontaminating hands, providing they contain more than 60% alcohol. The alcohol destroys the cell walls of microorganisms leaving them non-infectious. These solutions are widely used in health care settings, or in situations where running water is not available. Using alcohol-based hand sanitizer is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

The effectiveness of hand hygiene is influenced by a number of factors:

- Technique

- Skin condition

- Artificial nails and jewelry

Good hand washing technique removes microorganisms from your skin.

Technique

Hand washing:

1. Remove hand and arm jewelry and wet your hands with warm (not hot) running water.

2. Add soap from a pump container, and then rub your hands together, making a soapy lather. Rub for at least 15 seconds, being careful not to wash the lather away. Rub the front and back of your hands, between your fingers and under the end of your nails.

3. Rinse your hands well under warm running water, using a rubbing motion with the water running down your hands and off the tips of your fingers.

4. Gently pat hands dry with paper towel. Rubbing vigorously with paper towels can damage the skin, weakening the protective barrier that intact skin provides.

5. Turn off the taps using a paper towel so that you do not recontaminate your hands.

6. Dispose of the paper towel in a garbage container.

Alcohol-based hand sanitizers should only be used if no visible dirt is present on the hands.

Good technique with alcohol-based hand sanitizer destroys microorganisms on your skin.

Alcohol-based hand sanitizer involves:

1. Remove hand and arm jewelry.

2. Apply enough alcohol-based hand sanitizer to cover all surfaces of your hands, including under the end of your nails (1-2 pumps).

3. Use a rubbing motion to evenly distribute the alcohol-based hand sanitizer over all surfaces of the hands, particularly between fingers, fingertips, back of hands and base of thumbs.

4. Rub hands until your hands feel dry (minimum 15-30 seconds).

Skin condition

Your skin is one of your most important personal protective barriers. Frequent hand washing and hand sanitizing dries your skin so use a skin moisturizer to maintain health intact skin. To prevent chafing, wet your hands before applying soap with warm water; pat rather than rub hands dry; and apply lotion liberally and frequently. Skin lotions should be chosen that will not interfere with glove integrity and be scent free.

Most alcohol-based hand sanitizers contain moisturizers to reduce the incidence of skin irritation. Frequent use of alcohol-based hand sanitizers actually lessens the incidence of skin breakdown. Hand sanitizer use does not subject hands to the friction and abrasion involved in hand washing and drying hands.

Liquid soap containers and alcohol- based hand sanitizer containers should be used until empty and then discarded. Containers must not be topped up, as there is a risk of contamination of residual liquid.

Nails and jewelry

• DON'T leave hand jewelry on when performing hand hygiene. Jewelry is very hard to clean and hides bacteria and viruses from the mechanical action of the washing/rubbing. Minimize hand jewelry when doing patient care.

• DON'T use artificial nails, and don't wear your nails long (>3-4 mm), as they trap bacteria and are difficult to keep clean.

• DON'T wear chipped nail polish, as bacteria may become trapped in the rough edges.

Risk assessment:

Any contact with patients should involve a quick risk assessment prior to a task. These tasks may include making appointments, registration or at time of admission or treatment.

Some possible issues to be considered:

• Do they have a cough and are not able to follow respiratory etiquette?

• Do they have a fever?

• Do they have drainage or leakage? Is it contained?

• Are they incontinent?

• How susceptible is the patient to infection? Is their immune system compromised (e.g. Are they very young or very old? Do they have invasive devices, open areas or auto-immune diseases?)

• What is the risk of exposure to blood, body fluids, mucous membranes, non-intact skin in the task about to be performed?

• How competent is the health care provider in performing this task?

• How cooperative will the patient be while the task is being performed?

Risk reduction strategies may include:

Patient Placement:

• Clinic Setting - maintain a six-foot (2 metres) distance until initial triage is completed. Sit beside the patient (instead of in front of them).

- Segregate, if needed and where possible, in waiting rooms and if staying in the health centre for a period of time.

- Book appointments for patients with known risk of being infectious at end of clinic to allow for segregation during visit and extra time for thorough cleaning after the appointment.

- Consider PPE at first contact if patient is symptomatic (e.g. unable to control coughing and sneezing).

• Planning Home Care Visit - visit patients with uncontained draining wound, known MRSA etc. at the end of the day to reduce the risk of spreading to other patients.

• Long Term Care - place susceptible patients (with open skin areas or indwelling tubes) with low risk residents (continent, able to follows directions and maintain hygiene).

In Continuing Care Centres (CCC) it is important to assess and integrate residents into activities safely. The risk assessment will identify which residents interact with others, for example participating in a sing-song is acceptable for a resident with a covered wound as long as drainage is contained.

Personal Protective Equipment (PPE)

Protect yourself and others from body substances and mucous membranes. You will need to put on personal protective equipment whenever there is a risk of contact with non-intact skin, mucous membranes or body fluids.

Personal protective equipment may include:

• Gloves

• Gowns

• Masks or respirators

• Eye and face protection

Some examples of when to wear gloves:

When to wear gloves	When gloves are not needed
Changing a dressing	Feeding a patient
Changing diapers	Social touch
Cleaning up an incontinent patient	Pushing a wheelchair
Performing mouth care	Delivering meals, mail, laundry
Performing venipuncture	Providing care to patients with intact skin such as taking temperature

Safe handling of sharps: no recapping and immediate disposal by the person using the sharp. Use safety engineered sharps where possible.

Clean Patient Care Equipment: Health care settings require specific standards in cleaning of equipment.

Clean Environment: Health care settings require specific standards in housekeeping.

Sterile medicines: Avoid multi-dose vials if possible due to the potential risk of contamination.

Multi-dose vials must be labeled with the date, time and initials of when the vial was opened to ensure potency. Use sterile needles and clean the stopper prior to withdrawing medications to ensure the vial contents remains sterile. There have been cases of contamination of multi-dose vials when syringes or needles are re-used.

Single dose vials must be used for only one dose which is drawn for a single patient. These medications are often designed without preservatives and therefore, deteriorate once accessed, and contain no agent to combat possible contamination.

Medications, including vaccines that require refrigeration, must be stored in a manner that ensures they remain safe (e.g. maintaining Cold Chain). This requires daily monitoring and documenting of storage fridge temperature. A separate dedicated fridge is required for storage of medications and vaccines. Food and specimens must not be kept in these fridges.

Education:

Patients and Visitors: Education is required to ensure the public coming into the health care setting is aware of infection prevention and control strategies. Their awareness about hand hygiene, respiratory hygiene and Additional Precautions will help protect them. Thus decreasing the risk of introducing infections to the health centre environment, spreading it in the health centre or in the community.

Education can be provided through posters in public areas such as waiting areas (e.g. Nunavut Hand Hygiene and Cover Coughs and Sneezes posters). Infection prevention and control strategies can also be included in health teaching at the time of triage and during individual interviews and assessments.

Staff education: Education needs to be provided about risk assessment and how to make good decisions on risk reduction. Reinforcement of hand hygiene, use of personal protective equipment, Routine Practices and Additional Precautions need to be part of initial orientation and reviewed on an annual basis.

Audits of processes: Audits will determine needs for additional education. Audits can be done in housekeeping, reprocessing/sterilization and hand hygiene. Periodic hand hygiene audits are common in Canadian health care settings. Audits can be used as a vehicle for individual instruction on infection prevention and control practices.

Adapted from: PIDAC- Routine Practices and Additional Precautions in All Health Care Settings, November, 2012

See: Community Health Nursing Program Standards and Protocols 2011, 10-002, 10-004

Appendices:

-Your 4 moments for hand hygiene

-2014 Nunavut "Wash your hands" poster

STOP!
clean your hands
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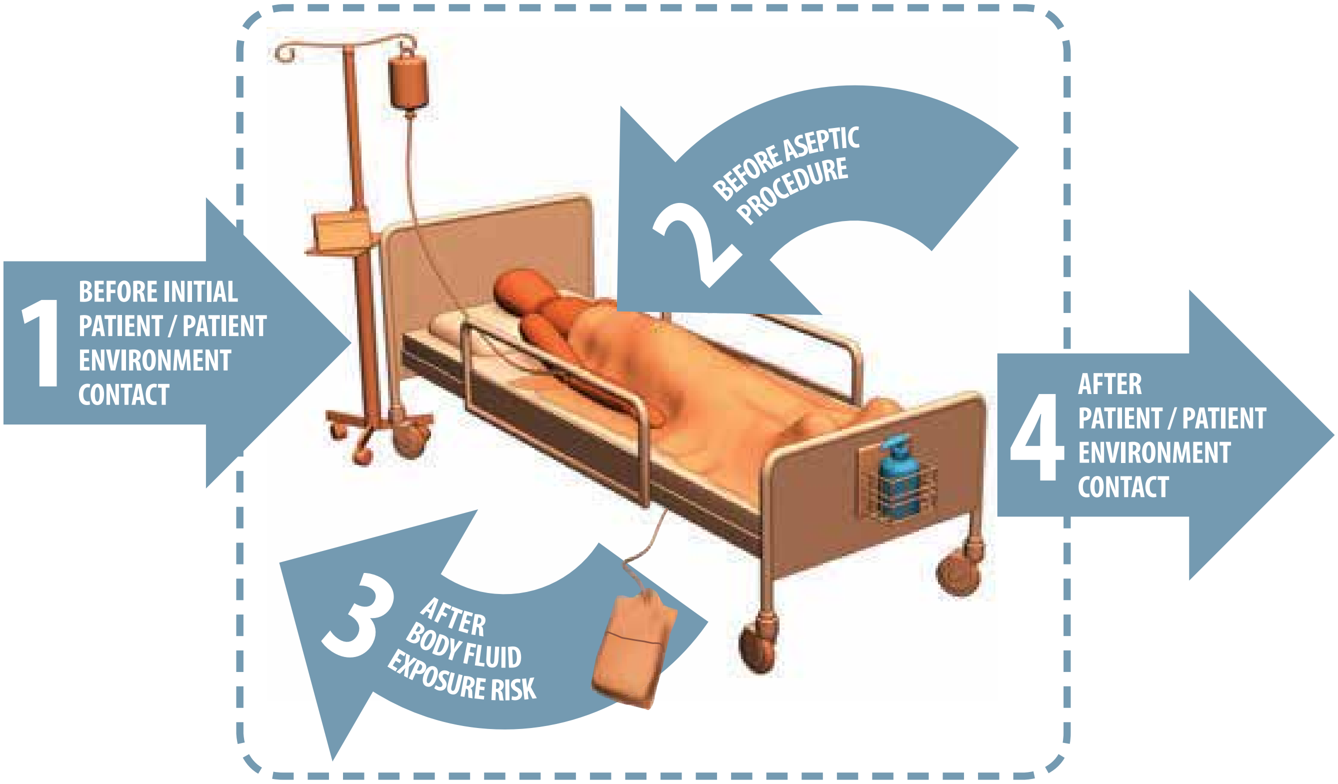
Your 4 Moments for Hand Hygiene



1 BEFORE initial patient / patient environment contact	**WHEN?**	Clean your hands when entering: • before touching patient or • before touching any object or furniture in the patient's environment
	WHY?	To protect the patient/patient environment from harmful germs carried on your hands
2 BEFORE aseptic procedure	**WHEN?**	Clean your hands immediately before any aseptic procedure
	WHY?	To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER body fluid exposure risk	**WHEN?**	Clean your hands immediately after an exposure risk to body fluids (and after glove removal)
	WHY?	To protect yourself and the health care environment from harmful patient germs
4 AFTER patient / patient environment contact	**WHEN?**	Clean your hands when leaving: • after touching patient or • after touching any object or furniture in the patient's environment
	WHY?	To protect yourself and the health care environment from harmful patient germs

Adapted from WHO poster "Your 5 moments for Hand Hygiene," 2006.

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Wash your hands

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WET HANDS

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RUB FOR 15 TO 20 SECONDS

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SCRUB NAILS

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DRY HANDS

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TURN OFF WITH PAPER

Nunavut

Wash your hands
Uaqlugit algatit

WET HANDS

KINIPKAQLUGIT ALRATIT

APPLY SOAP

INGMIUTMIK ATUQLUTIN

RUB FOR 15 TO 20 SECONDS

UAKLUGIT 15 MIN 20 SECONDS NUT

SCRUB NAILS

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DRY HANDS

PANIQTIQLUGIT ALRATIT

TURN OFF WITH PAPER

QAMILLUGU ATUQLUTIN TITIRAQMIK AALLARUNMIK

Nunavut

Wash your hands
Lavez-vous les mains

WET HANDS

SE MOUILLER LES MAINS

APPLY SOAP

FAIRE MOUSSER LE SAVON

RUB FOR 15 TO 20 SECONDS

FROTTER PENDANT 15 À 20 SECONDES

SCRUB NAILS

SE NETTOYER LES ONGLES

RINSE

RINCER

DRY HANDS

SE SÉCHER LES MAINS

TURN OFF WITH PAPER

FERMER LE ROBINET AVEC LE PAPIER

Nunavut