

# **General Infection Control Measures**

**Module 3**



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# Learning Outcomes

**By the end of this module you will be able to:**

- Explain the difference between routine practices and additional precautions.
- Identify situations where hand hygiene should be performed.
- Outline the correct order for donning and doffing personal protective equipment (PPE).
- Identify where to find required levels of precautions for specific infectious agents (e.g. norovirus).



# Infection Control Measures

- General infection control measures can be used to care for asymptomatic residents.
- They can also be referred to as routine practices.
- Asymptomatic residents should be carefully monitored for any change in their symptoms.



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# Infection Control Measures

- Symptomatic residents should be cared for using both routine practices as well as additional precautions based on the infectious agent (e.g. norovirus) or clinical presentation (e.g. diarrhea).
- More information on both will be presented in this module.



# **Routine Practices**



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# Routine Practices

- Routine practices are a system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all residents at all times to prevent and control the transmission of infectious agents.
- They are based on the premise that all residents are potentially infectious even when asymptomatic.



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# Routine Practices

- Routine practices include:
  - risk assessment
  - hand hygiene
  - control of the environment
  - administrative controls
  - personal protective equipment (PPE)



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# Risk Assessment



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# Risk Assessment

- This is the first step in the effective use of routine practices.
- Must be completed BEFORE each interaction with a resident OR the resident's environment *to determine which other interventions are needed to prevent transmission during the interaction.*
- Why before each interaction?
  - The resident's status can change.



# Risk Assessment

- As a result of the assessment, strategies implemented could include hand hygiene, use of personal protective equipment or avoidance procedures that minimize contact with droplets.
- For more information see pages 7 & 8:
  - [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)



# Hand Hygiene



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# Hand Hygiene

- Hand hygiene is a routine practice that must be performed with all patients.
- Hand hygiene includes both hand washing and the use of hand rub (alcohol-based hand sanitizer).
- [Click here](#) to watch a video demonstration to review the steps for hand hygiene.



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# Alcohol-based Hand Rubs

- Alcohol-based hand rubs (ABHR) containing 70% alcohol are the preferred method of HH when hands are not visibly soiled.
- If there is visible soiling, hands must be washed with soap and running water.
- If soap and running water are not available, hands must first be cleaned with detergent-containing towelettes to remove visible soil.
  - Once hands are dry, ABHR can be used.



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# Perform hand hygiene BEFORE...

- Contact with each resident
- Performing invasive procedures
- Preparing, handling, serving or eating food
- Putting on gloves
- Putting on other forms of personal protective equipment (PPE)



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# Perform hand hygiene AFTER...

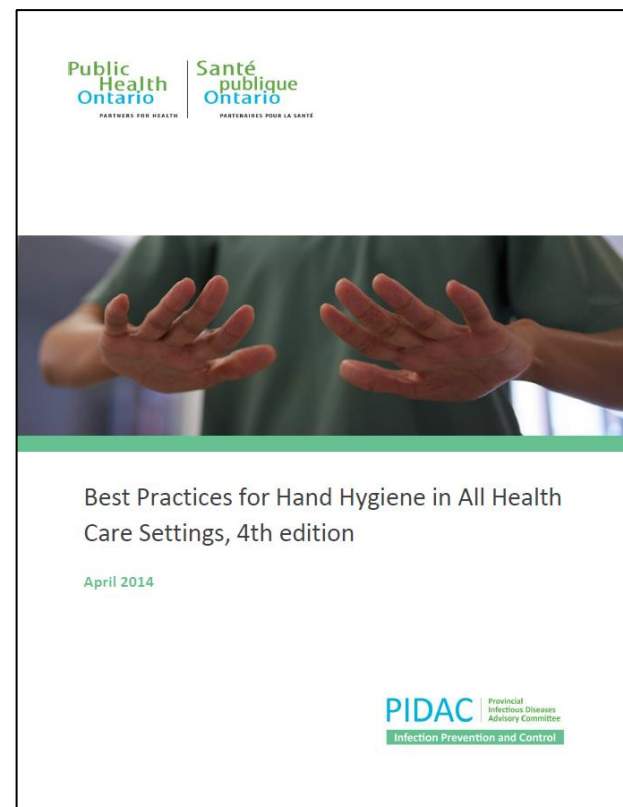
- Providing care involving body fluids and before moving to another activity
- Personal body functions (e.g., blowing own nose)
- Hands come into contact with blood, secretions (e.g. nasal secretions; nose dripping), excretions (e.g. vomiting), non-intact skin (e.g. wound)
- Contact with items in the resident's environment
- Taking off gloves
- Taking off other forms of PPE



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# More information

- For more information please consult:



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# Control of the Environment



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# Control of the Environment

- Controlling the environment includes measures that are built into the infrastructure of the long-term care home that have been shown to reduce the risk of infection to staff and residents.
- The following slides represent three examples.



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# Appropriate Accommodation & Placement

- A list of assessment questions that can be used when determining placement of residents and their roommates can be found on pages 17 & 18:
  - [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)



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# Environment and Equipment Cleaning

- Maintaining a clean and safe environment is critical as the physical environment can harbour many infectious agents that are capable of causing infection in those who are susceptible.
- See pages 18-20 for more information:
  - [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)



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# Engineering Controls

- These types of controls include any physical or mechanical measure put in place to reduce the risk of infection.
- They are built into the facility and do not require an individual to implement correctly; curtains between beds or conveniently located hand washing sinks are two examples.
- See pages 20-21 for more information:
  - [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)



# Administrative Controls



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# Administrative Controls

- Administrative controls are measures that the health care setting puts into place to protect staff and residents from infection.
- The following slides represent three examples.
- More information can be found on pages 21-23:
  - [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)



# Staff Education and Training

- Education and training should be provided to all staff, especially those providing direct care to residents, including (but not limited to):
  - disease transmission
  - hand hygiene
  - routine and additional precautions
- This education and training should be extended to ALL those who provide care.





# Resident Education

- Residents should be taught correct hand hygiene, cough (respiratory) etiquette and other strategies to prevent transmission of infectious agents.



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# Immunization

- Immunization programs that include vaccines suitable for susceptible staff and residents, including influenza, should be in place.



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# **Personal Protective Equipment (PPE)**



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# Personal Protective Equipment (PPE)

- PPE serves as a barrier.
- LTCH must provide sufficient, easily accessible and appropriate PPE to prevent staff, volunteers, students and visitors) from contact with:
  - blood and other body fluids
  - secretions (e.g. nasal secretions; nose dripping)
  - excretions (e.g. vomiting)
  - non-intact skin (e.g. wound)



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# Risk Assessment

- The use of PPE is based on a risk assessment.
- It is important to wear the right PPE for the anticipated interaction to reduce the risk of exposure.



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# Risk Assessment

- Ask:
  - Will my hands be exposed to blood, excretions, secretions or contaminated items?
    - *YES - wear gloves and perform hand hygiene*
  - Will my face be exposed to a splash, spray, cough or sneeze?
    - *YES - wear face protection (mask and eye protection)*
  - Will my clothing or skin be exposed to splashes/ sprays or items contaminated with blood, excretions, secretions?
    - *YES - wear a gown*



# Sequence

- There is a correct sequence for both putting on and removing PPE.
  - putting on is also referred to as donning
  - removing is also referred to as doffing



# Putting On OR Donning

- Putting on PPE is also referred to as donning.
- Perform hand hygiene and then don the PPE based on your risk assessment.
- Don in the following order:
  - gown
  - face protection - mask
  - face protection - eye protection
  - gloves
- [Click here](#) for a video demonstration.



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# Removing OR Doffing

- Removing PPE is also referred to as doffing.
- Start with the most contaminated items and continue to the least contaminated items.
- Treat all used PPE as contaminated and dispose of them in the garbage container provided by the facility.



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# Removing or Doffing

- Doff the PPE in the following order:
  - gloves
  - gown
  - perform hand hygiene to remove infectious agents *BEFORE* touching the face
  - eye protection
  - mask
  - perform hand hygiene after removing facial protection as hands are considered contaminated
- [Click here](#) to watch a video demonstration.



# Tips

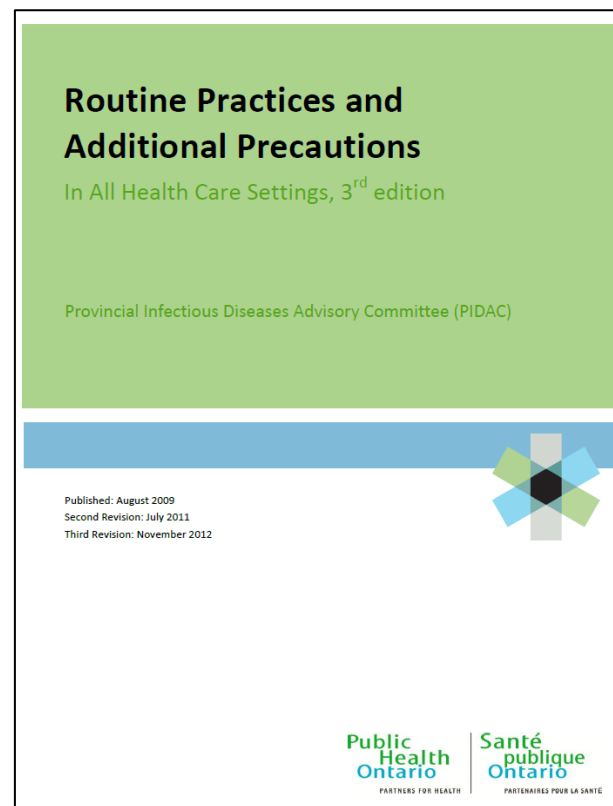
- Keep gloved hands away from face.
- Avoid touching or adjusting the PPE.
- Take gloves off if they become torn; perform hand hygiene before putting on new gloves.
- Limit surfaces and items touched.



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# More information

- For more information, including the appropriate use and selection of PPE and the advantages and disadvantages of PPE, see pages 10-16:



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# PPE Cart OR Isolation Station



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# Principles for the PPE Cart or Isolation Station

- When does this cart need to be set up?
  - The cart should be set up at the first symptom. Don't wait until an outbreak is declared.
- Where should it be located?
  - The cart should be located outside the room of the symptomatic resident so it is easily accessible in an area considered clean.
- Covered or uncovered?
  - Covered is best.



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# Principles for the PPE Cart

- Where should the cart be placed in a dementia unit?
  - Placing a PPE cart outside the room may not be practical. Determine a location that is suitable (e.g., nursing station) and post a sign on the resident's door communicating that PPE is to be worn and where the isolation station is located.
- Where should the garbage container be placed?
  - The garbage container should be placed inside the room, away from clean supplies with a PPE poster located above it for identification.



# PPE – Cart Set Up



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Signs - PPE AND Precautions

Cart – kept in an accessible, clean area

1. Hand Sanitizer
2. Gloves
3. Gowns
4. Masks
5. Eye Protection
6. Wipes
7. Garbage
8. Signs

Garbage – kept in ill resident's room, away from clean supplies

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# **Additional Precautions**



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# Additional Precautions

- Additional precautions are carried out in addition to routine practices when infections caused by infectious agents transmitted by these routes are suspected or confirmed.
- These precautions prevent or limit the transmission of the infectious agent to those who are susceptible to infection or to those who may spread the agent.



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# Additional Precautions

- Additional precautions include:
  - Single room is available
  - Appropriate spacing
  - Dedicated equipment
  - Enhanced environmental cleaning (see Module 9)



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# Respiratory Outbreaks

- Droplet and/or contact precautions are recommended for all residents with respiratory symptoms.



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# Gastroenteritis Outbreaks

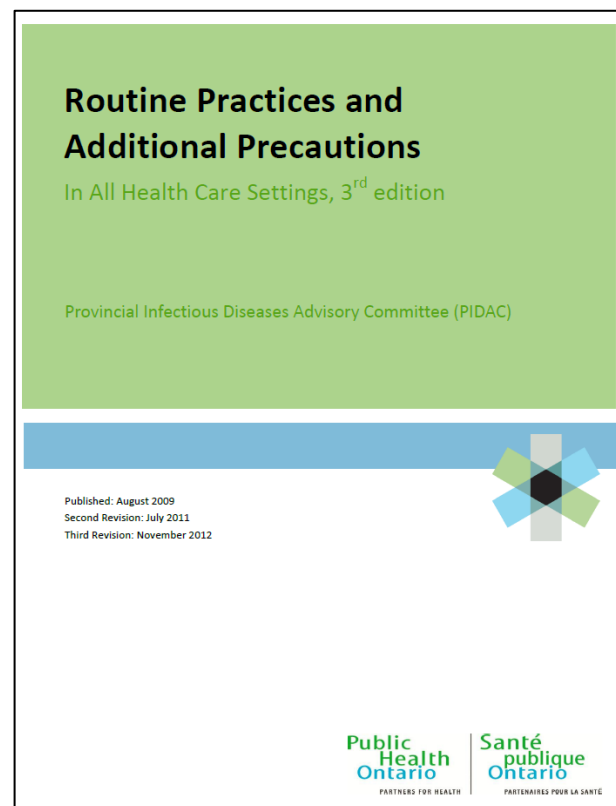
- Contact and/or droplet precautions are recommended for all residents with gastroenteritis symptoms as the virus may become aerosolized (e.g. carried in the air; vomiting).



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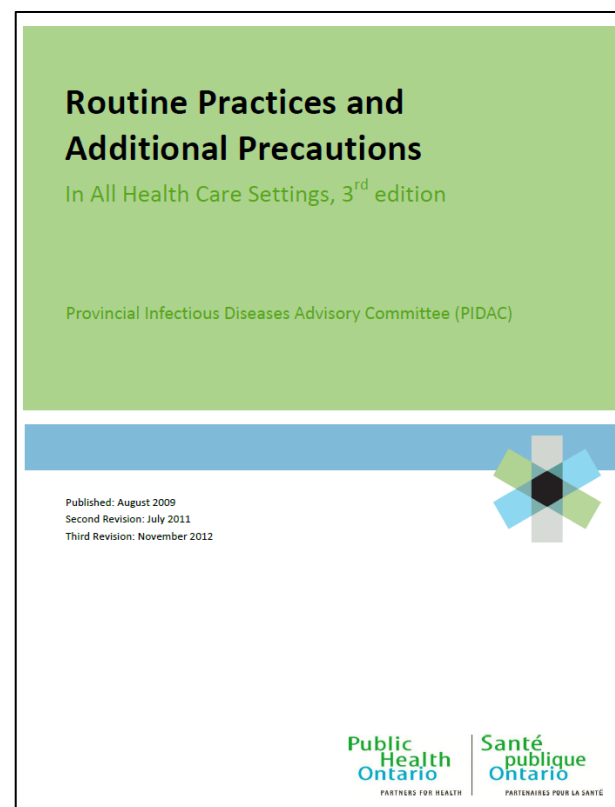
# Required Levels of Precautions

- A table outlining the required levels of precautions for specific infectious agents or diseases can be found here, listed in alphabetical order, in Appendix N:



# Sample Signage

- Sample signage for each type of additional precaution can be found here in appendices F through K:



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**Before ending the module...**



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# Check your learning

**Now that you have reached the end of the module, can you:**

- Explain the difference between routine practices and additional precautions?
- Identify situations where hand hygiene should be performed?
- Outline the correct order for donning and doffing personal protective equipment (PPE)?
- Identify where to find required levels of precautions for specific infectious agents (e.g. norovirus)?



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# Back at work

When you return to work, what will you do differently as a result of this module?



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# References

- Respiratory & Enteric Outbreak Preparedness in Long-Term Care Homes and Retirement Homes; York Region Public Health (used with permission)
- [Routine Practices and Additional Precautions In All Health Care Settings, 3<sup>rd</sup> edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)
- [Best Practices for Hand Hygiene in All Health Care Settings; 4th edition; Provincial Infectious Diseases Advisory Committee \(PIDAC\)](#)

