

VCH COMMUNITY PRACTICE GUIDELINES

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Background

The purpose of this guideline is to outline infection control precautions that will prevent and control the spread of infection to clients and staff in the community health care setting, e.g., client's home, community health centres, walk-in clinics. These evidence-based recommendations are based on federal, provincial and local guidelines.

Routine Practices

Routine Practices (sometimes called Standard Precautions) are infection prevention and control precautions used in the routine care of all clients, at all times in all health care settings. It includes previous features of Universal Precautions and Body Substance Precautions and more. It may also be referred to as Routine Precautions.

Routine Practices are based on the principle that all persons may harbor potentially infectious agents in moist body sites and substances. Some may be symptomatic, some not. All persons are at risk of acquiring these organisms through contact with their mucous membranes or non-intact skin.

Routine Practices include:

- Frequent, thorough hand hygiene
- Risk assessment related to client symptoms, the type of care provided and the setting in which it is provided
- Application of risk reduction strategies through the use of personal protective equipment (gloves, masks, eye protection, face shields and gowns); environmental cleaning, cleaning and reprocessing of equipment; waste disposal; safe sharps handling; client placement
- Healthy workplace practices
- Education of health care workers, clients, their families and visitors

Additional Precautions

Additional precautions are precautions used *in addition* to Routine Practices for clients who are known or suspected of being infected or colonized with certain microorganisms. Additional precautions are also used for clients with specific clinical presentations (e.g., uncontrolled diarrhea, undiagnosed cough, etc.). These precautions are based on the mode of transmission. They may also be referred to as transmission based precautions. There are three categories of additional precautions: Airborne, Contact and Droplet. Some microorganisms may be transmitted by more than one mode, so a combination of additional precautions may be used.

Airborne Precautions are used for organisms that are spread by aerosolization, remain suspended in the air and are dispersed by air currents and inhaled by susceptible hosts, e.g., infectious pulmonary tuberculosis, chickenpox (varicella), measles (rubeola). In addition to Routine Practices, the Health Care Worker (HCW) should wear a high efficiency mask e.g., N95 particulate respirator. For varicella or rubeola, the HCW caring for the client should be immune. Immunity

is acquired by having the disease itself, or through vaccination for that disease. Immunity can also be confirmed by a blood test.

Contact Precautions are used for organisms that are spread by direct or indirect contact with the client or the client's environment, e.g., scabies, draining wounds, desquamating skin conditions, acute and uncontrollable diarrhea. In addition to Routine Practices, the HCW should wear gloves and gowns when providing direct care to a client or the client's immediate environment.

Droplet Precautions are used for organisms transmitted by large droplets, which are propelled a short distance and can be deposited on the mucosa of a new host. They do not remain suspended in the air, e.g., pertussis, mumps, influenza and rubella. In addition to Routine Practices, the HCW should wear a surgical mask and eye protection when working within 1 meter of the client.

Clinical Directives

- All Vancouver Coastal Health Community staff will use Routine Practices in the everyday care of all clients.
- Routine Practices and **additional precautions** must be implemented for all clients known or suspected to have a transmissible microorganism.

Routine Infection Control Practices

Hand Hygiene

- ***Hand hygiene is the single most effective way of preventing the spread of infection.***
- Hand Hygiene can be performed using plain soap and water or by using alcohol based antiseptic gels or foams. Regular use of hand lotion is recommended to maintain skin integrity.
 - **Hand washing** - Wash hands thoroughly with soap and warm water, massaging all skin surfaces of hands and lower wrists ***vigorously for at least 20 seconds.*** Rinse well and dry with single use paper towel. Turn off taps with paper towels to avoid re-contaminating hands by touching soiled faucets. See "How to Wash Your Hands" at http://www.vch.ca/flu/docs/Hand_Washing.pdf
 - **Alcohol-based hand sanitizers/gels (60-90%)** are recommended for hand hygiene when hands are not visibly soiled. They should be available at the point of care. Apply sanitizer and rub over all surfaces of the hands and fingers until dry. See "How to use a Hand Sanitizer" at http://www.vch.ca/flu/docs/Hand_Sanitizing.pdf

Hand washing with soap and water is preferred over alcohol hand rubs:

- When caring for a client with *C. difficile*, as spores are difficult to remove with hand rubs.
- During a viral gastroenteritis outbreak or when caring for a client with known or suspected viral gastroenteritis.
- When hands are visibly soiled.

Hand Hygiene should be performed:

- Before and after direct client care.
- Before any sterile/clean procedure.
- If moving from a contaminated body site to a clean body site during client care. (When possible, work from clean to contaminated.)
- Immediately after removing personal protective equipment, e.g., gloves.
- Before and after handling or preparing food.
- After contact with blood or body fluids.
- After contact with items likely to be contaminated with blood or body fluids.
- Frequently during your shift.

Risk Assessment

- The risk of infection should be assessed as soon as possible so that appropriate infection prevention and control practices can be implemented to limit exposures to that risk.
- The risk assessment is related to the client's symptoms, care and service delivery and includes screening for infectious diseases, fever, respiratory symptoms, rash, diarrhea, excretions and secretions.
- Assessment of risk can be performed at the first contact or point of entry, while booking appointments over the phone, during the admission process or at the time of the visit.

To perform a risk assessment, consider the following:

- What task am I doing?
- What is the risk of exposure to blood, body fluids, mucous membranes, aerosols, non-intact skin in the tasks I am about to do?
- What is my skill level for this task?
- How cooperative is the client?
- How susceptible is the client to infection?

Risk Reduction Strategies

- Risk reduction strategies are actions taken based on the risk assessment and will assist the health care worker in minimizing exposure. Strategies to reduce the risk of

transmission of microorganisms include: use of personal protective equipment (PPE), waste disposal, client placement, cleaning and disinfection of equipment.

Personal Protective Equipment (PPE):

Gloves

- Gloves are to be worn to protect the wearer when:
 - In direct contact or anticipated direct contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin.
 - Handling items or environmental surfaces that may be contaminated with blood, body fluids, secretions and excretions.
- Gloves are NOT a substitute for hand hygiene.
- Single-use disposable gloves must not be reused or washed.
- Gloves are not needed for routine care in which contact is limited to a client's intact skin.

Types of gloves and use:

- **Good quality, non-sterile gloves** are worn for non-sterile activities to protect the wearer.
- **Sterile gloves** are worn to protect clients during an aseptic procedure and to protect the wearer.
 - Put gloves on immediately prior to beginning a procedure.
 - Change gloves when moving from a contaminated to a clean body site on the same client. (Try to move from clean to contaminated when possible).
 - Change gloves after contact with items or surfaces containing high concentrations of microorganisms.
 - Remove gloves promptly after a procedure is completed.
 - Hands should be cleaned immediately after removing gloves.
- **Heavy duty household gloves (rubber gloves) are for environmental cleaning only:**
 - Use to protect hands from chemicals and detergents.
 - NOT to be used for client care.
 - Wash with soap and water after use.
 - Discard gloves if cracked or damaged.

Gowns and Aprons

- Gowns and aprons should be worn to protect uncovered skin and prevent soiling of clothing during activities or procedures that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions, e.g., wound irrigation or profusely draining wounds.
- The routine use of gowns/aprons is not recommended.

- Gowns are used when contamination is likely and may be less controlled, e.g., when caring for client with uncontrolled diarrhea or as required for contact precautions.
- Appropriate PPE should be selected based on the level of anticipated exposure.
- Gowns should be long enough to cover clothing, long-sleeved, water-resistant and be tied at the back. They should be washed or discarded in the regular garbage after use (if disposable).
- Aprons are used when limited contamination is likely, e.g., during foot care.
- Aprons are waterproof, disposable, worn for short periods of time (for one procedure or episode of client care), and then discarded into the regular garbage.

Masks, Eye Protection, Face Shield

- Masks and eye protection or face shields should be worn to protect mucous membranes of the eyes, nose and mouth during procedures or activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Facial protection consists of masks, respirators and protective eyewear. Appropriate PPE should be selected based on the level of anticipated exposure.
- Choose eye gear that protects the eye from all directions. Eyeglasses do not provide this protection. Wear goggles over eyeglasses when required.
- Remove protective eyewear by the sidepieces and, if disposable, discard after one use. If not disposable, clean according to manufacturer's directions.
- Wear mask only once then discard. When removing masks, handle by the ties to prevent self-contamination.
- Wash hands after removing face protection.

Note: An N95 particulate respirator (PR) is required for communicable infections spread by the airborne route. For varicella or rubeola, the HCW caring for the client should be immune. Immunity is acquired by having the disease itself or through vaccination for that disease. If it is absolutely necessary for a non-immune HCW to care for these clients, an N95 PR should be worn. HCW caring for clients with pulmonary TB should also wear an N95 PR. These require fit testing to ensure a correct fit. VCH WorkSafe and Wellness is responsible for the Respiratory Protection Program and information on this is available on the VCH intranet site.

Other Risk Reduction Strategies

Respiratory Etiquette

- HCW's, clients and families should be encouraged to cover their mouth and nose with a tissue when they cough or sneeze (or to cough or sneeze into their sleeve if tissues are unavailable). They should then put the used tissues into a wastebasket and clean their hands.
- HCW's, clients and families should be reminded of the importance of keeping hands away from the mucous membranes of the eyes and nose.
- Strategically placed alcohol based hand sanitizers, boxes of tissues and no touch waste receptacles may enhance these practices.

There is a poster available "Cover your Cough, Clean your Hands After Coughing and Sneezing" at <http://vch.eduhealth.ca/PDFs/BA/BA.300.C838.pdf>

Client Care Equipment, Instruments and Devices*

- Single-use items are not to be re-used. In the community setting, most critical care items will be disposable single use.
- Ensure that multi-use equipment, instruments and devices are cleaned and reprocessed according to established guidelines and standards prior to re-use on another client.

*Refer to VCH Community Guidelines for specific information on:

- "*Cleaning and Processing of Re-Usable Medical Equipment and other Equipment used for ICY, AOA and Primary Care Programs*".
- "*Guidelines for Cleaning Toys*"
- "*Care of Computer Equipment in the Home and Community Setting*" at http://vchconnect/policies_manuals/vc_services/policies_guidelines/docs/infection_prev_control/binary_28361.pdf

Laundry

- Linens or clothing soiled with blood or body fluids should be handled with gloves and gowns/aprons as needed. Handle with minimal agitation and do not shake.
- Linens can be laundered using detergent in a regular wash cycle and dried in the dryer.
- Remove organic material into toilet as needed. Wash heavily soiled laundry separately and add bleach to wash water according to manufacturers' instructions.
- Teach family or caregivers how to handle contaminated laundry safely.

Waste Disposal

- Waste generated in healthcare settings is no more hazardous than household waste.
- Local municipal regulations on waste segregation and handling must be followed.
- Package or contain waste in a leak-proof container that can be disposed of or cleaned after emptying.
- Empty waste frequently and store in a manner that protects it prior to pick-up and disposal.
- Place sharps directly into an approved container as soon as possible after use without recapping, removing, bending, shearing or breaking them.

WHAT WASTE GOES WHERE: A Quick Guide

WASTE TYPE	DEFINITION / EXAMPLES	CONTAINER COLOUR / IDENTIFICATION
General	Sharps packaging, needle caps, paper, diapers	Black Bag
Biomedical	Items saturated, dripping, or visibly contaminated with blood or body fluids, e.g., pleuravac drainage bottles,	Yellow Bag in a container with biohazard symbol
Sharps	Needles, syringes, lancets, glass contaminated with blood, body fluids, empty medication vials/ampoules, cord clamp removers	Yellow Sharps Container (leak & puncture-resistant) with biohazard symbol
Anatomical	Human or animal tissue, organs or body parts	Red Bag in a leak-proof container

Above adapted in part from VCH Bulletin - Proper Disposal of Blood and Body Fluid Waste:
http://www.vcha.ca/ee/worksafe_and_wellness/projects_&_initiatives/blood_body_fluid_exp_control/_docs/bulletins/binary_20017.pdf

Disposal of Sharps Containers in the Home

- Many local pharmacies will supply sharps containers, which can be returned to the pharmacy for disposal.
- Call Hospital Sterilization Services at 604-468-1561 for information on Sharps Mail Back Program. Container and material for mailing are supplied at a cost. The container is mailed back through Canada Post.
- Vancouver Only-Call Downtown Eastside Youth Activities Society (DEYAS) Needle Exchange Services to arrange pick up of used needles in the home. Contact phone number is 604-657-6561.

Environmental Cleaning

- Horizontal/high touch surfaces such as work counters, baby weigh scales, toys etc., need to be cleaned daily and when visibly soiled. These surfaces may also require low-level disinfection depending on the procedure being done, the risk to the client and the amount of soiling.
- Uncovered examination tables should be disinfected between clients. If table covers (linen, plastic, or paper) are used, they should be changed between clients. If there is a body fluid spill, remove the cover and clean and disinfect the table. The table should be cleaned thoroughly at the end of the day.
- The frequency of cleaning of other items will vary with the type of surface, the number of people, the amount of activity, the risk to clients and the amount of soiling.
- Encourage family members or caregivers to perform regular cleaning of frequently touched surfaces in the home, e.g., taps, sinks, toilets, bedside tables.
- The use of detergent/disinfectant liquid and pre-manufactured wipes must be in accordance with the manufacturers' recommendations for amount, dilution and contact time.
- Facilities Property Management manages contracts for environmental cleaning of VCH community facilities and ensures schedules and janitorial guidelines meet VCH approved standards.
- VCH Community Guidelines "*Cleaning and Processing of Re-Usable Medical Equipment and other Equipment used for ICY, AOA and Primary Care Programs*" has information on specific equipment. (See client care equipment).

Cleaning of Spills of Blood or Other Body Fluids*

- Apply personal protective equipment (PPE) as needed.
- Remove excess blood, fluid (feces, vomit, urine) with absorbent material such as paper towels. Place these in a plastic bag and put in garbage.
- Clean area with a detergent or detergent /disinfectant.
- Disinfect the area with a low level disinfectant, e.g., Virex, Caviwipes, Virox, Presept, Lysol, Bleach Solution diluted to 1:10.
- Allow solution to air dry.
- Clean and decontaminate all soiled, reusable equipment and supplies. Properly discard any disposable items.
- Remove PPE so as not to contaminate hands or clothing.
- Dispose or clean PPE. Disinfect reusable PPE following manufacturer's guidelines.
- Wash hands thoroughly.

*For complete instructions refer to "*VCH Blood and Body Fluid Exposure Control Plan*" at http://vchconnect.vch.ca/ee/worksafe_and_wellness/more_information/hygiene_docs/blood_and_body_fluid_exposures/binary_20471.pdf

Client Placement

- In the clinic setting, minimize the risk of exposure to infection by:
 - Separating the clients who are well from those who are ill.
 - Maintaining a three to five foot distance between symptomatic and non-symptomatic clients until initial triage is completed.
 - Having clients sit side by side rather than across from each other.
 - Minimizing time spent in waiting rooms.
 - Screening clients for acute respiratory infections as per *Identification And Management Of Clients With Suspected Or Confirmed Respiratory Infections*. Intranet site TBA.

The ability to implement these may depend on the setting, number of clients, nature of the visit and staff availability.

Dishware and eating utensils

- Regular washing with hot water and detergent in a dishwasher **or** washing with hot water and detergent and sanitizing in 0.05% bleach solution is sufficient to clean and decontaminate all dishes, glasses, cups and eating utensils.

Personal Care/Hygiene Supplies

- Personal care supplies should be kept clean and should not be shared. These include: lotions, soaps, creams, toothbrushes, toothpaste, denture box, comb, hairbrush, nail file, nail clippers, shavers and any other articles needed for personal hygiene.

Healthy Workplace Practices

Accidental Exposures to Blood and Body Fluids

- Refer to VCH Blood and Body Fluid Exposure Control Plan for specific guidelines for accidental exposures (e.g., needle stick injuries, eye splash) on the VCH intranet site at:
http://vchconnect.vch.ca/ee/worksafe_and_wellness/more_information/hygiene/docs/blood_and_body_fluid_exposures/binary_20471.pdf
- The Employee Incident Report Form is available on the VCH Intranet site.
http://vchconnect/ee/worksafe_and_wellness/more_information/forms/page_20296.htm

Client, Caregivers and Family Education

- Clients, their families and support personnel are partners in preventing transmission of infections.
- Clients, their families and support personnel will be provided with infection prevention strategies to prevent the spread of infection to others in the home and the community as outlined in this guideline.

Evaluation

- Health care workers, clients, family members and support personnel understand the importance of preventing the spread of infections by demonstrating the application of Routine Practices, i.e. hand hygiene, respiratory etiquette, and choice of appropriate PPE for their task(s).
- Health care workers, clients, family members and support personnel use additional precautions when needed for specific precautions.
- Personal protective equipment is available at each Community Health Centre and is available for home visits as required.

Materials and Equipment

- Posters
 - Cough hygiene material available at: http://www.vch.ca/flu/docs/Cover_Your_Cough.pdf
 - Hand hygiene posters:
 - “How to Wash Your Hands” at: http://www.vch.ca/flu/docs/Hand_Washing.pdf
 - “How to use a Hand Sanitizer” at: http://www.vch.ca/flu/docs/Hand_Sanitizing.pdf
 - “Multi-lingual hand wash poster” at: http://www.vch.ca/flu/docs/Hand_Washing_Multilingual.pdf
- Personal Protective equipment should be available to each staff member as required.

Guideline Development and Review

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