

Routine Practices in Home and Community Care

Routine Practices help prevent the spread of infections. These practices apply when interacting with clients in Vancouver Coastal Health facilities or in community settings. Use Routine Practices for every client, every time, regardless of their diagnosis or infectious status.



Point of Care Risk Assessment

Before providing care to any client, assess the risk of spreading infection:

- Consider possible contact you may have with blood or body fluids (e.g., runny nose, coughing, bleeding, or soiled clothing, equipment or environment);
- > Put on appropriate personal protective equipment (PPE) before providing care.



Hand Hygiene is the single most important step in preventing infections.

- Perform hand hygiene by using alcohol-based hand rub (ABHR) or soap and water
- Use AHBR unless hands are visibly soiled
- Use plain soap and water when
 - Hands are visibly soiled
 - Caring for clients with diarrhea and/or vomiting
- ➤ Keep fingernails natural, clean, healthy and short; no jewelry worn below the elbows. Check the VCH **Hand Hygiene Policy** for more information.
- Use only VCH approved ABHR, soap, and hand lotion.
- Follow steps for performing hand hygiene found in the VCH Hand Hygiene Procedure.
- > Perform hand hygiene:
 - before obtaining clean supplies
 - before entering a professional bag or glove box
 - before contact with a client or client's environment
 - before a clean or aseptic procedure (e.g., dressing change)
 - after exposure or risk of exposure to blood or body fluids
 - after contact with a client or client's environment
 - immediately after removal of gloves
- Show clients, family members and visitors how to perform hand hygiene & discuss when to use hand hygiene products
- If sink is excessively soiled or clean sinks are inaccessible:
 - Use ABHR if hands are not visibly soiled
 - If hands are visibly soiled, use a pre-moistened towelette. Discard towelette and proceed with ABHR.
- Carry personal-size ABHR bottle. Never leave unattended.
- Never use client's bar soap. Carry personal-size, VCH-approved hand hygiene soap and lotion.
- Never use client's towels. Carry paper towels.



Respiratory Hygiene (Etiquette): <u>Cover Your Cough</u>, Clean Your Hands

- Cover your nose and mouth with a tissue when coughing or sneezing.
- Use the tissue once then dispose of it immediately, and perform hand hygiene.
- If tissues are not readily available, cough or sneeze into your upper arm or elbow.
- Educate the client on respiratory hygiene and tell them to use it as required.



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Personal Protective Equipment in Home & Community

- Whenever possible, make a pre-visit call to assess any known risks. Upon arrival at client's home, perform a Point of Care Risk Assessment.
- Carry gloves, gown, masks, face shield (or mask with visor), a barrier on which to place clean items (e.g., blue incontinence pad) and a garbage bag for disposal of PPE
- > Refrain from storing PPE in the client's home
- If it is undesirable to enter the residence without PPE (extremely unhygienic conditions), don & doff PPE in an alternate location (e.g., outside the residence, apartment hallway/fover)

Refer to: VCH How to use Personal Protective Equipment poster for details on careful removal and disposal of gowns

Personal Protective Equipment: Gowns & Aprons

- Wear a gown and/or apron to protect exposed skin and clothing during activities likely to cause:
 - Splashes of fluids
 - Contact with blood or body fluids (e.g., wound drainage)
- Perform hand hygiene before accessing/putting on and immediately after taking off
- Fasten tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists if splash/spray is anticipated.
- Do not use gowns as a housecoat or warm-up jacket.
- Do not wear gowns outside of the client space unless transporting contaminated items.
- Remove soiled gown/apron as soon as possible.
- Do not reuse gowns/aprons.
- After removing gown/apron:
 - Place in linen bag (reusable) or waste container (disposable)
 - Perform hand hygiene

Refer to: VCH How to use Personal Protective Equipment poster for details on careful removal and disposal of gowns.

Personal Protective Equipment: Mask and Eye Protection



- If you need a mask, you also need eye protection (goggles, face shield, mask & visor).
- Wear a mask and eye protection to protect your mouth/nose/eyes if splashes are likely.
- Perform hand hygiene before accessing and putting on and immediately before and after taking off mask and eye protection.
- Proper use of a mask involves:
 - Ensuring a snug fit over the nose and under the chin;
 - Molding the metal bar over the nose;
 - Wearing the mask with moisture-absorbing side closest to the face (blue side out):
 - Change the mask when it is moist;
 - Careful removal after use, touching only the elastic ear loops or ties;
 - Not wearing masks around the neck.
- Prescription glasses are not a substitute for face protection
- Clean and disinfect reusable eye protection after each use.
- Discard single use masks and eye protection in waste containers.

Refer to: VCH How to use Personal Protective Equipment poster for details on careful removal and disposal of masks and eye protection.

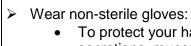






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Personal Protective Equipment: Gloves



- To protect your hands from contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin
- When handling dirty or potentially contaminated items
- To protect non-intact skin (open cuts, lesions, rashes)
- Inappropriate use of gloves may impede adequate hand hygiene contributing to cross-contamination. Only use gloves when indicated (as listed above) and remove gloves then perform hand hygiene between clients and between clean/contaminated activities
- > Perform hand hygiene before accessing/putting on, and immediately after taking off.
- ➤ Gloves are single use and are task and client specific. Use only once, then dispose of them immediately after use.
- ➤ Change gloves between care activities for the same client (i.e., work from clean to dirty sites; change gloves after working on a contaminated body site).
- Never wear gloves outside of client spaces unless transporting contaminated items or when cleaning spills of blood or body fluids/the environment.
- Remove damaged gloves and perform hand hygiene.
- Never wash gloves or use ABHR while wearing gloves.
- Sterile gloves are for sterile procedures only.

Refer to: VCH <u>How to use Personal Protective Equipment</u> poster for details on careful removal and disposal of gloves.

Handling Client Care Items and Equipment

Equipment or Supplies that Stay in Client Homes:

- Limit the amount of reusable equipment brought into the client's home
- Dedicate client care equipment until the client is discharged from services
- > Do not share personal items (e.g., soaps, lotions, razors) between clients
- Use non-sterile gloves and appropriate PPE when handling soiled items
- Keep equipment and supplies out of reach from pets, children and individuals with delirium/dementia
- Dispose of single-use and single-client use equipment as per manufacturer written instructions upon discontinuation of services
- Unused reusable linens should be laundered prior to being placed into circulation for use once in contact with a client's home/environment
- Store contaminated, reusable items in a sealable plastic container labelled "dirty" for transport
- Clean and disinfect reusable equipment daily and between clients

Professional Supply Bags:

- Place on a clean, dry surface in the client's home away from small children, pets and individuals with delirium/dementia
- When environmental and hygienic concerns exist, do not bring supply bag into the area where care is provided. When this is not possible, place a barrier under the bag. Discard barrier after use.
- Perform hand hygiene prior to accessing bag
- > Remove all supplies required from bag prior to performing care. Always access clean supplies with clean hands.
- > Store documentation items in separate panel in the clean compartment or external compartment
- Clean or discard professional bags and contents regularly (e.g., weekly), when visibly soiled, and if used with a client on Additional Precautions.







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Linen:

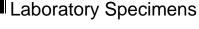


- > Use disposable linen and drapes when possible. Discard after use.
- > Handle soiled or used linens with minimal agitation and place directly in garbage or linen bag at point of care. Do not overfill bags. Double bag only if leaking.
- > Do not place sharps in the garbage or linen bags
- Wear appropriate PPE to sort and process linen as determined by soil level
- > Follow detergent instructions for load size and load soiling
- > Follow manufacturer written instructions regarding amount of detergent and water temperature
- Avoid overloading the machine
- > Use complete wash, rinse and dry cycles
- > Run an empty wash load with 1 cup of household chlorine bleach and water only (no clothes) after heavily soiled loads of laundry or if client is on additional precautions. Run empty load with detergent if bleach is not available.
- > Wash hands with soap and water after handling soiled linen
- > Follow manufacturer recommendations for the maintenance and cleaning of the washing machine and dryer. Log these activities.
- > Store clean linen apart from soiled
- ► Handle clean linen with clean hands to prevent contamination and ensure cleanliness
- Store clean linen apart from soiled linens



Environmental Cleaning

- Consider all surfaces in the client environment as contaminated
- Check product expiry before use
- Use a two-step process. Thoroughly clean prior to disinfection.
- Store all disinfectants out of the reach of children, pets and individuals with delirium/dementia
- ➤ Ensure manufacturer recommended wet contact time is achieved. Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure microorganisms are killed.
- Clean client care areas on a regularly scheduled basis
- Clean and disinfect all non-critical equipment and environmental surfaces between client use (e.g., shared wheelchairs and walking aids, treatment surfaces such as mats, plinths and tables, blood pressure cuffs, toys, stethoscopes, audiometers)
- Wear PPE as required for cleaning and disinfecting equipment and environmental surfaces
- Start at the cleanest part of the equipment or surface and move towards the dirtiest
- Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device
- Use VCH approved cleaning products and procedures. Refer to the <u>Master Equipment</u> <u>Cleaning Manual</u> for details on cleaning and disinfection of client care equipment, or follow the manufacturer's recommendations for equipment not listed.





- > Handle specimens in a manner that prevents transmission of microorganisms
- Wear appropriate PPE when collecting and handling specimens
- Use appropriate containers, label and seal in biomedical waste bags prior to transport
- ➤ Handle specimens with care to prevent damage, leakage or spillage
- Store specimens in a non-food fridge unless stored in the client's home
- Collect specimen as close to the time of transport as possible
- > Follow local laboratory specimen handling and transporting requirements





Waste and Sharps Handling

- Wear gloves for waste and sharps handling
- Avoid contact with body
- Remove gloves and perform hand hygiene
- Remember: New Needle, New Syringe, Every Time!
- > Dispose of sharps immediately after use in a puncture-proof biohazard container
- > Do not overfill waste or sharps container; empty when ¾ full
- Transport sharps & biomedical waste in closed, upright container, preferably in a designated dirty area of the vehicle.
- Follow zone waste management for sorting and disposal

General Waste:

- Examples: cotton balls, gauze, dressings, gloves, disposable gowns, tissues, disposable needle-guided tubes, alcohol wipes, Band-Aids, intrauterine devices (IUD)
- General waste does not require special disposal methods
- > Handle as little as possible
- Place container within reach and not easily accessible to young children, pets or confused individuals
- Line waste containers with plastic bag
- > Double bag only if integrity of bag is jeopardized or outside is visibly soiled
- Clean waste containers inside and out regularly, and when visibly soiled
- Use hands-free garbage containers

Non-Anatomical, Sharps, and Biomedical Waste:

- Examples:
 - Contaminated sharps (e.g. needles, lancets, syringes, blades, glass that has come in contact with blood and body fluids). Broken medical glassware. Does not include unused drug vials & ampoules.
 - Human blood, items saturated to the point of dripping with human blood, and body fluids containing human blood. It does **not** include saliva, urine, feces, vomit or tears; these are considered general waste.
- Requires special handling/disposal in biomedical waste stream. Remove from client home in designated receptacle and transport to waste repository as indicated. Refer to VCH Waste Management Policy

Client Education

- Educate client and caregivers (e.g., family, friends, private caregivers, etc.) on:
 - how and when to perform hand hygiene
 - how to perform respiratory hygiene if coughing or sneezing
 - changing into clean clothing or housecoat regularly
 - containing drainage with dressings and incontinence products if able
- Visitors should reschedule visits when feeling unwell
- > Educate client regarding the cleaning and storage of equipment and supplies.
- > Teach clients, family members, friends or other caregivers in the home the correct procedures for safe handling and disposal of sharps and sharp containers
- ➤ Ensure home storage of sharps is in a labelled, puncture-proof container with a tight fitting lid that prevents leakage
- Disposal of client sharps:
 - Pharmacies, fire halls or local waste drop-off facility, can provide information on sharps disposal
 - Each community has unique guidelines for disposal of sharps; please refer to your local bylaws. Recycling Council of BC Recyclopedia