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IPAC BEST PRACTICES GUIDELINE

Management and accommodation of residents on enhanced complex care units

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PURPOSE

To provide guidance on infection prevention and control practices for complex continuing care in residential care settings.

BACKGROUND

- Vancouver Coastal Health (VCH) is decentralizing complex continuing care to individual long term care facilities across the region.
- The complexity of residents requiring this level of care requires design considerations in keeping with standards of practice while maintaining a long term care ambiance. Retrofitting of long term care environments may be required.
- Aerosol generating medical procedures (AGMP) are any procedures that can induce the production of aerosols in high concentration. Examples include (but not limited to):
 - non-invasive positive pressure ventilation (BIPAP, CPAP)
 - endotracheal intubation for acute respiratory failure
 - tracheostomy suctioning
- These aerosols increase the risk for environmental contamination with microorganisms from the resident's respiratory tract, and exposure to body fluids for those in the immediate vicinity.
- When an acute respiratory infection is confirmed or suspected (e.g., seasonal influenza) performing an AGMP can create a risk for airborne transmission of the respiratory pathogen.

PROCEDURE

1. Long term care facilities that will be retrofitted to accommodate complex continuing care residents should involve infection prevention and control at the design phase to ensure infection control considerations are made at the outset.
2. When retrofitting health care environments, every effort should be made to meet requirements stipulated by the Canadian Standards Association design of health care facilities document (CSA Z8000). Infection control considerations include:
 - Access to hand hygiene facilities
 - Special separation of residents in semi-private or shared rooms
 - Direct access to bathroom facilities without having to travel through the bed area of a neighboring resident
 - Cleanable surfaces and finishing's (smooth, nonporous)
3. Always use a point of care risk assessment to determine risk for exposure to blood or body fluids (BBF) and select risk reduction strategies (e.g., personal protective equipment) accordingly.
4. Prior to suctioning, tracheostomy care, or any intervention that may generate splash or spray of BBF:

- Do hand hygiene
 - Put on personal protective equipment:
 - mask with shield/visor and gloves
 - gown if soiling of clothing is anticipated
 - Reduce risk for cross contamination
 - perform AGMP in a private room whenever possible
 - remove any shared patient equipment, linens & clean supplies from the immediate vicinity and draw the privacy curtain closed to act as a barrier for splash and spray.
5. If signs or symptoms of a transmissible acute respiratory infection are present (e.g., cough and fever with sore muscles/joints, extreme fatigue/weakness, or sore throat):
- Place the resident on Droplet and Contact Precautions
 - Use an N95 respirator and eye protection prior to any AGMP
 - Place the resident in a private room whenever possible
- Refer to the [Vancouver Acute Care Respiratory Algorithm](#) (VCH⁷)
6. Use clean or aseptic (sterile) technique as indicated in the VCH [clinical practice guidelines](#). Key infection control principles include the ability to:
- perform hand hygiene before, after, and at point of care – preferably with alcohol-based hand rub (unless hands are visibly soiled)
 - Don required personal protective equipment
 - Perform skin antisepsis
 - Maintain sterile field and integrity of sterile supplies.
 - Discard supplies if the packaging is damaged or has become wet.
 - Not to return clean/sterile supplies once they have been taken to the bedside. Supplies must be dedicated to that resident once in contact with the residents environment unless it can be properly cleaned and disinfected/sterilized, even if still in the original packaging.

References:

1. CDC. (2011) FAQ Regarding Safe Practices for Medical Injections. Retrieved from: https://www.cdc.gov/injectionsafety/providers/provider_faqs_multivials.html
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3. CSA. (2011). Z8000-11 Canadian health care facilities.
4. PICNet. (2011). Residential Care Infection Prevention and Control Manual. Retrieved from: https://www.picnet.ca/wp-content/uploads/PICNet_Residential_Care_Manual_2011.pdf
5. PIDAC. (2012). Routine Practices and Additional Precautions in all Health Care settings, 3rd edition. Retrieved from: https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng_2012.pdf
6. Public Health Agency of Canada. (2013). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings. Retrieved from: http://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf.
7. Vancouver Coastal Health Acute Care Respiratory Algorithm. Retrieved from: <http://ipac.vch.ca/Documents/Additional%20Precautions/Online/Visio-VCH%20Respiratory%20Algorithm%20%20Version%204%20-%20EAB%20and%20TW%20-%2010%20Oct%202015.pdf>