Infection Prevention and Control

Best Practice Guideline	Routine Practices
Date	August 1, 2023
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Revised Date	

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Site Applicability
All Vancouver Coastal Health owned, operated and contracted Long Term Care (LTC) homes.

Scope of Practice
All staff who interact with residents

Purpose
Incorporate routine practices into the culture of each health care setting and into the daily practice of all staff. Routine practices are infection prevention and control practices designed to reduce the risk of blood and body fluid exposures to health care workers and to prevent and control contamination and transmission of microorganisms in all healthcare settings.

The consistent and appropriate use of Routine Practices by all health care providers with all resident encounters will lessen microbial transmission in the health care setting, reduce the need for Additional Precautions, and improve the safety and wellbeing of residents and staff

Preventing transmission of microorganisms is managed by the facility in consultation with the IPAC team. Staff illness is managed by Occupational Health and Safety (OHS). Healthcare providers are accountable to practice safely to protect residents, visitors, and staff by following infection prevention and control guidelines.

Procedure
Use routine practices for the care of all residents at all times in all healthcare settings. Application of routine practices as determined by the circumstances, the environment, and the task performed. The components of routine practices are as follows:

1. Point of Care Risk Assessment
All healthcare providers will perform a point of care risk assessment (PCRA) prior to every resident interaction to inform appropriate Personal Protective Equipment (PPE) use.

2. Additional Precautions
Use additional precautions in addition to routine practices to interrupt transmission of suspected or identified agents between residents, staff, and the environment. Additional

precautions are based on the mode of transmission of the known organism or symptom presentation of the resident.

3. **Hand Hygiene**
   Hand hygiene is considered the most important and effective measure to prevent the spread of infections. Staff must adhere to the VCH Hand Hygiene Policy.

4. **Personal Protective Equipment (PPE)**
   PPE is a collection of equipment or clothing used to create a barrier between infectious agents and staff.

5. **Management of Wound Care Supplies and Aseptic Technique**
   Clean and disinfect work surface prior to dressing change.
   Follow aseptic technique practices and procedures to prevent contamination from pathogens and minimize the risk of spreading infection.
   Follow:
   Guideline Assessment Treatment and prevention and treatment of wound infection
   Wound Resources
   CONNECTING LEARNERS WITH KNOWLEDGE
   Wound Care Guidelines LTC

6. **Respiratory Etiquette**
   Respiratory etiquette should be encouraged for all residents, staff, and visitors to contain respiratory secretions.

7. **Sharps Safety and Prevention of Exposure to Blood Borne Pathogens**
   Use of safety-engineered sharps devices is required.
   See VCH Sharps Safety Program

8. **Cleaning and Disinfection of Non-Critical Resident Care Equipment Including Interactive and Therapeutic Devices**
   Staff will clean and disinfect reusable equipment that has been in direct contact with the resident and/or their environment.

9. **Environmental Cleaning and Managing Blood and Body Fluid Spillages**
   Staff will follow the BC Best Practice Guideline for Environmental Cleaning in all healthcare environments.
   Staff will follow the Blood and Body Fluids Spill Cleanup Procedures
   Staff will complete the Learning Hub Blood & Body Fluid Spill Response

10. **Handling of Linen, Waste, Dishes and Cutlery**
    Staff will follow routine practice when handling linen, waste, dishes, and cutlery.

11. Personal Care Supplies

Dedicate and label all personal care supplies for each resident (lotions, creams, soaps, razors, combs, nail clippers, BP cuffs).

12. Hierarchy of Control

Hierarchy of controls are a system of measures to reduce exposure to and transmission of infectious agents. These include measures developed by IPC/OH professionals and healthcare building engineers.
The first level of control is engineering interventions established and controlled within the building structure to reduce exposure to infectious agents; examples include (designated staff handwashing sinks, signage, physical barriers, appropriate spatial separation and ventilation).

The second level are administrative controls. They provide an infrastructure of policies, procedures and patient care practices intended to prevent exposure to and/or transmission of microorganisms to a susceptible host during the provision of health care.

The third level is personal protective equipment. This involves the availability and appropriate use of barriers to provide a physical barrier between a person and an infectious agent/infected source.

13. Heating, Ventilation and Air Conditioning

Homes should use established heating systems to ensure optimal performance of ventilation systems to reduce the need for fans and air conditioners in the home.

14. Handling Laboratory Specimens

Follow BCCDC lab manual.
Follow VCH laboratory manual (for O/O).

15. Staff Education

Direct care staff will complete the Infection Prevention and Control Practices for Direct Clinical Care Providers annually accessed through the PHSA Learning Hub.
Non-direct care staff will complete the Infection Prevention and Control Basics for Non-direct Care Health Care Workers (annually) accessed through the PHSA Learning Hub.

Students will complete the Infection Prevention and Control for Students prior to their clinical placement accessed through the PHSA Learning Hub.

References

1. B.C. Ministry of Health, (2011). Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices in BC Health Authorities.

2. Canadian Standards Association, (2021). Handling of waste materials in health care facilities and veterinary health care facilities.

3. CDC, (2003). Guidelines for Environmental Infection Control in Health-Care Facilities- Recommendations of CDC and the Healthcare Infection Control Practices Advisory committee.

4. PICNet, (2016). British Columbia Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings and Programs.

5. PIDAC, (2012). Best Practices for Environmental cleaning for Prevention and Control of Infections in All Healthcare Settings- 2nd Edition.

6. Public Health Agency of Canada, (2016). Routine *Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.