

 <p>Winnipeg Regional Health Authority Office régional de la santé de Winnipeg Caring for Health À l'écoute de notre santé</p> <p style="text-align: center;">POLICY</p>	Level: <p style="text-align: center;">REGIONAL</p> Applicable to all WRHA governed sites and facilities (including hospitals and personal care homes), and all funded hospitals and personal care homes. All other funded entities are excluded unless set out within a particular Service Purchase Agreement.	1	
	Policy Name: <p style="text-align: center;">Routine Practices for Reducing the Risk of Infection Transmission</p>	Policy Number: <p style="text-align: center;">90.00.060</p>	Page: <p style="text-align: center;">1 of 5</p>
	Approval Signature: <p style="text-align: center;"><i>Original signed by A. Wilgosh</i></p>	Section: <p style="text-align: center;">INFECTION PREVENTION & CONTROL (IP&C)</p>	
	Date: <p style="text-align: center;">August 2013</p>	Supercedes: <p style="text-align: center;">December 2007</p>	

1.0 **PURPOSE:**

- 1.1 To minimize and prevent the risk of transmission of microorganisms.
- 1.2 To comply with Accreditation Canada Standards.

2.0 **DEFINITIONS:**

- 2.1 **Alcohol Based Hand Rub:** An alcohol-containing (60-90%) preparation (liquid, gel or foam) designed for application to the hands to kill or reduce the growth of microorganisms. Such preparations contain one or more types of alcohol with emollients and other active ingredients.
- 2.2 **Hand Hygiene:** A comprehensive term that applies to hand washing, hand antiseptics and to actions taken to maintain healthy hands and fingernails.
- 2.3 **Hand Hygiene Compliance Monitoring:** A continuing quality improvement process that allows the organization to determine how closely staff follows hand hygiene as outlined in Routine Practices. Monitoring includes observing and recording staff hand hygiene practices, analysis of data and feedback to stakeholders and frontline staff. The results provide direction on how to improve education and training, evaluates adequacy of hand hygiene facilities and establishes benchmarks for the region.
- 2.4 **IP&C:** Infection Prevention & Control
- 2.5 **IP&C Audits:** An IP&C audit is a systematic, quantified comparison of practice against established standards of current best practice in order to improve patient care and outcomes. The audit process fills the gap between policy and practice.

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- 2.6 **IP&C Manual:** There are 3 manuals; (acute, community and personal care homes/long term care). These manuals contain evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, Patients and visitors.
- 2.7 **Patient:** Any individual receiving healthcare provided by a WRHA facility, program or funded site regardless of whether they are referred to as patient, client or resident.
- 2.8 **Personal Protective Equipment (PPE):** Personal Protective Equipment consists of gowns, gloves, masks, facial protection (i.e. masks and eye protection, face shields or masks with visor attachment) or respirators that can be used to provide a barrier that will prevent potential exposure to infectious microorganisms.
- 2.9 **Point-Of-Care:** The place where three elements occur together: 1) the Patient, 2) the HCW and 3) care or treatment involving contact with the Patient or his/her surroundings (within the Patient zone). Point-of-care products should be accessible without leaving the Patient zone.
- 2.10 **Respiratory Hygiene:** A combination of measures to be taken by an infected source designed to minimize the transmission of respiratory microorganisms (e.g. influenza).
- 2.11 **Routine Practices:** A comprehensive set of IP&C measures, that have been developed for use in the routine care of all Patients at all times in all health care settings. Routine Practices aim to minimize or prevent HAIs in all individuals in the health care setting including Patients, HCWs, other Staff, visitors, contractors, etc.
- 2.12 **Staff:** All persons employed by the WRHA facilities, or WRHA funded facilities, as well as members of the medical staff, volunteers, board members, students and others associated through contracts.
- Direct Staff:** All Staff who come in contact with Patients, Patient care environment, Patient care equipment, and blood or body fluids. This includes but not limited to physicians, nurses, Allied Health (occupational therapist, respiratory therapist, physiotherapist, speech language pathologist, dietitian, pharmacist, laboratory and diagnostic imaging technologists.), Support Services (health care aides, home support workers, housekeeping, porters, transfer personnel, specific volunteers, unit clerks, and others as deemed appropriate by each site/area/program).
- Non Direct Staff:** All Staff who do not have direct contact with Patients, Patient care environment, Patient care equipment and blood and body fluids. This also includes corporate sites/areas.

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3.0 **POLICY:**

- 3.1 Senior Leadership shall support IP&C education and training including monitoring and auditing of IP&C practices.
- 3.2 Staff shall be educated according to IP&C education requirements available at: <http://www.wrha.mb.ca/extranet/ipc/files/routine-practices/EducationalRequirements.pdf>
- 3.3 Hand Hygiene education for Staff shall be tracked according to IP&C hygiene recording document available at : <http://www.wrha.mb.ca/prog/ipc/index.php>
- 3.4 Staff shall apply Routine Practices in accordance with WRHA IP&C Manuals.
- 3.5 Routine Practices shall be incorporated into all Patient care to prevent the transmission of infection.
- 3.6 Patients, family members and visitors shall be provided information on Routine Practices. Staff shall encourage all Patients, family members and visitors to follow WRHA Hand Hygiene procedures.
- 3.7 Artificial fingernails, gel nails, or extenders shall not be worn by Direct Care staff, food handlers and anyone handling sterile preparations, linen and supplies. Refer to WRHA Dress Code Policy 20.70.010.
- 3.8 Hand Hygiene compliance monitoring and IP&C audits shall be conducted according to WRHA Hand Hygiene Implementation Plan available at: http://www.wrha.mb.ca/extranet/ipc/files/audit-tools/Audit_2_5.pdf
- 3.9 WRHA IP&C shall be responsible for development, revision and notification of updates of all Routine Practices documents and relevant resources.

4.0 **PROCEDURE:**

- 4.1 Staff perform Hand Hygiene and use products in accordance with Routine Practices as outlined in WRHA IP&C Manuals and Routine Practices Educational Resources. The products used for Hand Hygiene are:
 - 4.1.1 ABHR, liquid plain soap or liquid antimicrobial soap.
 - 4.1.2 Readily available for all Staff, Patients, family members and visitors.
- 4.2 Ensure Staff has access to ABHR at the Point-Of-Care and service delivery.
- 4.3 Communicate Hand Hygiene Compliance Monitoring and IP&C audit results to Staff.
 - Use the results to make improvements to Hand Hygiene and IP&C practices.

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- 4.4 Use PPE according to Routine Practices as outlined in WRHA IP&C Manuals and Routine Practices Educational Resources available at <http://wrha.mb.ca/prog/ipc/index.php>
- Have PPE readily available for Staff, Patients, family members and visitors.
- 4.5 Respiratory Hygiene
- 4.5.1 Ensure Staff follow Respiratory Hygiene in accordance with IP&C Manuals.
- 4.5.2 Provide all Patients, family members and visitors with information on Respiratory Hygiene as outlined in the IP& C Manuals.
- 4.6 Follow IP&C Manuals for all other elements included in Routine Practices.

5.0 **REFERENCES:**

- 5.1 CHICA Canada Position Statement, Hand Hygiene June 2008.
Link - <http://www.chica.org/pdf/handhygiene.pdf>
- 5.2 Manitoba Health Routine Practices and Additional Precautions: Preventing the Transmission of Infection in Health Care. April 2012
Link - <http://www.gov.mb.ca/health/publichealth/cdc/docs/ipc/rpap.pdf>
- 5.3 Morbidity and Mortality Weekly Report. Guidelines for Hand Hygiene in Health Care Settings. October 25, 2002; Volume 51; NORR-16. Center for Disease Control and Prevention.
Link - <http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf>
- 5.4 Public Health Agency of Canada Routine Practices & Additional Precautions for Preventing the Transmission of Infection in Health Care – February 24, 2012.
- 5.5 Public Health Ontario. Best practices for Hand Hygiene in All Health Care Settings. December 2011.
Link – <http://www.oahpp.ca/resources/documents/pidac/2010-12%20BP%20Hand%20Hygiene.pdf>
- 5.6 Public Health Ontario. Routine Practices and Additional Precautions in all health care settings. July 2011.
Link - <http://www.oahpp.ca/resources/documents/pidac/RPAP%20-%20PHO%20template%20-%20FINAL%20-%202011-07-26.pdf>
- 5.7 Qmentum Program Infection Prevention & Control Standards. Accreditation Canada. Version 7.2012
Link - <http://home.wrha.mb.ca/quality/files/Infectionprevention.pdf>

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- 5.8 Required Organizational Practices. Accreditation Canada. February 2011.
Link - <http://www.accreditation.ca/accreditation-programs/qmentum/required-organizational-practices/>
- 5.9 WRHA Infection Prevention & Control Program – WRHA Insite
Link – <http://home.wrha.mb.ca/prog/ipc/index.php>
- 5.10 WRHA Routine Practices Resources, August 2010
Link – <http://home.wrha.mb.ca/prog/ipc/practices.php>

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