




Routine Practices

In Continuing Care

Routine Practices help prevent the spread of infections. These practices apply when interacting with residents in all settings where healthcare services are provided. Use Routine Practices for every resident, every time, regardless of their diagnosis or infectious status.

	<p><u>Infection Prevention and Control Risk Assessment (IPC RA):</u></p> <p>Before providing care to any resident, <u>assess the risk (IPC RA)</u> of spreading infection.</p> <ul style="list-style-type: none"> • Note any possible contact you may have with blood or body fluids (e.g., coughing, bleeding, runny nose, or soiled clothing, equipment or environment); AND • Put on (don) the correct <u>personal protective equipment (PPE)</u>, if needed, before providing care.
 	<p>Hand hygiene: The single most important step in preventing infections.</p> <ul style="list-style-type: none"> • Perform <u>hand hygiene</u> using alcohol-based hand rub (ABHR) or soap and water. Use only AHS or facility approved ABHR, soap, and hand lotion. • Use ABHR for hand hygiene unless hands are visibly soiled. • Use plain soap and water when: <ul style="list-style-type: none"> ○ Hands are visibly soiled ○ Caring for residents with diarrhea and/or vomiting. • Keep fingernails natural, clean, healthy and short. Depending on your role in healthcare, there may be restrictions on artificial nails or jewelry. Check the <u>AHS Hand Hygiene Policy</u> for more information. • Follow the steps for performing hand hygiene found in the <u>AHS Hand Hygiene Procedure</u>. • Perform <u>hand hygiene</u>: <ul style="list-style-type: none"> ○ Before taking gloves from a box to put on ○ Before contact with a resident or resident's environment ○ Before a clean or aseptic procedure ○ After exposure or risk of exposure to blood or body fluids ○ After contact with a resident or resident's environment ○ Immediately after removal of gloves. • Show residents and visitors how and discuss when to use hand hygiene products.








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	<p><u>Respiratory Hygiene:</u> Cover Your Cough, Clean Your Hands</p> <ul style="list-style-type: none"> • Cover your nose and mouth with a tissue when coughing or sneezing. • Tissues are single-use. Use only once, then dispose of them immediately; after use perform hand hygiene. • If tissues are not readily available, cough or sneeze into your upper arm or elbow.
	<p>Accommodation</p> <ul style="list-style-type: none"> • All residents should be assessed for their risk of transmission of communicable or infectious conditions using the Risk of Transmission of Microorganisms including Antibiotic Resistant Organisms, Table 1. • When room-sharing: <ul style="list-style-type: none"> ○ Select lower risk roommate, where possible. ○ If no lower risk roommate is available, consult with IPC or designate for direction. ○ Risks can change over time and individuals must be reassessed as conditions, behaviours and situations change.
  	<p>Personal protective equipment: <u>Gloves</u></p> <ul style="list-style-type: none"> • Gloves are single-use. Use only once, then dispose of them immediately after use. • Wear new non-sterile gloves, to: <ul style="list-style-type: none"> ○ Help protect your hands from contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin of residents ○ Handle dirty or potentially contaminated items ○ Protect your hands if you have non-intact skin (e.g., open cuts, lesions or rashes). • Perform hand hygiene before accessing and putting gloves on AND immediately after taking gloves off. • Change gloves between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site). • Do not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or when cleaning spills of blood or body fluids. • Never wash disposable gloves or use ABHR on any gloves. • Sterile gloves are for sterile procedures. • Gloves are not necessary when feeding a resident, touching somebody in a social manner, pushing a wheelchair, delivering meals, handling clean supplies, or providing care to residents with intact skin.







	<p>Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of gloves.</p> <p>For more detailed information on glove use see Glove Use and Selection or Proper Glove Use as part of Personal Protective Equipment.</p>
  	<p>Personal protective equipment: Gowns</p> <ul style="list-style-type: none"> • Wear a gown to protect exposed skin and clothing during activities likely to cause: <ul style="list-style-type: none"> ○ Splashes of fluids ○ Contact with blood or body fluids (e.g., wound drainage). • Perform hand hygiene before accessing and putting on and immediately after taking off a gown. • Fasten the tie strings at the neck and the waist. • Make sure the sleeves cover your wrists. • Never use gowns as housecoats or warm-up jackets. • Do not wear gowns outside resident rooms or bed spaces unless carrying contaminated items or when cleaning contaminated items. • Remove damaged or heavily soiled gowns as soon as possible. • Do not reuse gowns. • After removing gown: <ul style="list-style-type: none"> ○ Place in waste container, if disposable ○ Place in linen bag, if reusable ○ Perform hand hygiene. <p>Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of gowns.</p> <p>Personal protective equipment: Facial (mask and eye) protection</p> <ul style="list-style-type: none"> • If you need a mask, you also need eye protection (e.g., goggles, face shields, visors attached to masks). Wear facial (mask and eye) protection to protect your mouth, nose and eyes during activities likely to spray or splash you with blood or body fluids. • Perform hand hygiene before accessing and putting on, and immediately after taking off facial protection.






	<ul style="list-style-type: none"> • Proper wearing of a mask includes: <ul style="list-style-type: none"> ○ Ensuring a snug fit over the nose and under the chin ○ Moulding the metal bar over the nose ○ Wearing the mask with the moisture-absorbing side closest to the face ○ Changing the mask when it is moist ○ Correct removal after use, touching only the elastic or ties. • Prescription glasses do not meet Workplace Health and Safety Regulations for eye protection. • Clean and disinfect re-useable eye protection after each use. • Discard single-use masks and eye protection in waste container. <p>(Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of facial protection).</p>
 	<h3>Handling resident care items and equipment</h3> <ul style="list-style-type: none"> • Bring minimal supplies into resident rooms, tub rooms, and treatment rooms. Use disposable equipment, when possible. • Discard items labeled as single-use after use on one resident. • Dedicate re-useable equipment for a single resident use only, until discharge (e.g., thermometers, blood pressure equipment). • If reusable equipment cannot be dedicated for a single resident use, clean and disinfect it between patients. <ul style="list-style-type: none"> ○ Refer to manufacturer's instructions for equipment specific cleaning information. • Do not share personal items (e.g., shampoo, soaps, lotions, razors) between residents. • Use non-sterile gloves when handling soiled items, equipment, linens (correct PPE, based on IPC RA, may also include a gown and facial protection). • Handle soiled or used linens with minimal agitation and place directly in linen bag at point of care, without sorting. Do not spray wash/rinse soiled linen. Do not overfill bags. Double bag only if leaking. • After residents are discharged, transferred or additional precautions are discontinued, clean/disinfect reusable equipment, discard single-use supplies that remain in resident's room and launder unused linens. For more information see Management of Patient Supplies on Discharge or Transfer. • Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required: Human Waste (Feces) Management Information Sheet • Encourage the use of recreational equipment (e.g., toys, shared electronic games) that are non-porous, easily cleanable and able to withstand rigorous cleaning. Ensure these items are scheduled for regular cleaning, with assigned responsibility for the task: Recreational, Comfort, Therapeutic and Play Items.



	<h2>Dining room</h2> <p>Communal dining offers residents many benefits, measures are to be taken to reduce the risk of transmission of communicable illnesses.</p> <ul style="list-style-type: none"> • Ensure that both residents and staff wash their hands thoroughly with soap and water or use alcohol-based hand rub (ABHR) before and after meals. • Staff to assist/support residents as needed to complete hand hygiene. Access to hand hygiene products should be available within the dining area. Display hand hygiene reminders. Facility-approved alcohol-based hand-cleaning wipes may be used for residents. These are suitable for residents with cognitive impairment and situations where access to hand hygiene sinks is limited. • If a resident has respiratory or gastrointestinal symptoms, it is recommended that they eat in their room. • Clean and disinfect/sanitize all surfaces in the dining area, including tables, chairs, and high-touch areas such as door handles, light switches etc. Table linens such as tablecloths and/or placemats must be changed and laundered after each meal. During outbreaks, remove all cloth and woven table linens including those covered with clear plastic. • Minimize the use of shared items such as condiments and utensils or ensure shared items are cleaned and disinfected after each mealtime. • Where able, ensure tables are spaced out and arrange seating to keep proper physical distancing during dining.
 	<h2>Waste and sharps handling</h2> <ul style="list-style-type: none"> • Wear gloves when removing waste from resident rooms, common care rooms (e.g., resident tub rooms) and if the outside of bag is soiled. • Avoid contact with body. • Remove gloves and perform hand hygiene. • Dispose of sharps immediately after use in puncture-proof biohazard container. • Do not overfill waste or sharps container. • Follow AHS or facility waste management sorting and disposal guidelines.
	<h2>Environmental cleaning</h2> <ul style="list-style-type: none"> • Clean resident care areas on a regularly scheduled basis and after resident discharge or transfer. • Use AHS or facility approved products and procedures. • Refer to AHS or facility environmental services cleaning schedules and practices. <ul style="list-style-type: none"> ◦ If there are no written procedures refer to Principles of Environmental Cleaning and Disinfection.



	<p>Ambulation outside room, bed space or transfer</p> <ul style="list-style-type: none"> • Before residents leave their room, educate or assist them with: <ul style="list-style-type: none"> ○ Performing hand hygiene; ○ Performing respiratory hygiene, if coughing or sneezing; ○ Putting on clean clothing or clean housecoat; ○ Ensuring dressings and incontinence products are able to contain any body fluids or drainage. • Transport staff should assess the risk of spreading infection and choose clean personal protective equipment (PPE), if necessary, to handle the resident during transport and at the transport destination, using IPC RA.
	<p>Visitors</p> <ul style="list-style-type: none"> • Encourage and instruct visitors (family, friends, private caregivers, etc.) to: <ul style="list-style-type: none"> ○ Perform hand hygiene upon entry into and exit from the facility ○ Practice respiratory hygiene while visiting ○ Reschedule visits when feeling unwell ○ Contact facility staff if providing direct care to a resident.
	<p>Resident centered care (RCC also known as Eden or Butterfly model of care)</p> <ul style="list-style-type: none"> • Although it may seem challenging to adapt infection prevention and control practices in a home like setting, by understanding and adhering to these basic infection principles (such as routine practices) it is possible. Adherence to routine practices helps prevent the spread of infection. The goal is to prevent the transmission of organisms/germs from one person to another during all resident interactions, regardless of setting. • Balancing safety and potential risks with a person centered approach ensures the residents can then enjoy participating in activities while living in a communal setting, knowing that a culture of safety is present. • Prior to every resident/client interaction (regardless of the workspace where an activity occurs), there is a responsibility to assess the infectious risk posed by the resident, by the situation/environment and/or by the procedure/task. • Resident hand hygiene must be a focus before and after any activity and on a regular basis throughout the day.

