

# University Health Network Policy & Procedure Manual

## Infection Prevention & Control: Routine Practices

### 1. Policy

Routine practices must be followed at all times and with any patient interaction to prevent the spread of infection within the healthcare institution from patient to patient, patient to staff, staff to patient, and staff to staff.

#### 1.1 Routine Practices

Routine practices are steps that must be taken by all healthcare providers and all other UHN team members to reduce the risk of exposure to potentially infectious materials, symptomatic patients/residents/clients, or their environments.

These steps include, but are not limited to:

- syndromic and risk-based screening and point-of-care risk assessment (PCRA)
- hand hygiene (see [Hand Hygiene](#) policy 4.20.002)
- use of personal protective equipment (PPE) (see [Personal Protective Equipment](#) policy 4.20.003)
- disinfection of shared equipment and environment (see [Hospital-approved Disinfectants](#) policy 4.40.003 and [Reusable Medical Equipment Disinfection](#) policy 4.40.005)
- use of additional precautions, as needed (see [Use of Additional Precautions](#) policy 4.30.001)
- environmental controls, including:
  - a. appropriate room placement and spacing between beds in multi-bedded rooms and/or barriers between patients, as needed
  - b. cleaning/disinfection of patient care equipment and the healthcare environment (see [Reusable Medical Equipment Disinfection](#) policy 4.40.005)
  - c. engineering controls, such as well-maintained heating, ventilation, and air conditioning systems, while ensuring appropriate air exchanges and directional air flow in patient care areas (see [Environmental Management](#) policy 4.70.003)

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## 1.2 Use of Routine Practices

Routine practices must be practiced at all times, with all patients/residents/clients or their environments and with all contact with blood, body fluids, secretions, mucus membranes, non-intact skin, or soiled materials.

## 1.3 Syndromic Screening

Staff must screen patients/residents/clients for symptoms and risk factors for infectious diseases throughout their time in hospital, clinic, or ambulatory areas.

Key moments to complete syndromic screening include:

- upon arrival to an ambulatory area  
**Note:** A digital screening tool can also be completed by staff or a patient prior to arrival.
- upon arrival to an emergency department or surgical admissions area
- upon direct admission to an inpatient unit

In rehab settings, pre-screening can be completed when planning an expected new admission to assist with room placement. Nursing should still complete syndromic and risk screening upon the patient's admission to the unit.

In inpatient settings, daily symptom screening must be completed once per shift.

## 1.4 Point-of-Care Risk Assessment

For each patient encounter, staff must perform an individual risk assessment to ensure appropriate barriers are used to prevent exposure to blood, bodily fluids, non-intact skin, or mucous membranes.

A point-of-care risk assessment (PCRA) must occur before interacting with a patient/resident/client or their environment and at each stage of a patient/resident/client encounter, including at the time of booking and waiting room arrival.

For each interaction with a patient/resident/client or their environment, staff must screen the patient to:

- determine whether the patient has any symptoms of acute infection;
- consider the type of care activity that will take place;
- assess the risk of exposure to potentially infectious body substances, blood, body fluids, secretions, non-intact skin, mucous membranes; and

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- identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

Upon completing the PCRA, before each interaction with a patient or their environment, staff must determine what PPE is needed.

## 1.5 Body Substances and Use of Personal Protective Equipment

Body substances must be assumed to be potentially infectious. Potentially infectious body substances include:

- blood
- oral secretions
- sputum
- emesis
- urine
- feces
- wound drainage
- non-intact skin
- all other moist body substances (with the exception of sweat)

Anticipated exposure to a body substance requires the use of barriers including one or more of the following:

- hand hygiene
- gloves
- gown
- mask or respirator (e.g. fit-tested N95 mask)
- eye protection

## 1.6 Hand Hygiene

Frequent and appropriate hand hygiene is considered one of the most important and effective routine practices to prevent the spread of hospital-acquired infections. See [Hand Hygiene](#) policy 4.20.002

## 1.7 Additional Precautions

Additional precautions are indicated for patients who grossly soil their environment with body substances and for those who are suspected of having symptoms due to a

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communicable disease (e.g. diarrhea, respiratory symptoms) or acquisition of a multidrug resistant organism. See [Use of Additional Precautions](#) policy 4.30.001.

## 1.8 Disinfection of Shared Equipment and Environment

Cleaning and disinfection of shared equipment and the environment are essential routine practice in reducing the risk of spreading hospital-acquired infections to patients/residents/clients and staff. See [Hospital-approved Disinfectants](#) policy 4.40.003 and [Reusable Medical Equipment Disinfection](#) policy 4.40.005

## 2. Procedure

1. Screen patients/residents/clients for symptoms and risk factors for infectious diseases upon arrival to an ambulatory area, or confirm a digital screening tool was completed prior to arrival upon arrival to an emergency department or surgical admissions area and upon admission to an inpatient unit.

**Note:** Initial and daily symptoms screening must be documented in the health information system (HIS).

2. Perform a PCRA and use informed judgment as to the degree of body substance exposure anticipated for each patient interaction.
3. Perform hand hygiene, as per [Hand Hygiene](#) policy 4.20.002, before entering any patient room/environment and before putting on any required PPE.
  - Select appropriate barrier techniques required for protection when there is potential for contact with body substances or contaminated surfaces, equipment, or environment.

**Note:** For specific indications for the use of gloves, eye protection, masks or respirators, and gowns or aprons, refer to [Personal Protective Equipment](#) policy 4.20.003.

**Note:** Additional precautions are required for patients who are suspected or confirmed of having a communicable disease. See [Use of Additional Precautions](#) Policy 4.30.001.

4. Once the task is completed and before proceeding to the next patient, remove barriers and perform hand hygiene, as per [Hand Hygiene](#) policy 4.20.002.

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5. Ensure patient environment, care materials, and equipment are cleaned and disinfected as per [Reusable Medical Equipment Disinfection](#) policy 4.40.005.

### 3. References

1. Provincial Infectious Diseases Advisory Committee (PIDAC). (2012). *Routine Practices and Additional Precautions in All Health Care Settings, 3<sup>rd</sup> edition*. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/b/2012/bp-rpap-healthcare-settings.pdf>
2. Provincial Infectious Diseases Advisory Committee (PIDAC). (2015). *Infection Prevention and Control for Clinical Office Practice*. 1st Revision. Retrieved from: <https://www.publichealthontario.ca/-/media/documents/bp-clinical-office-practice.pdf>

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