

ROUTINE PRACTICES AND BREAKING THE CHAIN OF INFECTION

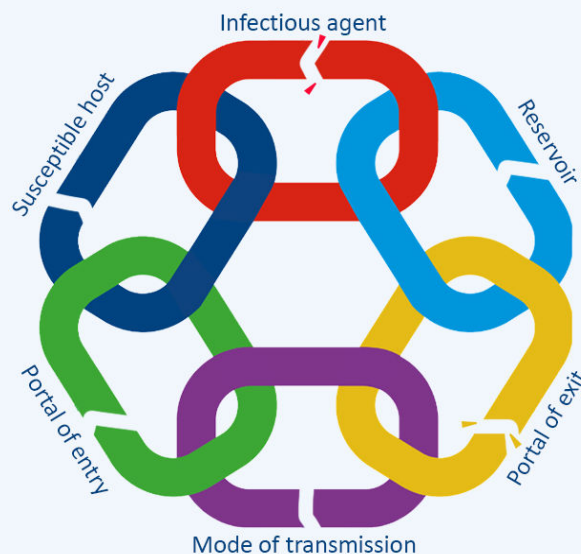


Image adapted from: www.nipcm.scot.nhs.uk

Routine Practices, also known as Standard Precautions, are a set of infection prevention and control measures used in all health care settings to prevent transmission of microorganisms, and reduce the risk from blood and bodily fluid exposures to health care workers (HCWs). The key components of Routine Practices include but are not limited to point-of-care risk assessment (PCRA), hand hygiene, personal protective equipment (PPE), respiratory etiquette, safe handling of equipment and surfaces, aseptic techniques, and waste management. The salient point of Routine Practices is that they are applied to **all patients/residents/clients** *regardless* of their diagnosis or presumed status of infection. In other words, every patient/resident is treated as if infected, and routine practices should be followed by all HCWs to minimize risk of transmission of infections.

Routine Practices were not always routine or standard. Following the AIDS epidemic in the 1980s, the US Centers for Disease Control and Prevention (CDC) formally introduced Universal Precautions. All patients were considered to be potential carriers of blood-borne pathogens. Gloves were needed when collecting or handling blood or bodily fluids contaminated with blood, face shields were recommended when there was potential risk of blood splashing on mucous membranes, and puncture-resistant containers were used to dispose all needles and sharp objects. By mid-1990s, universal precautions were adjusted and turned into what we now know as Routine Practices.

The chain of infection is a set of six intertwined links that allow for communicable diseases to spread. Breaking any of the links in this chain can help to prevent the spread of infection. For example, strong adherence to hand hygiene can interrupt the mode of transmission link, while vaccinations can reduce the number of hosts susceptible to an infection. Appropriate and consistent usage of Routine Practices by *all* HCWs with *all* residents/clients at *all* times significantly reduces the risk of microbial transmission in a health care setting.

Additional Precautions (AP) are used, for a lack of a better word, in addition to Routine Practices to interrupt transmission of suspected or identified agents between residents/clients, staff and the environment. It is based on the mode of transmission of the suspected organism or the symptoms presented by a client/resident. We can break the chain of infection at multiple links by implementing the following components of Routine Practices below at all times for all residents/clients:


- **Point of Care Risk Assessment** or PCRA should be performed by all HCWs prior to every resident interaction to select the appropriate PPE and other items needed based on the task at hand, the environment in which it will be done, and resident's health status. Completing a PCRA before *every* resident/client interaction should become an automated response or reflex, as it is to avoid all the *Fast and the Furious* movie sequels.
- **Hand Hygiene** is the single most effective measure to reduce healthcare-associated infection (HAIs). Staff and visitors should always practice the four moments of hand hygiene at minimum, and before donning clean PPE (which should be always covered or enclosed), after removing gloves and other soiled PPE, and before and after handling medication and food. Residents should be encouraged to practice hand hygiene before all meals and after using the washroom.
- Using the appropriate **PPE** indicated by your PCRA and Additional Precautions to create a barrier between you and the infectious agents. Recommended PPE includes tear-resistant disposable nitrile or vinyl gloves, a fluid-resistant gown, eye protection (eye goggles or a face shield, not prescription glasses), and a well-fitting medical mask or a fit-tested seal-checked N95 respirator.
- Using **aseptic technique** practices and procedures to prevent contamination from pathogens and minimize the risk of spreading infection (interrupting the portal of entry link).
- Educating and encouraging all residents, staff, and visitors to practice **respiratory etiquette** by covering your cough and sneeze either with a tissue, or into your upper sleeve or elbow (interrupting the portal of exit link), not your hands. Or worse, the dreaded handkerchief.
- Regular **cleaning and disinfection** of surfaces, environment, and all non-critical reusable resident care items that are shared between residents using a hospital-grade disinfectant that is compatible with the equipment. Maintaining a clean and safe health care environment interrupts the reservoir link, and is crucial for the safety of all residents/clients and staff.
- **Safe injection practices** using sterile needles and syringes, avoiding reuse, and safely disposing of all sharps in a puncture-resistant container to prevent accidental needle-stick injuries in staff.
- **Safe handling of soiled linen** and waste management. Soiled linen should be bagged and handled with minimal agitation to avoid contamination of the air, surfaces and persons (e.g., roll up). Food or beverages should not be consumed in laundry areas. PCRA should be completed by environmental services (EVS) staff when handling soiled linen to determine the appropriate PPE to use. Special handling of linen for residents/clients on AP is not routinely required.

NEW PHO RESOURCES FOR LTC-CIP CERTIFICATION EXAM



Public Health Ontario (PHO) has developed new resources in partnership with IPAC Canada to support IPAC leads in long-term care (LTC) settings to successfully challenge the Long-Term Care Certification in Infection Prevention (LTC-CIP) exam and obtain certification. The Fixing Long-Term Care Act of 2021 requires that all LTC IPAC leads must be certified by the Certification Board of Infection Control and Epidemiology (CBIC) by **April 2025**. There is a mandatory 90-day waiting period for failing candidates to reapply.

Recertification must be completed every five years.

Consistent with the nine sections of the LTC-CIP exam, the PHO resources are also divided into nine modules along with a facilitators guide. All nine modules can be accessed by using this [link](#). 




NOVEL INTERACTIVE GAME FOR HAND HYGIENE EDUCATION BY WHO

Last month, to mark the annual hand hygiene day, the World Health Organization (WHO) launched a new resource for hand hygiene education in the form of an interactive game called “My 5 Moments - The Game”. In Canada, a modified version of the WHO’s five moments of hand hygiene is used, with the last two moments consolidated into one. In this digital game, players are transported to the



“International Alien Hospital” 200 years in the future from now. Your patients are aliens from various planets and the goal is to maintain optimal hand hygiene practices to ensure safety of both alien patients and the Earth by reducing microbial cross-contamination and healthcare-associated infections.

Aimed as a novel approach to hand hygiene education, this game-based learning program integrates the concept of "My Five Moments for Hand Hygiene" into an engaging, compassionate, and scientifically-backed gaming experience. The game is freely available to everyone and is a unique resource for hand hygiene education for all HCWs, students and volunteers. You can access the game by clicking on the “play now” button in the thumbnail above or by using this following [link](#). 



THOUGHTS ON THIS MONTH’S NEWSLETTER?

(or suggestions for future topics?)

