

**Policy & Procedure Manual**

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**ROUTINE PRACTICES FOR RESIDENTIAL SETTINGS– R-X-4**

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**POLICY:**

Routine Practices (previously referred to as Universal Precautions) are used for the handling of blood and body fluids of all people (people supported, employees, visitors, volunteers, students, etc.) regardless of a disease diagnosis.

If there are conditions in an area that require isolation procedures to be followed, all people entering the work area must be advised.

**PURPOSE:**

1. To prevent the transmission of infections to people supported, employees, volunteers, students, visitors and to the environment.
2. To ensure consistent practices and use of appropriate personal protective equipment (PPE) for all people.

**PROCEDURE:**

**A) HAND HYGIENE:**

**NOTE:** Each residential area will have one sink in the kitchen designated for hand washing during food preparation where liquid soap is provided and the Thunder Bay District Health Unit's (TBDHU) hand washing sign is posted. The kitchen sink will never be used to wash hands after completing personal care.

- i. Proper hand hygiene is the most effective way of preventing the spread of infections.
- ii. Perform hand hygiene after direct contact with blood, body fluids, secretions, excretions and contaminated items whether or not gloves are worn. The use of gloves does not replace the need for hand hygiene. It is necessary to clean hands after removing gloves as gloves do not provide complete protection against hand contamination.

- iii. To avoid transfer of micro-organisms to other persons, the environment or to yourself ensure hand hygiene is also performed after using the toilet, before, during and after food preparation, after handling raw food, after smoking (bacteria from mouth and nose), before and after eating, after handling dirty dishes, before and after gloving, after scratching you head or other parts of your body, after taking out the garbage or handling contaminated items, after cleaning of any kind (i.e. equipment, linen, mopping floors), before and between personal care contacts and any other time your hands may have become contaminated.
- iv. Perform hand hygiene between different tasks and procedures on the same person to prevent contamination of different body sites (i.e. mouth care then bathing).
- v. Alcohol based hand rubs (AHBR's) are the preferred method to routinely decontaminate hands when hands are not visibly soiled as they provide for the rapid kill of most transient microorganisms and are less time-consuming than washing with soap and water. Hand sanitizers are not intended to replace hand washing and are only effective when hands are visibly clean.
- vi. To wash hands use warm running water and sufficient liquid soap from a pump dispenser to form lather. Wash all surfaces of hands thoroughly, including wrists, palms, back of hands, fingers and under fingernails. Rub hands together creating friction on the skin for at least 30 seconds. Using a one-use towel or a disposable paper towel, dry hands thoroughly by patting the skin, rather than rubbing to avoid chapping and cracking, then use this towel to turn off the taps; dispose of towel. Apply lotion to help prevent or soothe dry skin.
- vii. If a nail brush is used, remember to disinfect the brush by washing it with soap and water, and then soak it in the approved solution according to Environmental Cleaning Policy R-X-5. Rinse and allow the brush to air dry. This must be done after each use.

**B) PERSONAL PROTECTIVE EQUIPMENT (PPE):**

**1. Gloves: N.B. – Gloves do not replace hand hygiene.**

- i. Put on gloves immediately before the activity for which they are indicated.
- ii. Prior to putting gloves on: it is ideal to remove all jewellery and at a minimum requirement, to remove jewellery that may puncture the glove. Cover any cuts, scrapes or skin irritations with protective coverings to provide additional coverage in case of contact with blood and body fluids. Watches need to be removed or worn above the wrist.

- iii. Wear a single pair of proper fitting disposable gloves when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and contaminated items and when there is a chance of coming in contact with body fluids/contaminated objects.
- iv. To prevent the spread of micro-organisms and self-contamination, change gloves between tasks and procedures on the same person; after contact with blood and body fluids, and if gloves become punctured.
- v. Without touching soiled areas of gloves, remove gloves and dispose of them promptly after use and before touching non-contaminated items, environmental surfaces, and before having contact with another person.
- vi. Perform hand hygiene and change any bandages immediately after removing gloves. This will assist in decreasing the likelihood of transferring micro-organisms to other persons, the environment or yourself.
- vii. Do not wash or re-use disposable gloves.

**2. Gowns:**

- i. Each residential location will have a supply of single-use disposal gowns. When required, additional gowns can be ordered from St. Joseph's Stores Department.
- ii. Gowns are worn when it is anticipated that a procedure or personal care activity is likely to generate splashes or sprays of blood, body fluids, excretions or secretions.
- iii. When use of a gown is indicated, the gown is put on immediately before the task and is worn properly, i.e. tied at the top and around the waist. Remove the gown immediately after the task for which it has been used doing so in a manner that prevents contamination of clothing or skin.
- iv. Discard the used gown into the appropriate receptacle immediately after removal and never hang the gown for later use.
- v. Never re-use gowns and do not go from one person/activity to another wearing the same gown.
- vi. Perform hand hygiene immediately after disposing your gown. This prevents the transfer of micro-organisms to other people and the environment.

**3. Proper Order for Applying and Removing Gowns and Gloves:**

**Before:**

- a. Perform hand hygiene (hand sanitize)
- b. Put on gown
- c. Put on gloves

**After:**

- a. Remove gloves
- b. Remove gown
- c. Dispose both in the appropriate receptacle
- d. Perform hand hygiene (hand sanitize)

**4. Mask, Eye Protection:**

- i. Eye protection, a disposable mask or a face shield is to be worn where appropriate to protect mucous membranes of the eyes, nose and mouth during procedures and personal care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions or within two meters of a person who is coughing.
- ii. Do not touch the mask or allow it to dangle around your neck while wearing it. Change it if it becomes wet and remove and discard the mask immediately after completing the task.
- iii. If a splash does occur to the eye or mucous membrane, wash the affected eye(s) under running water for at least 15 minutes. **If the splash is caused by a chemical** follow any directions per the MSDS instructions. Notify the supervisor and follow procedures outlined in the Employee Injury/Illness While at Work Policy if claiming an Occupational Illness or Exposure.
- iv. Eye protection is removed immediately after the task for which it was used. Wash reusable eye protection with soap after each use. Rinse and hang to dry.
- v. Perform hand hygiene after removing eye goggles or mask.

**C) ENVIRONMENTAL CONTROLS**

**1. Dressings, Equipment and Surfaces:**

- i. Handle dressings/menstrual pads and/or equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents transfer of micro-organisms to others and to the environment. Wear disposable gloves during these times.

- ii. Dressings, menstrual pads and soiled incontinence supplies can be discarded into the regular garbage. Place in a plastic bag and tie to prevent leakage or contamination from contents.
- iii. Ensure that reusable equipment is not used for the care of another person until it has been cleaned and disinfected appropriately. To clean equipment, floors and/or counters, etc. sanitize/disinfect the area as directed in Environmental Cleaning Policy R-X-5.

**2. Changing Disposable Briefs:**

- i. When a person's soiled brief has been changed, place the soiled brief/ supplies/ PPE in a plastic bag.
- ii. As required wipe any visible contamination off your hands using paper towel and place the paper towel in the plastic bag. Tie the bag and perform hand hygiene using hand sanitizer before opening the bedroom door and leaving the room.
- iii. Place the bag in the main garbage can and wash your hands before performing the next task.

**3. Linen:**

- i. Disposable gloves must be worn when handling linen that is soiled with body fluids.
- ii. Roll the linen away from you and into a ball and place into the designated laundry basket. If the linen is wet and heavily soiled wrap it in a sheet or towel to contain the body fluids before removing it from the room. **Never place soiled linen on the floor.**
- iii. All linen soiled with blood, body fluids, secretions and excretions must be washed immediately in a load separate from other linens. Materials, i.e.: feces, vomit, must be removed from the linen before putting in the machine. This can be accomplished by removing debris with disposable paper towels. Place the soiled paper towels in a garbage bag.
- v. If carrying soiled materials through the kitchen and/or dining area i.e. soiled bibs cover the laundry/laundry basket with a clean cloth to prevent the possible contamination of the environment with airborne spores.
- vi. Clothing will be laundered according to Environmental Cleaning Policy R-X-5.

**4. Disposal of Broken Glass/Sharps:**

- i. Use a dustpan and tongs/brush to dispose of materials with broken/sharp edges, broken glass, etc. These items are to be placed directly into an appropriate labelled container (i.e. broken glass) such as a hard plastic container, hard cardboard box or coffee can. The container will be sealed with tape when it is full and then put into regular garbage.
- ii. A biohazard sharps container will be located in each work area. This container will be used to dispose of used syringes, and all other related sharps that have come in contact with body fluids e.g. razors, lancets. Employees are not to place their hands into the container. When disposing of sharps, keep disposal container nearby, to avoid walking with sharps in hand and store the container away in a cabinet, appropriate to the work environment (i.e. locked or unlocked).
- iii. Check the Biohazard container frequently, replacing it when  $\frac{3}{4}$  full. These containers are obtained from St. Joseph's Stores Department. To dispose of full containers, contact Janzen's Pharmacy for pick up. No employee shall dispose of these containers.

**5. Mouth to Mouth Resuscitation:**

- i. Use the Laerdal Pocket Mask or a disposable face shield.
- ii. The Laerdal mask is reusable and easy to clean. The one-way valve is disposable and is to be discarded after single person use and replaced with a new valve.
- iii. Wash and scrub the mask in warm soapy water. Rinse in clean water. Disinfect the mask according to Environmental Cleaning Policy R-X-5. Rinse and allow to air dry. This must be done after each use.
- iv. If blood or body fluids get into your mouth, do not swallow. Spit out several times and rinse your mouth with water several times. Notify the supervisor immediately and follow the procedures outlined in the policy – Employee Injury/Illness While At Work, if claiming an Occupational Illness Exposure.

**6. Other:**

In addition to following Routine Practices for Residential Locations, follow Isolation Policy R-X-3 for all identified diseases which require workers to follow more detailed safety procedures.

**POLICY: R-X-4**

**DEPARTMENT:** Community Services

**CATEGORY:** Infection Prevention and Safe Food Handling

**EFFECTIVE DATE:** March 2020

**SUPERSEDES VERSION DATED:** April 2015

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**RECOMMENDED BY:** Director, Community Services      **APPENDICES:** 0

**OPERATIONAL ACCOUNTABILITY:** Administration, Human Resources, Community Services Administration, Community Services (all)

**ORIGINAL POLICY DATE:** April 2015

**AUTHORIZED BY:** Executive Director

**SIGNATURE:** \_\_\_\_\_

