

ROUTINE PRACTICES IN COMMUNITY HEALTH SERVICES

Preamble

Routine Practices are the foundation for preventing the transmission of microorganisms during client care in all healthcare settings. It is a comprehensive set of infection prevention and control (IP&C) measures developed for use in the routine care of **ALL CLIENTS** at **ALL TIMES** in **ALL HEALTHCARE SETTINGS**. Routine Practices aim to minimize or prevent healthcare-associated infections (HAIs) in all individuals in the healthcare setting including clients, their families, healthcare workers (HCWs), other staff, visitors, contractors, and so on. Adherence to the following can reduce the transmission of microorganisms in all healthcare settings.

OVERVIEW OF ROUTINE PRACTICES DOCUMENT*

* For more detail please refer to the body of the document

1. Point of Care Risk Assessment (PCRA)

Prior to every client interaction, all HCWs are responsible to assess the infectious risk posed to themselves and other clients, families, visitors, and HCWs by a client, situation or procedure. Perform a Point of Care Risk Assessment before each client interaction to determine the appropriate Routine Practices required for safe client care.

2. Hand Hygiene (HH)

Hand hygiene with point of care alcohol-based hand rub (ABHR) is the standard of care expected in all healthcare settings. *Hand hygiene measures provided in Routine Practices must be adhered to by all staff at all times.*

3. Source Control

Steps should be taken in all community healthcare settings to limit interaction between clients with symptoms of an acute infection and those clients without.

All clients should be instructed in proper hand hygiene techniques and respiratory hygiene.

4. Aseptic Technique for Injections, Intravascular and other Invasive Procedures

Aseptic technique, sometimes referred to as sterile technique, refers to practices designed to render the patient's skin, medical supplies and surfaces maximally free from microorganisms. These practices are required when performing procedures that expose the patient's sterile sites (e.g., intravascular system, spinal canal, subdural space, urinary tract) to minimize contamination with microorganisms.

5. Personal Protective Equipment (PPE)

Personal protective equipment are additional barriers (e.g., gloves, gowns, masks/respirators, facial protection) worn to protect from transmission of microorganisms and exposure to bloodborne and other microorganisms (e.g., blood, body fluids respiratory tract or other secretions or excretions).

Performing a risk assessment to determine whether PPE is necessary is also important to avoid over reliance on PPE, misuse or waste. Over-reliance on PPE may result in a false sense of security. Misapplication or incorrect removal of PPE can result in unintentional exposure of the HCW or the patient to infectious agents or contamination of the environment.

6. Specimen Collection

All clinical specimens are considered potentially infectious and shall be handled carefully to prevent contamination.

7. Sharps, Safety & Prevention of Bloodborne Transmission

The prevention of sharps injury and HCW exposure to bloodborne pathogens is a component of Routine Practices.

Users of sharps require education and training about how to safely handle sharp devices to prevent injuries to themselves and to others who may encounter the device during or after procedures. Safety programs include a formal incident investigation for every sharp injury occurring in the work setting.

8. Management of the Client Care Environment

Environmental Cleaning plays an important role in minimizing the risk of transmission of microorganisms.

Cleaning shared client care equipment prior to use on another client can reduce transmission of microorganisms. Equipment that is frequently taken from one client to the next should be cleaned before use on the next client (e.g., stethoscope, oximeter, blood pressure cuffs, and glucometers). Computers, Charts and Charting Stations: Consider computer keyboards used for client care contaminated and clean hands after touching these items especially before touching a client, a client environment or supplies. Computer keyboards should be cleaned routinely with facility approved disinfectant.

Handling of Linen, Waste, Dishes

Use Routine Practices properly and consistently applied for the routine handling of deceased bodies.

9. Client and Family Management and Education

References

Appendix I: Principles of Routing Practices and Additional Precautions

All HCWs (physicians, nurses, allied HCWs, support staff, students, volunteers and others) are responsible for complying with Routine Practices and for tactfully calling infractions to the attention of offenders. **No one is exempt from complying with Routine Practices.**

Consistent application of Routine Practices is expected for the care of all patients at all times across the continuum of care. Microorganisms may be transmitted from symptomatic and asymptomatic individuals, emphasizing the importance of adhering to Routine Practices at **all times for all patients in all healthcare settings.**

Individual components of Routine Practices are determined by a point of care risk assessment (PCRA). A PCRA is performed by HCWs to determine the appropriate control measures required to provide safe patient care (i.e., protect the patient from transmission of microorganisms) and to protect the HCW from exposure to microorganisms (e.g., from sprays of blood, body fluids, respiratory tract or other secretions or excretions and contaminated needles and other sharps). A PCRA includes an assessment of the task/care to be performed, the patient's clinical presentation, physical state of the environment and the healthcare setting.

Patients and visitors have a responsibility to comply with Routine Practices where indicated. Teaching patients and visitors basic principles (e.g., hand hygiene, use of PPE) is the responsibility of all HCWs.