

University Health Network Policy & Procedure Manual Infection Prevention & Control: Routine Practices

Policy

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

Screening & Risk Assessment

For each patient encounter, staff must screen the patient and perform a risk assessment to ensure appropriate barriers are used to prevent the spread of infection.

A point-of-care risk assessment must occur at each stage of an inpatient or outpatient encounter, including at the time of booking and waiting room arrival.

For each patient encounter, staff must screen the patient to determine whether the patient has any symptoms of acute infection, assess the risk of exposure to potentially infectious body substances, and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

Use of Routine Practices

Body substances must be assumed to be potentially infectious. 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

Potentially infectious body substances include:

- blood
- oral secretions
- sputum
- emesis

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Approved By	Vice-president, Patient Experience & Chief Health Professions; Director, Infection Prevention & Control	Page	1 of 3

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

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

Procedure

1. Individually assess and use informed judgment as to the degree of body substance exposure anticipated when caring for each patient.
2. Perform hand hygiene, as per [Hand Hygiene](#) policy 4.20.002, before entering any patient room/environment, and before putting on any required personal protective equipment.
3. Select appropriate barrier techniques required when in contact with body substances of each patient.

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.

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.

References

1. Provincial Infectious Diseases Advisory Committee (PIDAC). (2012). *Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition*. Retrieved from: http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

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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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