



CPTBC

College of Physical Therapists
of British Columbia

Infection Prevention and Control

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Infection Prevention and Control (IPAC)



YOUR CLIENTS PUT THEIR TRUST IN YOU –
DO EVERYTHING YOU CAN TO PREVENT THEM FROM
ACQUIRING A HEALTHCARE ASSOCIATED INFECTION.

Why Is IPAC Important?

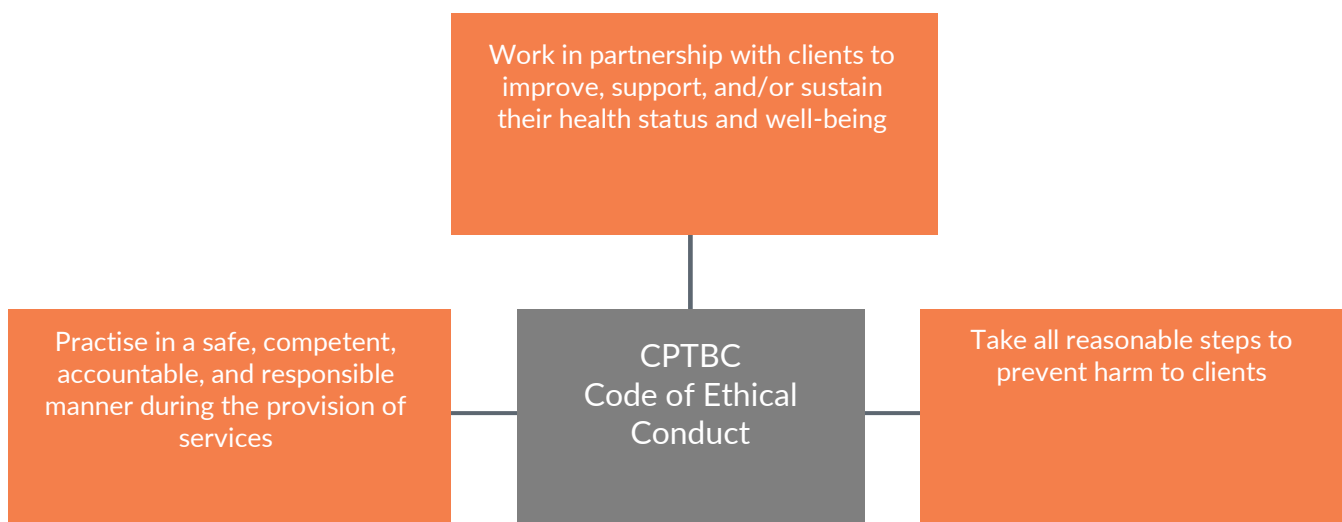
The goal of infection prevention and control (IPAC) is to prevent and/or reduce the risk of transmitting or acquiring a healthcare-associated infection (HAI) or antimicrobial-resistant organism (ARO). IPAC protects your client, yourself and your colleagues from preventable infections and promotes wellness by implementing best practices in your daily routine.

CPTBC's Standard of Practice: Infection Control provides physical therapists with performance requirements to support a healthy and safe working environment for everyone. Your role is to understand, identify and minimize the risks of infection transmission within your workplace. Remember, you can reach out for support to implement effective IPAC strategies in your workplace; IPAC is everyone's responsibility.

By understanding IPAC evidence-based best practices and integrating these into your daily workflow, you protect your clients, colleagues, family and yourself from acquiring an infection at work. This approach not only promotes health but also builds trust with your clients.

Protecting your most vulnerable clients from acquiring an infection at your workplace is important, as this could lead to a severe illness for them. Vulnerable clients include those who are immunocompromised, have poor nutrition, and/or are very young or elderly.

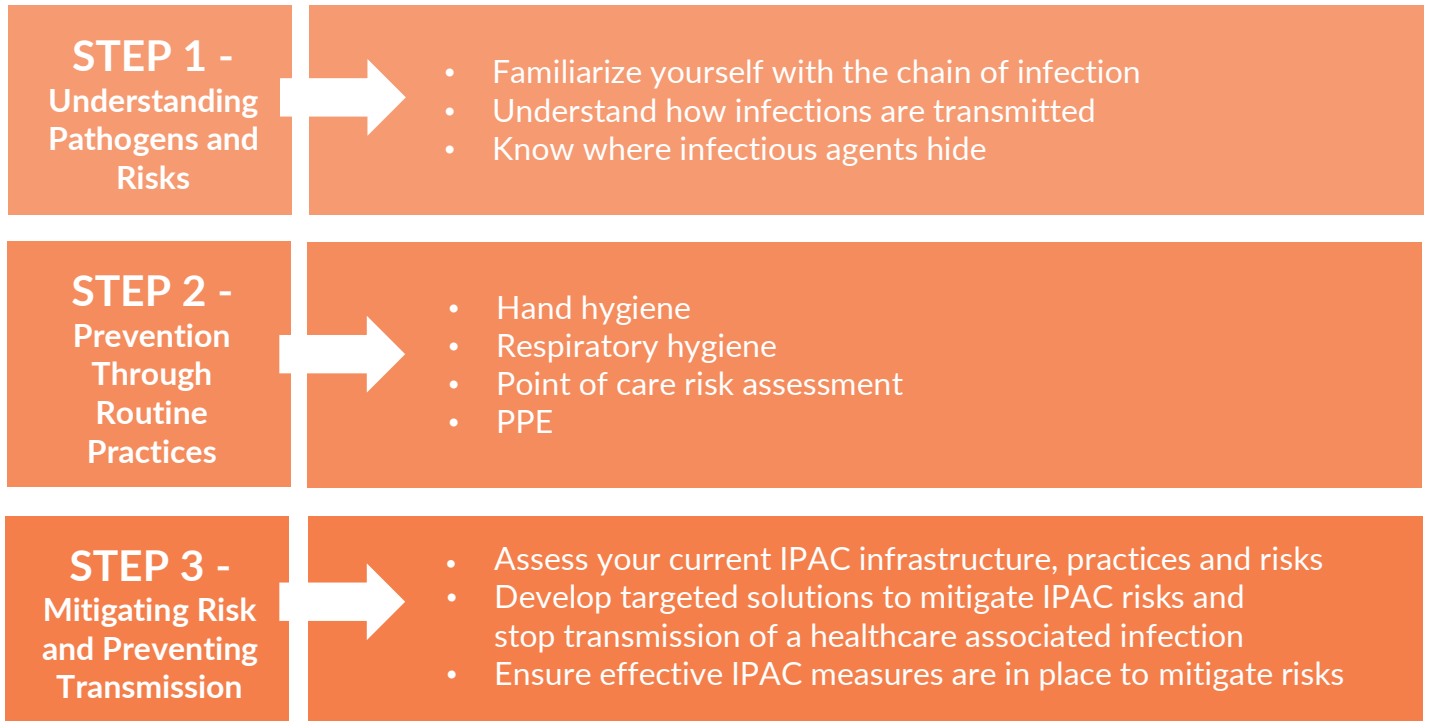
As a physical therapist, providing an environment for your clients that fosters infection prevention helps you adhere to the **Code of Ethical Conduct**.



Integrating IPAC Best Practices



There are several steps to integrating IPAC best practices into your workflow.

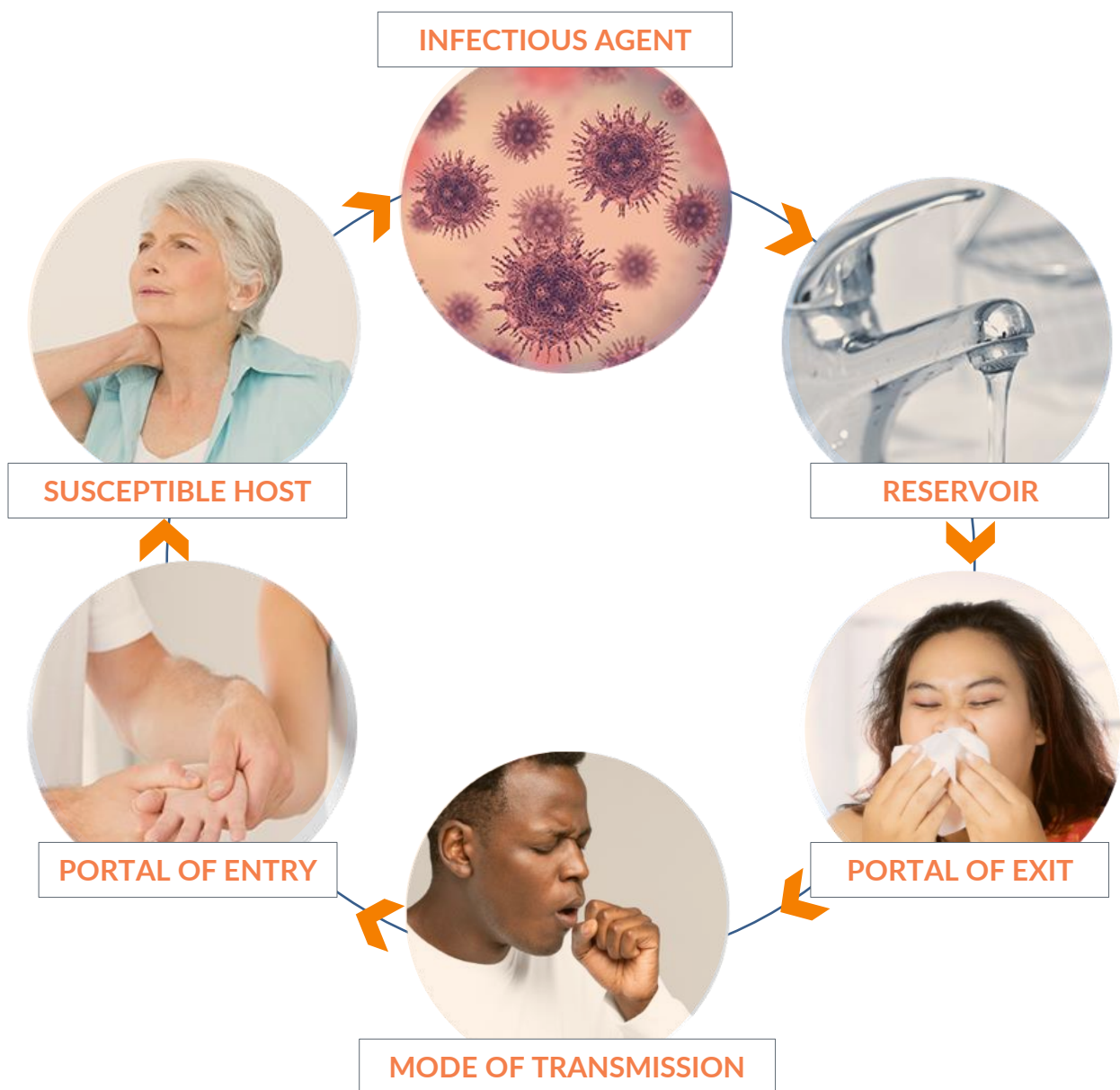


Step 1: Understanding Pathogens

Transmission

The chain of infection explains where infectious agents (bacteria, viruses, and parasites) live, how they are spread, and where you can stop transmission. Knowing how an infectious agent travels (the mode of transmission) directs the preventive measures that must be taken to stay healthy. Many infectious agents travel by more than one route of transmission. For example, influenza travels via both contact and droplet routes of transmission.

Be aware that infections can be spread in many ways, such as through hands, air, food, water, medications, blood products, medical devices, and solutions. Many products (such as **ultrasound gels**) provide a perfect breeding ground for infectious agents to flourish; therefore, it is important to use them in a way that prevents contamination.



Modes of Transmission

- **CONTACT:** Direct contact from person to person (i.e., by hands or a draining wound) or indirect contact through an intermediate object (i.e., a stethoscope, pulse oximeter, ultrasound probe, or gel).
 - Examples of contact-spread diseases include antimicrobial-resistant organisms, such as Methicillin-resistant *Staphylococcus aureus* (MRSA), scabies, lice, and shingles.
- **DROPLET:** Via large droplets ($> 5 \mu\text{m}$) that can travel approximately two metres and enter another person's respiratory tract or mucous membranes or land in the environment and be transmitted later.
 - Examples of infections spread by the droplet route include respiratory illnesses, such as influenza, coronaviruses and pertussis.
- **AIRBORNE:** Via small respirable particles ($\leq 5 \mu\text{m}$) that can remain suspended in the air for some time.
 - Examples of airborne diseases include pulmonary tuberculosis (TB), measles and chickenpox.

Where Do Pathogens Hide?

ON YOUR HANDS



IN THE ENVIRONMENT



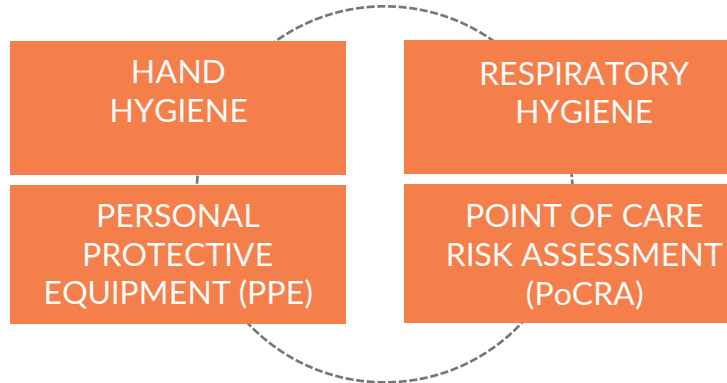
ON THE EQUIPMENT



It is important to decrease the *bioburden*, or the number of infectious agents, in your environment through vigilant IPAC routine practices that contain spread and stop transmission.

Step 2: Routine Practices

Routine practices play a key role in preventing infectious disease transmission and decreasing the environmental bioburden as they target known and unknown infectious agents anywhere. Routine practices should always be carried out with every client. They include:



Hand Hygiene

As hands come into contact with many germs and can spread infections, cleaning your hands is the single most important action you can take to stop the spread of infections to yourself and others. You should clean your hands:

- when entering the workplace and when leaving
- before taking a mask or gloves out of the box (to avoid hands contaminating the entire box)
- if they become contaminated (such as after a sneeze or cough or after touching a cell phone)
- before removing and after discarding a mask or eye protection
- in the *four moments* of hand hygiene during clinical work: before client care, before a clean or aseptic procedure, after blood and body fluid exposure, after client care.



Don't underestimate the importance of client hand hygiene in mitigating the risk of transmission and environmental spread of infections. You should ask your clients to clean their hands when they arrive/exit your clinic or workplace, before/after using any equipment required for treatment and if their hands become contaminated.

Do you feel awkward asking your client to clean their hands? You could say, *"I'm going to clean my hands before we start and ask you to do the same. If we both have clean hands, it helps reduce the spread of infection in the clinic/hospital."*

Preparing to clean your hands

To clean your hands effectively and ensure they are free of infectious agents after you clean them, you should remove any items that may harbour germs and decrease the effectiveness of hand hygiene. These include rings (especially those with stones or that are etched), nail polish, artificial nails, nail enhancements, and long nails. Wrists should also be free of items that can become contaminated and spread germs, such as watches, bracelets, hair ties and long or floppy sleeves.

Alcohol-based hand rub (ABHR) is the preferred method for hand hygiene unless your hands are visibly soiled.

ALCOHOL-BASED HAND RUB (ABHR)	ADVANTAGES OVER SOAP AND WATER
<ul style="list-style-type: none">• ABHR with 70-90% alcohol is required to kill germs effectively	<ul style="list-style-type: none">• Saves time
<ul style="list-style-type: none">• Apply enough ABHR to cover all areas/surfaces of your hands and wrists and rub well	<ul style="list-style-type: none">• Extremely effective at killing germs if used correctly
<ul style="list-style-type: none">• ABHR is effective (i.e., germs are killed) once your hands are dry	<ul style="list-style-type: none">• Less skin damage as ABHR contains emollients that are less drying on your hands
<ul style="list-style-type: none">• If, after many uses of ABHR, you notice a sticky buildup on your hands, clean them using soap and water	<ul style="list-style-type: none">• ABHR doesn't wash away natural skin oils

BUT... Use plain soap and water when:

- ✓ your hands are visibly soiled (organic compounds on your hands will inactivate ABHR), and/or
- ✓ you have been in contact with *Clostridioides difficile* as the spores have a protective coating that ABHR cannot penetrate, and/or
- ✓ you have been in contact with *norovirus* as ABHR does not effectively kill all the particles on your hands; they have to be physically removed using friction.

When using soap and water to clean hands, rub all the areas/surfaces of your hands and wrists – soap is needed to lift dirt, and friction is needed to remove infectious agents.



Dedicated hand hygiene sinks

A dedicated hand hygiene sink should be used for cleaning hands with soap and water. Sinks used for multiple purposes, such as pouring liquids or other products down them, may begin to harbour and promote the growth of germs and biofilms fed by the discarded nutrients. In turn, these germs can aerosolize and contaminate your hands during cleaning. So, even when you think you have cleaned your hands, they could still be dirty.

Hand hygiene sinks should not be close to a dirty area or anything that could contaminate them.

Protecting your hands when cleaning them frequently

- ✓ When cleaning with soap and water, you can protect your hands by using plain soap rather than antimicrobial soap, which is harsher on your hands.
- ✓ Use warm water, rinse well, and pat your hands dry (don't rub) with a paper towel.
- ✓ If your hands feel dry, use a lotion immediately after cleaning your hands. Lotions with ceramides help hydrate, restore, and strengthen skin. Remember, lotions can become contaminated. You can prevent contamination by using a no-touch technique or a pump dispenser and discarding any lotions before their expiry date.
- ✓ If the skin integrity of your hands is compromised, see your physician early for recommendations. Remember that non-intact skin increases your risk of acquiring or transmitting an infection, and the longer you ignore damaged skin, the longer it takes to heal.
- ✓ If you expect your hands to come into contact with blood and/or body fluids, remember to put gloves on clean, dry hands and remove them using a technique that does not tear your skin. In addition, don't forget to change your gloves and carry out hand hygiene in the same four moments of hand hygiene you would use without gloves. Wearing gloves **only** when you need them will protect the skin on your hands from damage.

Respiratory Hygiene

Anyone (clients or staff) with a cough should cover their mouth and nose with a tissue when they sneeze or cough or use their upper sleeve to contain the spread of droplets. Alternatively, a medical-grade fluid-resistant mask can be offered to clients and should be used by staff. [Respiratory hygiene posters](#) are available from many sources, such as the BC Centre for Disease Control (BCCDC). They can be placed in the reception area as a reminder and an educational tool for clients.

Note: If a staff member is sick, they should stay home and isolate until symptoms resolve. If a client has a respiratory illness, and their appointment cannot be rescheduled as it is urgent, they should be asked to wear a medical-grade fluid-resistant mask during their visit and to carry out hand hygiene at the appropriate times.

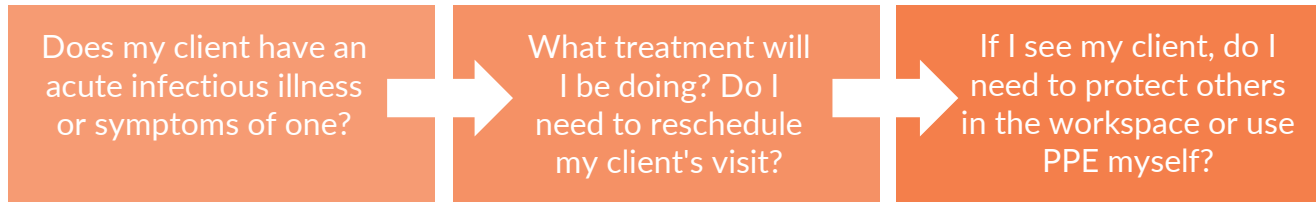


Point of Care Risk Assessment

A point of care risk assessment (PoCRA) should be carried out before each client encounter (for more details see [Appendix A](#) and CPTBC's [Point of Care Risk Assessment](#)). Assess your client's health status at each encounter. If they have a known or suspected infectious disease, evaluate the risk of exposure to blood, body fluids, secretions, and excretions. After performing a PoCRA, you should ask yourself:

- Are routine practices enough, or are additional precautions required?
- What PPE do I need to wear?
- Are there any other preventative measures I should take?

Ask yourself the following questions before your client comes into your workplace or clinic:



Remember, when your client calls to book an appointment, let them know they can reschedule if they are sick at the time of their appointment.

Personal Protective Equipment

Personal Protective Equipment (PPE) includes gloves, masks, gowns and face/eye protection. PPE protects you, your clients, and others in your workplace from acquiring/transmitting an infection. It acts as a barrier against infection, keeps your clothing clean, and contains infectious agents in a smaller area. PPE reduces the bioburden of infectious agents in your workplace and makes cleaning easier.

Types of PPE

The decision to wear PPE and the type of PPE you wear is based on the pre-encounter PoCRA of the client you are treating, which determines your risk of exposure to blood and body fluids. See [Table 1](#) for more information about protective measures for different exposure types.

IF YOU ANTICIPATE CONTACT WITH BLOOD, BODY FLUIDS, SECRETIONS OR EXCRETIONS WITH YOUR...



Table 1: Link between mode of transmission and protective measures

	CONTACT	DROPLET	AIRBORNE
MODES OF TRANSMISSION	<ul style="list-style-type: none"> ✓ Direct Contact = person to person (hands, wet wound) ✓ Indirect Contact = intermediate object (ultrasound probe, stethoscope, gels, equipment) 	<p>Large droplets (> 5 µm)</p> <ul style="list-style-type: none"> • Carry pathogens • Travel approx. 2 metres • Enter a person's respiratory tract/mucous membranes • Can settle/live in the environment 	<p>Small particles (≤ 5 µm)</p> <ul style="list-style-type: none"> • Carry pathogens • Remain suspended in the air for a period of time/ move on air currents • Infective over time and distance
SYMPTOMS	<ul style="list-style-type: none"> ✓ Wet wound (uncovered or uncontained) ✓ Diarrhea not yet diagnosed (NYD) 	<ul style="list-style-type: none"> ✓ New/worsening cough ✓ Vomiting NYD ✓ Influenza-like illness 	<ul style="list-style-type: none"> ✓ Rash and fever ✓ High pulmonary TB risk with symptoms (fever, cough, haemoptysis, weight loss, night sweats)
ORGANISM 1 = Droplet and Contact Transmission 2 = Airborne and Contact Transmission	<ul style="list-style-type: none"> ✓ MRSA ✓ <i>Clostridioides difficile</i> diarrhea ✓ Lice/scabies ✓ Shingles (local) 	<ul style="list-style-type: none"> ✓ Norovirus ✓ Influenza ✓ Mumps ✓ Pertussis ✓ Coronavirus (COVID-19) 	<ul style="list-style-type: none"> ✓ Pulmonary TB ✓ Measles ✓ Chickenpox ✓ Disseminated shingles
IPAC MEASURES: PHYSICAL THERAPIST	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ Gown ✓ Gloves (for direct care) 	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ Gown & gloves ✓ Medical grade mask ✓ Eye protection (spray/droplets) 	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ N95 mask* ✓ Gown & gloves (for direct care) ✓ Eye protection (spray)
IPAC MEASURES: CLIENT	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ Clean clothing/robe 	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ Clean clothing/robe ✓ Medical grade mask 	<ul style="list-style-type: none"> ✓ Hand hygiene ✓ Clean clothing/robe ✓ Medical grade mask

* N95 masks require FIT-testing as per [WorkSafe BC Guidelines](#) (Section G8.40)

Step 3: Mitigating Risk and Preventing Transmission

Assess Your Current IPAC Infrastructure, Practices and Risks

It is important to know your current IPAC infrastructure, practices and risks by conducting an IPAC assessment of your workplace and identifying any gaps that need attention. Use that assessment to develop tailored IPAC strategies. For example, do you have adequate access to hand hygiene products and PPE? Do staff know when and how to select and safely put on and take off PPE? If not, what can you do to change this?

WorkSafeBC requires all workplaces to follow its [communicable disease guidance](#), including developing a [communicable disease plan](#). This can be created in conjunction with your IPAC assessment and plan. Communicable disease prevention measures integrated into your workplace and daily practices optimize health and wellness and promote a culture of safety.

It is always possible that a widespread community risk, such as a local outbreak of a communicable disease or a global pandemic, will result in an increased IPAC risk to your workplace. In these situations, it is important to follow additional instructions, requirements and mandatory orders provided by public health officials (such as the Provincial Health Officer or local Medical Health Officers), local occupational health and safety regulatory agencies, and CPTBC.

Clean and Disinfect

Why is cleaning important?

Infectious agents can survive in the environment for varying lengths of time depending on the type of surface they land on (non-porous/porous) and the environmental conditions (temperature/humidity).

ENVIRONMENTAL SURVIVAL OF PATHOGENS DID YOU KNOW...	
✓ Norovirus can live in the environment for 40-56 days, and just 10 viral particles can make you sick	✓ Influenza A can survive on surfaces for 12-48 hours, and it takes between 100-1000 viral particles to make you sick

Most of these germs are found on high-touch areas such as doorknobs, phones, keyboards, treatment tables, devices, and equipment (stethoscopes, electrophysical agents, gym equipment). Effective cleaning and disinfection are essential to reduce the bioburden and mitigate the risk of transmission.

INFECTIONS CAN BE SPREAD THROUGH:	
✓ Hands	✓ Medications
✓ Cell phones	✓ Blood products
✓ Food	✓ Medical devices
✓ Water	✓ Electrophysical agents
✓ Air	✓ Solutions (such as ultrasound gels)

**KNOW THE MANUFACTURER'S GUIDELINES
ONLY BUY ITEMS THAT CAN BE CLEANED WITH A
HEALTHCARE GRADE DISINFECTANT**

Environmental and Equipment Cleaning

Categories of medical devices

Spaulding's criteria¹ divide medical devices into three categories based on the client's risk of infection from contact with the device. The three device categories are:

- **NON-CRITICAL DEVICE:** touches only intact skin and not mucous membranes or does not directly touch the client
- **SEMI-CRITICAL DEVICE:** comes into contact with non-intact skin or mucous membranes but does not penetrate them
- **CRITICAL DEVICE:** enters sterile tissues, including the vascular system

Definition of levels of cleaning

- **CLEANING:** physical removal of foreign material (e.g., dust or soil) and organic material (e.g., blood/secretions) with water, detergents and mechanical action
- **DISINFECTION:** inactivation of all disease producing micro-organisms except bacterial spores.
 - Low Level (LLD) = kills most vegetative bacteria and some viruses/fungi
 - Intermediate Level = kills vegetative bacteria, viruses, fungi and mycobacterium
 - High Level (HLD) = kills all microbial organisms but not spores
- **STERILIZATION:** removal of all micro-organisms and pathogens

Table 2 describes the *level of cleaning* required based on the *category of medical device* (Non-critical, Semi-critical or Critical).



¹ BC Ministry of Health (2011). Best practice guidelines for cleaning, disinfection and sterilization of critical and semi-critical medical devices (p. 39). Retrieved from https://www.picnet.ca/wp-content/uploads/Best_Practice_Guidelines_for_Cleaning_Disinfection_and_Sterilization.pdf

Table 2: Level of cleaning required based on the category of medical device

CLASSIFICATION	ITEM USE	EXAMPLES	LEVEL OF CLEANING	REMINDER
NON-CRITICAL	intact skin	<ul style="list-style-type: none"> ✓ stethoscope ✓ beds/plinths ✓ exercise equipment ✓ walkers/canes ✓ oximeters ✓ blood pressure cuffs 	clean (to remove organic matter) + low-level disinfectant (to inactivate disease-producing microbes)	<ul style="list-style-type: none"> ✓ only buy equipment/items that can be cleaned with healthcare-grade products ✓ contact time is important ✓ follow manufacturers' instructions ✓ clean between clients
SEMI-CRITICAL	non-intact skin mucous membranes	<ul style="list-style-type: none"> ✓ vaginal specula ✓ pessaries ✓ reusable peak flow meters 	cleaning + high-level disinfection (minimum) or sterilization	<ul style="list-style-type: none"> ✓ sterilization is preferred and required for heat-tolerant items
CRITICAL	enters (or houses an instrument that enters) a sterile body area, including blood	<ul style="list-style-type: none"> ✓ wound care instruments 	cleaning + sterilization	<ul style="list-style-type: none"> ✓ never re-use needles or syringes ✓ discard single-use items

IMPORTANT: Physical therapists who use semi-critical/critical devices such as vaginal specula, wound care instruments, peak flow meters, or pessaries should use single-use devices wherever possible. Reprocessing devices creates risk if done incorrectly. If you reprocess equipment that requires high-level disinfection and/or sterilization, you should retain an infection prevention and control consultant. The consultant will assess the practice-specific risks and make recommendations regarding high-level disinfection and sterilization best practices.

Refer to [BC Best Practices for Environmental Cleaning](#) for detailed directions on cleaning all items/equipment, including cloth, soft furnishings and carpets in healthcare environments.

How to Clean Effectively

Developing a formal cleaning program is important so that nothing is missed. The program should include such elements as:

- what to clean, checklists to ensure nothing is missed, roles and responsibilities and training for those cleaning
- cleaning procedures:
 - move from clean spaces to dirty ones
 - frequency (i.e., between clients, end of the day)
 - sign-off
 - an identification system for cleaned equipment/items, such as wipeable labels or clean tags
- a process for ensuring that all items are in good repair and can be cleaned and disinfected effectively using healthcare-grade cleaning products

What you need to know

- Only purchase items/devices/equipment that can be cleaned with a Health Canada approved healthcare grade disinfectant (check manufacturer’s guidelines).
- Only use healthcare-grade disinfectants identified by a Drug Identification Number (DIN) or a seal of approval from Health Canada. Essential oils are not effective for disinfection.
- Familiarize yourself with the WorkSafeBC Workplace Hazardous Materials Information System (**WHMIS**) for cleaning solutions and follow “material safety data sheets” (MSDS) describing safe use and dilution proportions.
- Follow the manufacturer’s guidelines for cleaning all items used in practice (walking aids, exercise equipment, TENS units, fabric straps, plinths, hot pack covers) to clean effectively and decrease the wear on an item.
- Follow the manufacturer’s instructions for all cleaning products to ensure effective cleaning and disinfection (if the required contact time for a cleaning product is not followed, infectious agents may not be killed).
- Use microfibre cloths for the effective removal of germs. Microfibre is more effective than cotton cloths at capturing (rather than dispersing) infectious agents due to the static charge of the fibre.

What you need to do

Before cleaning

- Declutter your environment for easier cleaning.
- Hire a healthcare-trained cleaner and always have a trained backup cleaner.
- Ensure all physical therapists and staff are knowledgeable about the cleaning basics, are competent in cleaning procedures, and know what they are responsible for cleaning.
- Ensure access to PPE for cleaning and disinfection.
- Check items you are cleaning to ensure they are in good repair (items that are worn, torn, or damaged should be replaced as they cannot be cleaned effectively and may harbour germs in cracks/crevices).

During cleaning

- Practice safe and effective cleaning procedures to:
 - prevent self-contamination (use appropriate PPE)
 - prevent further spread of infectious agents (move from clean to dirty areas)
 - ensure that you adequately clean and disinfect an area/item (use the necessary contact time).
- Follow all cleaning processes to ensure nothing is missed.

After cleaning

- Once an item has been cleaned and disinfected, it should be identified as clean (with a cleanable label or another system) and kept clean. During cleaning, ensure clean and dirty items are separated by at least one metre to avoid contaminating clean items.
- Store clean items/supplies in a dedicated space at least one metre away from dirty items or high-traffic areas to prevent contamination.
- Periodically evaluate the effectiveness of cleaning for quality assurance by checking if an area/items are visibly clean and no dust remains on flat surfaces.

It’s important to know if an item is reusable; otherwise, you may unknowingly spread infections. For example, some electrodes are single-use only, while others can be cleaned, disinfected and used again.

Never clean a single-use item to use again (these should be discarded); always follow manufacturers' guidelines for cleaning a reusable one. In some situations, clients may bring their own cleaned equipment (which must not be shared), and you can teach them how to clean it themselves effectively.

Safe Sharps Use

- Use dedicated sharps containers.
- Make sure sharps containers are in an appropriate area and are in easily accessible locations.
- Fill each container to 3/4 full only.
- Close the full container and store it in a restricted, dedicated closed area for pick-up/disposal.

Safe Waste Management

- Use appropriate biohazard and garbage bags.
- Make sure garbage bins always have closed lids.
- Never fill garbage bins all the way (2/3 only).
- Create a restricted separate storage area for regular pick-up by the medical waste company.

Laundry

- Ensure a process is in place for safe handling and effective cleaning and storage of linens. See [BC Best Practices for Environmental Cleaning](#) (Section 4.1.1, p. 54) and [Appendix B](#) for more details.
- Avoid sharps injuries, exposure, and the spread of contaminants or self-contamination from soiled laundry by:
 - using gloves and a gown to handle dirty laundry and placing it gently (without shaking) in a closed laundry container close to the place of collection
 - transporting laundry directly to the laundry machine or a dedicated storage area for pick-up
 - removing your gloves and gown in a way that prevents environmental or self-contamination.
- Store clean and soiled laundry/items at least one metre apart to avoid cross-contamination.

Your Health

Here are some ways to optimize your own health:

Know your vaccine and immune status. Have you recently had an illness that may have weakened your immune system and left you vulnerable to catching something? Are you up to date with all necessary immunizations and boosters? For example:

- When was your last tetanus, flu or COVID-19 vaccine?
- Are you up to date with your measles and mumps vaccines or confirmed immune now that there is a chance of catching these diseases again?
- Have you had chickenpox or the vaccine and are therefore immune to a client with chickenpox or shingles?
- Considering the clients you serve, what vaccines might be important for you to have up to date (i.e., influenza, hepatitis B)?

Be aware of the following:

- The process you should follow after a blood and body fluid exposure.
- The steps you should take if you have a known exposure to an infectious illness, such as measles.
- The infection prevention practices you must competently carry out to decrease the spread of infection.
- Hand hygiene best practices and how to clean your own hands effectively, with the least damage to your skin.

Summary of Integrating IPAC Best Practices

You never know who is carrying a transmissible infection. Community-associated antibiotic-resistant organisms are on the rise, and communicable diseases are prevalent in the population. You never know what germs are circulating in your workplace. Using routine practices is essential. Incorporate these practices into your workflow and make it easy for you, your colleagues and your clients.

Create a sensible workflow when you understand:

- how pathogens are transmitted
- how to implement routine practices
- how and when, and what to clean.

Ensure infection prevention and control activities are integrated into the workplace. Your workflow is the best way to mitigate the risk of transmitting infections and to create a culture of prevention and safety.

Clinical Scenarios



General

1. Does the type of cleaning cloth I use matter?

YES. Paper and cotton (cellulose-based) cloths decrease the effectiveness of disinfectants as they absorb the active disinfecting molecules. Microfiber cloths are made of polyester and nylon and work by static attraction; the positively charged cloth attracts the negatively charged dust/bacteria. Never dry dust; this simply disperses dust and germs to new locations.

2. Are soap and water less drying on my hands than alcohol-based hand rub (ABHR)?

NO. ABHR has emollients in the formula, making it less drying/irritating to your hands than soap and water. It is also very effective at killing pathogens when used correctly (apply to all surfaces of your hands, rub well and wait until dry) and should be your method of choice unless your hands are visibly soiled.

3. What's the best thing I can do to prevent infections at work?

Clean your hands. This is the single most important way to prevent infections, as most infections spread through our hands.

TIP: As cleaning your hands also decreases the bioburden of pathogens in your workplace environment, it is important to not only clean your own hands but to also ask your clients to clean their hands before/after each session and before/after using any equipment.

4. My client arrives at their appointment with a caregiver who must accompany them but has a cough and cold. What should I do?

If possible, screen all clients and caregivers before the appointment and reschedule. If the caregiver has to stay with the client and the appointment cannot be rescheduled, encourage the caregiver to clean their hands when they arrive and put on a medical mask. If this is not possible, ask them to cover their cough, sneeze or runny nose with a tissue, discard the tissue into a covered garbage can and clean their hands again. Time in any shared or small, enclosed spaces should be limited. Refer to the BC Ministry of Health [Respiratory Etiquette Poster](#).

5. Is plain soap better than antimicrobial soap for my hands?

In most clinical areas, plain soap is all that is needed for effective hand hygiene, and it is less damaging to hands than antimicrobial soap. There are only a few areas (such as critical care areas) where antimicrobial soap is recommended. Most soaps for regular purchase with antimicrobial claims do not have the levels needed for critical care and surgical areas; these agents are added as a preservative only. Bar soaps are NOT acceptable in clinical settings as they may harbour and grow infectious agents.

Acute Care

1. I have a patient on contact precautions who needs to climb two flights of stairs before they can be discharged. Can I take my patient out of their room?

YES, but before you take your patient out of the room, you should carry out a point of care risk assessment (PoCRA) and discuss the process with the most responsible healthcare provider. For example, if the patient is on contact precautions for a draining wound, ensure that the drainage is contained and their clothing is clean. If the patient is on contact precautions for shingles, ensure the area is covered, and their clothing is clean.

If you are unsure if the patient can leave the room, check with the team.

- ✓ Before leaving the room:
 - Ask your patient to clean their hands
 - Give them a clean gown to wear over their clothing
- ✓ When you return to the room
 - Ask your patient to clean their hands again to prevent them from getting a new infection that they may have picked up from the environment outside their room

2. During an inpatient group exercise class, my patient's post-op wound drained onto the chair and the floor. What should I do?

- Clean your hands and put gloves on; create a barrier and direct patients away from the area.
- Try to stop any further drainage until the nurse can dress the wound.
- Ask for help to return the patient to their room and alert the nurse to re-dress the wound.
- Label the chair as 'dirty' and remove it from the area, so no one else can use it.
- Wipe up the floor as per the hospital blood-and-body-spill protocol.
- Call environmental services to clean the floor and the chair as soon as possible.

3. What should I do if I need a walker and I'm unsure if the one I found is clean or dirty?

- **Equipment should be marked as clean and dated.** If there is no process to identify clean equipment, one needs to be developed with the staff in the area you are working in—discuss this with them.
- **Equipment should always be cleaned and disinfected between patients** to prevent hospital-associated infections. If you are unsure if an item is clean, you should clean the item yourself, or ask the appropriate staff member to do this, using the wipes provided by the hospital.
- Manufacturers' guidelines must be followed when cleaning equipment (it is important that the contact time is met for pathogens to be killed).
- If your patient has used an item that has not been cleaned, ask them to clean their hands after use.

4. Can I use a portable lift, transfer belt or fabric sling on more than one patient if I can't find another one?

NO. These items must be cleaned/laundered between patients to mitigate the risk of transmitting a healthcare-associated infection. If you use one of these items regularly on one patient, you should dedicate it for that patient's use.

5. How often should I clean my stethoscope?

Stethoscopes should be cleaned and disinfected between patients and when visibly soiled. Anything that touches a patient needs to be disinfected. Refer to *Advantages and Disadvantages of Hospital-grade Disinfectants and Sporicides Used for Environmental Cleaning* in [BC Best Practices for Environmental Cleaning](#) (Appendix E, p. 92) for direction on cleaning items/equipment.

Be mindful of where you put your stethoscope – when you wear it around your neck and near your face, you increase the risk of transmitting/acquiring a healthcare-associated infection.

Private Practice

1. How often should I clean my plinth and the face opening?

Plinths should be cleaned and disinfected between clients, when soiled, and at the end of the day. Pay special attention to the area a client places their face. Plinths should be regularly inspected for wear and tear as damage or rips can result in contamination; if this occurs, replacement is recommended. *Paper coverings do not replace the need to clean.* The area below the plinth may also become contaminated if a client does not have a medical mask on; therefore, remember to clean/disinfect this area too.

2. I use a variety of equipment in my practice, such as foam rollers, TheraBand and trigger point balls. If my client seems healthy, do I need to clean these items before the next client use?

It is important to clean and disinfect **all** items/equipment between client use to decrease transmission of healthcare-associated infections. Contaminated items should be cleaned and disinfected as soon as possible, and after prolonged storage (such as every three to six months).

Some equipment/materials such as porous foam may be difficult to clean adequately. Purchase equipment that can be cleaned and disinfected with a healthcare-grade product and follow the manufacturer's cleaning guidelines to prevent damage to the item.

Remember to inspect your equipment regularly; if there is evidence of damage or tears that cannot be repaired to a level that can withstand healthcare cleaning, you should replace these items.

3. My client tells me they are MRSA-positive. Is this a problem?

If your client is colonized with MRSA, you don't need to change your practice if you clean and disinfect shared equipment/items after each client.

If your client has an MRSA infection in the area you are working on, treat this as you would any client with an open wound—carry out hand hygiene, wear gloves, cover the wound to contain the drainage and clean/disinfect all areas of the room the client came in contact with before your next client.

Tip: If you don't want to delay your schedule due to extended cleaning times, see clients with a communicable illness at the end of your day or reschedule their appointment for later when they are infection-free.

4. Can I use tea-tree oil or other natural products to clean with?

NO. Only healthcare-grade products can be used to clean the environment and equipment in a physical therapy setting, as these are known to kill pathogens effectively. Disinfectants are regulated under Canada's Food and Drugs Act and require a Drug Identification Number (DIN) from Health Canada. Check the product you are using has a DIN on the label. All equipment comes with manufacturers' instructions which must be followed for effective cleaning.

5. Do interferential devices have any IPAC risks?

YES. To decrease the risk of healthcare-associated infections, never buy a device or item that cannot be cleaned and disinfected with a healthcare-grade product. In addition, keep in mind that some materials (e.g., porous, absorbent, and those with rough surfaces) cannot be cleaned effectively. Because of this, interferential devices that use sponge covers may be a reservoir for pathogens and a risk for transmitting healthcare-associated infections.

If the manufacturer does not provide instructions for effectively cleaning and disinfecting sponges they should be designated as single-use or replaced by an alternative item (e.g., electroconductive gel or a machine that employs single-use self-adhesive pad electrodes.)

Remember, all parts of the device that come into contact with the client must be cleaned and disinfected before use by another client; this includes the wires.

6. I've heard that my ultrasound gel may be a medium for bacterial growth. Is this true?

YES. Gels are a perfect medium for pathogens to flourish, especially when they are warmed up. Due to the high risk of contamination of multi-use gel containers, practices should be followed to mitigate this:

- Seal the container when not in use.
- Store in a clean area at room temperature (unless the manufacturer recommends a different temperature).
- Never let the nozzle touch anything (i.e., the client, your own hands, the environment).
- Never let a multi-use bottle of gel touch non-intact skin.
- Avoid warming the gel.
- Never wash and refill the bottle.
- Write the date of opening on the bottle so it can be discarded after 30 days (or by the expiration date if this is first).

If you are unsure about the integrity of the gel you are using, discard it and get a new bottle. Refer to IPAC Canada's position statement on [Medical Gels](#).

If possible, use single-use packages or smaller bottles of gel.

7. I sometimes come into contact with blood when I dry needle. Is there a risk to me?

YES. There is always a risk of infectious transmission with blood and body fluid exposure. However, this risk can range from low to high depending on several factors such as the amount of blood, the area on you that was exposed (i.e., intact or non-intact skin, mucous membranes), the client's medical history of communicable bloodborne illnesses and the treatment they are on, and your own immune status.

Familiarize yourself with your workplace's protocol for blood and body fluid exposure. If you are unsure of your personal risk or the measures you should take after a blood or body fluid exposure, talk to a physician as soon as possible. It is recommended by WorkSafeBC that you present to the Emergency Department within two hours of an exposure to blood and body fluid to non-intact skin ([Controlling Exposure: Protecting Workers from Infectious Disease](#), p. 35). WorkSafeBC requires all employers to develop and implement a [communicable disease plan](#) which includes protocol for situations that may arise in the workplace.

Paediatrics

1. I have toys in my clinic that children often put in their mouths. Is this a problem?

YES. Only purchase toys that are cleanable with a healthcare-grade cleaning product and clean, disinfect, rinse with water and dry after each use. Store all toys in a covered container and clean them and the container when used, when soiled, or weekly even if not used. Refer to IPAC Canada's [Practice Recommendation for Toys](#).

2. When I treat a child, I sometimes come in contact with urine or feces. What are the risks?

Risk depends on many factors, such as communicable diseases (some are higher risk than others), portal of entry (did these secretions splash into a mucous membrane or go through a cut on your skin), and your own immune system. With any exposure, if you are unsure of the risk to you after you have collected a thorough medical history from the client, discuss this with your physician as soon as possible.

Home Visits

1. What should I do if I am doing a home visit and find the house is not clean?

If you feel the house's condition may pose a risk to yourself and your client, you should discuss the situation with your team to develop a plan.

If the session can be delayed, reschedule your visit to a later time after a home cleaning service has been organized or, if possible, treat the client in your clinic or workplace.

If the session cannot be delayed, carry out a point of care risk assessment and use the necessary precautions such as a gown and gloves. Only bring the necessary supplies/equipment into the home and ensure that all equipment/items used for your treatment are single-use or cleaned and disinfected after use. If an item cannot be cleaned/disinfected adequately, it should be discarded.

Be careful not to transport dirty equipment in a way that may contaminate other items or the environment (for example, you can transport contaminated items in a covered tub, or sealed plastic bag (if not sharp) labelled 'dirty'). And don't forget to:

- clean your hands before and after you treat your client or touch anything in the environment
- remove your PPE as close to the exit door as possible.

Containing pathogens is key to preventing infections.

IPAC Resources



See the resources below to learn about Infection Prevention and Control and to find specific information about a situation in your workplace or practice.

AREA/NAME	REFERENCE	WEBLINK	DATE
GENERAL			
Provincial Infection Control Network of British Columbia (PICNet)	List of several IPAC guidelines	www.picnet.ca/guidelines/	October 2022
Public Health Ontario (PHO) Provincial Infectious Diseases Advisory Committee (PIDAC)	Infection Prevention and Control for Clinical Office Practice	IPAC for COP ENGLISH 2015-04-27 NEW (publichealthontario.ca)	April 2015 (revised)
BC Centre for Disease Control	COVID-19: IPAC Guidance for Community-Based Allied Health Care Providers in Clinic Settings	COVID19 IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf (bccdc.ca)	May 15, 2020
BC Centre for Disease Control COVID-19	COVID-19: Clinical Resources	http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care	October 2022
BC Centre for Disease Control Health Professionals	COVID-19: Healthcare Provider Resources	http://www.bccdc.ca/health-professionals	October 2022
IPAC Canada	Medical Gels	21May_Medical_Gels_Position Statement_Final.pdf	May 2021
WorkSafeBC	Protecting Staff from Infectious Diseases	Controlling Exposure: Protecting Workers from Infectious Disease WorkSafeBC	December 2021
WorkSafeBC	Communicable Disease Prevention	Communicable disease prevention - WorkSafeBC Communicable disease prevention: A guide for employers WorkSafeBC	October 2022 June 2021
CLEANING DISINFECTION STERILIZATION			
British Columbia Ministry Of Health (BC MOH)	Best Practices Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices.	https://www.picnet.ca/wp-content/uploads/Best_Practice_Guidelines_for_Cleaning_Disinfection_and_Sterilization.pdf	December 2011(revised)

ENVIRONMENTAL CLEANING

BC Ministry of Health	Environmental Cleaning Best Practices (Policy Communique)	https://www.picnet.ca/wp-content/uploads/1053897-1053904-Policy-Communique-2016-04-Environmental-Cleaning-B....pdf	September 2016
IPAC Canada	Cleaning Toys	Toy Practice Recommendation	November 2022 (revised)
IPAC Canada	Cleaning and Disinfection of Non-Critical Multi-Use Equipment and Devices in Community Settings	Cleaning NonCrit Equip Comm Practice Recomm Jan2018-final.pdf	January 2018 (revised)
First Nations Health Authority (FHNA)	Housekeeping Manual (Easy to read guidelines)	HP Housekeeping-Manual.pdf (fnha.ca)	September 2016
Provincial Infection Control Network of British Columbia (PICNet)	British Columbia Best Practices for Environmental Cleaning for Prevention and Control of all HealthCare Settings and Programs	British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf	September 2016
WorkSafeBC	Workplace Hazardous Materials Information System (WHMIS): Role and responsibilities of suppliers, employers and workers.	Workplace Hazardous Materials Information System (WHMIS) - WorkSafeBC	2015

HAND HYGIENE

Provincial Infection Control Network of British Columbia (PICNet)	Best Practices for Hand Hygiene in all Healthcare Settings and Programs	https://www.picnet.ca/wp-content/uploads/BC_Best Practices for Hand Hygiene 2012.pdf	July 2012
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Appendix A

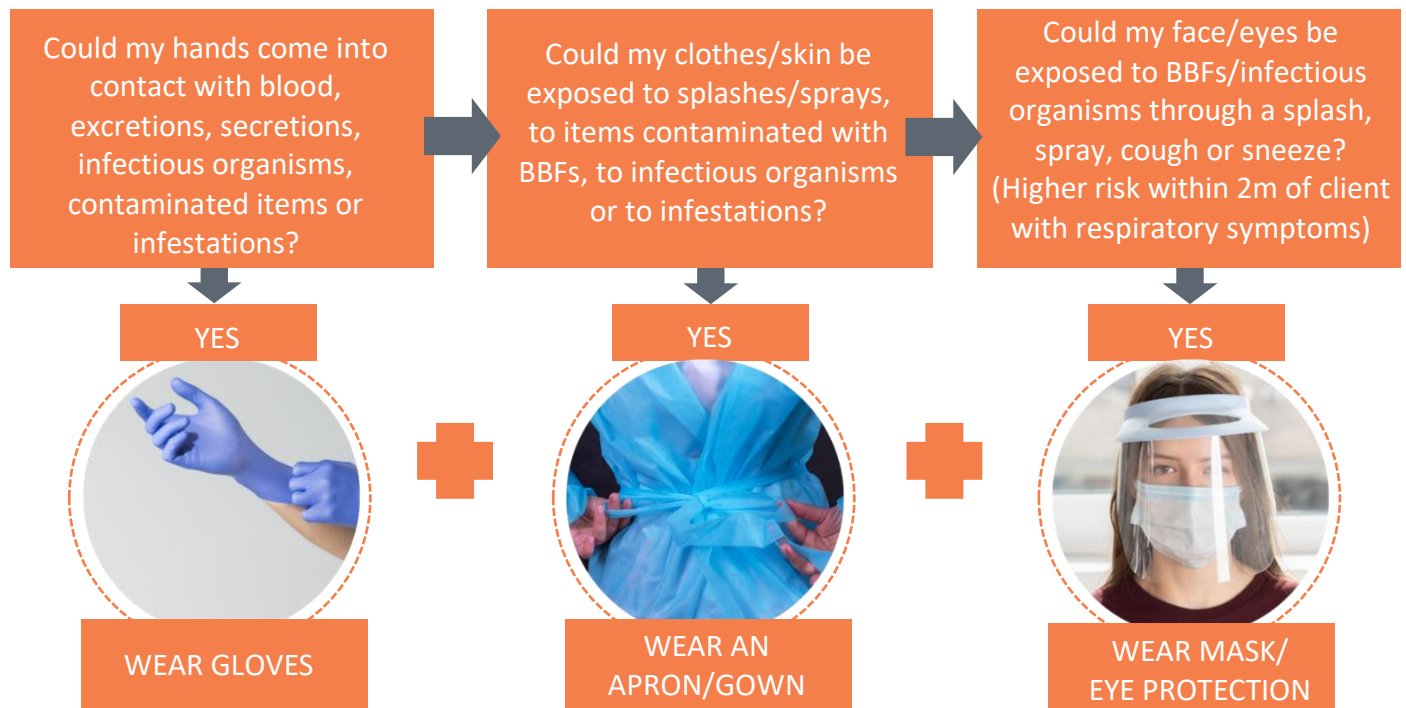
Point of Care Risk Assessment (PoCRA) Summary

ROUTINE PRACTICES are to be used with **ALL CLIENTS** for **ALL INTERACTIONS** at **ALL TIMES**.

A PoCRA is carried out to assess your risk of exposure to Blood & Body Fluids (BBFs). A PoCRA determines what Personal Protective Equipment (PPE) is needed to protect yourself/others from exposure to transmission of and spread of infectious agents and antimicrobial-resistant organisms (AROs).

ASSESS the **TASK**, the **CLIENT** and the **ENVIRONMENT** prior to each client interaction to determine the risk

POINT OF CARE RISK ASSESSMENT		
RISK FROM CLIENT	RISK FROM TASK	RISK FROM THE ENVIRONMENT
<ul style="list-style-type: none"> ✓ Respiratory secretions ✓ Feces, urine, vomiting ✓ Non-intact skin & exudate ✓ Mucous membranes ✓ Blood borne viruses ✓ Infestations (Lice, bedbugs, scabies) ✓ Antibiotic-resistant organisms (MRSA, CPO) 	<ul style="list-style-type: none"> ✓ Tasks with risk of BBF contact/splash, e.g.: <ul style="list-style-type: none"> • Needling • Ultrasound probes • Close proximity to open wounds, oral/respiratory secretions 	<ul style="list-style-type: none"> ✓ Environment: High-touch surfaces (door handles, handrails, etc.), furnishings, beds, bathrooms ✓ Equipment: Walker, wheelchair, hydrotherapy, TENS, hydrocollator, stethoscope, computer, phone ✓ Items: Dressings, tensors, sharps, laundry, ice/heat packs, bands



Note: Usually, when wearing gloves is indicated, an apron or gown is also needed.

PERFORM HAND HYGIENE BEFORE & AFTER CLIENT CARE, BEFORE A CLEAN OR ASEPTIC PROCEDURE, AFTER BLOOD AND BODY FLUID EXPOSURE, AND BEFORE & AFTER USING PPE

Appendix B

Infection Prevention and Control Summary

ROUTINE PRACTICES

Routine Practices prevent exposure, transmission and spread of infections and antimicrobial-resistant organisms (AROs). They are used at all times, with all clients, at all visits.

Hand Hygiene (HH)



Effective hand hygiene (HH) is the single most important step in prevention of infections and antimicrobial-resistant organisms (AROs). HH can be carried out using alcohol-based hand rub (ABHR) or soap and water. ABHR is the preferred method when hands are not visibly soiled; otherwise, use soap & water.

Steps to effective HH include:

- ✓ Remove any jewellery/items that interfere with effective HH (i.e., watches, rings).
- ✓ **Know When to Clean Your Hands**
- ✓ **Know How to Clean Your Hands with ABHR**
- ✓ Carry out a self-assessment of your own HH practices to ensure effectiveness.

Client HH is essential in preventing self-contamination and transmission/spread of infections and AROs. Remember to support and encourage your clients to carry out HH.

Respiratory Hygiene (RH)



- ✓ Cover your nose and mouth with a tissue when coughing or sneezing.
- ✓ Use the tissue once, then dispose of it immediately and perform HH.
- ✓ If tissues are unavailable, cough or sneeze into the upper arm or elbow.
- ✓ Ask the client to use the appropriate respiratory hygiene when required or wear a mask if tolerated.
- ✓ If you are at work and develop a cough or are sneezing a lot, you should clean your hands, put on a mask, report your symptoms as appropriate and go home as soon as it is safe.

Point of Care Risk Assessment (PoCRA)



Before providing care to any client, assess your risk of exposure to blood and body fluids (BBF) or infectious organisms by carrying out a point of care risk assessment (PoCRA). Consider the client (symptoms/illness/ability to follow direction), the tasks you will be doing, and the environment/equipment. Risk increases if you are carrying out direct care and are within 2 metres of a client or in their immediate environment (areas in which they come into contact).

- ✓ Note any possible contact you may have with blood, body fluids or infectious organisms (from such things as a cough, runny nose, wound drainage, mucosa, blood, urine, feces, or contaminated clothing/equipment/items).

	<ul style="list-style-type: none"> ✓ Put on the correct personal protective equipment (PPE), as determined by the PoCRA, before providing care to prevent exposure. ✓ Carry out the four moments of hand hygiene (HH) or change gloves and perform HH between each task when there is an indication for HH.
<p>PPE General</p> 	<p>Safe and appropriate use of PPE protects health professionals and clients from exposure to infectious diseases and antimicrobial-resistant organisms (AROs). It decreases the risk of transmission and spread of pathogens and contaminants to others and to the environment.</p> <p>It is important to know how to select and use PPE safely to protect yourself and prevent the spread of contaminants to others and the environment. PPE can result in self-contamination if used and doffed improperly. Staff must be competent in PPE use to avoid self-contamination.</p> <p>PPE is worn to protect the wearer against exposures, protect others, and mitigate the risk of environmental contamination/spread of pathogens.</p>
<p>PPE for COVID-19</p> 	<p>During the COVID-19 pandemic, many COVID-specific PPE resources were developed that expanded upon basic PPE requirements. Familiarize yourself with the COVID-19 PPE requirements.</p> <ul style="list-style-type: none"> ✓ BCCDC PPE for COVID-19 ✓ BCCDC IPAC Guidance Allied Health Professionals during COVID-19
<p>PPE Donning/Doffing</p> 	<p>Know how to DON (put on) and DOFF (remove) PPE safely so you don't contaminate yourself or spread infections and AROs to the environment and/or the equipment, items and people within it.</p>
<p>PPE Gown</p> 	<p>A gown should be worn if the PoCRA determines there is a risk of exposure to BBF, infectious organisms or infestations to the clothing and exposed skin.</p> <p>It is important to select the correct gown for the task/setting. The gown should be fluid-resistant if there is a risk of blood and body fluid sprays and/or splashes.</p>
<p>PPE-Related Skin Damage</p> 	<p>When wearing PPE for extended periods, the skin may become damaged. Gloves can also tear hands if not used only when needed, donned with wet hands, or doffed in a manner that tears the skin.</p>

PPE Gloves



- ✓ Gloves are not always necessary. They must be used at the appropriate times in the correct way to avoid damage to your hands or the spread of infections.
- ✓ Gloves are not a substitute for HH; hands must be cleaned before taking gloves out of the box to put on and after taking gloves off. Gloves must also be removed and discarded, and hands cleaned when there is an indication for HH per [the four moments of HH](#).
- ✓ Gloves are single use for a single client and task. They must be changed between each client and from a dirty to clean procedure on the same person.
- ✓ Selected gloves should be the appropriate size and material, specific to the task you are doing and the area you are working in.



WHEN TO USE GLOVES

- ✓ **Before contact with:**
 - Blood and/or body fluids
 - Non-intact skin
 - Mucous membranes
- ✓ Contact precautions
- ✓ Sterile procedure



WHEN TO REMOVE GLOVES

- ✓ **After contact with:**
 - Blood and/or body fluids
 - Non-intact skin
 - Mucous membranes
 - Single patient and/or their environment
- ✓ If damaged
- ✓ When there is an indication for Hand Hygiene (refer to four moments of HH)

PPE Medical Masks Procedure Mask N95 Mask



A medical mask should be worn if the PoCRA determines there is a risk of exposure to BBF through droplets and/or if you will be providing care within 2m of the client and they have respiratory symptoms (i.e., coughing, sneezing). Illnesses transmitted by large droplets include influenza, RSV and COVID-19.

- Which mask do I use? [Comparison of Masks](#)

An N95 mask should be worn if there is a risk of exposure to small airborne particles when a client has an illness that is transmitted this way (e.g., chickenpox, measles, disseminated shingles, or pulmonary tuberculosis), or there is a risk of aerosol-generation (such as an [aerosol-generating medical procedure \(AGMP\) for suspected/confirmed COVID-19](#) clients). N95 masks require FIT-Testing as per WorkSafeBC Guidelines to ensure they are fully sealed and will not place you at risk of exposure.

Note: At a minimum, don a gown, medical mask and eye protection for aerosol-generating medical procedures.

PPE Eye Protection



Eye protection should be worn if the point of care risk assessment (PoCRA) determines there is a risk of BBF exposure to the face/eyes. Reusable eye protection, such as goggles or a face shield, should be cleaned and disinfected after any exposure to droplets and stored in a clean place, away from the possibility of contamination, until it is reused. Masks with attached visors which are single use should be discarded after exposure to droplets and contamination.

- [Cleaning and Disinfecting Reusable Eye Protection](#)

Additional Precautions

Additional Precautions

Point of Care Risk Assessment						
Precaution	Transmission	Standard Precaution	Additional Precaution	Additional Precaution	Additional Precaution	Additional Precaution
Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Personal protective equipment (PPE)	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Respiratory protection	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Eye protection	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Face shield	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Goggles	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation apron	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation cap	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown and cap	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown and cap and shoe cover	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown and cap and shoe cover and face shield	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown and cap and shoe cover and face shield and goggles	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene
Isolation gown and cap and shoe cover and face shield and goggles and gloves	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene	Hand hygiene

Additional Precautions are implemented when routine practices alone may not be sufficient to prevent exposure, transmission and spread of infections or AROs. Other precautions include requiring those providing care to put on PPE based on the transmission of an organism, isolating a client and putting up signage, enhanced cleaning and disinfection, and dedicating equipment/items to a client.

Although there are three basic types of additional precautions based on the transmission route of an organism (contact, droplet, airborne), many organisms are transmitted by more than one route (such as chickenpox which is both contact and airborne, or a respiratory illness such as influenza which is both droplet and contact).

Cleaning and Disinfection

Cleaning and Disinfection



CLEANING is the physical removal of foreign material (i.e., dust/soil) and organic material (i.e., blood/ secretions) with water, detergents and mechanical action.

DISINFECTION is the inactivation of all disease-producing microorganisms, except bacterial spores.

Knowing how and when to clean and disinfect is important so you don't transport pathogens and transmit or spread infections and AROs.

HOW TO CLEAN

FIRST DECLUTTER! Remove everything that is not used and limit supplies in all areas, so it is easier to clean and less likely to contaminate items.

For effective cleaning:

Ensure you are using pressure/friction/rubbing when cleaning to remove all soil/contaminants

- ✓ Minimize 'turbulence' to avoid dispersion of microorganisms by such practices as never shaking a mop/cloth.
- ✓ To prevent cross-contamination, discard a cleaning/disinfecting wipe once it has left a surface.

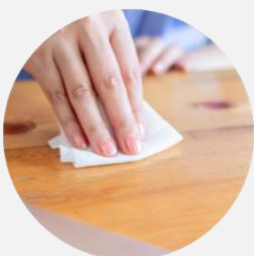
For effective disinfection:

- ✓ Use only **Health Canada approved healthcare grade disinfectants.**
- ✓ Remove visible soil before disinfecting, as disinfectants are not effective when organic matter is present.
- ✓ Ensure the item you are cleaning remains wet for the contact time specified on the disinfectant label to effectively kill pathogens listed on the label.

Use a 2-step process to clean and disinfect:

- 1. First step** = clean using a disinfecting wipe or neutral detergent and cloth to remove any soil/organic matter. Failure to remove soil/organic matter may inactivate the disinfectant.
- 2. Second step** = disinfect using a second wipe. Ensure the item remains wet for the contact time specified on the label to ensure pathogens are killed.

Note: Contact times may vary from 1 to 10 minutes between products.





WHAT/WHEN TO CLEAN

If equipment/items cannot be single-use or dedicated to a client, they must be cleaned and disinfected after use, between clients, and when contaminated. This includes:

- ✓ shared client equipment/items (exercise/treatment equipment including: goniometer, reflex hammer, electrophysical agent electrodes and probes, silicone cup, gait aid, hand dynamometer, stethoscope, hot pack cover, pulse oximeter, etc.)
- ✓ contaminated client equipment/items/spaces (where applicable)
- ✓ personal clinical items brought into a client space (iPhone, iPad, lanyard etc.).

Where possible, avoid taking laptops, smart phones and other personal equipment into a client's space, especially one who is on additional precautions.

Medical Equipment



- ✓ To lessen contamination, transmission risk and cleaning/disinfecting time, a good rule of thumb is 'have only what you need.' This also applies to clinical supplies that may need to be discarded and wasted if you bring an excess into a client space.
- ✓ All shared non-critical (used on intact skin) equipment/items brought into a client space/used on a client, such as blood pressure cuffs, stethoscopes and mobility equipment must be cleaned and disinfected after use, with health care grade products, and as per manufacturer's instructions for use (MIFUs).
- ✓ All items used on non-intact skin, or mucous membranes etc. must be reprocessed with enhanced high level disinfection sterilization (i.e., ultrasound devices).
- ✓ Follow [IPAC Canada Practice Recommendations for Cleaning and Disinfecting Non-Critical Shared Equipment](#) and MIFUs.

Remember SINGLE-USE devices = ONE USE only.

Waste, Sharps and Laundry Management

Waste and Sharps Management



Managing waste by collecting and segregating at the point of generation, and safely containing, handling, transporting, storing and disposing of it as per provincial and municipal legislation is key to staff and client safety.

- ✓ Safely dispose of waste/sharps
- ✓ Wear PPE when handling waste as per your PoCRA.
- ✓ In clinical areas, garbage bins should have a lid (non-touch preferred) to contain contaminants.
- ✓ Waste bags should be handled from the neck (not by putting fingers over the edge of the top) and should never be filled more than $\frac{2}{3}$ full.
- ✓ Sharps containers should be closed for disposal at $\frac{3}{4}$ full, or the fill line.

Blood & Body Fluid Exposures (BBFE) and Needlestick injuries



BBFE from Needle/Sharps Puncture: WASH the affected body part with soap and water, DO NOT SQUEEZE, COVER with a sterile dressing if needed.

BBFE from spill/splash/spray: RINSE well with tepid water or saline.

All BBFEs: Go to an Emergency Department within 2 hours to obtain source exposure bloodwork. Ensure you receive a BBFE package.

For clean sharp injuries or splashes on intact skin or clothing: Wash area with soap and water, change clothing, and, if necessary, seek medical attention.

Laundry Management



Safe laundry management (p. 54) is essential in preventing exposures and the spread of infections and AROs.

- ✓ Handle with gloves/gown to avoid exposure/contamination.
- ✓ Position soiled laundry container nearby to reduce handling & spread of contaminants.
- ✓ DO NOT SHAKE laundry. This spreads contaminants and increases exposure.
- ✓ Transport covered soiled laundry in a way that avoids clean and sterile areas.
- ✓ Do not use the same hamper/container for both clean and dirty laundry.
- ✓ Store clean and soiled laundry/items at least 1m apart from each other to avoid cross-contamination.
- ✓ Remember to clean your hands after you remove your PPE.

Staff Prevention Practices

Occupational Health and Safety



- ✓ Know how to prevent infections and avoid contaminating yourself when using PPE etc., so you don't get sick (i.e., immunizations, routine practices).
- ✓ Ensure you carry out HH at the right moments.
- ✓ Eat in dedicated area; eating food and drinking fluids in clinical areas increases the risk of illness (from contaminated hands/mask/food).
- ✓ If you do get sick, stay home to heal so you don't spread germs to others.
- ✓ If you get sick at work, clean your hands, put on a mask, notify your workplace (if appropriate) and go directly home as soon as it is safe to do so.
- ✓ If you have an acute infectious illness, isolate until your symptoms have gone.

Educating Staff



STAFF SHOULD:

- ✓ Have basic IPAC training and know how to protect themselves.
- ✓ Be competent with PoCRA and selection of appropriate PPE, understand and use routine practices at all times.
- ✓ Be proficient with donning/doffing PPE safely.
- ✓ Understand the impact that an IPAC breach would have on themselves, co-workers, and clients.
- ✓ Know where to find IPAC best practice information and who to contact.