



PRACTICE STATEMENT

Practice Statement
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TOPIC: INFECTION CONTROL

The following guidelines are for routine care in ambulatory care settings. In addition to these, more intensive precautions may be required in more acute settings or when providing therapy to immunocompromised clients.

1. Hand Washing/Hand Antisepsis:

- a) Hands must be washed
 - between clients
 - before any contact with immunocompromised clients
 - before performing invasive procedures
 - after contact with blood, body fluids, secretions and excretions, drainage from wounds
 - after contact with items known or considered likely to be contaminated with blood, body fluids, secretions, or excretions (e.g. wound dressings)
 - immediately after removing gloves
 - between certain procedures on the same client in which soiling of hands is likely, to avoid cross-contamination of body sites
 - when hands are visibly soiled
 - after personal use of toilet or wiping nose
- b) Plain soap may be used for routine hand washing.
- c) Hand antisepsis with an antiseptic soap or hand rinse is indicated
 - before performing invasive procedures
 - before contact with immunocompromised clients, clients with extensive skin damage, or clients with percutaneously implanted devices
- d) Waterless antiseptic hand rinses are an acceptable alternative to soap and water in reducing hand contamination and should be made available as an alternative to

A Practice Statement is a formal position of the College with which members shall comply.

hand washing. Antiseptic hand rinses are especially useful when the time for hand washing or access to hand washing facilities is limited.

When there is visible soiling, hands should be washed with soap and water before using waterless antiseptic hand rinses. If soap and water are unavailable, cleanse hands first with detergent-containing towelettes.

- e) Adequate facilities for hand washing need to be ensured, e.g. wall-mounted soaps or antiseptics, paper towels, adequate numbers and appropriate placement of sinks. Carry paper or other disposable towels if doing home visits.

2. Gloves:

- a) Gloves are not required for routine care activities in which contact is limited to client's intact skin.
- b) Gloves should be used as an additional measure, not as a substitute for hand washing.
- c) Clean, non-sterile gloves should be worn:
 - for contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (open skin lesions or exudative rash)
 - when handling items visibly soiled with blood, body fluids, secretions and excretions
 - when the health care worker has open skin lesions on the hands
- d) When indicated, gloves should be put on directly before contact with the client or before the procedure requiring gloves.
- e) Gloves should be changed between care activities and procedures with the same client after contact with materials that may contain high concentrations of microorganisms, e.g. suctioning a tracheostomy.
- f) Gloves should be removed immediately after completion of care or procedure, at point of use and before touching clean environmental surfaces.
- g) Hands should be washed immediately after removing gloves.
- h) Single-use disposable gloves should not be reused or washed.

3. Mask, Eye Protection, Face Shield

Masks and eye protection or face shields should be worn where appropriate to protect mucous membranes of the eyes, nose and mouth during procedures and care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

4. Gowns

Gowns should be used to protect uncovered skin and prevent soiling of clothing during procedures and client care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.

5. Equipment and Environment

- a) Articles that touch the client's intact skin should be clean. For items that are only in contact with intact skin, if cleansing between clients is not feasible, a routine cleaning schedule should be established and monitored.
- b) Equipment touching mucous membranes or non-intact skin should be appropriately disinfected between clients.
- c) The examining table should be cleaned between clients if visible soiling occurs and at least daily.
- d) Chairs, cabinets, counters, and charts are usually not an infection risk and should be cleaned on a regular basis.
- e) Physical therapy mats, table tops, and equipment handles should be covered with easy to clean, impervious materials. These should be cleaned regularly and if soiled.
- f) Soiled client care equipment should be handled in a manner that prevents exposure of skin and mucous membranes and contamination of clothing and environment.
- g) Used needles and other sharp instruments should be handled with care to avoid injuries during disposal or reprocessing. Used sharp items should be disposed of in designated puncture-resistant containers located in the area where the items were used. These containers should then be disposed of in accordance with local municipal by-laws.
- h) Mouthpieces, resuscitation bags, or other ventilation devices should be provided for use in areas where the need of resuscitation is likely to occur.

References & Acknowledgment:

Health Canada, Infection Control Guidelines

Legislative Reference:

Regulations Schedule A Standards of Practice 4(2)(d)