




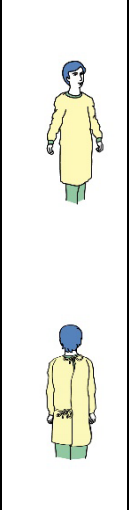








Routine Practices in Community-Based Services

Routine Practices help prevent the spread of infections. These practices apply when interacting with clients whether in Alberta Health Services (AHS) facilities or community settings. Use Routine Practices for every client, every time, regardless of their diagnosis or infectious status.

	<p><u>Point of Care Risk Assessment (PCRA)</u> Before providing care to any client, assess risk of spreading infection.</p> <ul style="list-style-type: none"> Note any possible contact you may have with blood or body fluids (e.g. coughing, bleeding, runny nose or soiled clothing, equipment or environment); AND Put on the correct personal protective equipment (PPE), if needed, before providing care
	<p><u>Hand Hygiene:</u> the single most important step in preventing infections</p> <ul style="list-style-type: none"> Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water Use ABHR for hand hygiene unless hands are visibly soiled Use plain soap and water when: <ul style="list-style-type: none"> hands are visibly soiled caring for clients with diarrhea and/or vomiting Keep finger nails natural, clean, healthy and short. Check the AHS Hand Hygiene Policy for more information. Use only AHS or facility approved ABHR, soap and hand lotion Perform hand hygiene: <ul style="list-style-type: none"> before obtaining clean supplies before entering a professional bag or glove box before contact with a client or client's environment before a clean or aseptic procedure after exposure or risk of exposure to blood or body fluids after contact with a client or client's environment immediately after removal of gloves Show clients, family members and visitors how & discuss when to use hand hygiene products If sink is excessively soiled or clean sinks are inaccessible: <ul style="list-style-type: none"> Use ABHR if hands are not visibly soiled If hands are visibly soiled, use a pre-moistened towelette. Discard towelette and follow with ABHR. Carry personal-size ABHR bottle. Never leave unattended. Never use client's bar soap. Carry personal-size AHS-approved hand hygiene soap and lotion. Never use client's towels. Carry paper towels.
	<p><u>Respiratory Hygiene:</u> Cover Your Cough, Clean Your Hands</p> <ul style="list-style-type: none"> Cover your nose and mouth with a tissue when coughing or sneezing Use the tissue once, then dispose of it immediately and perform hand hygiene If tissues are not readily available, cough or sneeze into upper arm or elbow Ask the client to use the appropriate respiratory hygiene when required

	<h3>Personal Protective Equipment: Staff</h3> <ul style="list-style-type: none"> • Whenever possible, make a pre-visit call to assess any known risks. Upon arrival at client's home, perform a Point of Care Risk Assessment. • Carry gloves, gown, masks, face shield, a barrier on which to place clean items (e.g. blue incontinence pad) and a garbage bag for disposal of PPE in the home • Refrain from storing PPE in the client's home • If it is undesirable to enter the residence without PPE (e.g. extreme unhygienic conditions), don & doff PPE in an alternate location (e.g. outside the residence, apartment hallway/foyer) • Refer to the AHS Donning & Doffing PPE posters for correct sequencing
	<h3>Personal Protective Equipment: <u>Gloves</u></h3> <ul style="list-style-type: none"> • Gloves are single-use. Use only once, then dispose immediately after use. • Perform hand hygiene before accessing & putting on gloves AND after taking gloves off • Change gloves between care activities for the same client (e.g. when moving from a contaminated body site to a clean body site) • Do not wear gloves outside client spaces unless carrying contaminated items or when cleaning spills of blood or body fluids • Never wash disposable gloves or use ABHR on gloves • Gloves are not necessary when feeding a client, touching somebody in a social manner, pushing a wheelchair, delivering meals, handling clean supplies or providing care to client's with intact skin • Sterile gloves are for sterile procedures only
	<h3>Personal Protective Equipment: Gowns</h3> <ul style="list-style-type: none"> • Wear a gown to protect exposed skin and clothing during activities likely to cause contact with blood or body fluids (e.g. wound drainage) • Perform hand hygiene before accessing and putting on, and immediately after taking off • Fasten tie strings at the neck and waist • Make sure sleeves cover wrists • Never use gowns as housecoats or warm-up jackets • Do not wear gowns outside client space unless carrying contaminated items or cleaning contaminated items • Remove damaged or heavily soiled gowns as soon as possible • Do not reuse gowns • After removing gown: <ul style="list-style-type: none"> ○ place in waste container if disposable ○ place in linen bag if reusable ○ perform hand hygiene 

 	<h2>Personal Protective Equipment: Masks and Eye Protection</h2> <ul style="list-style-type: none"> • If you need a mask, you also need eye protection (e.g. goggles, face shields, visors on masks) • Wear a mask and eye protection to protect mouth, nose and eyes when splashes, sprays or droplets of fluid are expected (e.g. tracheostomy care, suctioning, dental or eye/ear nose and throat (ENT) procedures, contact with a client actively coughing, etc.) • Perform hand hygiene before accessing and putting on, and immediately after taking off • Proper wearing of a mask includes: <ul style="list-style-type: none"> ○ ensuring a snug fit over the nose and under the chin ○ molding the metal bar over the nose ○ wearing the mask with the moisture-absorbing side closest to the face ○ changing the mask when it is moist ○ correct removal after use, touching only the elastic or ties ○ not wearing masks around the neck • Prescription glasses are not adequate eye protection • Clean and disinfect reusable eye protection after each use • Discard single-use masks and eye protection in waste container
 	<h2>Handling Client Care Items and Equipment</h2> <h3>Equipment or Supplies that Stay in Client Homes:</h3> <ul style="list-style-type: none"> • Limit the amount of reusable equipment brought into the client's home • Dedicate client care equipment until the client is discharged from services • Do not share personal items (e.g. soaps, lotions, razors) between clients • Use non-sterile gloves and appropriate PPE when handling soiled equipment, linens, etc. • Keep equipment and supplies out of reach from pets, children and confused individuals • Dispose of single-use and single-client use equipment as per manufacturer written instructions upon discontinuation of services • Unused reusable linens should be laundered prior to being placed into circulation for use • Store contaminated, reusable items in a sealable plastic container labelled "dirty" for transport • Discard items labeled as single-use after use on one client • Clean and disinfect reusable equipment after use, before use on another client • Disposable dishes and utensils are not required <h3>Professional Supply Bags:</h3> <ul style="list-style-type: none"> • Place on a clean, dry surface in the client's home away from small children, pets and confused individuals • When environmental and hygienic concerns exist, do not bring supply bag into the area where care is provided. When this is not possible, place a barrier under the bag. Discard barrier after use. • Perform hand hygiene prior to accessing bag • Remove all supplies required from bag prior to performing care • Store documentation items in separate panel in the clean compartment or external compartment • Clean professional bags and contents monthly, and when visibly soiled <h3>Linen:</h3> <ul style="list-style-type: none"> • Use disposable linen and drapes when possible. Discard after use. • Handle soiled or used linens with minimal agitation and place directly in garbage or linen bag at point of care. Do not overfill bags. Double bag only if leaking. • Do not place sharps in the garbage or linen bags • Wear appropriate PPE to sort and process linen as determined by soil level • Follow detergent instructions for load size and load soiling • Follow manufacturer written instructions regarding amount of detergent and water temperature

	<ul style="list-style-type: none"> • Avoid overloading the machine • Use complete wash, rinse and dry cycles • Run an empty wash load with 1 cup of household chlorine bleach and water only (no clothes) after heavily soiled loads of laundry or if client is on additional precautions • Wash hands with soap and water after handling soiled linen • Follow manufacturer recommendations for the maintenance and cleaning of the washing machine and dryer. Keep a log these activities. • Store clean linen apart from soiled • Handle clean linen with clean hands to prevent contamination and ensure cleanliness • Store clean linen apart from soiled linens
	<h3>Environmental Cleaning</h3> <ul style="list-style-type: none"> • Consider all surfaces in the client environment as contaminated • Use AHS or facility approved products and procedures • Check product expiry before use • Use a two-step process. Thoroughly clean prior to disinfection. • Store all disinfectants out of the reach of children, pets and confused individuals • Ensure manufacturer recommended wet-contact time is achieved. Wet contact time is the minimum time required for items to be in contact with the disinfectant to ensure microorganisms are killed. • Clean client care areas on a regularly scheduled basis • Clean and disinfect all non-critical equipment and environmental surfaces between client use (e.g. shared wheelchairs and walking aids, treatment surfaces such as mats, plinths and tables, blood pressure cuffs, toys, stethoscopes, audiometers) • Wear PPE as required for cleaning and disinfecting equipment and environmental surfaces • Start at the cleanest part of the equipment or surface and move towards the dirtiest • Place equipment on a clean surface to air dry. Do not actively dry with a towel or other device.
	<h3>Laboratory Specimens</h3> <ul style="list-style-type: none"> • Collect and process specimens in a manner that prevents transmission of microorganisms • Wear appropriate PPE when collecting and handling specimens • Use appropriate containers, label and close in biomedical waste bags prior to transport • Handle specimens with care to prevent damage, leakage or spillage • Store specimens in a non-food fridge unless stored in the client's home • Collect specimen as close to the time of transport as possible • Follow local laboratory specimen handling and transporting requirements



Waste and Sharps Handling

- Wear gloves with waste and sharps handling
- Avoid contact with body
- Remove gloves and perform [hand hygiene](#)
- Remember: [New Needle, New Syringe, Every Time!](#)
- Dispose of sharps immediately after use in a puncture-proof biohazard container
- Do not overfill waste or sharps container; empty when $\frac{3}{4}$ full
- Close used sharps containers for transport to prevent sharps falling out. Transport sharps container upright, out of eyesight, in a designated dirty area in your vehicle.
- Follow zone waste management for sorting and disposal

General waste:

- Examples: cotton balls, gauze, dressings, gloves, disposable gowns, tissues, disposable needle-guided tubes, alcohol wipes, Band-Aids, intrauterine devices (IUD)
- General waste does not require special disposal methods
- Handle as little as possible
- Place container within reach and not easily accessible to young children, pets or confused individuals
- Line waste containers with plastic bag
- Double bag only if integrity of bag is jeopardized or outside is visibly soiled
- Clean waste containers inside and out regularly, and when visibly soiled
- Use hands-free garbage containers



Biomedical Waste:

- Examples:
 - Contaminated sharps (e.g. needles, lancets, syringes, blades, glass that has come in contact with blood and body fluids). Does not include unused drug vials & ampoules.
 - Human blood or body fluids - fluid blood and blood products. It does **not** include saliva, urine, feces, vomit or tears; these are considered general waste.
 - Cytotoxic material



Client Education

- Educate client and caregivers (e.g. family, friends, private caregivers, etc.) on:
 - how and when to perform [hand hygiene](#)
 - how to perform [respiratory hygiene](#) if coughing or sneezing
 - changing into clean clothing or housecoat regularly
 - containing drainage with dressings and incontinence products if able
- Visitors should reschedule visits when feeling unwell
- Educate client regarding the cleaning and storage of equipment and supplies.
- Teach clients, family members, friends or other caregivers in the home the correct procedures for safe handling and disposal of sharps and sharp containers
- Ensure home storage of sharps is in a labelled, puncture-proof container with a tight fitting lid that prevents leakage
- Disposal of client sharps:
 - Pharmacies, fire halls or local waste drop-off facility, such as an Eco station, can provide information on sharps disposal
 - Each community has unique guidelines for disposal of sharps; please refer to your local bylaws

