

Policy and Procedure Template for Routine Practices, Additional Precautions and Personal Protective Equipment (PPE)

[Name of clinic, address, logo]

Date of Creation/Last revision:

Instructions for template use: This template is an example of a policy and procedure that can be adapted for use in a clinical office setting. You are responsible for ensuring that the information is up to date. Please review and delete items that are not relevant to your setting, and add items as needed. For more information about IPAC policies and procedures, refer to the resources below or visit the IPAC Information for Healthcare Professionals page on halton.ca.

Purpose:

All clients/patients/residents are potentially infectious, even when asymptomatic. Routine practices shall be implemented by all health care providers during all patient encounters to prevent the transmission of microorganisms from health care providers to patients, between patients, from patients to health care providers and between health care providers. Health care providers will assess the risk of transmission of infection before every patient encounter and implement additional precautions as needed.

Written office/clinic policies and procedures shall be followed at all times.

This policy shall be reviewed and updated regularly and as needed.

Routine practices

Routine practices shall be used with all patients during all care activities. These shall include point-of-care risk assessments, hand hygiene, administrative controls and routine environmental cleaning. Please see the relevant policy and procedures for additional information on hand hygiene, administrative controls and environmental cleaning.

Additional precautions

When indicated, additional precautions shall be applied to prevent the risk of transmission of specific microorganisms.

1. Contact precautions shall be used when patients have symptoms of infection or diagnosed communicable diseases that may be transmitted through contact with the patient's body fluids, non-intact skin, blood and/or their environment. Potential indications for contact precautions include: colonization with antibiotic-resistant microorganisms, acute vomiting and/or diarrhea, uncontained drainage, rashes or skin lesions and conjunctivitis.

These precautions include:

- Separating patients in the waiting room, or triaging them into a single room if possible.
- Posting appropriate signage at the entrance to the patient care area.
- Using gloves and a gown when in the patient's environment or providing direct care.

2. Droplet precautions shall be used when patients have acute respiratory symptoms or have been diagnosed with the following: pertussis, mumps, rubella, meningitis, croup, RSV, influenza, bronchiolitis, and pneumonia.
These precautions include:
 - Asking the patient to wear a surgical mask and remind them of proper respiratory etiquette. Triage them into a single room if possible.
 - Posting appropriate signage at the entrance to the patient care area.
 - Using a face mask and eye protection when providing patient care or in the patient environment.
3. Airborne precautions shall be used when patients have known or suspected measles, varicella virus (i.e. Chickenpox), active tuberculosis and COVID-19.
These precautions include:
 - Scheduling appointments for end-of-day if possible.
 - Providing a surgical face mask for the patient to wear.
 - Isolating the patient in a single room if available.
 - Posting appropriate signage at the entrance to the patient care area.
 - Using an N95 respirator that has been appropriately fit-tested and combined precautions as described below when entering the patient's room.
4. Combined precautions shall be used when more than one mode of transmission exists for a particular microorganism. The precautions used must take into consideration both modes of transmission. For example, respiratory viruses may remain viable for some time in droplets that have settled on objects in the immediate environment of the patient. These viruses may be transmitted by contact (i.e. hands) as well as by droplet transmission, therefore both contact and droplet precautions are required.
These precautions include:
 - Posting appropriate signage at the entrance to the patient care area.
 - Using droplet and contact precautions for patients with acute respiratory infections or diagnosed respiratory infections.

Point of care risk assessment

1. A point-of-care risk assessment shall be performed before every patient interaction to determine whether the patient has symptoms of a communicable disease and to assess whether the care being provided could lead to exposure to blood, body fluids, secretions, excretions or non-intact skin.
2. At the time of booking, screen for symptoms of acute infections. If present, schedule the appointment to minimize exposure to others (e.g. at the end of the day) or reschedule elective visits.
3. Upon arrival at the healthcare facility, screen for symptoms of infection. If present, move the patient to an isolated area. Provide alcohol-based hand rub for hand hygiene. Provide a mask if the patient has a cough or a basin if vomiting.
4. Before providing care to the patient, assess for symptoms of infection or a known diagnosis of communicable disease. Also determine whether the care being provided could lead to exposure to blood and body fluids. If either situation is present, don appropriate PPE.

Indications for additional PPE

- If there is risk of exposure to bloody or body fluids:
 - Wear gloves if the hands may be soiled through direct patient contact or contact with the environment.
 - Wear a gown if the forearms or clothes may be soiled by direct contact with the patient, or contact with the environment.
 - Wear a mask and eye protection if the mucus membranes of the face may be exposed.
- In situations requiring additional precautions as described above.

Procedure for donning PPE

1. Perform hand hygiene.
2. Put on gown. Secure ties at the neck and waist.
3. Put mask or N95 respirator over the mouth and nose. Mold metal piece to the bridge of the nose. For respirators, perform a seal check.
4. Put on protective eye wear.
5. Put on gloves. If a gown is worn, gloves should fit over the cuff.

Procedure for doffing PPE

1. Remove gloves using a glove-to-glove and skin-to-skin technique.
2. Remove gown in a manner that prevents contamination of clothes and skin.
3. Perform hand hygiene.
4. Remove eye protection.
5. Remove mask or N95 respirator without touching the front of the mask, which is considered contaminated.
6. Perform hand hygiene.

All staff will be trained in donning and doffing procedures upon hiring and as needed.

References:

1. Provincial Infectious Diseases Advisory Committee (PIDAC). Routine Practices and Additional Precautions in All Health Care Settings, 3rd edition. 2012.
https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en
2. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015. https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-clinical-office-practice.pdf?sc_lang=en
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Clinical Office Practice, Instructional Videos for Donning and Doffing PPE.
<https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Clinical-Office-Practice>