

TITLE:

**Infection Prevention and Control Recommendations for Horticultural Activities at Healthcare Facilities**

NUMBER 1

DATE: NOVEMBER 3, 2016

If you have any questions or comments regarding the information in this Calgary Zone Best Practices Guideline please contact your local Infection Prevention & Control office.

**BACKGROUND**

Various healthcare facilities in the Calgary Zone provide both indoor and outdoor horticultural activities to patients/residents as recreational therapy led by Allied Health staff. Some healthcare facilities also have community gardens as part of an initiative to promote wellness for staff.

**PURPOSE**

To provide Infection Prevention and Control (IPC) recommendations to reduce infection risks associated with horticultural activities at healthcare facilities.

**APPLICATION**

This guideline should be followed by Calgary Zone Alberta Health Services (AHS) staff, medical staff, volunteers, students and other persons acting on behalf of AHS participating in horticultural activities such as horticultural therapy and community gardens.

**GUIDELINES/RECOMMENDATIONS****1. Exclusion criteria for patients/residents in horticultural activities**

- 1.1 Immunodeficient patients/residents are highly susceptible to opportunistic infections and are to be excluded from horticultural activities. (Refer to the [Calgary Zone protective environment for the management of immunodeficient patients/residents](#) for a definition of immunodeficient.)
- 1.2 Other high risk patients/residents to be excluded are those with cystic fibrosis, burns, extensive wounds, or non-intact skin that cannot be adequately protected.
- 1.3 Consideration for exclusion should also be given to patients/residents with respiratory concerns (e.g. asthma or severe allergies) and those with indwelling medical devices (e.g. intravenous lines, drainage tubes).
- 1.4 Consider consultation with the attending physician prior to participation in horticultural therapy if there are concerns regarding patient safety.
- 1.5 A [point of care risk assessment](#) should be conducted for all participating patients/residents.
  - a) Patients/residents deemed high risk (e.g. uncontained body fluids, diarrhea, unable or unwilling to follow directions) are not good candidates for horticultural activities. (Refer to site specific IPC recommendations on inclusion and exclusion criteria for high risk patients/residents.)
  - b) Patients/residents on isolation precautions may not be appropriate for horticultural activities. (Refer to site specific IPC recommendations on inclusion and exclusion criteria for isolation patients/residents.)

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- 1.6 Consider tetanus vaccination status:
- Routine booster immunization is recommended as per the [Canadian Immunization Guide](#).
  - Notify and consult with the attending physician if a cut occurs or soil gets into a wound as tetanus vaccination, wound care, and monitoring for infection may be indicated.

## 2. Attire

- Participants should ensure shoes/slippers and clothing/housecoats are not visibly soiled prior to re-entering the healthcare facility or unit.
- Use gardening attire such as gardening gloves or disposable gloves, aprons, or smocks. Reusable attire should be made of cleanable materials (e.g. plastic aprons).
- Procedure masks should not be necessary in the event other recommendations are followed.

## 3. Hand hygiene

- Perform hand hygiene, using soap and water, before and after horticultural activities. (Refer to AHS hand hygiene [policy](#) and [procedure](#).)

## 4. Gardening equipment cleaning and disinfection

- Equipment (e.g. gardening tools, aprons) should be cleaned with soap and water and then disinfected with a facility-provided low level disinfectant (refer to manufacturer's instructions for equipment-specific recommendations).
- All equipment should be cleaned before storing.
- If equipment storage is outside the facility, be aware of temperature or weather sensitive items (e.g. disinfectant wipes).
- Indoor horticultural activity surfaces (e.g. counters, carts) should be cleaned and disinfected between sessions.

## 5. Gardening practices

- Avoid tracking dirt and plant debris into a healthcare facility.
- When decanting soil from bags, moisten the required amount of soil and carefully remove from bag to limit dust generation.
- Avoid the use of manure and non-commercially prepared compost.
- Avoid standing water; avoid overwatering and consider regularly drying plant saucers and emptying watering cans.
- Produce should be well washed and peeled prior to consumption. Produce with visible mold should be discarded. (Refer to [Environmental Public Health information on food safety](#).)

## 6. Gardening Venue

- When considering new initiatives or locations for horticultural activities, consult IPC.
- A hand washing sink should be available in close proximity to the venue.

## 7. Staff considerations

- Staff participating in horticultural activities as part of their healthcare role should not return to work on high risk units after said activities. Consider scheduling

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sessions at the end of shift, or showering and changing clothing prior to returning to work.

- 7.2 Staff participating in horticultural activities outside of their healthcare role (e.g. community gardens) should participate only after completing their shift, on designated days off, or should shower and change clothing prior to working.

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