

Community-based Service Resource Manual



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Purpose

This manual is intended to support frontline staff in caring for clients who require health services in the community. This includes Alberta Health Services (AHS) staff and contracted partners working in community-based services such as:

- schools;
- community public health;
- home care;
- Allied Health, Addictions and Mental Health; and
- Emergency Medical Services.

All AHS employees, members of the medical and midwifery staff, students, volunteers and persons acting on behalf of AHS (e.g., contract providers) are expected to comply with this manual.

Staff providing client care in AHS Acute Care and Continuing Care should refer to their respective manuals.

[IPC Acute Care Resource Manual](#)

[IPC Continuing Care Resource Manual](#)

Many IPC resources in this manual are links to Continuing Care IPC resources. Many of these IPC practices are identical in both settings.

Please note, in the community, the client, resident or patient receiving healthcare is referred to as 'client'. The term 'client' will be used throughout this manual.

Refer to the [IPC Continuing Care Resource Manual Glossary](#) for definition of terms used in this manual.

More information on IPC can be found on the Alberta Health Services (AHS) website on [the Infection Prevention and Control homepage](#).

If you have questions, please contact your local [Infection Prevention and Control staff](#).

This resource manual is intended for online use. The information provides access to links and is updated regularly

Best practice recommendations

AHS IPC has developed a number of [best practice recommendations](#). These recommendations are continuously updated. Please check the website frequently.

The following AHS IPC Best Practice Recommendations applicable to community-based settings are available as of January 2016:

Patient care





- [Animals in Healthcare Facilities](#)
- [Bedbug Management Protocols for Healthcare](#)
- [Management of Patient Supplies on Discharge or Transfer](#)
- [Surgical Aseptic Technique and Sterile Field in the Community Setting](#)
- [Use of Stationary Computers in Patient Care Areas](#)
- [Use of Gloves In Obstetrical & Gynecological Procedures](#)
- [Water Births](#)

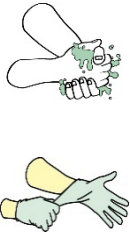





Equipment



- Cleaning, Disinfection and Storage
 - [Care of Ear Cleaning Equipment](#)
 - [Care of Ear Cleaning Equipment Education PowerPoint](#)
 - [Cleaning & Disinfection of Information Technology & Telephone Equipment & Devices](#)
 - [Cleaning and Disinfection of Reusable Instruments that Contact the Surface of the Eye](#)
 - [Foot Care Devices](#)
 - [Patient Lifts and Handling Aids](#)
 - [Principles of Environmental Cleaning and Disinfection](#)
 - [Storage of Clean and Sterile Supplies in Clinical Areas](#)
 - [CSA Cleaning Frequency Table](#)
 - [Cleaning of Clinical Storage Areas for Clean and Sterile Supplies](#) (PowerPoint)
 - [Sample Storage Checklist](#)
- Selection and Process
 - [Patient Care Tubs](#)
 - [Selection of Furniture and Other Non-Medical Devices for Patient Care Areas](#)
 - [Sink and Faucet Fixtures](#)
 - [Mattress Pillow Purchase Maintenance](#)




Routine practices in Community-based Services

Routine practices are based on the premise that all clients potentially carry microorganisms capable of causing disease or infections. This principle forms the foundation for the standard of care for clients in all healthcare settings across the continuum. Routine practices should be used for every client interaction to prevent transmission of infectious agents.

	<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: Cover Your Cough, Clean Your Hands</u></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
	<p><u>Personal Protective Equipment: Staff</u></p> <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

	<p>Personal Protective Equipment: <u>Gloves</u></p> <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 • Sterile gloves are for sterile procedures only • 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
	<p>Personal Protective Equipment: <u>Gowns</u></p> <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  
	<p>Personal Protective Equipment: <u>Masks and Eye Protection</u></p> <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
	<p>Handling client care items and equipment</p> <p>Equipment or supplies that stay in client homes</p> <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

	<ul style="list-style-type: none"> • 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 <p>Professional supply bags</p> <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 <p>Linen</p> <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 • 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
	<p>Environmental cleaning</p> <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>Client education</h3> <ul style="list-style-type: none"> • Educate client and caregivers (e.g., family, friends, private caregivers, etc.) on: <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ 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
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Hand hygiene

Hand hygiene is the single most important measure in reducing the transmission of microorganisms and preventing healthcare-associated infections. All individuals involved in the delivery of healthcare services are responsible for ensuring hand hygiene is performed in accordance with the 4 moments.

Refer to the [AHS Hand Hygiene webpage](#) for access to the Hand Hygiene Policy and Procedure, educational resources and promotional materials.

Special situations for hand hygiene in Community-based Services

Alcohol-based hand rub (ABHR) is the most effective method of hand hygiene. If hands are visibly soiled, or the client has diarrhea or is vomiting, soap and water should be used. If this is not possible, follow the recommendations below:

- Sinks excessively soiled or clean sinks inaccessible
 - Use ABHR if hands are not visibly soiled.
 - If hands are visibly soiled, use a pre-moistened towelette to remove visible soil. Discard the towelette and follow with ABHR. Staff should not routinely use pre-moistened towelettes for hand hygiene.
- No ABHR dispensers
 - Carry a personal-size AHS-approved ABHR. To avoid the risk of a client ingesting the contents, personal-size containers must stay with the healthcare provider and never be left unattended.
- No AHS-approved soap or lotion dispensers
 - Carry personal-size AHS-approved hand hygiene soap and lotion.
 - Never use a client's bar soap or other hand hygiene products, including pump dispensers, found in the client's home.
- Public Health boil water advisory
 - Use ABHR if hands are not visibly soiled.
 - If hands are visibly soiled, use a pre-moistened hand towelette to remove visible soil. Discard the towelette and follow with ABHR.
- Unsafe and/or unpredictable environments (includes urgency of care, presence of physical danger or extreme environmental conditions)
 - There may be occasions, especially in pre-hospital environments, when a 'life over limb' emergency is encountered. Omitting hand hygiene is never recommended. However, if necessary to miss hand hygiene due to urgency of the situation, don gloves and perform task. Remove gloves and perform hand hygiene at first opportunity.

Hand hygiene products

Only Alberta Health Services (AHS) approved products are to be used for hand hygiene and skin care. Lotions and soaps brought from home may not be compatible with AHS gloves or hand hygiene products.

- Alcohol-based hand rub (ABHR)
 - ABHR is the preferred hand hygiene product when hands are not visibly soiled
 - Wall-mounted dispensers should be present in clinic and ambulance locations
 - Carry personal-size AHS-approved ABHR if dispensers are not readily accessible. To avoid the risk of a client ingesting the contents, personal-size containers must be kept with the healthcare provider and never left unattended.
- Liquid soap
 - Wall-mounted dispensers should be present
 - Carry personal-size AHS-approved liquid soap if dispensers are not readily accessible. To ensure the integrity of the product, these products should be kept with the healthcare provider at all times. If a personal-size soap is left behind, it must be considered contaminated and the worker must obtain a new bottle.
 - Bottles must not be topped up/refilled
 - Do not use client's towel to dry hands
 - Carry paper towel in a sealed bag with soap and lotion
- Pre-moistened towelettes
 - Staff should not routinely use pre-moistened towelettes for hand hygiene
 - Pre-moistened towelettes are alternate products for removing visible soil from hands and should only be used under exceptional circumstances when sinks and running water are not available
 - ABHR must be used following the removal of visible soil with pre-moistened towelettes.
- Lotions
 - Use AHS-approved lotion.
 - Carry personal-size AHS-approved hand lotion if lotion dispensers are not readily accessible.



Alcohol-free, waterless hand sanitizer SHOULD NOT be used as hand hygiene agents in any healthcare setting.

4 moments of hand hygiene posters for Community-based Services

Contact local [Infection Prevention and Control staff](#) for Your 4 Moments for Hand Hygiene posters for community-based services.

Skin health/integrity

ABHR

- Rub until dry. Skin left wet will breakdown and crack.

Liquid soap and water

- To prevent skin irritation, rinse hands thoroughly to remove all soap.
- Pat, rather than rub, hands dry.
- Apply AHS-approved hand lotions at regular intervals.

For concerns about skin integrity or suspected hand hygiene product sensitivities, check with your local Workplace Health and Safety (WHS) representative.

The [Hand Hygiene Frequently Asked Questions](#) (FAQ) provides more information on maintaining healthy skin.

Maintaining healthy skin is a key component of hand hygiene.

Point-of-care risk assessment

The [Point-of-care Risk Assessment](#) (PCRA) is an evaluation of the risk factors related to the interaction between the healthcare provider, client and the client's environment. Prior to every client interaction or task, in all healthcare settings, healthcare providers have a duty to assess the infectious risk posed by a client, situation or procedure.

Healthcare providers use the PCRA to determine the risk of blood and body fluid exposure and transmission of infectious microorganisms. [Personal protective equipment](#) is selected based upon assessment of these potential risks and is worn for the duration of interaction with the client.

When the PCRA determines routine practices are not sufficient to prevent transmission of infectious agents, implement [additional precautions](#).

Respiratory hygiene

[Respiratory hygiene](#) is the recommended approach for preventing transmission of microorganisms causing respiratory illness.

Quite simply, it is the right way to cover your cough or sneeze!

Ask the client to use the appropriate respiratory hygiene when required. If the client is symptomatic and cannot or will not perform appropriate respiratory hygiene, ask the client to wear a procedure mask.



Personal Protective Equipment

[Personal protective equipment \(PPE\)](#) is a key component in preventing the transmission of microorganisms. PPE includes gloves, gowns, masks, eye protection and face shields.

[PPE](#) selection is determined by the [Point-of-care Risk Assessment \(PCRA\)](#).

The principles of donning and doffing PPE remain consistent throughout the continuum of care and variety of settings. These principles include selection, order of donning and doffing, disposal, cleaning and timing of hand hygiene performance. Failure to adhere to the principles of donning and doffing PPE will not only fail to prevent transmission, it may contribute to the spread of microorganisms causing disease.

All PPE either needs to be disposed of or cleaned according to manufacturer written instructions.

Refer to [AHS Donning and Doffing posters and videos](#) for details on the proper use of PPE.

Do not touch the outside of gloves, mask or eye protection as the surfaces are considered contaminated.

Gloves

Gloves are the most commonly used personal protective equipment (PPE) in healthcare settings. They reduce soiling of healthcare provider hands and prevent transmission of microorganisms between healthcare providers and clients. Gloves should be worn when there is a risk of coming in contact with blood, body fluids, contaminated items or other sources of infectious agents.

Procedure gloves are clean, non-sterile, and single-use disposable.

Wear procedure gloves when:

- performing procedures or tasks involving direct contact with non-intact skin, mucus membranes; (e.g., oral motor assessment, pelvic exam, tracheotomy care or suctioning) or blood and body fluids (e.g., blood, saliva, urine or stool);
- handling items visibly soiled with blood or body fluids;
- performing blood collection procedures (e.g., venipuncture, heel/finger poke or arterial blood gases).



Sterile gloves are germ-free and single-use disposable.

Wear sterile gloves when:

- inserting an indwelling catheter;
- performing invasive procedures;
- contacting sterile body sites.

The [AHS Surgical Aseptic Technique and Sterile Field: Guidelines for Asepsis for Invasive Surgical Procedures conducted in Community-based Healthcare Settings](#) provides additional information on the use of sterile gloves.

Important considerations when using gloves

- Discard if integrity of glove becomes compromised.
- Change between each client and between procedures on the same client.
- Do not wash single-use gloves.
- Select gloves that fit snugly.
- Perform hand hygiene before accessing gloves.
- Inspect gloves for integrity and don just before a client-care task.
- Hand hygiene must be performed after removing gloves; gloves are not a perfect barrier due to defects such as microscopic tears and holes.



Wearing gloves does not replace hand hygiene. Perform hand hygiene before donning and after doffing gloves.

For additional information, refer to the following resources:

[AHS Glove Fact Sheet](#)

[AHS Best Practice Recommendation on Selection and Use of Gloves for Obstetrical and Gynecological Procedures](#)

[AHS Surgical Aseptic Technique and Sterile Field: Guideline for asepsis for invasive surgical procedures conducted in Community-based Health Care Settings](#)

Masks, eye protection and face shields

Masks, eye protection and face shields protect the mucous membranes (i.e., eyes, nose and mouth) of healthcare providers from splashes of blood or body fluids (e.g., client's cough or sneeze).

Masks and eye protection work in tandem. If the [point-of-care risk assessment](#) determines the need for a mask, eye protection is also required as the eyes are an important portal of entry for microorganisms.

Proper eye protection shields eyes in all directions and should be worn 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.). As per Workplace Health and Safety guidelines, prescription eyewear is not considered adequate eye protection; an additional eye protection barrier is required.

Prescription eyeglasses are not adequate eye protection and are not considered PPE.

Special Personal Protective Equipment considerations for home visits

Whenever possible, make a pre-visit call to assess for potential risks based on client symptoms and procedures to be performed. Upon arrival to the client's home, re-evaluate situation by performing a [point-of-care risk assessment](#).


Specific recommendations

- Carry gloves, gown, mask, face shield, a barrier on which to place clean items (e.g., blue incontinence pad) and a garbage bag for disposal of personal protective equipment (PPE) in the home.
- Refrain from storing PPE in the client's home.
- If it is undesirable to enter the residence without having donned PPE (e.g., extreme unhygienic conditions), don and doff PPE in an alternate location (e.g., outside the residence, apartment hallway/foyer).

Client care items and equipment

Use disposable, single-use critical and semi-critical medical devices and equipment when possible.

Single-use – a critical or semi-critical medical device, designated by the manufacturer, for one-time use. It may not be used a second time, even on the same client. Manufacturers may indicate a device is single-use by one of the following:

- Disposable; consumable; not for reuse
- Discard after single-use
- Use only once
- Do not use twice
- Symbols such as 

A single-use medical device is disposed of after one use on a client.

Single-client use – a critical or semi-critical medical device, designated by the manufacturer, for re-use on one client. It may not be used on another client. Manufacturers may indicate a device is single-client use by one of the following:

- For use on a single client
- Must not be reprocessed for use by another client

A single-client use medical device is disposed of:

- Upon client discharge or completion of service
- After a certain number of uses, as recommended by the manufacturer
- When worn out or damaged

Refer to the [Single-Use Policy FAQ sheet](#) for additional information.

Cleaning of reusable medical devices and equipment

Cleaning requirements for reusable medical devices and equipment is based on risk of infection to clients. Medical devices and equipment are classified as non-critical, semi-critical or critical based on the Spaulding Classification System.

Spaulding's Classification of Medical Devices

	Non-critical	Semi-critical	Critical
Definition	<ul style="list-style-type: none"> Items that do not touch the client or touch only intact skin, but no mucous membranes 	<ul style="list-style-type: none"> Items that come into contact with non-intact skin or intact mucous membranes, but do not penetrate body surfaces 	<ul style="list-style-type: none"> Items penetrating body tissues allowing for direct contact with the bloodstream or another sterile area of the body Semi-critical items with the potential for contact with open lesions, or irritated mucous membranes, are treated as Critical items
Examples	<ul style="list-style-type: none"> Environmental surfaces, shared wheelchairs in clinics, treatment surfaces (mats, plinths and tables), blood pressure cuffs, toys, stethoscopes, audiometers, shared walking aids 	<ul style="list-style-type: none"> Reusable ear syringe nozzles, trans-rectal probes, vaginal, nasal and rectal specula 	<ul style="list-style-type: none"> Surgical and dental instruments, foot and nail equipment
Reprocessing requirements (minimum requirements)	<ul style="list-style-type: none"> Cleaning followed by low-level disinfection 	<ul style="list-style-type: none"> Cleaning followed by high-level disinfection after every use, between clients and if item becomes contaminated Contact Infection Prevention and Control for more information 	<ul style="list-style-type: none"> Cleaning followed by sterilization after every use, between clients and if item becomes contaminated Contact Infection Prevention and Control for more information

Low-level disinfectants

- Low-level disinfectants (LLD) are used for non-critical medical devices and equipment (i.e. does not touch mucous membranes or non-intact skin)
- Follow manufacturer instructions for use
- Refer to Material Safety Data Sheet (MSDS) for safety information
- Wear personal protective equipment (PPE) as required for cleaning and disinfecting medical devices and equipment
- Use a two-step cleaning and disinfection process. One wipe is used to clean visible soil and another new wipe for disinfection.
- Clean equipment starting at the cleanest part of the equipment moving towards the dirtiest.
- Ensure the item is sufficiently wet with the chemical to ensure the wet contact time is achieved as recommended by the manufacturer
- Place the item on a clean surface to air dry. Do not actively dry the item with a towel or other device.

Low-level Disinfectants (LLD)			
Agent	Comments	Advantages	Disadvantages
<p>Accelerated Hydrogen Peroxide (AHP) H_2O_2 < 0.5%</p>	<ul style="list-style-type: none"> Refer to manufacturer instructions for wet contact time If product requires dilution, refer to the manufacturer instructions 	<ul style="list-style-type: none"> Available as liquid or wipe Non-toxic Active in the presence of organic materials 	<ul style="list-style-type: none"> May not be suitable for some surfaces; check manufacturer directions for use Off-gassing may occur if accelerated hydrogen peroxide and quaternary ammonium products are used on the same surface
<p>Chlorine Compounds Household bleach products (0.15% chlorine and chlorine compounds; 500ppm Sodium hypochlorite) 1:50 dilution</p>	<ul style="list-style-type: none"> Refer to manufacturer instructions for wet contact time Must be made fresh daily Use only fresh tap water for mixing 	<ul style="list-style-type: none"> Low cost Readily available in non-hospital setting 	<ul style="list-style-type: none"> No cleaning properties Inactivated by organic material Corrosive to metals Irritant to skin and mucous membranes Extremely limited shelf-time once diluted Requires adequate ventilation for use Must be stored in closed containers, away from heat or sunlight Stains clothing and carpets
<p>Enhanced Quaternary Ammonium Compounds (Enhanced Quats) NH_4^+</p>	<ul style="list-style-type: none"> Refer to manufacturer instructions for wet contact time Available as liquid or wipes 	<ul style="list-style-type: none"> Non-corrosive Low irritant Can be used in areas designated for food preparation 	<ul style="list-style-type: none"> Cannot be used to disinfect instruments Limited use as disinfectant due to narrow antimicrobial spectrum Diluted solutions may allow for growth of some microorganisms Off-gassing may occur if accelerated hydrogen peroxide and quaternary ammonium products are used on the same surface

High-level disinfection and sterilization

Contact [Infection Prevention and Control](#) for more information on high-level disinfection and sterilization practices including performance requirements.

Cleaning and disinfectant products

Cleaning product labels must clearly indicate the following information:

- DIN number;
- Product name, clearly labelled;
- Quantitative statement of ingredients;
- Intended use;
- Area and site of use;
- Directions for use, including compatible surfaces/instruments;
- Dilution procedure if required;
- Mode of application;
- Wet contact time;
- Rinsing instructions if required;
- Temperature for use and storage;
- Appropriate precautionary symbols and statements;
- First aid instructions; and
- Expiry date.

Important considerations

- Select the correct product for the intended task (e.g., cleaning or disinfecting)
- Use AHS-approved cleaning solutions and disinfectants
- Check the expiry date prior to use
- The presence of organic soil reduces the effectiveness of disinfectants. Use a two-step process for surfaces that are visibly soiled. Use one wipe to clean and another wipe to disinfect.
- Store all disinfectants out of the reach of children and confused individuals
- Ensure manufacturer's recommended wet-contact time is achieved for proper disinfection
- Cleaning and disinfecting products must have a Material Safety Data Sheet (MSDS) for staff to refer to at all times and labels must be clearly marked
- Do not use two different types of cleaning/disinfecting products on the same equipment/environmental surface as the chemicals may react with each other (e.g., accelerated hydrogen peroxide products and quaternary ammonia products)

Laboratory specimens

- Use [routine practices](#) and wear appropriate PPE when collecting and handling laboratory specimens.
- Collect and process specimens in a manner that prevents transmission of microorganisms.
- Collect specimens in appropriate containers, label, and close tightly in biomedical waste bags prior to placing in transport container.
- 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.
- Check with local laboratory for specimen handling and transporting as they may vary from lab to lab.

AHS staff should refer to [Transportation of Dangerous Goods](#) for more detailed information. Check with your manager to determine if you are required to complete the learning module on Transportation of Dangerous Goods Class 6.2 Infectious Substances.



Non-AHS staff, please contact your manager.

Clean and sterile supplies

Handling

- Perform hand hygiene before accessing clean or sterile supplies
- Handle supplies as little as possible
- Remove items from shipping boxes before storage to prevent contamination with soil/debris from packing container
- Discard or reprocess any item dropped on the floor. Dropping supplies onto the floor can create enough force to push bacteria and dust into package without creating any visible indication of compromise.

Storage

- Store in a clean, dry, and protected area with minimal risk of exposure to moisture, dust, dirt, or vermin (e.g., not under sinks or near exposed pipes)
- Store supplies away from windows and air vents
- Separate sterile from non-sterile supplies with a functional barrier (e.g., drawer, bin or shelf)
- Store dirty or used supplies in a separate area away from clean or sterile supplies
- Arrange supplies in a manner that prevents crushing, bending, compressing or puncturing the package
- Have a stock rotation system

Refer to the [Best Practice Recommendations for Storage of Clean and Sterile Supplies in Clinical Areas](#) for additional information. Information includes cleaning frequencies.

Shelving/cabinets

- Select materials that are non-porous, non-shedding, easily cleaned, free of burrs and sharp or rough edges
- Ensure top and bottom shelves of a shelving unit are impervious and:
 - 25 cm (10 in) off the floor to permit routine cleaning;
 - 45 cm (18 in) in from the ceiling to ensure adequate functioning of fire extinguishers;
 - 5 cm (2 in) in from an outside wall to eliminate moisture damage created by temperature changes.
- Restrict access to storage areas to minimize traffic. If supplies are located in a large storage room, locate sterile supplies away from doorways and high traffic areas
- Choose closed or covered cabinets. Open shelving may be used if the area has limited access and is frequently cleaned and disinfected
- If clean and sterile supplies must be stored within the same cupboard or on the same shelving unit, store sterile items above clean items to reduce the risk of lint, dust and other debris falling from clean items onto sterile items

Bins

- Always use impervious, smooth, cleanable bins for storage
- Never store clean or sterile supplies in outside shipping cartons or corrugated cardboard boxes. Corrugated cardboard boxes are porous and cannot be cleaned

Inspection

- Check package integrity prior to use (e.g., no punctures, no evidence of water stains or water damage)
- Consider supplies sterile unless package is damaged or dropped
- Check for manufacturer expiry date as some materials can deteriorate over time (e.g., latex rubber)
- Discard or reprocess if the package integrity is compromised

Cleaning logs

- Clean storage areas on a regularly scheduled basis
- Cleaning procedures should always be available to staff and indicate cleaning frequency
- Cleaning logs should be dated with time and signed after every cleaning

Equipment or supplies in client home

- Limit the amount of reusable equipment brought into the client's home
- Dedicate client care equipment until the client is discharged from services
- Dispose of single-use and single-client use equipment as per manufacturer written instructions
- Educate client regarding the cleaning and storage of equipment and supplies
- Keep client equipment and supplies out of reach from pets, children and confused individuals.
- Store contaminated, reusable items in a sealable plastic container labelled "dirty" for transport to an appropriate facility for cleaning and disinfection. Check with [local zone IPC](#) for additional information
- Discard all unused disposable equipment kept in the client's home upon discontinuation of services

Professional supply bags

Professional supply bags are any type of bag or container used to transfer supplies from one place to another. This includes supplies used for home visits or outreach clinics.

Professional supply bags are considered non-critical items as they do not come in contact with the client. When in the client's home, the bag should be placed on a clean, dry surface away from small children, pets and confused individuals. If there are environmental concerns where care is provided, do not bring the supply bag into that site. When this is not possible, place a barrier under the bag. Discard barrier after use.

The professional bag will have ready access to at least two (2) compartments:

- Clean
- Contaminated

Special considerations for professional supply bags

- Perform hand hygiene prior to removing items.
- Remove all required supplies prior to performing care.
- Store documentation items in a separate panel in the clean compartment, or preferably in a clean external compartment of the professional bag. A second bag for documentation is also a viable option.
- Clean professional bags and contents at least monthly, and when visibly soiled.
- Clean all pockets, seams and straps inside and outside with a low-level disinfectant, according to manufacturer directions.

Information Technology, Telephone Equipment and Devices

The [Best Practice Recommendation on Cleaning and Disinfection of Information Technology Equipment and Devices](#) provides information on, but is not limited to, computers, keyboards, accessories, telephones and pagers.

Toys

The [IPAC Canada Practice Recommendations for Toys](#) provides information on cleaning and disinfection of toys.

The information on the following pieces of equipment will be removed from this manual when AHS has published the corresponding Best Practice Recommendations.

Ice and ice machines

Please see [AHS IPC Best Practice Documents](#).

[Safe Distribution of Ice and Water in Healthcare Facilities \(2016\)](#)

- [Safe Water and Ice Distribution Poster](#)
- [Ice Machine Tips Poster](#)
- [Sample Cleaning, Disinfection, and Maintenance Documentation Log](#)

Hydrotherapy tanks

Hydrotherapy tanks can be a source of microorganism transmission. The warm tank water, constant agitation and aeration, as well as their design provide ideal conditions for bacterial proliferation if the equipment is not properly maintained, cleaned and disinfected.

- Consult [Infection Prevention and Control](#) prior to replacing or purchasing this type of equipment.
- Follow manufacturer instructions for cleaning and disinfection.
- Keep maintenance and cleaning logs.
- Keep equipment (e.g., parallel bars, plinths, wheelchairs) away from hydrotherapy tanks as the equipment can become contaminated through splashing.
- Avoid storing supplies in close proximity to tanks.

Paraffin wax baths

It is essential not to contaminate the heating vessel and wax.

- Always use a separate, dedicated tool for accessing wax from the heating vessel.
- Never place contaminated items or “double dip” into the heating vessel and wax.
- Never use on clients with open wounds.
- Always transfer wax into a single-use, disposable bowl or plastic bag for application.
- Always discard bowl or plastic bag after use.
- Always discard wax after use on a client.
- Ensure the heating vessel is cleaned and maintained according to the manufacturer instructions.
- Keep a log of maintenance and cleaning.

Interferential therapy machines

In laboratory and clinical situations, this treatment modality has resulted in transmission of microorganisms from one individual to another. To reduce the risk of transmission:

- Always clean and disinfect suction cups, sponges and cables between clients according to manufacturer instructions.
- Disposable electrodes are recommended.
- Perform treatment only on clients with intact skin.

Medical gels

The [Infection Prevention and Control Canada's Position Statement on Medical Gels](#) provides information on medical gels.

Hydrocollators

- Always perform hand hygiene before accessing supplies.
- Using a low-level disinfectant, wipe the outside of the hydrocollator daily. Clean the outside of the hydrocollator using the two-step cleaning and disinfection process. Let air dry.
- Clean the inside of the hydrocollator according to manufacturer written instructions, and if visibly soiled.
- Maintain a cleaning and daily water temperature log.

Environmental cleaning

Environmental cleaning practices are important in minimizing the spread of microorganisms. The purpose of the recommendations and links below are to describe Infection Prevention and Control (IPC) principles to be used when cleaning the healthcare environment.

The AHS [Principles of Environmental Cleaning and Disinfection](#) document provides pertinent background information and environmental cleaning frequency expectations.

For AHS staff, the Environmental Services Standards, Guidelines & Protocols provides useful information.



Where custodial services are provided by a vendor, it is important to review the contract to assure that expectations of infection prevention and control policies are met and to establish accountability for practices such as frequency of cleaning, surfaces to be cleaned, cleaning/disinfecting agents, etc.

The [Environmental Cleaning & Disinfection for Emergency Vehicles](#) document from IPAC provides information on cleaning and disinfection of emergency vehicles.

Blood and body fluid spills

For AHS staff, the *Cleaning of Blood and Body Fluids Hard Surfaces* and *Cleaning Blood and Body Fluids Carpet and Upholstery* guidelines provide details on cleaning blood and body fluids spills from hard surfaces, carpets and upholstery.

Follow these directions to access these protocols:



For AHS staff, exposures to blood and or body fluids must be reported to Workplace Health and Safety (WHS). The AHS Blood and Body Fluid Exposure Policy (BBFE) provides additional information.



For non-AHS staff:

- Perform hand hygiene.
- Use personal protective equipment (PPE) as needed. Protective footwear (i.e. booties) may be required for large spills. Replace personal protective equipment if it becomes damaged or soiled during the cleanup.
- Soak up blood and body fluids with absorbent material (e.g., paper towels or other disposable cloths).
- Change cleaning cloths when cloth is visibly dirty or no longer wet enough to allow for appropriate contact time.
- Restrict activity around the spill until the area has been cleaned, disinfected and completely dry.
- Handle contaminated material as little as possible and with minimal agitation to reduce aerosolization (e.g., do not shake soiled linen).
- Remove contaminated material from area in impervious bags.
- Decontaminate surrounding area.
- Steam clean upholstery/carpet with an industrial carpet cleaner immediately if possible. If one is not available, arrange for the upholstery/carpet to be cleaned as soon as possible. If upholstery cannot be cleaned, or is super saturated with blood and body fluids, it must be reported to the supervisor or manager. The supervisor or manager will determine if upholstery should be disposed of or replaced.
- Remove PPE.
- Wash hands with soap and running water.

Non-AHS staff must follow their agency's/manager's directions for reporting blood and body fluid exposures and follow-up.

Linen

Most community-based services use single-use, disposable drapes, gowns and other linen. If your program uses reusable linen, these may include items such as:

- bed sheets;
- blankets;
- pillowcases;
- towels;
- cloth wraps for ice packs or hot packs;
- therapy cloths; and
- stretcher covers/sheets.

Linen should be:

- considered contaminated after use;
- handled as little as possible with minimum agitation and shaking;
- held away from the body to prevent contamination of personal clothing;
- discarded directly into garbage, or if reusable into a soiled linen bag;
- never placed on the floor.

Linen bags should be:

- of sufficient strength to hold the linen;
- leak resistant;
- filled no more than $\frac{3}{4}$ full;
- tied securely;
- discarded after each use if disposable;
- easy to launder and laundered after each use if reusable.

Soiled linen bags should be easily accessible at point of use.

All sharps must be removed prior to placing items in the laundry hamper or garbage.

Important considerations

- Wear appropriate personal protective equipment (PPE) to sort and process laundry as determined by soil level. Perform [hand hygiene](#) before donning PPE. Remember to follow the appropriate [hand hygiene](#) moments when doffing PPE.
- Handle clean linen with clean hands in a way that prevents contamination and ensures its cleanliness.
- Use separate carts for clean and dirty linens.
- Remove gross soiling (e.g., feces) from linen without agitation. Discard gross soil in garbage or toilet.
- Implement procedures to prevent sharps being discarded with the laundry.
- Follow detergent instructions for load size and load soiling.
- Follow manufacturer written instructions regarding amount of detergent and water temperature.
- 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.

Waste and sharps handling

General waste

General waste from healthcare settings is no more hazardous than general household waste. General waste does not require special disposal methods. Examples of general waste in healthcare settings include cotton balls, gauze, dressings, gloves, disposable gowns, tissues, disposable needle-guided tubes, alcohol wipes, Band-Aids and Intrauterine Devices (IUDs).

- Handle waste as little as possible.
- Make a container available at each workstation; ensure it is not easily accessible by young children, pets or confused individuals.
- Line waste containers with a plastic bag.
- Double bag only if the integrity of the bag is compromised or the outside is visibly soiled.
- Clean waste containers inside and out regularly, and when visibly soiled.
- Pick up or arrange for pick up regularly. If waste pick up is delayed, do not place garbage in hallways or common traffic areas.
- Use hands-free garbage containers.
- Empty when $\frac{3}{4}$ full.

Biomedical waste

Biomedical waste can be classified as one of the following:

- **Contaminated sharps** – needles, lancets, staple removers, cord clamps, syringes, blades and other glass that has come in contact with blood, body fluids or microorganisms. It does **not** include unused drug vials and 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**
- **Human anatomical waste** – human tissue, organs and body parts. It does **not** include teeth, hair and nails (these are considered general waste).
- **Animal waste** – animal tissue, organs, and body parts (most often associated with research laboratories)
- **Laboratory waste**

For AHS staff, AHS biomedical waste disposal protocols provide more information.



For non-AHS staff, please contact your manager.

It is important to note that reusable linen saturated or dripping with blood and/or body fluids may be placed into soiled linen bags for laundering.

Handling of sharps

Sharps include needles, knives, scalpels, blades, scissors and other items that can cut or puncture the skin. These may be contaminated with blood and body fluids and are considered biohazardous.

Special considerations for safe handling of sharps

Staff

- Carry a small sharps container in vehicle at all times. Be prepared.
- Ensure containers are safely placed in the client's home, mobile clinic or other settings. When placing sharps container, be mindful of children, confused individuals, people who use intravenous drugs, etc.
- 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.
- Do not keep sharps container near clean supplies.
- Dispose of sharps containers when $\frac{3}{4}$ full or when sharps reach the indicated line on the bin. Place sharps containers into a large sharps disposal bin in a dirty utility area away from public access.

Clients

- 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.

Refer to the [AHS Single-Use Policy](#) and [Alberta Occupational Health and Safety Code](#) for additional information.

Routine Practices with additional precautions

When there is indication that [routine practices](#) are not sufficient to prevent the transmission of infectious agents, Additional Precautions should be implemented.

General principles

- Prior to every client interaction or task, in all healthcare settings, healthcare providers have a duty to assess the infectious risk posed by a client, situation or procedure using a [point-of-care risk assessment \(PCRA\)](#).
- Use [routine practices](#) for all clients when wound drainage and body fluids (e.g., sputum, feces, urine, blood) are contained, the individual is cooperative and is able to practice good personal and hand hygiene. If there is a higher risk of transmission of an infectious agent, implement Additional Precautions (refer to chart below).
- Additional precautions (airborne, contact and droplet) are put in place to prevent transmission of specific organisms or infections that may not be fully prevented by routine practices. Continue with [routine practices](#) even with the application of additional precautions.

Airborne precautions

- N95 respirators are used with suspected or confirmed cases of airborne infections (e.g., tuberculosis, chicken pox, disseminated shingles, measles). A seal-check must be done each time an N95 respirator is worn.
- Apply N95 respirators before entry to the residence and remove after exit.
- Perform hand hygiene before putting on & immediately after taking off N95 respirator.

Droplet precautions

- Don and doff PPE inside the client's residence.
- Maintain a minimum 2m (6 feet) distance from the client while donning or doffing.

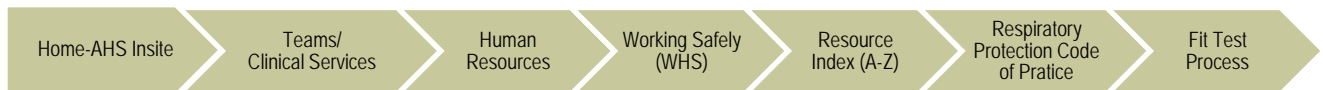
Contact precautions

- Don and doff PPE as per point-of-care risk assessment.

The [IPC Continuing Care Resource Manual Glossary](#) provides definitions of airborne, droplet and contact precautions.

General principles (continued)

- N95 Respirators are used with suspected or confirmed airborne infections (e.g., tuberculosis, chicken pox, disseminated shingles, measles) and aerosol-generating medical procedures (AGMP). For more information on AGMP, refer to AHS [Point-of-Care Risk Assessment for Patients with Influenza-Like Illness \(ILI\) or Confirmed Influenza](#).
 - Staff must be properly fit-tested for N95 respirators in compliance with Canadian Standard Association (CSA) Standard Z94.4-02. Check with your manager or local Workplace Health and Safety representative to determine if you need to be fit-tested for an N95 respirator.
 - AHS staff - WHS Fit Test Process provides more information on N95 Respirator fit testing.



- Perform a seal-check each time you don a N95 respirator to ensure there is an adequate seal between the mask and your face.
 - Perform hand hygiene before putting on and immediately after taking off N95 respirator.
- Additional precautions used in acute care are not always appropriate in community-based services due to type of treatment, briefness of stay and lower risk of transmission.
- Factors to consider when deciding if additional precautions are required:
 - Individual's mental status, ability to cooperate, level of self-care and personal hygiene
 - Ability to contain secretions, drainage or excretions to prevent soiling of the environment
 - Clinical conditions that increase risk of transmission:
 - symptoms of an infectious respiratory or gastrointestinal illness
 - other potentially communicable disease presentations (e.g., new onset of fever, undiagnosed rash)
 - Individual presenting from a unit or facility who is on [outbreak management](#) protocol
- Follow the recommendations found on the AHS [Infection Prevention and Control Continuing Care Resource Manual](#) for organism-specific additional precautions.
- When clients on additional precautions are transferred to another facility, notify the receiving area or facility of the client's status prior to departure.

Special considerations for additional precautions in Community-based Services

- Ensure the healthcare provider and client perform [hand hygiene](#) immediately before and after using essential therapeutic tools that cannot be cleaned (e.g., books, puzzles, tactile stimulation items, etc.). When items become damaged, visibly soiled or are used in a circumstance where additional precautions are necessary, they must be discarded.
- Additional precautions for individuals in community-based services may be discontinued when the risk of transmitting infectious agents to others can be managed with [routine practices](#) determined by [Point-of-Care Risk Assessment \(PCRA\)](#).
- Run an empty wash load with one cup of household chlorine bleach and water only (no clothes) after heavily soiled loads of laundry or if client is on additional precautions.

Routine Practices with Additional Precautions Chart for Community Settings

Risk of Transmission	Assessment of Individual	Placement and Precautions
LOW	<ul style="list-style-type: none"> No signs/symptoms of communicable diseases (e.g., fever, rash, diarrhea, cough) Cooperative, but may need prompting or assistance with hand hygiene, toileting practices, etc. Contained drainage of body fluids by wound care or incontinence products 	<ul style="list-style-type: none"> Routine practices with prompting/assistance as needed
HIGH	<ul style="list-style-type: none"> Signs/symptoms of communicable diseases (e.g., fever, rash, diarrhea, cough) Uncooperative, even with prompting or assistance (e.g., unable or unwilling to perform hand hygiene, change soiled dressings, incontinence products or clothes, etc.) Uncontained drainage of body fluids that regularly soil the environment Severe, non-intact skin conditions with shedding or flaking skin (e.g., extensive dermatitis or psoriasis) 	<p>Additional precautions required</p> <ul style="list-style-type: none"> Consider booking at end of day or during periods of low activity Individuals with a suspected communicable disease should not sit in the waiting room and instead be moved to the exam/treatment space as quickly as possible Clean and disinfect high-touch surfaces and equipment following visit (two-step process) Maintain social distancing (2 meters separation) for droplet transmission risk; mask individual as required Keep door closed if the client has a suspected airborne disease. Client must wear procedure mask. Refer to Airborne Precautions document for more information. Keep door closed for aerosol generating medical procedures (AGMP) if client has suspected or confirmed influenza-like illness (ILI). See the Respiratory (ILI) Algorithm for a list of AGMP. For more information on additional precautions, see the Infection Prevention and Control Continuing Care Resource Manual information sheets and posters

Airborne Precautions

- N95 respirators are used with suspected or confirmed cases of airborne infections (e.g., tuberculosis, chicken pox, disseminated shingles, measles)
- Apply N95 respirators before entry to the residence and remove after exit
- Perform hand hygiene before putting on & immediately after taking off N95 respirator

Droplet Precautions

- Don and doff PPE inside the client's residence
- Maintain a minimum 2m (6 feet) distance from the client while donning or doffing

Contact Precautions

- Don and doff PPE as per [Point-of-Care Risk Assessment \(PCRA\)](#)

APPENDIX A

Quick guide to Infection Prevention and Control in Community-based Services

Use the quick guide when access to the complete online manual is not convenient or available. When the following two documents are printed 'back-to-back' and laminated, the document can easily be cleaned and disinfected, and can be tucked into a pocket or professional supply bag.

Quick Guide to Infection Prevention and Control in Community-based Services

Infection Prevention and Control (IPC) strategies are designed to help prevent the spread of microorganisms. This quick guide tool is designed to assist healthcare providers in carrying out proper IPC measures at all times, with all clients.

RESOURCES

Add personal contact information for the following:

- Infection Control Professional
- Outbreak Lead, GI
- Outbreak Lead, RESP
- Health Link
- Public Health, TB
- Public Health, Communicable Disease
- Environmental Public Health
- Workplace Health and Safety



Infection Prevention and Control Website:
<http://www.albertahealthservices.ca/6410.asp>

HAND HYGIENE

- Use AHS-approved, personal-size alcohol-based hand rub (ABHR) when AHS dispensers are not available
- If no sink is available, use a pre-moistened hand towelette to remove visible soil and follow with hand hygiene using ABHR
- Do not leave ABHR in the client's home or where it may be accessed by children or confused individuals
- Do not use client's bar soap or fabric towels; paper towels may be used

POINT OF CARE RISK ASSESSMENT

Before providing care, consider the client, situation, and task to determine the risk of contact with blood, body fluids or substances (e.g., spray from coughing or sneezing, blood, urine; soiled clothing, equipment, or environments). Don appropriate PPE.

ADDITIONAL PRECAUTIONS

AIRBORNE PRECAUTIONS

Client stays in separate room with door closed. Dedicate bathroom if possible. Client to wear a procedure mask if out of room or leaving the home for essential healthcare visits.

DROPLET PRECAUTIONS

Client stays in separate room or at least stays greater than two meters from others (door may remain open). Dedicate bathroom if possible. Client to wear a procedure mask if leaving the home for essential healthcare visits.

CONTACT PRECAUTIONS

Dedicate bathroom if possible. Bathroom should be cleaned and disinfected after each use.

ADVICE FOR ALL CATEGORIES (In addition to Routine Practices)

Dishes, Laundry and Environmental Cleaning:

- Refrain from sharing client's used dishes, face cloths, towels, or personal items
- Wash dishes as usual with hot soapy water or dishwasher
- Clean frequently touched surfaces with regular household cleaner/disinfectants at least daily and when visibly soiled
- Wash heavily soiled items separately. Less soiled items do not require special handling. Choose a cycle setting compatible with the fabric. Follow the detergent manufacturer's directions for product amount and water temperature.

Household contacts and visitors:

- Advise susceptible individuals not to visit during the contagious period of the disease
- Instruct family and caregivers on importance of good hand hygiene

DONNING PPE

Refer to the AHS IPC donning poster for sequencing

All categories: Prepare a clean surface to lay out PPE and ensure the surface is away from the client and the client's immediate environment

AIRBORNE PRECAUTIONS

Don fit-tested N95 respirator before entering the residence

DROPLET PRECAUTIONS

Don procedure mask and eye protection at a distance of > 2m from the client

CONTACT PRECAUTIONS

Don gown and gloves

DOFFING PPE

Refer to the AHS IPC doffing poster for sequencing

All categories:

Discard all PPE in regular garbage in the client's home or bag for disposal at the clinic

AIRBORNE PRECAUTIONS

Doff N95 respirator at the doorway, just before leaving the client's residence

DROPLET and / or CONTACT PRECAUTIONS

Doff PPE at a distance > 2m from the client

HANDLING CLIENT CARE ITEMS AND EQUIPMENT

- Separate clean and contaminated supplies and equipment
- Bring minimal supplies into client's space
- Do not return unused supplies, left in the client's home, to the clinic

USED SHARPS TRANSPORT AND DISPOSAL

- Transport upright and out of eyesight in an approved sharps container
- Transport separate from clean supplies
- Refer to local bylaws for client disposal of sharps

APPENDIX B

Isolation Pocket Reference for Community, Ambulatory and Residential Living Sites

Isolation Pocket Reference for Community, Ambulatory and Residential Living Sites

(NOTE: THIS IS NOT AN INCLUSIVE LIST. Refer to the IPC [Community-based Services IPC Manual](#))

DISEASE OR SYMPTOM PRESENTATION • Bulleted items refer to 'symptom presentations'	N95 Respirator (fit testing required)	Procedure Mask and eye protection	Gown	Gloves
AIRBORNE				
• Cough (>2 weeks), weight loss, night sweats and abnormal chest x-ray in persons with risk factors for pulmonary TB (e.g., Immigrant, Aboriginal, homeless, HIV)	✓			
• Fever with maculopapular rash, cough, conjunctivitis and coryza	✓			
Measles (N95 required if the HCW's immunity unknown)	✓			
TB (pulmonary or laryngeal)	✓			
AIRBORNE AND CONTACT				
• Fever with vesicular rash, headache, sore throat, cough	✓		✓	✓
Chickenpox (N95 required only if the HCW is not immune to chickenpox)	✓		✓	✓
Shingles, disseminated or localized in immunocompromised host (N95 required only if the HCW is not immune to chickenpox)	✓		✓	✓
DROPLET				
Haemophilus influenza (Type B only) invasive disease		✓		
Mumps		✓		
Pertussis		✓		
Rubella		✓		
DROPLET AND CONTACT				
• Acute respiratory tract infection with any of: new cough or change in chronic cough, pharyngitis, fever, myalgia, arthralgia, headache		✓	✓	✓
• Diarrhea and vomiting (cause not known)		✓	✓	✓
• Headache, fever, neck stiffness, photophobia, petechial rash, decreased LOC		✓	✓	✓
Group A Streptococcus (GAS) pharyngitis, scarlet fever or invasive disease		✓	✓	✓
Influenza A or B or influenza-like illness (ILI)		✓	✓	✓
Meningococcal disease		✓	✓	✓
MRSA with cough and poor adherence to hand and respiratory hygiene		✓	✓	✓
Respiratory virus (includes adenovirus, coronavirus, parainfluenza, rhinovirus, RSV)		✓	✓	✓
CONTACT				
• Diarrhea, acute with possible infectious cause and no vomiting			✓	✓
• Wound or cellulitis with uncontained drainage			✓	✓
Antibiotic Resistant Organisms (MRSA, VRE, CRE, ESBL, etc.) – <i>only if uncontained drainage, poor hygiene and/or is soiling the environment</i>			✓	✓
Clostridium difficile diarrhea			✓	✓
Hepatitis A			✓	✓
Impetigo with uncontained drainage			✓	✓
Lice (lice don't jump or fly)			✓	✓
Scabies (scabies don't jump or fly)			✓	✓
Shingles, localized in a normal host and draining lesions cannot be covered			✓	✓