

Practice Scenarios

Continuing Care

Practice Scenarios			
	Question	Answer	References/Rationale
1.	<p>Is a HCW giving oral medications to multiple residents in a common area (e.g., dining room) required to perform hand hygiene (HH) before each resident even if the HCW does not touch or assist the resident to take the medication?</p> <p>For example in the dining room: HCW dispenses and delivers medication to resident 1. The HCW does not assist resident 1 to take medication (i.e., does not hold medication cup to mouth or touch the resident's glass of water). The HCW then goes on to prepare and deliver medication to resident 2.</p>	<p>When oral medications are distributed to multiple residents in a common area:</p> <ul style="list-style-type: none"> • The HCW must clean their hands before they begin and after they end the activity. • If during medication administration there is a body fluid exposure or mucous membrane exposure, staff must clean their hands before continuing (e.g., after body fluid exposure such as saliva contamination or after caregiver hands touch a mucous membrane). • If any direct hands-on care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) is provided during the medication administration activity hand hygiene must be performed before continuing. 	<p>Adapted From <i>Just Clean Your Hands</i> Implementation Guide. Ontario's step-by-step guide to implementing a hand hygiene program in long-term care www.publichealthontario.ca/en/eRepository/implementation-guide.pdf</p> <p><i>“Many of the activities in long-term care homes are shared activities and the approach to hand hygiene incorporates these shared activities. To reduce the spread of organisms, residents, staff, volunteers and family members are to clean their hands before beginning and after ending the activity. if staff, volunteers or family members provide any direct care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) in areas where shared or group activities occur, the four moments for hand hygiene are to be followed;</i></p> <ul style="list-style-type: none"> ○ <i>hands of residents, staff, volunteers or family members are to be cleaned before assisting with meals or snacks;</i> ○ <i>hands of staff are to be cleaned before beginning medication administration; and</i> ○ <i>if, during medication administration or assisting with meals or snacks of one or more residents, there is exposure of the hands to saliva or mucous membranes, hands should be cleaned before continuing”.</i> <p>See AHS Hand Hygiene Policy and Procedure: http://www.albertahealthservices.ca/6426.asp</p>

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2.	What are the expectations for hand hygiene when one HCW is feeding multiple residents?	<p>When one caregiver is feeding multiple residents in the dining room they must clean their hands:</p> <ul style="list-style-type: none"> • before they begin and after they end the activity. • if there is exposure of the hands to saliva or mucous membranes • If any direct hands-on care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) 	<p>Adapted From <i>Just Clean Your Hands</i> Implementation Guide. Ontario's step-by-step guide to implementing a hand hygiene program in long-term care: www.publichealthontario.ca/en/eRepository/implementation-guide.pdf</p> <p><i>"Many of the activities in long-term care homes are shared activities and the approach to hand hygiene incorporates these shared activities. To reduce the spread of organisms, residents, staff, volunteers and family members are to clean their hands before beginning and after ending the activity. if staff, volunteers or family members provide any direct care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) in areas where shared or group activities occur, the four moments for hand hygiene are to be followed;</i></p> <ul style="list-style-type: none"> ○ <i>hands of residents, staff, volunteers or family members are to be cleaned before assisting with meals or snacks;</i> ○ <i>hands of staff are to be cleaned before beginning medication administration; and</i> ○ <i>if, during medication administration or assisting with meals or snacks of one or more residents, there is exposure of the hands to saliva or mucous membranes, hands should be cleaned before continuing".</i> <p>See <u>AHS Hand Hygiene Policy and Procedure</u>: http://www.albertahealthservices.ca/6426.asp</p>
3.	Do I need to wear gloves to give oral medications to a resident who is not on any additional precautions?	No, gloves should not be worn to give oral medications to a resident. Hands should be cleaned before and after resident contact.	<p>See <u>Routine Practices Information Sheet</u>: http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc</p> <p>See <u>Glove Fact Sheet</u>: http://www.ahsweb.ca/ipc/proper-glove-use-ppe-fact-sht-z0-rm-cc</p> <p>When should I wear gloves?</p> <ul style="list-style-type: none"> • before contact or potential contact with blood, body fluids, mucous membranes or non intact skin. • before contact with equipment or environment soiled with blood, body fluids. <p>See <u>AHS Hand Hygiene Policy and Procedure</u>: http://www.albertahealthservices.ca/6426.asp</p>

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4.	Are gloves required when providing a tub bath?	Gloves are not required when providing a tub bath as the water dilutes body fluids making the exposure risk minimal. Caregiver's hand contact time with the water should not be continuous.	See <u>Glove Fact Sheet</u> : http://www.ahsweb.ca/ipc/proper-glove-use-ppe-fact-sht-z0-rm-cc See <u>Routine Practices Information Sheet</u> : http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc See <u>Point of Care Risk Assessment (PCRA)</u> : http://www.ahsweb.ca/ipc/pcra-routine-practices-z0-rp-ac
5.	Are gloves required when providing a bed bath /bath in a bag?	Gloves are not required when giving a bed bath or bath-in – bag unless there is potential for direct contact with body fluids (e.g., any contact with urine or feces or mucous membranes [e.g. pericare]).	See <u>Glove Fact Sheet</u> : http://www.ahsweb.ca/ipc/proper-glove-use-ppe-fact-sht-z0-rm-cc See <u>Routine Practices Information Sheet</u> : http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc See <u>Point of Care Risk Assessment (PCRA)</u> : http://www.ahsweb.ca/ipc/pcra-routine-practices-z0-rp-ac
6.	Should gloves be worn to carry soiled laundry from a resident's room to the soiled laundry room?	Soiled laundry should be placed directly into a laundry bag at point of use. Gloves are not needed to transport the laundry bag to the soiled laundry room. If a laundry bag is not available at point of use: <ul style="list-style-type: none"> • Gloves should be worn to carry soiled laundry to the soiled laundry room. • Once laundry is deposited in a hamper, gloves must be removed and hands cleaned. • Care must be taken not to touch any items (e.g., door handles) with soiled gloves during transport. Any items touched with soiled gloves must be cleaned and disinfected with an appropriate cleaner/disinfectant. 	See <u>Routine Practices Information Sheet</u> : http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc

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7.	What PPE are required by environmental services when cleaning a room where the resident is colonized with an ARO?	<p>In Continuing Care: Residents colonized or infected with an ARO who are managed with Routine Practices:</p> <ul style="list-style-type: none"> Environmental Services staff follow facility approved procedures and practices for Routine Practices. Additional PPE is not needed. <p>Residents colonized or infected with an ARO who are on Additional Precautions:</p> <ul style="list-style-type: none"> Environmental Services staff follow the PPE recommendations noted on the specific Additional Precaution sign or in the specific Additional Precaution Information sheet. 	<p>See <u>Routine Practices Information Sheet</u>: http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc</p> <p>See specific Additional Precaution Information Sheet and Sign: http://www.albertahealthservices.ca/9237.asp</p> <p>See <u>Additional Precautions for ARO Positive Residents in Continuing Care</u>: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p>
8.	The IPC Precautions under PPE state: “If you need to wear a mask, you need to wear eye protection.” Does this apply to environmental services (ES) staff when cleaning the room of a resident on Additional Precautions that includes Droplet Precautions?	<p>ES are to follow the PPE recommendations on the Additional Precautions signage when the resident is in the room. If the resident has vacated or been discharged from the room then mask and eye protection are not required as there is no risk of resident coughing or sneezing within 2 metres of employee.</p>	<p>See <u>Droplet and Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/droplet-contact-precautions-sign-z0-rm-cc</p> <p>See <u>Droplet Precautions Sign</u>: http://www.ahsweb.ca/ipc/droplet-precautions-sign-z0-rm-cc</p>
9.	According to the contact precautions instructions, I do not need to wear gown/gloves to enter the room of a resident on contact precautions if I am not providing direct care. If I enter a room of a resident on contact precautions to deliver a food tray, for example, and I do not have gown/gloves on and the resident vomits all over the place when I am there, what should I do?	<p>If you enter a room of a resident on contact precautions without wearing a gown or gloves and then need to perform an activity that requires wearing a gown/gloves (i.e., direct care or at risk for contact with body fluids/contaminated items):</p> <ul style="list-style-type: none"> You must clean your hands, leave room, put on clean gown and gloves and then return to help resident. The gown/gloves must be removed and hands cleaned before leaving the room. 	<p>See <u>Point of Care Risk Assessment (PCRA)</u>: http://www.ahsweb.ca/ipc/pcra-routine-practices-z0-rp-ac</p> <p>See <u>Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/contact-precautions-sign-z0-rm-cc</p> <p>See <u>Contact Precautions Information Sheet</u>: http://www.ahsweb.ca/ipc/contact-precautions-info-sht-z0-rm-cc</p>

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10.	When, if ever, do family, visitors or volunteers need to wear PPE?	<p>Family, visitors or volunteers will need to wear Personal Protective Equipment (PPE):</p> <ul style="list-style-type: none"> • According to the recommendations on the specific Additional Precaution Signs; or • If advised to by facility staff when helping with direct care of a resident and there is a risk of direct contact with blood and body fluids. (Routine Practices) 	<p>See <u>Airborne and Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/airborne-contact-precautions-sign-z0-rm-cc</p> <p>See <u>Airborne Precautions Sign</u>: http://www.ahsweb.ca/ipc/airborne-precautions-sign-z0-rm-cc</p> <p>See <u>Droplet and Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/droplet-contact-precautions-sign-z0-rm-cc</p> <p>See <u>Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/contact-precautions-sign-z0-rm-cc</p> <p>See <u>Droplet Precautions Sign</u>: http://www.ahsweb.ca/ipc/droplet-precautions-sign-z0-rm-cc</p> <p>See <u>Routine Practices Information Sheet</u>: http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc</p> <p>See <u>Point of Care Risk Assessment (PCRA)</u>: http://www.ahsweb.ca/ipc/pcra-routine-practices-z0-rp-ac</p>
11.	How often should the bedding/linen be changed for residents with a known ARO?	Residents with a known ARO will have clean bedding and linen provided as per routine facility protocols. Bedding/linen should always be changed when visibly soiled or wet.	<p>See <u>Additional Precautions for ARO Positive Residents in Continuing Care</u>: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p> <p>See http://www.health.alberta.ca/services/continuing-care-standards.html</p>

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12.	In Acute Care, patients who are colonized with Antibiotic Resistant Organisms (AROs) are placed on additional precautions. Why is this different for Continuing Care?	<p>Current best practice guideline recommendations indicate that additional precautions which may be necessary in acute care are generally not needed in the continuing care settings. In Continuing Care while we are often caring for individuals with compromised health status we are also caring for them in their home. Studies have shown that prolonged isolation practices in the home setting have a negative impact on the quality of life for the individual. Continuing Care strives to provide a balance between the risk of transmission/infection and maintaining a sense of home.</p> <ul style="list-style-type: none"> • Routine Practices and correct hand hygiene are adequate for residents who have contained ARO colonization or infected secretions/excretions. • Because colonization with AROs is often not known, compliance with Routine Practices and Hand Hygiene is required in the care of ALL residents. • AROs are transmitted primarily via contaminated hands of staff so the single most effective way of preventing transmission is correct hand hygiene. • Additional Precautions are recommended only when the risk of transmission to others is assessed to be higher. See Additional Precautions for ARO Positive Residents in Continuing Care information sheet for details. 	<p>See Additional Precautions for ARO Positive Residents in Continuing Care: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p> <p>Centre for Disease Control (n.d.). LTC Isolation. Retrieved from http://www.cdc.gov/hicpac/pdf/isolation/isolation2007.pdf</p> <p>Public Health Agency of Canada – Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings (Appendix VIII) available at https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html</p> <p>Bradley, SF, Terpenning, MS, Ramsey, MA, et. al. Methicillin-Resistant <i>Staphylococcus aureus</i>: Colonization and Infection in a Long-Term Care Facility. <i>Ann Intern Med</i>. 1991; 115:417-422.</p> <p>Strausbaugh, LJ, Jacobson, C, Sewell, DL, et. al., Methicillin-Resistant <i>Staphylococcus aureus</i> in Extended-Care Facilities. <i>Infect Control Hosp Epidemiol</i>. 1991; 12:36-45.</p> <p>Bonilla, HF, Zervos, MA, Lyons, MJ, et. al. Colonization with Vancomycin-Resistant <i>Enterococcus faecium</i>: comparison of a Long-Term Care Facility with an Acute Care Hospital. <i>Infect Control Hosp Epidemiol</i>. 1997; 18:333-339.</p> <p>Spindle, SJ, Strausbaugh, LJ, Jacobson, C. Infections Caused by <i>Staphylococcus aureus</i> in a Veterans' Affairs Nursing Home Care Unit: A Five Year Experience. <i>Infect Control Hosp Epidemiol</i>. 1995; 16:217-223.</p> <p>Boyce, JM. Methicillin-Resistant <i>Staphylococcus aureus</i>. Detection, Epidemiology and Control Measures. <i>Infect Dis Clin North Am</i>. 1989; 3:901-913.</p> <p>Hsu, CCS. Serial Survey of .Methicillin-Resistant <i>Staphylococcus aureus</i> Nasal Carriage Among Residents in a Nursing Home. <i>Infect Control Hosp Epidemiol</i>. 1991; 12:416-421.</p>

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<p>13.</p> <p>November 2018</p> <p>For more information, contact Infection Prevention and Control infectionpreventioncontrol@ahs.ca</p>	<p>Which precaution sign should be used in an outbreak situation in continuing care facilities? Acute Care, Continuing Care and Outbreak Guidelines have slightly different recommendations for PPE.</p>	<p>In Continuing Care, use the Continuing Care Additional Precaution sign appropriate for the outbreak, which closely aligns with the recommendations for PPE in the outbreak guidelines.</p> <ul style="list-style-type: none"> • For Respiratory Outbreaks use the Continuing Care Droplet and Contact Precaution Sign • For GI outbreaks use the Continuing Care Contact Precaution Sign. Note: If resident is actively vomiting: Droplet and Contact Precautions <p>For respiratory outbreaks, the outbreak guidelines recommend wearing clean gloves on entry to the room. For clarification, if you are just stepping into the room entrance to do a quick check on a resident and will not be touching anything, gloves are not needed. If you will have contact with the resident or items in the room then gloves (and gowns) should be worn.</p>	<p>For Respiratory Outbreaks: The outbreak guidelines recommend:</p> <ul style="list-style-type: none"> • Wear procedure/surgical mask for any encounter, within two (2) metres, with a resident who has, or is suspected of having ILI. • When a mask or N95 respirator is worn, eye protection or face shields should also be worn for all resident care activities • Wear a gown for direct contact of clothing or forearms with resident or resident's environment • Wear clean non-sterile gloves on entry into resident's room or bed space. <p>The CC Droplet and Contact Precaution Sign recommends:</p> <ul style="list-style-type: none"> • Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room • Wear a procedure mask and eye protection within 2 metres of the resident. <p>For GI Outbreaks: The Outbreak Guidelines recommend:</p> <ul style="list-style-type: none"> • Wear clean Gloves and Gown to enter resident room or bed-space when providing direct care to symptomatic residents or when having any contact with items in the resident room; when cleaning an area contaminated with feces or vomitus, or gathering/handling specimens. • Wear Eye Protection and a Procedure Mask to protect your face when there is any risk of sprays of body fluids or when caring for residents who are actively vomiting. <p>The CC Contact Precaution Sign</p> <ul style="list-style-type: none"> • Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room <p>The CC Droplet and Contact Sign</p> <ul style="list-style-type: none"> • Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room • Wear mask, eye protection, when within 2 metres or 6 feet of resident. <p>The Norovirus (Disease and Condition Table) both Acute Care and Continuing Care recommend Contact Precautions. If resident is actively vomiting: Droplet and Contact</p> <p>See <u>Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/contact-precautions-sign-z0-rm-cc</p> <p>See <u>Droplet and Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/droplet-contact-precautions-sign-z0-rm-cc</p> <p>See <u>Outbreak Guidelines</u> http://www.albertahealthservices.ca/6421.asp</p>

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14.	<p>What additional precautions need to be taken with a resident with localized Shingles (Herpes Zoster) and the lesions CANNOT be covered?</p> <p><i>(Localized shingles have vesicular lesions that involve 2 or less dermatomes without visceral complications.)</i></p>	<p>Refer to <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u> under Shingles: (Herpes zoster) Varicella zoster virus – Normal Host with Localized Lesion (1 or 2 dermatomes) AND lesions that CANNOT be covered with dressings or clothing</p> <p>Under Precautions Needed – <u>Contact Precautions</u> are indicated</p> <p>Note: See specific Diseases and Condition Table for details</p>	<p>See <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u>: http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc</p> <p>See <u>Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/contact-precautions-sign-z0-rm-cc</p> <p>See <u>Contact Precautions Information Sheet</u>: http://www.ahsweb.ca/ipc/contact-precautions-info-sht-z0-rm-cc</p> <p>See <u>Dermatome Chart</u>: http://www.ahsweb.ca/ipc/info-hlth-care-providers-dermatome-chart-z0-rm-ac</p>
15.	<p>What additional precautions need to be taken with residents with disseminated shingles?</p> <p><i>(Disseminated shingles have vesicular lesions that involve multiple areas (more than 2 dermatomes) with possible visceral complications.)</i></p>	<p>Refer to <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u> under Shingles: (Herpes zoster) Varicella zoster virus – Disseminated.</p> <p>Under Precautions Needed: <u>Airborne and Contact Precautions</u> are indicated.</p> <p>Note: See specific Diseases and Condition Table for details</p>	<p>See <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u>: http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc</p> <p>See <u>Airborne and Contact Precautions Information Sheet</u>: http://www.ahsweb.ca/ipc/airborne-contact-precautions-info-sht-z0-rm-cc</p> <p>See <u>Airborne and Contact Precautions Sign</u>: http://www.ahsweb.ca/ipc/airborne-contact-precautions-sign-z0-rm-cc</p> <p>See <u>Dermatome Chart</u>: http://www.ahsweb.ca/ipc/info-hlth-care-providers-dermatome-chart-z0-rm-ac</p>

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16.	Why is there airborne precautions information when CC sites do not have any negative pressure rooms?	<p>While Continuing Care sites do not have negative pressure rooms and residents will require transfer to acute care, it is important for staff to follow correct airborne precaution measures until transport to an appropriate facility occurs:</p> <ul style="list-style-type: none"> • The Resident should be transferred to a facility with negative pressure rooms as soon as possible. • Staff must use an N95 respirator to enter the room of resident with a known or suspected disease transmitted by the airborne route (e.g., pulmonary tuberculosis, measles, and disseminated shingles). • The door of the room should be kept closed. • Remember a settle time of 4 hours must pass before staff should enter the room without wearing proper respiratory protection (i.e., N95 respirator). 	<p>See Airborne Precautions Information Sheet: http://www.ahsweb.ca/ipc/airborne-precautions-info-sht-z0-rm-cc</p> <p>See Airborne Precautions Sign: http://www.ahsweb.ca/ipc/airborne-contact-precautions-sign-z0-rm-cc</p>
17.	Why does Continuing Care have a 4 hour settle time for non-negative pressure rooms but Acute Care has a 2 hour settle time?	<p>The Centers for Disease Control and Prevention recommend that staff allow sufficient time for at least 99% of airborne particles to be removed before entering the room. The CDC has developed a chart to estimate clearance time needed for specific room air exchange rates. The primary factors affecting clearance time include: room air change rate and air mixing factor.</p> <p>In Acute Care, where ventilation systems are controlled and air exchange rates are known, this chart is easily applied. In continuing care facilities, where the air exchange rates are not always known, additional settle time was recommended to ensure staff and resident safety.</p>	<p>See Guidelines for Preventing the Transmission of <i>Mycobacterium tuberculosis</i> in Health-Care Settings, 2005 (MMWR Recommendations and Reports December 30, 2005/54 (RR17); 1 – 141: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm?s_cid=rr5417a1_e#tab1</p> <p>See Canadian Tuberculosis Standards, 7th Edition 2013 Chapter 15: https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition/edition-11.html</p> <p>See Public Health Agency of Canada – Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings (Appendix VIII) available at https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html</p>

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18.	Why do you not have to wear gloves in the room of a resident on Contact Precautions, except for when providing direct care?	<p>According to the recommendations for glove use for residents on Contact Precautions, staff are to wear gloves to enter resident room or bed space when:</p> <ul style="list-style-type: none"> • providing direct care (e.g., bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds, or toileting). • having any contact with items in resident room (including gathering and handling specimens) • cleaning any areas in resident room. <p>If a staff member is simply entering the room to check on a resident and is not providing direct care to the resident or not contacting items in the resident room, gloves are not needed as hands will not have been exposed to infectious organisms by touching the resident or items in the room.</p>	<p>See Contact Precautions Sign: http://www.ahsweb.ca/ipc/contact-precautions-sign-z0-rm-cc</p> <p>See Contact Precautions Information Sheet: http://www.ahsweb.ca/ipc/contact-precautions-info-sht-z0-rm-cc</p>
19.	<p>In settings that have Acute Care and Continuing Care (CC) joined facilities, HCWs (e.g., lab/DI /rehab) may perform direct care in both Acute Care and CC. In Acute Care, ARO status would mean the resident is on contact precautions and HCWs would use gown and glove in the room. In CC, the ARO positive resident may not be on additional precautions.</p> <p>Is there a risk of cross contamination from CC to Acute Care when HCWs go between these settings?</p>	<p>For continuing care residents infected or colonized with an ARO who have been assessed and are being managed with Routine Practices:</p> <ul style="list-style-type: none"> • There is minimal risk of transmitting organisms to acute care patients if all staff follow Routine Practices and practice correct hand hygiene. • AROs are transmitted primarily via contaminated hands of staff so the single most effective way of preventing transmission is correct hand hygiene. • Cleaning medical devices & equipment after use on any resident will also prevent transmission. • Signage is not required <p>For continuing care residents infected or colonized with an ARO AND have been assessed and require Additional Precautions:</p> <ul style="list-style-type: none"> • Applicable signage should be posted • Staff should follow recommendations on sign • If facility chooses not to use signage, they should develop a method of communicating needed Additional Precautions to all staff. <p>See Practice Question 12 for additional information.</p>	<p>See Additional Precautions for ARO Positive Residents in Continuing Care: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p> <p>See Routine Practices Information Sheet: http://www.ahsweb.ca/ipc/routine-practices-info-sht-z0-rp-cc</p> <p>See Point of Care Risk Assessment (PCRA): http://www.ahsweb.ca/ipc/pcra-routine-practices-z0-rp-ac</p>

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20.	It is the beginning of your shift. You are currently doing the vital signs for Mr. Smith, when Mr. Jones calls for assistance getting dressed. The two residents' are sharing a room. What is your first action before going to help Mr. Jones?	<p>Clean your hands Perform a new point of care risk assessment</p> <ul style="list-style-type: none"> • What is Mr. Jones like? • How much help does he need? • Does he have any open wounds? A catheter? • Is there a chance of coming into contact with blood or other body fluids? <p>If there is a risk of contact with blood or body fluids; clean your hands and put on the correct personal protective equipment before providing care.</p>	<p>See Routine Practices Information Sheet:</p> <p>See Point of Care Risk Assessment (PCRA):</p> <p>See Personal Protective Equipment:</p>
21.	<p>Mrs. Lee is in the dining room waiting for her lunch. She needs feeding assistance and her family members are not present at this time.</p> <p>Before helping Mrs. Lee, what is your first step?</p>	<p>Before feeding a resident the first step is to Clean your hands.</p>	<p>See AHS Hand Hygiene Policy and Procedure:</p>
22.	<p>You have just finished Mr. Johnson's pressure ulcer dressing change to his left heel. His incontinence product now needs to be changed.</p> <p>What are the steps you take after completing the dressing change and before changing his incontinence product?</p>	<p>Remove your gloves Clean your hands Perform a point of care risk assessment</p> <ul style="list-style-type: none"> • Will my hands be in contact with blood or body fluids or contaminated items? • Will my clothing be in contact with blood or body fluids or contaminated items? • Will my eyes or face be splashed with blood or body fluids? <p>Put on correct personal protective equipment. As your hands will be in contact with the incontinence product, put on clean non-sterile gloves, after cleaning your hands and just before changing the incontinence product. When task completed, remove gloves and clean your hands before leaving the room.</p>	<p>See Point of Care Risk Assessment (PCRA):</p> <p>See AHS Hand Hygiene Policy and Procedure:</p> <p>See Glove Fact Sheet:</p>

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23.	<p>Mrs. Jones has been diagnosed by her physician as having Shingles. You haven't seen someone with shingles before and are unsure if Additional Precautions are necessary. Mrs. Jones has only one dermatome involvement. She is not immunocompromised and she is willing to keep the affected area covered.</p> <p>What should you do?</p>	<p>Look in <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u> under Shingles: (Herpes zoster) Varicella zoster virus – Normal Host with Localized Lesion (1 or 2 dermatomes) AND lesions that CAN be covered with dressings or clothing</p> <p>Under Precautions Needed – Routine Practices are indicated</p> <p>Note:</p> <ul style="list-style-type: none"> • Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid. • HCWs, roommates and caregivers should be immune to chickenpox. 	<p>See <u>The Continuing Care IPC Resource Manual Diseases and Conditions Table</u>: http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc</p> <p>See <u>Dermatome Chart</u>: http://www.ahsweb.ca/ipc/info-hlth-care-providers-dermatome-chart-z0-rm-ac</p>
24.	<p>Mrs. Smith has recently returned from Hospital. Upon return you have been informed that she is now positive for MRSA.</p> <p>What should you do?</p>	<p>Refer to the <u>Additional Precautions for ARO Positive Residents in Continuing Care information sheet</u>:</p> <p>Conduct a risk assessment to determine what, if any, additional precautions are needed.</p> <p><i>e.g., Use <u>Routine Practices</u> for all ARO positive residents including those with ARO colonization or infection of any body site or system, when wound drainage and body fluids (e.g., sputum, feces, urine, blood) are contained and the resident is cooperative with practicing good personal hygiene and hand hygiene, unless there is an assessed higher risk of transmission of the micro-organism. Additional Precautions are recommended only when the risk of transmission to others is assessed to be higher.</i></p>	<p>See <u>Additional Precautions for ARO Positive Residents in Continuing Care</u>: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p> <p>See <u>Dermatome Chart</u>: http://www.ahsweb.ca/ipc/info-hlth-care-providers-dermatome-chart-z0-rm-ac</p>

Practice Scenarios			
	Question	Answer	References/Rationale
25.	<p>Mr. Smith started feeling unwell and shortly after he began vomiting and developed diarrhea.</p> <p>What should you do?</p>	<p>Look in The Continuing Care IPC Resource Manual Diseases and Conditions Table under Gastroenteritis or Norovirus.</p> <p>Under Precautions Needed: Droplet and Contact Precautions are indicated.</p> <ul style="list-style-type: none"> • Implement Droplet and Contact Precautions, including: notifying supervisor, placing Droplet and Contact Precaution Sign on Door, placing isolation cart (PPE and hand hygiene supplies) by door, educating resident and family. • Assess other residents for similar symptoms. • Refer to AHS Guidelines for Outbreak Prevention, Control and Management. 	<p>See The Continuing Care IPC Resource Manual Diseases and Conditions Table: http://www.ahsweb.ca/ipc/resource-manual-z0-rm-cc</p> <p>Droplet and Contact Precautions Information Sheet: http://www.ahsweb.ca/ipc/droplet-contact-precautions-info-sht-z0-rm-cc</p> <p>See Droplet and Contact Precaution Sign: http://www.ahsweb.ca/ipc/droplet-contact-precautions-sign-z0-rm-cc</p> <p>See AHS Guidelines for Outbreak Prevention, Control and Management: http://www.albertahealthservices.ca/6421.asp</p>
26.	<p>Mrs. Smith, age 86, is a Long-term care resident of Sandy Hills Care Centre. She often participates in recreational activities and outings. Recently Mrs. Smith was admitted to Acute Care and on her return she was colonized with MRSA.</p> <p>Which resources would you use to determine if Additional Precautions are necessary?</p>	<p>Refer to the Additional Precautions for ARO Positive Residents in Continuing Care: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p> <p>Conduct a risk assessment to determine what, if any, additional precautions are needed.</p>	<p>See Additional Precautions for ARO Positive Residents in Continuing Care: http://www.ahsweb.ca/ipc/aro-additional-precautions-info-sht-z0-rm-cc</p>