**The Salvation Army – William Booth Special Care Home**

**Infection Control Policies and Procedures**

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# Routine Practices

**POLICY:**

RQHR Special Care Home Policies; Section 19 **Health and Safety Residents and Employees**.

Routine Practices Definition – It is often difficult to determine when a resident / client is potentially infectious. A routine practice means that all resident / client secretions, excretions and skin are all potentially infectious.

**Routine Practices Includes:**

* Hand Hygiene
* Environment/Equipment Cleaning/Disinfecting
* Personal Protective Equipment (PPE)

**When to Use Routine Practices:**

Each and every time contact with the resident / care equipment / environment occurs. This is particularly important when there is potential for exposure to secretions, excretions, blood, body fluids, mucous membranes and skin. Practice will depend on the type of contact involved.

**Rationale for using Routine Practices:**

Consistent, proper use will prevent and reduce transmission of all infectious organisms to ourselves, our families and our residents / clients.

**EQUIPMENT (forms):**

* Quick Guide Infection Control Measures Routine Practices (2015)
* LTC Routine Practice Audit and / or Self Assessment

**PROCEDURE:**

**Routine Practices Includes:**

1. **Hand Hygiene – 4 Moments for Hand Hygiene**

* Before client / client environment contact
* Before aseptic procedure
* After body fluid exposure risk
* After client / client environment contact

1. **Environment/Equipment and Cleaning/Disinfecting**:

* Contaminated environmental surfaces and equipment can result in the transmission of harmful organisms.
* All reusable, cleanable equipment that has been in contact with the resident or the resident care area must be cleaned/disinfected between residents (e.g. stethoscopes, wheelchairs, slings, bed pans)
* All equipment that cannot be cleaned must be dedicated to a single resident or disposed of (e.g. paper wrapped supplies)
* Never share single use items between residents (e.g. nail clippers, razors, open box of tissues)
* High touch resident room surfaces such as bedrails, door knobs and call bells must be cleaned daily
* Handle soiled equipment carefully to prevent personal contamination and contamination of the environment. Wear PPE.

1. **Personal Protective Equipment (PPE)**

**Note:** Always clean hands before donning and after doffing all PPE

**PPE Includes**:

1. **Gloves*:***

* wear when there is potential for hand contact with blood, body fluids, non-intact skin or contaminated equipment/surfaces.

1. **Gown:**

* wear when there is a potential for clothing contamination

1. **Eye/Face Protection (**includes safety glasses, goggles, face shields):

* Protects mucous membranes (eyes, nose and mouth)
* Use when there is potential for eye/face splash or aerosolization with blood or body fluids.

1. **Respiratory Protection (**includes masks and N95 respirators):

* Masks provide protection against large droplet organisms (e.g. MRSA)
* N95 respirators provide protection against small airborne organisms (e.g. Tuberculosis)

1. **Disposable Cleaning/Disinfecting Wipes**:

* **Sani-Cloths (red top)** are effective for most equipment cleaning/disinfecting
* **Accel TB (white top)** wipes must be used for cleaning/disinfecting if Norovirus suspected or confirmed

1. **Safe Sharp Handling**:

* Only use SESD (never recap needle)
* Always dispose of sharps safely in a puncture resistant container immediately
* All sharp objects should be handled in a manner to prevent accidental cuts or punctures
* Report accidental sharps injuries immediately. Refer to the WBSCH policy 1.4 and 10.6.

1. **Blood Spills:**

* Spills must be cleaned up immediately with gloved hands and paper towels
* Area should then be decontaminated with a disinfectant (e.g.: use Housekeeping solution “QUAT”; quaternary ammonium compound)
* Allow 10 minute disinfectant contact time

1. **All Blood / Body Fluid Specimens**

* Should be considered biohazardous

1. **Blood or Body Fluid Exposures**

* Anyone sustaining contamination with blood / body fluids may be exposed to blood-borne pathogens such as Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and the Human Immunodefiniciency Virus (HIV)
* Following an exposure thoroughly wash the area immediately, then apply an antiseptic (e.g.: alcohol or povidine iodine)
* Refer to WBSCH Policy 1.4 – Protection of WBSCH employees from Blood-Borne Infections

Source:

RQHR Infection Control Routine Practices

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: December 18/98

Review Date: September 2016

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Hand Hygiene

**POLICY:**

WBSCH will follow the **RQHR Hand Hygiene Compliance** policy #618.

All WBSCH staff, physicians, contracted services, volunteers and students will perform hand hygiene:

* Before entering or leaving WBSCH.
* Before client / client environment contact
* Before clean / aseptic task
* After body fluid exposure risk
* After client / client environment contact

**The expectation is that all staff will be in compliance 100% of the time in non-emergency situations.**

**PURPOSE:**

WBSCH endeavors to prevent the transmission of infectious organisms in all facilities through strict hand hygiene policies and procedures. This policy intends to:

* Protect patients, healthcare providers and visitors from transmitting and/or acquiring hospital associated infections through hand hygiene practices
* Ensure all health care providers perform hand hygiene before and after touching any patient and/or their environment.
* Promote hand hygiene as a shared responsibility and as a preventative practice
* Encourage a safety culture of open communication in which hand hygiene improvements are addressed in a blame-free, respectful environment.

**PROCEDURE / Work Standard:**

* RQHR Hand Hygiene Work Standard (attached)
* RQHR Hand Hygiene Using Soap and Water Standard Work (attached)
* RQHR Hand Hygiene Using Alcohol Based Hand Rub Standard Work (attached)

**COMPLIANCE:**

WBSCH employees in breach of this policy will be dealt with in accordance with applicable policies and procedures, including progressive discipline.

**Related documents:**

* RQHR Quick Guide Infection Control Measures Hand Hygiene
* RQHR Hand Hygiene Work Standard
* RQHR Hand Hygiene Using Soap and Water Standard Work
* RQHR Hand Hygiene Using Alcohol Based Hand Rub Standard Work
* RQHR How to wash your hands
* RQHR Your 4 moments for hand hygiene

Source:

RQHR Hand Hygiene Compliance policy #618 (2014)

RQHR Quick Guide Infection Control Measures Hand Hygiene (2009)

RQHR Hand Hygiene Work Standard

RQHR How to wash your hands

RQHR Your 4 moments for hand hygiene

RQHR Hand hygiene observation tool

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: October 26, 2009

Review date: February 14/17

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Hand Hygiene Audit

**POLICY:**

WBSCH will participate in the RQHR Hand Hygiene Audit process.

**PURPOSE:**

Direct observation (audits) is the best method to measure compliance with hand-hygiene practices. This involves watching and recording the hand-hygiene behaviors of team members and observing the work environment.

**PROCEDURE / Work Standard:**

* Compliance with accepted hand-hygiene practices is measured using the RQHR Hand Hygiene Observation Tool (2013).
* The auditor completes the Hand Hygiene Observation Tool (10 observations each month). Monthly Hand Hygiene results are posted on the VisWall (shared CQI education and audits / audits / hand hygiene).
* WBSCH submits observations to RQHR:
  + February (November, December, January, February)
  + June (March / April / May / June)
  + October (July / August / September / October observations).
* Monthly hand-hygiene compliance results are shared with team members and volunteers through the daily VisWall; Unit Meetings.
* Hand-hygiene compliance results are used to make improvements to hand-hygiene practices.

**Related documents:**

* RQHR Hand hygiene observation tool

Source:

Accreditation Canada Infection Control Standard 8.4

RQHR Hand hygiene observation tool

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: February 14/17

Review date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Glove Usage

**POLICY:**

Gloves are to be worn to provide an additional protective barrier between hand and blood, body fluids, secretions, excretions, mucous membranes and chemicals.

**PROCEDURE:**

1. Wear clean non-sterile gloves for contact with blood, body fluids, non-intact skin, mucous membranes, contaminated equipment / surfaces and chemicals. Wear appropriate gloves based on type of contact / area assigned to work.
   1. Healthcare: Nitrile gloves to be used as protection from exposure to blood/body fluids/infectious agents; tasks of longer duration; tasks with higher stress on gloves; tasks requiring additional dexterity
   2. Dietary/Food Services: Vinyl gloves to be used as minimal exposure to blood/body fluids/infectious agents; short duration tasks.
   3. Environmental Services: Nitrile gloves to be used as protection from exposure to blood/body fluids/infectious agents; tasks of longer duration; tasks with higher stress on gloves; tasks requiring additional dexterity; use of chemical agents
   4. Laundry Services: Nitrile gloves to be used as protection from exposure to blood/body fluids/infectious agents; tasks with higher stress on gloves; tasks requiring additional dexterity; use of chemical agents
   5. Maintenance/Caretaking: Vinyl gloves to be when tasks require minimal exposure to blood/body fluids/infectious agents; short duration tasks. Nitrile gloves to be used when protection from exposure to blood/body fluids/infectious agents; tasks of longer duration; tasks with higher stress on gloves; tasks requiring additional dexterity is required.
2. Gloves must be changed after each resident contact, procedure or when moving from dirty to clean area.
3. Wear gloves when employee’s skin is not intact and lesion cannot be completely protected.
4. Gloves should be used for additional measures, not as a substitute for hand hygiene. Perform hand hygiene before and after glove use.
5. Single use disposable gloves must never be reused or washed.
6. Latex gloves are not used at WBSCH. This will eliminate the possible risk of latex allergy for the staff and residents.

**SENSITIVITY AND/OR ALLERGY TO GLOVES:**

On rare occasions glove usage may result in skin sensitivity or an employee may have an allergy to a particular type of glove. In order to be permitted to utilize a type of glove not normally utilized in the assigned area of work, the following process must be followed:

1. Employee must be reviewed by family physician for assessment and treatment of the skin sensitivity/allergy.
2. If deemed appropriate by the family physician, a consult to a dermatologist will be obtained
3. Documentation from a dermatologist outlining the skin sensitivity/allergy caused/exacerbated by the gloves utilized in the employee’s department of work and recommendation to utilize a different type of glove.
4. In departments where vinyl gloves are the primary glove used, the replacement will be Nitrile gloves; for departments where Nitrile gloves are primarily used, a low-dermatitis potential glove will be utilized.

Refer to RQHR P&PH Outbreak Procedure Manual;

Provincial Infectious Diseases Advisory Committee (PIDAC) Routine Practices and Additional Precautions In All Health Care Settings, 3rd Addition.

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 26/01

Review Date: November 28/03 / April 14/05 / June 18/07 / December 1/10 / December 1/13

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POLICY:**

Gloves are to be worn to provide an additional protective barrier between hand and blood, body fluids, secretions, excretions and mucous membranes.

Gloves are to be removed promptly after use and perform hand hygiene before touching clean items and environmental surfaces; before touching your eyes, nose and mouth; and before going onto another resident / client.

Remove gloves as the first step in the removal of PPE.

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| **NOTE** | |
| WHEN TO WEAR GLOVES (routine practices and additional precautions) | WHEN NOT TO WEAR GLOVES |
| When there is a risk of exposure / splash / contact with blood, body fluids and non-intact skin. Examples:   * Changing an incontinent product / assisting in bathroom * Changing a dressing * Performing mouth care | Examples:   * Administering oral medications * Delivering meals, mail, laundry * During meals, when assisting a resident / client to eat * Providing care to residents with intact skin, such as taking a blood pressure / temperature * Pushing a wheelchair * Social touch |

**PROCEDURE:**

1. Wear clean non-sterile Nitrile gloves for contact with blood, body fluids, non-intact skin, mucous membranes and contaminated equipment / surfaces.
2. Gloves must be changed after each resident contact, procedure or when moving from dirty to clean area.
3. Wear gloves when HCWs’ skin is not intact and lesion cannot be completely protected.
4. Gloves should be used for additional measures, not as a substitute for hand hygiene. Perform hand hygiene before and after glove use.
5. Single use disposable gloves must never be reused or washed.
6. Latex gloves are not used at WBSCH. This will eliminate the possible risk of latex allergy for the staff and residents.

Source:

* RQHR P&PH Outbreak Procedure Manual
* Infection Prevention & Control Best Practices for LTC & Community Care

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 26/01

Review Date: December 1/15

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Additional Precautions

**POLICY:**

WBSCH will follow the direction of the RQHR Public Health and Infection Control for Additional Precautions.

Additional precautions (i.e.: Airborne/ Contact Precautions; Contact Precautions; Droplet / Contact Precautions; Contact Precautions Soap & Water Required) that are necessary in addition to Routine Practices for certain pathogens or clinical presentations.

**PROCEDURE:**

**EQUIPMENT:**

* RQHR Additional Precautions signage (indicating PPE required)
  + Airborne & contact precautions
  + Contact precautions
  + Contact precautions soap and water required
  + Droplet & contact precautions
  + Hazardous Drug precautions
  + Visitor Precautions
* Cart outside resident’s room
* Alcohol waterless hand gel
* Laundry hamper
* Garbage bags
* PPE – gloves / gown / mask / goggles

Refer to RQHR P&PH ARO guidelines and tools for LTC facilities (intranet)

Refer to RQHR P&PH Antibiotic Resistant Organisms Staff Fact Sheet (intranet)

Refer to RQHR P&PH Disease Fact Sheets (intranet)

* Clostridium Difficile (C.Diff)
* Extended Spectrum Beta-Lactamases (ESBL)
* Methicillin Resistant Staphylococcus Aureus (MRSA)
* Tuberculosis (TB)
* Vancomycin Resistant Enterococcus (VRE)

Refer to RQHR P&PH Outbreak procedure manual

* Enteric outbreak
* Respiratory outbreak
* Scabies management

Source:

Refer to RQHR P&PH ARO guidelines and tools for LTC facilities (intranet)

Refer to RQHR P&PH Antibiotic Resistant Organisms Staff Fact Sheet (intranet)

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 31/97

Review Date: December 1/16

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bathtub Disinfection / Cleaning

**POLICY:**

This policy is written to provide direction on bathtub disinfection / cleaning to reduce the risk of:

* infection by cross contamination between baths
* chemical exposure to staff from the tub cleanser (disinfectant)

Bathtubs are to be disinfected:

1. before the first bath (at thestart of the day)
2. between every bath
3. after the last bath (end of the evening)

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| NOTE**:** Contact time for bathtub and bath chair disinfection is **10 minutes**. |

**EQUIPMENT:**

* Tub cleanser (disinfection system) recommended for use by the manufacturer. Tub cleanser will be automatically diluted in the dispenser.
* PPE
* Gloves-shoulder length
* Safety goggles
* Gown or disposable apron (optional)
* Respirator if sensitivity exists
* Long handled brush

**PROCEDURE:**

1. Drain tub and thoroughly rinse away any debris using **cool** water with the shower hose.
2. Close the drain.
3. Put on the gloves and safety goggles **before** adding the tub cleanser (disinfectant). PPE is mandatory to prevent thetub cleanser (disinfectant) from coming into contact with the skin / eyes, causing burning and /or irritation.

* Following manufacturer’s instructions, add the manufacturer’s recommended tub cleanser (disinfectant).
* Using the long handled brush thoroughly cover / scrub the entire tub surface.
* Position the tub chair over the tub, remove backrest and any straps. Place backrest and straps in bottom of tub.
* Using the long handled brush thoroughly cover / scrub the entire tub chair surface. Pay attention to thoroughly disinfecting underneath as well.
* Lower tub chair into tub.
* Allow the disinfectant to remain in contact with tub and tub chair for 10 minutes. After 10 minute disinfectant contact time, rinse tub and tub chair thoroughly with

cool water from the shower hose.

* Rinse out the tub brush and hang to air dry.
* Wipe tub chair dry with a soft cloth.
* Remove gloves and safety goggles

Source:

ARJO 2006

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: July 31/97

Review Date: January 2017

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Blood And Body Fluid Spills

**POLICY:**

This policy is written to provide direction to all staff regarding safe handling of Blood and Body Fluid spills and to prevent the spread of microorganisms to staff and residents (i.e.: blood, feces, urine, vomit, etc).

In the event of a Blood and Body Fluid spill / leakage the following procedure must be adhered to.

**PROCEDURE:**

It is the responsibility of the every staff member to clean any blood and body fluid spills. Staff members must work as a team to achieve the procedure below. Whichever staff member is first on site / witnesses the spill should be the one to initiate the clean up and call for necessary assistance (i.e.: cover spill with a blue pad / towel / cloth and call the care staff for assistance).

This procedure will take priority over all other tasks. Routine Practices are to be used, in addition to Contact Precautions as required.

**1. Personal Protective Equipment (PPE)**

* In addition to wearing gloves as outlined in Policy 2.3, if there is a possibility of splashing, the HCW should wear goggles / face shield and a gown.
* For larger blood and body spills, a waterproof gown or apron should be donned. PPE should be changed if torn or soiled, and always removed prior to leaving the room / site of the spillage.
* Remove gloves, and complete hand hygiene prior to leaving the room.

**2. Cleaning of contaminated site (care staff)**

* Wipe up blood / body spill(s) with disposable washcloths. Discard the disposable washcloths into a plastic lined waste receptacle. The surface area where the blood / body fluids were spilled must be cleaned first to remove any obvious organic material. Disinfectants are inactivated by visible blood and other obvious organic material(s).
* As possible, cleaning the contaminated surface area / site should be completed by the first care team member that comes in contact with the situation.

**3. Decontamination of contaminated site (housekeeping / caretaker)**

* Decontaminate the area thoroughly with (PRECEPT). Blood and body fluids on carpet or upholstered surfaces may require shampooing.
* Housekeeping will be responsible for the decontamination (washing the floors / mattresses) on the day shift. Support services (Caretaker) will be designated for washing floors on the evening shift. All other times the RN / RPN / LPN will be designated the decontamination task.

**4. Post cleaning / decontamination**

* Allow the disinfectant to dry completely.
* Discard the mop heads / towels used to apply the disinfectant into a red plastic laundry bag.
* Take care to avoid splashing or generating aerosols during the clean up process.
* Remove gloves, and complete hand hygiene prior to leaving the room.

Initial Implementation Date: August 2/06

Review Date: November 21/06 / December 12/09 / December 1/13 / June 30/14

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Cytotoxic / Hazardous Drugs – Safe Handling

**POLICY:**

WBSCH will comply with the RQHR Nursing Procedure for the handling and administration of hazardous drugs (H.30.1).

To ensure staff are not unnecessarily exposed to cytotoxic effects of blood and body fluids that may contain cytotoxic medication that have the potential to inhibit or prevent optimal cell function.

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| --- |
| **NOTE:**  All forms of chemotherapy are considered a class of high-alert medications under ISMP. At WBSCH, there is a separate policy / procedure due to the specific storage and handling requirements.  **NURSING ALERT:**  **Nurses who are pregnant should not administer ANY cytotoxic (chemotherapy) medication.** |

**DEFINITIONS:**

Cytotoxic medications include the following:

Carcinogenic – capable of promoting the development of a cancer or causing mutations in cells that lead to cancer

Teratogenic – able to disturb the growth and development of an embryo causing congenital abnormalities

Genotoxic – capable of damaging genetic material (DNA) thereby causing mutations.

Reproductive toxicity – has an adverse effect on fertility (i.e. spontaneous abortion, late fetal death, infertility)

Organ toxicity at low doses – has a toxic effect on organ health at a low dose. (local tissue damage, necrosis, liver damage)

**Responsible Officers:**

Director of Care

Pharmacist

Care Manager

Licensed Nursing personnel (LPN / RN / RPN)

**EQUIPMENT:**

* Medication Administration Record (MAR)
* Hazardous Drug Precautions signage
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)

**PROCEDURE:**

* Staff who are pregnant should not handle body fluids or waste of residents / clients taking ANY cytotoxic medications (see appendix A – Cytotoxic Medication List)
* Signage
  + Nursing staff will post the Hazardous Drug Precautions sign outside the resident’s / client’s door at the isolation cart location
  + Signage will remain in place for 7 days following last dose of medication
  + After 7 days the resident / client is not longer considered contaminated

**Personal Protective Equipment:**

* Gown
* DOUBLE NITRILE Gloves
* Eye protection if risk of splashing (i.e.: emptying urinal, bed pan, wound irrigation, etc)

**Toileting & Body Fluid Management**

* PPE
* Dispose of any body fluids in toilet
* Cover toilet with plastic backed blue pad prior to flushing to avoid splashing and aerosoling fluids
* Flush toilet twice
* Discard blue pad and gloves in garbage
* Wash hands
* Wash with soap and water any areas accidentally exposed to contaminated blood and body fluids

**Disposal of Waste:**

* Contaminated items (gloves, blue pad, incontinence products, tissues, disposable wipes, etc) in garbage
* Double bag garbage
* Dispose garbage directly in the Trash bin outside

**Laundry:**

* Treat all clothes and linen as contaminated
* Put in red plastic bag lining the cloth laundry bag
* Laundry workers must wear appropriate PPE as identified above when handling contaminated laundry (double glove)

**Housekeeping**

* PPE as above (double gloves, eyewear as there is potential for splashing in sinks, toilets, basins) when cleaning any area exposed to blood and body fluids (toilet, sinks, basins)
* Clean and disinfect as per normal practice with usual cleanser

**Appendix A Cytotoxic Medication List**

|  |  |  |
| --- | --- | --- |
| **Cytotoxic Medication List** | | |
| • acitretin – Soriatane®   * anastrazole – Arimidex®   • azathioprine – Imuran®  • bicalutamide – Casodex®  • bosenten – Tracleer®  • ciclofovir – Vistide®  • cyclosporine – Neoral®  • cyproterone – Cyprostat®  • dutasteride – Avodart®  • exemestane – Aromasin®  • finasteride – Proscar®  • fluoxymesterone – Halotestin®  • flutamide – Eulexin® | • ganciclovir – Cytovene®  • gefitinib – Ivessa®  • goserelin – Zoladex®  • isotretinoin – Accutane®  • leflunomide – Arava®  • lenalidomide – Revlimid®   * letrazole – Femara®   • leuprolide – Lupron®  • megestrol – Megace®  • methotrexate  • methyltestosterone – Android®  • mycophenolate – Cellcept  • nilutamide – Niladron® | • pentamidine – Nebupent®   * raloxifene – Evista®   • ribavirin – Copegus®  • sirolimus – Rapamune®  • tacrolimus – Prograf®  • tamoxifen – Nolvadex®  • testosterone  • thalidomide  • taremifem – Fareston®  • tretinoin – Retin A® cream  • valgancyclovir – Valcyte®   * 5-fluorouracil – Efudex® ointment |

Source:

* Accreditation Canada ROP (1.7) High-Alert Medications
* ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings (Poster) [www.ismp.org/Tools/institutionalhighAlert.asp](http://www.ismp.org/Tools/institutionalhighAlert.asp)
* RQHR Hazardous Drugs Administration & Handling – Chemotherapy policy H.30.1 (2016)

**Approval/Implementation/Evaluation Process**

Date Approved: January 2017

Review date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Influenza Immunize Or Mask Policy

**POLICY:**

WBSCH will follow the RQHR **Influenza Immunize or Mask Policy**.

All individuals covered by this policy must either choose to be vaccinated annually against influenza or wear a surgical / procedure mask during influenza season when in a Patient / Resident Care Location (as defined) in accordance with this policy. During an influenza outbreak, this Policy is suspended at the outbreak location and the RQHR Population and Public Health outbreak policies will apply.

**BACKGROUND:**

Influenza can be a serious contagious disease spread by droplet transmission through close contact with an infected individual. According to the Public Health Agency of Canada, nationally there are between 2,000 and 8,000 deaths per year from influenza and its complications. Infected individuals are highly contagious and can transmit influenza starting 24 hours before they are symptomatic and continuing for several days.

Among vaccine-preventable diseases, influenza causes by far the most deaths, outpacing all other vaccine-preventable diseases combined. Hospitalized patients and residents of long-term care facilities are frequently more vulnerable to influenza than members of the general population. Influenza in vulnerable groups, especially the elderly, the very young, and the immunosuppressed, is associated with significant morbidity and mortality. It is a major contributor to hospitalizations in winter.

Healthcare workers who choose to receive an influenza vaccination annually to protect themselves and their patients / residents can be the most effective and powerful example of responsible practices in a healthcare setting, and a highly credible influence on patient / resident safety.

Healthcare workers have been implicated as a source of influenza in healthcare settings. Vaccination of healthcare workers will reduce their risk of getting influenza and spreading influenza to the patients / residents to whom they provide care. The most effective strategy to prevent influenza is annual vaccination. Influenza vaccine is very safe and effective.

The wearing of masks can serve as a method of source control to protect patients / residents from infected healthcare workers who may have few or no symptoms. Masks may also protect unvaccinated healthcare workers from infected patients / residents / visitors with influenza that has not yet been recognized.

Other infection control measures such as the rapid identification of ill patients / residents, hand hygiene, cough etiquette, staying home when ill, etc. all help but vaccination remains the cornerstone of patient / resident safety efforts to control influenza transmission.

**SCOPE:**

This policy applies to all WBSCH employees (unionized / non-unionized / OOS), other privileged / credentialed professionals, residents, volunteers, students, contractors, and vendors (collectively, these individuals as referred to as “covered individuals”) who attend a **Patient / Resident Care Location**.

This policy also applies to any other persons who attend a **Patient / Resident Care Location** (these individuals are referred to as “Visitors”).

**RESPONSIBILITIES:**

1. All Covered Individuals must annually advise WBSCH of their influenza status in a manner acceptable to WBSCH by the **Vaccinated Required Date** or wear a mask.
2. During the annual **Vaccinated Required Period**, Covered Individuals and Visitors who are not vaccinated against influenza are required to wear a surgical / procedural mask provided by WBSCH while at a **Patient / Resident Care Location**.
3. Covered Individuals and Visitors who are not vaccinated against influenza, required to wear a surgical / procedural mask will be responsible for maintaining their mask in good condition in accordance with WBSCH protocols:

* The mask must be worn covering the worker’s nose and mouth as long as the worker is in a **Patient / Resident Care Location**. The mask should never be positioned to hang around the worker’s neck or be pushed up onto the worker’s forehead.
* The mask is changed when it gets overly moist. There is no set time designated when the mask is to be changed. When leaving the **Patient / Resident Care Location** or when need to change a moist mask, it is important to dispose of used mask appropriately, in an available garbage can, and to use proper hand hygiene protocols before replacing a mask.

1. During an influenza outbreak at WBSCH, this policy is suspended at the outbreak location and the RQHR Population and Public Health outbreak policies will apply.
2. Covered Individuals should continue to use personal protective equipment and abide by the WBSCH’s (RQHR Population and Public Health) infection control practices to prevent the transmission of communicable diseases, including influenza.
3. Covered Individuals who experience influenza like illness / respiratory infection should follow WBSCH’s (RQHR Population and Public Health) established reporting protocols.
4. Covered Individuals who witness any instances of non-compliance with this policy are expected to report the incident of non-compliance immediately to their supervisor.
5. WBSCH will inform Visitors of the requirements of this Policy and will make surgical / procedural masks available to Visitors.

**DEFINITIONS:**

**Vaccinated Required Date**

The date established annually by the Chief Medical Health Officer after which all persons covered under this policy are required to be vaccinated against influenza or wear a mask in accordance with this Policy. The **Vaccinated Required Date** will be based on the analysis of annual influenza epidemiology. Typically this is required from late November to late March but depends on the actual circulation of the influenza virus each year.

**Vaccinated Required Period**

A period of time determined by the Chief Medical Health Officer and starting on the **Vaccinated Required Date**. The **Vaccinated Required Period** will usually be from late November to late March but depends on the actual circulation of the influenza virus each year (which may vary). During the **Vaccinated Required Period**, Covered Individuals will be required to be vaccinated against influenza or wear a surgical / procedure mask in accordance with this Policy.

**Patient / Resident Care Location**

At WBSCH, a Patient / Resident Care Location is defined as any area within WBSCH that is accessible to patients / residents: Care Units (Newton, Hunt, Balfour, RWGH, and ADSP), hallways, dining room(s) / kitchen, conference room(s), etc.

A Patient / Resident Care Location does not include any area where a patient / resident would not typically be seen:

* Administrative areas (private offices) located off Patient / Resident Care Location which are not generally accessed by patients / residents
* Basement areas (classrooms, laundry, maintenance, staff room, etc.)
* Designated staff room(s)
* Shipping and receiving areas

**COMPLIANCE / NON-COMPLIANCE**

During the 2014 – 2015 **Vaccination Required Period** it is expected that all WBSCH staff will comply with this policy. As per established WBSCH practice, non-compliance with this policy will result in progressive discipline.

Beyond complying with the policy, all WBSCH staff are encouraged to be an example to others and support immunization or wearing of masks by others in **patient / resident care locations** during influenza transmission season.

Source:

RQHR Influenza Immunize or Mask Policy October 2014

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: October 15, 2014

Revised Date:

Recommended by: Susan Wood / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Bed Bugs

**POLICY:**

WBSCH will follow the direction of the RQHR Public Health and Infection Control for Bed Bugs.

WBSCH will follow the RQHR Work Standard for Bed Bugs in Acute Care and Long Term Care. This Work Standard will be followed for Long Term Care residents, clients on the Convalescent unit, and Regina Wascana Grace Hospice.

Additional Precautions/Contact precautions are to be utilized in the event of confirmed or suspected presence of bed bugs.

**PROCEDURE:**

Refer to the RQHR Work Standard: Bed Bugs, Acute Care and Long Term Care (see attached)

All programs at WBSCH (Long Term Care, Convalescence, Hospice, Respite and Adult Day Support Program) will follow the attached work standard.

All clients admitted to the facility (Long Term Care, Convalescence, Hospice, Respite) will be placed on contact precautions until the steps on the work standard are completed.

Client’s attending Adult Day Support Program will be permitted to continue attending the program; all belongings (outer coat, boots, and personal belongings) will be bagged and kept at the entrance of the facility. A plan for treatment of the personal home/dwelling is required. Once confirmation of treatment of the client’s home/dwelling is received the Bed Bug contact precautions will be discontinued.

Source:

Refer to RQHR Work Standard: Bed Bugs, Acute Care and Long Term Care (intranet)

Refer to RQHR CEAC document 1184 Bed Bugs

**Approval/Implementation/Evaluation Process**

Initial Implementation Date: August 1, 2016

Review Date: November 30/17

Recommended by: Heather Ness / Director of Care Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: Ivy Scobie / Executive Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_