



St. Mary's
GENERAL HOSPITAL

MAIN

ENTRANCE

Infection Prevention and Control



St. Mary's
GENERAL HOSPITAL

Infection Prevention and Control Program at SMGH

The Infection Prevention and Control (IPAC) team works to identify and reduce the risk of hospital-acquired infections

The IPAC team provides both clinical and non-clinical services to departments across the organization

The team consists of Infection Control Practitioners, providing on-site service Monday-Friday from 0800-1600, and on-call support in evenings and weekends

What does IPAC do?

Clinical Work

- Patient Management
- Disease Surveillance
- Outbreak Management
- Policy Development
- Education

Non-Clinical Support

- Construction/Renovation
- Environmental Services
- Medical Device Reprocessing
- Emergency Planning
- Research

Routine Practices

Routine Practices

- Routine practices comprise basic infection prevention and control measures to be used with **all patients** during **all episodes of care**.
- Routine practices are aimed at preventing the transmission of infectious agents between staff and patients.
- Effective use of routine practices can protect you, even if a patient is not known to be infectious.

Routine Practices Include:

Point of Care Risk Assessment

Before any patient interaction, perform a risk assessment to identify risk of infectious disease transmission based on infectious status of the patient, type of activity being performed, risk of exposure to blood or bodily fluids.

Hand Hygiene

Hand hygiene is the most effective means of preventing disease transmission in a healthcare setting. Sanitize your hand with an alcohol-based hand rub for at least 15 seconds following the Four Moments of Hand Hygiene.

Appropriate PPE

PPE can act as a barrier between your clothing, skin, or mucous membranes and a potential source of infection. PPE should be selected based upon your risk assessment.

Environmental Controls

Environmental controls are measures which help reduce the risk of transmission from the environment, which includes effective cleaning and disinfection of medical equipment and the care environment.

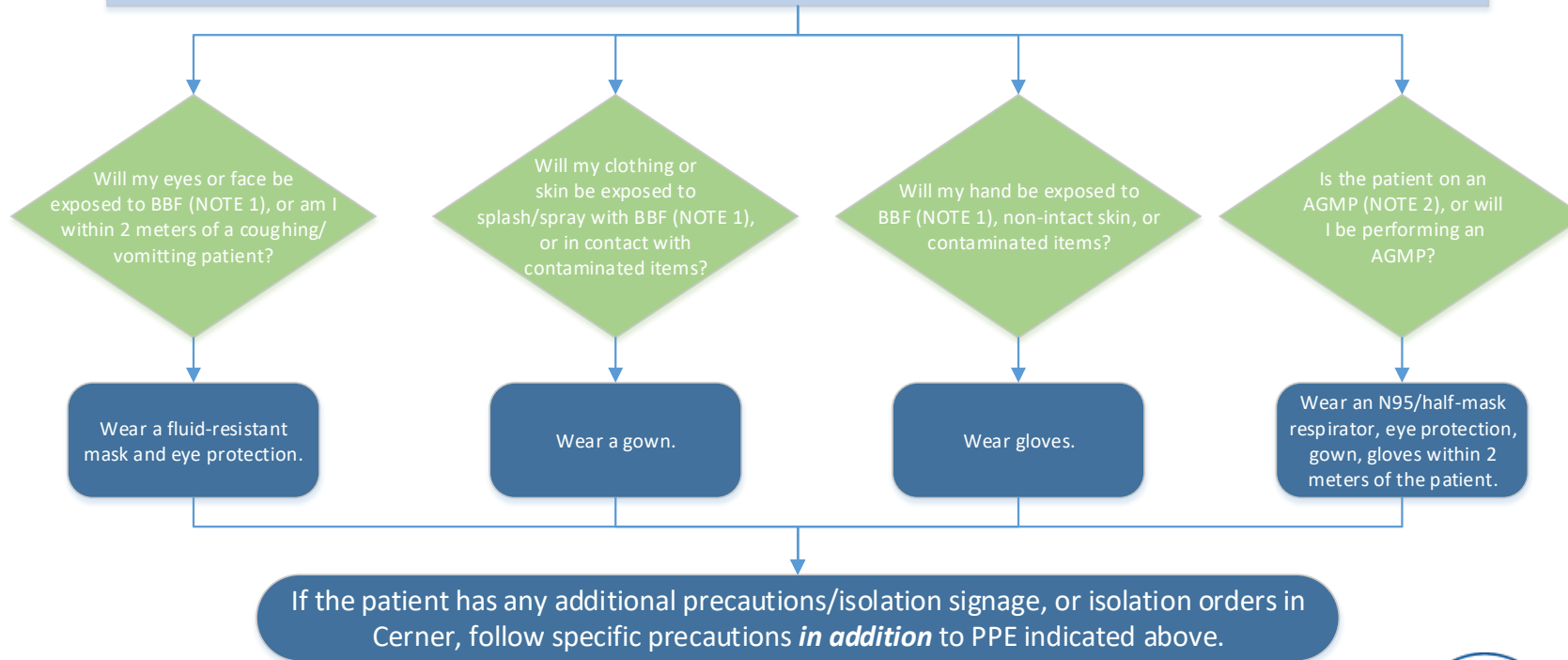
Administrative Controls

Administrative controls are policies in place to reduce the risk of transmission of disease, including education, immunizations, and policies/procedures.

Point of Care Risk Assessment

A Point of Care Risk Assessment (PCRA) is the first component of Routine Practices in infection control, and should be performed for **any care** or interaction with **any patient** or their environment.

Your PCRA will help identify risk for disease transmission, and PPE that you may require. Consider the patient (stability, symptoms, known infectious disease), environment, and tasks in order to plan how best to proceed:



Note 1: BBF refers to blood or bodily fluids, including urine, feces, wound drainage, vomit, saliva, sputum, nasal secretions, CSF, etc.

Note 2: AGMPs refer to aerosol-generating medical procedures; refer to AGMP guidance document for additional precautions when performing AGMPs, and for a list of procedures.

Donning and Doffing PPE

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How to Put On Personal Protective Equipment	
1	PERFORM HAND HYGIENE 
2	PUT ON GOWN 
3	PUT ON MASK OR N95 RESPIRATOR 
4	PUT ON EYE PROTECTION 
5	PUT ON GLOVES 

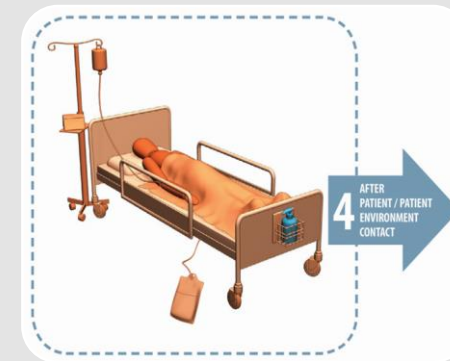
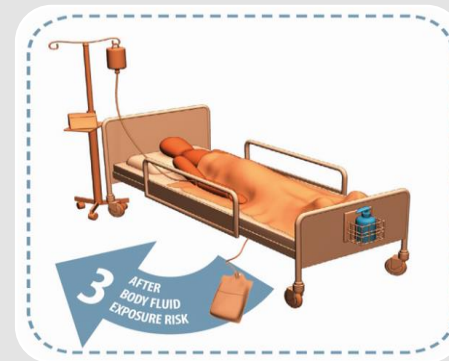
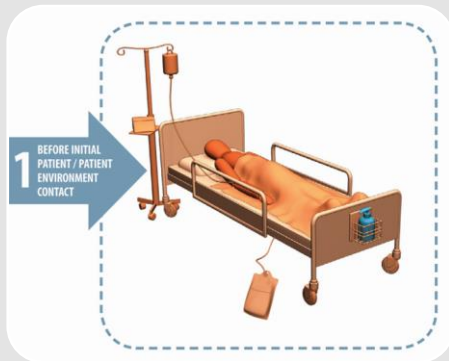
[Donning PPE Video](#)

Public Health Ontario | Santé publique Ontario

How to Remove Personal Protective Equipment	
1	REMOVE GLOVES 
2	REMOVE GOWN 
3	PERFORM HAND HYGIENE 
4	REMOVE EYE PROTECTION 
5	REMOVE MASK OR N95 RESPIRATOR 
6	PERFORM HAND HYGIENE 

[PPE Doffing Video](#)

Four Moments for Hand Hygiene



BEFORE initial contact with patient or their environment

Prior to entering a patient's room or bedspace, moving a patient, shaking hands, etc.

BEFORE aseptic procedure

Prior to donning gloves before care such as dressing changes.

AFTER body fluid exposure risk

After any contact with blood or bodily fluids, such as after providing continence care.

AFTER contact with patient or their environment

After leaving a patient's room or bedspace.

Hand Hygiene

Soap versus Alcohol-based Hand Rub (ABHR)

Soap and Water should be used when hands are visibly soiled, otherwise ABHR is preferred method of hand hygiene.

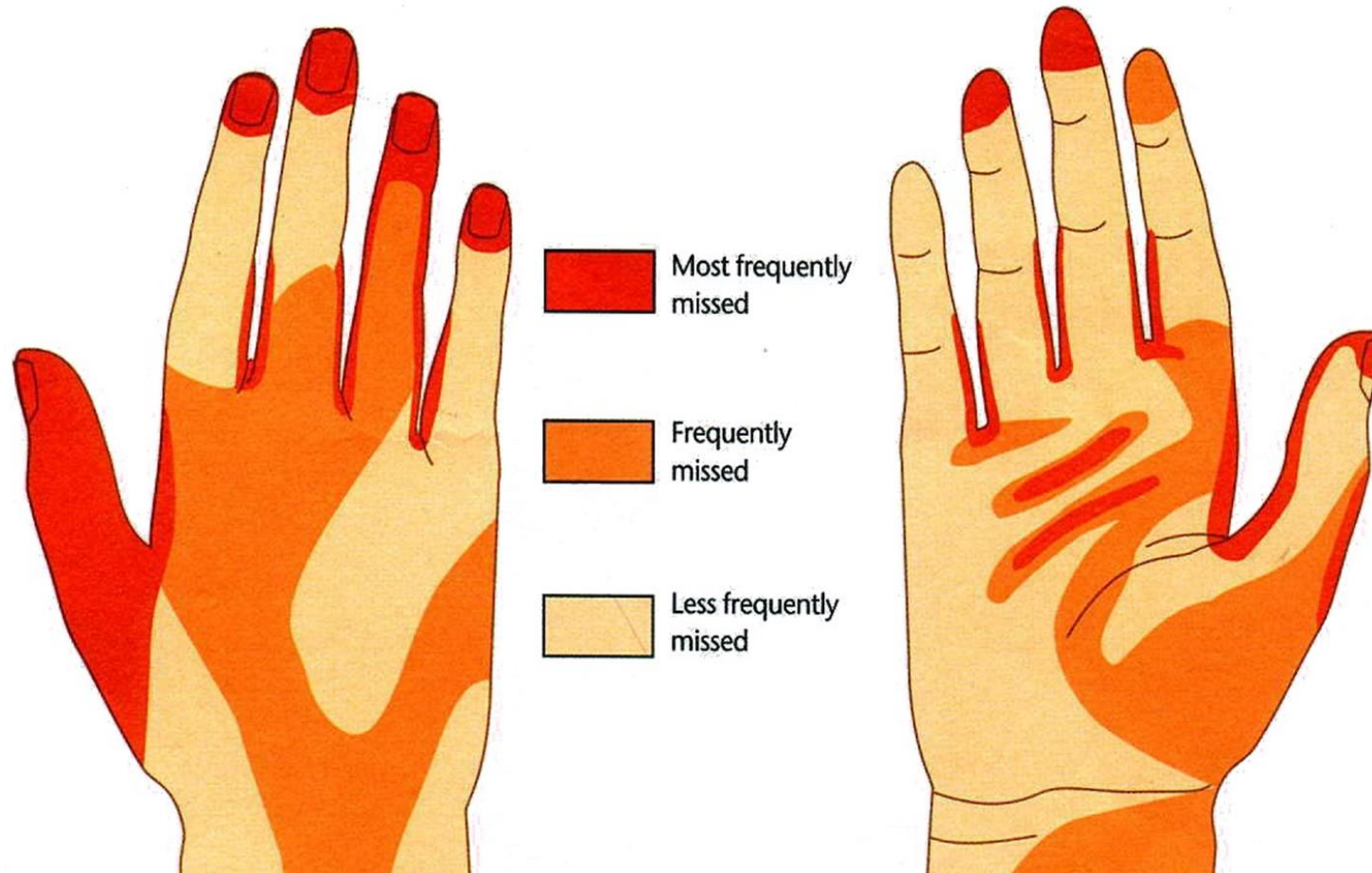
Skin Integrity

ABHR contains emollients to reduce skin irritation. Additional use of moisturizer can help prevent skin breakdown if using ABHR frequently. Contact Employee Health if you are experiencing irritation caused by ABHR.

Nail and Jewelry

False nails and nail polish have been shown to harbor bacteria and reduce the efficacy of hand hygiene; keep nails **Natural, Short, and Clean**. If wearing nail polish, ensure it is not chipped. Be Aware: Jewelry can also harbor bacteria and catch/tear gloves.

Areas frequently missed during Hand Hygiene

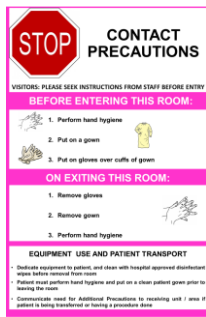


Additional Precautions

Additional Precautions

- Additional Precautions are often referred to as “Isolation”
- IPAC will routinely review patients for known or suspected infectious agents, and order “Patient Isolation” in Cerner, to indicate what type of precautions are required.
- The specific precautions signage should be hung on the patient’s door or curtain to indicate minimum precautions required for care or interaction with the patient or their environment.
- Always remember to conduct a PCRA and follow Routine Practices in addition to the precautions indicated on the sign.

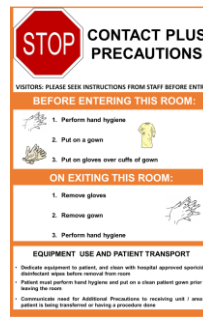
Additional Precautions



Contact Precautions

Gown and gloves required

Used for Antimicrobial Resistant Organisms, Gastroenteritis



Contact Plus Precautions

Gown and gloves required; all surfaces and equipment to be cleaned with bleach

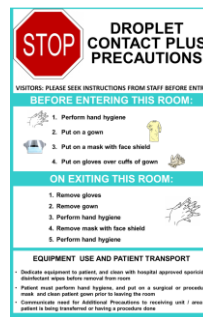
Used for *C. difficile*



Droplet Contact Precautions

Gown, gloves, mask, and eye protection required.

Used for respiratory infections or pathogens transmitted via droplets.



Droplet Contact Plus Precautions

Used when a combination of Droplet Contact and Contact Plus precautions are required.

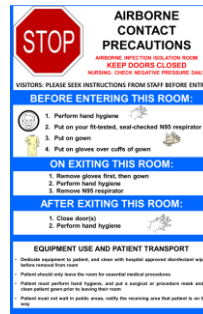
Additional Precautions



Airborne Precautions

N95 Required

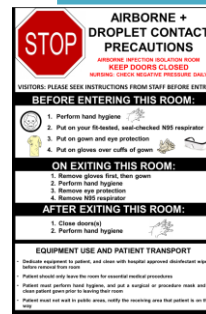
Used for Tuberculosis and Measles



Airborne Contact Precautions

N95, Gown, Gloves Required

Used for Disseminated Shingles, or when a combination of Airborne and Contact precautions required



Airborne Droplet Contact Precautions

N95, eye protection, gown, gloves required.

Used for novel respiratory pathogens, viral hemorrhagic fever, or when combination of Droplet Contact and Airborne precautions required.

NOTE: Airborne precautions requires placement in a negative pressure room.

Cleaning and Disinfection

Cleaning and Disinfection Products



Hydrogen Peroxide Wipes

Contact Time: 1 Minute

Used for: Beds, wheelchairs, environmental surfaces, non-electronic equipment.



Bleach Wipes

Contact Time: 3 Minutes (Sporicidal)

Used for: Commodes, anything with fecal contamination, glucometers, and all equipment and surfaces for Contact Plus precautions.



VersaSure Wipes

Contact Time: 2 Minute

Used for: All electronics and medical electronics. *NOTE: Not to be used for glucometers, please use bleach.*

Cleaning and Disinfection Reminders

Cleaning and Disinfection Process

Equipment/surfaces should first be cleaned of any gross debris or soiling with the appropriate cleaning and disinfection product. Once gross soiling has been removed, disinfect the surface with a *NEW* wipe, ensuring that the surface remains wet (though not saturated/dripping) for the prescribed contact time.

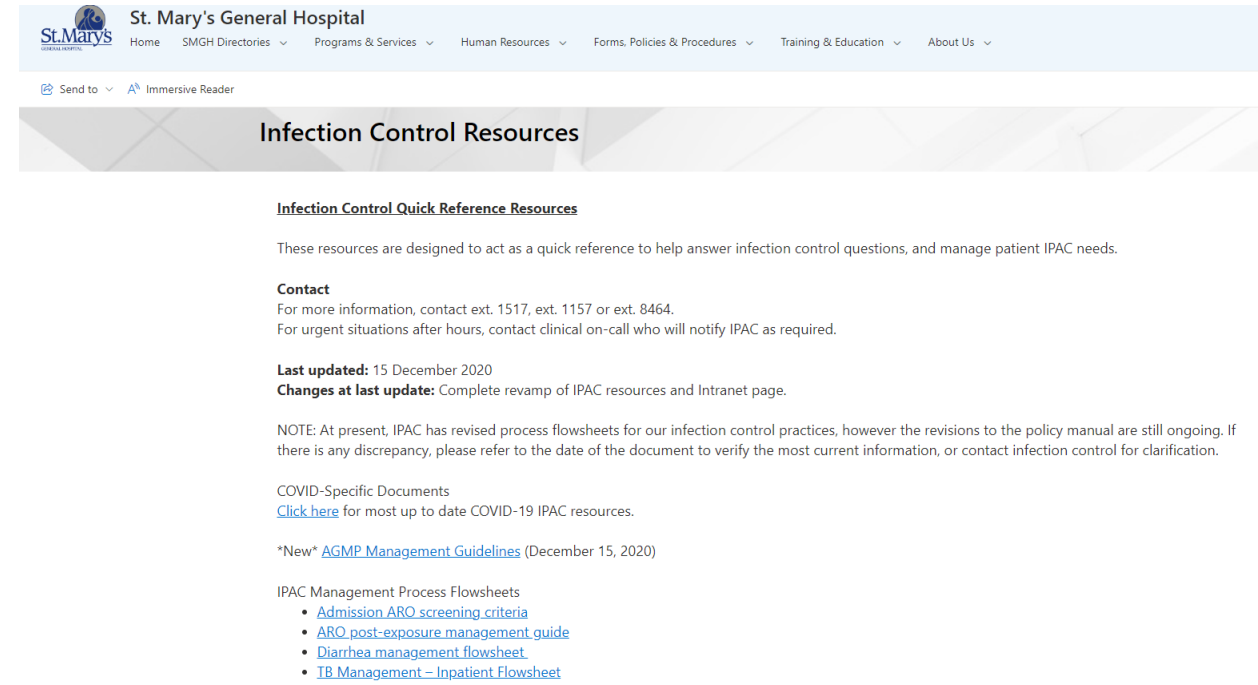
Cleaning and Disinfection Responsibility

Cleaning and Disinfection is the responsibility of all equipment users; it is your responsibility to clean any equipment before putting it away, including commodes, wheelchairs, walkers, vitals equipment, etc.

**Where can I learn
more?**

IPAC Quick Reference Resources

- Located on the Intranet, Select “Programs & Services” and then “Infection Control Resources” from the dropdown.
- Includes flowcharts and quick reference materials to address many clinical scenarios.



The screenshot shows the St. Mary's General Hospital intranet page. The header includes the hospital logo and navigation links: Home, SMGH Directories, Programs & Services, Human Resources, Forms, Policies & Procedures, Training & Education, and About Us. Below the header, there are utility links for 'Send to' and 'Immersive Reader'. The main content area is titled 'Infection Control Resources' and contains the following text:

Infection Control Quick Reference Resources

These resources are designed to act as a quick reference to help answer infection control questions, and manage patient IPAC needs.

Contact
For more information, contact ext. 1517, ext. 1157 or ext. 8464.
For urgent situations after hours, contact clinical on-call who will notify IPAC as required.

Last updated: 15 December 2020
Changes at last update: Complete revamp of IPAC resources and Intranet page.

NOTE: At present, IPAC has revised process flowsheets for our infection control practices, however the revisions to the policy manual are still ongoing. If there is any discrepancy, please refer to the date of the document to verify the most current information, or contact infection control for clarification.

COVID-Specific Documents
[Click here](#) for most up to date COVID-19 IPAC resources.

New [AGMP Management Guidelines](#) (December 15, 2020)

IPAC Management Process Flowsheets

- [Admission ARO screening criteria](#)
- [ARO post-exposure management guide](#)
- [Diarrhea management flowsheet](#)
- [TB Management – Inpatient Flowsheet](#)

Other Resources

Infection Control Policies

Any policies owned by the IPAC department are stored on the Intranet in the policy manual under: [Patient Care \(Clinical\) > Infection Control](#)

Isolation Order Comments

IPAC routinely updates isolation order comments in Cerner to including information about reason for isolation, patient placement/cohorting, and criteria to discontinue isolation.

Progress Notes

For unusual cases, IPAC will add a progress note in Cerner, with findings from our assessment and required actions for patient management.

**Contact IPAC if you have any
additional questions or concerns:**

infectioncontrol@smgh.ca