

Section 10: Infection Control

Policy 10-001-00.....	Communicable Disease
10-001-01.....	Reportable Communicable Diseases
Policy 10-002-00.....	Routine Practices
10-002-01.....	Routine Practices Guidelines
Policy 10-003-00.....	Infection Control
10-003-01.....	Infection Control Guidelines
10-003-02.....	Airborne Precautions
10-003-03.....	Droplet Precautions
10-003-04.....	Contact Precautions
10-003-05.....	Precautionary Measures for Microorganisms
10-003-06.....	Aerosol-Generating Medical Procedures in Patients with Known or Suspected COVID-19
Policy 10-004-00.....	Hand Hygiene
10-004-01.....	Hand Hygiene Guidelines
Policy 10-005-00.....	Personal Protective Equipment
10-005-01.....	Guidelines for the Use of Personal Protective Equipment
Policy 10-006-00.....	Housekeeping
10-006-01.....	Housekeeping Guidelines
10-006-02.....	Infectious Waste Disposal Guidelines
10-006-03.....	Guidelines for Communicating Hazards
Policy 10-007-00.....	Handling of Used Equipment and Supplies
10-007-01.....	Guidelines for Handling Used Equipment and Instruments
Policy 10-008-00.....	Clean, Disinfect and Sterilize
10-008-01.....	Guidelines to Clean, Disinfect and Sterilize
10-008-02.....	Cleaning, Disinfecting & Sterilizing Equipment
10-008-03.....	Levels of Disinfectants
10-008-04.....	Directions for Preparing and Using Chlorine-based Disinfectants
Policy 10-009-00.....	Sharps
10-009-01.....	Safe Handling and Disposal of Sharps



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Communicable Disease	Infection Control	10-001-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		1
APPLIES TO:			
Community Health Nurses			

POLICY:

Department of Health and Social Services (HSS) shall implement activities to prevent, detect, report and manage communicable diseases. HSS staff shall follow the policies and procedures set forth in the Communicable Disease Manual.

PRINCIPLES:

Regional Communicable Disease Coordinator is available for community consultation as required.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

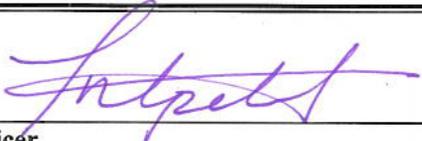
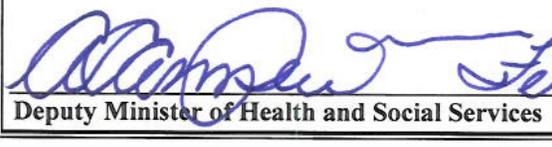
Guidelines 10-001-01 Reportable Communicable Diseases

Policy 10-002-00 Routine Practices

Policy 10-003-00 Infection Control

Policy 10-004-00 Hand Hygiene

Communicable Disease Manual.

Approved by:  Chief Nursing Officer	11 FEB 2011 Date	Effective Date: April 1, 2011
 Deputy Minister of Health and Social Services	February 11, 2011 Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Routine Practices	Infection Control	10-002-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		2
APPLIES TO:			
Community Health Nurses			

POLICY:

All employees working within the community health centre shall apply routine practices (formerly universal precautions) in the administration of their work.

PRINCIPLES:

- Routine practices reduce the risk of transmission of pathogens through exposure to blood or body fluids among clients and staff.
- The rules of routine practices apply to everyone, regardless of diagnosis or presumed infection status.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Infection Control Manual

Guidelines 10-002-01 Routine Practice Guidelines

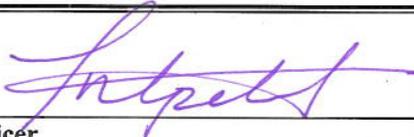
REFERENCES:

Government of Nunavut (2006). *Home and Community Care Policy and Procedure Manual*.



GUIDELINES 10-002-01

1. Wash hands with soap and water before and after procedures. Soap and water should always be used if the hands are visibly soiled. If soap and water are not available, cleanse hands with an alcohol based antiseptic hand cleanser.
2. Use protective gloves when: touching blood or other bodily fluids, mucous membranes, or non-intact skin of all clients and when handling items or surfaces soiled with blood or bodily fluids. Gloves are never a substitute for good hand hygiene.
3. Discard gloves after contact with client.
4. Masks and protective eyewear should be worn during procedures that are likely to generate droplets of blood or other bodily fluids
5. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
6. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other bodily fluids
7. Hands should be washed immediately after gloves are removed as per procedure 1.
8. Discard contaminated sharps immediately and without recapping in puncture and liquid proof containers that are closed, sealed and destroyed before completely full.
9. Soiled linen should be handled as little as possible. Gloves and leak proof bags should be used as necessary
10. Contaminated equipment must be disinfected or sterilized

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Chief Nursing Officer Date	April 1, 2011
 February 11, 2011	
Deputy Minister of Health and Social Services Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Infection Control	Infection Control	10-003-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		7
APPLIES TO:			
Community Health Nurses			

POLICY:

It is the responsibility of all Health and Social Services' staff to prevent the transmission of infection within the health centre.

PRINCIPLES:

Routine infection prevention and control practices are to be used with all clients, at all times.

DEFINITIONS:

Infection: The entry of an infectious agent in the tissues resulting in clinical signs and symptoms (disease).

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Guideline 10-003-01	Infection Control Guidelines
Guideline 10-003-02	Airborne Precautions
Guideline 10-003-03	Droplet Precautions
Guideline 10-003-04	Contact Precautions
Guideline 10-003-05	Precautionary Measures for Microorganisms
Policy 10-004-00	Hand Hygiene
Policy 10-006-00	Housekeeping
Policy 10-007-00	Handling of Used Equipment and Supplies
Policy 10-008-00	Clean, Disinfect and Sterilize

REFERENCES:

- BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*
- Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*



GUIDELINE 10-003-01

Routine Guidelines for Infection Control Practices

Routine infection control practices are to be used with **all clients, at all times**, regardless of presumed infectious status or diagnosis. Routine Infection Control Practices include:

1. The separation of suspected infected, symptomatic, or contagious clients including those with respiratory symptoms from uninfected clients. Ensure wellness clinics are not offered concurrently with “sick clinics”.
2. Hand hygiene should be performed before and after every client contact, as per Hand Hygiene Policy 10-004-00.
3. Gloves should be used as an additional measure and not as a substitute for hand hygiene.
4. Personal Protective Equipment, such as gowns, masks and eye protection should be worn during client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Always follow appropriate disposal measures for removing and discarding worn equipment.
5. Mouthpieces and resuscitation bags should be readily available for performing CPR.
6. Safe handling and disposal of needles and other sharp devices as per Sharps Policy 10-009-00 and Safe Handling and Disposal of Sharps Guidelines 10-009-01.
7. Appropriate cleaning, sterilization and disinfection of reusable equipment and office surfaces (counters, furniture) must be performed routinely.

Preventing Transmission

Preventing the transmission of infectious diseases spread by either airborne or droplet routes poses a significant challenge in the health centre. Special arrangements for clients with a suspected respiratory infection can reduce this risk. The special arrangements will vary among health centres depending on the physical layout, resources, etc of the health centre. These arrangements may include:

1. Screening clients upon arrival to the health centre. Clients known or suspected to have a communicable disease should be escorted immediately into an exam room (if available) or isolated to a separate waiting area until a room is available.
2. Making efforts to see these clients at the end of the day or before the start of the day / appointment schedule.
3. Immunocompromised clients or newborns should not wait in the general waiting area. Whenever possible, schedule appointments with these clients outside of “sick clinic” times.
4. Masks may be provided, at the time of arrival, to the client with suspected or known respiratory infection



5. Closing the door of the examining room and limiting access to the client by visitors and staff members who are not immune to the suspected disease.

Preventing transmission of infectious diseases requires special attention to decrease the likelihood of spread. Precautions include:

- a) Disinfecting surfaces and equipment that have been in direct contact with the clients immediately after a visit.
- b) Clients known to be carriers of these organisms should have this indicated in their health record in order to facilitate recognition on subsequent visits.
- c) Designate one clinic room to the care of this client if daily visits are required or during a community outbreak.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*



GUIDELINE 10-003-02

AIRBORNE PRECAUTIONS

Airborne Precautions are used for clients known or suspected to have microorganisms spread by the airborne route. These may consist of small particle residue (5 microns or smaller) that result from the evaporation of large droplets or dust particles containing skin squames and other debris. These can remain suspended in the air for long periods of time and are spread by air currents within a room or over a long distance.

1. Any health care provider entering the room occupied by a client suspected or known to have an airborne-transmitted infectious disease should at a minimum be wearing an N95 respirator that has been properly fitted by an trained N95 fit tester.
2. The following special arrangements should be considered for client's who may be contagious:
 - a. Screening clients at the time the office visit is scheduled;
 - b. Making efforts to see these clients at the end of the day;
 - c. Quickly triaging clients out of common waiting areas and into an exam room;
 - d. Closing the door of the examining room and limiting access to the client by visitors and staff who are not immune to the suspected disease.
 - e. Clients suspected of a respiratory illness may be given a procedure mask to reduce airborne transmission.

Note: The N95 respirator must be fitted to the individual. Individuals that have not been fit tested are at increased risk of infection.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.



GUIDELINE 10-003-03

DROPLET PRECAUTIONS

Droplet Precautions are used for clients known or suspected to have microorganisms transmitted by droplets larger than 5 microns. These droplets may be produced during coughing, sneezing or certain procedures such as suctioning. These particles are propelled a short distance, usually less than two metres, and do not remain suspended in the air.

1. Any health care provider coming within one meter of a client suspected or known to have a droplet-transmitted infectious disease should wear a surgical mask and eye protection. Prescription eyewear is not considered adequate eye protection.
2. Clients should be asked to wear a surgical mask to prevent transmission.
3. Clients should be moved immediately into an exam room to avoid transmission in the waiting room. If this is not possible, the client should be seated at least 2m from other clients in the waiting room.
4. Precautionary measures for clients suspected or known to have an influenza illness, particularly H1N1, shall be in accordance with the Government of Nunavut document: *Interim Guidance for Patient Treatment by Health Care Providers in Ambulatory Care Settings, Community Health Centres*.
5. The current scientific and epidemiological evidence available indicate that SARS is transmitted by large droplets generated when an infected client coughs, sneezes or talks.
 - a. Transmission may happen if these droplets settle on a mucous membrane or through the indirect inoculation of membranes with contaminated hands or equipment.
 - b. Current guidelines recommend that airborne precautions be practiced when performing high risk procedures (e.g. intubation, nebulizer therapy) for clients suspected of having SARS infection.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Government of Nunavut (2009). *Interim Guidance for Patient Treatment by Health Care Providers in Ambulatory Care Settings, Community Health Centres*.



GUIDELINE 10-003-04

CONTACT PRECAUTIONS

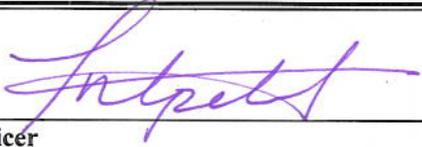
Contact Precautions are used for clients known or suspected to have microorganisms that can be spread by direct contact with the client or by indirect contact with environmental surfaces or client care equipment.

- Any health care provider likely to have direct skin-to-skin contact with a client suspected or known to have a contact transmitted infectious disease should wear gloves and a fluid resistant gown.
- Droplet precautions should be used for any clients with undiagnosed diarrhea.
- All surfaces and equipment that has come into contact with the client shall be cleaned and disinfected as outlined in Policy 10-008-00.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

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Deputy Minister of Health and Social Services		



MICROORGANISM TRANSMISSION ROUTES AND PRECAUTIONARY MEASURES		
TRANSMISSION ROUTE	DISEASES	PRECAUTIONS REQUIRED
AIRBORNE	Pulmonary tuberculosis Disseminated zoster Rubeola (measles) Varicella (chickenpox) Hemorrhagic fevers (Lassa, Ebola, Marburg) Smallpox	N95 particulate respirator Eye Protection Move promptly to exam room Close door Hand hygiene
DROPLETS	Diphtheria Influenza Meningococcal meningitis Mumps Pertussis Rubella Upper respiratory Infections (Until viral infection ruled out) (Adenovirus, Parainfluenza, Rhinovirus, RSV) Parvovirus B-19 Pneumonic Plague Invasive Group A Streptococcus	Surgical mask (client) Eye protection for high risk procedures Hand hygiene Move client promptly to exam room or separate from others in waiting room (>2m distance between clients)
DIRECT CONTACT	Infectious diarrhea (Campylobacter, E. coli, Giardia, Rotavirus, Salmonella, Yersinia) C. difficile Major burn wound infection Desquamation skin disorder Hepatitis A, E HSV (in neonatal or disseminated mucocutaneous) Scabies Varicella Zoster Viral respiratory infections(see above) Hemorrhagic fevers Antibiotic Resistant Organisms	Gloves Fluid resistant gown Hand hygiene Use same room for repeated client visits or community outbreak.

Source: Health Canada (1999). Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Aerosol-Generating Medical Procedures in Patients with Known or Suspected COVID-19	Infection Control	10-003-06	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
May 2020	May 2023	N/A	4
APPLIES TO:			
Community Health Centres			

PLEASE NOTE: This is an emerging pandemic involving a novel virus. As new evidence is released, the information contained within this document may change.

1. BACKGROUND:

The SARS-CoV-2 virus (COVID-19) currently causing a worldwide pandemic, is transmitted primarily by droplet and contact means. Certain procedures, known as ‘aerosol-generating medical procedures’ (AGMP), are believed to cause both a higher volume of infectious droplets as well as aerosolization of the virus, increasing risk of transmission.

This policy aims to a) list common or potential activities within the health centre that are considered AGMP; b) provide direction on required personal protective equipment (PPE) when performing or participating in AGMP; c) outline risk reduction and infection control and prevention strategies.

2. POLICY:

In the context of the COVID-19 pandemic:

2.1 A risk/benefit analysis should take place prior to performing an AGMP, with the healthcare provider assessing the potential for generating aerosols.

2.2 Airborne, droplet, and contact precautions including N95 mask should be worn when AGMPs are performed or have the potential of being performed.

2.3 AGMP should be performed in (order of preference):

- 2.3.1** Negative pressure room if available, or
- 2.3.2** Isolation room with door closed, or
- 2.3.3** Private room with door closed, or
- 2.3.4** COVID-19 cohort area, where all healthcare providers are wearing PPE

2.4 For emergent procedures where a patient cannot be moved (code blue, acute decompensation) or for AGMP that are brief in duration and transfer is impractical (nebulizer treatment for example):

- 2.4.1** Close curtains or door to patient’s room if possible
- 2.4.2** Procedure should be performed with minimal staff in room and most experienced staff
- 2.4.3** All involved personnel don airborne/contact/droplet PPE

2.5 Health centre staff shall apply the risk reduction strategies outlined in 5.0

2.6 Health centre staff shall apply the infection prevention and cleaning strategies after AGMP, as outlined in 6.0

3. PRINCIPLES:

3.1 Safety and protection of health centre staff is priority.

3.2 AGMP are high risk for health centre staff and client exposure to respiratory viruses, including COVID-19.

3.3 Individual health centre staff should routinely perform a context specific risk assessment to determine what PPE is necessary.

4. DEFINITIONS:

4.1 Risk Assessment: Evaluation of the interaction of the employees, the patient, and patient environment to assess the potential for exposure to an infectious disease.

4.2 Aerosol: Small droplet of moisture that may carry microorganisms. Aerosols may be light enough to remain suspended in the air for short periods of time, allowing inhalation of microorganisms.

4.3: Aerosol-generating Medical Procedures: A procedure with the potential to generate a high volume of respiratory droplets and aerosols.

4.3.1 Common or Potential AGMP in Health Centre Setting:

- i. Nebulizer therapy
- ii. High-flow oxygen therapy (nasal prongs at >6L/min)
- iii. Open airway suctioning (this includes deep suctioning of nasopharynx and trachea; this does not include oral suctioning)
- iv. Cardiopulmonary resuscitation (CPR)
 - a. Cardioversion and defibrillation in the absence of bag-valve mask ventilation (BVM) are not considered AGMP
 - b. Other procedures associated with CPR including chest compressions with intubation and manual ventilation are AGMP
 - c. Chest compressions alone are not considered AGMP
- v. Bag-valve Mask Ventilation (BVM)
- vi. Non-invasive Ventilation (e.g. CPAP, BiPAP)
- vii. Endotracheal intubation and extubation
- viii. Induced sputum (refers to inhalation of nebulized saline to liquify/produce airway secretions, this does not include natural coughing to bring up sputum)
- ix. Insertion of any advanced airway
- x. Needle decompression

4.3.2 Potential procedures in the health centre setting that are NOT considered AGMP:

- i. Defibrillation or cardioversion WITHOUT airway manipulation, or BVM
- ii. Chest compressions WITHOUT airway manipulation, or BVM
- iii. Collection of nasopharyngeal or throat swab
- iv. Coughing, oral suctioning, oral hygiene
- v. Vaginal delivery
- vi. NG/OG tube insertion
- vii. Chest physiotherapy
- viii. Non-rebreather mask with or without filter $\leq 15\text{L}/\text{min}$
- ix. Any procedure done with regional anesthesia
- x. Intranasal medication

5. RISK REDUCTION STRATEGIES FOR AEROSOL-GENERATING MEDICAL PROCEDURES

- 5.1 Ensure proper signage is posted for areas that AGMP are to be performed
- 5.2 Follow Policy 07-035-00 *Community Health Centre Protected Code Blue During the COVID-19 Pandemic*
- 5.3 Use a metered dose inhaler (MDI) with spacer as first line, for inhaled medications
- 5.4 During the COVID-19 pandemic, nebulized treatments are only to be performed under direction and consultation with Physician or Nurse Practitioner
- 5.5 Use of Personal Protective Equipment as per Policy 10-003-01 – 10-003-05 inclusive
- 5.6 Use viral filter with BVM if available
- 5.7 Use 2-person 4-hand technique for BVM to create a better seal around the mouth and nose
- 5.8 When possible, close the door to room that AGMPs are being performed
- 5.9 Keep windows closed; air can be blown back into the hallway
- 5.10 Limit the number of people present during AGMP
- 5.11 Consider duration of airborne precautions following AGMP:
 - 5.11.1 Negative pressure room – 45 minutes
 - 5.11.2 Private or isolation room with door closed – 4 hours
 - 5.11.3 Large non-private room – 6 hours

6. INFECTION PREVENTION AND CLEANING AFTER AGMP

- 6.1 Clean shared equipment as per routine practice prior to use on other patients
- 6.2 Linen, lab specimens, dishes, garbage are handled with routine precautions
- 6.3 Clean surfaces that are visibly soiled and disinfect high touch surface areas if patient to remain in room.
- 6.4 Once patient has left room, terminal cleaning of room is required – note 5.11

7. DOCUMENTATION:

- 7.1 Document as per policy 06-008-00 and 06-008-01 and include:
 - 7.1.1 Indication of AGMP
 - 7.1.2 Precautions
 - 7.1.3 Patient consent and education as indicated

8. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Department of Health, Qikiqtani General Hospital. April 2020. *Airborne Generating Medical Procedures in Patients with Known or Suspected COVID-19.*

Government of Nunavut, Department of Health. Infection Prevention and Control Manual
<https://www.gov.nu.ca/health/information/infection-prevention-and-control>

Government of Nunavut, Department of Health. Housekeeping Procedure Manual
<https://www.gov.nu.ca/health/information/housekeeping-procedures-manual>

Community Health Manual Policy 10-003-01	Infection Control Guidelines
Community Health Manual Policy 10-003-02	Airborne Precautions
Community Health Manual Policy 10-003-03	Droplet Precautions
Community Health Manual Policy 10-003-04	Contact Precautions
Community Health Manual Policy 10-003-05	Precautionary Measures for Microorganisms

Community Health Manual Policy 07-035-00 Community Health Centre Protected Code Blue During the COVID-19 Pandemic

9. REFERENCES:

The Ottawa Hospital, Department of Critical Care. COVID-19 quick reference guide. Retrieved from <https://www.covidottawa.com/>

Approved By: 	Date: <i>June 22, 2020</i>
Ruby Brown, Deputy Minister – Department of Health	
Approved By: Monique Skinner <small>Digitally signed by Monique Skinner DN: cn=Monique Skinner, o=Government of Nunavut, ou=Operations, email=monskinner@nu.ca, c=CA Date: 2020.06.22 08:23:27 -0600</small>	Date:
Monique Skinner, Chief Nursing Officer	
Approved By:  <small>Digitally signed by Dr Francois de Wet DN: cn=Francois de Wet, o=Government of Nunavut, ou=Operations, email=fran@nu.ca, c=CA Date: 2020.06.22 08:45:11 -0600</small>	Date:
Francois de Wet, Chief of Staff	

 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Hand Hygiene	Infection Control	10-004-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		6
APPLIES TO:			
Community Health Nurses			

POLICY:

All health centre staff are expected to perform hand hygiene:

- a) **Before and immediately after client contact and/or client environment contact (feeding, bathing, invasive procedures etc.)**
- b) **After body fluid exposure risk or after touching contaminated objects and surfaces.**
- c) **Before aseptic procedures.**
- d) **After using washroom facilities, blowing one's nose, touching one's face, hair, etc.**

DEFINITIONS:

Hand hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganism from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub.

Client environment: The immediate space around a client that may be touched by a client and may also be touched by the Healthcare Provider when providing care. The client environment includes equipment, medical devices, furniture, curtains and personal belongings

PRINCIPLES:

Hand washing is the single most important procedure for preventing the transmission of pathogens from one person to another, or from one site to another in the same client. It is a simple procedure that protects clients, Healthcare workers and the environment.

The use of gloves does not replace the need for hand hygiene.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-001-00	Routine Practices
Policy 10-003-00	Infection Control
Guideline 10-004-01	Hand Hygiene Guidelines



REFERENCES:

Ontario Ministry of Health and Long-Term Care. *Just Clean Your Hands Program*.

Provincial Infectious Diseases Advisory Committee (2008). *Best Practices for Hand Hygiene in all Health Care Setting*.

Qikiqtani General Hospital Infection Control Policy “Hand Hygiene”



GUIDELINE 10-004-01

Hand washing products are to be used as follows:

a) *Regular liquid soap:*

- Regular liquid soap, (together with warm water and friction for 40-60 seconds), is considered sufficient to remove transient microorganisms, which may colonize the hands after simple contacts with clients' and/ or the environment.
- Used for all general hand washing.
- Available in wall dispensers adjacent to sinks.
- Disposable containers are preferred for liquid products. Reusable containers should be thoroughly washed and dried before refilling, and routine maintenance schedules should be followed and documented. Liquid products should be stored in closed containers and should not be topped-up.

b) *Antiseptic soap:*

- Its primary action includes mechanical removal as well as killing or inhibition of both transient and resident microorganisms.
- It is to be used:
 - After contact with clients who are infected or colonized with infectious diseases and/ or multidrug-resistant microorganisms.
 - Prior to carrying out invasive procedures such as placement of intravascular catheters or other invasive devices.
- Special Consideration: Antiseptic agents may be chosen if it is felt important to reduce the number of resident flora or when the level of microbial contamination is high. Antiseptic agents should be chosen when persistent antimicrobial activity on the hands is desired.
- Routine use of hexachlorophene is not recommended because of neurotoxic effects and potential absorption through the skin.
- Alcohol containers should be stored in areas approved for flammables.

c) *Waterless hand wash:*

- An approved alternative to conventional agents where hand washing facilities are inadequate or inaccessible (e.g. ambulances, home care, mass immunization, on the land). Situations where water supply interrupted (e.g. planned disruptions, natural disasters).
- Recent studies have shown that alcoholbased hand sanitizers are effective as long as hands are not visibly dirty.
- Special Consideration: Not effective if hands are soiled with dirt or heavily contaminated with blood or other organic material. Follow manufacturer's recommendations for use. Efficacy affected by concentration of alcohol in product.
- Hand creams should be readily available to protect skin integrity. Healthy intact skin is a barrier to infection.

Examples of when hands are to be cleaned:

1. Before initial contact with a client or items in their environment. This should be done on entry to the room, even if the client will not be touched;
2. Before putting on gloves;
3. Before preparing, handling or serving food or medications to a client;



4. After care involving contact with the body fluids of a client, even if gloves are worn (e.g. assisting with blowing nose, toileting, doing wound care, contact with secretions, excretions, blood, urine), after removing gloves and before moving to another activity;
5. After contact with a client or items in their immediate surrounding when leaving, even if the client has not been touched;
6. When moving from a contaminated body site to a cleaner body site during health care; and
7. Whenever a healthcare provider is in doubt about the necessity for doing so.

How to Perform Hand Hygiene with Alcohol-Based Hand Rub:

The use of Alcohol-based hand rub is the preferred method for hand hygiene if hands are not visibly soiled. Alcohol based hand rub should be available at each point of care.

1. Ensure hands are visibly clean (if soiled, follow hand washing steps).
2. Remove hand and arm jewellery. If a watch is worn, it must be worn above the wrist and fit snugly. Clothing or other items that impede frequent and effective hand hygiene should be removed. Rings and bracelets should not be worn.
3. Apply one to two full pumps of product, or squirt a 35 mm-sized amount (about the size of a loonie) onto one palm.
4. Spread product over all surfaces of hands, concentration on fingertips, between fingers, back of hands, and base of thumbs. These are the most commonly missed areas.
5. Rub hands until product is dry. This will take a minimum of 15 seconds if sufficient product is used.

Hands must be fully dry before touching the client or the care environment/equipment for the hand rub to be effective and to eliminate the extremely rare risk of flammability.



How to Perform Hand Washing:

1. Remove hand and arm jewellery. If a watch is worn, it must be worn above the wrist and fit snugly. Clothing or other items that impede frequent and effective hand hygiene must be removed or pushed back. Rings and bracelets should not be worn.
2. Wet hands with warm (not hot) running water.
3. Apply liquid or foam soap. Do not use bar soap in the healthcare setting as it may harbor bacteria that can then be spread to others.
4. Vigorously lather all surfaces of hands for a minimum of 15 seconds to create friction and remove transient or acquired bacteria. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs. These areas are the most commonly missed areas.
5. Rinse hands using a rubbing motion under a stream of running water until all soap is gone.
6. Pat hands dry with paper toweling, starting from fingertips to wrists. Do not use shared linen towels to dry your hands, use disposable paper towels.
7. Turn tap(s) off with paper towel to prevent recontamination of the hands.
8. Discard used paper toweling in the appropriate receptacle.
9. Keep your hands in good shape by preventing dryness and chapping with hand-lotion, and keep your nails trim and short. Do not use alcohol-based hand rub immediately after washing hands, as skin irritation will be increased.

If running water is not immediately available, use moistened towelettes to remove visible soil, followed by alcohol-based hand rub.

Factors that Affect the Effectiveness of Hand Hygiene:

The following factors can increase the number of micro organisms and compromise hand hygiene:

- dermatitis, cracks, cuts or abrasion
- long nails
- chipped nail polish
- artificial nails or nail enhancements
- rings, hand jewellery and bracelets

Healthcare providers are encouraged to frequently use appropriate hand moisturizing skin care products.

- Multi use dispensers that can be cleaned and that are designed in such ways that contamination of the spout cannot occur are acceptable.
- Small, pocket-sized containers of lotion are acceptable for individual use. Due to the risk of contamination, these containers should not be refilled.
- Large, multi-use hand lotion bottles are easily contaminated and should not be used.

Nails must be kept clean and short. Nail polish, if used, must be fresh and free of cracks or chips. Artificial nails or nail enhancements are not permitted.

Hand jewellery must be limited to a smooth wedding band without projections or mounted stones and/or a watch. These should be removed before performing hand hygiene.

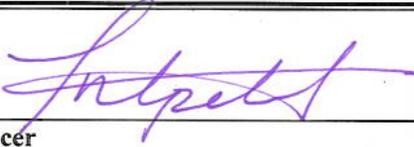


References:

Ontario Ministry of Health and Long-Term Care. *Just Clean Your Hands Program*.

Provincial Infectious Diseases Advisory Committee (2008). *Best Practices for Hand Hygiene in all Health Care Setting*.

Qikiqtani General Hospital Infection Control Policy "Hand Hygiene"

Approved by:  11 FEB 2011	Effective Date:
Chief Nursing Officer Date	April 1, 2011
 February 11, 2011	
Deputy Minister of Health and Social Services Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Personal Protective Equipment	Infection Control	10-005-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY 1:

All health centre staff, students and volunteers shall evaluate the need for personal protective equipment (PPE) prior to carrying out procedures. When the need for PPE has been identified, the employee shall correctly use the equipment.

POLICY 2:

All health centre staff, students and volunteers shall receive training on the proper use of personal protective equipment. All health centre staff, students and volunteers shall inspect PPE for wear and defects before and after each use. The PPE shall be removed from use immediately if damaged or defective.

DEFINITIONS:

Personal Protective Equipment means “clothing, a device or other article required to be worn or used by a worker to prevent injury” (*Consolidation of General Safety Regulations*). This includes respirators, masks, face-shields, safety glasses, gowns and protective apparel (aprons, booties, hair covering, etc).

PRINCIPLES:

Personal protective equipment is meant to protect the employee from splashes, sprays, or other sources of contamination.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Nunavut Consolidation of Safety Act R.S.N.W.T. 1988, c.S-1, as amended by Nunavut Statutes S.Nu.2003, c.25

Nunavut Consolidation of General Safety Regulations R.S.N.W.T. 1990, c. S-1 as amended by Nunavut Statutes S.Nu. 2003, c. 25.



GUIDELINE 10-005-01

PERSONAL PROTECTIVE EQUIPMENT

- All employees shall be trained regarding the use of the appropriate personal protective equipment required to safely perform their job descriptions, roles and responsibilities. Additional training is provided, when necessary, if an employee takes a new position or a new job function is added to their current position.
- Employees must remove personal protective clothing and equipment before leaving the work area, when the PPE becomes contaminated and/or damaged.

Gloves

1. Suitable gloves must be worn when hazards from bodily fluids, chemicals, sharp or abrasive objects, heat, cold, bio-hazards, radioactive material, etc. Gloves are not required for routine client care activities in which contact is limited to a client's intact skin.
2. Clean, non-sterile gloves should be worn:
 - a) While cleaning surfaces of potential contamination including patient tables, counters and toilets.
 - b) For contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds or non-intact skin (e.g. open skin lesions or exudative rash).
 - c) For handling items visibly soiled with blood, body fluids, secretions or excretions.
 - d) When the health care provider has open skin lesions on the hands (open lesions on the hands can pose a health risk to both clients and the health care provider).
3. Sterile gloves are required for performing sterile procedures.
4. When indicated, gloves should be put on just before the task or procedure requiring gloves and removed immediately after use and before touching clean environmental surfaces.
5. Gloves may need to be removed and changed between activities and procedures on the same client if handling materials that may contain high concentrations of microorganisms (e.g. a dressing changes or examination of the oral cavity).
6. Hands should be washed immediately after removing gloves. Note: gloves do not replace proper hand hygiene.

Eye and Face Protection

- Masks and eye protection or face shields should be worn where appropriate to protect the mucous membranes of the eyes, nose and mouth during procedures and client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.



Mask Selection is based on intended use:

A fluid resistant surgical or procedural mask should be worn to protect mucous membranes from splashes of body fluids, as well as from droplet contamination.



If protection is required from airborne or aerosolized pathogens then a N95 respirator must be worn. The N95 designation indicates that the respirator is capable of filtering all particles larger than 0.3 microns and 95% of particles smaller than 0.3 microns when worn by a worker that has been "fit-tested". An N95 respirator will state clearly on the box that it has an N95 designation.

Fit Testing refers to a qualitative or quantitative assessment of the given respirator to protect the wearer from airborne particles and must be done by qualified personnel.



Eye protection can be provided with safety glasses, goggles or face shields. When a mask is worn as a barrier against exposure to blood or body fluids, eye protection should be worn as well.



Prescription eyeglasses are not considered adequate eye protection.

Eye protection should be cleaned if it has been contaminated with body fluids.



Protective Clothing (e.g. gowns, booties, etc) are to be worn if there is a potential for clothing or uncovered skin to become contaminated with blood, body fluids, secretions, excretions or other potentially infectious materials. Routine use of gowns is not recommended.

- Gowns used should be fluid resistant.
- Gowns should be applied immediately prior to the procedure and should be removed carefully and immediately after the procedure is completed to avoid contamination of the clothing. They should not be used for procedures on more than one client.

Other Personal Protective Equipment (not infection control related)

Head Protection is to be used when personnel are exposed to working environments where they might be struck on the head or strike their head against an overhead hazard, head protection is required.

- Appropriate protective head gear must be worn by anyone who operates a Government of Nunavut all-terrain vehicle or a snow machine.

Foot Protection

- Personnel must wear footwear with enclosed heel and toe.
- Safety shoes or boots with impact protection are required to be worn in work areas where carrying or handling materials such as packages, objects, parts or heavy tools, which if dropped, could injure the feet.

Hearing Protection

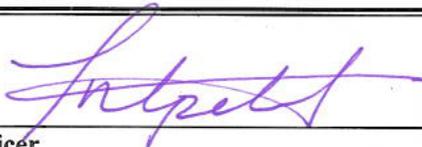
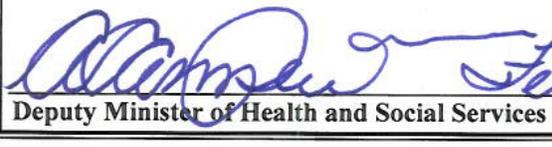
- All disposable earplugs should be properly fitted to ensure hearing is protected when exposed to continuous excessive noise.

Personal Fall Protection Equipment

- An employee shall wear a lanyard, lifeline and safety belt or body harness where he/she is working at an elevation of 3m or more above grade or floor level.

Radiation Protection

- Radiation protection equipment shall be used in accordance with X-ray Policy 08-007-00 and Policy 08-013-00 Radiation Monitoring System

Approved by:  Chief Nursing Officer	11 FEB 2011 Date	Effective Date: April 1, 2011
 Deputy Minister of Health and Social Services	February 11, 2011 Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Housekeeping	Infection Control	10-006-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		6
APPLIES TO:			
Community Health Nurses			

POLICY:

All health centre personnel are responsible for ensuring clinic rooms and common areas are kept neat and tidy at all times. All housekeeping tasks are carried out using the basic principles of Routine Practices.

PRINCIPLES:

The Department of Health and Social Services (HSS) assures that each health centre is maintained in a clean, safe and sanitary condition.

The health centre staff collectively has the responsibility to prevent the transmission of pathogenic organisms. Housekeeping is an essential part of this team goal.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-003-00	Infection Control
Policy 10-004-00	Hand Hygiene
Policy 10-006-00	Housekeeping
Guideline 10-006-01	Housekeeping Guidelines
Guideline 10-006-02	Infectious Waste Disposal Guidelines
Guideline 10-006-03	Guidelines for communicating Hazards
Policy 10-008-00	Clean, Disinfect and Sterilize
Policy 10-009-00	Sharps

REFERENCES:

- BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*
- Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*
- Qikiqtani General Hospital Policy and Procedure *Housekeeping.*



GUIDELINE 10-006-01

GENERAL HOUSEKEEPING GUIDELINES

1. Disposable gloves are worn by all housekeeping personnel while performing their tasks and discarded after each use.
2. A floor, stair and walkway used by workers or clients shall be maintained in a state of good repair and shall be kept free of hazards.
3. Material or equipment must be placed, stored or stacked as not to constitute a hazard to workers.
4. Floors in the waiting area and examination rooms should be cleaned regularly. Following spills involving blood or body fluids contaminated with blood, floors should be first cleaned with detergent, and then disinfected promptly using a disinfectant solution.
5. Caution signs shall be used when the floors or stairs are being washed or are wet from other sources (e.g. wet footwear or spills)
6. Mop heads are to be changed and laundered daily. For any clinic room identified as an isolation room, a separate mop head will be used to clean other areas of the health centre to prevent transmission. Individual cleaning cloths are used for each client care area.
7. All equipment is properly cleaned according to Clean, Disinfect and Sterilize Policy 10-008-00. Equipment should be decontaminated prior to servicing or shipping.
8. Environmental and working surfaces are properly cleaned and disinfected after contact with body fluids or other potentially infectious materials and at the end of the work day. Surfaces should be cleaned with a low-level disinfectant.
9. All cleaning products are to be used according to the manufacturer's recommendations. Each product will be labeled according to WHMIS regulations with MSDS readily available.
10. All bins, pails, cans, and similar receptacles intended for reuse which have a potential for becoming contaminated with body fluids or other potentially infectious materials are inspected, cleaned, and disinfected immediately or as soon as possible upon visible contamination.
11. Broken glassware, which may be contaminated, is not to be picked up directly by hand. It will be cleaned up using a mechanical means, such as a brush and dustpan, a vacuum cleaner, tongs, cotton swabs, or forceps.
12. Toys in the office should be washable and of appropriate sizes and shapes to avoid aspiration or other injuries. Toys contaminated with body fluids should be removed until cleaned. Toys should be disinfected daily to decrease microbial contamination.
13. Any spill of a body fluid should be cleaned using a detergent to remove organic material. Then disinfect with a disinfectant solution. Gloves should be worn during cleanup of any blood or body fluid.



Examination Rooms

1. Sharps will be checked daily and handled according to *Sharps* Policy 10-009-00 and Guideline 10-009-01.
2. Waste is collected a minimum of once daily and as required. Infectious waste disposal shall follow Policy 10-006-02.
3. Equipment needs to be cleaned after each use and will be done so according to *Handling of Used Equipment and Supplies* Policy 10-007-00. Since furniture is often difficult to clean, it should be cleaned within the limitations of the fabric and structure of the furniture.
4. Cover the exam table with disposable paper that can be changed in between clients. More thorough cleaning and disinfection should be done if contamination is visible or diaper changing has occurred.
5. The exam table should be cleaned daily, either before the scheduled appointments in the morning or at the end of the day.
6. All floor surfaces will be mopped daily with a quaternary ammonium germicide solution (low level disinfectant). The solution in the bucket will be changed every three (3) rooms or sooner depending on how soiled the solutions becomes. It should always be changed after cleaning a room used by a symptomatic patient.

Soiled Linen

1. Soiled linen should be handled minimally and away from the body to avoid contamination of the workers clothing.
2. Soiled linen should never be placed on the floor.
3. Laundry bags should be easily accessible to the area which linen is used. The bags should never be overfilled.
4. Linen that is soaked with blood or other body fluids should be placed in a plastic bag prior to being put in the laundry bag to avoid leakage and environmental contamination.
5. Soiled linen should be washed with hot water and bleach.

Washroom Facilities

1. Washrooms (staff and visitors) should be cleaned daily and whenever visible soiled.
2. A diaper changing area should be provided in at least one washroom. Disposable paper covers should be available. After each diaper change, the surface should be cleaned and disinfected.



REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

Qikiqtani General Hospital Policy and Procedure *Housekeeping.*



GUIDELINE 10-006-02

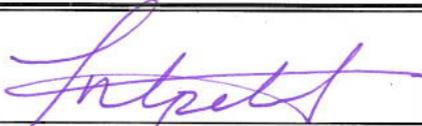
1. Contaminated sharps will be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms, and labelled (Sharps Policy 10-009-00 and Guidelines 10-009-01 Safe Handling and Disposal of Sharps).
2. If outside contamination of the regulated waste container occurs, it will be placed in a second container. The second container will be closable and constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
3. Contaminated laundry will be handled as little as possible and will not be sorted or rinsed in the location of use. All employees who have contact with contaminated laundry will wear protective gloves and other personal protective equipment as appropriate.
4. General office waste requires no special disposal methods. The waste is placed into black plastic bags and disposed of according to hamlet bylaws.
5. Regulated waste shall be double bagged, packaged, shipped and incinerated according to relevant Regional HSS policies and procedures. **Regulated waste** refers to:
 - a) **Anatomical Waste:** Tissues, organs and body parts, not including teeth, hair and nails.
 - b) **Non anatomical:**
 - Human liquid blood and semi-liquid blood and blood products.
 - Items contaminated with blood that would release liquid or semi-liquid if compressed.
 - Body fluids contaminated with blood excluding urine and feces.
 - Sharps including needles, needles attached to syringes and blades.
 - Broken glass or other material capable of causing punctures or cuts which would have come in contact with human blood or body fluids.
6. The practice of removing garbage from receptacles by hand and reusing the bag is **prohibited** as this practice may lead to injuries from sharp objects inadvertently placed in the regular garbage.



GUIDELINE 10-006-03

COMMUNICATING HAZARDS TO EMPLOYEES

1. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers which contain blood or other potentially infectious material. Other containers used to store, transport or ship blood or other potentially infectious materials must also have a warning label affixed in a visible location on the container.
2. Labels must display the universal WHMIS symbol for BIOHAZARD contents.
3. Labels will be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Red bags or red containers may not be substituted for labels.
5. Signs will be posted at the entrance to work areas where biohazard materials or infectious waste is stored.

Approved by:  Chief Nursing Officer	11 FEB 2011 Date	Effective Date: April 1, 2011
 Deputy Minister of Health and Social Services	February 11, 2011 Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Handling of Used Equipment and Supplies	Infection Control	10-007-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		4
APPLIES TO:			
Community Health Nurses			

POLICY 1:

All client-related equipment and instruments shall be decontaminated, disinfected and/or sterilized appropriately to reduce the transmission of microorganisms.

1. All instruments or items that enter a sterile cavity must be cleaned and then sterilized.
2. All instruments or items that touch mucous membranes or non-intact skin must receive high-level disinfection.
3. The remainder of medical equipment, that is those items only in contact with intact skin, is decontaminated with a low-level product.
4. All soiled instruments or items must be rinsed at the point of use before placing in the designated *decontamination area* and before disinfection or sterilization. Items not to be soaked in water.
5. Flash sterilization, or emergency processing, may only be utilized when full sterilization procedures are impossible.

POLICY 2:

Where possible, all reprocessing of medical equipment, which requires high level disinfection or sterilization, should be done by health and social services staff who received additional training in such techniques. It is the User's responsibility to understand the operational function of the sterilization method practiced in their department (time, temperature, pressure, etc.) as well as maintaining records.

PRINCIPLES:

Careful handling of used client-care items prevents unnecessary exposure of healthcare workers to blood and other biological materials. It also prevents contamination of the environment, thus protecting those who come in contact with it.

DEFINITIONS:

Sterilization: the complete elimination or destruction of all forms of microbial life. Includes steam under pressure, dry heat, low temperature sterilization processes (ethylene oxide (ETO) gas, plasma sterilization) and liquid chemicals are the principal sterilizing agents used.

Disinfection: a process that eliminates many or all pathogenic micro-organisms, with the exception of bacterial spores, from inanimate objects. Generally accomplished by the use of liquid chemicals or wet pasteurization.



High-level disinfection: destroys all microorganisms with the exception of high numbers of bacterial spores. Used for cold processing of scopes and other instruments that comes into contact with mucous membranes and non-intact skin.

Intermediate-level disinfection: inactivates *Mycobacterium tuberculosis*, vegetative bacteria, most viruses and most fungi, but does not necessary kill bacterial spores. Occasionally used for disinfection of non-critical client care equipment.

Low-level disinfection: kills most bacteria, some viruses, and some fungi. Routinely used for disinfection of non-critical client care equipment

Cleaning: the removal of all foreign material from objects. It is normally accomplished with water, mechanical action and detergents or enzymatic products. Failure to remove foreign matter from an object before disinfection or sterilization process is likely to render the process ineffective.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-003-00	Infection Control
Policy 10-006-00	Housekeeping
Guideline 10-007-01	Guidelines for Handling Used Equipment and Instruments
Policy 10-008-00	Clean, Disinfect and Sterilize
Policy 10-009-00	Sharps

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Qikiqtani General Hospital Infection Control Policy "Handlings of Used Client Care Equipment / Instruments"



GUIDELINE 10-007-01

1. Disposable equipment should be used when possible. Single use equipment should not be reused unless cleaning and disinfection procedures are provided by the manufacturer
2. Contaminated disposable instruments should be discarded in the appropriate manner.
3. Gloves should be worn when handling used client-care related items. Avoid carrying soiled items against clothing or placing them on “clean” surfaces.
4. Used needles and other sharp instruments should be appropriately handled (Sharps Policy 10-009-00) to avoid injuries during disposal or re-processing. Sharp items should be disposed of immediately in puncture-resistant containers located in the area where the items were used and not left for housekeeping to dispose of.
5. Protect reusable equipment from gross contamination with blood and body fluid as much as possible.
6. The Supervisor of Health Programs (SHP) shall assign the responsibility for routine cleaning of client-related equipment to a staff member(s).
7. Reusable equipment that has been in direct contact with the client should be cleaned and reprocessed before use in the care of another client. Items that are in contact with intact skin only should have a routine cleaning schedule if cleaning between clients is not feasible (if visibly soiled, must be cleaned before client use).
8. Equipment is cleaned and disinfected according to Policy 10-008-00 Clean, Disinfect and Sterilize; Guidelines 10-008-01 and 10-008-02.
9. Reusable instruments that are contaminated with blood, blood products or other biological fluids should be rinsed with cold water to remove all visible debris, prior to being returned to the dirty utility room for disinfection and sterilization. Instruments should not be soaked in water as this may create pits or rust.
10. Large pieces of equipment (including stretchers) should be decontaminated (using paper toweling and appropriate cleaner) when soiled with blood or other body fluids between clients.
11. Items such as stethoscopes, otoscope/ophthalmoscope handles, etc. should be cleaned regularly and whenever they have become contaminated with blood, or body fluids.

Stethoscopes: Use soap and water OR an alcohol wipe for routine cleaning
Use diluted bleach mixture if contaminated with biological fluids.

BP Cuffs: Use soap and water if soiled. BP cuffs should only be used on intact skin.

12. Thermometers should be used with a disposable protective sheath. The thermometer should be cleaned and disinfected if it becomes contaminated. The casing for the electronic thermometer should be cleaned with soap and water or an alcohol wipe whenever soiled.
13. Equipment such as **urinals, bedpans, graduated urine measuring containers and commodes** in particular, should be washed with soap & water after each use.
14. Mouthpieces and resuscitation bags should be available for staff performing CPR. This equipment requires cleaning and disinfection if used.



15. Other office equipment should be cleaned regularly and whenever contaminated by client secretions.

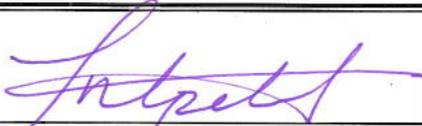
Items should never be used for more than one client without being decontaminated with the recommended cleaning agent.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

Qikiqtani General Hospital Infection Control Policy "Handlings of Used Client Care Equipment / Instruments"

Approved by:  Chief Nursing Officer	11 FEB 2011 Date	Effective Date: April 1, 2011
 Deputy Minister of Health and Social Services	February 11, 2011 Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Clean, Disinfect and Sterilize	Infection Control	10-008-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		8
APPLIES TO:			
Community Health Nurses			

POLICY:

Environmental surfaces, equipment and instruments shall be appropriately cleaned, disinfected and sterilized. Staff shall receive training on the methods of cleaning, disinfecting and sterilization at time of hire or prior to performing these actions.

PRINCIPLES:

Selecting the appropriate method of cleaning, disinfecting and sterilization reduces the transmission of microorganisms.

Spaulding's Classification of Medical Equipment:

1. Critical instruments or devices: any instrument that enters tissue (e.g. needles)
2. Semi-critical instruments or devices: contact with mucous membranes but do not enter tissue (e.g. laryngoscopes or specula)
3. Non-critical instruments or devices: instruments that touch only intact skin (e.g. stethoscopes or blood pressure cuffs)
4. Environmental surfaces (e.g. handles, carts, table tops)

DEFINITIONS:

Sterilization: the complete elimination or destruction of all forms of microbial life. Includes steam under pressure, dry heat, low temperature sterilization processes (ethylene oxide (ETO) gas, plasma sterilization) and liquid chemicals are the principal sterilizing agents used.

Disinfection: a process that eliminates many or all pathogenic micro-organisms, with the exception of bacterial spores, from inanimate objects. Generally accomplished by the use of liquid chemicals or wet pasteurization.

High-level disinfection: destroys all microorganisms with the exception of high numbers of bacterial spores. Used for cold processing of scopes and other instruments that comes into contact with mucous membranes and non-intact skin.

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Cleaning: the removal of all foreign material from objects. It is normally accomplished with water, mechanical action and detergents or enzymatic products. Failure to remove foreign matter from an object before disinfection or sterilization process is likely to render the process ineffective.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Policy 10-003-00	Infection Control
Policy 10-006-00	Housekeeping
Policy 10-007-00	Handling Used Equipment and Instruments
Guideline 10-008-01	Guidelines to Clean, Disinfect and Sterilize
Guideline 10-008-02	Cleaning and Disinfection of Client Care Equipment
Guideline 10-008-03	Levels of Disinfectants

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.*

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care.*

Qikiqtani General Hospital Infection Control Policy "Disinfection and Sterilization Practice"

Qikiqtani General Hospital Infection Control Policy "Handlings of Used Client Care Equipment / Instruments"



GUIDELINE 10-008-01

GENERAL PRINCIPLES

- All equipment should be cleaned regularly and stored in a means that it will not become contaminated.
- Equipment that will contact only intact skin requires cleaning and low level disinfection.
- Equipment having contact with mucous membranes requires cleaning and high-level disinfection, whereas instruments that penetrate skin or mucosal membranes must be cleaned and then sterilized.
- Instruments must be opened and/or disassembled before disinfecting and completely submerged for the required period of time. **Only those surfaces that come in contact with the germicidal solution are disinfected.**
- All items must be thoroughly rinsed and dried after disinfection. Care must be taken not to re-contaminate the item.
- The manufacturer's label/instructions, WHMIS and MSDS references should be read before using a chemical disinfectant.
- Gloves must be worn when handling disinfectants to protect the hands. If splashing is likely, safety glasses must also be worn to protect the eyes.

Sterilization

As sterilization equipment varies among health centres, these guidelines are intended for general application only. It is expected that the manufacturer instructions specific to your autoclave model be adhered to.

1. Sterilization is accomplished by autoclave, dry heat, or gas. Items must be mechanically cleaned with soap and water to remove organic debris before autoclaving:
 - Steam autoclaving uses distilled water whose steam must reach a temperature of 121° to 133°C. Recommended exposure time varies with temperature, material and whether the instrument is wrapped or not. Follow the manufacturer's recommendations for exposure times. Unwrapped instruments should be used immediately or aseptically transferred to a sterile container.
2. As part of quality assurance, the sterilization of equipment should be monitored using various indicators to ensure that the process has been effective. Indicators include:
 - *Mechanical indicators* ensure that a machine reaches the correct temperature and pressure for the required time.
 - *Chemical indicators* show that the wrapped package has been exposed to the correct temperature or chemical conditions.
 - *Biological indicators* ensure sterility. A variety of indicator systems are commercially available. Rapid readout biological indicators can provide assurance of sterility within 60 minutes.



3. Follow the procedure recommended by the manufacturer to document sterility. At least weekly, results should be recorded and monitored.
4. Once the instrument pack has been sterilized, it should be stored in clean, dry area to minimize recontamination. Packs should be dated for the purposes of rotation and monitoring expiration dates.
 - Packs suspected of being compromised should not be used. If they are wet, torn, dusty, the seal broken or if they have been dropped or damaged they are compromised.
 - Packs should be inspected before use.

High-level Disinfection

1. High-level disinfection is accomplished by two types of procedures:
 - a. *Boiling*: Instruments are cleaned and then placed in boiling water for at least 20 minutes. The vessel used for boiling should be cleaned daily.
 - b. *Chemical Disinfection*: Instruments are cleaned and then soaked in a chemical disinfectant such as Ortho-phthaldehyde (Cidex OPA), hydrogen peroxide, or sodium hypochlorite (bleach).
 - Manufacturer's recommended contact times must be followed to achieve disinfection.
 - Two percent gluteraldehyde solutions are not commonly used in the health centre as these products have potential toxicity if proper ventilation is not ensured. These solutions should not used in health centres.
 - A 6% solution of hydrogen peroxide is safe and effective to use with most medical instruments.
 - A 1:50 dilution of sodium hypochlorite (bleach) is effective for disinfection.
 - WSCC safety regulations for ventilation must be observed.
2. After disinfection, instruments are rinsed with sterile water, air dried, and stored aseptically to avoid recontamination.

Intermediate-level Disinfection

1. Intermediate-level disinfection is accomplished with ethanol and isopropanol, iodine and iodophors, phenols and phenolics, and 1:10 dilutions of sodium hypochlorite (bleach).
2. Manufacturer's recommended contact times must be followed to achieve disinfection.
3. Solutions must be mixed fresh each day (good for 24 hours)
4. Bleach may not be compatible and may cause damage to some surfaces

Low-level Disinfection

1. Low-level disinfection is accomplished with disinfectants including phenols and phenolics, quaternary ammonium compounds, 1:500 dilutions of sodium hypochlorite, iodine and iodophors and 0.5% accelerated hydrogen peroxide (AHP).



2. Manufacturer's recommended contact times must be followed to achieve disinfection.
3. General cleaner used in health centres can be used to clean stretchers and other furnishings. The wet surface must be allowed to air dry before use.

See Guideline 10-008-03 for a list of commonly used chemical disinfectants, their uses, advantages and disadvantages.

Antiseptics

1. Antiseptics are chemical agents intended for use on skin or tissue.
2. Most skin preparation agents must be allowed to dry to provide effective antiseptics.
3. Skin preparation agents include isopropyl alcohol, chlorhexidine gluconate, iodine, and iodophors².
4. Alcohol is the most commonly used skin preparation for immunizations and venipuncture.
5. Tincture of iodine, povidone iodine or chlorhexidine gluconate are commonly used skin preparation agents for invasive procedures, such as obtaining blood for cultures.
6. Contamination of antiseptics has been associated with outbreaks of infections. To prevent contamination of solutions, bottles of antiseptics should be dated, never refilled, and should be inspected and discarded if not used within 3 months after first opening.
7. Single use pads and swabs pre-moistened with antiseptics should be used whenever possible to eliminate the need for bottles of antiseptics.
8. Chemical agents formulated as antiseptics should not be used as cleaning agents for surfaces and instruments – they are not disinfectants.

REFERENCES:

BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office*.

Health Canada (1999). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care*.

Qikiqtani General Hospital Infection Control Policy "Disinfection and Sterilization Practice"



GUIDELINE 10-008-02

Cleaning and Disinfection of Client Care Equipment		
EQUIPMENT	LEVEL OF DISINFECTION	FREQUENCY
Surgical instruments Biopsy equipment All instruments used for foot care	Critical Items: Clean and sterilize	Between each use
Endoscopes Laryngoscopes Respiratory therapy equipment Nasal specula Ear syringe nozzles Vaginal specula Sonographic vaginal probes Breast pump accessories Glass thermometers	Semi-Critical items: Clean and high-level disinfection	Between each use
Environmental surfaces contaminated with Blood & body fluid Bedpans, urinals Stethoscopes Blood pressure cuffs Ear specula	Reusable equipment: Clean and low-level disinfection	Between each use
Horizontal surfaces (work counters, baby scales, tables) Walls, curtains, blinds Floors Carpets, upholstery Toys Toilets	Clean and low-level disinfection	Thorough regular cleaning and when soiled

Source: Health Canada (1998). Handwashing, Cleaning, Disinfection and Sterilization in Health Care.



Disinfectant Uses, Advantages and Disadvantages		
DISINFECTANT/USE	ADVANTAGES	DISADVANTAGES
<p>Alcohols <i>Intermediate level disinfectant</i> Disinfect thermometers, external surfaces of some equipment</p>	Fast acting No residue Non staining	Volatile Evaporation may diminish concentration May harden rubber or deteriorate glues Intoxicating
<p>Chlorine <i>Intermediate level disinfectant</i> Disinfect environmental surfaces (1:50 bleach) Following blood spills (1:10 bleach) used to decontaminate area after blood has been removed</p>	Low cost Fast acting Readily available	Corrosive to metals Inactivated by organic material Irritant to skin and mucous membranes Use in well-ventilated areas Shelf life shortens when diluted
<p>Glutaraldehydes 2% formulations <i>High level disinfectant</i> Used for heat sensitive equipment</p>	Noncorrosive to metal Active in presence of organic material Compatible with lensed instruments Sterilization may be accomplished in 6-10 hours	Extremely irritating and toxic to skin and mucous membranes Shelf life shortens when diluted (effective for 14-30 days depending on formulation) High cost Monitor concentration in reusable solutions
<p>Hydrogen Peroxide <i>Low level disinfectant (3%)</i> <i>High level disinfectant (6%)</i></p>	Strong oxidant Fast acting Breaks down into water and oxygen	Can be corrosive to aluminum, copper, brass or zinc Surface active with limited ability to penetrate
<p>Phenolics <i>Low/intermediate level disinfectants</i> Used to clean floors, walls and furnishings</p>	Leaves residual film on environmental surfaces Commercially available with added detergents to provide one-step cleaning and disinfecting	Do not use in nurseries Not recommended for use on food contact surfaces May be absorbed through skin or by rubber Some synthetic flooring may become sticky with repetitive use
<p>Quaternary Ammonium Compound <i>Low level disinfectant</i> Used to clean floors, walls and furnishings</p>	Generally non- irritating to hands Usually have detergent properties	DO NOT use to disinfect instruments Non-corrosive Limited use as disinfectant because of narrow microbiocidal spectrum

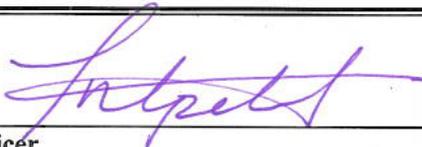
Source: Health Canada (1998). *Hand washing, Cleaning, Disinfection and Sterilization in Health Care.*



GUIDELINE 10-008-04

Directions for Preparing and Using Chlorine-Based Disinfectants			
PRODUCT	INTENDED USE	RECOMMENDED DILUTION	LEVEL OF AVAILABLE CHLORINE
Household bleach (5% sodium hypochlorite solution with 50,000 ppm available chlorine)	Cleanup of blood spills	Concentrations range from one part bleach mixed with 99 parts water (1:100) OR one part bleach mixed with 9 parts water (1:10) Depends on the amount of type and amount to be cleaned and disinfected	0.05% or 500ppm 0.05% or 5,000ppm
	To add to laundry water	One part (one 8 ounce cup) of bleach to be mixed with about 500 parts (28 imperial gallons) of tap water	0.01% or 100ppm
	Soaking of glassware or plastic items	One part (one 8 ounce cup) to be mixed with about 50 parts (2.8 gallons) of tap water	0.1% or 1,000ppm
Sodium dichloroisocyanurate (NaDCC) powder with 60% available chlorine	Cleanup of blood spills	Dissolve 8.5 g in one litre of tap water	0.85% or 5,000ppm
Chloramines powder with 25% available chlorine	Cleanup of blood spills	Dissolve 20 g in one litre of tap water	2.0% or 5,000ppm
PPM = parts per million Imperial gallon (4.5 litres)			

Adapted from Qikiqtani General Hospital Policy and Procedure *Disinfection and Sterilization Practice*

Approved by:		Effective Date:
Chief Nursing Officer	11 FEB 2011 Date	April 1, 2011
	February 11, 2011 Date	



 Department of Health Government of Nunavut	NURSING POLICY, PROCEDURE AND PROTOCOLS		
	Community Health Nursing		
TITLE:	SECTION:	POLICY NUMBER:	
Sharps	Infection Control	10-009-00	
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
February 10, 2018	February 2021		3
APPLIES TO:			
Community Health Nurses			

POLICY:

Every employee is responsible for the safe handling and safe disposal of all sharps.

DEFINITIONS:

SHARPS include any of the following that are either used or of an unknown use status (i.e. sharps no longer in their protective packaging):

- Needles
- Scalpel blades
- Broken glass
- Ampoules
- Plastic items

PRINCIPLES:

Whenever possible, safe sharp supplies should be used.

Safe handling and safe disposal of sharps ensures that no injury or transmission of contagious diseases occurs to any of the staff members or the clients.

RELATED POLICIES, GUIDELINES AND LEGISLATION:

Guideline 10-009-01 Safe Handling and Disposal of Sharps



GUIDELINES 10-009-01

Sharps Containers

1. Sharps containers are yellow with a black biohazard sign and are made from puncture proof material
2. There must be sufficient numbers of sharps containers in each work area which are located out of the reach of children.
3. Used disposable sharp articles and instruments are placed in this container.
4. Once the container reaches three quarters (3/4) full, the container is sealed and stored safely before disposal or transport. Never fill beyond this limit. Overfilling increases the risk of injury.
5. Transportation or disposal of sharps containers will follow regional protocols (e.g. transport to Regional Health Centre for incineration).

General Guidelines for Handling Sharps

1. The person, who generates the sharp, disposes of the sharp. Sharps should never be left for housekeeping staff to dispose of.
2. If a sharp is found on the floor or near the bin, it is picked up with care using protective equipment and placed in the sharps container. The staff member who found the sharp is to report the incident to the Supervisor.
3. Avoid rushing when handling needles and sharps.
4. Use extreme care when handling needles and sharp instruments. Obtain assistance when giving injections, starting intravenous lines, and for any other procedure that requires the use of needles and sharp instruments when the patient is uncooperative.
5. Dispose of all needles and other sharps promptly in a sharp container. It is imperative that these items not be left in patient care areas, on food trays, or inadvertently deposited in trash containers.
6. Contaminated needles should not be recapped by hand, removed from disposable syringes by hand, or purposefully bent, broken, or otherwise manipulated by hand.
7. In the event recapping is unavoidable, the one-handed scoop technique or a needle-recapping device should be used.
8. Biological wastes and sharps containers are sent to the Regional facility for incineration.



RELATED POLICIES, GUIDELINES AND LEGISLATION:
Policy 10-009-00 Sharps

Approved by:	<i>[Signature]</i> 11 FEB 2011	Effective Date: April 1, 2011
Chief Nursing Officer	Date	
<i>[Signature]</i> February 11, 2011	Date	
Deputy Minister of Health and Social Services	Date	

