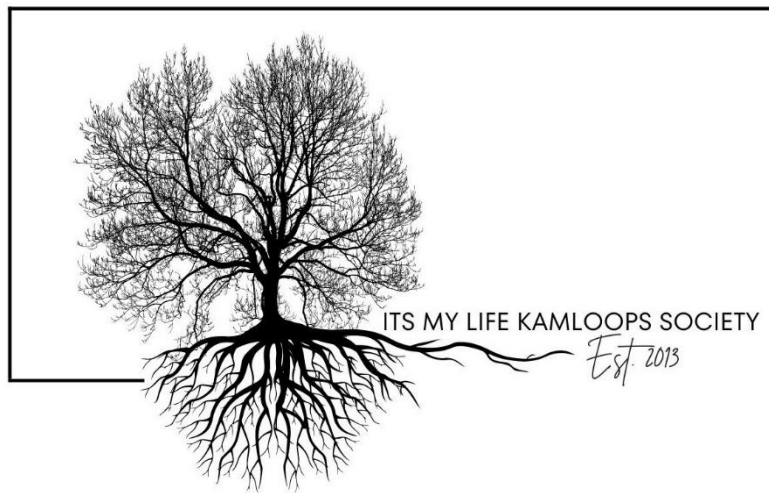


# It's My Life Kamloops Society (IMLKS)



## Infectious Disease Plan 2024

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## **EXECUTIVE SUMMARY**

Infection prevention and control measures are intended to create breaks in the chain of infections, and thereby prevent new infection from spreading. In settings where health care and support are provided, interruption in transfer of microorganisms is directed primarily at transmission. Routine practices play a key role in preventing the transmission of infectious disease.

The Public Health Agency of Canada (PHAC) has used the term “Routine Practices” since 1999, for the process of risk assessment and risk reduction strategies. Routine Practice, previously known as Standard Precautions, is to be used with all patients at all times. Routine Practices supersede previous Blood Borne Pathogen Precautions or Universal Precautions.

Based on the assumption that all blood and certain bodily fluids (urine, feces, wound drainage, sputum) contain infectious organisms (bacteria, viruses or fungi), Routine Practices reduce exposure (in both volume and frequency) of blood and body fluids to healthcare providers. Furthermore, Routine Practices reduce the risk of cross infection through the reductions in contamination and transmission of microorganisms.

The key to implementing Routine Practices is to assess the risk of transmission of microorganisms before any interaction with patients or residents.

The elements of Routine Practices are summarized here into two parts:  
Risk Assessment and Risk Reduction.

## **INFECTION PREVENTION AND CONTROL**

### **Risk Assessment**

Risk assessment is principally performed to rule out the presence of infectious disease, but it is also necessary to ensure that appropriate precautions are initiated for the various procedures.

### **Upon Admission**

A standardized assessment process should include questions relating to:

- Recent exposure to infectious disease such as Chickenpox, Measles, or Tuberculosis;
- TB test within the past year?
- Recent travel history, particularly travel abroad;
- New or worsening cough, and are unable to follow cough etiquette;
- Fever;

- New undiagnosed rash;
- Sudden onset of diarrhea;
- Drainage or leakage not contained in a dressing and/or medical appliance;
- Any risk of infection with an Antibiotic Resistant Organism.

### **Ongoing**

A risk assessment should be completed on an ongoing basis, assessing the following:

- Is the person served continent?
- How susceptible is the person served to infection? Is their immune system intact?
- Does the person served have any invasive devices or open areas?
- What is the risk of exposure to blood, bodily fluids, microorganisms, mucous membranes, or non-intact skin in the task about to be performed?
- Does the person served have a new or worsening cough and unable to follow cough etiquette?
- Does the person served have a fever?
- Does the person served have a new undiagnosed rash?
- Does the person served have sudden onset diarrhea?
- Does the person served have any drainage or leakage not contained in a dressing and/or medical appliance?

### **Risk Reduction**

Hand hygiene is the single most important procedure for preventing cross infection. Bodily secretions, excretions, environmental surfaces, and hands of all healthcare workers can carry microorganisms (bacteria, viruses and fungi) that are potentially infectious to themselves and others. Hand washing is known to reduce patient morbidity and mortality from hospital acquired infection, as it causes a significant decrease in the carriage of potential pathogens on the hands.

### **Hand Hygiene**

The decision to decontaminate hands should be based on an assessment of the risk that microorganisms have been acquired on the hands and transiently carried to another person. Gloves must be worn if the employee has any cuts or abrasions on their hands, or is interacting with any bodily fluids of the person they are supporting.

Hand hygiene *must* be carried out in the following situations:

- Before and after any personal care, hygiene, and/or grooming is provided;
- After using the washroom and/or performing any personal grooming on oneself;
- Before medication is administered;

- Before and after food preparation;
- Before and after eating;
- After handling any garbage/recycling/food waste;
- After engaging in a recreational activity whereby a reasonable person would expect their hands to have contaminants on them;
- Before and after contact with susceptible areas, e.g. wounds, burns, injection sites;
- Before performing invasive procedures, e.g. where natural defenses against infection are breached;
- After hands have been contaminated, e.g. contact with bodily fluids, soiled linens, equipment, or garbage;
- After gloves have been removed;
- Before handling clean linens;
- Prior to using computers and other electronic devices.

Hand hygiene may also be desirable at other times not listed.

### **Nail & Skin Care**

The nails are the area of greatest contamination. Short nails are easier to clean and are less likely to tear gloves; fingernails must be trimmed as not to extend past the top of the finger. Ensure the skin on your hands does not become dry or damaged; in these conditions, the hands show a higher bacterial load. This is more difficult to remove than with healthy, intact skin.

Hand lotion may be used to prevent skin damage from frequent hand washing. Compatibility between lotions and antiseptic products, and the lotions potential effect on glove integrity, should be checked; e.g. lotions should not be petroleum based. **Note:** Skin lotions for persons served and/or staff use have been reported sources of outbreaks, so pump dispensers are preferable over tubes or jars. If a pump dispenser is not available, individualized containers must be used.

### **Types of Cleansing Agents**

#### Alcohol Based Hand Rub (Hand Sanitizer)

Indications:

- Use routinely when hands are not physically soiled.

Alcohol based hand rubs<sup>2</sup> (ABHR) can be used in place of soap and water, except where hands are visibly soiled (e.g. feces, blood, etc.). They are especially useful in situations where hand washing and drying facilities are inadequate or where there is a frequent need

for hands to be decontaminated (such as in a person served home). Every effort should be made to install these products as close to the point of care as possible.

<sup>2</sup>*The optimal concentration of ABHR is 70-90% with added emollients; a minimum of 70% ethanol will protect against Norovirus. If the ABHR is a gel, a minimum of 80% ethanol is recommended. ABHR dispensers should read volume per volume, not weight per volume.*

## Soap and Water

Indications:

- Use when hands are physically soiled;
- When hands look or feel dirty;
- Following contact with bodily fluids;
- Following contact with any person served experiencing diarrhea and/or vomiting and their environment, especially within bathroom facilities.

A brief wash will remove the majority of microorganisms, but the technique should aim to cover all surfaces of the hands. Where soap has been used, hands should be rinsed under running water and thoroughly dried with a disposable towel. The soap and hand towels should be of a quality acceptable to the user, so as not to deter hand washing. The skin should be maintained in good condition to discourage the accumulation of bacteria. The areas of the hands that are often missed are the wrist creases, thumbs, fingertips, under the fingernails, and under jewelry.

It is recommended that hands are washed with soap and water if in contact with spores (e.g. from foods), because the physical action of washing, rinsing, and drying hands has been proven to be more effective than alcohols, chlorhexidine, iodophors, and other antiseptic agents.

### **Alcohol Based Hand Rub Technique**

- Apply an application to fill the cupped palm of one hand;
- Rub into all surfaces of hands, including fingertips and nails, wrists, palms, backs of hands, and between fingers;
- Enough must be applied on all skin surfaces so it takes at least 15 seconds to dry;
- Rub hands together until rub has evaporated prior to gloving or touching the person served.

### **Hand Washing Technique**

- Wet your hands up to the wrists, ensuring all surfaces of the hands are covered by water;
- Apply the cleanser/soap;

- Smooth it evenly all over your hands, including the thumbs and in-between fingers, lather while rubbing vigorously. Place fingertips and nails into the lathered palm and rub. Repeat with the opposite hand;
- Rinse off every trace of lather under running water from your wrists to your fingertips, to prevent skin irritation;
- Dry thoroughly, taking special care between the fingers. More than one paper towel may be necessary. Dispose of the wet paper towel in an open waste receptacle, and turn the tap off with a dry towel.

### **Respiratory Hygiene**

As of March 2020, for the duration of the Coronavirus pandemic, people are instructed to follow the Public Health Guidelines around:

- Social distancing of 6 feet;
- Wearing masks;
- Keeping social bubble small;
- Keeping up to date on flu vaccinations;
- Staying home if experiencing any cold or flu symptoms;
- Washing or sanitizing hands frequently;
- Disinfecting surfaces on a regular basis;
- Getting vaccinated for COVID-19 when available.

Respiratory hygiene/cough etiquette is targeted at persons served and accompanying family members and friends with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness, including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering a healthcare facility.

The elements of respiratory hygiene/cough etiquette include:

- Education of staff, persons served, and visitors (friends and/or family);
- Posted signs, in languages appropriate to the population being served, with instructions to persons served and visitors;
- Source control measures (e.g. covering the mouth and nose with a tissue when coughing and prompt disposal of used tissues, using surgical masks on the coughing person when tolerated and appropriate);
- Hand hygiene after contact with respiratory secretions;
- Spatial separation, ideally more than 6 feet between persons with respiratory infection in common areas, when possible.

It should be noted that although fever will be present in many respiratory infections, persons who are very old or very young and persons with pertussis and mild upper

respiratory tract infections are often afebrile. Therefore, the absence of fever does not always exclude respiratory infections. Persons who have asthma, allergic rhinitis or chronic obstructive lung disease also may be coughing and sneezing.

### **SANITIZING ELECTRONIC DEVICES**

Our mobile phones connect us to the outside world and are possibly the items we touch the most throughout the day. The COVID-19 pandemic has individuals focused on their health and safety, and phone hygiene is a growing concern.

Health experts suggest cleaning your phone at least once a day as a preventative measure. Before you begin, check with the manufacturer for guidance on how to clean your device. Apple and a number of Android device manufacturers offer similar recommendations:

- Unplug the device before cleaning.
- Use a lint-free cloth slightly dampened with soap and water.
- Don't spray cleaners directly onto the device.
- Avoid aerosol sprays and cleaning solutions that contain bleach or abrasives.
- Keep liquids and moisture away from any openings on the device.

While it is safe to use disinfectant wipes on many devices, keep in mind that those containing alcohol, bleach or vinegar may wear down the protective coating on a smartphone's screen.

The Centers for Disease Control and Prevention offers additional advice for cleaning and disinfecting your mobile devices, especially during the COVID-19 crisis. If no instructions are available from the manufacturer of the device, CDC suggests using alcohol-based wipes or sprays containing at least 70 percent alcohol to disinfect touch screens.

You can also take steps to minimize your mobile device's exposure to germs and the coronavirus.

- When outside of your home, keep your phone in your pocket, purse or car.
- When shopping, use a written shopping list, not a list kept on your smartphone.
- Use a credit card for payment, preferably a contactless one, and not the mobile pay option on your smartphone.
- After being in public places, only touch your phone after you have washed or sanitized your hands or removed gloves you have worn.
- Use a hands-free device when making calls so that your phone is not pressed against your face or face mask.



## **IF SOMEONE IS DIAGNOSED WITH A COMMUNICABLE DISEASE**

### If an Employee is Diagnosed

If an employee is diagnosed with a communicable disease by a medical doctor, or have symptoms of a communicable disease, they are expected to inform their Service Coordinator immediately. Employees diagnosed as such or that exhibit symptoms are expected to not report to work until such time as the risk of contagion has passed. In certain circumstances, a Medical Authorization to Return to Work may be required.

### If a Person Served is Diagnosed

If a medical doctor has diagnosed a person served with a communicable disease, staff are expected to report any confirmed case to their Service Coordinator immediately.

IMLKS will comply with all applicable laws and regulations relating to communicable disease management. This may include (but is not limited to) time at home to recover and rest, the involvement of professional medical staff, isolation from the community, personal protective equipment, etc.

The Health and Safety Committee will review the assessment, and employees can refer to Section 22.9 **Communicable Diseases and Parasitic Infestations** per the Community Living Services Agreement.