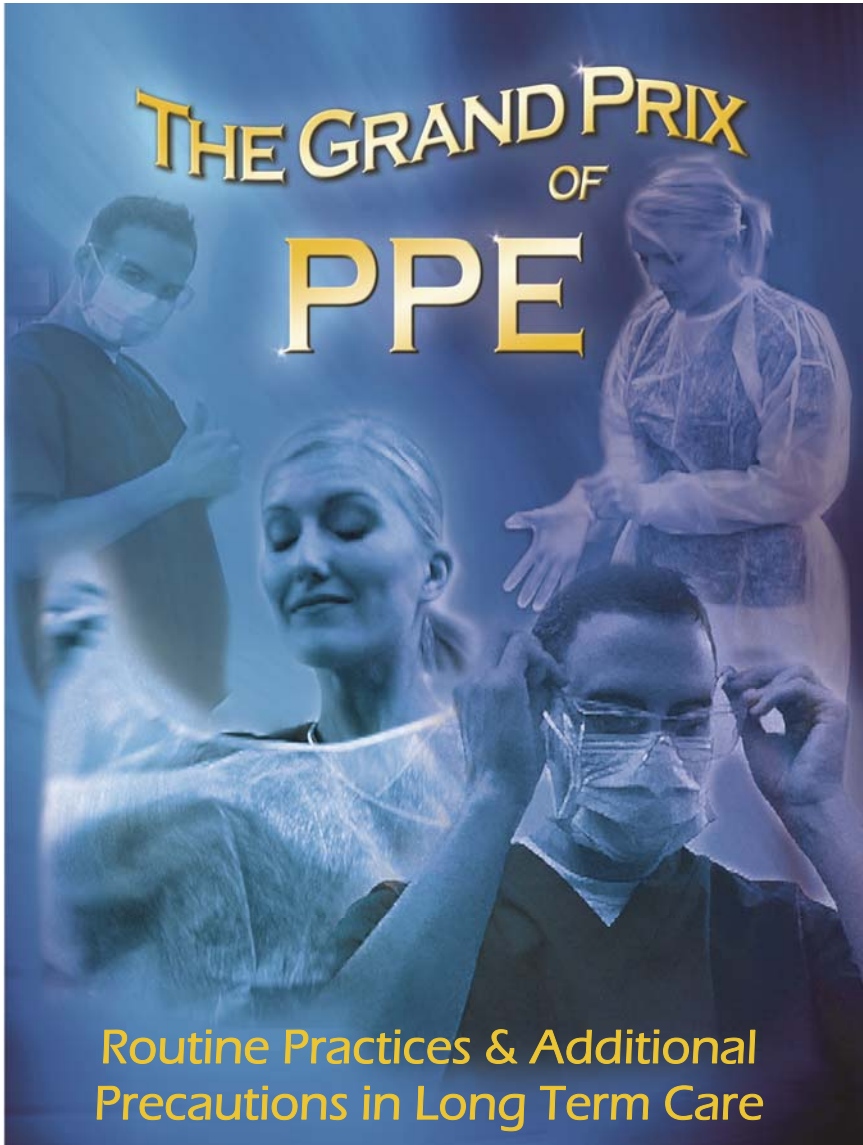


THE GRAND PRIX OF PPE



Routine Practices & Additional
Precautions in Long Term Care

Teaching Guide



How to Use This Teaching Guide



This teaching guide has been developed to accompany the video titled *The Grand Prix of PPE: What to Wear in Long Term Care for Infection Prevention and Control*. Both resources have been developed to assist you in your quest to teach staff about the use of Routine Practices and Additional Precautions in the long term care (LTC) setting. Appropriate use of infection prevention and control principles in your facility can protect your residents and staff from infection.

Another resource, a Powerpoint presentation, accompanies the video and can be used as a concise way to deliver the key messages of the video.

This 15-minute video was developed with the LTC frontline healthcare worker in mind. It is intended to highlight the two most common forms of Additional Precautions used in long term care: contact precautions (used for infections such as *Clostridium difficile*, MRSA, and VRE) and droplet precautions (used in conjunction with contact precautions for infections such as influenza and RSV).

When choosing your method of delivery for this educational tool, consider not only showing this video to staff, but also presenting the Powerpoint presentation and providing time for questions and answers. Allowing ample time for dialogue with staff will give you the opportunity to assess whether front line healthcare workers at your facility truly understand the concept of both Routine Practices and Additional Precautions.

▶ For additional information visit: www.ricn.on.ca

What's Not in the Video

Routine Practices

The Grand Prix of PPE will surely become a valuable education tool in your collection of resources. But on its own, it doesn't cover everything frontline healthcare workers need to know about personal protective equipment (PPE). The video focuses on the additional precautions healthcare workers need to protect themselves and others from known organisms spread by the droplet or contact route. However, it is vitally important to teach staff about following Routine Practices at all times.

Making Routine Practices A Habit

Routine Practices are meant to be used for all residents during all care. They are used to control the transmission of organisms that we may not know are being carried by residents in your care. Routine Practices that frontline staff need to be familiar with include:

- Risk Assessment
- Hand Hygiene
- Personal Protective Equipment
- Environmental controls (bed placement, cleaning of equipment & the environment, handling linen & waste)
- Administrative Controls (staff & resident training, respiratory etiquette, policies, immunization)



Understanding how germs pass from one person to another allows healthcare workers to identify the importance of observing Routine Practices and Additional Precautions properly in order to prevent transmission. This way, healthcare workers can truly take ownership for their safety and the safety of the residents in their care.

The Grand Prix of PPE

Contact vs Droplet

Contact Precautions

Contact Precautions is the term that describes Additional Precautions used to reduce the risk of transmitting infectious agents that are normally spread via contact with either a person who is infectious or their environment. They should be used **in addition** to Routine Practices for illnesses such as *Clostridium difficile*, Methicillin resistant *Staphylococcus aureus* (MRSA), and Vancomycin resistant enterococci (VRE).



Droplet Precautions

Droplet Precautions is the term that describes Additional Precautions used to reduce the risk of transmitting infectious agents that are normally spread when droplets of respiratory secretions come into direct contact with the mucous membranes of the mouth, nose, and possibly eyes of another person. They should be used **in addition** to Routine Practices and are used for illnesses such as pertussis and streptococcal pneumonia and in addition to contact precautions for organisms such as RSV, influenza, and parainfluenza.



► For additional information visit: www.ricn.on.ca

Direct vs Indirect



Direct Contact

Direct contact transmission occurs when transfer of microorganisms results from direct physical contact between an infected or colonized individual and a susceptible host (body surface to body surface).

Indirect Contact

Indirect contact involves passive transfer of microorganisms to a susceptible host via an intermediate object, such as contaminated hands that are not cleaned between residents, or contaminated instruments or other inanimate objects in the resident's immediate environment.



Droplet-Contact

More often than using droplet precautions alone, you will need to use **both** droplet and contact precautions together (such as with residents suffering from RSV, influenza, etc.). In these cases and after a risk assessment, use the following PPE in this order – hand hygiene, gown, procedure/surgical mask, eye protection, gloves. Remove PPE in this order – gloves, gown, hand hygiene, eye protection, mask, hand hygiene again.

Special Notes

Airborne Precautions



Airborne Precautions were not highlighted in *The Grand Prix of PPE* because Airborne Precautions are used less frequently in the long term care setting.

Airborne Precautions are necessary to protect healthcare workers and others against tiny organisms - less than 5 microns in size - that remain suspended in air and can be inhaled by others some distance away. These precautions are required for organisms such as tuberculosis, chickenpox, and measles.

When a staff member is taking care of someone requiring Airborne Precautions, they need to wear a particulate respirator (a.k.a. N95 mask). The mask must be properly fit-tested and seal-checked in order to ensure an adequate seal. In addition, if at all possible, an individual requiring Airborne Precautions should be moved to a negative pressure room, if one is available.

If you suspect a resident in your facility requires Airborne Precautions, instruct staff and others entering the room to wear an N95 mask. In addition, the door to the room and any windows should remain closed as much as possible. Consultation with your local Public Health Unit or another Infection Prevention and Control expert should occur to discuss the need to transfer the resident to a facility that can accommodate the resident in a negative pressure room.

▶ For additional information visit: www.ricn.on.ca

Facilitating Best Practices in your LTC Setting

In order to assist staff in your LTC home to provide the safest care possible, it is important that your facility enables staff to implement best practices easily and efficiently.

To do so, alcohol based hand rub should be located as close to where care is occurring as possible. In addition, dirty laundry hampers should be accessible and easy to use. Ideally hampers should be located just inside the resident's room. However, if this is not feasible in your setting due, for example, to space restrictions, having the hamper in the hallway, close at hand, is also appropriate.



As well, having garbage bins available for disposal of PPE ensures staff will not need to walk down hallways carrying contaminated PPE.

Why the Mask?

In the video, Svetlana Staphylococcus cleaned up vomit in her facility's dining room. She wore gloves and a mask to do so. But why the mask?



When agitated, germs in vomit (like Norovirus) can travel through the air and be breathed in by others. Masks will protect against this. Clean up quickly and place the waste in a waterproof bag for disposal. The area should then be cleaned and disinfected.

If Svetlana was worried that she may contaminate her clothes as she cleaned up the vomit, then she could have worn a gown as well.

Healthcare providers must always do a risk assessment when deciding what Personal Protective Equipment is required. The risk of transmission is different based on a number of factors including the resident, the environment, and the task at hand.

The Grand Prix of PPE

For the latest information, reference:
Provincial Infectious Diseases Advisory Committee (PIDAC)
www.pidac.ca

See also:

Public Health Agency of Canada (PHAC)
<http://www.phac-aspc.gc.ca>

Regional Infection Control Networks (RICNs)
www.ricn.on.ca

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