Title: Routine Practices		
Document #: 3129	**Issuing Authority:** VP Clinical Services - Chief Nursing Executive	
Last Revised Date: 4/30/2026		**Version Number:** 10.0 (Current)

PURPOSE:
This policy and procedure describe the Routine Practices which shall be applied when caring for all patients at the Brant Community Healthcare System (BCHS).

POLICY STATEMENT:

The consistent and appropriate use of Routine Practices by all healthcare providers with all patient encounters will help to minimize microbial transmission in the healthcare setting and reduce the need for Additional Precautions.

Healthcare providers must assess the risk of exposure to blood, body fluids, and non-intact skin and identify the strategies that will decrease exposure risk and prevent the transmission of microorganisms.

Routine Practices consist of the following:

- Point of Care Risk Assessment (PCRA)
- Hand hygiene
- Use of Personal Protective Equipment (PPE)
- Control of the environment
- Administrative controls

DEFINITIONS:

Additional Precautions
Precautions (i.e., Contact Precautions, Droplet Precautions and Airborne Precautions) necessary in addition to Routine Practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission (e.g., contact, droplet, airborne).

Aerosol Generating Medical Procedure (AGMP)
A medical procedure with a greater likelihood of generating infectious respiratory particles which may increase risk of infections to the staff and other patients/residents/clients based on epidemiological data.

Infectious Respiratory Particles
Pathogens carried in expired airflow from the respiratory tract of infected individuals.

Personal Protective Equipment (PPE)

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Equipment used to prevent contamination of skin, mucous membranes, or clothing of staff to prevent transmission of infectious disease. PPE may include any combination of gown, gloves, mask, goggles, or face shield.

Point of Care Risk Assessment (PCRA)
An evaluation of the interaction of the health care provider, the patient, and the patient environment to assess and analyze the potential for exposure to infectious disease.

Routine Practices
The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings.

PROCEDURE:
The following procedure will review the application of all elements that make up Routine Practices:

1. **Point of Care Risk Assessment (PCRA)**
   1.1. Perform a risk assessment of each task or interaction that includes assessing the risk of:
   - Contamination of skin or clothing by microorganisms in the patient environment
   - Exposure to blood or body fluids
   - Exposure to non-intact skin
   - Exposure to mucous membranes
   - Exposure to contaminated equipment or surfaces

   Please refer to Appendix A – Point of Care Risk Assessment (PCRA)

2. **Hand Hygiene**
   2.1. Perform hand hygiene with an alcohol-based hand rub or with soap and water:
   - Before initial patient/patient environment contact
   - Before aseptic procedure
   - After body fluid exposure risk
   - After patient/patient environment contact

   2.2. Perform hand hygiene:
   - Immediately before donning and after removal of gloves.
   - Between patient contact.

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- Between tasks and procedures on the same patient.
- Before medication preparation.
- When otherwise indicated to avoid transfer of microorganisms to other patients, to the health care provider, or to the environment.
- After handling equipment or other high touch surfaces within the patient environment, even if there is no actual contact with the patient.

3. Use of Personal Protective Equipment (PPE)

3.1. Choose PPE based on the point of care risk assessment.

3.2. Wear the appropriate PPE if the risk assessment identifies a potential for:

- Contamination of skin or clothing by microorganisms in the patient environment
- Exposure to blood or body fluids
- Exposure to non-intact skin
- Exposure to mucous membranes
- Exposure to contaminated equipment or surfaces

3.3. PPE may include one piece or a combination of the following:

- Gown
- Gloves
- Medical mask
- Fluid-resistant surgical procedure mask
- N95 respirator mask
- Eye Protection that includes face shield, goggles, or mask/face shield combination

3.4. Ensure sufficient supplies of easily accessible PPE are available.

4. Gloves

4.1. Wear gloves when it is anticipated that the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions, excretions or equipment and environmental surfaces contaminated with the above.

4.2. Do not wear gloves for routine care activities in which contact is limited to the intact skin of the patient.

4.3. Perform hand hygiene before putting on gloves.

4.4. Select gloves that fit well and are of sufficient durability for the task.

4.5. Put on gloves just before the task or procedure that requires them.

4.6. Remove gloves immediately after completion of the task that requires gloves and perform hand hygiene before touching clean environmental surfaces.

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4.7. Change or remove gloves and perform hand hygiene if moving from a contaminated body site to a clean body site on the same patient.
4.8. Do not use the same pair of gloves for the care of more than one patient.
4.9. Do not re-use or clean single-use disposable gloves.
4.10. Do not double glove.

5. Masks

5.1. Wear a medical mask to protect the mucous membranes of the nose and mouth when it is anticipated that a procedure or care activity is likely to generate splashes of blood, body fluids, secretions, or excretions.
5.2. Wear a fluid resistant surgical procedure mask when there is more risk for heavy amounts of fluids or spray.
5.3. Place a medical mask on a coughing patient when outside their room, as tolerated, to limit dissemination of infectious respiratory secretions. Ensure that the surgical/procedure mask securely covers the nose and mouth.
5.4. Change the medical mask if it becomes damp or visibly soiled.
5.5. Do not touch mask while wearing it.
5.6. Do not allow mask to hang or dangle around the neck.
5.7. Clean hands after removing a mask.
5.8. Wear an N95 respirator mask during ongoing aerosol generating medical procedures (AGMP) when there is a risk for acute respiratory infection (ARI) and COVID-19 has not been ruled out.
5.9. Wear an N95 respirator mask for bronchoscopy and sputum induction*
- Diagnostic procedures must be performed in a negative pressure room unless tuberculosis (TB) is neither suspected nor on the differential diagnosis for an admitted patient.

5.9 Wear an N95 respirator mask for patients placed in airborne isolation due to concern with infections such as tuberculosis, measles, chickenpox or disseminated shingles.

6. Eye Protection (Goggles or Face Shields)

6.1. Wear eye protection such as goggles, face shield or mask/face shield combination to protect the mucous membranes of the eyes when it is anticipated that a procedure or care activity is likely to generate splashes of blood, body fluids, secretions or excretions i.e. wound irrigation.
6.2. Remove eye protection immediately after the task for which it was used and discard into waste or place in an appropriate receptacle for cleaning.
6.3. As prescription eyeglasses do not provide adequate eye protection, they shall not be used for eye protection.

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7. Gowns

7.1. Wear a gown when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
7.2. Wear gown only one time and do not re-use.
7.3. Put on the gown immediately before the task and ensure it is worn properly (i.e. tied at top and around the waist)
7.4. Remove gown immediately after the task for which it has been used in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.
7.5. Discard used gown into appropriate receptacle immediately after removal. Do not hang gowns for later use.
7.6. Do not go from patient-to-patient wearing the same gown.

8. Control of the Environment

8.1. All shared patient care equipment must be thoroughly cleaned and disinfected between patient uses.
8.2. Choose patient accommodation based on the risk for the transmission of microorganisms.
8.3. Place patients who visibly soil the environment (with feces, blood, body fluids or wound drainage) or for whom appropriate hygiene cannot be maintained in single rooms with dedicated toileting facilities.
8.4. Physical barriers can help to deflect potential infectious droplets when an individual coughs or sneezes. Physical barriers include curtains, room dividers, glass or Plexi glass screens, etc.
8.5. Store sterile supplies (syringes, needles, medications, intravenous delivery systems) in a clean area and in a manner which prevents contamination.
8.6. Saline, sterile water, and other multi-use solutions must be dedicated to one patient. Discard saline and sterile water in 24 hours.
- Add an open date on other solutions (e.g. Proviodine) and discard in 28 days.
- Portable fans should not be routinely used in patient rooms.
    - If a fan is used to provide comfort, the patient should not be in Additional Precautions, and the fan must be turned off during any aseptic procedures.

9. Linen

9.1. Clean linen stored in hallways must be stored in a closed cabinet or covered cart.

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9.2. Handle soiled linen as little as possible, and with minimal agitation to prevent the contamination of the air, surfaces, and the person handling the linen.
9.3. Place soiled linen in containers at the location where it is used.
9.4. Soiled linen hampers must be placed inside the patient room
9.5. Do not place soiled linen on the floor.
9.6. Securely tie linen bags and ensure they are not over-filled.

10. Waste

10.1. Place all waste into the appropriate leak-proof waste receptacle (i.e. biohazardous waste into biohazardous receptacle)
10.2. Double bag waste only when leakage occurs.
10.3. All patient rooms must have a container for regular waste.

11. Safe Work Practices

11.1. Ensure equipment that is required for performing the procedure is within arm's length.
11.2. Identify the location of the sharp's disposal container; if moveable, place it as near to the point-of-use as necessary for immediate disposal of the sharp.
11.3. Use safety engineered sharps, provided by the hospital.
11.4. Do not recap needles.
11.5. Do not remove used needles from disposable syringes.
11.6. Do not manipulate used needles by hand.
11.7. Place all sharps waste DIRECTLY INTO SHARPS CONTAINER.

12. Aerosol Generating Medical Procedures (AGMP)

12.1. Procedures considered aerosol generating medical procedures (AGMP):

- Non-invasive ventilation (NIV) e.g. CPAP, BiPAP, NIPPV, including home units. A risk reduction is present when caring for infants on NIV in incubators)
- Tracheostomy or laryngectomy procedures (e.g. insertion or removal, tracheotomy, cricothyrotomy, open airway suction)
- Jet Ventilation (JV)
- High Frequency Oscillatory Ventilation (HFOV) (e.g. Sensor Medics 3100 a or b)
- Bronchoscopy
- Mucosal surgery in upper and lower airway
- Chest tube/drain insertion, thoracotomy or open thoracostomy where air leak likely (e.g. Trauma)
- Oral, pharyngeal, trans sphenoidal and airway surgeries
- Autopsy of Lung Tissue or Airway Tissue

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- Breath stacking (Note: lower flows achieved when compared to a patient with a spontaneous cough)?
- In/Ex-sufflation (Cough Assist), oscillating positive expiratory pressure devices
- Manual ventilation (e.g. bag-valve-mask. Note: High-efficiency viral/bacterial filter should be used).
- Intubation, Extubation and related procedures (e.g. manual ventilation and open deep suctioning)

12.2. A an N95 respirator mask, eye protection, gown and gloves are required for the following situations when performing an ongoing AGMP:

- Patient has symptoms of acute respiratory infection (ARI) when COVID-19 has not yet been ruled out.
- Patient has confirmed COVID-19 infection.
- Patient is a confirmed COVID Contact
    - Post both Airborne and Droplet/Contact signs
    - Accommodate in a private room with the door shut and a HEPA unit running or room is set up in negative pressure.
- Patient is in airborne precautions for another reason (ie. Tuberculosis, Measles)
    - Accommodate the patient in an airborne isolation room (AIR) or a negative pressure room set up with a HEPA unit.

Refer to AGMP Protocol

12.3. A medical mask, eye protection, gown and gloves are required in the following situations when performing an ongoing AGMP:

- Patient tests positive for a non-COVID-19 respiratory virus (ie. Influenza, RSV)
    - Post the Treatment in Progress and Droplet/Contact signs
- There is no concern for COVID-19
    - Post the Treatment in Progress sign.
    - Pull privacy curtains around the patient.

12.4. For transient AGMPs (i.e. Intubation), healthcare providers must wear the required PPE (N95 respirator mask, eye protection, gown and gloves, but there are no special room requirements during the procedure.

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12.5. Procedures **not** considered AGMPs include but may not be limited to the following:

- High flow oxygen therapy (e.g. Optiflow, AIRVO, oxygen flow for over 15L/min)
- Nebulized therapies
- Sputum induction as an AGMP
- Collection of nasopharyngeal or throat swab
- Ventilator circuit disconnect
- Chest compressions
- Chest tube removal or insertion (unless in setting of emergent insertion for ruptured lung/pneumothorax), Needle thoracostomy
- Coughing, spontaneous expectorated sputum
- Oral/nasal suctioning, Oral hygiene
- Gastroscopy or colonoscopy or endoscopic retrograde cholangiopancreatography
- Laparoscopy (gastrointestinal/pelvic)
- Cardiac stress tests
- Caesarian section or vaginal delivery of baby done with regional anesthesia
- Any procedure done with regional or local anesthetic
- Electroconvulsive therapy
- Transesophageal echocardiogram
- Nasogastric/nasojejunal tube/gastrostomy/gastrojejunostomy/jejunostomy tube insertion
- Bronchial artery embolization
- Chest physiotherapy
- Oxygen delivered at less than or equal to 6 liters per minute by nasal prongs & less than or equal to 15 liters per minute by Venturi masks/non-rebreather masks
- Intranasal medication administration such as naloxone
- All non-airway surgeries with cautery, lasers, saws
- Nasopharyngoscopy or nasopharyngeal airways (e.g. trumpets)
- Laryngeal Mask Airway (LMA) insertion
- Nebulized medication delivery through ventilator circuit for conventional invasive mechanical ventilation
- Metered Dose Inhaler (MDI) and soft mist inhaler administration +/- spacer

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13. Patient and Family Education

13.1. Educate patients about respiratory etiquette and hand hygiene (e.g. coughing, sneezing in their sleeve or a tissue followed by hand hygiene).

13.2. Educate patients on the importance of regular, thorough hand hygiene, and offer to teach detailed technique for hand hygiene with soap and water or with alcohol-based hand rub.

13.3. Encourage visitors to self-screen for symptoms of ARI and not to visit if they are unwell with fever, respiratory symptoms or having diarrhea.

- Children should not be in isolation rooms if they cannot wear the appropriate PPE. Exceptions may be considered for extenuating circumstances (e.g. palliative patients).

13.4. Encourage hand hygiene on entry and exit of the patient's room.

14. Ambulatory Care Settings

14.1. For all patient care interactions:

- Review patient chart for known history of an antibiotic-resistant organism or other infectious/communicable diseases
- Always follow Routine Practices
- Perform a Point of Care Risk Assessment (PCRA)
- Apply Additional Precautions when required

14.2. Proper use of multi-use solutions:

- Label solutions with an open date.
- Discard saline and sterile water at the end of the day.
- Discard other solutions (e.g. Proviodine) in 28 days.

RELEATED PRACTICES AND/OR LEGISLATION:

Donning and Removal of Personal Protective Equipment Policy
Hand Hygiene Policy
Acute Respiratory Infection (ARI) Protocol Policy
AGMP Protocol

REFERENCES

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed, 4th revision. Toronto, ON: King's Printer for Ontario; 2025.

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Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control. Best practices for the prevention of acute respiratory infection transmission in all health care settings. 2nd revision. Toronto, ON: King's Printer for Ontario; 2024.

APPENDICES:
Appendix A – Point of Care Risk Assessment (PCRA)
Appendix B – AGMP Treatment in Progress Sign

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