

PRACTICE STATEMENT

Practice Statement
Number: 4.5

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Revised Date: November 10, 2010
Review Date: November 10, 2015
Approving Body: Council
Authority: Council Chair (s)
Implementation: January 12, 2011
Applies to: All Practising Members

TOPIC: ROUTINE PRACTICES (formerly 'Infection Control')

Introduction:

The following guidelines are for routine care in ambulatory settings. In addition to these, more intensive precautions may be required in acute care settings, or when providing therapy to immunocompromised clients. Physiotherapists should also adhere to guidelines set out by the institution or health authority by which they are employed.

Ensuring that routine practices are followed is also described in the Essential Competency Profile for Physiotherapists in Canada¹

Practice Statement:

A physiotherapist shall adhere to Routine Practices in all settings, in order to prevent the spread, transmission and acquisition of infectious agents and pathogens. Routine practices refer to the elements of Infection Control, including hand hygiene, personal protective equipment, client management and equipment and environmental controls.

Guidelines:

A physiotherapist demonstrates the practice standard by:

1. Practicing appropriate Hand Hygiene
 - Hand hygiene refers to either hand washing with plain soap and water, or if hands are not visibly soiled, use of an alcohol based rub. Care should be taken to ensure all parts of hands are washed. Washing with soap and water should take a minimum of 40 seconds and use of hand sanitizer should take a minimum of 20 seconds, allowing the product to dry before client contact. (WHO, 2005)

A Practice Statement is a formal position of the College with which members shall comply.

- Hand hygiene must be performed:
- i. Before and after every client contact
 - ii. Before and after contact with a client's environment
 - iii. Between procedures on the same client in which soiling of the hands is likely to avoid cross- contamination of body sites
 - iv. Before and after using gloves
 - v. After personal respiratory hygiene or use of the restroom
- Antiseptic soap is indicated for hand washing before performing invasive procedures and before contact with immunocompromised clients, clients with extensive skin damage or clients with percutaneously implanted devices.
 - Nails should be kept trimmed and hand jewelry should be avoided.
2. Using appropriate Personal Protective Equipment (PPE), according to assessed risk of exposure to body substances and contaminated surfaces.
- PPE includes gloves, gowns, masks and face protection.
 - Gloves are required: when contact with blood or body fluids is likely to occur during patient contact, when contact with non-intact skin or mucous membranes may occur or when handling items or surfaces soiled with blood or body fluids
 - Gowns, masks and face shields should be used if splashes or sprays of blood or body fluids are anticipated.
 - Gloves should also be worn if the therapist has open skin lesions on the hands
 - Immediately after use, gloves should be removed using the glove to glove, skin to skin technique. (WRHA, 2008)
 - Hand hygiene should be performed immediately before and after use of PPE, and PPE should be appropriately disposed of in waste or laundry receptacle.
 - Single use PPE (gloves, gowns) must not be re-worn.
3. Practicing appropriate equipment care and environment control procedures
- Ensuring procedures are in place for **cleaning*** of all horizontal and frequently touched surfaces daily, between clients, or more frequently if soiled. A clean treatment surface must be provided for each client(including pillow slips and linens).
 - Ensuring that equipment or surfaces, touching mucous membranes, non-intact skin or blood and body fluids are **disinfected*** between clients. Handling soiled equipment in a manner that prevents contamination, with use of hand hygiene and PPE as necessary.

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- Handling sharps with care and disposing them to a puncture resistant container. Containers should be disposed in accordance with local municipal by-laws.
 - Providing mouthpieces, resuscitation bags or other ventilation devices in settings where the need to resuscitate may occur.
4. Ensuring that facilities and/or supplies to support hand hygiene, use of appropriate PPE and practice of equipment and environmental control procedures, are available in the practice environment.
- Deficiencies in these areas should be identified to the parties responsible for the practice environment.
 - When in a setting outside of a usual practice environment (i.e. home visit) the therapist is responsible for carrying appropriate equipment for routine practices as needed (i.e. hand sanitizer, PPE)
5. Maintaining current knowledge of evidence-based routine practices and infection control protocols as relevant to his/her practice, and applying this knowledge to conduct ongoing assessment of the degree of current risk of infection to patients, self and others, based on:
- Assessment of planned treatment/intervention
 - Health condition of the client being assessed/treated
 - Health condition and immunization status of self and others
 - Characteristics of the practice environment

Glossary:

Cleaning: the physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions and micro-organisms. Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms. (Health Canada, 1998)

Disinfection: the inactivation of disease-producing microorganisms. Disinfection usually involves chemicals, heat or ultraviolet light. Levels of chemical disinfection vary with the type of product used. (Health Canada, 1998) Please refer to Health Canada document referenced regarding appropriate methods and procedures for disinfection.

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References:

- College of Physical Therapists of Alberta. (2008). *Position Statement: Infection Control*.
- College of Physical Therapists of British Columbia. (2008). *Practice Standard: Infection Control*.
- Government of Canada. (2009, November 20). *Public Health Agency of Canada*. Retrieved from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>
- Health Canada. (1998). *Infection Control Guidelines: Handwashing, Cleaning, Disinfection and Sterilization in Health Care*.
- Winnipeg Regional Health Authority. (2008). *Routine Practices: Staff Information Package*.
- World Health Organization. (2005). *Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary*.

Legislative Reference:

The Physiotherapists Act and Regulations: Schedule A: Standards of Practice 4(2)(d)

¹ Essential Competency Profile for Physiotherapists in Canada (October 2009)

4. Manager

4.3 . Participates in activities that contribute to safe and effective physiotherapy practice.

4.3.1 . Anticipates, recognizes, and prevents hazards in the physical environment (e.g, infection prevention and control; hazardous waste; electrical safety; equipment).

4.3.2 . Delivers physiotherapy services in a safe physical environment for self, other team members and staff.

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