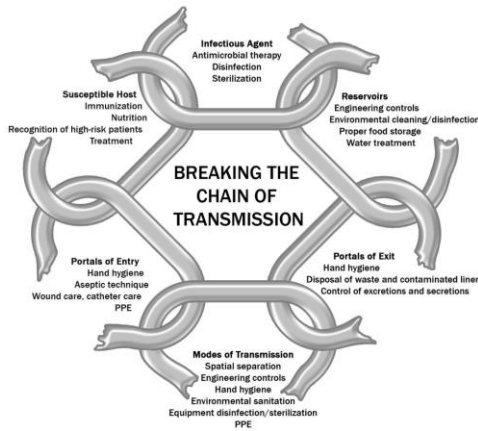


Infection Prevention and Control

Current as of: October 28, 2024

Contact for more information: IPAC@uhn.ca

Infection Prevention and Control (IPAC) is devoted to protecting UHN staff, patients and visitors from healthcare-associated infections (HAIs). Learn more about what we do across UHN by visiting the following link: [Infection Control \(uhn.ca\)](https://www.uhn.ca/infection-control)



Our goal is to collaborate with TeamUHN to provide the resources and tools necessary to break the chain of transmission and therefore, prevent the spread of infections.

The IPAC SharePoint is the best place to find policies and other resources to guide best practices in infection control. You can also contact us at ipac@uhn.ca for additional assistance.

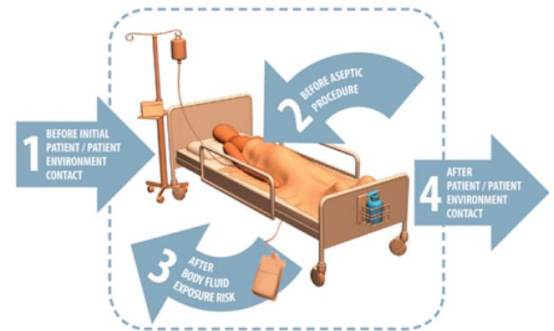
The next few pages will introduce you to important principles of infection prevention.

Hand Hygiene

Hand hygiene is the single **most effective** way to prevent the spread of HAIs, keeping yourself, your colleagues, and our patients safe.

There are many indications for hand hygiene during a health care interaction. These can be easily identified using the 4 Moments of Hand Hygiene:

- **Moment 1:** Before contact with the patient or their environment
- **Moment 2:** Before aseptic procedures
- **Moment 3:** After body fluid exposure risk
- **Moment 4:** After contact with the patient or their environment



Indications for hand hygiene outside of the 4 Moments may include:

- Before eating or drinking
- Before donning and after doffing PPE
- After sneezing, coughing, or blowing the nose

- After using the toilet
- After contact with high-touch surfaces



Alcohol-based hand sanitizer is UHN's **preferred method** of hand hygiene. Use soap and water if hands are visibly soiled.

Hand hygiene at UHN is everyone's responsibility. Whether you are providing patient care or working in an office space or laboratory area, hand hygiene is an **essential** practice for all members of TeamUHN.

Personal Protective Equipment

Proper use of personal protective equipment (PPE) protects both the patient and the user from the transmission of infection. PPE includes gloves, gown and apron, mask or respirator, and eye protection. There is a recommended sequence to put on and take off PPE to minimize the potential of cross contamination.

Putting on (donning) PPE: <https://www.youtube.com/watch?v=NvrJIOP-abo>

Taking off (doffing) PPE: <https://www.youtube.com/watch?v=Go3u37-dRB4>

Cleaning & Disinfection

Cleaning and disinfection of shared equipment and the environment are essential routine practices in reducing the risk of spreading HAIs to patients and staff. Clorox® Bleach is the primary disinfectant used to clean non-critical equipment (ie. vitals machines, stethoscopes, etc.) and high-touch surfaces, given its effectiveness at eliminating the pathogen *Clostridium difficile*. CaviWipes (quaternary ammonium) may be used for any equipment or surfaces not compatible with Clorox® Bleach.



The product should remain wet on surfaces for **3 minutes** to ensure elimination of pathogens.

Point-of-Care Risk Assessment

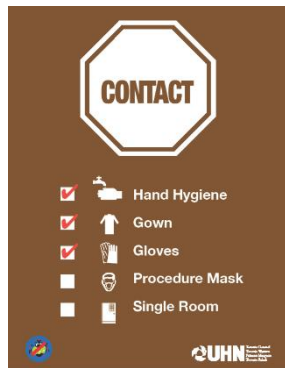
A **point-of-care risk assessment (PCRA)** is the first step before each patient encounter. TeamUHN must perform an individual risk assessment to ensure appropriate barriers are used to prevent exposure to infectious substances like blood, bodily fluids, non-intact skin, or mucous membranes.

Ask yourself these questions to help you determine if PPE is required:

Will my hands be exposed to blood, body fluids, mucous membranes or contaminated items?	WEAR GLOVES	
Will my eyes or face be exposed to spray/splash of blood or body fluids, or to droplets from sneezing or coughing?	WEAR A PROCEDURE MASK AND EYE/FACE PROTECTION	
Will my clothes or skin be exposed to blood or body fluids?	WEAR A GOWN	
Am I performing an aerosol-generating medical procedure (AGMP) on a patient?	WEAR A FIT-TESTED N95 RESPIRATOR AS PER <u>IPAC RECOMMENDATIONS FOR MANAGEMENT OF AGMP GUIDANCE DOCUMENT*</u>	
Is the patient on Additional Precautions?	WEAR PPE AS REQUIRED	

Additional Precautions

Additional precautions are used to prevent patients with a **confirmed or suspected infection** from spreading it to others. The type of isolation used is based on the mode of transmission. Below are examples of isolation signs you may see posted outside of a patient's room. Anyone entering an isolation room is required to put on the appropriate PPE as indicated on the sign.



Contact

Mode of Transmission
Direct contact with skin or indirect contact via touching contaminated surfaces or equipment.

Specific organism/disease
MRSA, VRE, Clostridium difficile



Droplet

Mode of Transmission
Large droplets that are projected by coughing and sneezing which then enter the body through mucous membranes.

Specific organism/disease
Seasonal Flu, Meningococcal meningitis, RSV viral pneumonia, community-acquired pneumonia



Droplet + Contact Plus

Mode of Transmission
A combination of contact and droplet plus the potential for inhalation.

Specific organism/disease
COVID-19, MPox



Airborne

Mode of Transmission
Very small droplets suspended in air or on dust particles that travel longer distances and can be inhaled into the lungs.

Specific organism/disease
TB, Chicken Pox, Disseminated Zoster (Shingles), Measles

Remember, the IPAC team is here to help navigate questions about best practices in infection control. Please visit our SharePoint site: [UHN Policies](#) via the Intranet and familiarize yourself with the featured policies and practical resources.