Introduction

Reprocessing of reusable medical equipment and devices has been identified as one of the key areas for risk reduction strategies to be implemented within FHIHB program areas. Nursing and dental services were identified program areas that have the need to reprocess reusable medical and dental equipment. Alternatives such as single use medical equipment eliminates the need to undertake vigorous reprocessing practices, reduces liability, improves patient safety, and is a both time and cost effective solution. As a result, the Region has encouraged single use medical equipment as best practice. With significant improvements in the quality of single use medical equipment, a single use pilot project for foot care was undertaken. Based on the positive results of this project, the use of single use foot care tools is supported Regionally and will be funded for a period of two years. During this time, a full evaluation of this change to single use as a best practice in foot care; including associated costs and usage will be assessed. Allocation and distribution of equipment will be coordinated by the Region through the DDC, Regional IPC Project Manager and the Home care regional staff.
Single Use Equipment

“Single use instruments” are defined as equipment designated by the manufacturer as one time use only and are not designed to be reprocessed or used on multiple clients (Alberta Health Services, 2013).

The instruments are often denoted with the following symbol either on the instrument itself or the sterile pouch.

Footcare instruments are defined as “critical instruments”: a device that penetrates the skin or mucous membranes, has contact with blood or body fluid or enters a sterile cavity. There is high risk of infection if the instrument is contaminated with any organisms. Therefore, sterility assurance at the point of use is required. All sterile single use instruments, once used or if the sterile package is opened, must be treated as biomedical waste and disposed of in an approved manner (Alberta Health Services, 2013).

Single Use Best Practice Guideline

FNIHB Alberta Region’s Best Practice Guideline for Medical and Dental Equipment and Devices indicates that when delivering medical and dental services, single use equipment is best practice. Single use instruments, when available for semi-critical and critical procedures, are the preferred instruments of choice as they can be discarded after use, therefore eliminating the need for reprocessing.

Please refer to Appendix 1 for the FNIHB Infection Prevention and Control Best Practice Guideline for Medical and Dental Equipment and Devices.

The Region fully supports the use of single use podiatry equipment will facilitate a transition from reusable to single use as standard practice.

Single Use Podiatry Equipment

Based on the results of the single use footcare pilot project, the Stevens disposable 3 piece podiatry kit has been procured by the DDC for use in the Region. As illustrated in Photo 1, it consists of:

- Diamond Deb File
- Blacks File
- Nippers

An additional supplement tool as seen in Photo 2 is available and order separately and consists of:

- Supremed dual head spoon head probe with 2 mm and 3mm heads
Photo 1: Three Piece Steven’s Podiatry Set

Photo 2: Supremed Spoonhead Probe
Ordering Single Use Foot Care Supplies

Ordering
The kits are available through the Drug Distribution Center (DDC) and can be ordered using the attached form in Appendix 2. It will also be made available on One Health.

The order forms should be submitted to the DDC via email or fax. All orders are approved by the Regional Infection Prevention and Control Project Manager prior to shipment. If amendments to the request are required, the IPC Manager will contact the community for discussion.

Cost
The Region will cover the cost of the foot care equipment for a period of 2 years. During this time, data will be collected to determine community specific usage which will enable alternative funding amendments to be implemented.

Quantity
Staff are advised to only order enough stock that can be used within a 2 month period. A maximum cap will be placed on orders based on expected usage estimates that were collected through a query by Regional Home Care Nursing. This will help manage the regional inventory and will prevent shortages or back ordering at the DDC.
Transitioning to Single Use
As the Region transitions to single use equipment as best practice for the delivery of footcare services, current practices including dremel use and reprocessing will be discontinued.

Discontinuation of Dremel Use
The Dremel tool has been used in practice by some providers with advanced foot care experience and training. As Alberta Region moves towards single use instruments, evaluation of the Dremel tool in practice has been conducted. Although it has proven to be an efficient method to treat excessively thickened nails, there are many concerns that would discourage use as a general foot care treatment. These concerns include:

- Occupational health concerns with exposure and inhalation to nail dust and possible biological hazards
- Need for additional Personal Protective Equipment (PPE) and risk reduction strategies to reduce risks to staff and client during the procedure
- No validated manufacturer’s instructions for disinfection and sterilization of the Dremel tool or burr attachment
- Increased risk in damage to the tissue and nail of the patient

Alternatives to Dremel use include:

- Regular scheduled foot care for home care patients requiring service
- Subsequent visits for clients requiring follow up for thickened nails

A policy statement regarding the discontinuation of Dremel use is in the process. Practitioners are advised to transition to the above recommended alternative practices.

Discontinuation of Reprocessing
Decommissioning of existing reprocessing areas is recommended for facilities that have no other health services that require reprocessing of reusable medical or dental equipment and/or do not have a dedicated central reprocessing room; such as constructed in new builds. Please ensure the following:

- Steam sterilizers shall be drained, cleaned and stored until further notice.
- Any reusable footcare equipment should be removed from treatment rooms, cleaned, and stored until further notice.
- There is no longer a need for chemical sterilization as a secondary method for sterilization. As a result, all chemicals and unopened consumable items that have been purchased through the DDC can be returned to the DDC for disposal/return.
- Open packages and Items with expirations dates, such as biological indicators can be disposed in an approved manner.
Infection Prevention and Control Basics for Foot Care Services

Routine Practices
Routine Practices are defined by the Public Health Agency of Canada as a system of infection prevention and control practices used to prevent the transmission of infection in health care settings or when providing care. As with the delivery of any medical service, routine practices are the foundation for ensuring patient and staff safety. For the purposes of provision of foot care in a home care or facility setting, the following routine practices are emphasized:

- Point of Care Risk Assessment
- Personal Protective Equipment
- Hand Hygiene
- Waste Disposal and Sharps Management

For a summary of routine practices, please refer to the attached poster in Appendix 3.

Point of Care Risk Assessment
Point of Care Risk Assessment (PCRA) is one of the key components of routine practices. It is a method of assessment conducted by the caregiver at the time of service delivery to determine potential risks associated with providing care, as well as the implementation of risk reduction strategies to minimize exposure to potential hazards. Proper use of personal protective equipment is key to protect both staff and the client. Although the application is usually for biological hazards, i.e.) to prevent spread of infectious agents, the same principles can be applied when considering chemical or physical hazards. Table 1 illustrates the key risks identified during provision of foot care services, and allows for application to the point of care risk assessment as it related to foot care as seen in the Algorithm on page 9. Additional information is available through Region with FNIHB Point of care home care package.

Table 1: Summary of Foot Care Risk Assessment

<table>
<thead>
<tr>
<th>Potential Risk</th>
<th>Exposure/Entry Point</th>
<th>PPE/Intervention</th>
</tr>
</thead>
</table>
| Inhalation of dust(particulate matter) and fungal spores | Respiratory tract                                         | Surgical Mask  
  -N95 if creating aerosolized dust (Mechanical tools)                           |
| Ocular injury due to physical debris       | Eye                                                      | Goggles or face shield                                                         |
| Bacterial, viral, fungal infection         | Contact non intact skin or mucous membranes               | Gloves  
  -Gown  
  -Good hand hygiene                                                                    |
| Sharps injury                              | Skin/blood stream                                         | Procedural                                                                     |
| Repetitive strain to neck, back or hand    | N/A                                                      | Ergonomic set up and delivery of services                                        |
**Point of Care Risk Assessment & Personal Protective Equipment Associated With Foot Care**

**HAZARDS**

Assess patient, environment, and interaction.

- Contact with patient or environment expected?
  - No: No action required
  - Yes: Splash or spray of blood/body fluids anticipated?
    - No: Hand hygiene
    - Yes: Facial protection

**PPE**

- Put on gloves; Put on a gown if soiling of clothes is likely
- Hand hygiene before leaving patient environment

**HAZARDS**

- Foreign body injury (Ocular)
- Inhalation of dust and fungal spores
- Bacterial/viral and fungal wound and skin infections
- Blood and body fluid exposure and percutaneous

*Adapted from FNIHB Point of Care Risk Assessment Algorithm*
Personal Protective Equipment

Using personal protective equipment (PPE) during provision of foot care services is also another strategy used to reduce risk of transmission of disease or exposure to hazards for staff and clients, by providing effective barriers. From conducting the point of care or care risk assessment the following personal protective equipment was identified as necessary when providing foot care services:

- **Gown**
  - Disposable aprons: to be change between patients

- **Mask**
  - Surgical masks are sufficient for general procedures
  - If using dremel tool or generating aerosolized fine dust particles, a fitted tested N95 is required

- **Eye protection of face shield**
  - Safety glasses: prescription eyewear does not provide adequate coverage
  - Face Shield: if prescription eyewear is worn, a face shield is required to provide adequate coverage

- **Gloves**
  - To be used during the procedure
  - To be used for cleaning environmental surfaces and patient contact surfaces

Please refer to the donning and doffing procedures in Appendix 4.

Hand Hygiene:

Hand hygiene is a comprehensive term including hand washing, hand antisepsis, and the actions associated with the maintenance of healthy hands and fingernails. Performing hand hygiene is one of the most effective ways to prevent the spread of microorganisms.

In the Point of Care Risk assessment there are several opportunities to perform hand hygiene during the delivery of foot care services.

The four moments for hand hygiene:

1. Before touching a patient
2. Before Clean/aseptic procedure
3. After body fluid exposure
4. After touching a patient /environment

Please refer to the attached poster “4 moments for Hand Hygiene” Appendix 5

The preferred method of hand hygiene for HCWs in health care settings is the use of an alcohol-based hand rub (ABHR) unless hands are visibly soiled or exposed to spore forming pathogens (i.e. *C. difficile*) or norovirus. When hands are visibly soiled or exposed to spore forming pathogens or norovirus the preferred method of hand hygiene for HCWs is soap and water. It is also important to note that using approved hand lotion is an important part of hand hygiene as hand hygiene adherence is reduced when hands and cuticles are dry and cracked.

Please refer to the attached Hand Hygiene posters in Appendix 6.
**Waste Disposal and Sharps Management**

Although single use has been determined to be best practice and an effective risk reduction strategy, service providers must be aware that there is still potential for errors or impacts to staff and client safety. Proper disposal of used or open packages of footcare sets in an approved manner will mitigate potential for compromising sterility and potential sharps injury.

**Maintaining Sterility Assurance**

- Single use tools are prepackaged and sterilized for one time use. Regardless of if used, once a package is open, the items are to be disposable as sterility is no longer assured.
- Due to the high quality of single use instruments, there is potential the item may be mistaken for reusable and enter the reprocessing stream. Although the instruments are constructed of stainless steel, the manufacturers have not validated the tools for subsequent chemical or steam reprocessing. As a result, the items cannot be reused or reprocessed under any circumstance.
- These items are not to be used as dedicated client equipment for reuse, therefore under no circumstance are they to be left with the client for cleaning and reuse.
- Due to the high quality of single use instruments there may be reluctance to dispose of items after use which may result in misuse of the item for other purposes. As there is risk of exposure to biological hazards such as blood and bodily fluid during foot care procedures, under no circumstances are used instruments to be used for other purposes and must be disposed of in an approved biomedical waste container.

**Sharps Injury**

- Even though single use instruments reduce handling through elimination of the need to reprocess, the risk of percutaneous sharps injury is possible. Sharps are defined as objects capable of puncture or cuts (PIDAC 2013). The nippers provided in the single use sets must be treated as a “sharp”.
- Should staff experience an blood or body fluid exposure please refer to the Management of Blood and Body Fluid Exposure Protocol and algorithm in Appendix 7.
- There is potential for sharps injury to waste workers and non medical staff if items enter the normal waste stream. Please ensure that items are only disposed of in an approved biomedical waste container at time of use.

**Biomedical Waste Disposal**

Biomedical waste is defined as contaminated, infectious waste from a health care setting that requires treatment prior to disposal in landfill sites or sanitary sewer systems. Biomedical waste includes human anatomical waste; human and animal cultures or specimens (excluding urine and faeces); human liquid blood and blood products; items contaminated with blood or blood products that would release liquid or semi-liquid blood if compressed; body fluids visibly contaminated with blood; body fluids removed in the course of surgery, treatment or for diagnosis (excluding urine and faeces); sharps; and broken glass which has come into contact with blood or body fluid (PIDAC, 2013).

Once used, all single use footcare instruments must be treated as biomedical waste and disposed of at point of use in an approved manner(AHS, 2013).
Approved Containers
Once a sterile package is opened, all instruments must be disposed of in an approved biomedical waste container. Approved sharps containers such as the standard wall mounted side drop container are considered appropriate for use in the health center environment. However, this type of container is not considered portable and therefore alternative options are needed for home or community visits. Portable sharps container must be sturdy, have secure locking lids, holding handles and be constructed of material that is durable enough to withstand transport.

Ordering
For ease, the following sharps containers can be ordered from the DDC using the TDG Order form located on One Health at [https://www2.onehealth.ca/ab/Forms/CommunityHealth.aspx](https://www2.onehealth.ca/ab/Forms/CommunityHealth.aspx) or in Appendix 8.

<table>
<thead>
<tr>
<th>Sharps Container</th>
<th>DDC Product Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Qt yellow with horizontal drop (fits in wall mount)</td>
<td>8506-YBC 6530-21-922-3405</td>
</tr>
<tr>
<td>Portable Sharps Container for Disposal of Single Use Footcare Tools</td>
<td>TBA</td>
</tr>
</tbody>
</table>
A degree of precaution must always be taken with any sharp items. Sharps used in direct patient care present and injury hazard to health care personal and waste workers.

**Road Transport**

When a health professional must transport sharps (needles, syringes and other sharps) from one location to another for use in service delivery, i.e.) not final disposal, the individual is now acting as a carrier. Used sharps are considered Dangerous Goods Class 6.2 (Infectious Substances) for transporting between facilities. As such, transportation of dangerous goods regulation requires the following:

- Sharps contaminated with blood or body fluids, including needles are considered infectious and must be handled as such.
- Sharps must be contained in a leak proof, rigid, puncture resistant primary container i.e.) sharps container.
- The container is then placed in a rigid outer container such as a hard plastic cooler. Soft side coolers or nursing bags are not considered appropriate outer packaging.
- If the sharps container contains liquid, an absorbent should be placed between the primary and outer container to ensure no leakage will occur during transport.

**Labelling and Documentation**

- When carrying used sharps, the outer package (cooler) must be labelled with a Class 6 label (Infectious Substance).
• The class 6 label is only used when transporting USED sharps, otherwise, the label on the outer package must be covered or removed. Simple solutions may include utilizing a double sided label with one side indicating EMPTY and the other side Class 6. It may be fastened to the rigid outer package with double side tape or Velcro.

  o When transporting the package from facility to facility by foot, as a carrier an inventory list is required. It can be placed on the exterior of the cooler within the label holder but not obstructing the label.

  o When transporting packages in the vehicle the inventory list should be placed in the driver’s door compartment, or if this is not possible, shall be placed on the seat near the package so it is visible.

Example inventory list:

<table>
<thead>
<tr>
<th>Date:</th>
<th>January 23, 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transported by: (name)</td>
<td>Signature:</td>
</tr>
<tr>
<td>Sally Smith</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>Number of containers</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps Container with foot care sharps</td>
<td>1</td>
<td>6.2 infectious Substance</td>
</tr>
</tbody>
</table>

• The inventory list shall be retained in records for 2 years.
• Carriers must have a valid TDG certificate and carry it on your person when transporting dangerous goods including used sharps

Securing and transporting

• Ensure all items are properly stowed when transporting.
• Rigid out packs must have securely fitted lids and be able to withstand transport conditions.
• Sharps containers must be maintained in a secure manner at all times i.e. not left in unattended vehicle.

Disposal and Storage
Sharps containers are not to be filled past the fill line, nor emptied. Once full, containers are to be returned to the health center for proper storage in a biohazardous waste room until final disposal.

Packaging for Disposal
Sharps containers shall be placed in biohazardous waste bag and designated waste box for disposal by a regulated waste contractor at a later date. Products required for packaging for disposal can be ordered from the attached TDG order form in Appendix 8; however this is usually coordinated by the nurse in charge or health director. With exception to transferred communities, biomedical waste supplies and waste disposal are provided by the Region through the DDC and two designated waste providers respectively. For transferred communities, alternate agreements for sharps supplies, storage and disposal will have to be arranged through the health director.
Footcare Procedure


• Prepare the site for treatment in the clinic or in the home by ensuring:
  • There is adequate lighting
  • Access to running water
  • Adequate space and safe seating for the client and provider

• Perform hand hygiene

• Disinfect/wipe down client care space with intermediate level disinfectants
  • Use wipes according to manufacturer’s instructions using PPE as needed and ensuring adequate contact time is achieved
  • Those areas that cannot be cleaned but come in contact with the client should be covered with disposable barriers

• Apply disposable barriers on foot stool and chair if possible or underneath the foot

• Visually assess the foot

• Perform hand hygiene

• Set up work table with a clean field for instruments (anticipating needs based on assessment)
  • Disposable instrument set(s)
  • Any dressings, packings or bandages needed
  • Creams or ointments with disposable applicators
  • Antiseptics
  • Sharps container
  • Refuse container

• Don PPE as per donning instructions and perform hand hygiene as indicated

• Perform footcare procedures as per VON manual

• During the procedure if the sterility of the instruments is compromised (e.g.) dropped on floor sterilization pouch damaged etc, the instrument must be discarded and a new disposable set shall be open for use.

• All instruments (3 piece set and probe) must be disposed of in a sharps container unless there is a manufacturer’s defect with the product. Please refer to the section on sharps management. These products should be washed, disinfected and set aside in a secure place out of service to be packaged and returned to the DDC

• Dispose of all other waste and barriers in an waste receptacle

• Doff PPE as per doffing instructions performing hand hygiene as indicated

• All environmental surfaces and client contact areas must be wiped down and disinfected with wipes or surface disinfectants as per manufacturer’s instructions for use and PPE, after each client.

• Perform hand hygiene
Feedback

Evaluations of this single use foot care program will be conducted yearly. In the interim, any concerns or comments may be directed to your home care nurse advisors.


Appendices
Infection Prevention and Control Best Practice Guideline for Medical and Dental Equipment and Devices.

Statement
When delivering medical and dental services, single use equipment is best practice. If single use equipment is not available, multi-client reusable equipment can be used as outlined in the FNIHB Reprocessing Reusable Medical and Dental Equipment Policy and Protocol, 2011.

Rationale
Use of disposable instruments eliminates the need for reprocessing and minimizes the risk of exposure, injury and prevents transmission of micro-organisms to clients and personnel (AHS 2013)

Guideline Details
“Single use instruments” are defined as equipment designated by the manufacturer as one time use only and are not designed to be reprocessed or used on multiple clients. Single use instruments, when available for semi-critical and critical procedures, are the preferred instruments of choice as they can be discarded after use, therefore eliminating the need for reprocessing. Hyperlink to Section 8 Single Use/Disposable Equipment, FNIHB Reprocessing Reusable Medical and Dental Equipment Policy and Protocol, 2011

“Multiple client reusable equipment” is defined as equipment that can be reused on several clients when properly reprocessed according to its classification for use. All reusable equipment must be reprocessed according to its defined classification as per the FNIHB Reprocessing Reusable Medical and Dental Equipment Policy and Protocol, 2011.

Reusable Equipment is classified into categories based on the risk of infection involved with its use (PIDAC, 2010). There are three categories of device classifications each with its prescribed level of reprocessing requirements as summarized in the chart below.
### Classification of Equipment and Required Level of Reprocessing

<table>
<thead>
<tr>
<th>Classification of Equipment</th>
<th>Examples of Equipment</th>
<th>Minimum Level of Reprocessing Required:</th>
</tr>
</thead>
</table>
| **Noncritical equipment:** Equipment that touches only intact skin and not mucous membranes, or does not directly touch the client. | • Bed pans, urinals, commodes  
• Stethoscopes  
• Blood pressure cuffs  
• Oximeters  
• Glucose meters  
• Electronic thermometers  
• ECG machines/leads/cups etc.  
• Baby scales  
• Environmental surfaces (e.g. wheelchairs, beds)  
• Examination tables  
• Dental chairs  
• Hand mirrors | Cleaning* followed by Low-Level Disinfection  
Low-level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses. Low-level disinfectants do not kill mycobacteria or bacterial spores. Low-level disinfection is required when processing noncritical equipment or some environmental surfaces. |
| **Semicritical equipment:** Equipment that comes in contact with non-intact skin or mucous membranes but does not penetrate them. | • Specula - nasal, anal, vaginal (disposable equipment is strongly recommended)  
• Diaphragm fitting rings  
• Alligator forceps  
• Ear cleaning equipment, ear syringe nozzles, ear curettes, otoscope tips  
• Fingernail care equipment used on multiple clients  
• Nebulizer cups  
• CPR face masks | Cleaning* followed by High-Level Disinfection  
High-level disinfection destroys vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non-lipid) viruses, but not necessarily bacterial spores. |
| **Critical equipment:** Equipment that enters sterile tissues, including the vascular system. | • Surgical instruments  
• Foot care equipment  
• Fish hook cutters  
• Dental equipment including dental hand pieces | Cleaning* followed by Sterilization  
Sterilization results in the destruction of all forms of microbial life including bacteria, viruses, spores and fungi. Steam sterilization or liquid chemical sterilization may be appropriate. |

### Applicability

This guideline is a directive for FNIHB Regional Nursing staff, Home Care, and Dental programs for the services provided within their respective program areas and within the community setting. External providers such as private practitioners, dentists, etc are required to follow guidelines set out by their governing professional bodies but may conform to this infection control guideline as a minimum standard. In the absence of infection control guidelines, these guidelines may be used by staff as abest practice guideline.

### Compliance/Implications

Programs are responsible to develop policies according to these guidelines. Policies should be inclusive of requirements for equipment storage, disposal as well as risks of misuse.
References
1. Alberta Health. 2012. Standards for Cleaning, Disinfection and Sterilization of Reusable Medical
   Devices for Health Care Facilities and Settings. http://www.health.alberta.ca/documents/IPC-
   Medical-Device-Cleaning-2012.pdf
   the Transmission of Infection in Healthcare Settings
4. Health Canada, First Nation and Inuit Health Branch. 2011. Reprocessing Reusable Medical and
   Dental Equipment Policy and Protocol.
5. Ontario Ministry of Health and Long-Term Care, Provincial Infectious Diseases Advisory
   Committee. 2010. Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment
   Devices in all Health Care Settings.
   http://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization
   _2013.pdf
Appendix 2
Single Use Footcare Equipment Order Form IPC-2
Single Use Foot Care Equipment

Fax your Order to Drug Distribution Centre 780-495-5311 or e-mail it to: DDC.ORDERS@HC-SC.GC.CA at least 4 weeks before required. The Phone number for the DDC Customer Service Desk is 780-495-2200.

DDC Account #: MIS-0011    Date: ____________________________

Community: ____________________________________________

Name of Person Placing the Order: _________________________

Phone # of Person Placing the Order: ________________________

Fax # of Person Placing the Order: _________________________

Date Required: ________________________________________

Ship To: ________________________________________________

Ship Date: ____________________________  Authorized By: ________________________

PRODUCT DESCRIPTION                      DDC STOCK NUMBER | UNIT OF MEASURE | COST | QUANTITY ORDERED
                                                                 (2 month Maximum Supply Only)

Podiatry Supplies:

3 Piece Steven’s Disposable Podiatry Kit (nippers, black file, diamond debb) | 6515 21 859 7109 | SET | $8.25

Supremed Dual Head Disposable Spoon head Probe with 2mm and 3mm heads | 6515 21 859 7109 | EACH | $3.75

* Currently, these items are PRE-PAID Stock
**All Orders are approved by Health Protection Infection Prevention and Control prior to shipment

Last Modified April 29, 2014
Routine Practices in Continuing Care

Routine Practices help prevent the spread of infections. These practices apply when interacting with residents whether in Alberta Health Services (AHS) facilities or community settings. Use Routine Practices for every resident, every time, regardless of their diagnosis or infectious status.

<table>
<thead>
<tr>
<th>Point of Care Risk Assessment (PCRA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before providing care to any resident, assess the risk of spreading infection.</td>
</tr>
<tr>
<td>• Note any possible contact you may have with blood or body fluids (e.g., coughing, bleeding, runny nose, or soiled clothing, equipment or environment); AND</td>
</tr>
<tr>
<td>• Put on the correct personal protective equipment (PPE), if needed, before providing care.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hand Hygiene: the single most important step in preventing infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Perform hand hygiene using alcohol-based hand rub (ABHR) or soap and water.</td>
</tr>
<tr>
<td>• Use ABHR for hand hygiene unless hands are visibly soiled.</td>
</tr>
<tr>
<td>• Use plain soap and water when:</td>
</tr>
<tr>
<td>o hands are visibly soiled</td>
</tr>
<tr>
<td>o caring for residents with diarrhea and/or vomiting</td>
</tr>
<tr>
<td>• Keep finger nails natural, clean, healthy and short. Depending on where you work, there may be restrictions on artificial nails or jewelry. Check the AHS Hand Hygiene Policy for more information.</td>
</tr>
<tr>
<td>• Use only AHS or facility approved ABHR, soap, and hand lotion.</td>
</tr>
<tr>
<td>• Follow the steps for performing hand hygiene found in the AHS Hand Hygiene Procedure.</td>
</tr>
<tr>
<td>• Perform hand hygiene:</td>
</tr>
<tr>
<td>o before taking gloves from a box to put on</td>
</tr>
<tr>
<td>o before contact with a resident or resident’s environment</td>
</tr>
<tr>
<td>o before a clean or aseptic procedure</td>
</tr>
<tr>
<td>o after exposure or risk of exposure to blood or body fluids</td>
</tr>
<tr>
<td>o after contact with a resident or resident’s environment</td>
</tr>
<tr>
<td>o immediately after removal of gloves</td>
</tr>
<tr>
<td>• Show residents and visitors how and discuss when to use hand hygiene products.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Respiratory Hygiene: Cover Your Cough, Clean Your Hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Cover your nose and mouth with a tissue when coughing or sneezing.</td>
</tr>
<tr>
<td>• Use the tissue once then dispose of it immediately and perform hand hygiene.</td>
</tr>
<tr>
<td>• If tissues are not readily available, cough or sneeze into your upper arm or elbow.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal Protective Equipment: Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gloves are single-use. Use only once, then dispose of them immediately after use.</td>
</tr>
<tr>
<td>• Wear new non-sterile gloves:</td>
</tr>
<tr>
<td>o to help protect your hands from contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin of residents</td>
</tr>
<tr>
<td>o to handle dirty or potentially contaminated items</td>
</tr>
<tr>
<td>o to protect your hands if you have non-intact skin (e.g. open cuts, lesions or rashes)</td>
</tr>
<tr>
<td>• Perform hand hygiene before accessing and putting gloves on AND immediately after taking gloves off.</td>
</tr>
<tr>
<td>• Change gloves between care activities for the same resident (e.g., when moving from a contaminated body site to a clean body site).</td>
</tr>
<tr>
<td>• Do not wear gloves outside resident rooms or bed spaces unless carrying contaminated items or when cleaning spills of blood or body fluids.</td>
</tr>
<tr>
<td>• Never wash disposable gloves or use ABHR on any gloves.</td>
</tr>
<tr>
<td>• Sterile gloves are for sterile procedures.</td>
</tr>
<tr>
<td>• Gloves are not necessary when feeding a resident, touching somebody in a social manner, pushing a wheelchair, delivering meals, handling clean supplies, or providing care to residents with intact skin. (Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of gloves).</td>
</tr>
</tbody>
</table>
**Personal Protective Equipment: Gowns**
- Wear a gown to protect exposed skin and clothing during activities likely to cause:
  - splashes of fluids
  - contact with blood or body fluids (e.g., wound drainage)
- Perform hand hygiene before accessing and putting on and immediately after taking off a gown.
- Fasten the tie strings at the neck and the waist.
- Make sure the sleeves cover your wrists.
- Never use gowns as housecoats or warm-up jackets.
- Do not wear gowns outside resident rooms or bed spaces unless carrying contaminated items or when cleaning contaminated items.
- Remove damaged or heavily soiled gowns as soon as possible.
- Do not reuse gowns.
- After removing gown:
  - place in waste container if disposable
  - place in linen bag if reusable
  - perform hand hygiene
(Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of gowns).

**Personal Protective Equipment: Masks and Eye Protection**
- If you need a mask, you also need eye protection (e.g., goggles, face shields, visors attached to masks).
- Wear a mask and eye protection to protect your mouth, nose and eyes during activities likely to spray or splash you with blood or body fluids.
- Perform hand hygiene before accessing and putting on, and immediately after taking off mask and eye protection.
- Proper wearing of a mask includes:
  - ensuring a snug fit over the nose and under the chin
  - molding the metal bar over the nose
  - wearing the mask with the moisture-absorbing side closest to the face
  - changing the mask when it is moist
  - correct removal after use, touching only the elastic or ties
- Prescription glasses do not meet Workplace Health and Safety Regulations for eye protection.
- Clean and disinfect re-useable eye protection after each use.
- Discard single-use masks and eye protection in waste container.
(Refer to the AHS Donning and Doffing PPE posters for details on correct removal and disposal of masks and eye protection).

**Handling Resident Care Items and Equipment**
- Discard items labeled as single-use after use on one resident.
- Clean and disinfect reusable equipment after use, before use on another resident.
- Bring minimal supplies into resident rooms, tub rooms, and treatment rooms.
- Do not share personal items (e.g., soaps, lotions, razors) between residents.
- Use non-sterile gloves when handling soiled items, equipment, linens (correct PPE may also include a gown).
- Handle soiled or used linens with minimal agitation and place directly in linen bag at point of care, without sorting. Do not overfill bags. Double bag only if leaking.
- After residents are discharged, discard single-use supplies that remain in resident’s room and launder unused linens.
- Used meal trays and beverage dishes do not require special handling. Place on the dietary cart or in an area designated for used dishes. Disposable dishes and utensils are not required.
### Environmental Cleaning
- Clean resident care areas on a regularly scheduled basis and after resident discharge or transfer.
- Use AHS or facility approved products and procedures.
- Refer to Environmental Services cleaning schedules and practices.

### Resident Ambulation Outside Room, Bed Space or Transfer
- Before residents leave their room, educate or assist them with:
  - performing hand hygiene
  - performing respiratory hygiene if coughing or sneezing
  - putting on clean clothing or clean housecoat
  - ensuring dressings and incontinence products are able to contain any drainage
- Transport Staff should assess the risk of spreading infection and choose the correct personal protective equipment to wear.

### Visitors
- Instruct visitors (family, friends, private caregivers, etc.) to:
  - perform hand hygiene upon entry into and exit from the facility
  - practice respiratory hygiene while visiting
  - reschedule visits when feeling unwell
  - contact facility staff if providing direct care to a resident

### Waste and Sharps Handling
- Wear gloves to remove waste from resident rooms, common care rooms (e.g., resident tub rooms) and if the outside of bag is soiled.
- Avoid contact with body.
- Remove gloves and perform hand hygiene.
- Remember: *New Needle, New Syringe, Every Time!*
- Dispose of sharps immediately after use in puncture-proof biohazard container.
- Do not overfill waste or sharps container.
- Follow facility waste management sorting and disposal guidelines.
Putting on (Donning) Personal Protective Equipment (PPE)

1. **HAND HYGIENE**
   - A. Using an alcohol-based hand rub is the preferred way to clean your hands.
   - B. If your hands look or feel dirty, soap and water must be used to wash your hands.

2. **Gown**
   - A. Make sure the gown covers from neck to knees to wrist.
   - B. Tie at the back of neck and waist.

3a. **Procedure/Surgical mask**
   - Secure the ties or elastic around your head so the mask stays in place.
   - Fit the moldable band to the nose bridge. Fit snugly to your face and below chin.

3b. **N95 respirator**
   - There are different styles of N95 respirators (pictured below). They include:
     a) molded cup, b) duckbill, c) flat-fold and d) v-fold
   - All styles have the same basic steps for donning; molded cup and duckbill are pictured below. Refer to the manufacturer for specific donning instructions.
   - A. Pre-stretch both top and bottom straps before placing the respirator on your face.
   - B. Cup the N95 respirator in your hand.
   - C. Position the N95 respirator under your chin with the nose piece up. Secure the elastic band around your head so the N95 respirator stays in place.
   - D. Use both hands to mold the metal band of the N95 respirator around the bridge of your nose.
   - E. Fit check the N95 respirator.

4. **Eye protection or face shields**
   - ✔ Place over the eyes (or face).
   - ✔ Adjust to fit.

5. **Gloves**
   - ✔ Pull the cuffs of the gloves over the cuffs of the gown.

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Taking off (Doffing) Personal Protective Equipment (PPE)

1. Gloves

A. Grasp the outside edge of the glove near the wrist and peel away from the hand, turning the glove inside-out.
B. Hold the glove in the opposite gloved hand.
C. Peel the glove off and over the first glove, making a bag for both gloves.
   - Put the gloves in the garbage.

2. HAND HYGIENE

A. Using an alcohol-based hand rub is the preferred way to clean your hands.
B. If your hands look or feel dirty, soap and water must be used to wash your hands.

3. Gown

A. Carefully unfasten ties.
B. Grasp the outside of the gown at the back of the shoulders and pull the gown down over the arms.
C. Turn the gown inside out during removal.
   - Put in hamper or, if disposable, put in garbage.

4. HAND HYGIENE

   - Clean your hands. (See No. 2)
   - Exit the patient room, close the door and clean your hands again.

5. Eye protection or face shield

   - Handle only by headband or ear pieces.
   - Carefully pull away from face.
   - Put reusable items in appropriate area for cleaning.
   - Put disposable items into garbage.

6. Mask or N95 respirator

   - Bend forward slightly and carefully remove the mask from your face by touching only the ties or elastic bands.
   - Start with the bottom tie, then remove the top tie.
   - Throw the mask in the garbage.

   There are different styles of N95 respirators, but all styles have the same basic steps for donning.

7. HAND HYGIENE

   - Clean your hands. (See No. 2)

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Appendix 5
Four Moments for Hand Hygiene
Your Moments for Hand Hygiene

Health care in a residential home

1. BEFORE TOUCHING A PATIENT
   WHEN? Clean your hands before touching a patient.
   WHY? To protect the patient against harmful germs carried on your hands.

2. BEFORE CLEAN/ASEPTIC PROCEDURE
   WHEN? Clean your hands immediately before performing a clean/aseptic procedure.
   WHY? To protect the patient against harmful germs, including the patient’s own, from entering his/her body.

3. AFTER BODY FLUID EXPOSURE RISK
   WHEN? Clean your hands immediately after a procedure involving exposure risk to body fluids (and after glove removal).
   WHY? To protect yourself and the environment from harmful patient germs.

4. AFTER TOUCHING A PATIENT
   WHEN? Clean your hands after touching the patient at the end of the encounter or when the encounter is interrupted.
   WHY? To protect yourself and the environment from harmful patient germs.

World Health Organization

SAVE LIVES
Clean Your Hands
How to Handwash

1. Wet hands with warm water
2. Apply soap and lather thoroughly

3. Rub palms, spaces between fingers, backs of hands and wrists
4. Rub fingers, fingertips and thumbs

5. Rinse under running water
6. Pat hands dry with paper towel
7. Turn off tap with paper towel

Vigorous rubbing of hands (steps 3 & 4) must take at least 15 seconds
How to Use Alcohol-based Hand Rub

1. Apply product to palm of one hand

2. Rub all the surfaces of your hands and wrists

3. Include fingertips and thumbs

4. Rub until hands are completely dry

Hands must remain moist with product for at least 15 seconds

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Adapted from: The World Health Organization
Management of Blood and Body Fluid Exposures

Target Group:
This process is available to all health staff (Band employed and Health Canada employed) working in health centres or nursing stations in First Nation communities in Alberta.

Process Standard:
All health staff who has an exposure to blood and/or body fluids will contact the Health Protection 24 hour number as soon as immediate first aid is completed.
- Medical Officer of Health or Regional CDC Nurse Manager cover the 24 hour pager, and will complete an assessment of the situation, and make recommendations regarding any follow-up, including serology and any post-exposure prophylaxis.
- Protocol should be posted in all clinic areas.

Process Information
All health care workers who are potentially exposed to blood and body fluids as part of their work are expected to have completed a Hepatitis B vaccine series.

At risk fluids include:
- Blood
- Cerebral spinal fluid
- Semen/vaginal fluids
- Any body fluid with visible blood

Significant Exposures include:
- Non-intact skin
- Mucous membrane
- Subcutaneous tissue

Immediate First Aid:
Required first aid is directly related to the type of exposure and can include the following:
- Remove contaminated clothing
- Encourage bleeding
- Wash with soap and running water - avoid scrubbing
- If eyes, nose or mouth are involved, flush with large quantities of water.

Required Reporting
Once immediate management has been completed, an incident report should be completed as per program processes. This can include incident report, workman’s compensation reports, etc., as defined within each work site/program area.

References:
Alberta Post Exposure Prophylaxis (PEP) Guidelines:

FNIHB Needlestick and Blood/Body Fluid Exposure Protocol poster.
Needlestick & Blood / Body Fluid Exposure Protocol

At Risk Fluids:
- Blood, CSF
- Semen/vaginal fluids
- Any body fluid with visible blood

Non-intact skin
- Mucous membranes
- Subcutaneous tissue

Come into contact with...

Immediate First Aid
- Remove contaminated clothing.
- Encourage bleeding.
- Wash with soap and running water. Avoid scrubbing.
- If eyes, nose or mouth are involved, flush with large quantities.

Immediately call the 24 Hr Alberta FNIHB Cell Phone

780-218-9929

The FNIHB Medical Officer of Health or designate will quickly respond and provide recommendations.
**TDG HANDLING & STORAGE CONTAINER ORDER SHEET**

**FOR HEALTH CANADA FACILITIES / ALBERTA REGION**

<table>
<thead>
<tr>
<th>SHARPS CONTAINER</th>
<th>Catalog No.</th>
<th>Quantity Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.6 L Portable</td>
<td>6530-21-922-3400</td>
<td>EA</td>
</tr>
<tr>
<td>1 Qt yellow with vertical drop lid</td>
<td>6530-21-922-3401</td>
<td>EA</td>
</tr>
<tr>
<td>5 Qt yellow with horizontal drop</td>
<td>6530-21-922-3405</td>
<td>EA</td>
</tr>
<tr>
<td>2 Gal yellow with horizontal drop</td>
<td>6530-21-922-3407</td>
<td>EA</td>
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</tbody>
</table>

**INFECTIOUS SUBSTANCE / DIAGNOSTIC SHIPPERS KIT**

<table>
<thead>
<tr>
<th>Description</th>
<th>Catalog No.</th>
<th>Quantity Ordered</th>
</tr>
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<tbody>
<tr>
<td>Ambient Infectious substance shipper</td>
<td>STP100 (TC-125-1A)</td>
<td>6530-21-922-3412</td>
</tr>
<tr>
<td>Ambient Infectious substance shipper, small</td>
<td>STP130 (TC-125-1A)</td>
<td>6530-21-922-3475</td>
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<tr>
<td>Ambient Biological Substance Category B shipper, small</td>
<td>STP200 (TC-125-1B)</td>
<td>6530-21-922-3414</td>
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<tr>
<td>Ambient Biological Substance Category B shipper, high capacity</td>
<td>STP250 (TC-125-1B)</td>
<td>6530-21-922-3477</td>
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<tr>
<td>Insulated overpack</td>
<td>STP300</td>
<td>6530-21-922-3479</td>
</tr>
<tr>
<td>Insulated Infectious substances shipper (refrig/frozen spec)</td>
<td>STP310 (TC-125-1A)</td>
<td>6530-21-922-3481</td>
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**BIOHAZARD WASTE BOXES / BAGS**

<table>
<thead>
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<th>Description</th>
<th>Catalog No.</th>
<th>Quantity Ordered</th>
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</thead>
<tbody>
<tr>
<td>Large box, 27 x 18 x 14&quot; cardboard with yellow biohazard bag large</td>
<td>6530-21-922-3418</td>
<td>EA</td>
</tr>
<tr>
<td>Small box, 18 x 18 x 14&quot; cardboard with yellow biohazard bag small</td>
<td>6530-21-922-3416</td>
<td>EA</td>
</tr>
<tr>
<td>Large bag, biohazard, yellow 36 x 48&quot; for use with box</td>
<td>6530-21-922-3420</td>
<td>EA</td>
</tr>
<tr>
<td>Small bag, biohazard, yellow 24 x 22.5&quot; for use with box</td>
<td>6530-21-922-3422</td>
<td>EA</td>
</tr>
<tr>
<td>Ziplock bag, biohazard with pouch 6 x 9&quot;</td>
<td>6530-21-922-3461</td>
<td>EA</td>
</tr>
</tbody>
</table>

**LABELS:**

| Orientation Label | L305 | 6530-21-922-3432 | EA |
| Infectious Substances Class 6.2 Label | CN17 | 6530-21-922-3434 | EA |
| Corrosive Label, Class 8 | CN13 | 6530-21-922-3436 | EA |
| Poison Label, Class 2.3 | CN9 | 6530-21-922-3438 | EA |
| Flammable Gas Label, Class 2.1 | CN7 | 6530-21-922-3440 | EA |
| Oxygen Label | CN26 | 6530-21-922-3442 | EA |
| Biological Hazard Door Sign, 8½x11" yellow/black 97-27 | 6530-21-922-3443 | EA |

**OTHER:**

<table>
<thead>
<tr>
<th>Description</th>
<th>Catalog No.</th>
<th>Quantity Ordered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mercury Spill Kit</td>
<td>6530-21-922-3450</td>
<td>EA</td>
</tr>
<tr>
<td>Needle-Ease 3500</td>
<td>6530-21-922-3452</td>
<td>EA</td>
</tr>
<tr>
<td>Wallmount Enclosure for 5 Qt sharps container 85161H</td>
<td>6530-21-922-3409</td>
<td>EA</td>
</tr>
</tbody>
</table>

**SEND THIS ORDER TO:** Environmental Health Services, 730 - 9700 Jasper Ave., Edmonton, AB T5J 4C3

**OR:** Fax order to (780) 495-6380