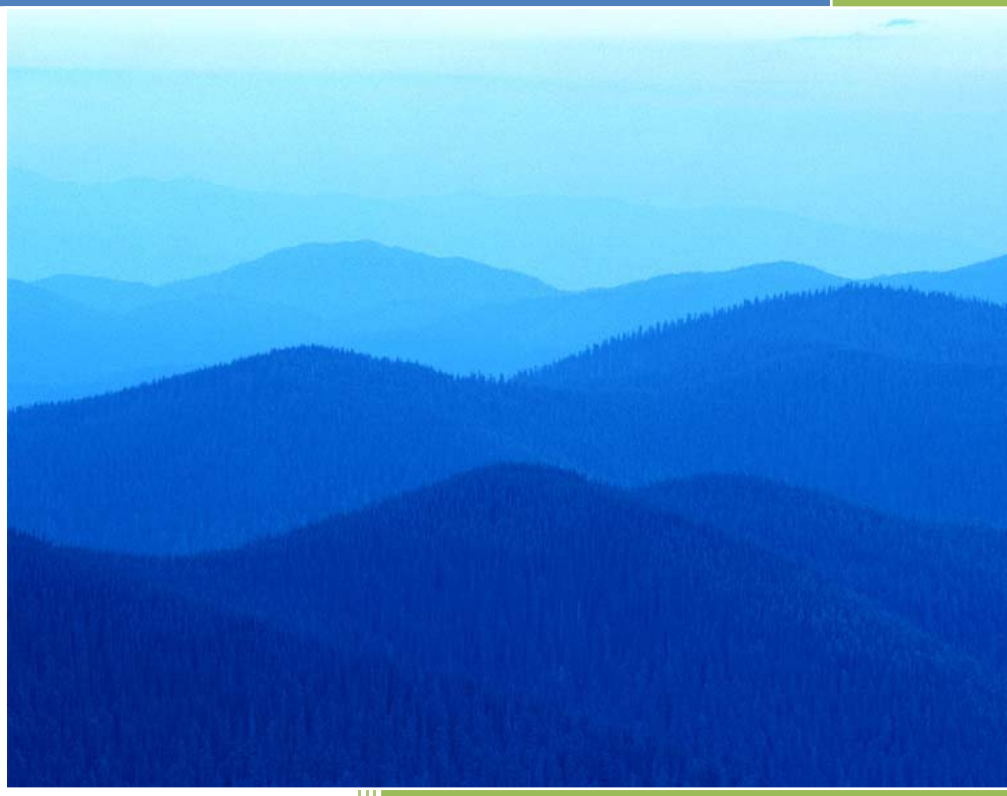
Orientation Program for New Infection Control Professionals



Module 3: Routine Practices and Additional Precautions

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License Information

Module 3: Routine Practices and Additional Precautions

Objectives

At the completion this module the ICP will:

1. Identify the key components of Routine Practices & Additional Precautions (RPAP)

2. Demonstrate an understanding of the application of RPAP in the clinical areas using the case scenarios provided in terms of:
   - Considerations for point of care risk assessment
   - Indications for hand hygiene
   - Placement of patients
   - Use of personal protective equipment
   - Handling of sharps, linen, dishes, and waste
   - Information for visitors

Number of hours (estimated)

- Key Concepts – 4 hours
- Methods – 4 hours

Required readings

- Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care – Revision of Isolation and Precautions Techniques PHAC (1999). http://www.collectionscanada.gc.ca/webarchives/20071124130634/http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/index.html

Required text

- APIC Text of Infection Control & Epidemiology; 2nd or 3rd Edition
- Bennett JV & Brachman PS. Bennett & Brachman's Hospital Infections; 5th ed. Ed. William R Jarvis: Philadelphia, PA, 2007

Other readings

- Ontario Ministry of Health and Long-Term Care/Public Health Division/Provincial Infectious Diseases Advisory Committee (PIDAC) - Best Practices for Hand Hygiene in all Health Care Settings Routine Practices and Additional Precautions in all Health Care Settings (May 2010) at http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/routine-practices-and-additional-precautions.html
- Presentations from 2007 CHICA-Canada National Education Conference –**The Principles of Routine Practice**, which is available at http://www.chica.org/Members/2007conference/conf_presentations07.html

Instructions: Read the material. Write out your answers to the questions and discuss them with your mentor.

Overview

The guideline "Routine Practices and Additional Precautions for preventing the transmission of Infection in Healthcare" is the foundation for all infection prevention and control activities. As an ICP you will utilize this information for the development of policies and procedures, teaching of staff, and for the auditing and monitoring of practices in the clinical area.

Key Concepts

In this section you will learn the key concepts that you must know in order to do your job as an infection prevention and control professional.

Principles of Transmission of Micro-organisms

Define the following key concepts:

Key terms

Chain of infection

Term	Definition
Infectious agent	
Reservoirs in healthcare	
Portals of exit	
Routes of transmission	
Portals of entry	
Susceptible host	

Other terms

Term	Definition
Colonization	
Asymptomatic infection	
Symptomatic infection	

Chain of infection application

A break in any of the links in the chain of infection can prevent the transmission of infection. Using influenza as the disease provide examples of how you would break each link in the chain of infection.

Preventing transmission of influenza

Link	Examples of breaking the chain
Infectious agent	
Reservoir	
Portal of exit	
Route of transmission	
Portal of entry	
Susceptible host	

Sources or reservoirs of infectious agents

Source	Example
Human	
Animal	
Environmental	

Routes of transmission

Route	Definition	Disease example
Contact		
Droplet		
Airborne		
Droplet/Contact		
Common vehicle		
Vectorborne		

Control Measures

Hierarchy of Controls		
Control measure	**Definition**	**Example**
Engineering		
Administrative		
Personal protective equipment (PPE)		

Organizational Responsibilities

Define organizational risk assessment	
Term	**Provide an example**
Organizational engineering control responsibilities • Healthcare facility design, renovation and construction • Heating, ventilation and air conditioning • Source control	
Administrative control responsibilities • Occupational health program • Education of healthcare workers • Reprocessing of patient care equipment • Environmental cleaning • Waste • Linen • Management of deceased patients • Management of pets/animals	

Healthcare Worker Responsibilities

Definitions

Term	Definition
Point of Care Risk Assessment (PCRA)	
Routine Practices	
Additional Precautions	

History of Isolation Precautions

It is important to have an understanding of how isolation precautions have evolved over time and to know why Canada chose use Routine Practices versus Standard Precautions, which are promoted in the United States.

	Brief description of precautions used
Isolation or fever wards	
Category specific	
Disease-specific precautions	
Universal precautions	
Body substance isolation	

Routine Practices

Point of care risk assessment exercise

The ability to perform a thorough point of care risk assessment is fundamental to practicing infection control. The ICP needs to have a very complete understanding of how to do a risk assessment, how to include it in every patient interaction, and how to use the findings to implement appropriate infection control practices. The ICP will be required to educate HCPs about PCRA and reinforce its use frequently because by applying the appropriate control measures from their PCRA they are reducing risk to themselves (and indirectly their families) and the patient/resident/client.

Prior to every patient interaction, all Healthcare Providers (HCPs) have a responsibility to assess the infectious risk posed to themselves and other patients, visitors, and HCPs by a patient, situation or procedure.

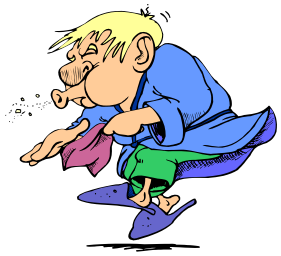
Determine factors that influence the risk of transmission of infection

Complete this Table (add 2-4 more points to each group)

	Higher transmission risk	Lower transmission risk
Infectious Source	• Frequent cough • Copious secretions • •	• Infrequent or no cough • Minimal secretions • •

	Higher transmission risk	Lower transmission risk
Environment	• Shared room, washroom • • •	• Single room, washroom • • •
Susceptible Host (patient)	• Underlying disease • • •	• Generally healthy • • •
Susceptible Host (HCP)	• Inadequate hand hygiene • • •	• Diligent hand hygiene • • •

Point of care risk assessment exercise

Scenario	PCRA Questions	Infection Control Measures
	Example: PCRA Questions • Does this person have a fever? • Does he practice respiratory etiquette? • What type of care am I giving him? • Where am I providing care – e.g., his home? A private room at the hospital? • What PPE should I wear when providing care?	Let's pretend that he does have a fever, respiratory hygiene is not consistently used, he is in a private room and you are doing his daily nursing assessment and giving him his morning medications. In this case you would need to wear a mask with facial protection and gloves (many respiratory infections are spread by both droplets and contact)
		
		

Source control

Source Control for routine practices involves measures to separate those with symptoms of various transmissible organisms from those without. These measures can involve spatial separation whether in separating waiting rooms into 2 sections or in the separation of patients by 2 metres for respiratory illnesses involving a cough, fever or shortness of breath.

Other source control measures involve erecting partitions to protect staff, following protocol to place patients with certain symptoms or known organisms or symptoms directly into a single exam room. In certain settings, appointments can be made for these patients at the end of the day, or appointments postponed until the acute phase of the illness has subsided. Post signs reminding patients of hand hygiene and respiratory etiquette and provide the supplies to perform both.

Source control measures	
Area	**Source control recommendations**
Emergency rooms and acute assessment settings	
Outpatient clinic	
Admitting	
Inpatient Unit	
Allied health departments	
Home care	
Physician offices	

Hand hygiene

Please refer to hand hygiene module.

Patient placement and accommodation

Single rooms have been shown to lower healthcare-associated infections. When there are only a limited number of single rooms, it is prudent to prioritize them for those who have conditions that facilitate transmission of infectious material to other persons (e.g. draining wounds, stool incontinence, and uncontained secretions) and for those who are at increased of acquisition and adverse outcomes resulting from healthcare-associated infections (immunosuppression, open wounds, indwelling catheters, anticipated long stay, total dependence on HCWs for activities of daily living).

Patient flow

Patient flow refers to patient transfer/transport within and outside of the facility, and patient activity.

Patient flow exercise	
Precautions required	**Recommendation for transfer/transport within or outside of the facility/patient activity**
Patient on Airborne Precautions	
Patient on Droplet Precautions	
Patient on Contact Precautions	

Aseptic technique

Define clean and aseptic technique

Use the following exercise to illustrate the difference between clean and aseptic technique and provide examples of procedures that require each:

	Definition	**Examples**
Aseptic Technique		
Clean Technique		

Differentiate between aseptic and clean technique

Use the following table to show the similarities and differences between aseptic technique and clean technique:

Similarities	**Differences**

Personal Protective Equipment

- Personal protective equipment (PPE) is any type of specialized clothing, barrier product, or breathing (respiratory) device used to protect workers from serious injuries or illnesses while doing their jobs.

- Personal protective equipment acts as a barrier between infectious materials and the skin, mouth, nose, or eyes (mucous membranes). In the application of Routine Practices PPE includes gloves, gowns, and face protection; masks, goggles and face shields.
- Personal protective equipment (PPE) in additional precautions includes respirators in addition to the requirements listed above.

Gloves

Glove use is not a substitute for hand hygiene.

Question	Answers
Why are gloves needed?	
Whom are they protecting?	
What are the indications for glove use?	
What are the key errors noted when putting on or taking off gloves?	
Demonstrate to your mentor how to put on gloves	

Gowns

Question	Answers
Why is a gown needed?	
Whom is the gown protecting?	
What are the indications for gown use?	
What are the key errors noted when putting on or taking off a gown?	
Demonstrate to your colleague the proper technique for putting on a gown	

Facial protection

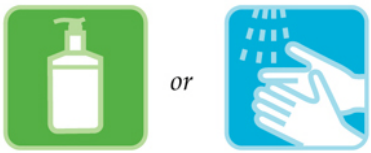
Question	Answers
List the components of facial protection	
Why is facial protection needed?	
Who is facial protection protecting?	
What are the indications for facial protection use?	

Question	Answers
What are the key errors noted when putting on or taking off facial protection?	
Demonstrate to your colleague the proper technique for putting on facial protection	

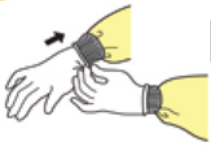
Technique for putting on PPE

Number the order for putting on the PPE: number from 1–5

☐ **Put On Gown**
- Select appropriate size and type
- Opening to the back
- Secure neck and waist



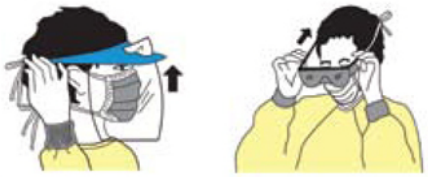
☐ **Clean Your Hands**
- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



☐ **Put On Gloves**
- Select correct type and size
- Extend gloves over cuffs of isolation gown

☐ **Put On Mask**
- Use a fluid resistant procedure mask or surgical mask or one step mask with attached eye protection
- Place over nose, mouth and under chin
- Fit flexible nose piece over nose bridge
- Secure on head with ties or ear loops
- Adjust fit

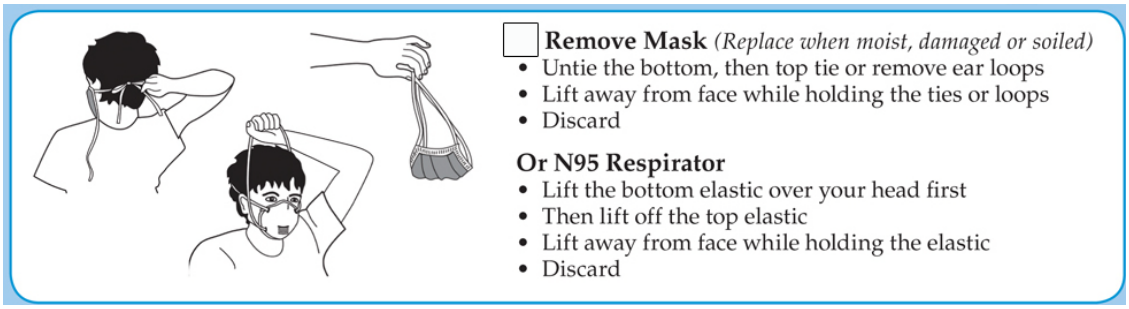
Or N95 Respirator
- Select respirator according to fit testing
- Place over nose, mouth and chin
- Fit flexible nose piece over nose bridge
- Secure on head with top, followed by bottom elastic
- Adjust to fit
- Perform a fit check:
  1. Inhale – respirator should collapse
  2. Exhale – check for leakage around face



☐ **Put On Eye Protection**
(Unless one step mask with attached eye protection)
- Position goggles over eyes and secure to the head
- Position face shield over face and secure
- Adjust to fit comfortably

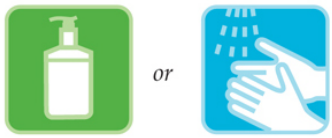
Technique for taking off PPE

Number the order for taking off PPE – number from 1–5

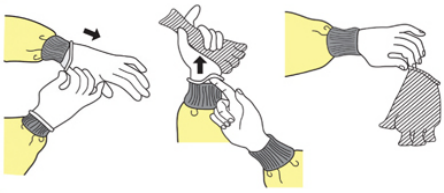


☐ **Remove Mask** *(Replace when moist, damaged or soiled)*
- Untie the bottom, then top tie or remove ear loops
- Lift away from face while holding the ties or loops
- Discard

Or N95 Respirator
- Lift the bottom elastic over your head first
- Then lift off the top elastic
- Lift away from face while holding the elastic
- Discard



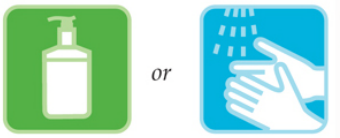
☐ **Clean Your Hands**
- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink



☐ **Remove Gloves**
- Grasp outside edge near wrist
- Peel away from hand, turning glove inside-out
- Hold in opposite gloved hand
- Slide ungloved finger under the remaining glove
- Peel off from the inside, folding gloves inside each other
- Discard

☐ **Remove Eye Protection**
- Grasp ear or head pieces with ungloved hands
- Lift away from face
- Place in garbage or clean and disinfect if reusable

☐ **Remove Gown**
- Unfasten ties
- Peel gown away from neck and shoulder
- Turn outside toward the inside
- Fold or roll into a bundle
- Place in laundry hamper or if disposable in garbage



☐ **Clean Your Hands**
- Use alcohol-based hand rub when hands are not visibly soiled
- Use soap and water when hands are visibly soiled
- Avoid using the patient/resident sink

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Sharps safety and prevention of blood borne pathogens

Define sharps safety	
Name at least two precautions for handling of sharps.	
Are there any initiatives in your facility to ensure recapping of needles is not being done?	
Are there structures in place so that needles can be disposed of at the point of care in your facility?	
Does the facility policy / housekeeping policy provide direction as to when sharps containers should be removed and replaced?	
What are the steps for staff to follow in the event of a sharps injury?	
Review the policy on blood and body fluid exposure in your facility.	

Handling of deceased bodies

Review your facilities policy	Action
Determine if your province/territory has a regulation regarding this situation.	

Handling of linen, waste, dishes and cutlery

	Explanation
Recommended precautions for handling linen, waste, dishes and cutlery	

Visitor management

Visitor Management	Explanation
Review the visitor policy for your institution	
How are visitors alerted regarding additional precautions?	

Visitor Management	Explanation
Who provides the visitors with education on hand hygiene and protective equipment?	
Is there a process for reviewing the visitors' practices of hand hygiene and PPE to determine if it is being done properly?	

Aerosol generating medical procedures (AGMP)

An aerosol generating medical procedure (AGMP) is a medical or surgical procedure that involves manipulation of a patient's airway in a manner that may stimulate coughing and/or promote the generation of aerosols depending upon instruments and methods used.

Some examples include:

- Elective intubation and extubation
- Bronchoscopy
- Sputum Induction
- Autopsies
- Some procedures that occur in unplanned, emergent settings and can be life-saving such as cardiopulmonary resuscitation, emergent intubations and open suctioning of airways

It is prudent to avoid performing aerosol generating procedures on a patient with known or suspected respiratory infection unless medically necessary. Until the infectious disease is resolved, either delay the procedure (if clinically appropriate) or make procedural changes to the care performed to reduce the risk (e.g. choose to use an aero chamber instead of a compressor to deliver aerosolized medications).

When performing or assisting with a planned or urgent AGMP on a patient with known or suspected RI, use a negative pressure room whenever possible and only those healthcare workers essential to performing the procedure should be in the room. All HCPs should wear a surgical mask and eye protection. If SARS, TB or an emerging pathogen is suspected then an N95 respirator should be worn while performing an AGMP until the mode of transmission and pathogenicity of the pathogen has been defined.

AGMP Exercise	
Define "aerosol generating medical procedure"	
Give 3 examples of procedures that are aerosol generating	1.
	2.
	3.

AGMP Exercise	
Give an example of a way to avoid generating aerosols	
What are the environmental controls that should be used for AGMPs?	
What PPE should be worn for the usual AGMP?	
Are there situations when one might use a higher level of protection?	

Additional Precautions

Routine Practices correctly and consistently applied will usually prevent transmission of the majority of infections. However there are situations that may result in more contamination of the environment or that are spread through droplets or are airborne or spread through a combination of droplet/airborne and contact. Controlling the spread of these infections requires Additional Precautions.
Additional Precautions include:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions
- Protective Precautions

Contact precautions

Contact precautions are designed to interrupt these modes of transmission of direct and indirect contact.

Criteria to define direct or indirect contact

Item	Explanation/Recommendation
Direct contact Give the definition with disease examples	
Indirect contact Give the definition with disease examples	

Infections spread by the Contact route

Find in your reading materials (the RPAP guideline) the list of diseases and recommended precautions and duration of precautions for the listed infections.

Infection/Condition	Precautions	Duration	Comments
Abscess, major – no dressing or dressing does not adequately contain drainage			
Diarrhea , acute infective etiology suspected			
Multidrug-resistant organisms (e.g., MRSA, VRE)			
Clostridium difficile infection			

Key components of Contact Precautions

Complete the following exercise to describe key considerations for each of the components of Contact Precautions:

Component	Key Considerations
Hand Hygiene	
Personal Protective Equipment	
Accommodation/Patient Placement	
Equipment	
Patient Transport	
Visitors: Explain the importance of family and visitor teaching?	
Why are Routine Practices used with Additional Precautions?	

Cohorting for Contact Precautions

Although a private room is preferred for Contact precautions with a dedicated bathroom, it is not always possible. Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

Criteria for cohorting	Important Considerations
Roommate Conditions	
Distance Between Patients	
Privacy Curtains	

Droplet Precautions

Droplet precautions are intended to prevent transmission of infectious agents that are spread by the droplet route.

Criteria to define droplets

	Definition
How are respiratory droplets generated?	
What is the area of defined risk for transmission of droplet particles?	

Infections spread by the droplet route

Find in your reading materials (the RPAP guideline) the list of diseases and recommended precautions and duration of precautions for the listed infections.

Infection/Condition	Precautions	Duration	Comments
Influenza			
Pertussis			
RSV			
Mumps			

Key components of Droplet Precautions

Complete the following exercise to describe key considerations for each of the components of droplet precautions:

Component	Key Considerations
Hand Hygiene	
Personal Protective Equipment	
Accommodation/Patient Placement	
Equipment	
Patient Transport	
Visitors	

Cohorting for Droplet Precautions

Although a private room is preferred for droplet precautions, it is not always possible. Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

Criteria for cohorting	Important Considerations
Roommate Conditions	
Distance Between Patients	
Privacy Curtains	

Airborne precautions

Airborne precautions are intended to prevent transmission of infectious agents that are spread by the airborne route.

Criteria to define airborne particles

	Definition
How are airborne particles generated?	
What is the area of defined risk for transmission of airborne particles?	

Infections spread by the airborne route

Find in your reading materials (the RPAP guideline) the list of diseases and recommended precautions and duration of precautions for the listed infections.

Infection/Condition	Precautions	Duration	Comments
Tuberculosis			
Varicella			
Zoster			
Measles			
Novel respiratory virus			

Key components of Airborne Precautions

Complete the following exercise to describe key considerations for each of the components of airborne precautions:

Component	Key Considerations
Hand Hygiene	
Personal Protective Equipment	
Accommodation/Patient Placement	
Equipment	
Patient Transport	
Visitors	
Source Control	

Respirator use

Questions	Answers
When is a respirator use required?	
What is the difference between a mask (surgical/procedure) and a respirator?	

Questions	Answers
Is there a Respiratory Protection Program in your facility?	
Have you been fit tested for a respirator?	
What is a fit check?	
Demonstrate to your mentor the procedure for donning a respirator including doing the fit check.	

Cohorting for Airborne Precautions

Although a private room with negative pressure is necessary for airborne precautions, it is not always possible. Describe the following points that must be taken into consideration if it becomes necessary to cohort patients:

Disease	Important Considerations
TB	
Measles/varicella	

Immunization status of staff

The PPE required for care of someone on airborne precautions depends on the staff member's immunization status to the organism(s) involved (e.g. measles, varicella). However there are airborne organisms that cannot be immunized against. Look at the precautions required for immunized and non-immunized staff when looking at common airborne organisms and the differences between them.

Organism	Immunization status	Precautions
TB	Immune	*NB, this may be a trick question; is there such immunity?*
	Non-immune	
Measles	Immune	
	Non-immune	
Varicella	Immune	
	Non-immune	
Disseminated zoster	Immune	
	Non-immune	

Protective precautions

Protective precautions are meant to provide immunosuppressed patients a safeguard against infections and infectious diseases.

Definition of immunosuppressed patients

	Examples
Provide 2 examples of severely immunosuppressed patient conditions that would indicate the need for protective precautions.	

Key components of Protective Precautions

Complete the following exercise to describe key considerations for each of the components of protective precautions:

Component	Key Considerations
Hand Hygiene	
Personal Protective Equipment	
Accommodation/Patient Placement	
Environmental Control	
Equipment	
Visitors	

Methods

In this section you will have an opportunity to apply the knowledge you have learned in the key concepts sections to scenarios which you may encounter in your job as an ICP. Reflect on your readings and discuss difficult situations with your mentor so that you will be better prepared for real life situations.

Routine Practices

Patient placement and accommodation

Scenario	Determine the options for patient placement based on a PCRA and list the criteria which influenced your decision
Sam a nurse in the ER Dept. has a patient arrive who has an open draining wound on her abdomen. A Temp of 38.9 chills and a foul odour noted from her abdomen. A recent culture found the microorganism Methicillin- resistant Staphylococcus aureus (MRSA) in patient's wound. Patient is fifteen days post- op from a C-section.	
A 66-year-old male is admitted overnight to a four-bed ward. Patient has been unwell for several weeks experiencing decreased appetite, cough for over four weeks, night sweats, and has spiked a temperature since admission. The chest x-ray is showing some shadowing.	

PCRA, PPE & HH

Scenario	Mary, a RN on the medical unit is assigned to care for a 70 year old female patient who has bacterial pneumonia and has a tracheotomy. Using the PCRA determine when hand hygiene should occur and the other Routine Practices that are required when providing the following care activities:
Interaction	**Required Routine Practices**
Helping with personal hygiene (bed bath)	
Dispensing IV medications	
Performing tracheotomy care	
Helping with the use of bedpan	

Handling of linen, waste, dishes and cutlery

Scenario	Action needed
You are on the patient care unit and you notice that the dinner tray of a patient on Contact Precautions has been left outside his room on the isolation cart. On inquiry you find out the dietary staff were afraid to go in the room. List in order the actions to address this issue.	

Deceased body

Scenario	Action needed
The local funeral director calls you regarding the recommendation for the handling of a body of a patient who had a diagnosis of tuberculosis.	

Additional Precautions

There are situations you may encounter as an ICP that required the application of Additional Precautions. Determine the actions you would recommend if you encountered the following scenarios.

Scenario 1	
A 25 yr. old female was admitted in acute respiratory distress. She presented with a history of fever and cough for two days and has now deteriorated and requires mechanical ventilation. She is a previously healthy individual with no co-morbidities. She has not received a flu vaccination because she does not fit the eligibility requirements.	
Questions	**Recommendations**
If this patient was admitted to your unit what type of precautions would be essential for all staff to use in order to safely care for her?	
What type of PPE would be used?	
Other than routine care of this patient, what medical interventions would require these PPE?	
What type of microorganisms would you be concerned about with this patient?	
What distance should be maintained from this patient if you are not wearing PPE?	

Scenario 1	
What type of instructions would be given to visitors?	
What type of accommodations would be required for this patient?	

Scenario 2	
A 68-year-old male with HIV is admitted to the ER with a cough and SOB. The chest x-ray shows a lesion in the right upper lung quadrant. There is no blood in the sputum, but the patients mother was (+) for TB and hospitalized for the same when he was a child. Sputum is being sent for further tests. The ER is full and this patient is on a stretcher in the hall. You have been called to assess the situation.	
Questions	**Recommendations**
What is your first action?	
What precautions would you take, if any?	
What type of room placement would you recommend?	
What type of source control would you need?	
What type of precautions would be required if the patient needed to leave the room for diagnostics?	
What special type of cleaning procedures (terminal clean) would be required?	

Scenario 3	
A 15-year-old male presents to ER with a one day history of fever, headache, and stiff neck. He was assessed by the physician and it has been decided that a Lumbar Puncture be performed. Once investigations were complete this teenager was diagnosed with Bacterial Meningitis.	
Questions	**Recommendations**
What type of precautions would be required to care for this patient?	
When would you employ these precautions, and for how long?	

Scenario 3	
What type of PPE is required to be used?	
What room placement would be best suited for this individual?	

Scenario 4	
A 64 year old male presented to ER Dept and he is 8 days post-op from a total knee replacement. Redness, purulent drainage and pain at incision site. A temperature of 39.8. Saw family physician earlier in week and he had taken a swab for C&S. Pt. never received any results, lab work checked and patient positive for MRSA. Patient admitted with diagnosis of cellulitis.	
What precautions would you take if any?	

Scenario 5	
A 42 year old female admitted to a four bed ward with hypertension. Pt had a sudden onset of watery foul smelling diarrhea times four.	
What type of specimens should be collected?	
What precautions would you recommend?	

Scenario 6	
A 50 yr old female is admitted to the medical unit who has just completed an aggressive chemotherapy treatment regime and now presents with a fever. She is admitted with a post chemotherapy infectious process.	
Questions	**Recommendations**
What type of precautions should be employed on this patient?	
What types of conditions are we hoping to prevent in this patient and why is she at risk?	
Who should not enter this patient's room?	
What type of PPE is required to be worn?	
What type of precautions should be taken when this patient has to go outside her room for diagnostic reasons?	

Scenario 7	
A 35 yr old male was admitted to the ICU unit after being involved in gas explosion incident while doing repairs on a vehicle. He was admitted with extensive burns to over 75% of his body. He is on mechanical ventilation and assigned to you for the day.	
Questions	**Recommendations**
What type of additional precautions would be required to care safely for this patient?	
What are you trying to prevent by placing this individual on precautions?	
Are there any individuals who should not be permitted to enter this patient's room?	
What type of PPE would be essential to be used by HCWs entering the room?	
What type of room placement would be suited for this individual?	
What types of environmental controls should be in place?	
What types of educations should be provided to visitors and other HCWs involved in the patients care?	

Documentation and Reporting

There is no standard recommendation for the documentation of infection prevention and control activities in relation to recommendations made on specific patients or to specific groups. A review was done with the Network of Networks Special Interest Group of CHICA-Canada and there may be specific facilities with recommendations around documentation in the patient's chart.

The College of Registered Nurses of British Columbia gives the definition for documentation (https://www.crnbc.ca/downloads/151.pdf) as follows:

> "Documentation is any written or electronically generated information about a client that describes they care or service provided to that client. Health records may be paper documents or electronic documents, such as electronic medical records, faxes, e-mails, audio or video tapes and images. Through documentation, nurses communicate their observations, decision, actions and outcomes of these actions for

clients. Documentation is an accurate account of what occurred and when it occurred."

Nurses may document information pertaining to individual clients or groups of clients.

Reasons for Documentation

To facilitate communication

Through documentation, nurses communicate to other nurses and care providers their assessments about the status of clients, nursing interventions that are carried out and the results of these interventions. Documentation of this information increases the likelihood that the client will receive consistent and informed care or service. Thorough, accurate documentation decreases the potential for miscommunication and errors. While documentation is most often done by nurses and care providers, there are situations where the client and family may document observations or care provided in order to communicate the information with members of the healthcare team.

To promote good nursing care

Documentation encourages nurses to assess client progress and determine which interventions are effective and which are ineffective, and identify and document changes to the plan of care as needed. Documentation can be a valuable source of data for making decision about funding and resource management as well as facilitating nursing research, all of which have the potential to improve the quality of nursing practice and client care. Individual nurses can use outcome information or information from a critical incident to reflect on their practice and make needed changes based on evidence.

To meet professional and legal standards

Documentation is a valuable method for demonstrating that, within the nurse-client relationship, the nurse has applied nursing knowledge, skills and judgment according to professional standards. The nurse's documentation may be used as evidence in legal proceedings such as lawsuits, coroners' inquests, and disciplinary hearings through professional regulatory bodies. In a court of law, the client's health record serves as the legal record of the care or service provided. Nursing care and the documentation of that care will be measured according to the standard of reasonable and prudent nurse with similar education and experience in a similar situation.

Discuss with your mentor the documentation practice requirement for your facility.

PICNet
PROVINCIAL INFECTION CONTROL NETWORK OF BRITISH COLUMBIA
A program of the Provincial Health Services Authority

PICNet welcomes your comments and feedback on these modules.
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