## Routine Practices and Reprocessing

PIDAC Provincial Infectious Diseases Advisory Committee

**Infection Prevention and Control** 

This reference sheet is an excerpt from <u>Best Practices for Cleaning, Disinfection and</u> <u>Sterilization of Medical Equipment/Devices</u>. It outlines routine practices for reprocessing areas. For more information, please visit <u>www.publichealthontario.ca</u> or email <u>ipac@oahpp.ca</u>.

Routine Practices<sup>6, 27</sup> must be part of all staff education and training to prevent exposure to body substances. Procedures must be in place for immediate response to staff exposure to blood and body fluids or injury from sharp objects.<sup>28</sup> All staff working in reprocessing must be immune to Hepatitis B or receive Hepatitis B immunization.<sup>1, 25, 28</sup>

All reusable medical equipment/devices must be reprocessed using procedures that are effective against all human pathogens, including bloodborne pathogens. Special procedures, including labelling, for specific microorganisms (e.g., MRSA, VRE) are not required. The exception is equipment/devices potentially exposed to Creutzfeldt-Jakob Disease (CJD).

"All activities included in the reprocessing of medical equipment/devices are based on the consistent application of Routine Practices and Hand Hygiene." Public Health Agency of Canada

## Routine practices in reprocessing areas include the following:

- No eating/drinking, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses in the reprocessing area.<sup>1,14</sup>
- No storage of personal effects, including food and drink, in the reprocessing area.<sup>1</sup>
- Hand hygiene facilities are located at all entrances to, and exits from, reprocessing areas and faucets should be supplied with foot-, wrist- or knee-operated handles or electronic sensors.<sup>1,14</sup>
- Hand hygiene training for staff involved in reprocessing is provided and includes<sup>1,7,14</sup>:
  - Hands are cleaned before beginning work, before breaks and upon completion of work; after removing gloves; and whenever hands are contaminated with body substances.
  - If there is visible soil on the hands, hand hygiene is performed with soap and water.
  - If there is no visible soil on the hands, staff may use either soap and water or an alcoholbased hand rub (ABHR).
  - Hand and arm jewellery or nail enhancements are not worn.
  - Skin care is promoted.
- There is provision for, and wearing of, appropriate PPE for all reprocessing activities.

More information on Routine Practices may be found in PIDAC's <u>Routine Practices and Additional</u> <u>Precautions for All Health Care Settings</u>.<sup>6</sup> Please also see <u>IPAC Core Competencies Course</u>.

## References

The following references follow the order of original document. For full reference list please refer to <u>Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices</u>.

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- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for hand hygiene in all health care settings. Toronto, ON: Queen's Printer for Ontario; 2010. Available from: <u>http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/hand-hygiene.html</u>
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- 27. Health Canada. Infection control guidelines: routine practices and additional precautions for preventing the transmission of infection in health care settings. Can Commun Dis Rep. 1999;25 Suppl 4:1-142. Available from: <u>https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections/routine-practices-additional-precautions-preventing-transmission-infection-healthcare-settings.html</u>
- 28. Ontario Hospital Association. Blood-borne diseases surveillance protocol for Ontario hospitals [Internet]. Toronto, ON: Ontario Hospital Association; 2012 [cited January 2, 2013]. Available from: <u>https://www.oha.com/Documents/Blood%20Borne%20Diseases%20Protocol%20-%</u> <u>20Reviewed%20and%20Revised%20Dec%202016.pdf</u>



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