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Applying Resident and Family-Centred IPAC Principles in the Hospice Setting

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Objectives

After participating in this session the attendee should be able to:

- Describe four infection prevention and control (IPAC) measures essential for the direct care environment.
- Discuss how policy development, education and training can support the implementation of IPAC measures.
- Examine how the built environment/infrastructure and human behaviour may support or hinder IPAC measures.

Introduce Yourself!

- Frontline care providers
- Allied Health
- Physician
- Environmental cleaning
- Administrative staff
- Other

Infection Prevention and Control

The Goal!

- Prevent the transmission of organisms/infections while maintaining a focus on compassionate end of life care.

Why this goal?

- Provide a safe environment
  - for residents/clients to receive care
  - for families and visitors to come and visit
  - for staff to work!

FAMILY-CENTRED CARE

"It is traumatic for family members to have to apply gloves while caring for a loved one on precautions. They want to feel and touch those who are dying. Prevention is essential!"

Comment from a health care provider from Dr. Bob Kemp Hospice

NOTE: If gloves are not used, strict attention to hand hygiene is essential.

Hospice Association of Ontario; Ontario Agency for Health Protection and Promotion, Regional Infection Control Networks; Ontario Public Health and Provincial End-of-Care Networks. Infection prevention and control resource manual for residential hospice settings, 2010 [Internet]. Toronto, ON: Toronto, ON: Queen's Printer for Ontario; 2010 [cited 2022 July 25]. Available from: http://healthcareathome.ca/ww/en/care/Documents/IHPC/RICNHospiceManual_Nov18.pdf

At the Bedside

Polling Question – which of the following practices or items do you think can impact IPAC at the bedside? (choose all that apply)

- Routine Practices
- Hand hygiene
- Point-of-care risk assessment
- Personal protective equipment (PPE)
- Additional Precautions
- Private rooms
- Environmental Services
- HVAC
- Organizational Safety

IPAC at the Bedside

Routine Practices

- *All residents, all the time*
- Point-of-care risk assessment
- Hand hygiene
- Resident placement
- Environmental cleaning
- Education and training
- Organizational policies
  - Healthy Workplace
  - Vaccination

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2022 July 25]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

IPAC at the Bedside

Hand Hygiene

- “Adherence to hand hygiene recommendations is the single most important practice for preventing the transmission of microorganisms in health care, and directly contributes to patient safety.”
- “The Four Moments of Hand Hygiene”
- Supporting hand hygiene
  - Alcohol based hand rub (ABHR)
  - Education and training
  - Hand hygiene audits with feedback

Public Health Agency of Canada. Hand hygiene practices in healthcare settings [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada, 2012 [cited 2022 Feb 11]. AvailPublic Health Ontario. Just Clean Your Hands: Long-term care [Internet]. Toronto, ON: Ontario Agency for Health Protection and Promotion;c2022. [modified 2019 Oct 22; cited 2022 Feb. 11]. Available from: https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene/JCYH-LTCH
able from: https://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf

IPAC at the Bedside – Point-of-Care-Risk Assessment

Aids in the selection of PPE

Point-of-Care Risk Assessment

Take into consideration

- Resident's infection status
- Characteristics of the resident
- Activities to be performed
- Resources for available for control
- Health care providers' immune status

Ask one's self a series of questions

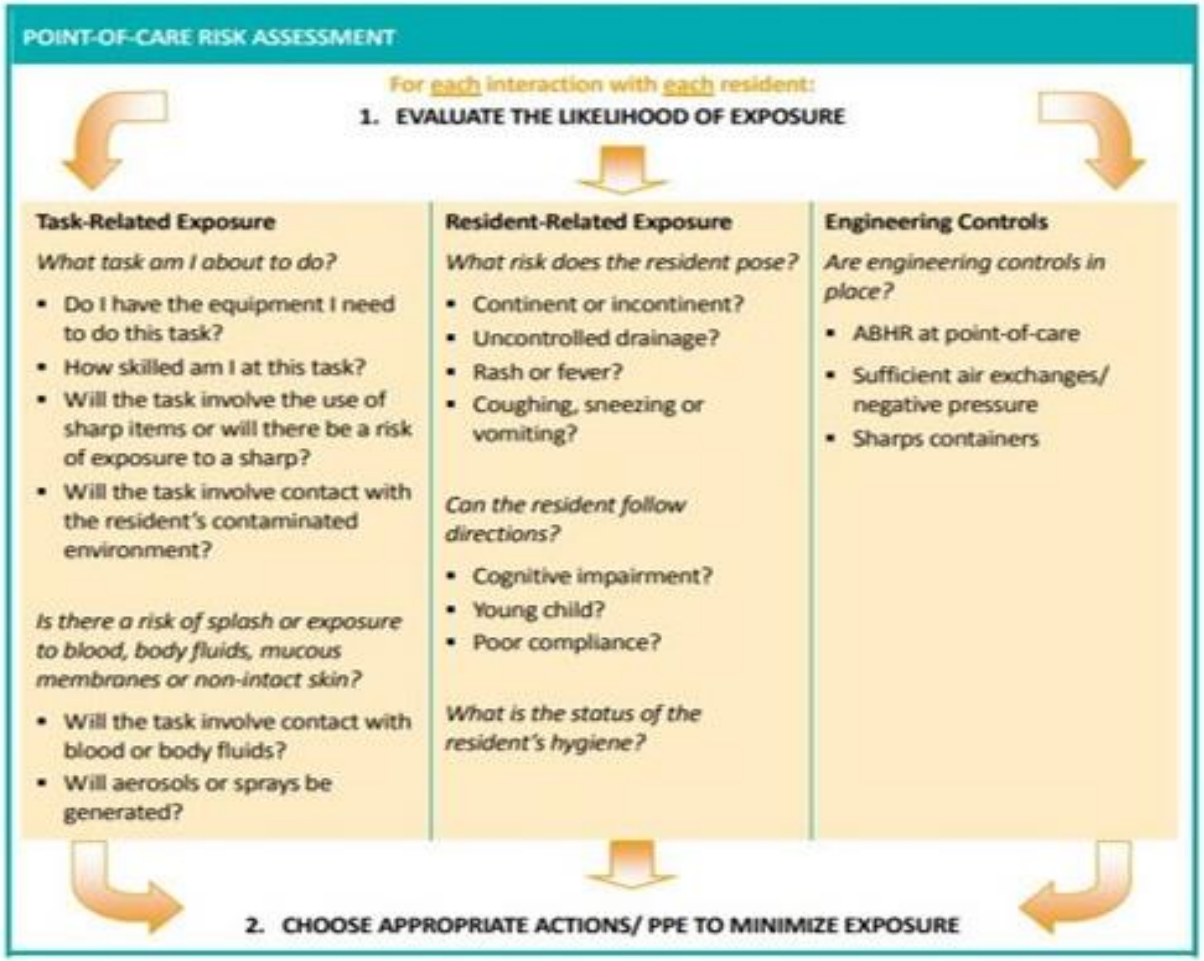
Assessing the risk

- Contamination of skin or clothing by microorganisms from resident or their environment
- Exposure to blood, body fluids, secretions, excretions, tissues
- Exposure to non-intact skin or mucous membranes
- Exposure to contaminated equipment or surfaces

Public Health Agency of Canada. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings. [Internet]. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health, 2016 [cited 2022 Feb 11]. Available from: https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections/routine-practices-precautions-healthcare-associated-infections-2016-FINAL-eng.pdf

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2022 July 25]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

Point of Care Risk Assessment



Examples:

- Suctioning
- Tracheostomy Care
- Lymphatic drainage
- Wound management

Hospice Association of Ontario; Ontario Agency for Health Protection and Promotion, Regional Infection Control Networks; Ontario Public Health and Provincial End-of-Care Networks. Infection prevention and control resource manual for residential hospice settings, 2010 [Internet]. Toronto, ON: Toronto, ON: Queen's Printer for Ontario; 2010 [cited 2022 July 25]. Available from: http://healthcareathome.ca/ww/en/care/Documents/IHPC/RICNHospiceManual_Nov18.pdf

IPAC at the Bedside

Additional Precautions

- IPAC interventions ***in addition*** to Routine Practices

Interventions

- Use of PPE
- Resident accommodation (e.g., single room)
- Dedicated resident care equipment
- Environmental cleaning
  - Increased frequency (e.g., norovirus, influenza)
  - Change in cleaning product (e.g., *Clostridioides difficile*)

Transmission Based

- Contact Precautions
  - Methicillin resistant *Staphylococcus aureus*
- Droplet Precautions
- Contract/Droplet Precautions
  - Influenza A, B
- Airborne Precautions
  - Disseminated shingles

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2022 July 25]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

Appendix N

ORGANISM/ DISEASE	CATEGORY *	TYPE OF PRECAUTION	SINGLE ROOM?	DURATION OF PRECAUTIONS	COMMENTS
* = Paediatric precautions apply to children who are incontinent or too immature to comply with hygiene RP = Routine Practices					
RESPIRATORY INFECTIONS , acute febrile		**Droplet + Contact**	Yes	Continue precautions until symptoms improve or infectious cause identified.	See specific organism, if identified.
RESPIRATORY SYNCYTIAL VIRUS (RSV)		**Droplet + Contact**	Yes	Continue precautions for duration of illness.	

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all health care settings. 3rd ed. [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012 [cited 2022 July 25]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2012/bp-rpap-healthcare-settings.pdf?sc_lang=en

IPAC at the Bedside

- Single rooms
- “Infection rates are lower when patients are in single rather than multi-bed rooms”
  - Enable separation of patients
  - Less contamination
  - Easier to clean

Urlcih R. Essay Evidence-based health-care architecture. Lancet 2006; 368: S38–S39. Available from: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140673606699212.pdf

Polling Question and Table Discussion

How does your organization support IPAC at the Bedside?

Polling Question: What are your barriers? (check all that apply)

- user attitudes
- knowledge and acceptance of IPAC best practices
- lack of financial and human resources
- maintaining a focus of compassionate end of life care

Table Discussion:

- What have you done to over come your barriers?
- What are you enablers

Positive Deviants

- Suggests for improvement that come from the front lines
- Actions/strategies employed by the front line to ensure better performance/compliance
- Have you had any “positive deviants” that have really made IPAC happen
  - e.g., identifying on paper chart, with colour coded dial, who is on Additional Precautions

Positive Deviance Collaborative [Internet]. n.d.; [cited 2022 Aug 05]. Available from: http://positivedeviance.org/

The Patient's Environment

The environment around the resident can contribute to transmission of infection

Hospice and patient items:

- consider ease of cleaning in the choice of materials/finishes
- materials/finishes should be compatible with hospital-grade cleaners/disinfectants
- replace worn, stained, torn, cracked items

Surfaces should be:

- easy to maintain/repair
- cleanable
- smooth, nonporous

- De-clutter

Environmental Cleaning at the Bedside

- Established protocols exist for Environmental Service Staff and Health care organizations
  - e.g., all high touch surfaces are to be cleaned at least once daily in a health care setting.
- Cleaning at the bedside (e.g., shared patient equipment, handling laundry, waste management, soiled surfaces)
  - hand hygiene
  - appropriate use of PPE
  - handling and application of cleaning agents and disinfectants
  - prevention of blood and body fluid exposure, including sharps safety

Key Principles of Cleaning and Disinfecting

For effective disinfection:

- Soiled surfaces must first be cleaned of dirt and organic material (e.g. blood, secretions).
- “D” for Disinfection:
  - Disinfectant must have a **Drug Identification Number** (DIN)
  - Used in the correction **Dilution**
  - A surface must remain wet with the disinfectant for the recommended **Duration** (contact time) and allowed to air dry. The contact time can be found on the label.
- Prior to the use of any cleaning agents, review the label for appropriate use, precautions to be taken while using it and ensure the product is in good condition (e.g., check expiry date, if wipes are dry).

Public Health Ontario. Environment cleaning toolkit [Internet]. Toronto, ON: Ontario Agency for Health Protection and Promotion;c2022. [modified 2019 Oct 22; cited 2022 Apr 18]. Available from: https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Hand-Hygiene/JCYH-LTCH

De-Clutter to Clean

- Clutter increases the risk of healthcare acquired infections by impacting the ability to clean.
- Increased clutter means more items that may become contaminated and transmit infection when touched.

De-clutter care items:

- Reduce – things you take into resident rooms- bring only what is needed.
- Remove – used care items, excess linens, meal trays, papers, equipment and anything not immediately needed or being used.
- Refresh – by re-arranging furniture, equipment, papers, to clean forgotten surfaces.
- Re-distribute – bulk storage items out of rooms.

Polling Question:

Do you know the ‘contact time’ of the disinfectant you use on your equipment?

- YES or NO

Do you feel confident that all high touch surfaces in the organization are cleaned once daily?

- YES or NO

Can you easily find cleaning products when you need them in your organization?

- YES or NO

Polling Questions:

Think of a Team room, Care station or resident bed space where you work often. Pick all the bullets that apply to this work area:

- There items stored on the floor, under desks and in corners.
- Items would need to be moved off a horizontal surface to clean appropriately.
- There are items in the area that actually have a home elsewhere.
- The floor cannot be cleaned without needing to move multiple items around.
- Since your last shift, items have not been moved for daily cleaning of surfaces.

Indoor Air Quality

- Indoor air quality can be improved by removing stale indoor air and supplying fresh (outdoor) air into a given space – also known as ‘ventilation.’
- The more people and objects in a room (**C**losed space, **C**rowded and **C**onfined), the less air flow and air circulation occurs.
- Risk of infection transmission increases through close contact, crowded, inadequately ventilated settings.

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2021 [cited 2022 April 18]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?la=en

Air Quality Check:

HVAC – Inspected, maintained and up to code?

Vents:

- Clean? Air blowing/returning? At least 6 inches of clearance?

Air Circulation:

- Stuffy? Lingering odours? Drafts? Doors shut/seal properly?
- Run exhaust fans in bathrooms, kitchenettes.

Crowding:

- Max capacity in room? Furniture, drapes, barriers?

Windows:

- Open to help draw in fresh air or exhaust indoor air directly outside e.g., by pointing a fan outdoors.
- Opening windows daily, even for a few minutes can improve indoor air quality.

Healthy Workplace

A healthy workplace is **one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers and by doing this, sustain the productivity of the business**.

IPAC is a measure of health & safety – it is everyone's business!

Burton J. WHO Healthy workplace framework and model: background and supporting literature and practices [Internet]. Geneva: World Health Organization; 2010 [cited 2022 Apr 18]. Available from: https://apps.who.int/iris/bitstream/handle/10665/113144/9789241500241_eng.pdf

IPAC and the Healthy Workplace

How do we function in our work environment?

- How we interact with the **physical and organizational environment** around us.
- How we use the **tools and technologies** at hand to perform our tasks.

Human Factors Engineering (HFE) and IPAC:

- Focus on important **human factors** that can increase or decrease the risk of spreading infections to other staff or residents.

IPAC and Psychological Health and Safety

Human interactions = working conditions + management practices:

- Value IPAC
- “Positive Deviance” culture
- Strong “Feedback culture”
- Paid Sick days
  - Stay home when ill
- Vaccination Policies
- IPAC Education and training

IPAC and Psychological Health and Safety Exercise (1/4)

Discuss the following questions as a group. As you work through these questions, think about how psychological health and safety is an important contributor to decreasing risk of transmission of illness amongst staff and residents in your organization:

Question: Have you been experiencing a stressful time at work and finding it difficult some days to come in to work? Do you feel comfortable to share your struggles with your supervisor/manager or co-worker(s)?

CSA Group. CAN/CSA-Z1003-13/BNQ 9700-803/2013: Psychological health and safety in the workplace — prevention, promotion, and guidance to staged implementation [Internet]. Toronto, ON: CSA Group, 2013 [cited 2022 Apr 18]. Available from: https://www.csagroup.org/store-resources/documents/codes-and-standards/2421865.pdf

IPAC and Psychological Health and Safety Exercise (2/4)

Question: When you volunteer for a special project or make yourself available for extra shifts to help support the team, do you feel appreciated or acknowledged for your effort?

IPAC and Psychological Health and Safety Exercise (3/4)

Question: If your co-worker pointed out that you forgot to wash your hands – would you appreciate the feedback?

IPAC and Psychological Health and Safety Exercise (4/4)

Question: If you make a sharps handling error, do you feel you can speak freely with your supervisor/manager?

For More Information About This Presentation, Contact:

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