

IPAC Practice Scenarios

For Personal Care, Group & Residential Homes

Practice Scenarios			
	Question	Answer	References/Rationale
1.	<p>Is a worker giving oral medications to multiple residents in a common area (e.g., dining room) required to perform hand hygiene (HH) before each resident even if the worker does not touch or assist the resident to take the medication?</p> <p>For example, in the dining room: The worker dispenses and delivers medication to resident one. The worker does not assist resident one to take medication (i.e., does not hold medication cup to mouth or touch the resident's glass of water). The worker then goes on to prepare and deliver medication to resident two.</p>	<p>When oral medications are distributed to multiple residents in a common area:</p> <ul style="list-style-type: none"> • The worker must clean their hands before they begin and after they end the activity. • If during medication administration there is a body fluid exposure or mucous membrane exposure, staff must clean their hands before continuing (e.g., after body fluid exposure such as saliva contamination or after caregiver hands touch a mucous membrane). • If any direct hands-on care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) is provided during the medication administration activity hand hygiene must be performed before continuing. 	<p>Adapted from <i>Just Clean Your Hands</i> Implementation Guide, Ontario's step-by-step guide to implementing a hand hygiene program in long-term care www.publichealthontario.ca/en/eRepository/implementation-guide.pdf</p> <p><i>Many of the activities in group, residential and personal care homes are shared activities and the approach to hand hygiene incorporates these shared activities. To reduce the spread of organisms, residents, staff, volunteers and family members are to clean their hands before beginning and after ending the activity.</i></p> <p><i>if staff, volunteers or family members provide any direct care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) in areas where shared or group activities occur, the four moments for hand hygiene are to be followed:</i></p> <ul style="list-style-type: none"> ○ hands of residents, staff, volunteers or family members are to be cleaned before assisting with meals or snacks; ○ hands of staff are to be cleaned before beginning medication administration; and ○ if, during medication administration or assisting with meals or snacks of one or more residents, there is exposure of the hands to saliva or mucous membranes, hands should be cleaned before continuing.

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2.	What are the expectations for hand hygiene when one worker is feeding multiple residents?	<p>When one caregiver is feeding multiple residents in the dining room they must clean their hands:</p> <ul style="list-style-type: none"> • before they begin and after they end the activity • if there is exposure of the hands to saliva or mucous membranes • if any direct hands-on care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) 	<p>Adapted from <i>Just Clean Your Hands</i> Implementation Guide, Ontario's step-by-step guide to implementing a hand hygiene program in long-term care: www.publichealthontario.ca/en/eRepository/implementation-guide.pdf</p> <p><i>Many of the activities in in group, residential and personal care homes are shared activities and the approach to hand hygiene incorporates these shared activities. To reduce the spread of organisms, residents, staff, volunteers and family members are to clean their hands before beginning and after ending the activity.</i></p> <p><i>if staff, volunteers or family members provide any direct care (e.g., changing clothing, continence care, dressing changes, care of open wounds/lesions or toileting) in areas where shared or group activities occur, the four moments for hand hygiene are to be followed;</i></p> <ul style="list-style-type: none"> ○ <i>hands of residents, staff, volunteers or family members are to be cleaned before assisting with meals or snacks;</i> ○ <i>hands of staff are to be cleaned before beginning medication administration; and</i> ○ <i>if, during medication administration or assisting with meals or snacks of one or more residents, there is exposure of the hands to saliva or mucous membranes, hands should be cleaned before continuing”.</i>

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3.	Do I need to wear gloves to give oral medications to a resident who is not on any additional precautions?	No, gloves should not be worn to give oral medications to a resident. Hands should be cleaned before and after resident contact.	See Routine Practices Information Sheet: See SASWH Glove Fact Sheet: When should I wear gloves? <ul style="list-style-type: none"> • Before contact or potential contact with blood, body fluids, mucous membranes or non intact skin. • Before contact with equipment or environment soiled with blood, body fluids.
4.	Are gloves required when providing a tub bath?	Gloves are not required when providing a tub bath as the water dilutes body fluids making the exposure risk minimal. Caregiver's hand contact time with the water should not be continuous.	See Glove Fact Sheet See Routine Practices Information Sheet See Point of Care Risk Assessment (PCRA)
5.	Are gloves required when providing a bed bath?	Gloves are not required when giving a bed bath unless there is potential for direct contact with body fluids (e.g., any contact with urine or feces) or mucous membranes (e.g., pericare).	See Glove Fact Sheet See Routine Practices Information Sheet See Point of Care Risk Assessment (PCRA)

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6.	Should gloves be worn to carry soiled laundry from a resident's room to the soiled laundry room?	<p>Soiled laundry should be placed directly into a laundry bag at point of use. Gloves are not needed to transport the laundry bag to the soiled laundry room.</p> <p>If a laundry bag is not available at point of use:</p> <ul style="list-style-type: none"> • Gloves should be worn to carry soiled laundry to the soiled laundry room. • Once laundry is deposited in a hamper, gloves must be removed and hands cleaned. • Care must be taken not to touch any items (e.g., door handles) with soiled gloves during transport. Any items touched with soiled gloves must be cleaned and disinfected with an appropriate cleaner/ disinfectant. 	See Routine Practices Information Sheet:
7.	What PPE are required by environmental services when cleaning a room where the resident is colonized with an (Antibiotic Resistant Organism) ARO?	<p>Residents colonized or infected with an ARO who are managed with Routine Practices:</p> <ul style="list-style-type: none"> • Environmental Services staff follow procedures and practices for Routine Practices. Additional PPE is not needed. <p>Residents colonized or infected with an ARO who are on Additional Precautions:</p> <ul style="list-style-type: none"> • Environmental Services staff follow the PPE recommendations noted on the specific Additional Precaution sign or in the specific Additional Precaution Information sheet. 	<p>See Routine Practices Information Sheet</p> <p>See Additional Precautions for ARO Positive Residents in In Personal Care, Group & Residential Homes</p>
8.	IPAC states: "If you need to wear a mask, you need to wear eye protection." Does this apply to staff when cleaning the room of a resident on Additional Precautions that includes Droplet Precautions?	<p>Cleaning staff are to follow the PPE recommendations on the Additional Precautions signage when the resident is in the room.</p> <p>If the resident has vacated or been discharged from the room then mask and eye protection are not required as there is no risk of resident coughing or sneezing within two metres of employee.</p>	<p>See Droplet and Contact Precautions Sign</p> <p>See Droplet Precautions Sign (under posters)</p>

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9.	According to the contact precautions instructions, I do not need to wear gown/gloves to enter the room of a resident on contact precautions if I am not providing direct care. If I enter a room of a resident on contact precautions to deliver a food tray, for example, and I do not have gown/gloves on and the resident vomits all over the place when I am there, what should I do?	<p>If you enter a room of a resident on contact precautions without wearing a gown or gloves and then need to perform an activity that requires wearing a gown/gloves (i.e., direct care or at risk for contact with body fluids/contaminated items):</p> <ul style="list-style-type: none"> You must clean your hands, leave room, put on clean gown and gloves and then return to help resident. The gown/gloves must be removed and hands cleaned before leaving the room. 	<p>See Point of Care Risk Assessment (PCRA)</p> <p>See Contact Precautions Sign</p> <p>See Contact Precautions Information Sheet</p>
10.	When, if ever, do family, visitors or volunteers need to wear PPE?	<p>Family, visitors or volunteers will need to wear Personal Protective Equipment (PPE):</p> <ul style="list-style-type: none"> According to the recommendations on the specific Additional Precaution Signs; or If advised to by facility staff when helping with direct care of a resident and there is a risk of direct contact with blood and body fluids. (Routine Practices) 	<p>See Airborne and Contact Precautions Sign: (under posters)</p> <p>See Droplet and Contact Precautions Sign: (under posters)</p> <p>See Contact Precautions Sign (under posters)</p> <p>See Droplet Precautions Sign (under posters)</p> <p>See Routine Practices Information Sheet</p> <p>See Point of Care Risk Assessment (PCRA)</p>
11.	How often should the bedding/linen be changed for residents with a known ARO?	<p>Residents with a known ARO will have clean bedding and linen provided as per routine home/facility protocols. Bedding/linen should always be changed when visibly soiled or wet.</p>	<p>See Additional Precautions for ARO Positive Residents in Personal Care, Group & Residential homes:</p>

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12.	In acute care, patients who are colonized with AROs are placed on additional precautions. Why is this different for our Personal Care, Group & Residential care homes?	<p>Current best practice guideline recommendations indicate that additional precautions which may be necessary in acute care are generally not needed in the continuing care settings. In continuing care while we are often caring for individuals with compromised health status, we are also caring for them in their home. Studies have shown that prolonged isolation practices in the home setting have a negative impact on the quality of life for the individual. Personal Care, Group and Residential homes strive to provide a balance between the risk of transmission/infection and maintaining a sense of home.</p> <ul style="list-style-type: none"> • Routine Practices and correct hand hygiene are adequate for residents who have contained ARO colonization or infected secretions/excretions. • Because colonization with AROs is often not known, compliance with Routine Practices and Hand Hygiene is required in the care of ALL residents. • AROs are transmitted primarily via contaminated hands of staff so the single most effective way of preventing transmission is correct hand hygiene. • Additional Precautions are recommended only when the risk of transmission to others is assessed to be higher. See Additional Precautions for ARO Positive Residents in Personal Care, Group & Residential Homes information sheet for details. 	<p>See Additional Precautions for ARO Positive Residents in Personal Care, Group & Residential Homes</p> <p>Public Health Agency of Canada – Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Health Care Settings (Appendix VIII) available at https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html</p> <p>Bradley, SF, Terpenning, MS, Ramsey, MA, et. al. Methicillin-Resistant <i>Staphylococcus aureus</i>: Colonization and Infection in a Long-Term Care Facility. <i>Ann Intern Med</i>. 1991; 115:417-422.</p> <p>Strausbaugh, LJ, Jacobson, C, Sewell, DL, et. al., Methicillin-Resistant <i>Staphylococcus aureus</i> in Extended-Care Facilities. <i>Infect Control Hosp Epidemiol</i>. 1991; 12:36-45.</p> <p>Bonilla, HF, Zervos, MA, Lyons, MJ, et. al. Colonization with Vancomycin-Resistant <i>Enterococcus faecium</i>: comparison of a Long-Term Care Facility with an Acute Care Hospital. <i>Infect Control Hosp Epidemiol</i>. 1997; 18:333-339.</p> <p>Spindle, SJ, Strausbaugh, LJ, Jacobson, C. Infections Caused by <i>Staphylococcus aureus</i> in a Veterans' Affairs Nursing Home Care Unit: A Five Year Experience. <i>Infect Control Hosp Epidemiol</i>. 1995; 16:217-223.</p> <p>Boyce, JM. Methicillin-Resistant <i>Staphylococcus aureus</i>. Detection, Epidemiology and Control Measures. <i>Infect Dis Clin North Am</i>. 1989; 3:901-913.</p> <p>Hsu, CCS. Serial Survey of .Methicillin-Resistant <i>Staphylococcus aureus</i> Nasal Carriage Among Residents in a Nursing Home. <i>Infect Control Hosp Epidemiol</i>. 1991; 12:416-421.</p>

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13.	<p>Which precaution sign should be used in an outbreak situation in care homes?</p> <p>NOTE: Acute Care, Continuing Care and Outbreak Guidelines have slightly different recommendations for PPE.</p>	<p>Use Additional Precautions sign appropriate for the outbreak organism.</p> <ul style="list-style-type: none"> For Respiratory Outbreaks use the Droplet and Contact Precaution Sign For gastro-intestinal (GI) outbreaks, use the Contact Precaution Sign. Note: If resident is actively vomiting then use Droplet and Contact Precautions <p>For respiratory outbreaks, the outbreak guidelines recommend wearing clean gloves on entry to the room. For clarification, if you are just stepping into the room entrance to do a quick check on a resident and will not be touching anything, gloves are not needed. If you will have contact with the resident or items in the room then gloves (and gowns) should be worn.</p>	<p>For Respiratory Outbreaks: The outbreak guidelines recommend:</p> <ul style="list-style-type: none"> Wear medical procedure mask for any encounter, within two (2) metres, with a resident who has, or is suspected of having Influenza Like Illness (ILI) or COVID-19. When a mask or N95 respirator is worn, eye protection or face shields should also be worn for all resident care activities. Wear a gown for direct contact of clothing or forearms with resident or resident's environment. Wear clean non-sterile gloves on entry into resident's room or bed space. <p>Droplet and Contact Precaution Sign recommends:</p> <ul style="list-style-type: none"> Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room. Wear a procedure mask and eye protection within two metres of the resident. <p>For GI Outbreaks: The Outbreak Guidelines recommend:</p> <ul style="list-style-type: none"> Wear clean Gloves and Gown to enter resident room or bedspace when providing direct care to symptomatic residents or when having any contact with items in the resident room, when cleaning an area contaminated with feces or vomitus or gathering/handling specimens. Wear Eye Protection and a medical procedure mask to protect your face when there is any risk of sprays of body fluids or when caring for residents who are actively vomiting. <p>Contact Precaution Sign</p> <ul style="list-style-type: none"> Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room. <p>Droplet and Contact Sign</p> <ul style="list-style-type: none"> Wear new gown and gloves to enter resident room when providing direct care and for any contact with items in resident room. Wear mask, eye protection, when within two metres or six feet of resident. <p>The Norovirus-at minimum Contact Precautions. If resident is actively vomiting or has explosive diarrhea: Droplet and Contact precautions</p> <p>Note: with diarrhea (GI illness) illnesses continue to isolate residents for 72 hours after diarrhea subsides.</p>

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14.	What additional precautions need to be taken with a resident with localized Shingles (Herpes Zoster) and the lesions CANNOT be covered?	<p>Contact Precautions are required</p> <p>If the lesions can be covered without the risk of oozing through the bandages, the resident can leave room and routine practices is sufficient (additional precautions are not needed).</p> <p>Workers, roommates and caregivers should be immune to chickenpox.</p>	<p>See Contact Precautions Sign (under posters)</p> <p>See Contact Precautions Information Sheet</p>
15.	Why is there airborne precautions information when care homes do not have any negative pressure rooms?	<p>Because most care homes do not have negative pressure rooms, residents may require transfer to acute care. It is important for staff to follow correct airborne precaution measures until transport to an appropriate facility occurs:</p> <ul style="list-style-type: none"> • The resident should be transferred to a facility with negative pressure rooms as soon as possible. • Staff must use a N95 respirator to enter the room of resident with a known or suspected disease transmitted by the airborne route (e.g., pulmonary tuberculosis, measles) as well as when an Aerosol Generating Medical Procedure (AGMP) is occurring with a COVID-19 positive resident such as with a CPAP & when nebulizer medication is being administered. • The door of the room should be kept closed. • Remember a settle time of two hours must pass before staff should enter the room without wearing proper respiratory protection (i.e., N95 respirator). 	<p>See Airborne Precautions Information Sheet</p> <p>See Airborne Precautions Sign (under posters)</p>

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16.	Why do you not have to wear gloves in the room of a resident on Contact Precautions, except for when providing direct care?	<p>According to the recommendations for glove use for residents on Contact Precautions, staff are to wear gloves to enter resident room or bed space when:</p> <ul style="list-style-type: none"> • Providing direct care (e.g., bathing, washing, turning the resident, changing clothing, continence care, dressing changes, care of open wounds, or toileting). • Having any contact with items in resident room (including gathering and handling specimens). • Cleaning any areas in resident room. <p>If a staff member is simply entering the room to check on a resident and is not providing direct care to the resident or not contacting items in the resident room, gloves are not needed as hands will not have been exposed to infectious germs by touching the resident or items in the room.</p>	<p>See Contact Precautions Sign (under posters)</p> <p>See Contact Precautions Information Sheet</p>
17.	It is the beginning of your shift. You are currently doing the vital signs for Mr. Smith, when Mr. Jones calls for assistance getting dressed. The two residents are sharing a room. What is your first action before going to help Mr. Jones?	<p>Clean your hands Perform a new point of care risk assessment</p> <ul style="list-style-type: none"> • What is Mr. Jones like? Does he spit? • How much help does he need? • Does he have any open wounds? A catheter? • Is there a chance of coming into contact with blood or other body fluids? <p>If there is a risk of contact with blood or body fluids; clean your hands and put on the correct personal protective equipment before providing care.</p>	<p>See Routine Practices Information Sheet</p> <p>See Point of Care Risk Assessment (PCRA)</p> <p>See Donning & Doffing Personal Protective Equipment Posters</p>
18.	Mrs. Lee is in the dining room waiting for her lunch. She needs feeding assistance and her family members are not present at this time. Before helping Mrs. Lee, what is your first step?	Before feeding a resident the first step is to clean your hands.	See Germ Smart hand hygiene posters www.germsmart.ca

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19.	<p>You have just finished Mr. Johnson's pressure ulcer dressing change to his left heel. His incontinence product now needs to be changed.</p> <p>What are the steps you take after completing the dressing change and before changing his incontinence product?</p>	<p>Remove your gloves Clean your hands Perform a point of care risk assessment</p> <ul style="list-style-type: none"> • Will my hands be in contact with blood or body fluids or contaminated items? • Will my clothing be in contact with blood or body fluids or contaminated items? • Will my eyes or face be splashed with blood or body fluids? <p>Put on correct personal protective equipment. As your hands will be in contact with the incontinence product, put on clean non-sterile gloves, after cleaning your hands and just before changing the incontinence product. When task completed, remove gloves and clean your hands before leaving the room.</p>	<p>See Point of Care Risk Assessment (PCRA)</p> <p>See Glove Fact Sheet:</p>
20.	<p>Mrs. Jones has been diagnosed by her physician as having Shingles. You haven't seen someone with Shingles before and are unsure if Additional Precautions are necessary. Mrs. Jones has only a few areas that are infected and she is willing to keep the affected area covered.</p> <p>What should you do?</p>	<p>No additional precautions are needed, Routine Practices are indicated. Use a PCRA to determine proper PPE for type of care being provided.</p> <p>Note:</p> <ul style="list-style-type: none"> • Exercise care when handling dressings, clothing or other materials that may be contaminated with vesicular fluid. • Workers, roommates and caregivers should be immune to chickenpox. 	<p>See https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx</p> <p>See Point of Care Risk Assessment (PCRA)</p>
21.	<p>Mrs. Smith has recently returned from hospital. Upon her return, you have been informed that she is now positive for MRSA.</p> <p>What should you do?</p>	<p>Refer to the Additional Precautions for ARO Positive Residents in Personal care, Group & Residential Homes information sheet: Conduct a risk assessment to determine what, if any, additional precautions are needed.</p> <p><i>e.g., Use Routine Practices for all ARO positive residents including those with ARO colonization or infection of any body site or system, when wound drainage and body fluids (e.g., sputum, feces, urine, blood) are contained and the resident is cooperative with practicing good personal hygiene and hand hygiene, unless there is an assessed higher risk of transmission of the micro-organism. Additional Precautions are recommended only when the risk of transmission to others is assessed to be higher.</i></p>	<p>See Additional Precautions for ARO Positive Residents in Continuing Care</p>

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22.	<p>Mr. Smith started feeling unwell and shortly after he began vomiting and developed diarrhea.</p> <p>What should you do?</p>	<p>Look in The Public Health Communicable disease Manual under Gastroenteritis or Norovirus.</p> <p>Under Precautions Needed: Droplet and Contact Precautions are indicated.</p> <ul style="list-style-type: none"> Implement Droplet and Contact Precaution, including: notifying supervisor, placing Droplet and Contact Precaution sign on Door or wall just outside of door, placing isolation cart (PPE and hand hygiene supplies) by door, educating resident and family. Assess other residents for similar symptoms. 	<p>See https://www.ehealthsask.ca/services/Manuals/Pages/CDCManual.aspx</p> <p>See Droplet and Contact Information Sheet</p> <p>See Droplet and Contact Precaution sign (under posters)</p>
23.	<p>Mrs. Smith, age 86, is a Long-term care resident of Sandy Hills Care Centre. She often participates in recreational activities and outings. Recently Mrs. Smith was admitted to Acute Care and on her return, she was colonized with MRSA.</p> <p>Which resources would you use to determine if Additional Precautions are necessary?</p>	<p>Refer to the Additional Precautions for ARO Positive Residents in Personal Care, Group & Residential Homes Information sheet.</p> <p>Conduct a PCRA to determine what, if any, additional precautions are needed.</p>	<p>See Additional Precautions for ARO Positive Residents in Personal Care, Group & Residential Homes</p> <p>See Point of Care Risk Assessment (PCRA)</p>