

Leamington Mennonite Home  
Long Term Care

**INFECTION CONTROL  
POLICY AND PROCEDURE**

<b>CATEGORY:</b> Screening & Immunization	<b>SUBJECT:</b> Infection Control Assessment of Risk for the Transmission of Microorganisms	<b>SECTION:</b> D <b>POLICY:</b> 8
<b>DATE:</b> July 12, 2022	<b>Administrator's Signature:</b> _____ <i>J. M.</i>	
<b>REVISION DATES:</b> October 2023	<b>IPAC Lead's Signature:</b> _____ <i>L. Coppola, RN.</i>	

**INFECTION CONTROL ASSESSMENT OF RISK FOR THE TRANSMISSION OF  
MICROORGANISMS**

**POLICY:**

An assessment of risk for the transmission of microorganisms will be performed to rule out the presence of infectious diseases before all interactions with residents, including move in and readmission, and to ensure that the proper precautions are initiated for the proper procedures.

**PROCEDURE:**

The Director of Nursing & Personal Care or designate will:

- 1) Ensure signage is posted at every entrance to the Home, reminding staff, visitors, and volunteers not to enter if they are sick or are unable to comply with hygiene and other precautions that might be required.
- 2) Ensure hand sanitizers are available at every entrance, resident care and public areas, in the resident home area.
- 3) Provide a process whereby all visitors, volunteers, caregivers, and contractors sign in upon entering the Home.
- 4) Make personal protective equipment (PPE) available as required with instructions for the correct application, use, and disposal.
- 5) Ensure staff are knowledgeable regarding PPE practices.
- 6) Provide instructional materials for visitors on recommended hand hygiene and infection control practices.

The IPAC Lead will:

- 1) Ensure the orientation and annual education program for all staff includes information on the assessment of risk of transmission of microorganisms and reporting obligations.
- 2) Act as a resource to staff to assist in assessing the risk of exposure and providing guidance on appropriate infection control measures based on that risk assessment.

The Nurse will:

On Move In:

- 1) Assess the resident for:

- Recent exposure to infectious diseases such as tuberculosis, respiratory illnesses
- Recent travel history, particularly travel abroad
- New or worsening cough, and are unable to follow respiratory/cough etiquette
- Fever
- New undiagnosed rash
- Sudden onset of diarrhea
- Drainage or leakage not contained in a dressing and/or medical appliance
- Any risk of colonization and/or infection with an Antibiotic Resistant Organism (ARO)

Ongoing:

1) Assess the resident and situations for:

- Contenance
- Is resident susceptible to infection? Is resident's immune system intact?
- Does resident have any invasive devices or open areas?
- What is the risk of exposure to blood, body fluids, microorganisms, mucous membranes, or non-intact skin in the task about to be performed?
- Does resident have a new or worsening cough, and are able to follow respiratory/cough etiquette?
- Does resident have a fever?
- Does resident have a new undiagnosed rash?
- Does resident have a sudden onset of diarrhea?
- Does resident have any drainage or leakage not contained in a dressing and/or medical appliance?
- How competent is the care provider (staff) in performing the task?
- How cooperative will the resident be while the task is being performed?

When a risk of infection and exposure are assessed, the Nurse will:

- 1) Identify the Infection Control measures to be implemented based on an assessment of the risk of exposure to and transmission of infectious agents.
- 2) Communicate to all staff providing care or service to a resident when and what infection control measures are in place, and how to apply the measures appropriately.
- 3) Document move in and readmission risk assessment for residents in the progress notes.
- 4) Assess the risk of infection and the transmission of microorganisms for residents and staff on each shift.

All Staff will:

- 1) Monitor all visitors, volunteers, and contract workers for symptoms of illness. Those presenting with symptoms will be asked to visit at another time or be provided with PPE if appropriate.
- 2) If resident has uncontained diarrhea, barrier equipment, such as gloves and a gown, should be considered when changing bed sheets to prevent contamination of hands and clothing.
- 3) Use avoidance procedures to minimize contact with droplets (e.g. sitting next to, rather than in front of, a coughing resident when speaking or conducting an examination).
- 4) Use the higher level of precautions regarding the appropriate level of infection control practices if there is disagreement between healthcare professionals until the IPAC Lead makes an informed decision.