1.0 POLICY

Routine precautions are a set of infection control strategies and standards designed to protect users of the W.J. Henderson Centre for Patient-Oriented Research (WJHCPOR) from exposure to potential sources of infectious diseases and to reduce the risk of transmission of blood borne and other pathogens from recognized and unrecognized sources. Routine precautions are based on the premise that all blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items are potentially infectious.

2.0 PURPOSE

Specimens received from all research participants are to be considered potentially infectious. The Research Centrifuge Room located in the WJHCPOR is classified as a Biohazard Level II lab for processing specimens. All users of the WJHCPOR MUST use routine precautions when handling participant specimens in the Research Centrifuge Room and other designated areas within WJHCPOR (i.e. Clinical Investigation Unit (CIU), CIU Procedure Room, exam rooms).

3.0 PROCEDURE

The application of routine precautions by the users of the WJHCPOR to reduce the risk of acquiring and transmitting infectious disease involves the incorporation of the key elements listed below into good laboratory practices and procedures. It is the responsibility of the users of WJHCPOR to follow the procedures listed in this document.
General Rules of Routine Precautions

Users are responsible for:

- Following proper hand hygiene techniques:
  - Hand washing (40–60 sec): wet hands and apply soap; rub all surfaces; rinse hands and dry thoroughly with a single use towel; use towel to turn off faucet.
  - Hand rubbing using alcohol based sanitizer (20–30 sec): apply 1 pump of the product and cover all areas of the hands; rub hands until dry.
  - Perform hand hygiene before and after any direct participant contact and between participants, whether or not gloves are worn.
  - Perform hand hygiene immediately after gloves are removed.
  - Perform hand hygiene before handling an invasive device.
  - Perform hand hygiene after touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and contaminated items, even if gloves are worn.
  - Perform hand hygiene during patient care/examination, when moving from a contaminated to a clean body site of the participant.
  - Perform hand hygiene after contact with inanimate objects in the immediate vicinity of the participant (i.e. the participant’s environment).
  - Perform hand hygiene after working with chemicals, before leaving the lab, prior to removing eye protection/or masks.

- Following proper glove techniques:
  - Gloves MUST be worn when touching blood, body fluids, secretions, excretions, mucous membranes, non-intact skin and chemicals.
  - Change gloves between tasks and procedures after contact with potentially infectious material.
  - Remove gloves after use, before touching non-contaminated items and surfaces. Perform hand hygiene immediately after removal of gloves.

- Following proper facial (eyes, nose, and mouth) protection techniques:
  - Wear (1) a surgical or procedure mask and eye protection (visor or goggles or safety glasses) or (2) a face shield to protect mucous membranes of the eyes, nose, and mouth during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, mucous membranes, and excretions. Prescription glasses do not meet the required standards for eye protection.
• Following proper clothing protection techniques:
  o Lab coats or gowns MUST be worn to protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, mucous membranes or excretions. Aprons do not provide the same protection as lab coats/gowns and should not be worn when handling or working directly with specimens.
  o Lab coats or gowns that are dirty/soiled must be removed immediately followed by users performing hand hygiene techniques and placed in the appropriate bins.

• Following proper handling of sharp instruments:
  o For the prevention of needle stick and injuries from handling needles, scalpels, or other sharp instruments, users MUST use safety engineered medical needles, scalpels, and other sharp instruments. Never recap sharp instruments. Dispose immediately.
  o Use care when handling and cleaning re-useable sharp instruments. For single use sharp instruments, items must be disposed immediately.
  o Dispose of used needles, scalpels and other sharp instruments in an appropriate puncture proof biohazard Sharps container.

• Following proper respiratory hygiene and cough etiquette:
  o Users with respiratory symptoms must cover their nose and mouth when coughing/sneezing with tissue or mask, dispose of used tissues and masks, and perform proper hand hygiene after contact with respiratory secretions.
  o Users should isolate acute febrile respiratory symptomatic participants away from others in common waiting areas, if possible.

• Following proper cleaning of equipment and furniture:
  o Users must wipe down all equipment and furniture (i.e. exam beds, visitor chairs) with Oxivir®/Accel® INTERVention wipes following use by participants for routine cleaning and disinfection of frequently touched surfaces.

• Following proper handling and transporting of used/dirty linen:
  o Users must dispose used/dirty linens in proper bins provided in designated areas within WJHCPOR to prevent skin and mucous membrane exposures and contamination of clothing and to avoid transfer of pathogens to other participants and or the environment.
• Following proper disposal of wastes:
  o Users must ensure safe waste disposal in the appropriate waste stream. See “Disposal of Biohazardous and Sharps Waste” SOP.
  o Treat waste contaminated with blood, body fluids, secretions, mucous membranes and excretions as biohazardous waste.
  o Human tissues and laboratory waste that is directly associated with specimen processing should also be treated as biohazardous waste.

Kingston General Health Research Institute (KGHRI) is responsible for:

• Providing orientation and training on general rules of routine precautions.

• Posting visual alerts at the entrance to the WJHCPOR instructing persons with respiratory symptoms to practise proper respiratory hygiene/cough etiquette.

• Making hand hygiene resources, tissues and masks available in common waiting areas and in areas used for the evaluation of participants.

• Providing users of WJHCPOR with access to PPE (laboratory coats, safety glasses, gloves) in designated areas in WJHCPOR.

• Providing users of WJHCPOR with access to Sharps containers and other biological waste disposable containers in designated areas in WJHCPOR.

• Providing users of WJHCPOR with access to used/dirty linen bins in designated areas in WJHCPOR.

• Providing users of WJHCPOR with access to Oxivir®/Accel® INTERVention wipes for cleaning equipment and furniture in designated areas in WJHCPOR.

### 4.0 SOP HISTORY

<table>
<thead>
<tr>
<th>SOP Number</th>
<th>Date Issued</th>
<th>Summary of Revisions</th>
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<tr>
<td>SOP-RP-02</td>
<td>01-MAY-2019</td>
<td>Bi-annual review of SOP completed. SOP header format updated. SOP version number updated. SOP effective date updated. Removed “Contacts” section from SOP. Updated section number for “SOP History”. Under Section 3.0, under “General Rules of Routine Precautions”, under “Users Responsibilities”, under “Following proper cleaning of equipment and furniture”, under bullet 1, replaced “Oxivir®” with “Oxivir®/Accel® INTERVention”.</td>
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<td></td>
<td>Under Section 3.0, under “General Rules of Routine Precautions”, under “KGHRI Responsibilities”, under bullet 7, replaced “Oxivir®” with “Oxivir®/Accel® INTERVention”. Updated “SOP History” section.</td>
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