RPAP TOOLKIT

IPAC NL
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WHAT IS THE RPAP TOOLKIT?

- Published in 2012
- National IPAC guidelines developed to compliment provincial/territorial recommendations for monitoring, controlling and preventing healthcare associated infections
- Tools developed to aid the ICP/educator in education of IPAC practices utilizing algorithms and checklists at point of care
- These will be looked at specifically later in the presentation
LEARNING MANAGEMENT SYSTEM

- The future of learning…
- Online learning module
  - Articulate Program
- Interactive sessions utilizing RPAP tools (algorithms and scenarios)
- Orientation tool and annual recommendation
HOW DID WE USE THE TOOLKIT?

- Additional precautions
- Point of Care risk assessment
- Scenarios
- Demonstration
- Checklist
- Results
ADDITIONAL PRECAUTIONS ALGORITHM: DIARRHEA

Assess patient

Perform hand hygiene before contact

Has the patient had new onset of diarrhea (e.g., increased frequency, change in consistency)?

Yes

Routine practices.

No

Is the diarrhea likely caused by an infectious agent (e.g., nausea, vomiting, recent travel history, recent contact with sick person, acute onset, no alternate explanation)?

Yes

Is Clostridium difficile, norovirus or rotavirus suspected or confirmed?

Yes

Contact precautions

No

Is another etiologic agent known or suspected?

Yes

Refer to Which Microbe/Which Additional Precautions Table

No

Is the patient pediatric, or an adult who is soiling the environment?

Yes

Routine practices.

No

Note

Reassess additional precautions on an ongoing basis as new information (e.g., clinical, laboratory) becomes available. Refer to the Stopping or Changing Additional Precautions Algorithm for the steps involved in this process.
STOPPING OR CHANGING ADDITIONAL PRECAUTIONS ALGORITHM

Legend
- AP = Additional precautions
- RP = Routine practices
- IP&C = Infection Prevention and Control Professional or designate

Reassess patient who is on AP and new information

Is there now a clinical diagnosis?

Does the diagnosed infection require AP? (see Which Microbe/Which AP Table)

Yes

Stop AP in consultation with IP&C and continue RP

Does the patient’s current clinical presentation or suspected diagnosis require AP? (see Which Microbe/Which AP Table)

No

Is the patient still infectious? (see Table A)

Yes

Is current type of AP appropriate? (see Which Microbe/Which AP Table)

Change to correct AP in consultation with IP&C

No

Continue AP in consultation with IP&C

Reassess AP based on new clinical or laboratory information

Table A
The patient is likely still infectious if one of the following is present:
- the cultures/smears are still positive;
- the patient is still in the period of communicability;
- the patient still has the symptoms for which he/she was put on AP or the symptoms are worse;
- the patient has not been on the appropriate treatment for a sufficient length of time.
PERFORMANCE CHECKLISTS

- Six checklists:
  - Hand hygiene
  - Appropriate use of gloves
  - Appropriate use of isolation gowns
  - Appropriate use of facial protection
  - Appropriate use of a respirator
  - Appropriate use of PPE

Questions and answers to assess the HCW understanding of issues related to PPE and HH
PERFORMANCE CHECKLIST: APPROPRIATE USE OF PERSONAL PROTECTIVE EQUIPMENT

Name of healthcare worker (HCW): ___________________________ Date: ____________

Instructions:
In Table 1, identify the indication(s) for the appropriate use of personal protective equipment (PPE) in patient/HCW interaction. Refer to relevant Performance Checklist for observing competence in putting on and taking off PPE.

<table>
<thead>
<tr>
<th>Table 1. Indications for Appropriate Use of PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gloves</strong></td>
</tr>
<tr>
<td>Patient is on contact precautions (acute care).</td>
</tr>
<tr>
<td>Patient is on contact precautions and direct personal care of patient is required or direct contact with frequently touched environmental surfaces is anticipated (long-term care).</td>
</tr>
<tr>
<td>While providing direct care if HCW has open cuts or abrasions on the hands.</td>
</tr>
<tr>
<td>Anticipates physical contact with blood, body fluids, secretions and excretions, mucous membranes, draining wounds, or non-intact skin (including skin lesions or rash). [Specify]</td>
</tr>
<tr>
<td>Anticipates handling items or touching surfaces visibly or potentially soiled with blood, body fluids, secretions or excretions. [Specify]</td>
</tr>
<tr>
<td><strong>Isolation Gown</strong></td>
</tr>
<tr>
<td>Patient is on contact precautions and it is anticipated that clothing or forearms will be in direct contact with the patient or with environmental surfaces or objects in the patient care environment.</td>
</tr>
<tr>
<td>Anticipates splashes or sprays or contact with blood, body fluids, secretions or excretions, or contact with contaminated surfaces, with possible soiling of clothing and exposed skin.</td>
</tr>
<tr>
<td><strong>Facial Protection</strong></td>
</tr>
<tr>
<td>Anticipates splashes or sprays of blood, body fluids, secretions or excretions including respiratory secretions with possible exposure of mucous membranes of the eyes, nose and mouth. [Specify]</td>
</tr>
<tr>
<td>Within 2 metres of and providing care to a patient with symptoms of acute respiratory viral infection who is coughing at the time of interaction or if performing procedures that may result in coughing.</td>
</tr>
<tr>
<td>Care of a patient with rubella or mumps, if HCW is susceptible.</td>
</tr>
<tr>
<td>Patient is on droplet precautions.</td>
</tr>
<tr>
<td>To perform epidural/spinal procedure/central line insertion (mask only required unless splash or spray of blood or body fluids/secrections anticipated).</td>
</tr>
<tr>
<td><strong>Respirator</strong></td>
</tr>
<tr>
<td>Patient is on airborne precautions for suspected or confirmed tuberculosis.</td>
</tr>
<tr>
<td>Patient is on airborne precautions for other known or suspected airborne infections (varicella, measles, disseminated zoster, localized zoster in immunocompromised host) to which HCW is susceptible.</td>
</tr>
<tr>
<td>Draining infectious tuberculosis skin lesions are present and procedures that would aerosolize viable organisms (e.g., irrigation, incision and drainage) are performed.</td>
</tr>
<tr>
<td><strong>Other</strong></td>
</tr>
<tr>
<td>Artificial scenario: Demonstration of skill.</td>
</tr>
<tr>
<td>Other. [Specify]</td>
</tr>
</tbody>
</table>
Instructions:
- In Table 2, select the PPE items required for interaction. In the Required column, select Yes if required; No if not required. In the Worn column, select Yes if it was worn and No if it was not worn.
- If an item was required and not worn, ask the HCW to explain his/her rationale.
- If an item was not required and was worn, ask the HCW to explain his/her rationale.
- Write in the Comments column or section any questions, comments or suggestions.
- Provide feedback to the HCW at the end of the observation period.

<table>
<thead>
<tr>
<th>PPE items</th>
<th>Required</th>
<th>Worn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Gown</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Facial protection*</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>Respirator**</td>
<td>□ Yes</td>
<td>□ No</td>
</tr>
</tbody>
</table>

Additional Comments:

NOTES:
* Facial protection: masks and eye protection, face shields, or masks with visor attachment.
** The most common respirator used in the healthcare setting is a disposable N95 half-face piece filtering respirator (N95 respirator).
NEXT STEPS

- Annual review
- Posters
- Total number of staff: Approx 151-60%
  - Nursing: 128
  - Maintenance: 2
  - Kitchen: 15
  - Drivers: 2
  - Housekeeping/Laundry: 10
  - Recreation/Physio/Admin/Beauty Parlor/Business Office: 11
PPE Review

Points to remember

✓ Surgical mask should be worn with the blue facing outwards as is shown on the package
✓ Gloves are the last to be put on (remember to cover your cuffs) and the first to be removed when doffing
✓ Always remember to wash your hands before you remove your mask; once removed wash your hands again
✓ Gloves are not a substitute for hand hygiene
✓ Laundry bags and garbage cans should be readily available when doffing PPE; if it is not ask a co-worker to bring it to your location
✓ You should not walk about the unit with PPE on if you have been in a residents’ room that is on isolation
✓ When removing masks use both hands behind your ears to prevent the mask from flicking in your face
✓ Use mask with face shield if droplet or droplet/contact precautions are in place
✓ Post appropriate signage on the residents’ door

Things we have learned........

Do not......
✓ Remove gown first
✓ Remove mask first or remove the face shield that is attached to the mask
✓ Pull cuffs of gown over gloves
✓ Leave gloves on and remove last
✓ Walk about nursing unit with full PPE once care has been provided
Routine Practice/ Additional Precautions Initiative

Routine practices are required each time care is provided to patients/residents and clients. Often times the use of additional precautions are required. A point of care risk assessment should be completed at all times in all healthcare settings, when contact with the patient or environment is expected. For example, if it is determined there may be contact with blood or body fluids then gloves would be required to be worn. This risk assessment should take just a few seconds prior to entering the environment.

In January 2015, in collaboration with the clinical educator at Lakeside Homes (LSH) we planned to complete a review of additional precautions and the use of the appropriate personal protective equipment (PPE) required for the type of precautions in place. It was determined the best approach to provide staff members with the opportunity to have “hands on” experience was to complete short sessions at 15 min intervals and having only two staff members attend each review session.

Utilizing the Routine Practices and Additional Precautions (RPAP) Assessment and Educational Toolkit as a guide a plan was set to utilize scenarios to present to staff for them to determine the type of precaution required. The RPAP is a supplemental document to the Public Health Agency of Canada (PHAC) RPAP for preventing the transmission of infection. The purpose of initiating additional precautions, such as contact precautions, and using the appropriate PPE is to prevent transmission of infections in a healthcare setting.

Over a 5-6 week period the review was completed with approximately 90 staff members at LSH, including nursing and support staff, attending. In completing the review with nursing staff discussion was held about determining what type of precautions was required given the scenario. In addition the importance of collecting specimens, for example a nasopharyngeal swab in the presence of an influenza type illness, was also discussed. The collection of specimens assists infection control in determining a causative agent especially in the presence of an outbreak.

The review was completed with a different approach with support services staff since they do not have the responsibility of determining what type of precautions is implemented. They do have the responsibility of following appropriate precautions and utilizing the appropriate PPE before entering a patient or resident room.

No matter where the staff member worked, all demonstrated donning and doffing of PPE. A performance checklist, available in the RPAP toolkit, was used. Feedback was very positive from all who attended and the majority felt it would be beneficial to complete a review on a regular basis. In discussion with the clinical educator it was decided this would be done on an annual basis.

In addition, following the review a poster was developed for display highlighting key points of discussion that had taken place during the review. This ensures that all staff received information reflective of the individual discussions that had taken place.

In conclusion, the RPAP toolkit was a great resource and guide to use in completing the review. The scenarios in the toolkit are reflective of any situation that a staff member may encounter on any given day at work.

[LINK TO RPAP TOOLKIT]
Personal Protective Equipment (PPE) Evaluation
Lakeside Homes

Please take a moment to complete the following PPE evaluation form

The PPE session was a good use of my time...........  Yes  No
The session was a good review of PPE...............  Yes  No
The scenarios provided were reflective of the work I do......  Yes  No
There was an opportunity to ask questions...............  Yes  No
There should be a review of PPE for all staff on a regular basis...  Yes  No.

Please complete the following.
This session could have been better if.............

Any further comments or suggestions for improvement

Please submit your evaluation form to Sharon.

Thank you!

February 2015
Question 1: Should Sacha initiate any precautions? Explain your reasoning by stating your decision at each decision point in the Respiratory Illness Algorithm.

Before proceeding, Sacha should perform hand hygiene.

The answer is Yes. Mr. Martin has a new cough, with chills and lethargy, all consistent with infection.

The answer is No. The clinical presentation is not consistent with tuberculosis.

Sacha should initiate contact and droplet precautions. Because it is influenza season, it can be assumed that Mr. Martin may have had visitors and therefore may have been exposed to influenza either from visitors or staff. Contact and droplet precautions are necessary until influenza or other respiratory viruses requiring both precautions have been ruled out.

Discussion point:
- Discuss the process for discontinuing droplet and contact precautions, e.g., terminal cleaning required, documentation, communication to those who need to know.
QUESTIONS REVIEWED

- When would you put this Resident on Isolation? Do you know where to find the PPE to place outside the door? What supplies should be in the isolation cart?
- When would you discontinue Isolation?
- When should you collect a specimen (stool or N/P swab)?
- What specimen container would you use? Do you know where to find that and do you know how to fill out the lab slip?
- Where would you document the isolation in use?
- Who needs to be notified?
- How do you handle equipment that is taken into the room?
- Why is it important to wear PPE until isolation is discontinued?
Thank you!