



# Bending The Rules Without Breaking the Principles

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## Disclaimer

Jim is employed by Diversey. His expenses to attend this meeting (travel, accommodation, and salary) are paid by this company. Diversey has had no input into this presentation from a commercial interest.



# Objectives

Talk about what we do for a living

Discuss Standards, Guidelines, Best Practices!

Some 'sort of real' stories (the names have been changed...)



# Why Do We Do What We Do?

Ain't the money, Honey  
Keen, inquiring minds?  
Save lives?  
Fixation on feces, or other filth?  
Love auditing performance?  
Always wanted to be the 'hygiene police'?"





# Infection Control

Art

Or

Science

?



# Art vs. Science

Science becomes art when you exceed the boundaries of set rules or explicit instructions and run on instinct

Anyone can follow a set of rules, it takes an artist to make that object or action artful and graceful



# Gut Instinct

Going for a walk

Checking e mails before going home

Not saying anything and letting them work it out

# Breaking the Rules







# Rule Making - Laws

Federal and Provincial governments can make laws

- Called: Statutes, Legislation, Acts

Parliament and provincial and territorial legislatures often pass laws to give departments or other government organizations the authority to make specific laws called **regulations**.



CANADA

CONSOLIDATION

CODIFICATION

Canada Health Act

Loi canadienne sur la santé



SEARCH LAWS

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## Occupational Health and Safety Act, R.S.O. 1990, c. O.1

[Versions](#)

[Regulations under this Act](#)

[Revoked/spent regulations under this Act](#)

[current](#)

March 26, 2019 – (e-Laws currency date)

- Infant Feeding Bottle Nipples Regulations (SOR/2016-180)
- Kettles Regulations (SOR/2016-181)
- Lighters Regulations (SOR/2016-187)
- Matches Regulations (SOR/2016-182)
- Mattresses Regulations (SOR/2016-183)
- Pacifiers Regulations (SOR/2016-184)

## Asbestos Products Regulations

SOR/2016-164

[Repealed, SOR/2018-197, s. 1] - 2018-12-30

CANADA CONSUMER PRODUCT SAFETY ACT



# Standard

Typically refer to how to do a job

Not written by government

Have no authority on their own, but may be adopted into regulations making them legal requirements



# 'Must'

Word of obligation

Only word that imposes a legal obligation that something is mandatory



## 'Shall'

Is used to express a requirement, i.e. a provision that the user is obliged to satisfy in order to comply with the standard

Most litigated word in English language

Can mean 'May'



# 'Should'

Is used to express a recommendation or that which is advised but not required



# Guideline

Any document that aims to streamline particular processes according to a set routine

By definition, following a guideline is never mandatory (protocol would be a better term for a mandatory procedure).



**Guideline** for Disinfection and Sterilization  
in Healthcare Facilities, 2008

**MMWR**<sup>™</sup>

**Morbidity and Mortality Weekly Report**

Recommendations and Reports

December 30, 2005 / Vol. 54 / No. RR-17

**Guidelines** for Preventing the Transmission  
of *Mycobacterium tuberculosis*  
in Health-Care Settings, 2005



**MMWR**<sup>™</sup>

**Morbidity and Mortality Weekly Report**

Recommendations and Reports

August 4, 2006 / Vol. 55 / No. RR-11

**Sexually Transmitted Diseases  
Treatment Guidelines, 2006**



## Supplement

**Guidelines for the  
Prevention and Control  
of Invasive Group A  
Streptococcal Disease**

**Guidance:**  
**Infection Prevention and Control  
Measures for Healthcare Workers in All  
Healthcare Settings**

Carbapenem-resistant  
Gram-negative Bacilli

## SEASONAL INFLUENZA

**INFECTION PREVENTION AND CONTROL  
GUIDANCE FOR MANAGEMENT IN HOME  
CARE SETTINGS**



# Best Practice

Are generally-accepted, informally-standardized techniques, methods, or processes that have proven themselves over time to accomplish given tasks.

# **Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices**

In All Health Care Settings, 3rd edition

Best Practices for Environmental Cleaning for  
Prevention and Control of Infections in All  
Health Care Settings, 3<sup>rd</sup> Edition

April 2018

# **Best Practices for Hand Hygiene**

In All Health Care Settings, 4th edition



# PIDAC Best Practice 2018

The application and use of this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.



# Ministry of Labour – Ontario

Performance based

- “an employer shall take every reasonable precaution to protect...”

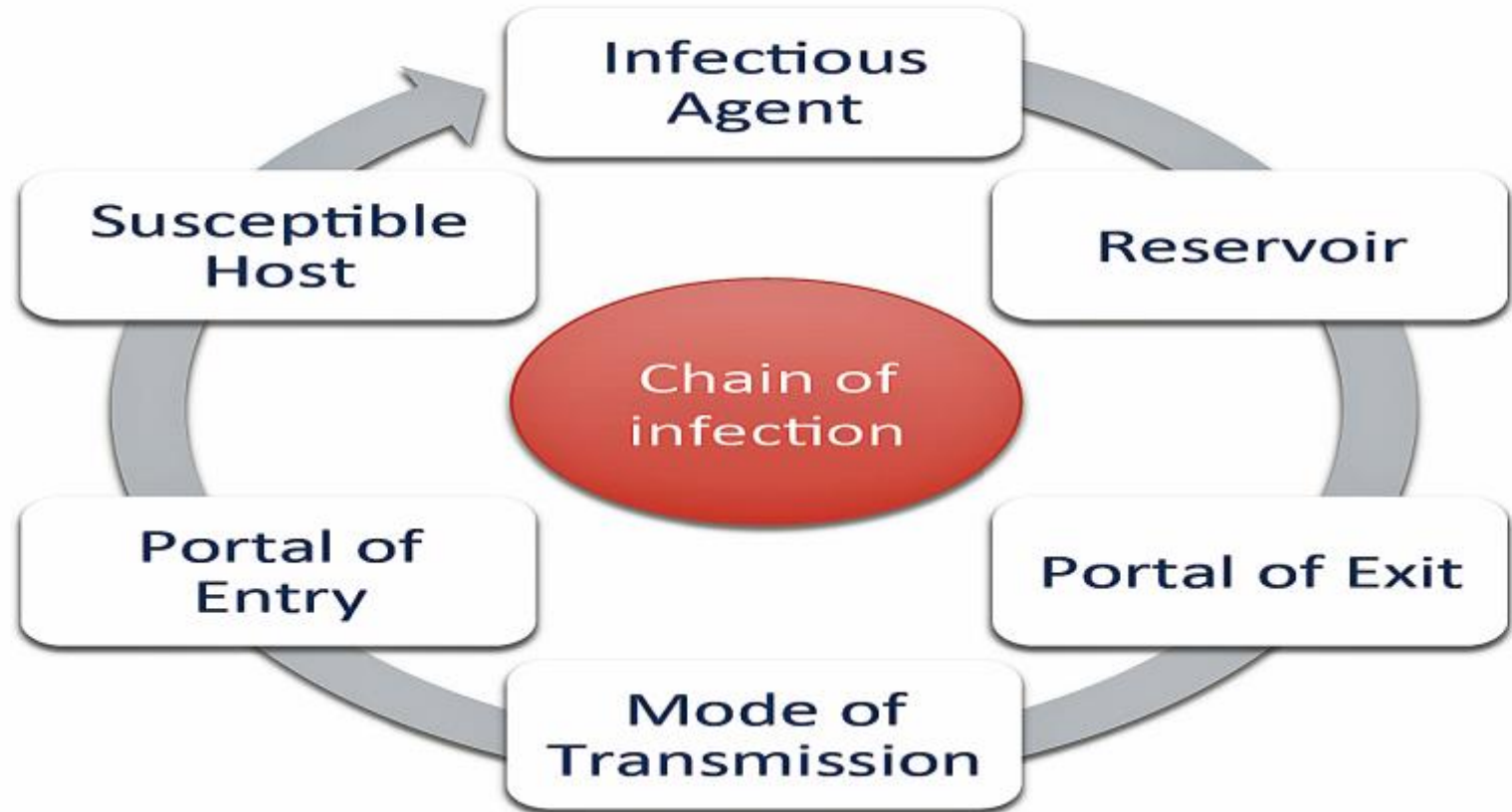
Much of Infection Prevention is basis of reasonable precautions



# Guiding Principle – Infections

What is our cornerstone?

# Chain of Transmission





# Questions?

Would it be easy to break one link, or more?

Usually can, using:

- Hand Hygiene
- PPE
- Cleaning and Disinfection



Toilets and urinals flushed  
with reclaimed water

**DO NOT DRINK**





# Examples – Outbreaks

## Etiologic Agent

- Asymptomatic
- Symptomatic
- Incubation Period
- Prodromal Period



# Risks

To themselves

To others on the wards

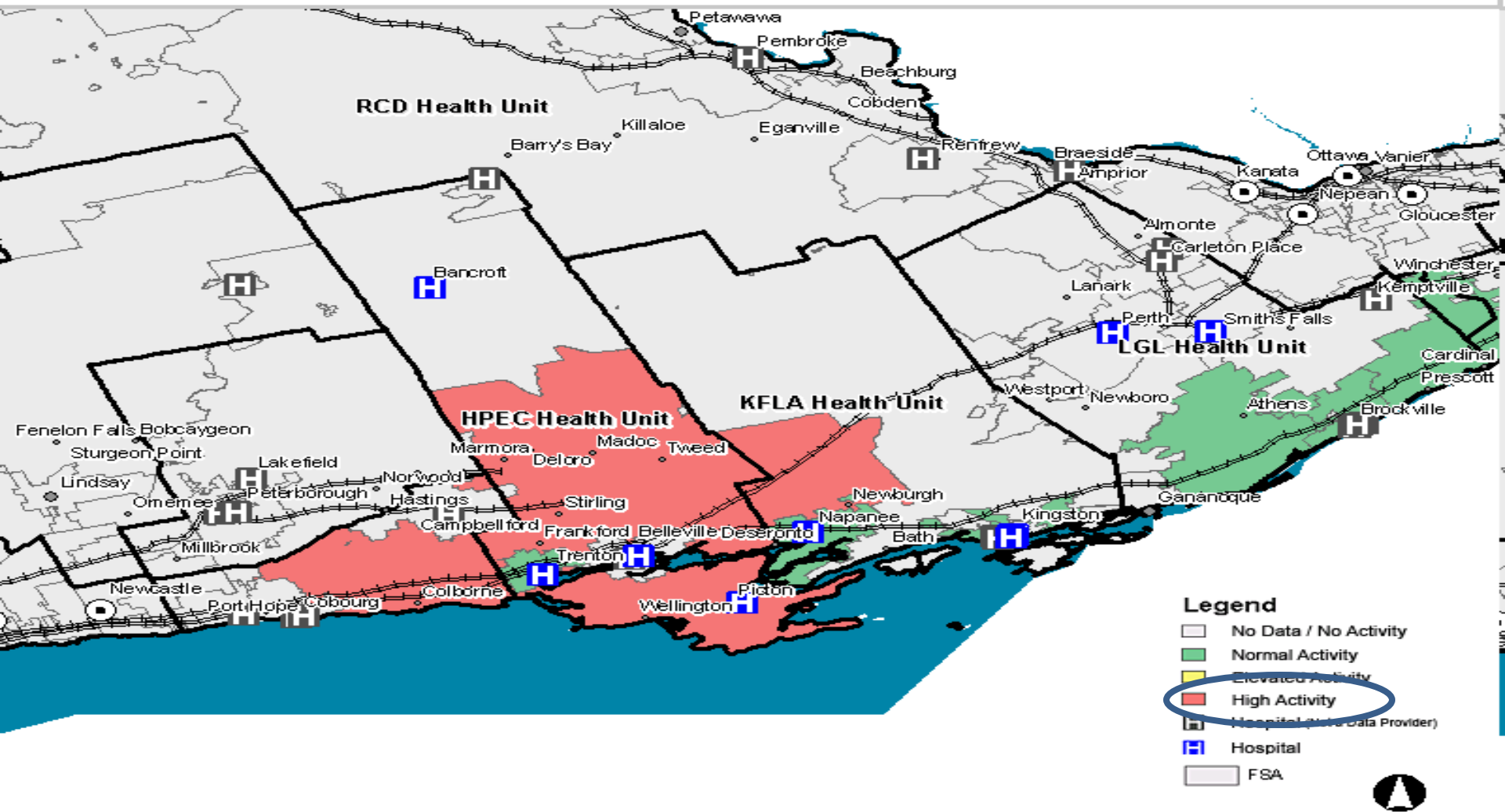
To other wards (off the ward)



# Norovirus

## Outbreak at Long Term Care facility

- Traditionally limit the movement of patients/residents and staff
- Exposed, asymptomatic
- 60<sup>th</sup> wedding anniversary
- Tommy Hunter in town!





# Risks

## To themselves

- Pick up community Norovirus
  - Hand hygiene reminders!

## To others

- Become symptomatic in community with Norovirus



# Long Term Care

## Norovirus outbreak

- Second Incubation period
- St. Patrick's Day!





# Risks - MRSA

Continent, Compliant

Other patients/staff

Future discharge issues

Good papers on the necessity of Contact Precautions





# Let's Bend Some Rules!





# Routine Practices

Our Rule

Our Principle

Our guiding light

Do we need to remind people?

# WARNING!!

This patient has:

- Skin!
- Feces!
- Mucous Membranes!

PERFORM HAND HYGIENE AFTER CONTACT WITH THIS PATIENT OR THEIR ENVIRONMENT!



# Contact Precautions

## Principles

- Sound or not?
- Heightened awareness when we KNOW!
- Medical student comment:
  - If I do Routine Practices the way you indicate, why do we need Contact Precautions?

# CONTACT PRECAUTIONS

WE JUST FOUND OUT THAT THIS PATIENT HAS A BUG THAT COULD BE CARRIED TO THE NEXT PATIENT.

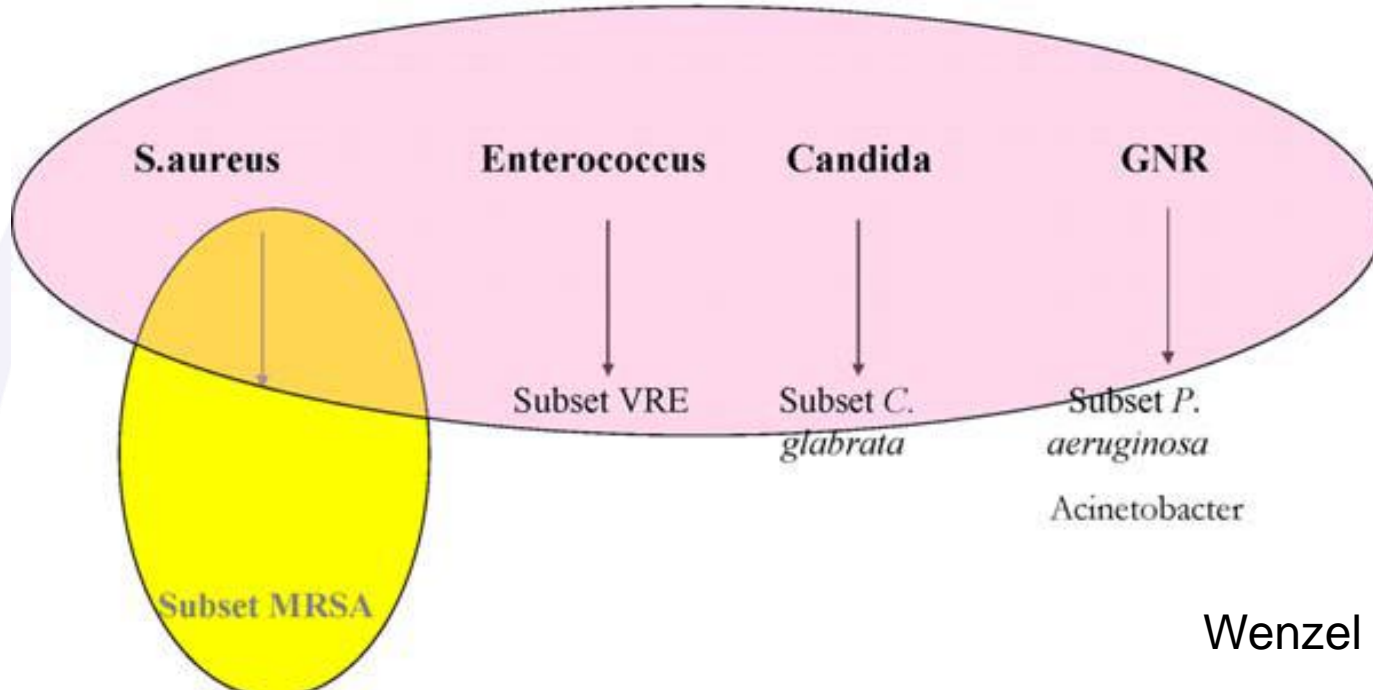
NOW WE REALLY MEAN YOU HAVE TO PERFORM HAND HYGIENE AND TRY NOT TO SOIL YOUR UNIFORM!

WE ARE NOT SURE ABOUT THE GUY NEXT DOOR, YET, SO DO WHATEVER YOU WANT!



# Horizontal vs Vertical Infection Control

Controlling Healthcare Associated  
BSI: Vertical vs Horizontal  
Approach





# Jim's Theorem of Isolation

The degree of attention to precautions is directly proportional to the mystique or fear of the organism

- MRSA
- Pandemic H1N1
- MERS-CoV
- SARS
- CPE
- Ebola



# Jim's Addendum

The mystique of the organism is inversely proportional to the amount of information staff retain about Routine Practices!





# In a Nut Shell

If they are leaking, protect yourself and limit their movement

It if is dirty or you used it, clean it!

20 Words!



# Rule: Daily Disinfection

Once per day

- Why?
- CDC 2003, 2008, PIDAC, PHAC (silent!)

Hand hygiene (if you used them, clean them)

- 4 Moments



# Bend The Rule

How much care happens in a room?

- On average, ~83 people enter a room per day (Cohen 2012)
- On average, in Med/Surg side rail touched 255 – 375 times per day (Cohen 2012, Huslage 2010, Jinadatha 2017)

Should we clean/disinfect more than 1x/d?



# Targeted Moments of Environmental Disinfection

1. Before placing food or drink on an over-bed table
2. After any procedure involving feces or respiratory secretions within the bed space
3. Before/after any aseptic practice (care to wounds, lines, etc.)
4. After patient/resident bathing (within bed space)
5. After any object used on/by a patient/resident touches the floor



# Shameless Self-Promotion



A full recording of Protecting Patients Beyond Once per Day, with the science behind the points, is available at:

<http://www.diverseydigital.com/natools/videoHub/276229450.php>

An updated re-mix: Coming soon!



# Summary

What do you think? Art or science?

Our Guidelines and Best Practices set a standard

Case by case is always necessary, in some cases!

Keep the Chain of Transmission in your mind's eye

Get people to understand simple Routine Practices



# Summary

I think it is okay to bend...without breaking the previous thoughts!





# References

Boyce JM, et al. Prospective cluster controlled crossover trial to compare the impact of an improved hydrogen peroxide disinfectant and a quaternary ammonium-based disinfectant on surface contamination and health care outcomes. *Am J Infect Control* 2017;45:1006-10

Cohen B, et al. Frequency of patient contact with health care personnel and visitors: implications for infection prevention. *Jt Comm J Qual Patient Safety* 2012;38(12):560-5

Hulsage K, et al. A quantitative approach to defining “high-touch” surfaces in hospitals. *ICHE* 2010;31(8):850-3 DOI:10.1086/655016 .





# References

Jinadatha C, et al. Interaction of healthcare worker hands and portable medical equipment: a sequence analysis to show potential transmission opportunities. BMC Infect Dis 2017;17:800 DOI 10.1186/s12879-017-2895-6

Wenzel RP et al. Infection control: the case for horizontal rather than vertical interventional programs. Int J Infect Dis 2010;14S4:S3-S5



**Questions?**





# Additional Resources

[www.sdfhc.com/CE](http://www.sdfhc.com/CE)

- Introduction to Microbiology
- Breaking the Chain of Infection
- The Dirty Dozen – Key Pathogens
- What can go Wrong with Cleaning and Disinfection
- Are You Addressing the Risk?
- Using a Sporicidal Agent Everywhere is NOT the Solution to CDI



# Additional Resources

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