

# NATIONAL EMERGENCY NURSES ASSOCIATION



Position Statement	Infection/Pandemic Control: Implementation of Routine Practices in Emergency/Urgent Health Care Settings
Number of Pages	4
Approval Date	May 27, 2021

Definition: Emergency Department throughout document is inclusive of Urgent Care Health Settings.

## Issue

As with any healthcare provider, Emergency Department nurses are at increased risk for transmission of infections. Risk of infection is both to the healthcare provider, colleagues, patients, families and the community. Since 2009 we are seeing a rise in pandemics which spread across multiple continents and affect a substantial number of people.

Although unpredictability and unforeseen environmental conditions can play a role in any healthcare setting where nursing care is delivered, the complexity of the patient care environment in the Emergency Department involves unstable patients that are undifferentiated and unscheduled. Emergency Department nurses are at "the front line" of the acute care facility's interface with the community and the gateway to institutionalized healthcare. The environment and patient situations are fluid and increasingly unpredictable, at times becoming chaotic, with overwhelming demands on the system. Occupational Health & Safety Association (OSHA) has indicated that healthcare providers in this setting are at particular risk for exposure to blood borne pathogens and other potentially infectious material because of the immediate, life-threatening nature of emergency treatment.

The nature of this clinical setting coupled with global emerging infectious diseases has identified the need for the Emergency Department nurse to be vigilant in infection control practices. Prevention methods include: wearing a mask if you can't maintain distance of two meters; covering the mouth and nose when coughing and sneezing; washing hands frequently; refraining from hand-to-mouth/eye/nose contact; immunization; maintaining social distance; and avoiding contact with infected individuals.

Global travel and migration are contributing factors to the increasing exposure to pathogens once thought only a risk in certain regions of the world, as well as the speed of infectious disease transmission.

Emergency Department nurses work in an area in which little or no health information about the patient may be available and must utilize critical decision-making skills to protect themselves, their colleagues, and the patients in their care from transmission of infectious disease.

Understanding that large numbers of patients need to be triaged, assessed, diagnosed and treated in a short period of time with limited information can lead to increased potential for adverse events, including healthcare-associated infections.

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## **NENA Position**

NENA agrees with the Public Health Agency of Canada and other nationally-recognized authorities' stance that Routine Practices shall be applied by all Emergency Department Nurses in all instances where patient care is provided. Nurses, as part of a larger health care group, should be a priority in the Canadian vaccination program. Emergency nurses are particularly vulnerable because the Emergency Department is the initial point of care for most undiagnosed patients who may present with influenza like illness. As front line staff, nurses should be provided with the highest form of protection.

NENA recognizes that critical decision-making skills are needed to determine which components of Routine Practices must be implemented. Nurses should exert influence to promote dissemination of information related to reasonable and informed use of Emergency Department facilities. The Centers for Disease Control and Prevention (CDC) recommends a four pronged approach, including:

- Eliminating the potential of exposure by encouraging people to self-isolate;
- Creating areas that will reduce the exposure to healthcare workers and other patients, such as barriers;
- Administrative controls, such as immunization, enforcing exclusion of ill health care personnel, creating separate triage streams for patients with influenza like illnesses;
- The use of personal protective equipment-in those instances where N95 is indicated during aerosolized procedures;

NENA adheres to the core indications for Routine Practices, namely exposure to blood, body fluids, secretions, excretions (except for sweat or tears), mucous membranes, non-intact skin or soiled items and to prevent the spread of micro-organisms.

NENA adheres to both the core components of Routine Practices and the core competencies for Health Care Workers:

- Emergency nurses need to have an understanding of microbiology, the chain of infection, and the importance of surveillance in reducing infection transmission.
- A point-of-care risk assessment of the patient and the healthcare provider's interaction with the patient shall occur. Emergency Department nurses must consider the degree of contamination, potential for aerosol generation and splashes, environmental conditions, degree of cognition or cooperation of the patient, and the level of personal skill in conducting various nursing skills, particularly those of an invasive nature.
- The importance of hand hygiene is understood, including the moments of hand hygiene. .
- Hand hygiene shall be performed with an alcohol-based hand rub (ABHR) or with soap and water before and after contact with a patient or their environment, before invasive/aseptic procedures and after contact with body fluids. When ABHR is not available, antimicrobial soap is an appropriate replacement for hand hygiene prior to invasive/ aseptic procedures.
- Environmental controls shall be instituted including:
  - appropriate placement and bed spacing, such as single room or a minimum two-meter separation for patients with suspected or potential droplet-spread illness and a single room with private toileting facilities for patients with acute diarrheal illness or who soil the environment

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- dedicated equipment and cleaning and disinfection with a hospital-approved disinfectant of reusable equipment between uses on different patients.
- cleaning of the healthcare environment, incorporating safe handling of soiled linen and waste (e.g., sharps) to prevent exposure and transmission to others
- engineering controls, such as well-maintained heating, ventilation and air conditioning (HVAC) systems with sufficient air changes per hour
- point-of-care sharps containers, ABHR availability at point-of-care and adequate accessibility of dedicated hand wash sinks supplied with soap and paper towels
- signs to direct patients with symptoms of acute infection (e.g., cough, fever, vomiting, diarrhea, coryza, rash, conjunctivitis) where to wait, perform hand hygiene and/or how and when to apply appropriate barriers
- Administrative controls shall be instituted including:
  - policies and procedures to ensure that staff are able to deal effectively with transmission risks associated with infectious diseases
  - staff education to heighten awareness of infectious diseases, their mode of transmission and prevention of transmission
  - updates on current global outbreaks, identifying any applicable travel history screening
  - healthy workplace policies that exclude staff from working when ill with an infectious disease that would put patients and colleagues at risk
  - immunization programs as applicable
  - maintaining records for required Personal Protective Equipment (fit testing)
  - ensuring staff demonstrate the appropriate use of PPE for routine and additional precautions
  - respiratory etiquette for staff, visitors and patients
  - monitoring of adherence to infection prevention and control best practices with feedback built into the program
- Sufficient, easily accessible and appropriate personal protective equipment (PPE) such as facial protection, gloves and gowns are available to prevent healthcare provider contact with blood, body fluids, secretions, excretions, non-intact skin or mucous membranes or contaminated surfaces. It is important to ensure healthcare providers are educated in appropriate use, donning and doffing, and storage and disposal of PPE.

There is an onus on the professional Emergency Department Nurse to implement Routine Practices to prevent transmission of infection. Patient safety is central to the delivery of effective and appropriate quality healthcare.

## **Rationale**

Routine Practices are the infection prevention and control practices for use in the routine care of all patients at all times in all healthcare settings and are determined by the circumstances of the patient, the environment and the task to be performed.

Routine Practices are based on the premise that all patients and visitors, regardless of age, socioeconomic, or medical status are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be used routinely with all patients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items to prevent the spread of microorganisms.

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The consistent and appropriate use of Routine Practices by all healthcare providers with all patient encounters will minimize or prevent the transmission of infectious agents in the healthcare setting.

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