

Non-hospital Medical and Surgical
Facilities Accreditation Program

ACCREDITATION STANDARDS

Routine Practices and
Additional Precautions

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Introduction

Routine practices are based on the premise that all patients are potentially infectious, even when asymptomatic, and that the same 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, and to prevent the spread of microorganisms. Additional precautions are “transmission-based” precautions (e.g. contact, droplet or airborne) used in addition to routine practices for patients known or suspected to be infected or colonized with specific microorganisms to interrupt transmission. Preventing transmission of microorganisms to other patients is a patient safety issue and preventing transmission of microorganisms to staff is an occupational health and safety issue. The consistent and appropriate use of routine practices by all health-care providers lessens microbial transmission and therefore reduces the need for additional precautions

Routine practices and additional precautions

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.0	ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS				
RPAP1.1	Routine practices are used for every patient, every time.				
RPAP1.1.1	<p>M Personal protective equipment (PPE) required to safely perform work is provided.</p> <p>Guidance: PPE appropriate for the task being performed is readily available in the work area(s) throughout the facility.</p>		M		P, F
RPAP1.1.2	<p>M Gloves are worn when the hands will be in contact with mucous membranes, non-intact skin, tissue, blood, body fluids, secretions or excretions.</p> <p>Guidance: The need for gloves is determined by a point-of-care risk assessment. Good quality vinyl gloves are generally sufficient for most tasks. Synthetic gloves, such as nitrile or neoprene gloves, are preferable for clinical procedures that require manual dexterity and/or involve more than brief patient contact. Sterile gloves are worn as appropriate to the task/procedure.</p>		H		F
RPAP1.1.3	<p>M Gloves are worn when the hands will be in contact with dirty or potentially contaminated items, equipment and environmental surfaces.</p> <p>Guidance: Equipment and environmental surfaces could be contaminated with tissue, blood, body fluids, secretions or excretions. The need for gloves is determined by a point-of-care risk assessment. Medical device reprocessing staff wear gloves that provide coverage at least to mid-forearm and that are appropriate for the cleaning and disinfectants being used (see cleaning and disinfectant safety data sheet).</p>		H		F

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.1.4	<p>M A gown is worn during procedures or patient care that is likely to generate splashes or spray of blood, body fluids, secretions or excretions.</p> <p>Guidance: The need for a gown is determined by a point-of-care risk assessment. Don a gown if there is the potential that staff clothing or skin may be exposed to splashes/sprays or items contaminated with blood, excretions or secretions. Medical device reprocessing staff wear gowns that are waterproof, cuffed, long-sleeved and provide full coverage of the body front from neck to mid-thigh or below.</p>		M		F
RPAP1.1.5	<p>M A mask is worn during procedures or patient care that is likely to generate splashes or spray of blood, body fluids, secretions or excretions.</p> <p>Guidance: The need for a mask is determined by a point-of-care risk assessment. Don a mask if there is the potential that your face may be exposed to a splash, spray, cough or sneeze. A mask should also be worn when providing care to a coughing patient. Medical device reprocessing staff wear full face protection (e.g. full-face shield, eye protection plus surgical mask).</p>		M		F
RPAP1.1.6	<p>M Eye protection is worn during procedures or patient care that is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.</p> <p>Guidance: The need for eye protection is determined by a point-of-care risk assessment. Eye protection is used to protect the mucous membranes of the eyes during procedures or patient care that is likely to generate splashes or sprays. Eye protection should also be worn for wound irrigation procedures if there is any risk of sprays or splashes and when providing care to a coughing patient. Medical device reprocessing staff wear full face protection (e.g. full-face shield, eye protection plus surgical mask).</p>		H		F
RPAP1.2	Personal protective equipment is appropriately donned and doffed.				

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.2.1	M Gloves are donned immediately before the activity for which they are indicated. Guidance: Hand hygiene is performed before putting on gloves.		M		F
RPAP1.2.2	M Gloves are removed and disposed of immediately after the activity for which they were used. Guidance: Hand hygiene is performed immediately following glove removal.		M		F
RPAP1.2.3	M Gloves are changed between the care of each patient. Guidance: The same pair of gloves are not used for the care of more than one patient.		C		F
RPAP1.2.4	M Gloves are not washed or re-used.		C		F
RPAP1.2.5	M Gowns are donned immediately before the task and properly secured. Guidance: The gown is tied at the top and around the waist.		M		F
RPAP1.2.6	M Gowns are cuffed, long-sleeved and provide full coverage of the body front from neck to mid-thigh or below. Guidance: Clinical and lab coats or “warm-up” jackets are not a substitute for a gown when a gown is indicated.		M		F
RPAP1.2.7	M Gowns are removed immediately after the task. Guidance: Hand hygiene is performed after removing a gown.		M		F
RPAP1.2.8	M Gowns are removed in a manner that prevents contamination of clothing or skin and prevents agitation of the gown.		M		F

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.2.9	<p>M Used gowns are placed into the appropriate receptacle immediately after removal.</p> <p>Guidance: Used gowns are placed in the dirty linen receptacle (if reusable) or in the appropriate waste receptacle (if single-use). Gowns are not reused or hung for later use.</p>		M		F
RPAP1.2.10	<p>M A mask appropriate to the task is selected.</p> <p>Guidance: A standard face mask provides protection for minimal exposure to infectious droplets, short-duration tasks and tasks that do not involve exposure to blood/body fluids. A fluid resistant mask provides protection for heavy exposure to infectious droplets or blood/body fluids. A surgical mask provides protection for exposure to infectious droplets or blood/body fluids and long-duration tasks. A N95 respirator provides protection for airborne pathogens. N95 respirators should be worn for aerosol-generating procedures.</p>		M		F
RPAP1.2.11	<p>M The mask securely covers the nose and mouth.</p>		M		F
RPAP1.2.12	<p>M Masks are removed immediately after the task and are discarded into an appropriate waste receptacle.</p> <p>Guidance: Masks are not reused between patients. Masks are not to hang or dangle around the neck. Mask are not folded and placed in a pocket for later use.</p>		L		F
RPAP1.2.13	<p>M Eye protection appropriate to the task is selected.</p> <p>Guidance: Eye protection includes safety glasses, safety goggles, face shields and visors attached to masks. Eye protection must provide a barrier to splashes from the side. Prescription eye glasses may be worn underneath protective eyewear, but prescription eye glasses alone are not considered appropriate eye protection.</p>		H		F

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.2.14	M Eye protection is removed immediately after the task for which it was used.		L		F
RPAP1.2.15	M Eye protection is discarded into an appropriate receptacle immediately after removal. Guidance: Used eye protection (if reusable) is low-level disinfected after each use or (if single-use) placed in the appropriate waste receptacle.		L		F
RPAP1.2.16	M PPE is donned in the correct sequence. Guidance: Following hand hygiene, put on gown (as appropriate), then put on mask (as appropriate), then put on eye protection (as appropriate), then put on gloves. If a gown is worn, the glove is to fit over the gown's cuff. In the operating/procedure room, donning of PPE follows the sequence for scrubbing, gowning and gloving (i.e. put on mask and protective eyewear, then perform a surgical scrub prior to gowning and gloving).		M		F
RPAP1.2.17	M PPE is doffed in the correct sequence. Guidance: Remove gloves, perform hand hygiene, then remove gown (as appropriate), perform hand hygiene, then remove eye protection (as appropriate), then remove mask (as appropriate) and perform hand hygiene. In the operating/procedure room, at the completion of the case, the gown is removed first turning the gown inside out, then gloves are removed using the glove-to-glove and skin-to-skin technique, hand hygiene is performed, then remove mask and eye protection (as appropriate) and perform hand hygiene.		M		F
RPAP1.3	Policies and procedures contain all the information necessary for the safety of patients, staff and visitors. Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility.				

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.3.1	<p>M There is policy and procedures for point-of-care risk assessment (PoCRA) and routine practices. here is policy and procedures for point-of-care risk assessment (PoCRA) and routine practices.</p> <p>Guidance: The policy and procedures outline point-of-care risk assessments and routine practices including the selection of appropriate personal protective equipment, hand hygiene, environmental cleaning and administrative controls (e.g. staff education, staff immunization, occupational health and safety, and scheduling patients on additional precautions as the last case of the day). A point-of-care risk assessment (PoCRA) is an evaluation of the infection prevention and control risk factors related to the interaction between the health-care provider, the patient and the health-care environment. A PoCRA is performed before each interaction with the patient or their environment to determine which interventions are required to prevent transmission of microorganisms. A PoCRA is based on the health-care providers’ judgement about the clinical situation and the environment. Control measures, including additional (transmission-based) precautions and PPE selections are based on the evaluation of the risk factors identified.</p> <p>For exposure to blood, body fluids, secretions, excretions, mucous membranes and non-intact skin:</p> <ul style="list-style-type: none"> • wear gloves if hands are exposed, • wear a gown if clothing or forearms are exposed, and • wear a mask and eye protection if mucous membranes of the eyes, nose or mouth are exposed. <p>For exposure to contaminated equipment or surfaces:</p> <ul style="list-style-type: none"> • wear gloves if hands are exposed, and • possibly wear a gown if clothing or forearms are exposed. 		L		P, F

No.	Description	Reference	Risk	Change	Asmt.
RPAP1.3.2	<p>M There is policy and procedures for additional precautions.</p> <p>Guidance: The policy and procedures outline point-of-care risk assessments and additional precautions including the selection of appropriate personal protective equipment, hand hygiene, environmental cleaning, and administrative controls (e.g. staff education, staff immunization, occupational health and safety, and scheduling patients on additional precautions as the last case of the day). Patients that require additional (transmission-based) precautions should be accommodated in a single room (e.g. office, exam room) and signage specific to the type of additional precautions necessary should be posted at the entrance to this room. Equipment must be dedicated to the patient whenever possible and additional cleaning measures may be required (i.e. VRE, C. difficile) for the patient’s environment, although routine cleaning practices are acceptable in most situations. Contact precautions are implemented for patients known to have or considered to be at high risk of being colonized or infected with AROs. Contact precautions include gloves and a gown if skin or clothing will come into direct contact with the patient or their environment. Droplet and contact precautions are implemented for patients with colds, influenza and respiratory infections of unknown etiology. Contact precautions include gloves and a gown if skin or clothing will come into direct contact with the patient or their environment. Droplet precautions include facial protection (mask, eye protection). Airborne precautions are implemented for patients known or suspected to have varicella virus (chickenpox) virus or measles virus. Airborne precautions include isolation room and fit-tested N95 respirator.</p>		L		P, F

RPAP1.3.3

M There is policy and procedures for management of patients known to have or considered high risk of being colonized or infected with antibiotic-resistant organisms (AROs).

L

P, F

Guidance: The policy and procedures outline point-of-care risk assessments and strategies to control, reduce and prevent AROs (e.g. methicillin-resistant Staphylococcus aureus (MRSA), carbapenemase-producing organisms (CPOs)). Patients that require additional (transmission-based) precautions should be accommodated in a single room (e.g. office, exam room) and signage specific to the type of additional precautions necessary should be posted at the entrance to this room. Equipment must be dedicated to the patient whenever possible and additional cleaning measures may be required (i.e. VRE, C. difficile) for the patient's environment, although routine cleaning practices are acceptable for most AROs. Antibiotic-resistant organisms (AROs) are a significant cause of infections in Canadian hospitals and their rate of incidence has increased significantly over the years. Community-acquired ARO strains have also arisen. In Canada, community-acquired methicillin-resistant Staphylococcus aureus (CA-MRSA) is most prevalent in the western provinces but is a growing problem throughout the country. This increase in CA-MRSA has implications for facilities that are not planning on performing the admission screening intervention or who only screen patients with Hospital Acquired (HA-MRSA). In Canada, most CPO cases have been identified in individuals who have been hospitalized and/or had a medical procedure done in countries outside of Canada. Safer Healthcare Now! provides a step-by-step guide to assist Canadian health-care facilities implement strategies to control, reduce and prevent AROs using several infection prevention and control interventions including admission screening for colonization or infection, routine practices including an aggressive hand hygiene program, a systematic program for cleaning and decontamination of the environment and equipment, use of contact precautions for any patient that is infected or colonized with an ARO, use of selected AROs screening cultures (depending on your local situation, both inside and outside the facility), and ARO surveillance. Not every patient requires screening cultures to identify those individuals who may be colonized or infected with an ARO. Screening cultures is recommended for high-risk individuals only.

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Revision history

Date	Revisions
December 5, 2019	New criteria: <ul style="list-style-type: none"> • Sequence for donning PPE. • Sequence for removing PPE. Other: <ul style="list-style-type: none"> • Substantial format changes and guidance added.
April 1, 2026	Transcribed to new template (no content changes) (version 1.4)