Non-Hospital Medical and Surgical Facilities Accreditation Program

Routine Practices and Additional Precautions

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All rights reserved. No part of this publication may be used, reproduced or transmitted, in any form or by any means electronic, mechanical, photocopying, recording or otherwise, or stored in any retrieval system or any nature, without the prior written permission of the copyright holder, application for which shall be made to:

Non-Hospital Medical and Surgical Facilities Accreditation Program College of Physicians and Surgeons of British Columbia 300–669 Howe Street Vancouver BC V6C 0B4 Routine practices are based on the premise that all patients are potentially infectious, even when asymptomatic, and that the

RPAP1.1.6

Eye protection is worn during procedures or patient care that is likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

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). College of Physicians and Surgeons of British Columbia

RPAP1.3.3 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).
Guidance: The policy and procedures outline point-of-care risk assessments and strategies to control, reduce and

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