

Webinar:

Best Practices in Infection Prevention— What You Don't Know Can Hurt Your Patients

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Have a question? [Contact the Practice Advisor](#)

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Infection Control and Equipment Maintenance Standard

[Download the Standard](#)

Updated: **Recently Updated**

January 2007, January 2009, June 2012, November 2017

Date Approved:

November 2005

[Français](#)

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1. Authority and Responsibility

Physiotherapists must identify and minimize any risks caused by infections or the use of equipment in their practice.

2. Infection Prevention and Control

Physiotherapists must use current and generally-accepted infection prevention and control measures that are relevant to their practice setting. This requires physiotherapists to:

- maintain current knowledge of infection prevention and control measures,
- consider the risks of transmission among patients, self, other health professionals, and staff before each patient interaction,
- incorporate the appropriate infection prevention and control measures based on the risks of transmission,
- ensure that there are appropriate written infection prevention and control protocols in their practice setting.

Current and generally-accepted infection prevention and control measures include, but are not limited to:

Infection Control and Equipment FAQs

RELATED LINKS

Public Health Ontario

- [Infection Prevention and Control Course](#)

- [Environmental Cleaning Toolkit](#)

IPAC INVESTIGATIONS

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Infection Prevention and Control Coordinator
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ROLE OF THE BOARD OF HEALTH (SMDHU)

- Investigates complaints or follow-up of reportable diseases with/without the regulatory college.
- In settings that are not routinely inspected, such as:
 - Facilities in which regulated health professionals operate;
 - Unlicensed child care settings;
 - Community centres;
 - Recreational facilities (including sports clubs);
 - Schools (all levels, including public and private schools); and
 - Temporary dwellings established for temporary or seasonal workers.
- Provides guidance for IPAC improvement or can issue an Order under Health Protection and Promotion Act (HPPA).
- Public reporting (disclosure) of IPAC lapses (Initial) and (Final) Reports in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current).^{3,4}

SECTION 13 ORDER

Under the Health Protection and Promotion Act, R.S.O. 1990, c. H 7, a Section 13 Order discloses the existence of a health hazard as defined in Section 1(1) of the Act.

- **An Order Outlines Immediate Directions:**
 - Discontinuation of a service;
 - Discontinuation or removal of a device (i.e. autoclave);
 - Provide a complete list of client names, including all their contact information and date of service;
 - Prior to resuming service a re-inspection must occur.

IPAC LAPSE

- Is a deviation from IPAC standard of care, based on current IPAC best practice documents, where available and;
- The Medical Officer of Health or designate believes on reasonable and probable grounds the deviation has or may result in infectious disease transmission to the premises' clients, attendees or staff through exposure to blood, body fluids and/or potentially infectious lesions.

THE SMDHU INVESTIGATION

1. Complaint is received and reviewed to determine if there is a risk to public.
2. Investigation is conducted on site to validate complaint utilizing:
 - A risk assessment;
 - Public Health Ontario IPAC audit tools;
 - IPAC best practice documents, CSA ;
 - IPAC Standard of Practice/Guidelines for that health care setting.
3. Practice deviates from IPAC standards, and where disease transmission is likely, the SMDHU will initiate public disclosure on SMDHU Website.
4. Evidence of elevated risk to public concerning the transmission of a blood borne infection (HIV, HBV, HCV) initiates public notification.

IPAC INVESTIGATION



IPAC and OHS
Policies and
Procedures



Hand Hygiene



Clean and
Disinfect
Shared Devices



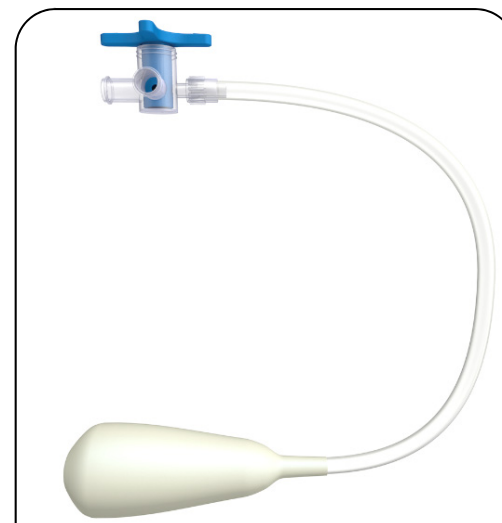
IPAC INVESTIGATION



Reprocessing
Medical
Devices



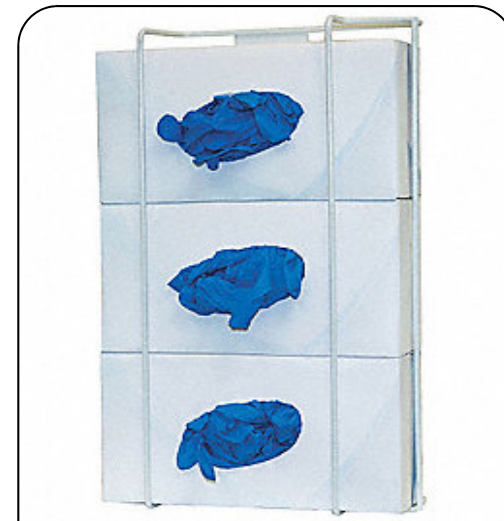
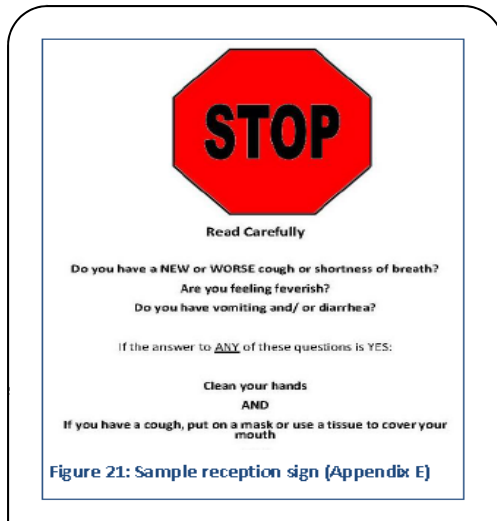
Environmental
Surface
Cleaning and
Disinfecting



Single Use
Disposable



IPAC INVESTIGATION



Waiting Area
and Screening
of Clients



Sharps Disposal



Personal
Protective
Equipment
(PPE)



Assisting PHUs and Regulatory Colleges with IPAC Lapse Risk Assessments

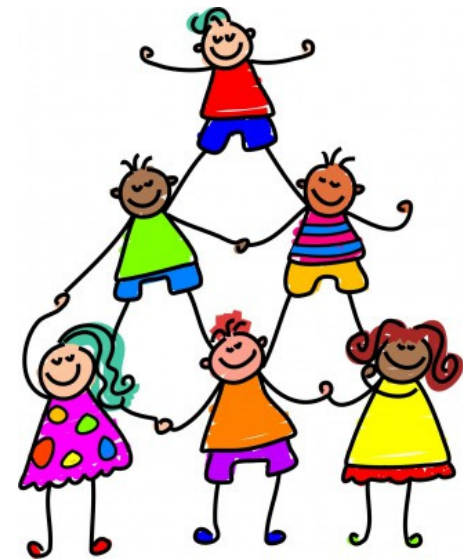
November 22, 2018

PHO: Who Are We and What is Our Role?

- Crown corporation dedicated to:
 - Protecting and promoting the health of all Ontarians
 - Reducing inequities in health
- Links public health practitioners, front-line health workers, and researchers to the best scientific intelligence and knowledge
- Provides expert scientific and technical advice and support
- Our clients include local public health units, regulatory colleges, government, and health care providers and institutions

Working with the PHUs and Regulatory Colleges

- Respond to IPAC inquiries
- Develop IPAC resources – IPAC checklists and training
- Collaborate on education sessions
- Collaborate on IPAC communities of practice
- Review Practice Standards
- Support IPAC lapse investigation with risk assessment support



PHO IPAC Lapse Risk Assessment Support

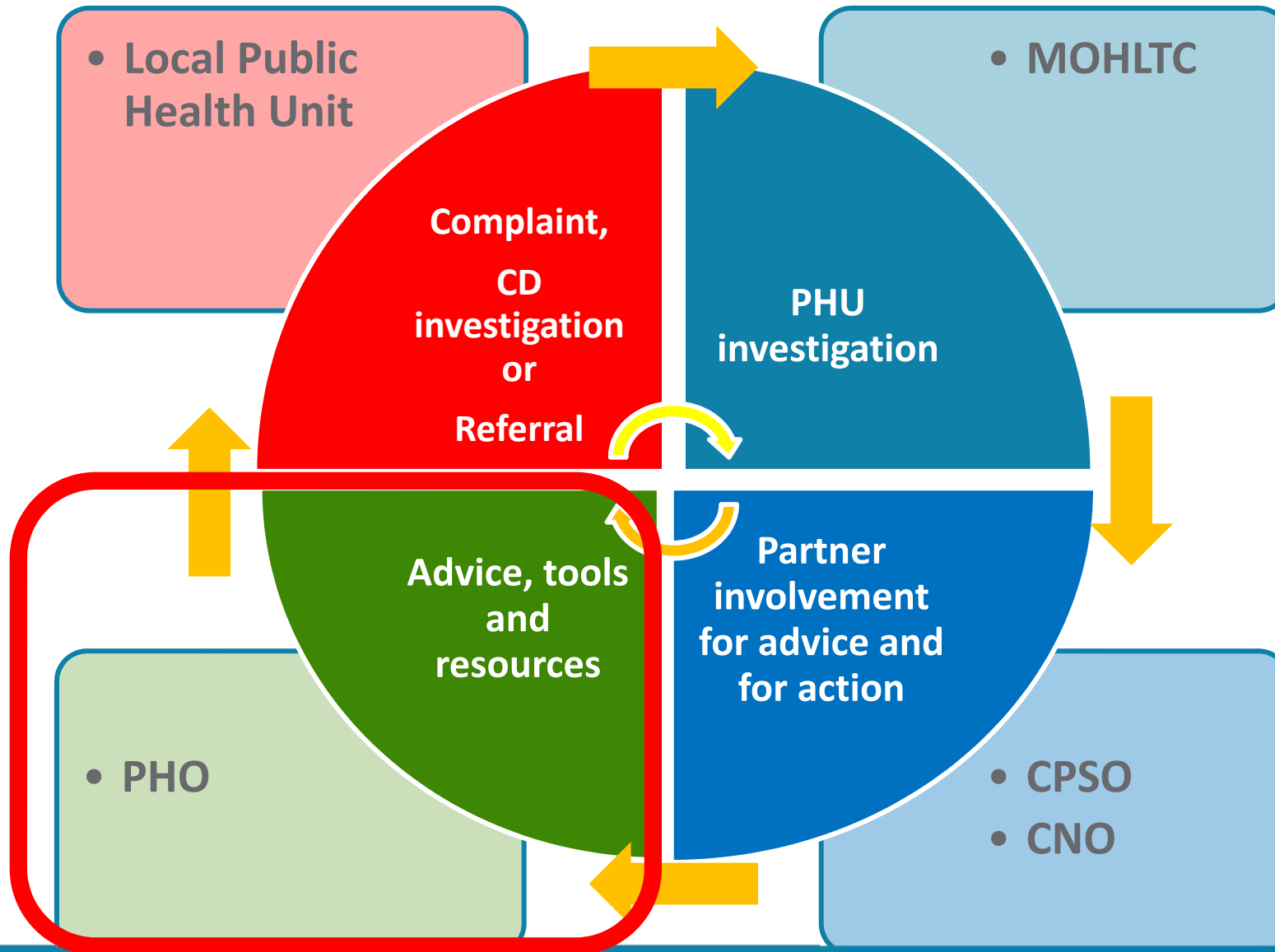
- Assess the risk of transmission of infection(s) (e.g., viral, bacterial)
- Response and System Support Team responds to requests for risk assessments to support decision of Medical Officer of Health
 - Program IPAC Specialists (Lead)
 - IPAC issue is discussed with core group of PHO staff that may include:
 - IPAC manager/director/chief
 - IPAC physician(s)
 - Laboratory/epidemiology support as needed

PHO IPAC Lapse Risk Assessment Support continued

- Recommendations are based on information provided to PHO by the PHU or the regulatory college
- Recommendations provided in a Summary Report
 - Is there a risk of transmission
 - Offer advice on patient notification as needed



Anatomy of an IPAC Lapse Investigation



Public
Health
Ontario

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publique
Ontario

IPAC Resources at Public Health Ontario

November 22, 2018

Objective

Outline PHO IPAC supports and resources

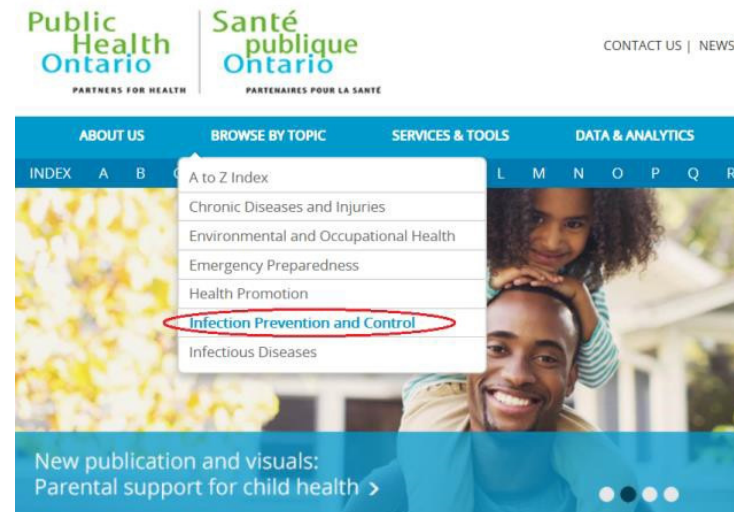
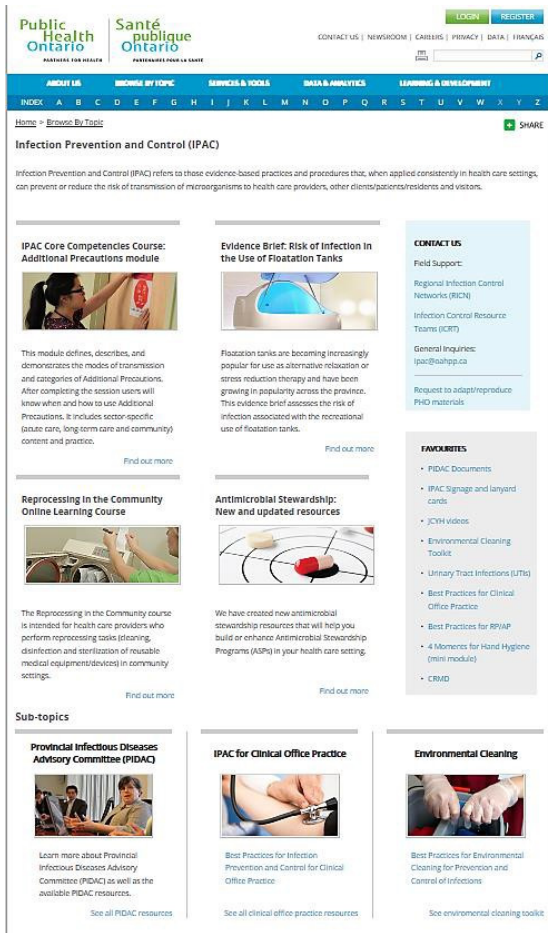
- Teams
- Online materials

Helping with Lapses and Inquiries

- **Response and System Support** team deals with:
 - Province-wide issues
 - Lapses across all settings
 - Professional Colleges
 - Government
- **Regional Support** teams support organizations to interpret and adopt best practice through:
 - Responding to inquiries
 - Collaborative education and dissemination of new resources
 - Facilitating sharing of challenges, opportunities, and successes in Communities of Practices, working groups, and networks

Where to Find IPAC Resources

- Go to: www.publichealthontario.ca
- Select Browse by Topic from the top ribbon
- Select [Infection Prevention and Control](#)
- Or search by topic



<https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>

Online Learning Modules

Core Competencies:

- Occupational Health and Safety
- Chain of Transmission and Risk Assessment
- Health Care Provider Controls
- Control of the Environment
- Administrative Control
- **NEW!** Additional Precautions



[Go to Course »](#)

Reprocessing in Community Health Care Settings

Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices

- Routine Practices and Additional Precautions
- Hand hygiene
- Environmental cleaning
- Cleaning, disinfection, and sterilization
- IPAC for Clinical Office Practice

Routine Practices and Additional Precautions

This document outlines the practice of Routine Practices and Additional Precautions (RPA/PA) in health care settings across the continuum of care including, but not limited to, pre-hospital care, acute care, complex continuing care, rehabilitation facilities, long-term care, chronic care, ambulatory care and home health care.

Note: Please be advised that the Ministry of Health and Long-Term Care is in the process of reviewing influenza immunization for health care providers in acute care facilities, as well as other strategies to prevent and control nosocomial influenza.

[Download Document](#)

Annex A: Screening, Testing and Surveillance for AROs (February 2013) [More](#)

Annex B: Prevention of Transmission of Acute Respiratory Infection (March 2013) [More](#)

Annex C: Testing, Surveillance and Management of Clostridium Difficile (January 2013) [More](#)

Videos

Hand Hygiene

- How to Hand Rub
- How to Hand Wash

Personal Protective Equipment (PPE)

- Facial Protection
- Gown and Gloves
- Respirators

Screening

Sample form for active case finding of acute respiratory infection on entry to health care settings

Sample risk factor-based admission form for screening for MRSA, VRE, ESBL and CPE

Quick Reference Sheets

Routine Practices:

Routine practices fact sheet for all health care settings

Additional Precautions:

- Droplet
- Contact
- Airborne

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Infection Prevention and Control for Clinical Office Practice

These IPAC best practices will assist physicians with their clinical office-based practice. Some components have been derived from legislation and regulations, and will state in explicit terms what physicians should or should not do. Other sections are evidence-based best practices, intended to increase awareness about the day-to-day risks of infection acquisition and transmission in a physician's clinical office and to equip physicians with practical guidance and tools to minimize such risks.

[Download Document](#)

IPAC Checklists for clinical office practice

The IPAC checklists were developed to promote consistency when conducting IPAC inspections of out-of-hospital premises (OHP), independent health facilities (IHF) and other clinical office settings. They will assist you in IPAC assessment activities and are not mandatory. The risk categorizations in these checklists are minimum expectations and may be elevated beyond what is indicated on the checklists where necessary based on the local assessment of the Medical Officer of Health/diagnosist.

- IPAC CORE Elements
- Reprocessing of medical equipment/devices
- Endoscopy

PHO develops resources based on the best available evidence and is committed to reviewing and updating these resources in a timely manner based on feedback from their use in the field. For more information or to provide feedback on the checklists, email ipac@oahpp.ca.

Some Key Messages

- **Hand hygiene** is the single most important thing you can do to prevent transmission of infection
- **Routine Practices** will protect the patient/client and healthcare worker from transmission of infection
- Physiotherapy settings require environmental surfaces and equipment to be **cleaned and disinfected** between uses
- Disinfectant Products must:
 - Have a drug identification number (DIN) from Health Canada
 - Be used according to the manufacturers' recommendations (e.g., for dilution, temperature, water hardness, contact time)
 - Be used according to the product's safety data sheet

Other Relevant Resources

- [Risk Algorithm for PPE Use](#)
- [Environmental Cleaning Toolkit](#)
- [Signage](#)
- [Resources for Preventing IPAC Lapses](#)
- Frequently asked questions
- Checklists:
 - [Core IPAC practice in clinical offices](#)
 - [Reprocessing of medical equipment/devices in clinical office settings](#)
- [Antimicrobial Stewardship](#)



Your Questions

1. Does the information shared in this webinar also apply to other healthcare providers who provide similar service (i.e., acupuncture)?

General

2. What are the things to be aware of when treating patients and how do I protect myself, staff and other patients?

3. Is a physiotherapy clinic considered a health care setting?

4. Best practices for screening patients for acute infectious diseases and which ones involve mandatory reporting

5. Can Physiotherapists tell clients that they should change / wash, etc. before coming for physio? If so, fewer would come with pet hairs, smell like cigarettes, etc.

Practice Settings

6. We do not see patients who are sick the way a doctor's office would, so it feels like the risk of infection is much lower and perhaps such rigorous standards are not needed as would be applied to a doctor's office.

Is there a difference in how Ambulatory Care areas are to handle infection control issues versus In-Patient areas?

Please address some of the uniqueness of working in the community where the environments are not as controlled as within a hospital.

7. What resources should be considered when writing a comprehensive infection control policy for a physiotherapy clinic?

How does this differ for a home care company that does not have a physical clinic?

8. As an independent contractor in a chiropractor-owned clinic, what is my responsibility to make sure that our practices are sufficient? I question what is currently the clinic mandate and provision for sanitization of tables.

9. If a staff use-only office space is enclosed within a patient-centred area (within the out-patient treatment area), would the office space be considered part of the patient care area?

10. What standards apply if a physiotherapist rents space in a spa?

Is the spa now considered a healthcare setting?

Does the spa need to get rid of all plush furniture and replace it with vinyl or plastic and remove things that cannot be fully disinfected?

Hand Hygiene

11. There are so many hand gels/foams available, are there any ones that are better than others and why?

Is there any truth to the rumor that hand sanitizer is toxic?

Cleaning and Disinfection

12. What product to use to clean plinths?

Cleaning therapeutic modalities and treatment tables between patients

I understand that we have to use a treatment table cover for every patient getting treated on the same table but does this not apply when we treat patients on Chiro tables as they usually do not use any of those except for a face paper.

13. Is there a way to adequately clean or disinfect braces or belts that we let patients borrow?

Should we NOT allow patients to borrow or rent braces or belts? (these are all worn over clothes or over intact skin)

14. If we have a baby chair in the treatment room to occupy babies, is this an infection transmission risk?

It is cloth. What if we cover it with a disposable sheet or a cloth sheet? It cannot be disinfected.

15. Best method to clean stethoscopes from patients with respiratory infections which doesn't damage my personal stethoscope. Hospital dedicated equipment is poor quality.

16. What cleaning agents does college recommend?

Is Cavicide effective (and acceptable by CPO standards) as a sterilization agent for machines that contact patients?

17. Is soap and water plus 70% alcohol sufficient to clean vacuum sponges between patients?

If so is there a time factor to leave alcohol?

18. Can we use fabric pillow cases?

19. When washing towels, pillow cases, draping sheets and facecloths (used to wipe ultrasound gel), can we use warm water or should it be hot?

20. Can we have magazines for patients to look through or is this an infection transmission risk?

21. What's the protocol for Infection control record in hospital?

Are patient's paper charts considered an infection control issue? Is there an alternative to these?

22. Would you please specify preventive measures for home visits? (including equipment).

Acupuncture

23. I want to know if we need to keep our acupuncture sharps container in a locked box.

Acupuncture and dry needling infection control standard in terms of skin preparation and whether or not gloves need to be worn for dry needling

Do I need to wear gloves when I needle patients?

Best by date for Acupuncture needles?

24. Infection control measures surrounding acupuncture (needle storage, disposal, etc.) and pelvic floor (gel, spill kits, etc.)?

25. I use stanhexadine as a skin prep for acupuncture-
our organization recommends as opposed to alcohol
swabs. Comments?

26. Do Norwex (microfibre) cleaning clothes meet safety standards for wiping beds and ultrasound heads?

Are Norwex clothes with the antibacterial silver okay to use to clean beds between patients when there are no bodily fluids.

27. Whether or not adhesive/gel electrodes for IFC/TENS can be re-used amongst clients?

Ultrasound

28. How to properly clean an ultrasound sound head between clients

How are we required to sanitize ultrasound equipment after use on patients?

29. Can we reuse ultrasound gel bottles?

Are we allowed to refill individual sized ultrasound gel and massage lotion bottles from bulk sized bottles if properly labelled?

Occupational Health

30. What is the CPO position on flu shots as preventative for ourselves passing on germs you clients?

Is having a water bottle on your desk, and using it throughout your day considered a high point of contact for infection?

What should we be doing at the front desk to ensure she does not get sick from touching so many things like patients plastic ID or passing credit cards/ legal papers back and forth between clients and her?

31. What are your recommendations if a therapist has a cold sore and is working with young children?

What is the youngest age that she should be working with while having the cold sore?

32. Outline requirements for use of N95 respirators for pandemic influenza or other air borne biological agents especially for clinics and physiotherapists working in the community & stock piling. N95 respirators require fit testing by qualified fit testers.

Infestation

33. What precautions are needed in an outpatient clinic for a patient living with an active bedbug infestation?

Infection

34. Best practice for *C. diff* and MRSA

Sterilization

35. I have an autoclave in my office. How am I supposed to dispose of the biological indicators after testing?

(We use one control/not autoclaved BI and compare it with the BI that went through the autoclave process. We then autoclave the control BI to sterilize it, but we don't know if there are proper disposal methods after that point or if we can just throw them out. We have just been storing them in a Tupperware container for now.)

Pelvic Floor Physiotherapy

36. Can infection control best practices for assessment of the pelvic floor via vagina, rectum including lubricant and pessaries specifically be discussed?

Use of gynecological gel for pelvic evaluations. Does it need to be single use packages?

Can a patient bring their own lubricant to be used for the exam?

Updated autoclave regulations for physios who do pessaries

37. What is best practise to disinfect biofeedback wires for pelvic floor when using external electrodes?

38. I would like clarity on what is “ideal” versus “proper protocols”

39. A handout or a printed material will be great resource for further follow up and to provide education for PT. assistant.

Practice Advice—Call Us!



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