Introduction

Occupational therapists (OTs) should be aware that appropriate infection prevention and control is integral to quality practice. Infection prevention and control plays a critical role in the health and safety of everyone involved including health care providers, clients, their families and the community. Furthermore, appropriate implementation of infection prevention and control measures improves health outcomes and enables efficient management of health system resources.

Knowledge of infection prevention and control practice is continually evolving as new evidence and conditions emerge. While specific clinical advice is constantly advancing, the principles and professional accountabilities that form the basis of appropriate infection prevention and control practice remain constant and serve as the foundation for this Standard.

The purpose of this document is to ensure OTs in Ontario are aware of the minimum expectations for infection prevention and control within their practice. OTs are expected to adhere to the Standards for Infection Prevention and Control and be aware of all legislation, standards, and policies applicable to their area of practice and practice setting. Where practice setting policies exceed the requirements of this Standard, OTs are also expected to adhere to the practice setting policies.

The College’s Role in Infection Prevention and Control

As a regulatory body, the College is not a subject matter expert in the science of infection prevention and control and as such cannot provide comment on specific clinical practices and procedures. OTs are expected to remain current in their knowledge of infection prevention and control practices that are pertinent to their area of practice.

Infection Prevention and Control Organizations

Some of the organizations that provide advice, protocols, and practices for infection prevention and control are the Public Health Agency of Canada (PHAC), Public Health Ontario (PHO), the Provincial Infection Diseases Advisory Committee (PIDAC), Infection Prevention and Control Canada (IPAC), and the World Health Organization (WHO). Please refer to Appendix A for more information regarding these organizations.

Application of the Standards for Infection Prevention and Control

- The following standards describe the minimum expectations for OTs when engaging in infection prevention and control practices.

- The performance indicators listed below each standard describe more specific behaviours that demonstrate the Standard has been met.

- It is not expected that all performance indicators will be evident all the time. It is expected performance indicators could be demonstrated if requested.
• There may be some situations where the OT determines that a performance indicator has less relevance due to client factors or environmental factors.

• It is expected that OTs will always use their clinical judgement to determine how to best meet client needs in accordance with the standards of the profession.

• It is expected that therapists will be able to provide reasonable rationale for any variations from the Standard.

In the event of any conflict or inconsistency in these Standards for Infection Prevention and Control with any other College standards, the standards with the most recent issued or revised date prevail.

College standards contain practice parameters and standards which all OTs practising in Ontario should consider in the care of their clients and in the practice of the profession. College standards are developed in consultation with OTs and describe current professional expectations. College standards may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

Pursuant to the Regulated Health Professions Act, 1991 (RHPA), the College is authorized to make regulations in relation to professional practice. The College’s Professional Misconduct Regulation establishes that “contravening, by act or omission, a standard of practice of the profession or failing to maintain a standard of the profession” constitutes grounds for professional misconduct.

Overview of the Standards for Infection Prevention and Control

1. Knowledge of Infection Prevention and Control Practices and Resources
2. Assessment of Risk
3. Application of Infection Prevention and Control Practices
4. Cleaning, Disinfecting and Sterilizing Equipment

Appendix A – Infection Prevention and Control Resources for Occupational Therapists

1. Knowledge of Infection Prevention and Control Practices and Resources

OTs are accountable to the public, the College, their clients, their employer and fellow employees. While large organizations such as hospitals, community service agencies and long-term care facilities may have infection control professionals leading the process for staff, OTs are still accountable for being aware of infection prevention and control practices and resources. Additionally, OTs who operate independent practices are also accountable for the development of infection prevention and control programs to address the needs of the services provided.

For information on resources pertaining to infection prevention and control, please refer to Appendix A.
Standard 1

The OT will maintain knowledge of the current evidence-informed infection prevention and control protocols relevant to their practice setting.

Performance Indicators

An OT will:

1.1 Identify and access the authoritative sources of infection prevention and control protocols relevant to their practice;

1.2 Be aware of any changes to the infection prevention and control protocols relevant to their practice;

1.3 Demonstrate knowledge of the internal and external environment in which they practice and how that may have implications for the infection prevention and control protocols that are implemented in their practice.

2. Assessment of Risk

OTs must be aware of the risks of transmission of infection between clients, themselves, other health professionals, and the internal and external practice environment when determining which infection prevention and control measures to use with the client. Additionally, OTs must consider their own health status and how that could affect the implementation of occupational therapy services. Finally, OTs should consider the health status of others around them when deciding whether to involve them in the client’s treatment and education.

It is important for OTs to perform a risk assessment to determine which infection prevention and control practices will be utilized with clients to reduce the risk of transmission of infection to and from the client.

Standard 2

The OT will identify and assess the infection control risks associated with the treatment interventions and client populations within their practice setting.
Performance Indicators

An OT will:

Assess the degree of risk related to:

2.1 the type of screening, assessment or treatment interventions planned or conducted;

2.1.1 the disclosed health condition of the client;

2.1.2 the health status of the OT, co-workers or colleagues;

2.1.3 the potential for transmission of infection to the internal or external practice environment.

2.2 Communicate and document any identified infection control risks to other care providers and stakeholders to minimize risk to others while respecting client privacy and confidentiality;

2.3 Refer clients for consultation with other health care providers, as necessary;

2.4 Maintain awareness of the health status of clients and their family members in relation to the risk of infection transmission, where possible (e.g. consider implementing a process such as screening questions to learn about the health status of clients/families before completing a community visit or upon client arrival for an appointment);

2.5 Consider their own immunization status in terms of personal health safety and the potential impact to others.

3. Application of Infection Prevention and Control Practices

OTs need to be aware of current evidence-informed infection prevention and control practices and how to apply them in their practice setting. This includes ensuring that there are written protocols outlining the infection prevention and control practices being used and implemented in the practice setting. In Ontario, organizations such as Public Health Ontario (PHO) and the Provincial Infection Diseases Advisory Committee (PIDAC) develop resources related to infection prevention and control.

Public Health Ontario states that “Infection Prevention and Control (IPAC) refers to those evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other
clients/patients/residents and visitors".\(^1\) Current accepted infection prevention and control practices include, but are not limited to:

- Hand hygiene;
- Use of personal protective equipment (PPE);
- Cleaning, disinfecting and/or sterilizing equipment;
- Safe management and disposal of waste and sharps;
- Practices that are implemented in higher risk situations, for example, droplet precautions or contact precautions.

### Standard 3

The OT will apply current evidence-informed infection prevention and control protocols in their practice setting.

#### Performance Indicators

An OT will:

1. **Establish and/or apply infection prevention and control protocols relevant to their practice that are intended to minimize the risk of transmission of infection;**

2. **Incorporate appropriate infection prevention and control protocols into their practice that include, at minimum, requirements for:**
   - Hand hygiene;
   - Use of personal protective equipment (PPE);
   - Managing waste, including sharps;
   - Cleaning, disinfecting and/or sterilizing equipment (see Standard 4);

3. **Incorporate appropriate infection control protocols to minimize risks associated with transmission of infection. This would include transmission between and from:**
   - Clients and their families;
   - Health practitioners;
   - The OT;
   - Co-workers;
   - Others;
   - The environment including equipment and supplies;

3.4 Advocate for adequate resources to support appropriate infection prevention and control protocols;

3.5 Educate the client and others about the need for infection prevention and control and the minimum requirements for safe practice;

3.6 Develop, communicate and document alternate plan of care, if there are no reasonable actions that can be taken to prevent transmission of infection.

3.7 Ensure a protocol is in place to address adverse events related to infection prevention and control.

4. Cleaning, Disinfecting, and Sterilizing Equipment

The wide variety of equipment used by OTs in their practice requires a range of cleaning, disinfection and sterilization techniques and products. OTs should adhere to the manufacturer's instructions and/or guidelines to properly and regularly clean and/or disinfect equipment and instruments used in practice.

Proper hand hygiene and equipment cleaning are critically important after equipment use and prior to contact with another client as surfaces may become contaminated resulting in risk of infection transmission. OTs should determine whether it is safe to reuse supplies with the same or different clients, and under what circumstances reuse would be appropriate.

While technology can help in the delivery of client care, the hardware and equipment used can also be involved in the transmission of infection between health care providers and clients. Items such as computer keyboards have been shown to harbour microorganisms and should be cleaned and disinfected properly between clients to avoid transmission of infection. Hand hygiene prior to use is essential to minimize risk.

In addition to infectious agents, OTs should also be aware of other environmental factors such as insect infestations or food borne illness that may impact client health and safety during occupational therapy practice. This may include implications for transmission from environment to environment in community settings. OTs are responsible to ensure they have enough knowledge related to food safety when performing activities such as cooking assessments. Information regarding food safety and management of infestations is made available by Health Canada, Public Health Ontario and local public health units.

Standard 4

The OT will incorporate current evidence-informed infection prevention and control protocols for cleaning, disinfection and/or sterilization of equipment used in their practice.
## Performance Indicators

An OT will:

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<tr>
<th>4.1</th>
<th>Understand and apply evidence-informed cleaning, disinfection and/or sterilization protocols for devices and equipment used in their practice that comply with the equipment manufacturer’s instructions;</th>
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| 4.2 | Incorporate appropriate equipment documentation regarding cleaning, disinfection, and sterilization protocols for devices and equipment used in their practice;  
Note: Please refer to Standards for Record Keeping |
| 4.3 | Routinely review policies and procedures related to the cleaning, disinfection and sterilization of equipment used in practice and update as required. |
References

College of Occupational Therapists of Ontario (2016). Standards for Record Keeping. Toronto, ON.

Appendix A

Infection Prevention and Control Resources for Occupational Therapists

Public Health Ontario - Infection Prevention and Control (IPAC)
https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx

Public Health Agency of Canada - Infection Control Guideline Series

Provincial Infectious Diseases Advisory Committee (PIDAC) - Best Practice Documents
https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx

Infection Prevention and Control Canada (IPAC) - Infection Prevention and Control Resources
https://ipac-canada.org/infection-prevention-and-control-resources.php

World Health Organization - Infection Prevention and Control
http://www.who.int/infection-prevention/publications/en/