

Standards for Infection Prevention and Control

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Introduction

Occupational therapists (OTs) must 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. While knowledge of infection prevention and control practices is continually evolving as new evidence and conditions emerge, OTs' professional accountabilities remain constant and serve as the foundation for these Standards.

The purpose of these Standards is to ensure OTs in Ontario are aware of the minimum expectations for infection prevention and control within their practice. As a regulatory body, the College is not a subject matter expert in the science of infection prevention and control and does not develop best practices to be implemented by OTs. For that reason, the College consulted with Public Health Ontario (PHO) in the development and revision of these Standards. For the purposes of these Standards, OTs should access and refer to best practice documents from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee (PIDAC). Refer to Appendix A. Other organizations providing advice, protocols, and best practices for infection prevention and control are also listed in Appendix A.

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 these Standards, OTs are expected to adhere to the practice setting policies.

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.
- 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 OTs 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 Best Practices and Resources
2. Assessment of Risk
3. Application of Infection Prevention and Control Best Practices
4. Control of the Environment

Appendix A – Infection Prevention and Control Resources for Occupational Therapists

1. Knowledge of Infection Prevention and Control Best 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 best practices and resources for their practice setting. Additionally, OTs who operate private practices or are in independent practice, are also accountable for the development of infection prevention and control programs to address the needs for their practice setting.

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

Standard 1

The OT will maintain knowledge of current evidence-based infection prevention and control best practices relevant to their practice setting.

Performance Indicators

An OT will:

- 1.1** Identify and access current infection prevention and control resources relevant to their practice setting that are based on infection prevention and control (IPAC) best practices. These best practices should be obtained from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee. (See Appendix A);
- 1.2** Demonstrate knowledge of the internal and external environment in which they practice and how it may impact the infection prevention and control best practices used in their practice setting.

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 best practices are to be used in the provision of service to clients. Additionally, OTs must consider their own health status and how that could affect the client during occupational therapy services. Finally, OTs must consider the health status of others around them when deciding whether to involve them in the client's care, treatment, and education.

It is important for OTs to perform a risk assessment to determine which infection prevention and control best practices should be utilized to reduce the risk of transmission of infection. The assessment of risk related to infection control should be ongoing throughout occupational therapy service delivery.

Standard 2

The OT will assess and identify the risk of transmission of infection associated with the treatment interventions and the clients within their practice setting.

Performance Indicators

An OT will:

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| 2.1 | Assess and continually monitor the degree of risk of transmission of infection based on:
2.1.1 the result of screening, assessment or treatment interventions planned or conducted;
2.1.2 the disclosed health condition of the client;
2.1.3 the health status of the OT, co-workers or colleagues;
2.1.4 the health status of others who are involved in the client's treatment and/or who may have contact with the client in their environment (e.g. family members);
2.1.5 the potential for transmission of infection to the internal or external practice environment. |
| 2.2 | Communicate and document any identified risk of transmission of infection 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 | Consider their own immunization status regarding personal health safety and the potential impact to others. |
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3. Application of Infection Prevention and Control Best Practices

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

Standard 3

The OT will apply current evidence-based infection prevention and control best practices in their practice setting.

Performance Indicators

An OT will:

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| 3.1 | Establish and/or apply infection prevention and control best practices relevant to their practice setting that are intended to minimize the risk of transmission of infection; |
| 3.2 | Incorporate appropriate infection prevention and control best practices into their practice setting that include, at minimum, requirements for:
(a) Hand hygiene;
(b) Selection and use of personal protective equipment (PPE);
(c) Control of the environment (see Standard 4);
(d) Cleaning, disinfecting and/or sterilizing equipment (see Standard 4); |
| 3.3 | Incorporate appropriate infection control best practices to minimize risks associated with transmission of infection. This would include transmission between and from:
(a) Clients and their families;
(b) Health practitioners;
(c) The OT;
(d) Co-workers;
(e) Others;
(f) Environments; |
| 3.4 | Advocate for adequate resources to support appropriate infection prevention and control best practices; |
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¹ Public Health Ontario. <http://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>. Retrieved Jan 10, 2018.

3.5	Educate the client and others about infection prevention and control best practices as they relate to service provision;
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. 3.7.1 In collaboration with the client, consider an alternative practice location if unable to establish a safe practice environment at usual location due to reasons related to infection prevention and control.

4. Control of the Environment

Control of the environment refers to measures that are built into health care settings that have been shown to reduce the risk of transmission of infection.² In occupational therapy practice, this includes taking measures to ensure that equipment, including supplies and devices, used in the delivery of services are cleaned and maintained appropriately. OTs must consider whether it is safe to reuse them with the same or different clients, under what circumstances reuse would be appropriate, and what cleaning and maintenance is required. Additionally, OTs must use their clinical judgement to determine when commonly used items such as pens or measuring tapes should be cleaned or discarded.

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 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.

² Public Health Ontario.
https://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf. Retrieved December 18, 2018.

Classification of Equipment Used in Practice and Best Practices for Reprocessing Equipment

According to Public Health Ontario (PHO), the equipment used by health professionals in their practice can be classified in three different ways: non-critical, semi-critical, and critical.³ Additionally, PHO refers to the steps taken to clean, disinfect, and sterilize medical equipment or devices as “reprocessing”. OTs must be knowledgeable about the different classifications of medical equipment as outlined by PHO and the best practices for cleaning, disinfecting or sterilizing them. OTs should adhere to the manufacturer’s instructions and/or guidelines to properly and regularly clean and/or disinfect equipment used in their practice setting.

The following chart outlines the classification system used by PHO and notes best practices for cleaning, disinfecting, and sterilizing them:

Classification of Equipment	Definitions and Examples	Best Practices for Reprocessing
Non-Critical equipment or devices	Those that do not touch the client directly or they only touch the client’s intact skin. Examples: splints, goniometers, blood pressure cuffs or stethoscopes.	Cleaning and may also require low-level disinfection or single use.
Semi-Critical equipment or devices	Those that come in contact with non-intact skin or mucous membranes, but do not penetrate them. Examples: respiratory equipment or probes.	Meticulous cleaning followed by, at a minimum, high-level disinfection.
Critical equipment or devices	Those that enter sterile tissues. Examples: indwelling catheter or footcare equipment.	Meticulous cleaning followed by sterilization.

Standard 4

The OT will incorporate current evidence-based infection prevention and control protocols for cleaning of the environment, and cleaning, disinfection and/or sterilization of equipment used in their practice setting.

³ Public Health Ontario.
https://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf
Retrieved January 22, 2019.

Performance Indicators

An OT will:

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| 4.1 | Understand and apply evidence-based cleaning, disinfection and/or sterilization protocols for the physical environment; |
| 4.2 | Understand and apply evidence-based cleaning, disinfection and/or sterilization protocols for the devices and equipment used in their practice setting including:

4.2.1 Complying with the equipment manufacturer’s instructions for use;
4.2.2 Complying with best practices for the cleaning of equipment including non-critical equipment and devices, semi-critical equipment and devices, and critical equipment and devices. These best practices should be obtained from Public Health Ontario and the Provincial Infectious Diseases Advisory Committee. (See Appendix A); |
| 4.3 | Routinely review and update protocols pertaining to cleaning, disinfection, and/or sterilization of devices and equipment used in their practice setting as best practices for infection prevention and control evolve; |
| 4.4 | Maintain documentation as outlined in the protocols regarding the cleaning, disinfection, and sterilization of devices and equipment used in their practice.

Note: Please refer to Standards for Record Keeping – Standard 10, Equipment Records. |
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References

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

Public Health Ontario.
<http://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/default.aspx>. Retrieved Jan 10, 2018.

Public Health Ontario (2013). Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices In All Health Care Settings, 3rd edition. Retrieved from https://www.publichealthontario.ca/en/eRepository/PIDAC_Cleaning_Disinfection_and_Sterilization_2013.pdf on January 22, 2019.

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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>

- Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice Documents
https://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx
 - Best Practices for Environmental Cleaning for Prevention and Control of Infections
 - The Best Practices for Hand Hygiene
 - Infection Prevention and Control for Clinical Office Practice
 - Cleaning, Disinfection and Sterilization of Medical Equipment/Devices
- Public Health Ontario Online Learning
<https://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/Pages/default.aspx>
 - IPAC Core Competencies Course
 - Environmental Cleaning Toolkit
 - Just Clean Your Hands
 - Reprocessing in Community Healthcare Settings

Public Health Agency of Canada – Infection Control Guideline Series

<https://www.canada.ca/en/public-health/services/infectious-diseases/nosocomial-occupational-infections.html>

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/>

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