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# Standard for Infection Prevention and Control (IPAC)

# Introduction

The Standards of Practice establish the minimum expectations for all occupational therapists in Ontario. They describe how occupational therapists will provide safe, quality, ethical, accountable, and effective services. The Standards apply to all registrants of the College of Occupational Therapists of Ontario (“the College”), regardless of practice setting, job title, or role. The Standards, together with the Code of Ethics, Competencies, and Practice Guidance, establish the expectations for professional practice and the delivery of occupational therapy services.

<b>Code of Ethics</b>	The Code of Ethics defines the College’s expectations for ethical practice. It includes a set of values and principles, and is intended for use in all <b>contexts</b> and for all levels of decision-making. It forms the foundation for occupational therapists’ ethical obligations. Occupational therapists must know and adhere to these principles.
<b>Competencies</b>	The <i>Competencies for Occupational Therapists in Canada, 2021</i> , articulates the broad range of skills and abilities required of all occupational therapists. Occupational therapists are to remain familiar with the Competencies to inform practice and professional development.
<b>Standards</b>	Standards of Practice establish the minimum expectations for occupational therapists—expectations that contribute to public protection. Standards apply to all occupational therapists, regardless of their role, job description, or area of practice.
<b>Practice Guidance</b>	Practice Guidance provides information about specific practice situations or legislation. These are recommended practices.

## How the Standards are developed and updated

The Standards are based on core occupational therapy principles outlined in the *Competencies for Occupational Therapists in Canada* (2021). The College monitors and revises Standards regularly through its committees, subcommittees, focus groups, and panels. The College consults with registrants and the public to ensure the Standards include core practice elements before seeking approval by the College’s Board of Directors. Registrant input is vital to ensuring the Standards reflect changing practice environments and expectations. Data from College committees and program areas such as Investigations and Resolutions, Quality Assurance, Registration, and the Practice Resource Service helps the College keep the Standards current.

## How the Standards are used

### Clients and the public

Occupational therapy clients and the public use the Standards to understand what they can expect from occupational therapists. These expectations include knowing that services are being provided in ways that are accessible, culturally sensitive, equitable, and inclusive.

## The College

The College uses the Standards in all statutory programs to ensure that applicants and registrants have the competencies and skills to practise effectively, to address questions or concerns about a registrant's practice, and to review and support the provision of quality services.

Failure to comply with the Standards constitutes professional misconduct (*Ontario Regulation 95/07*, s. 1 [1]).

The College's Practice Resource Service is available as an additional resource to help registrants and the public if they have questions about the Standards and occupational therapy practice. The Practice Service is confidential and available at 416-214-1177 or [practice@coto.org](mailto:practice@coto.org).

## Occupational therapists

Clinical and non-clinical occupational therapists are expected to use these Standards in their daily practice and, when requested by the College, be able to demonstrate how their practice meets the performance indicators. Occupational therapists must be able to provide a reasonable rationale when a Standard was not met, including when contextual factors required a deviation from the expectations.

In applying the Standards, occupational therapists must use professional judgement in the following ways:

- Determine how to best meet client needs in accordance with the Standards.
- Understand that these Standards are the College's interpretation of regulatory and practice expectations. When Standards and legislation conflict, the legislation prevails.
- If workplace policies conflict with the Standards, collaborate with their employers to identify and work toward resolving the differences in clients' best interests.

## Employers

Employers of occupational therapists use the Standards to know and follow the College's expectations of occupational therapists working at their organization.

## Educators and students

Educators and students use the Standards to inform curriculum and placement expectations.

## Use of the terms “client,” “patient,” and “service”

The College uses the term “client” to align with the *Competencies for Occupational Therapists in Canada*. It states that clients are “people of any age, along with their families, caregivers, and substitute decision makers. Therapists may also work with collectives such as families, groups, communities, and the public at large” (2021, p. 19). **The term “clients” applies to people and organizations that occupational therapists work with in both clinical and non-clinical settings.**

The *Regulated Health Professions Act, 1991* (RHPA) uses the term “patients” to refer to people receiving care from regulated health professionals. This definition is not as broad as the term “client” used in the *Competencies*. In these Standards, the College uses the broader term “client” with one exception: it remains consistent with the RHPA by using the term “patient” when referring to sexual abuse legislation.

The term “service” is used throughout these Standards to encompass all aspects of occupational therapy, including assessment, intervention, and consultation. “Service” also includes non-clinical roles

or activities completed by occupational therapists in their practice setting (for example, leading education sessions, coordinating services, researching, or teaching).

## How the Standards are organized

As one document, the Standards are sorted alphabetically by title. Each Standard contains:

- An introduction to the main topic explaining why the Standard is important
- Performance indicators or specific behaviours that show how the Standard is to be met
- A list of further resources, including College, legislative, and regulatory documents

### General resources

Association of Canadian Occupational Therapy Regulatory Organizations, Association of Canadian Occupational Therapy University Programs, and Canadian Association of Occupational Therapists. (2021). *Competencies for occupational therapists in Canada*. [https://acotro-core.org/sites/default/files/uploads/ot\\_competency\\_document\\_en\\_hires.pdf](https://acotro-core.org/sites/default/files/uploads/ot_competency_document_en_hires.pdf)

College of Occupational Therapists of Ontario. (2020). *Code of Ethics*. <https://www.coto.org/resources/code-of-ethics>

Occupational Therapy Act, 1991, Statutes of Ontario (1991, c. 33). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91o33>

Ontario Regulation 95/07, Professional Misconduct. (2007). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/regulation/070095>

Regulated Health Professions Act, 1991, Statutes of Ontario (1991, c. 18). Retrieved from the Government of Ontario website: <https://www.ontario.ca/laws/statute/91r18>

# Standard for Infection Prevention and Control (IPAC)

Occupational therapists protect the public by using best practices to minimize the risks of transmitting infection. Public Health Ontario (PHO) defines IPAC as “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, clients, patients, residents and visitors” (PHO, 2021).

In addition to infectious agents, occupational therapists must be aware of other environmental factors that could impact client health and safety, such as insect infestations or food-borne illnesses. Refer to Appendix 1 for IPAC resources.

*Occupational therapists are expected to:*

## 1. Know and apply current, evidence-informed best practices

- 1.1 Identify and access current and best-practice IPAC resources relevant to the practice setting.
- 1.2 Develop or apply existing IPAC policies and procedures including routine practices such as hand hygiene and the selection and use of personal protective equipment. Ensure that equipment is cleaned and maintained.
- 1.3 Inform clients and others about IPAC best practices as they relate to service provision.
- 1.4 Ensure that protocols are in place when risks of transmission are not preventable and address adverse events related to IPAC. Use clinical judgement, collaborate with clients to find alternative options if risks remain high, and document these processes.
- 1.5 Advocate for adequate resources to support IPAC best practices.

## 2. Control the environment

- 2.1 Conduct a point-of-care risk assessment.
- 2.2 Understand and apply evidence-informed cleaning, disinfection, and sterilization protocols for the practice setting’s physical environment, devices, and equipment. Comply with the equipment manufacturer’s instructions for use and best practices for cleaning. Appendix 2 explains the three types of equipment and devices: non-critical, semi-critical, and critical.
- 2.3 Follow additional College and public health directives when working with practice modalities requiring IPAC measures.
- 2.4 Use clinical judgement to determine when commonly used items such as pens and measuring tapes should be reused, cleaned, or discarded.
- 2.5 As best practices for IPAC evolve, review and update protocols for cleaning, disinfecting, and sterilizing devices and equipment.

### Related College documents

Standard for Acupuncture  
Standard for Record Keeping

## Appendix 1: IPAC Resources

### **Infection Prevention and Control Canada: Infection Prevention and Control Resources (n.d.)**

<https://ipac-canada.org/infection-prevention-and-control-resources.php>

### **Public Health Agency of Canada: Infection Control Guideline Series (n.d.)**

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

### **Public Health Ontario: Infection Prevention and Control (2021)**

<https://www.publichealthontario.ca/en/health-topics/infection-prevention-control>

- Provincial Infectious Diseases Advisory Committee Best Practice Documents  
<https://www.publichealthontario.ca/en/about/our-organization/external-advisory-committees/pidac-ipc>
- Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices in All Health Care Settings (2013)
- Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings (2018)
- Best Practices for Hand Hygiene in All Health Care Settings, 4<sup>th</sup> Edition (2014)
- Infection Prevention and Control for Clinical Office Practice (2013)
- Public Health Ontario Online Learning (2020)  
<https://www.publichealthontario.ca/en/education-and-events/online-learning>

## Appendix 2: Classification of Equipment Used in Practice and Best Practices for Reprocessing Equipment

PHO classifies the equipment used by health professionals as non-critical, semi-critical, or critical. PHO uses the term “reprocessing” to refer to the steps for cleaning, disinfecting, and sterilizing medical equipment or devices (PHO, 2013). Occupational therapists must be knowledgeable about the PHO classifications of medical equipment and about best practices for reprocessing.

This chart outlines PHO’s classification system and notes best practices for cleaning, disinfecting, and sterilizing.

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

# Glossary of Terms

## **Co-create**

Co-create is to “create (something) by working with one or more others” (Merriam-Webster, n.d.).

## **Context**

Context strongly influences occupational possibilities and healthcare services. There are three layers of context:

1. Micro context refers to the client’s immediate environment: their own state of health and function, family and friends, and the physical environment they move through
2. Meso context refers to the policies and processes embedded in the health, education, justice, and social service systems that affect the client
3. Macro context refers to the larger socioeconomic and political context around the client: social and cultural values and beliefs, laws, and public policies

## **Culturally safer**

Culturally safer is a refinement on the concept of cultural safety. Competent occupational therapists do everything they can to provide culturally safe care. But they remain aware that they are in a position of power in relation to clients. They are mindful that many marginalized people—Indigenous people, for example—have a history of serious mistreatment in healthcare settings. These clients may never feel fully safe. Occupational therapists allow those who receive the services to determine what they consider to be safe. They support them in drawing strength from their identity, culture, and community. Because cultural safety is unlikely to be fully achievable, occupational therapists work toward it.

## **Ecological considerations for care**

Occupational therapists consider the wider impact of the tools used to practise in order to support the sustainability of environmental resources. As environmental stewards where possible, occupational therapists recognize the ecosystems on which human health depends and support sustainability as part of a global initiative.

## **Intersectionality**

Intersectionality describes how a person’s multiple social identities (for example, ability, age, class, education, ethnicity, gender, geography, immigration status, income, indigeneity, race, religion, and sexual orientation) combine, overlap, or intersect to create different modes of discrimination and privilege. Intersectionality can help occupational therapists understand the myriad factors affecting a client’s health and the disparities in access to healthcare.

## **Power imbalance**

Occupational therapists are in a position of trust and authority over their clients. As a result, the client-therapist relationship is inherently unequal, which results in a power imbalance in favour of the occupational therapist. The client relies on the occupational therapist’s clinical judgement and experience to address health-related issues, and the occupational therapist knows the client’s personal information and has the ability to influence the client’s access to other resources and services.

This power imbalance places the client in a vulnerable position in the therapeutic relationship. Occupational therapists are expected to be aware of this inherent imbalance, and ensure that professional boundaries are maintained to protect the client’s best interests and keep the client safe.



### **Vulnerable client**

The vulnerability of a client is determined by many factors, including their health status, life stage, social context, ability to access supports and resources, and the overall complexity of their condition and needs. Some indications of client vulnerability in occupational therapy practice may include those people who are at risk of being highly dependent on the occupational therapist or the services they can help them access, and where services may be prolonged or are high risk and intensive.

### **Resources**

Merriam-Webster. (n.d.). Ccreate. In *Merriam-Webster.com dictionary*. Retrieved November 27, 2022, from <https://www.merriam-webster.com/dictionary/ccreate>

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