COLLEGE OF PHYSICIANS AND SURGEONS OF BRITISH COLUMBIA

Diagnostic Accreditation Program

ACCREDITATION STANDARDS

Infection Prevention and Control

Diagnostic Accreditation Program
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Introduction

Facilities establish infection prevention and control activities and precautions to help reduce the possibility of acquiring and transmitting an infection. The type and scope of the activities and precautions are influenced by the size of the facility, the resources available, the services provided, and the patients served.

Planning

No.		Description	Risk	Reference	Change
DIPC1.0		**PLANNING FOR INFECTION PREVENTION AND CONTROL IS EFFECTIVE, INTEGRATED AND COORDINATED.**			
DIPC1.1		**An infection prevention and control plan is developed and implemented.**			
DIPC1.1.1	**M**	There are documented policies and procedures for infection prevention and control (e.g. an infection control manual).	M		
DIPC1.1.2	**M**	Activities associated with increased risk of infection to staff, patients and visitors are identified and assessed.	M		
DIPC1.1.3	**M**	Precautions used to eliminate or minimize the risk of infection are identified and defined.	M		
DIPC1.1.4	**B**	Responsibility for infection prevention and control activities is assigned.			
DIPC1.1.5	**B**	There is access to up-to-date infection prevention and control resources (e.g. infection control practitioners, expert consultants and websites).			
DIPC1.1.6	**B**	Infection prevention and control surveillance or monitoring activities are scheduled and conducted regularly.			
DIPC1.1.7	**B**	Infection control data is reviewed and analyzed and actions are taken when issues are identified.			
DIPC1.1.8	**B**	Infection control data is reported to an appropriate authority.			
DIPC1.1.9	**B**	There is a regular review of the infection prevention and control plan.			

Routine practices

No.		Description	Risk	Reference	Change
DIPC2.0		**ROUTINE PRACTICES FOR PREVENTING THE TRANSMISSION OF INFECTION ARE IMPLEMENTED.** *Guidance: The term "routine practices" (or "standard precautions") is used to describe a system to prevent transmission of infections in health-care settings. These practices are to be used at all times, with all patients regardless of diagnosis or infectious status.*			
DIPC2.1		**Hand hygiene activities and practices are used to prevent and control the spread of infection.** *Guidance: Hand hygiene is the single most important activity for preventing the transmission of infections.*			
DIPC2.1.1	**M**	There are readily accessible designated hand hygiene sinks or other forms of hand hygiene products.	H		
DIPC2.1.2	**M**	Hand hygiene is performed with soap and warm water or an alcohol-based hand rub. *Guidance: Hand hygiene practice requirements may vary depending on the infectious disease status of the patient. Hand hygiene practices are consistent with the facility's policies and procedures for infectious diseases.*	H		
DIPC2.1.3	**M**	Hand hygiene is performed before direct contact with a patient.	H		
DIPC2.1.4	**M**	Hand hygiene is performed after direct contact with a patient.	H		
DIPC2.1.5	**M**	Hand hygiene is performed before gloves are put on and immediately after removing gloves.	H		
DIPC2.1.6	**M**	Hand hygiene is performed between clean and dirty procedures on the same patient.	H		
DIPC2.1.7	**M**	Hand hygiene is performed before preparing or handling medications.	H		
DIPC2.1.8	**M**	Soap and warm water is used if hands are visibly soiled.	H		
DIPC3.0		**PERSONAL PROTECTIVE EQUIPMENT (PPE) IS WORN BY STAFF AS A BARRIER AGAINST BLOOD AND BODY FLUID EXPOSURE.**			

No.		Description	Risk	Reference	Change
DIPC3.1		**Personal protective equipment is used appropriately.**			
DIPC3.1.1	**M**	Personal protective equipment is changed between patients.	H		
DIPC3.1.2	**M**	Personal protective equipment is used when there is potential contact or exposure to blood and body fluids.	H		
DIPC3.1.3	**M**	Personal protective equipment is removed and disposed of properly or reprocessed according to manufacturer's recommendations.	H		
DIPC3.2		**Gloves are worn by staff for protection against infection.** *Guidance: Gloves are used as an additional measure, not as a substitute for appropriate hand hygiene. Gloves are not required for routine patient care activities.*			
DIPC3.2.1	**M**	Gloves are worn when there is potential for contact with blood or body fluids.	H		
DIPC3.2.2	**M**	Gloves are worn when the staff member has open skin lesions on their hands.	H		
DIPC3.2.3	**M**	Gloves are changed between patients and procedures and disposed of properly.	H		
DIPC3.2.4	**M**	Gloves are removed immediately after a specific task and before touching clean environmental surfaces.	H		
DIPC3.2.5	**M**	Sterile gloves are worn for sterile procedures.	H		
DIPC3.2.6	**M**	Single-use disposable gloves are not reused or washed.	H		
DIPC3.2.7	**M**	Gloves for latex sensitive workers are available.	H		
DIPC3.2.8	**M**	Altered gloves are not worn to conduct tasks, such as where glove fingertips are removed to start an intravenous or otherwise altered when potentially encountering body fluids, tissues, or chemical agents.	H		
DIPC3.3		**Face protection is worn, or used to protect against splashes.** *Guidance: Masks in combination with eye protection, or face shields, are worn to protect the mucous membranes of the eyes, nose and mouth.*			
DIPC3.3.1	**M**	Masks and eye protection, or face shields are worn for activities likely to generate splashes or sprays of blood or body fluids.	H		
DIPC3.4		**The imaging service has a process for the assessment and use of a N95 respirator/mask.**			

No.		Description	Risk	Reference	Change
DIPC3.4.1	**M**	A risk assessment is conducted to determine if and when the use of N95 respirators/masks for staff is necessary. *Guidance: An N95 respirator/mask helps protect staff from respiratory pathogens that are transmitted via the airborne route. Staff must use N95 respirators/masks if they may be exposed to an airborne infection that is listed in the WorkSafeBC Regulations and a risk assessment has indicated that this infection poses a potential hazard. It is recommended that the imaging service consults with Occupational Health and Safety (OH&S) and infection control resources regarding conducting the risk assessment.*	M		
DIPC3.4.2	**M**	Fit testing of N95 respirators/masks is performed annually and is documented. *Guidance: A respirator/mask will not be effective unless it forms an adequate seal against the staff member's face. The only way to be certain a specific respirator/mask forms this seal is to conduct a fit test.*	M		
DIPC3.5		**Gowns are worn by staff as a barrier against infection.**			
DIPC3.5.1	**M**	Gowns are worn when there is potential for soiling clothing with blood, body or other fluids. *Guidance: Gowns should be fluid resistant.*	H		

Additional precautions

No.		Description	Risk	Reference	Change
DIPC4.0		**PATIENTS, STAFF AND VISITORS ARE PROTECTED FROM POTENTIAL OR KNOWN COMMUNICABLE DISEASES.**			
DIPC4.1		**Additional precautions are used for patients with known or suspected communicable diseases.** *Guidance: Additional infection prevention and control precautions are necessary for specific certain pathogens or clinical presentations. Professional knowledge, skill and judgment are used to assess the potential routes of transmission and the appropriate additional precautions to be taken (e.g. contact, droplet, droplet/contact, or airborne precautions).*			
DIPC4.1.1	**M**	Processes are in place to identify patients with known or potential communicable diseases. *Guidance: Known or suspected communicable diseases may be identified in many ways for example asking the patient, notation on the requisition, or noted in the RIS. It is not necessary to wait for a specific diagnosis or microbiologic confirmation before initiating appropriate precautions when patient assessment clearly indicates a clinical syndrome or risk factors related to a potentially communicable disease. For the patient who has, or is suspected of, having a disease requiring additional precautions it is important to institute these precautions immediately. They may be instituted by any health-care provider as soon as the communicable disease, clinical presentation, or risk factors are suspected or identified.*	H		
DIPC4.1.2	**M**	For patients with a known or potential, communicable disease, appropriate staff are notified of additional precautions required.	H		
DIPC4.1.3	**M**	Patients with a known or potential communicable disease are placed directly into a single room or are placed in an area of the waiting room separated from other patients by at least two meters, and time spent in the waiting room is minimized. *Guidance: This is if infection is spread by droplet route. If spread by aerosol route (e.g. chicken pox or measles) the two-metre distance does not apply.*	H		
DIPC4.1.4	**M**	The patient wears a procedure mask if they are coughing or sneezing and hand hygiene is offered when appropriate.	H		

No.		Description	Risk	Reference	Change
DIPC4.1.5	**M**	N95 respirators/masks are available for all staff that enter the procedure room if there is a known or suspected airborne infection. *Guidance: Airborne transmission refers to transmission of infection by inhaling aerosols (e.g. tuberculosis, measles, or chicken pox (varicella)). This can occur when a patient coughs, sneezes, or talks. These infectious agents can be acquired by susceptible individuals who may be at some distance away from the source patient.*	H		
DIPC4.1.6	**M**	An appointment is scheduled at the end of the day or alternative measures are taken to minimize exposure to other patients.	H		
DIPC5.0		**BLOOD AND BODY FLUIDS PRECAUTIONS FOR STAFF ARE SAFE AND EFFECTIVE.**			
DIPC5.1		**There is a defined follow up process that addresses possible or actual blood and body fluids exposure.**			
DIPC5.1.1	**M**	For blood and body fluids exposures the staff member has local first aid administered, if required, and then is immediately referred for medical assessment (within two hours) and appropriate therapy and follow-up. *Guidance: It is preferable to go to an emergency department as they have the necessary medications on site, rather than a family physician who does not have the medications in their office.*	H		
DIPC5.1.2	**M**	An incident investigation is completed for all staff who have had a potential or actual blood or body fluid exposure.	M		
DIPC5.1.3	**M**	There are documented policies and procedures for the prevention and follow-up of blood and body fluids exposures.	M		
DIPC5.2		**Safe and effective practices are followed for the use and disposal of sharps.**			
DIPC5.2.1	**M**	Safety engineered sharps or devices that have built-in safety mechanisms are used.	H		
DIPC5.2.2	**M**	Used needles and other sharp instruments are not recapped.	H		

No.		Description	Risk	Reference	Change
DIPC5.2.3	**M**	Used sharps are disposed of immediately in designated puncture resistant containers located in the immediate area where the sharp was used. *Guidance: In areas where sharps containers have not been mounted, portable sharps containers should be used.*	H		
DIPC5.2.4	**M**	Sharps containers are sealed and replaced when they are filled up to the designated line on the container.	H		
DIPC5.2.5	**M**	Sharps containers are appropriately disposed.	H		

Cleaning of surfaces and ancillary medical equipment

No.		Description	Risk	Reference	Change
DIPC6.0		**THE PHYSICAL ENVIRONMENT OF THE IMAGING SERVICE IS CLEAN.**			
DIPC6.1		**Safe and effective cleaning of the physical environment is ensured.**			
DIPC6.1.1	**M**	Policies and procedures are in place indicating the frequency and method of environmental cleaning and disinfection.	M		
DIPC6.1.2	**M**	Equipment and surfaces in direct contact with a patient or blood and body fluids are cleaned and disinfected before use with another patient.	H		
DIPC6.1.3	**M**	A barrier (sheet or paper) is placed on the procedure table and changed between patients. Alternatively, the table is cleaned between patients.	H		
DIPC6.1.4	**M**	If there is significant environmental contamination (e.g. stool, urine, wound drainage, or uncontrolled respiratory secretions) all horizontal surfaces and frequently touched surfaces are appropriately cleaned and disinfected before the room and/or equipment is used for another patient.	H		
DIPC6.1.5	**M**	Paper liners, linens, patient gowns etc. are appropriately disposed of or laundered between patients.	H		
DIPC6.1.6	**M**	The flooring in patient care areas is cleaned regularly.	H		
DIPC6.2		**The imaging service reduces the risk of infections associated with ancillary medical equipment.**			
DIPC6.2.1	**B**	Routine patient care equipment is cleaned or discarded between patients (e.g. blood pressure cuffs, stethoscope, tourniquets).			
DIPC6.2.2	**M**	Ancillary medical equipment is appropriately cleaned and disinfected (e.g. compression devices, positioning aides).	H		
DIPC6.2.3	**M**	Equipment touching mucous membranes or non-intact skin is appropriately cleaned and high-level disinfected between patients.	C		
DIPC6.2.4	**M**	Single use medical devices are not reprocessed. *Guidance: The reuse of single-use devices can affect their safety, performance, and effectiveness and expose patients and staff to unnecessary risk.*	C		

Decontamination of reusable semi-critical medical devices

No.		Description	Risk	Reference	Change
DIPC7.0		**STANDARDIZED REPROCESSING PRACTICES FOR THE DECONTAMINATION OF REUSABLE SEMI-CRITICAL MEDICAL DEVICES ARE IMPLEMENTED.** *Guidance: A risk classification is given to medical devices that present a high risk of infection if contaminated by any microorganism. For purposes of these standards the risk classification of semi-critical devices will be addressed and for the imaging service this specifically covers trans- esophageal and endocavity probes.*			
DIPC7.1		**The imaging service provides staff education for the decontamination of reusable semi-critical medical devices.**			
DIPC7.1.1	**M**	There are policies and procedures that document the specific education required for each staff position in the decontamination area.	M		
DIPC7.1.2	**M**	There are policies and procedures that document the training to be provided for each staff position in the decontamination area.	M		
DIPC7.1.3	**M**	There are policies and procedures that document the experience necessary for each staff position in the decontamination area.	M		
DIPC7.1.4	**M**	There are policies and procedures that document how competency will be assessed for each staff position in the decontamination area.	M		
DIPC7.1.5	**M**	There is documentation of the initial and ongoing training staff receives.	M		
DIPC7.2		**All areas for decontamination, preparation, and storage of medical devices are designed to minimize contamination and infection.**			
DIPC7.2.1	**M**	There is a designated reprocessing area that is separated into distinct areas to ensure one-way workflow.	M		
DIPC7.2.2	**M**	Cleaning of the medical device is performed in a distinctly separate area from where disinfected/sterile medical devices are handled or stored.	H		
DIPC7.2.3	**B**	Appropriate ventilation controls are utilized in the reprocessing area. *Guidance: Consult MSDS sheets to ensure appropriate exposure controls and personal protection is used.*			

No.		Description	Risk	Reference	Change
DIPC7.2.4	**B**	Reprocessed medical devices are stored vertically in well-ventilated dedicated areas in a manner that minimizes contamination or damage.			
DIPC7.2.5	**B**	Storage units are cleaned at least weekly, if used.			
DIPC7.2.6	**B**	There is a process for identification of non-reprocessed medical devices from reprocessed medical devices.			
DIPC7.3		**Medical devices are cleaned to minimize contamination and infection.**			
DIPC7.3.1	**M**	Medical devices are thoroughly cleaned and rinsed prior to high-level disinfection.	H		
DIPC7.3.2	**B**	The medical device is placed in a covered container, in a manner that minimizes contamination of the environment and staff.			
DIPC7.3.3	**B**	Detergents and enzymatic cleaners are prepared, changed and discarded according to manufacturer's written instructions.			
DIPC7.3.4	**B**	Detergents are discarded at least daily and when visibly contaminated.			
DIPC7.3.5	**B**	Cleaning accessories are disposable or thoroughly cleaned and disinfected at least daily.			
DIPC7.4		**Effective high-level disinfectants are used to achieve decontamination of the medical device.**			
DIPC7.4.1	**M**	Semi critical medical devices receive at a minimum high-level disinfection.	H		
DIPC7.4.2	**M**	High-level disinfectants have a drug identification number (DIN) from Health Canada.	H		
DIPC7.4.3	**B**	Current manufacturer's instructions are used for the preparation of high-level disinfectants.			
DIPC7.4.4	**M**	Reusable high-level disinfectant concentration is checked daily at a minimum, with appropriate chemical test strips or chemical indicator. *Guidance: If disinfection is performed with an aerosolized hydrogen peroxide system, a single-use chemical indicator must be used for each disinfection cycle.*	H		
DIPC7.4.5	**M**	Chemical test strips or chemical indicators are used within the expiry date and are stored as per manufacturer's recommendations.	H		

No.		Description	Risk	Reference	Change
DIPC7.4.6	**M**	The temperature of the high-level disinfectant is monitored prior to reprocessing a semi-critical medical device to ensure that the manufacturer's recommended temperature range is maintained. *Guidance: If the temperature of the high-level disinfectant is not within the recommended range, there is a procedure for performing corrective action.*	H		
DIPC7.4.7	**B**	High-level disinfectants are discarded as recommended by the manufacturer.			
DIPC7.4.8	**B**	Neutralizing of high-level disinfectant is performed in a separate container than that used for disinfection. *Guidance: A neutralizing agent is used prior to drainage disposal of disinfectant solutions. Prior to drainage of disinfection solutions the disinfectant should be neutralized in a separate container than the one used for disinfecting so as to not contaminate and possibly neutralize the fresh disinfectant. The disinfectant may permeate into some plastics. The neutralizer may then permeate back into the good solution and reduce the potency.*			
DIPC7.5		**There is a safe and effective process for high-level disinfection.**			
DIPC7.5.1	**M**	There are implemented procedures for reprocessing each different type of medical device.	M		
DIPC7.5.2	**M**	The medical device is immersed in the high-level disinfectant for the manufacturer's recommended method, time and temperature. *Guidance: If disinfection is performed with an aerosolized hydrogen peroxide or other automated system (e.g. TD-100 - TEE probe reprocesser), the probe must be placed in the disinfection chamber as per the manufacturer's recommendations. Refer to the "validated probes list" provided with the reprocessing device as not all probes have been approved for disinfection using these systems.*	H		
DIPC7.5.3	**M**	The soaking container is kept covered between uses and is washed, rinsed and dried when the solution is changed.	M		
DIPC7.5.4	**M**	After disinfection the medical device is rinsed to remove residual high-level disinfectant as per the manufacturer's recommendations. *Guidance: If disinfection is performed with an aerosolized hydrogen peroxide system or other automated system (e.g. TD-100 - TEE probe reprocesser), refer to the device user manual or contact the probe manufacturer for reprocessing instructions.*	H		

No.		Description	Risk	Reference	Change
DIPC7.5.5	**B**	After disinfection, the medical device is dried with a clean, lint-free cloth.			
DIPC7.6		**Documentation for all aspects of the decontamination of contaminated reusable semi-critical medical devices is available.**			
DIPC7.6.1	**M**	Detailed written policies and procedures for high-level disinfection (HLD) of medical devices are readily available for staff.	M		
DIPC7.6.2	**M**	Documentation is available for the high-level disinfectant preparation which includes the product name.	M		
DIPC7.6.3	**M**	Documentation is available for the high-level disinfectant preparation which includes the disinfectant DIN number.	M		
DIPC7.6.4	**M**	Documentation is available for the high-level disinfectant preparation which includes disinfectant lot number.	M		
DIPC7.6.5	**M**	Documentation is available for the high-level disinfectant preparation which includes the disinfectant expiry date.	M		
DIPC7.6.6	**M**	Documentation is available for the high-level disinfectant preparation which includes date of solution change.	M		
DIPC7.6.7	**M**	Documentation is available for the high-level disinfectant preparation which includes initials of staff performing preparation and/or completing the documentation.	M		
DIPC7.6.8	**M**	Documentation is available for the quality control of high-level disinfectant and includes test strip or chemical indicator name.	M		
DIPC7.6.9	**M**	Documentation is available for the quality control of high-level disinfectant and includes lot number.	M		
DIPC7.6.10	**M**	Documentation is available for the quality control of high-level disinfectant and includes expiry date.	M		
DIPC7.6.11	**M**	Documentation is available for the quality control of high-level disinfectant and includes test strip or chemical indicator result. *Guidance: A pass or fail result is recorded based on the colour assessment chart provided with the test strips or chemical indicator.*	M		
DIPC7.6.12	**M**	Documentation is available for the quality control of high-level disinfectant and includes initials of staff performing QC testing.	M		

No.		Description	Risk	Reference	Change
DIPC7.6.13	**M**	Documentation is available for the reprocessed medical device which includes medical device name.	M		
DIPC7.6.14	**M**	Documentation is available for the reprocessed medical device which includes serial number.	M		
DIPC7.6.15	**M**	Documentation is available for the reprocessed medical device which includes date of disinfection.	M		
DIPC7.6.16	**M**	Documentation is available for the reprocessed medical device which includes method of HLD.	M		
DIPC7.6.17	**M**	Documentation is available for the reprocessed medical device which includes contact time of the HLD.	M		
DIPC7.6.18	**M**	Documentation is available for the reprocessed medical device which includes temperature of the HLD.	M		
DIPC7.6.19	**M**	Documentation is available for the reprocessed medical device which includes initials of person performing the reprocessing.	M		
DIPC7.6.20	**M**	Documentation is available for the record of the medical device which includes patient name. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		
DIPC7.6.21	**M**	Documentation is available for the record of the medical device which includes patient record number. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		
DIPC7.6.22	**M**	Documentation is available for the record of the medical device which includes date and time. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		

No.		Description	Risk	Reference	Change
DIPC7.6.23	**M**	Documentation is available for the record of the medical device which includes type of procedure. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		
DIPC7.6.24	**M**	Documentation is available for the record of the medical device which includes serial number of probe. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		
DIPC7.6.25	**M**	Documentation is available for the record of the medical device which includes initials of staff completing documentation. *Guidance: In certain circumstances, patients may need to be recalled due to improper reprocessing. The patient documentation associated with each use of the medical device must be readily available whether through the facility's information system or paper-based records.*	M		
DIPC8.0		**STANDARDIZED STERILIZATION PRACTICES FOR THE DECONTAMINATION OF REUSABLE MEDICAL DEVICES ARE IMPLEMENTED.**			
DIPC8.1		**There is a safe and effective process for sterilization of medical devices.**			
DIPC8.1.1	**M**	Sterilization of medical devices by imaging service staff is performed following manufacturer's instructions.	H		

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