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.

Various devices are subject to cleaning, disinfection and sterilization, but single-patient use equipment has minimized the need to reprocess equipment. Clean and disinfected equipment processes are necessary to ensure patient safety and compliance with infection prevention control practices. Examples of HLD chemicals solutions are those containing agents such as hydrogen peroxide, glutaraldehyde, orthophthalaldehyde, and peracetic acid.

Planning

No.		Description	Risk	Reference	Change
SIPC1.0		**PLANNING FOR INFECTION PREVENTION AND CONTROL IS EFFECTIVE, INTEGRATED AND COORDINATED.**			
SIPC1.1		**An infection prevention and control plan is developed and implemented.**			
SIPC1.1.1	**M**	There are documented policies and procedures for infection prevention and control (e.g. an infection control manual).	M		
SIPC1.1.2	**M**	Activities associated with increased risk of infection to staff, patients and visitors are identified and assessed.	M		
SIPC1.1.3	**M**	Precautions used to eliminate or minimize the risk of infection are identified and defined.	M		
SIPC1.1.4	**B**	Responsibility for infection prevention and control activities is assigned.			
SIPC1.1.5	**B**	There is access to up-to-date infection prevention and control resources (e.g. infection control practitioners, expert consultant(s) and website(s).			
SIPC1.1.6	**M**	All staff receives ongoing training in the applicable infection and prevention and control policies and procedures relevant to their position or job.	M		
SIPC1.1.7	**B**	Infection control data is reviewed and analyzed and actions are taken when issues are identified.			
SIPC1.1.8	**B**	Infection control data is reported to an appropriate authority.			
SIPC1.1.9	**B**	There is a regular review of the infection prevention and control plan.			

Routine practices

No.		Description	Risk	Reference	Change
SIPC2.0		**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*			
SIPC2.1		**Hand hygiene is used to prevent and control the spread of infection.** *Guidance: Hand hygiene is the single most important activity for preventing the transmission of infections.* *https://www.health.gov.bc.ca/library/publications/year/2012/best-practice-guidelines-handhygiene.pdf*		ISO 15190 CLSI GP17-A3 4.3.2	
SIPC2.1.1	**M**	Hand hygiene is performed with plain soap and running water, or alcohol-based hand rubs. *Guidance: A sufficient amount of product is applied to ensure that all parts of the hands and wrist are rubbed. 70% to 90% of alcohol-based hand rub product is used throughout the facility.*	H		Revised
SIPC2.1.2	**M**	Hand hygiene is performed before and after direct contact with a patient.	H		
SIPC2.1.3	**M**	Hand hygiene is performed before gloves are put on and immediately after removing gloves.	H		
SIPC2.1.4	**M**	Hand hygiene is performed between clean and dirty procedures on the same patient.	H		
SIPC2.1.5	**M**	Hand hygiene is performed before preparing or handling medications.	H		
SIPC2.1.6	**M**	Hand hygiene is performed if the staff member's skin becomes visibly contaminated (e.g. after contact with blood or body fluids).	H		
SIPC2.1.6	**M**	Hand hygiene is performed if the staff member's skin becomes visibly contaminated (e.g. after contact with blood or body fluids).	H		
SIPC2.1.7	**M**	There are sufficient, readily accessible, designated hand hygiene sinks or other accessible forms of hand hygiene products.	H		

No.		Description	Risk	Reference	Change
SIPC2.1.8	**M**	Appropriate hand hygiene is performed when in contact with patients that have known or suspected infectious diseases.	H		
SIPC2.1.9	**B**	Hand hygiene audits are conducted regularly.			New

Personal protective equipment

No.		Description	Risk	Reference	Change
SIPC3.0		**PERSONAL PROTECTIVE EQUIPMENT (PPE) IS WORN BY STAFF AS A BARRIER AGAINST BLOOD AND BODY FLUID EXPOSURE.** *Guidance: See also general safety accreditation standards.*			
SIPC3.1		**Personal protective equipment is used appropriately.**			
SIPC3.1.1	**M**	Personal protective equipment is used when there is potential contact or exposure to blood and body fluids.	H		
SIPC3.1.2	**M**	Personal protective equipment is changed between patients.	H		
SIPC3.1.3	**M**	Personal protective equipment is removed and disposed of properly or reprocessed according to manufacturer's recommendations.	H		
SIPC3.2		**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.*			
SIPC3.2.1	**M**	Gloves are worn when there is potential for contact with blood or body fluids.	H		
SIPC3.2.2	**M**	Gloves are worn when the staff member has open skin lesions on their hands.	H		
SIPC3.2.3	**M**	Gloves are changed between patients and procedures and disposed of properly.	H		
SIPC3.2.4	**M**	Gloves are removed immediately after a specific task and before touching clean environmental surfaces.	H		
SIPC3.2.5	**M**	Sterile gloves are worn for sterile procedures.	H		
SIPC3.2.6	**M**	Single-use disposable gloves are not reused or washed.	H		
SIPC3.3		**The diagnostic service has a process for the assessment and use of a N95 respirator/mask.**			

No.		Description	Risk	Reference	Change
SIPC3.3.1	**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 diagnostic service consults with Occupational Health and Safety (OH&S) and infection control resources regarding conducting the risk assessment.*	M	WorkSafe BC	
SIPC3.3.2	**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 members face. The only way to be certain a specific respirator/mask forms this seal is to do a fit test.*	M		

Additional precautions

No.		Description	Risk	Reference	Change
SIPC4.0		**PATIENTS, STAFF AND VISITORS ARE PROTECTED FROM POTENTIAL OR KNOWN COMMUNICABLE DISEASES.**			
SIPC4.1		**Additional precautions are used for patients with known or suspected communicable diseases.** *Guidance: Additional infection prevention and control precautions are necessary for specific pathogens or clinical presentations. Professional knowledge, skills and judgment are used to assess the potential routes of transmission and the appropriate additional precautions to be taken (e.g. contact, droplet or airborne precautions).*			
SIPC4.1.1	**M**	Patients with known or potential communicable diseases are identified. *Guidance: Known or suspected communicable diseases may be identified in many ways e.g. asking the patient, notation on the requisition, or noted in the information system. 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		
SIPC4.1.2	**M**	For patients with a known or potential communicable disease, appropriate staff are notified of additional precautions required.	H		
SIPC4.1.3	**M**	Staff comply with infection control policies and protocols when dealing with patients on isolation precautions.	H		

No.		Description	Risk	Reference	Change
SIPC4.1.4	**M**	Patients with a known or potential communicable disease are placed directly into a single room and do not wait in a common waiting room or, if a single room is not available, the patient is 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		
SIPC4.1.5	**M**	The patient wears a procedure mask if they are coughing or sneezing and hand hygiene is offered when appropriate.	H		
SIPC4.1.6	**M**	N95 respirators/masks are available for all staff who 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		
SIPC4.1.7	**M**	An appointment is scheduled at the end of the day or alternative measures are taken to minimize exposure to other patients.	H		

Blood and body fluid exposure and sharps

No.		Description	Risk	Reference	Change
SIPC5.0		**BLOOD AND BODY FLUID EXPOSURE PRECAUTIONS ARE USED TO SAFEGUARD STAFF.**			
SIPC5.1		**There is a defined follow-up process that addresses possible or actual blood and body fluid exposure.**			
SIPC5.1.1	**M**	There are documented policies and procedures for follow-up to blood and body fluid exposure.	H		
SIPC5.1.2	**M**	For blood and body fluid exposure the staff member has local first aid administered, if required, and then is immediately referred for medical assessment (within two hours), 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 his/her office.*	M		
SIPC5.1.3	**M**	An incident investigation is completed for all staff who have had a potential or actual blood or body fluid exposure.	M		
SIPC5.2		**Safe and effective practices are followed for the use and disposal of sharps.**			
SIPC5.2.1	**M**	Safety engineered sharps or devices that have built in safety mechanisms are used.	H		
SIPC5.2.2	**M**	Used needles and other sharp instruments are not recapped.	H		
SIPC5.2.3	**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 are used.*	H		
SIPC5.2.4	**M**	Sharps containers are sealed and replaced when they are full up to the fill line.	H		
SIPC5.2.5	**M**	Sharps containers are appropriately disposed.	H		

Cleaning of surfaces and ancillary medical equipment

No.		Description	Risk	Reference	Change
SIPC6.0		**THE PHYSICAL ENVIRONMENT OF THE DIAGNOSTIC SERVICE IS CLEAN.**			
SIPC6.1		**Safe and effective cleaning of the physical environment is maintained.**			
SIPC6.1.1	**M**	Policies and procedures are in place indicating the frequency and method of environmental cleaning and disinfection.	M		
SIPC6.1.2	**M**	Equipment and surfaces in direct contact with a patient or blood and body fluid are cleaned and disinfected before use with another patient.	H		
SIPC6.1.3	**M**	A barrier (sheet or paper) is placed on the procedure table and changed between patients. Alternatively, the table is cleaned between patients.	H		
SIPC6.1.4	**M**	If there is significant environmental contamination (e.g. from 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		
SIPC6.1.5	**M**	Paper liners, linens, patient gowns, etc. are appropriately disposed of or laundered between patients.	H		
SIPC6.1.6	**M**	Housekeeping staff are evaluated to ensure the practice of appropriate cleaning procedures is used. *Guidance: Staff designated for routine cleaning procedures may be in-house or outsourced. It is ensured that outsourced staff have appropriate training for environmental cleaning practices.*	H	CSA Z8000	New
SIPC6.1.7	**M**	There is a process in place to ensure any contracted cleaning services are in conformance with current standards and best practices.	H		New
SIPC6.1.8	**M**	Environmental cleaning audits are conducted at least annually and as needed. *Guidance: Environmental cleaning audits may include documented visual inspections and focus on the cleanliness of the environment.*	H	PIC	New
SIPC6.2		**The diagnostic service reduces the risk of infections associated with ancillary medical equipment.**			

No.		Description	Risk	Reference	Change
SIPC6.2.1	**M**	Routinely used patient testing equipment (e.g. EEG lead wires and cables) are cleaned or discarded between patients.	H		
SIPC6.2.2	**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		

Medical device reprocessing

No.		Description	Risk	Reference	Change
SIPC7.0		**MEDICAL DEVICE REPROCESSING**			New
SIPC7.1		**The diagnostic service reduces the risk of infections associated with medical devices.**			
SIPC7.1.1	**M**	Dirty equipment is handled, stored and transported in a safe manner to reduce the risk of exposure and is placed in an appropriate receptacle after use.	H		New
SIPC7.1.2	**M**	Staff assigned to reprocessing medical devices have completed training in reprocessing.	H		New
SIPC7.1.3	**M**	Clean equipment is stored in a manner to prevent contamination and is safeguarded from harm until the point of use.	H		New
SIPC7.1.4	**M**	Routinely used patient testing equipment (e.g. tourniquets) are cleaned or discarded between patients.	H		New
SIPC7.1.5	**M**	Manufacturer's instructions for use must be followed when reprocessing any multi-use reusable device. *Guidance: Staff have access to the manufacturer's instructions for use for all medical devices.*	H		New
SIPC7.2		**Single-use medical devices are used for diagnostic or treatment purposes, where available.**			
SIPC7.2.1	**M**	When available, single-use medical devices are used.	H		New
SIPC7.2.2	**M**	When available, single-use non-critical medical devices are used. *Guidance: Non-critical devices refer to equipment/devices that only touch intact skin and not mucous membranes (e.g. pulse oximeter probes, end of line filters).*	H		New
SIPC7.2.3	**M**	When available, single use semi-critical medical devices are used. *Guidance: Semi-critical devices refer to equipment/devices that comes into contact with/exposure to mucous membranes or non-intact skin (e.g. nasal cannula, hose, mask).*	H		New
SIPC7.2.4	**M**	Single-use medical devices are not reprocessed. *Guidance: Single-use (disposable) medical devices are not intended to be reused, reprocessed, or used on another patient.*	H		New

No.		Description	Risk	Reference	Change
SIPC7.2.5	**M**	If a medical device's details are unavailable or are inappropriately labeled, it should be considered single use only.	H		New
SIPC7.2.6	**B**	Mask fitting sizing tools are single-patient use only (e.g. sizing guides).			New
SIPC7.3		**In health authority-based facilities, multi-use medical devices used for diagnostic or treatment purposes have standardized reprocessing practices.**		DAP	
SIPC7.3.1	**M**	The facility defines what multi-use medical devices are subject to HLD (e.g. mask, hose, humidifier).	H		New
SIPC7.3.2	**M**	All reusable semi-critical medical devices follow manufacturers' recommendations for reprocessing.	H		New
SIPC7.3.3	**M**	Medical devices are reprocessed in accordance to the health-authority's medical device reprocessing department.	h		New
SIPC7.4		**In privately based facilities, multi-use medical devices used for diagnostic or treatment purposes use standardized reprocessing practices for HLD (high-level disinfection).**		DAP	New
SIPC7.4.1	**M**	The facility clearly defines which multi-use medical devices are subject to reprocessing using HLD practices (e.g. mask, hose, humidifier chamber).	H		New
SIPC7.4.2	**M**	All reusable semi-critical medical devices are reprocessed following manufacturers' written instruction for reprocessing.	H		New
SIPC7.4.3	**M**	The facility communicates to the DAP if they are conducting HLD practices.	H		New
SIPC7.4.4	**M**	Facilities conducting HLD practices are subject to an external audit as defined by the DAP.	H		New

Linen cleaning

No.		Description	Risk	Reference	Change
SIPC8.0		**LINEN CLEANING**			
SIPC8.1		**Laundry equipment use is conducted in a safe and effective manner to ensure appropriate linen hygiene practices.**			New
SIPC8.1.1	**M**	Laundry equipment is maintained in a clean and dedicated area.	H	CSA	New
SIPC8.1.2	**M**	Policies and procedures are in place indicating the frequency and method of cleaning.	H		New
SIPC8.1.3	**M**	Manufacturers' recommendation for laundry detergent and water temperature requirements are considered prior to cleaning.	H	CSA	New
SIPC8.1.4	**M**	Linen is cleaned after patient use.	H		New
SIPC8.1.5	**M**	There is a dedicated area for housing soiled linen.	H		New
SIPC8.1.6	**M**	Clean linen is located in a safe and separate area from dirty linen.	H		New
SIPC8.1.7	**M**	No soiled linen is taken outside from the facility to a personal residence for cleaning.	H		New
SIPC8.1.8	**M**	If laundry services are outsourced, then the medical director is responsible for sign-off on its use.	H		New
SIPC8.1.9	**M**	Linen cleaning audits are performed at least twice a year and as needed.	H		New

References

Abbreviation	Reference
CSA Z8000	Canadian Standards Association. CSA Z8000.
DAP	Diagnostic Accreditation Program
ISO-15189	International Standards Organization, ISO 15189 Medical laboratories – Requirements for quality and competence, Geneva, Switzerland: ISO; 2022 Fourth edition.
PIC	Provincial Infection Control Network of British Columbia
WorkSafeBC	Work Safe BC