

Non-Hospital Medical and Surgical  
Facilities Accreditation Program

**ACCREDITATION STANDARDS**

Infection Prevention and  
Control (IPAC) Program

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## Introduction

Infection prevention and control (IPAC) programs influence the quality of care, improve patient safety, and protect those providing care. An IPAC program formally pulls together all the essential elements of infection, prevention and control required to provide a clean and hygienic health-care environment and protect patients and health-care workers from the transmission of microorganisms.

The medical director is responsible and accountable for ensuring that the IPAC Program is appropriate to the size, scope and complexity of their non-hospital facility. Class 1 facilities should have a mature and comprehensive IPAC Program in place while a smaller scale IPAC Program may be appropriate for Class 2 and Class 3 facilities. This standard establishes the minimum requirements for an IPAC Program. The success of the IPAC Program is everyone's responsibility.

## Infection prevention and control (IPAC) program

No.	Description	Reference	Risk	Change
<b>IPC1.0</b>	<b>INFECTIOIN PREVENTION AND CONTROL (IPAC) PROGRAM</b>			
<b>IPC1.1</b>	<b>Infection prevention and control activities are supported through an established infection prevention and control (IPAC) program.</b> <i>Guidance: The IPAC program is developed based on current IPAC best practices, evidence and standards, and is revised when new information is available.</i>			
IPC1.1.1	<b>M</b> There is a regulated health professional responsible for overseeing the IPAC program. <i>Guidance: The person responsible for overseeing the program will depend on the size, scope and complexity of the facility. This role/responsibility is identified on the organizational chart. In facilities where the only regulated health professional is the medical director, then the medical director is responsible.</i>	1, 2, 3	M	
IPC1.1.2	<b>B</b> The regulated health professional IPAC program lead is qualified, through education, training and experience. <i>Guidance: The level of IPAC training and education required by the IPAC lead depends on the size, scope and complexity of the facility. In multi-service facilities, the IPAC lead should have formal training and education in IPAC and/or they should be supported by a qualified IPAC professional (i.e., a certified IPAC professional is on retainer). IPAC courses endorsed by Infection Prevention and Control Canada are listed on their website.</i>	1, 2, 3, 4		
IPC1.1.3	<b>M</b> The IPAC program includes basic IPAC measures to prevent transmission of microorganisms. <i>Guidance: See the NHMSFAP Accreditation Standards - Routine Practices and Additional Precautions.</i>	5	H	
IPC1.1.4	<b>M</b> The IPAC program includes a hand hygiene (HH) program. <i>Guidance: See the Ministry of Health (BC) Best Practices for Hand Hygiene and the NHMSFAP Accreditation Standards - Hand Hygiene.</i>	6	H	

No.	Description	Reference	Risk	Change
IPC1.1.5	<b>M</b> The IPAC program includes point-of-care risk assessment (PCRA). <i>Guidance: See the NHMSFAP Accreditation Standards – Pre-admission Evaluation and Selection and Admission and Pre-procedure Care for infection diseases and antibiotic resistant organism (ARO) risk assessments.</i>	5	H	
IPC1.1.6	<b>M</b> The IPAC program includes an environmental and non-critical equipment/device cleaning and disinfection program. <i>Guidance: See the NHMSFAP Accreditation Standards – Environmental Cleaning and Point of Care Testing.</i>	7	H	
IPC1.1.7	<b>M</b> The IPAC program includes a waste and sharps management program. <i>Guidance: See the NHMSFAP Accreditation Standards – Occupational Health and Safety and Waste Management.</i>	7	H	
IPC1.1.8	<b>M</b> The IPAC program includes guidance on safe injection practices, aseptic techniques, single- use devices and multi-use vials. <i>Guidance: See the NHMSFAP Accreditation Standard – Single-Use Devices and Multi-Dose Vials.</i>	8, 9	H	
IPC1.1.9	<b>M</b> The IPAC program includes guidance for dress code in non-restricted semi-restricted, and restricted areas. <i>Guidance: See the NHMSFAP Accreditation Standards –Intraoperative Care.</i>	10, 11	H	
IPC1.1.10	<b>M</b> The IPAC program includes an infectious diseases and antibiotic resistant organism (ARO) screening program. <i>Guidance: See the NHMSFAP Accreditation Standards – Pre-admission Evaluation and Selection and Admission/Pre-procedure Care for infection diseases and antibiotic resistant organism (ARO) risk assessments.</i>	12, 13	M	
IPC1.1.11	<b>M</b> The IPAC program includes a surgical site infection (SSI) surveillance process. <i>Guidance: See the NHMSFAP Accreditation Standard – Surgical Site Infection Surveillance.</i>	14, 15	M	

No.	Description	Reference	Risk	Change
IPC1.1.12	<p><b>M</b> The IPAC program specifies the initial and ongoing IPAC education, training and evaluation of staff.</p> <p><i>Guidance: IPAC education of staff includes but is not limited to training on routine practices and additional precautions, hand hygiene, PCRA, safe and appropriate use of PPE, single-use devices, multi-dose vials, waste and sharps management, environmental cleaning, facility dress code and handling of blood and body fluids (i.e., specimen handling). Education and training should be provided by a qualified IPAC professional. The education, training and evaluation requirements of the IPAC program are documented.</i></p>	1, 5, 6, 7, 8, 9, 10	M	
IPC1.1.13	<p><b>B</b> The IPAC program includes guidance for antimicrobial stewardship.</p> <p><i>Guidance: Guidelines should be made available to support effective antimicrobial stewardship (AMS) such as appropriate antimicrobial selection, use, dosing, route and duration of therapy for such practices as pre-operative skin preparation and, pre-, intra- and post-operative antibiotic use.</i></p>	1, 2		
<b>IPC1.2</b>	<b>Collaboration and partnership are essential for an effective IPAC program.</b>			
AAA1.2.1	<p><b>M</b> The IPAC program includes oversight and partnership with the medical device reprocessing department (MDRD).</p>	16, 17	M	
AAA1.2.2	<p><b>M</b> The IPAC program includes a fixtures, finishings and furnishings review, selection and evaluation process.</p> <p><i>Guidance: This is especially important when considering the replacement of fixtures, finishings and/or furnishings for reasons of maintenance and when considering renovations to modify or upgrade the facility. Existing items should be regularly assessed for wear, tear, and breaks in integrity and replaced if in disrepair. Before purchasing new, fixtures, finishings and furnishings should be assessed to ensure they can be cleaned and disinfected with a Health Canada approved healthcare grade product which can be identified with a Drug Identification Number (DIN). Items can be evaluated by reviewing manufacturers product specification sheets. This process covers items in all areas of the facility such as waiting rooms, consultation rooms, operating/procedure rooms, post-anesthesia recovery areas, MDRD and support areas (e.g., equipment storage, sterile storage).</i></p>	1, 7, 20, 21	M	

No.	Description	Reference	Risk	Change
AAA1.2.3	<p><b>M</b> The IPAC program includes an equipment and medical device review, selection and evaluation program in partnership with the Medical Director or designate, and clinical leads in the applicable areas.</p> <p><i>Guidance: This includes non-critical medical equipment. For semi-critical and critical medical devices and reprocessing equipment, also see the BC Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices section on the assessment and purchase of medical devices and reprocessing equipment.</i></p>	1, 2, 16, 17	M	
<b>IPC1.3</b>	<b>IPAC competency assessments, practice audits and ongoing education and training ensures practice adheres to infection prevention and control standards.</b>			
IPC1.3.1	<p><b>M</b> IPAC competency assessments of staff are conducted upon hire, as part of orientation, and as required in response to practice updates, competency reviews and extended absences.</p> <p><i>Guidance: IPAC competency assessments of medical staff, nurses and other staff should include:</i></p> <ul style="list-style-type: none"> <li>• <i>Hand hygiene</i></li> <li>• <i>Point-of-care risk assessment</i></li> <li>• <i>PPE selection, safe use, donning and doffing</i></li> <li>• <i>Environmental cleaning and disinfection</i></li> </ul> <p><i>The individual should be able to demonstrate that they are competent, safe and comfortable performing the task. If they are not, corrective action should be taken, and a follow-up assessment conducted to verify competency. Competency assessments are documented.</i></p>	1, 2	M	

No.	Description	Reference	Risk	Change
IPC1.3.2	<p><b>M</b> IPAC education and training is provided to staff annually and as required in response practice updates, practice audits and extended absences.</p> <p><i>Guidance: Staff knowledge, training and competency in IPAC best practices and processes is an essential component of an effective IPAC Program. Therefore, when practice guidelines change, policies and procedures are updated, gaps in practice are identified or after an extended absence, it is important to provide training and education to ensure staff remain up-to-date and competent in IPAC best practices. Education and training are documented.</i></p>	1, 2	M	
IPC1.3.3	<p><b>M</b> IPAC practice audits are performed annually to identify and resolve gaps in IPAC practice.</p> <p><i>Guidance: Practice audits involve the 'real-time' observation of IPAC practices during working conditions such as essential moments in hand hygiene, selection and use of PPE, glove practices, scrub methods and environmental cleaning. Practice audits are documented and performed using standardized assessment/audit tools.</i></p>	1, 2	M	
IPC1.3.4	<p><b>M</b> IPAC competency assessments and practice audits used standardized assessment/audit tools and mirror the conditions of the working environment.</p>	1, 2	L	
IPC1.3.5	<p><b>M</b> IPAC competency assessments and practice audits are documented, and the results shared with staff.</p> <p><i>Guidance: Competency assessments are shared with the staff member and maintained in the individual's human resource file along with any corrective action plans and follow-up assessment(s) verifying competency following education and training. Practice audits are conducted using standardized assessment/audit tools, are documented and results shared with staff (e.g. communication log, staff meeting minutes).</i></p>	1, 2	I	
<b>IPC1.4</b>	<p><b>IPAC program evaluation and quality improvement initiatives are integral to the IPAC program.</b></p> <p><i>Guidance: IPAC program evaluation measures IPAC performance and the impact of the IPAC program. It also highlights high-risk activities that require immediate attention and correction. A quality improvement program enhances IPAC practices and ensure best practices are being met.</i></p>			



No.	Description	Reference	Risk	Change
IPC1.4.1	<p><b>M</b> There is an assessment tool for the review and evaluation of the IPAC program.</p> <p><i>Guidance: The assessment tool(s) are developed by the IPAC Lead in collaboration with relevant team members (e.g., OR Lead, PACU Lead, MDRD Lead etc.). Review and evaluation of the IPAC program should cover all of the elements of an effective program such as hand hygiene, routine practices etc., as well as IPAC resources and support, IPAC failures (i.e., exposures or transmission), review of the physical environment (i.e., access to PPE and hand hygiene, clutter free environment), and clean/dirty separation.</i></p>	1, 2	L	
IPC1.4.2	<p><b>M</b> The IPAC program is reviewed and evaluated annually, at a minimum, and areas for improvement are identified.</p> <p><i>Guidance: Assessing the IPAC program identifies risks, trends and quality improvement needs. Assessment results are used to evaluate the effectiveness of the IPAC program and inform quality improvement activities to ensure an optimal IPAC program.</i></p>	1, 2	M	
IPC1.4.3	<p><b>M</b> The IPAC program review and evaluation is documented.</p>	1, 2	L	
IPC1.4.4	<p><b>B</b> Quality improvement initiatives are developed and implemented based on the results of the IPAC program review and evaluation.</p> <p><i>Guidance: All quality improvement initiatives should be carried out in collaboration with relevant staff and findings/improvements documented and communicated to staff.</i></p>	1, 2		
IPC1.4.5	<p><b>M</b> The IPAC program is reviewed and evaluated when there is an exposure or transmission associated with the facility.</p> <p><i>Guidance: When there is a documented exposure or transmission within the facility, a facility IPAC practice audit should be carried out as part of the investigation to identify any gaps that require improvement. This would include but is not limited to an audit of the HH, RP, AP, cleaning and disinfection, aseptic procedures, medication management (i.e., solutions that may be contaminated), waste and sharps management, and identification of high-risk areas that require improvement measures to meet IPAC best practices and standards and prevent further exposures.</i></p>	1, 2	M	

No.	Description	Reference	Risk	Change
<b>IPC1.5</b>	<b>MDRD evaluation and quality improvement initiatives are integral to the IPAC program.</b>			
IPC1.5.1	<b>M</b> The BC Ministry of Health Best Practice Guidelines for the Cleaning, Disinfection and Sterilization of Critical and Semi-critical Medical Devices Audit Tool is used to assess the medical device reprocessing department.	17	H	
IPC1.5.2	<b>M</b> The medical device reprocessing department (MDRD) is assessed (audited) annually, at a minimum. <i>Guidance: Regular (annual at a minimum or sooner if risks are identified) MDRD assessments are carried out to identify and categorize MDRD risks and target corrective action. This ensures MDRD best practices are being met and maintained, and high risk MDRD issues are addressed and corrected in a timely manner. Completed audit tools are kept on file at the facility.</i>	1, 16, 17	H	
IPC1.5.3	<b>M</b> Corrective action is taken to address any issues identified during the MDRD assessment. <i>Guidance: The MDRD assessment, identified issues and corrective action(s) are documented.</i>	1, 16, 17	H	
<b>IPC1.6</b>	<b>A patient IPAC education program is developed to support IPAC activities.</b> <i>Guidance: Patients and their companions are an integral part of IPAC in a healthcare setting. Providing patients and their companions with the information/tools that will assist them to decrease their own risks of transmitting or acquiring a HAI/ARO will support the IPAC program and promote patient trust in IPAC practices.</i>			
IPC1.6.1	<b>B</b> The IPAC program includes a patient IPAC education program. <i>Guidance: A patient IPAC education program should include IPAC practices that patients and their companions are expected to follow in order to support a culture of IPAC safety within the healthcare setting. These include, at a minimum:</i> <ul style="list-style-type: none"> <li>• <i>Hand hygiene (how, when) and a means to carry out hand hygiene</i></li> <li>• <i>Respiratory hygiene (posters, tissues, hand sanitizer, a waste container and medical mask)</i></li> <li>• <i>Patient PPE (how to wear a mask effectively and safely)</i></li> </ul>	1, 2		

No.	Description	Reference	Risk	Change
	<ul style="list-style-type: none"> <li>Explanation of any IPAC procedures staff undertake (i.e., reason for donning PPE, screening and surveillance processes)</li> </ul> <p>IPAC resources including patient pamphlets and posters are available on the Provincial Infection Control Network of British Columbia (PICNet) website.</p>			
<b>IPC1.7</b>	<p><b>Partnerships are formed between the IPAC program and internal groups.</b></p> <p><i>Guidance: Partnerships, collaboration, active engagement and ongoing communication enhance the IPAC program effectiveness and maintain current, practical IPAC processes and best practices.</i></p>			
IPC1.7.1	<p><b>M</b> The IPAC program includes discussion and reporting of IPAC matters through the facility's Occupational Health and Safety program.</p> <p><i>Guidance: Depending on the number of employees, in accordance with Occupational Health and Safety Regulation, a joint occupational health and safety committee must be in place or monthly staff meetings must be held. See the NHMSFAP Accreditation Standard - Occupational Health and Safety. The IPAC Lead in collaboration with the occupational health and safety representative(s) discusses implements and maintains a staff wellness and prevention program. The program should include, at a minimum:</i></p> <ul style="list-style-type: none"> <li>Hand Care program (to ensure skin integrity)</li> <li>Clear direction on work exclusions/modifications (i.e., for acute respiratory illnesses or other communicable diseases, for compromised skin integrity on hands)</li> <li>Staff awareness/records of their immune status through disease/vaccination to identify protection against communicable diseases (i.e., measles, chickenpox)</li> <li>Availability of appropriate PPE for the activities being carried out</li> </ul> <p><i>Practices to self-protect (effective hand hygiene and hand care, importance of carrying out a PCRA, safe selection and use of PPE, knowledge of how to safely handle biohazardous materials, sharps, waste and linen).</i></p>	1, 2	L	

No.	Description	Reference	Risk	Change
IPC1.7.2	<p><b>M</b> The IPAC program includes discussion and reporting of IPAC matters at staff meetings.</p> <p><i>Guidance: Discussion of IPAC at regular meetings ensures standards and best practices are maintained by raising awareness of IPAC program status and gaps, engaging the MDT members in problem-solving, encouraging collaboration and promoting consistent communication to all staff. Staff meetings are documented.</i></p>	1, 2	L	
<b>IPC1.8</b>	<p><b>Policies and procedures contain all the information necessary for the safety of patients, staff and visitors.</b></p> <p><i>Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility. They are reviewed regularly and updated when needed to maintain current best practice standards.</i></p>			
IPC1.8.1	<p><b>M</b> The IPAC program has a dedicated policies and procedures manual.</p> <p><i>Guidance: The IPAC program policies and procedures are all contained in a dedicated binder that is accessible to staff. These include but are not limited to all policies and procedures required as stated in the following NHMSFAP Accreditation Standards:</i></p> <ul style="list-style-type: none"> <li>• Hand Hygiene</li> <li>• Routine practices and Additional precautions</li> <li>• Occupational health and safety</li> <li>• Environmental cleaning</li> <li>• Waste Management</li> <li>• Specimen Handling</li> <li>• Point of Care Testing</li> <li>• Single Use Devices and Multi-use Vials</li> </ul>	1, 2	M	

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