



PHYSICIAN PRACTICE ENHANCEMENT PROGRAM

# Assessment Standards

Infection Prevention and Control:  
Infection Prevention and Control Fundamentals



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# Assessment Standards 2016

## Infection Prevention and Control

### INFECTION PREVENTION AND CONTROL FUNDAMENTALS

Infection prevention and control (IPC) in the clinical office is the application of evidence-based best practices, intended to increase awareness about the day-to-day risks of infection acquisition and transmission in this particular setting and to equip physicians with practical guidance and tools to minimize such risks.

By employing these best practices as part of routine care and knowing how to respond to the threat of infection in an expected fashion (e.g. implementing seasonal screening for acute respiratory infections), the risks associated with serious infectious diseases outbreaks will be mitigated, the level of practice in clinical office settings will be elevated and the public will be protected by minimizing the risk of infection transmission.

This standard describes the fundamental requirements and best practices for infection prevention and control for clinical offices in the community setting.

The following topics are part of infection prevention and control routine practices in a clinical office:

1. hand hygiene
2. personal protective equipment (PPE) to protect staff
3. environmental cleaning
4. sharps Safety
5. waste management
6. soiled laundry
7. blood and body fluid exposure control plan

Each topic listed is addressed in its own respective assessment standards.

The medical director maintains oversight of and responsibility for all operational and administrative components. In a clinical office, where the care of patients is shared by a number of physicians (i.e. walk-in clinic, urgent care or multi-physician clinic), a single physician must be designated as the medical director. In a solo physician clinic, the physician is the medical director.

For detailed information on the roles and responsibilities of the medical director refer to the College standard on [Walk-in, Urgent Care and Multi-physician Clinics](#).

## UNDERSTANDING THE ASSESSMENT STANDARD

An assessment standard consists of three components:

1. **Standard** – a goal statement of achievable levels of performance. An assessment standard is identified by a first level whole number ending in “.0” such as 1.0, 2.0, 3.0 etc.
2. **Criterion** – activities or components of the standards that once implemented lead to the overall attainment of the standard. A criterion is identified by the first level number indicating the standard to which it is associated, and a second level number such as X.1, X.2, X.3, etc.
3. **Criterion Descriptors** – specific actions for each criterion. Criterion descriptors are identified by the first level standards number, the second level criterion number and a third level criterion number such as X.Y.1, X.Y.2, etc.

A criterion marked by an **M** indicates that the criterion is mandatory and must be met. If the registrant is assessed by PPEP, the expectation is that the registrant has met this criterion.

Criterion that is not marked by an M is based on best practices using current provincial, national and international standards and guidelines. A non-M criterion should be met, but is not required. A registrant should use their best judgement to determine whether or not the unique circumstances of their practice necessitate meeting each non-M criteria.

No.	Standard Criterion	Reference
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## INFECTION PREVENTION AND CONTROL

<b>IPC 1.1</b>	<b>Infection prevention and control (IPC) processes promote staff and patient safety and minimize the spread of infections.</b>	
IPC 1.1.1	<p>Written IPC policy and procedures should be available and updated as required on the following key topics:</p> <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• personal protective equipment availability and use</li> <li>• appropriate cleaning and/or disinfection of surfaces or items in the clinic environment</li> <li>• immunization program for staff</li> </ul>	2,5
<b>IPC 1.2</b>	<b>Clinical office offers staff immunization at no cost.</b>	
IPC 1.2.1	<p>The employer and employee should keep records of all immunizations and laboratory test results. (For a list of recommended immunizations for health-care workers see Appendix B.)</p>	1
<b>IPC 1.3</b>	<b>Staff members are educated and trained in appropriate IPC practices.</b>	
IPC 1.3.1	IPC education and training should be job- or task-specific for staff.	5
IPC 1.3.2	<p>IPC education and training should address the fundamentals of IPC practices:</p> <ul style="list-style-type: none"> <li>• the risk associated with infectious diseases, including acute respiratory infection gastroenteritis, other communicable diseases</li> <li>• hand hygiene, including the importance of the use of alcohol-based hand rub and handwashing</li> <li>• principles and components of routine practices and risk assessment (triaging as required)</li> <li>• selecting and using personal protective equipment</li> <li>• the importance of appropriate immunization</li> <li>• appropriate cleaning and/or disinfection of surfaces or items in the clinic environment</li> </ul>	2,5
IPC 1.3.3	IPC education and training should be provided upon hire and repeated annually and when policies or procedures are updated or revised.	2,5
IPC 1.3.4	IPC education and training should be documented.	2,5
<b>IPC 1.4</b>	<p><b>Staff members apply routine practices in their roles during patient-staff interactions in the clinical office.</b> (Routine practices are based on the premise that all patients are potentially infectious even when asymptomatic, and that the same standards of practice must be used routinely with all patients.)</p>	

No.	Standard Criterion	Reference
IPC 1.4.1	<b>M</b> Staff applies routine practices with all patients to prevent exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items and to prevent the spread of microorganisms. <b>Risk assessment</b> is an evaluation of the interaction of the health-care provider, the patient and the patient environment to assess and analyze the potential for exposure to infectious disease.	2,5
IPC 1.4.2	<b>M</b> As part of routine practices, role-specific risk assessments are performed before <b>every</b> interaction with the patient and at all stages of the interaction (on the phone, upon arrival, upon assessment).	2,5
IPC 1.4.3	<b>M</b> Based on the risk assessment, if there is a risk of transmission, interventions and controls are applied to reduce staff risk of acquiring or transmitting infection (such as hand hygiene, donning PPE, patient placement).	2,5
IPC 1.4.4	During telephone bookings, staff asks about signs and symptoms of known or suspected acute respiratory or gastrointestinal infection, or communicable disease (for same day or next day appointment if applicable).	2,5
IPC 1.4.5	Staff manage patients arriving to the clinical office appropriately and accommodate when possible those who may have a communicable disease. Examples: <ul style="list-style-type: none"> <li>• new onset of acute respiratory infection (such as influenza)</li> <li>• new onset of gastrointestinal infection (such as vomiting, diarrhea, nausea)</li> <li>• rash with fever (such as possible measles, chickenpox)</li> </ul>	2,5
<b>IPC 1.5</b>	<b>The elements of respiratory etiquette are adhered to in the clinical office.</b>	
IPC 1.5.1	A visible poster on cough etiquette (e.g. "Cover Your Cough") should be posted for patients entering the clinic setting.	2,5
IPC 1.5.2	Face masks for patients should be available as close to entry of the clinical office as possible, with instructions on how to use them.	2,5
IPC 1.5.3	Tissues should be available in entrance/waiting/reception area.	2,5
IPC 1.5.4	Waste receptacles should be available in the entrance/waiting/reception area.	2,5
IPC 1.5.5	Hand hygiene alcohol-based hand rub product should be available in common patient area (entrance/waiting/reception area).	2,5

No.	Standard Criterion	Reference
IPC 1.5.6	Personal practices on respiratory etiquette should be followed in the clinical office by staff and communicated to patients. Examples: <ul style="list-style-type: none"><li>• avoidance measures:<ul style="list-style-type: none"><li>○ turning head away from others</li><li>○ maintaining a two-meter separation from others if possible</li><li>○ covering nose and mouth with tissue</li></ul></li><li>• immediate disposal of tissue into waste after use</li><li>• immediate hand hygiene after disposal of tissues</li></ul>	2,5

## REFERENCES

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5. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Routine practices and additional precautions in all healthcare settings [Internet] 3rd ed. Toronto: Queen's Printer for Ontario; 2009. [3rd revision 2012 Nov; cited 2016 Nov 16]. 113 p. Available from: [http://www.publichealthontario.ca/en/eRepository/RPAP\\_All\\_HealthCare\\_Settings\\_Eng2012.pdf](http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf)

## APPENDIX A

### Glossary of terms

<b>alcohol-based hand rub (ABHR)</b>	A liquid, gel or foam formulation of alcohol (e.g. ethanol, isopropanol) which is used to reduce the number of microorganisms on hands in clinical situations when the hands are not visibly soiled. ABHRs contain emollients to reduce skin irritation and are less time-consuming to use than washing with soap and water.
<b>acute respiratory infection (ARI)</b>	Any new onset acute respiratory infection that could potentially be spread by the droplet route (either upper or lower respiratory tract), which presents with symptoms of a fever greater than 38°C and a new or worsening cough or shortness of breath (previously known as febrile respiratory illness, or FRI). It should be noted that elderly people and people who are immunocompromised may not have a febrile response to a respiratory infection.
<b>cleaning</b>	The physical removal of foreign material (e.g. dust and soil) and organic material (e.g. blood, secretions, excretions, microorganisms). Cleaning physically removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.
<b>communicable disease</b>	A disease that is spread from one person to another through a variety of ways that include: contact with blood and bodily fluids; breathing in an airborne virus; or being bitten by an insect. Some examples of the reportable communicable diseases include hepatitis A, B and C, influenza, measles, and salmonella and other food-borne illnesses.
<b>disinfectant</b>	A product that is used on surfaces or medical equipment/devices which results in disinfection of the surface or equipment/device. Disinfectants are applied only to inanimate objects. Some products combine a cleaner with a disinfectant.
<b>disinfection</b>	The inactivation of disease-producing microorganisms. Disinfection does not destroy bacterial spores. Medical equipment/devices must be cleaned thoroughly before effective disinfection can take place. See also <i>disinfectant</i> .
<b>eye protection</b>	A device that covers the eyes and is used by health-care providers to protect the eyes when it is anticipated that a procedure or care activity is likely to generate splashes or sprays of blood, body fluids, secretions or excretions, or when health-care provider is within two metres of a coughing patient. Eye protection includes safety glasses, safety goggles, face shields and visors.



<b>facial protection</b>	Personal protective equipment that protects the mucous membranes of the eyes, nose and mouth from splashes or sprays of blood, body fluids, secretions or excretions. Facial protection may include a mask or respirator in conjunction with eye protection, or a face shield that covers eyes, nose and mouth.
<b>health-care provider</b>	Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers; physicians; dentists; nurses; respiratory therapists and other health professionals; personal support workers; clinical instructors; students; and home health-care workers. In some non-acute settings, volunteers might provide care and would be included as health-care providers. See also <i>staff</i> .
<b>hand hygiene</b>	A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene for patient care may be accomplished using an alcohol-based hand rub or soap and running water. Hand hygiene includes surgical hand preparation.
<b>handwashing</b>	The physical removal of microorganisms from the hands using soap (plain or antimicrobial) and running water.
<b>health-care associated infections (HAIs)</b>	A term relating to an infection that is acquired during the delivery of health care that was not present or incubating at the time of admission. Includes infections acquired in a hospital but appearing after discharge. It also includes such infections among staff. (Also known as <i>nosocomial infection</i> ).
<b>hospital-grade disinfectant</b>	A low-level disinfectant that has a drug identification number (DIN) from Health Canada, indicating its approval for use in Canadian hospitals.
<b>immunization</b>	The process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against subsequent infection or disease.
<b>infection</b>	The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).
<b>infection prevention and control</b>	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 patients and visitors.

<b>mask</b>	A device that covers the nose and mouth, is secured in the back and is used by health-care providers to protect the mucous membranes of the nose and mouth.
<b>personal protective equipment (PPE)</b>	Clothing or equipment worn for protection against hazards (e.g. gloves, masks, protective eyewear, gowns). General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and not considered to be personal protective equipment.
<b>point-of-care</b>	The place where three elements occur together: <ul style="list-style-type: none"><li>• the patient</li><li>• the health-care provider</li><li>• the care or treatment involving the patient</li></ul>
<b>respiratory etiquette</b>	Personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g. covering the mouth when coughing, care when disposing of tissues).
<b>routine practices</b>	The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all patients during all care to prevent and control transmission of microorganisms in all health-care settings.
<b>sharps</b>	Objects capable of causing punctures or cuts (e.g. needles, syringes, blades, clinical glass).
<b>staff</b>	Anyone conducting activities in settings where health care is provided, including but not limited to, health-care providers. See also <i>health-care providers</i> .

## **APPENDIX B**

In BC the following vaccines are recommended for health-care workers:

- diphtheria
- tetanus
- polio
- hepatitis B
- measles, mumps and rubella (MMR)
- varicella
- influenza