IPAC Checklist for Clinical Office Practice: Core Elements

This checklist was reformatted for College of Physicians and Surgeons of Ontario (CPSO) to include additional space under *Notes and Recommendations* section. To see the original checklist, please visit Public Health Ontario website.

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2nd Revision: July 2019

IPAC CHECKLIST FOR CLINICAL OFFICE PRACTICE

Core Elements

When to use this checklist?

This infection prevention and control (IPAC) checklist:

- helps guide public health units (PHUs) and regulatory colleges in conducting inspections/assessments/investigations related to infection prevention and control (IPAC) practices.
- supports clinical office practices in examining, evaluating (e.g., self-assessment) and comparing their current IPAC practices using provincial recommendations.
- does not replace legislative requirements.

Public Health Ontario (PHO) has developed this Checklist for IPAC Core Elements in Clinical Office Practice based on content from the Provincial Infectious Disease Advisory Committee's (PIDAC's) Infection Prevention and Control for Clinical Office Practice, June 2013.

For more information about this IPAC Checklist, please contact ipac@oahpp.ca.

Legend

Legislated Requirement (LR): Must be compliant with the relevant Act or regulation (e.g., Occupational Health and Safety Act).

High Risk (H): Immediate health hazard exists. Correct the specific high risk activity/activities immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury.

Medium Risk (M): Correct the medium risk activity/activities. Timelines for compliance or agreement on alternate process to be determined during the inspection.

Inform and Educate (IE): Provide information on best practices and mandatory legislated practice requirements (where applicable). Just-in-time education may be provided.

> These categorizations represent the minimum risk level. Based on judgment and circumstance, public health units or any others using the IPAC Checklist, may increase the risk category.

Contents

LR: Legislated Requirement **R**: Risk **C:** Compliant **NC:** Not Compliant **NA/NR:** Not Applicable/Not Reviewed

Setting name:

Setting address:

☐ Self-Assessment ☐ Inspection Date: Time:

Name(s) and designation of Inspector/Investigator/Assessor:

Setting contact name(s) and phone number(s):

1. Reception/Waiting area

1	Reception/Waiting Area	LR	R	C	NC	NA NR
1.1	There is appropriate IPAC signage at the entrance of the setting, at the reception desk, and at the entrance of the exam room. ➢ **Resource:** Refer to the sections on Routine Practices, Booking, Reception and Placement, and Additional Precautions.		IE	☐	☐	☐
1.2	There is a process for managing patients/clients with symptoms of communicable disease(s) (e.g., acute respiratory infection) to prevent transmission to others. ➢ **Resource**: Refer to the section on Routine Practices, Booking, Reception and Placement.		M	☐	☐	☐
1.3	Alcohol-based hand rub (ABHR) at 70-90% and masks are available at reception and in the waiting area with signage for appropriate use. ➢ **Resource**: Refer to the sections on Routine Practices, Hand Hygiene Products.		M	☐	☐	☐
1.4	Tissue boxes are available. ➢ **Resources**: Refer to the sections on Booking, Reception, and Placement, Respiratory Etiquette and Appendix E for a sample sign for reception areas, Cover Your Cough.		IE	☐	☐	☐

LR: Legislated Requirement **R**: Risk **C:** Compliant **NC:** Not Compliant **NA/NR:** Not Applicable/Not Reviewed

1	Reception/Waiting Area	LR	R	C	NC	NA NR
1.5	Furniture, items, and touch surfaces are clean. Toys, if available, are cleanable. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment.		IE	☐	☐	☐

Notes and Recommendations:

2. General Environmental Cleaning Including Products

2	General Environmental Cleaning Including Products	LR	R	C	NC	NA NR
2.1	Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings). ➢ **Resource:** Refer to the section on Control of the Environment - Cleaning the Environment. ➢ **Additional Resource:** PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Surfaces in Health Care Settings and Finishes in Health Care Settings (Walls, Flooring).		IE	☐	☐	☐
2.2	There is a written procedure for immediate containment, cleaning, and disinfection of spills of blood and body fluids. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning up Body Fluid Spills. ➢ **Additional Resource**: Environmental Cleaning Toolkit Videos - Cleaning a Blood and Body Fluid Spill.		IE	☐	☐	☐
2.3	There are procedures for cleaning each area of the setting; if cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the setting.		IE	☐	☐	☐

2	General Environmental Cleaning Including Products	LR	R	C	NC	NA NR
	➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning. ➢ **Additional Resource**: PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Contracted Services.					
2.4	Chemical products used for environmental cleaning: • Are licensed for use in Canada; • Are prepared and used according to manufacturer's instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life, and storage conditions; • Are labelled with expiry date; and • Are stored in a manner that reduces the risk of contamination. ➢ **Resource**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See Section on Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment, Cleaning Agents and Disinfectants. ➢ **Additional Resource:** Refer to the Drug Product Database online query site for more information on chemical products.		**M**	☐	☐	☐
2.5	Routine cleaning and disinfection of high touch surfaces is done at least daily in the reception, waiting rooms, and hallway spaces. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning.		**M**	☐	☐	☐
2.6	Spills of blood and body fluids are contained and cleaned and area is disinfected immediately. ➢ **Resource**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Cleaning Spills of Blood and Body Substances.		**H**	☐	☐	☐

Notes and Recommendations:

3. Environmental Cleaning in the Health Care Environment Where Care is Provided

3	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.1	Surfaces/items that come into direct contact with the patient's/client's, blood and/or body fluids are cleaned and disinfected between patients/ clients. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, Principles of Cleaning and Disinfection and Cleaning up Body Fluid Spills.		H	☐	☐	☐
3.2	Treatment area, including all horizontal surfaces, are cleaned and disinfected as per the risk stratification matrix. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, General Principles of Environmental Cleaning ➢ **Additional Resource**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See sections on Cleaning Agents and Disinfectants- Using Disinfectants and Appendix 21.		M	☐	☐	☐
3.3	Barriers/covers on equipment surfaces that can become contaminated are used (e.g., keyboard skins); barriers/covers are removed and discarded between patients/clients. Following barrier removal, the underlying surfaces are inspected for visible contamination. If contaminated, the surfaces are cleaned and disinfected. If not visibly contaminated, where possible, the underlying surfaces may still be cleaned and disinfected. Clean barrier/barriers are placed prior to the next patient/client. ➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning between Patients. ➢ **Additional Resource**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Cleaning and disinfection Practices for All Health Care Settings, Routine Health Care Cleaning and disinfection Practices, Cleaning Methods, Electronic Equipment.		IE	☐	☐	☐
3.4	Clean medical supplies or equipment are not stored under sinks, or on counters adjacent to sinks. ➢ **Resource**: Refer to the sections on Routine Practices, Hand Hygiene, and Hand Washing Sinks.		M	☐	☐	☐
3.5	Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.	LR	H	☐	☐	☐

3	**Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)**	**LR**	**R**	**C**	**NC**	**NA NR**
	➢ **Resource**: Refer to the section on Control of the Environment - Cleaning the Environment, Waste and Sharps. ➢ **Additional Resources**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. ➢ Transportation of Dangerous Goods Act and Regulations ➢ Guideline C-4: The management of biomedical waste in Ontario ➢ CAN/CSA – Z317.10-09. Handling of waste materials in health care facilities and veterinary health care facilities 2014.					
3.6	Laundry is handled at the point of use in a manner that prevents contamination. ➢ **Resource**: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018. See section on Laundry and Bedding.		**IE**	☐	☐	☐

Notes and Recommendations:

4. Hand Hygiene

4	**Hand Hygiene**	**LR**	**R**	**C**	**NC**	**NA NR**
4.1	Hand hygiene is based on the Four Moments For Hand Hygiene. ➢ **Resource**: Refer to Just Clean Your Hands (JCYH). ➢ **Additional Resource**: PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014.		**IE**	☐	☐	☐
4.2	ABHR or liquid soap and water, if hands are visibly soiled, is available and accessible at point of care.		**H**	☐	☐	☐

4	Hand Hygiene	LR	R	C	NC	NA NR
	➢ **Resource**: Refer to the section on Routine Practices, Hand Hygiene, and Hand Hygiene Products. ➢ **Additional Resources:** Refer to: PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Sections on What is Hand Hygiene?; Alcohol- based hand rub vs. soap and water; Alcohol Based Hand Rub (ABHR); Hand Washing Sinks and Soap Formulations and Product Selection C. Placement of ABHR Dispensers.					
4.3	Impediments to effective hand hygiene are avoided (e.g., no artificial nails, nail enhancements, and hand or arm jewelry). ➢ **Resource**: Refer to section on Hand Hygiene. ➢ **Additional Resource:** Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Section on Best Practices, Impediments to Effective Hand Hygiene.		**IE**	☐	☐	☐
4.4	ABHR and liquid soap containers are labelled and not refilled or topped up. ➢ **Resource**: Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Appendix C: PIDAC's Hand Hygiene Fact Sheet for Health Care Settings – Factors that Reduce the Effectiveness of Hand Hygiene.		**M**	☐	☐	☐

Notes and Recommendations:

5. Personal Protective Equipment (PPE)

5	Personal Protective Equipment (PPE)	LR	R	C	NC	NA NR
5.1	PPE, such as gown, gloves, mask, and eye protection, is available. ➢ **Resource**: Refer to the section on Legislation Relating to Infection Prevention Control Practices in the Clinical Office - The Occupational Health and Safety Act (OHSA), Routine Practices, and Personal Protective Equipment (PPE). ➢ **Additional Resource:** Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.25	**LR**	**M**	☐	☐	☐
5.2	PPE, such as gown, gloves, mask, and eye protection, is selected based on risk assessment (i.e., may be handling blood and/or body fluids). ➢ **Resource**: Refer to the section on Routine Practices - Personal Protective Equipment (PPE). ➢ **Additional Resource:** Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.28	**LR**	**M**	☐	☐	☐

Notes and Recommendations:

Note: If any reusable critical or semi-critical medical equipment/devices are being reprocessed in the setting, complete the IPAC Checklist for Clinical Office Practice - Reprocessing of Medical Equipment/Devices.

6. Reprocessing of Medical Equipment/Devices Used to Provide Patient/Client Care

6	Reprocessing of Medical Equipment/Devices Used to Provide Patient/Client Care	LR	R	C	NC	NA NR
6.1	Non-critical items (e.g., stethoscope, baby scales, phlebotomy chair arm support) are cleaned and low-level disinfected between uses. ➢ **Resource:** For 6.1 and 6.2, refer to the section on Reprocessing of Medical Equipment ➢ **Additional Resources:** Refer to PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings (May 2013). See Appendix B: Reprocessing Decision Chart. ➢ CAN/CSA Group – Z314-18 Canadian medical device reprocessing.		M	☐	☐	☐
6.2	Semicritical and critical equipment/devices are cleaned and high-level disinfected or sterilized (preferred) as per Spaulding's Classification and the MIFU. ➢ **Resource:** Refer to the IPAC Checklist for Clinical Office Practice – Reprocessing of Medical Equipment/Devices.		H	☐	☐	☐

Notes and Recommendations:

7. Medication Room/Area

7	Medication Room/Area	LR	R	C	NC	NA NR
7.1	There are facilities for hand hygiene in the medication room/area; these include either a dedicated hand hygiene sink and/or ABHR. ➢ **Resource**: Refer to the section on Hand Hygiene, Hand Washing Sinks. ➢ **Additional Resources:** PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Hand Hygiene, Alcohol-based Hand Rub (ABHR). ➢ PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See section on Hand Hygiene Considerations in Facility Design.		**M**	☐	☐	☐
7.2	Medications are stored and prepared in a clean area on a clean surface that is separate from other areas. ➢ **Resource**: For 7.2 to 7.4, refer to the sections on Medications and Skin Antisepsis, Refrigerators and Appendix H: Checklist for Safe Medication Practices, Control of the Environment – Clinical Office Design/Renovations.		**M**	☐	☐	☐
7.3	There is a dedicated medication refrigerator as needed (e.g., vaccine).		**M**	☐	☐	☐
7.4	Food is not stored with medication.		**M**	☐	☐	☐

Notes and Recommendations:

8. Injectable Medication Vials or Solutions

8	Injectable Medication Vials or Solutions	LR	R	C	NC	NA NR
8.1	Single-dose injectable medications are prepared at the time of use, used once on a single patient/client and discarded immediately. ➢ **Resource**: For 8.1 to 8.5, refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices.		H	☐	☐	☐
8.2	Rubber stoppers (diaphragm/septum) of vials are scrubbed with 70% alcohol and stopper is allowed to dry prior to entry into vial. ➢ **Additional Resource**: Refer to PHO's Updated guidance on the use of multidose vials.		M	☐	☐	☐
8.3	Product monograph is followed and referred to for further clarification regarding correct storage (e.g. refrigeration, keep away from light), handling, preparation, expiry date, and directions for administration.		M	☐	☐	☐
8.4	Unopened vials and other products are discarded according to the manufacturer's recommended expiration dates.		M	☐	☐	☐
8.5	Leftover contents of vials, single-dose or multidose, are never pooled.		H	☐	☐	☐

Notes and Recommendations:

9. Multidose Vials

9	Multidose vials	LR	R	C	NC	NA NR
9.1	Multidose vials are replaced with single dose vials wherever possible. ➢ **Resource**: For 9.1 to 9.9, refer to the sections on Medications, Vaccines and Skin Antisepsis, and Appendix H: Checklist for Safe Medication Practices. ➢ **Additional Resource**: Updated guidance on the use of multidose vials.		IE	☐	☐	☐
9.2	If a multidose vial is used, it is used for a single patient/client whenever possible and labelled with the patient's/client's name.		M	☐	☐	☐
9.3	The multidose vial is labelled with the date it was first used and discarded according to the MIFU or within 28 days, whichever is shorter.		M	☐	☐	☐
9.4	All needles are single use only.		H	☐	☐	☐
9.5	All syringes are single use only.		H	☐	☐	☐
9.6	Multidose vials are never entered with a used needle or used syringe.		H	☐	☐	☐
9.7	Once medication is drawn up, the needle is immediately withdrawn from the vial; a needle is never left in a vial to be attached to a new syringe.		H	☐	☐	☐
9.8	Multidose vials are discarded immediately if sterility is compromised or questioned.		H	☐	☐	☐

Notes and Recommendations:

10. Aseptic Technique

10	Aseptic Technique	LR	R	C	NC	NA NR
10.1	Hand hygiene is performed immediately prior to procedure/provision of care that requires aseptic technique (e.g., percutaneous injection, blood collection). ➢ **Resource**: Refer to PIDAC Best Practices for Hand Hygiene In All Health Care Settings, April 2014. See section on Best Practices, Indications and Moments for Hand Hygiene during health care activities.		H	☐	☐	☐
10.2	Preferably, disposable single use alcohol prep pads are used to prepare the skin for injection. Seventy (70 %) alcohol dispensed onto cotton balls at point of use is permitted. Alcohol containers are labelled and are not topped up or refilled; if container is refillable, follow MIFU when refilling containers. ➢ **Resource**: Refer to the section on Medications, Vaccines and Skin Antisepsis. ➢ **Additional Resources:** Refer to USP 797 Pharmaceutical Compounding, June 2014, pg. 57. (Available for purchase from USP). ➢ Health Canada, Guidance Document – Human-Use Antiseptic Drugs, 2009.		M	☐	☐	☐
10.3	Sterile gel used during exams and diagnostic procedures is packaged as single-use; left-over gel or opened package is discarded at the end of the exam/procedure. ➢ **Resource:** IPAC-Canada Position Statement – Medical Gels (December 2017)		M	☐	☐	☐
10.4	Multi-dose containers of non-sterile gel are used on intact skin and container is sealed correctly when not in use; containers are never topped up, washed, refilled or warmed and are discarded when empty. Dispensing nozzles do not come into direct contact with patients, staff, instrumentation, or the environment. New containers of gel are initialled by the opener, dated, and discarded after 30 days or as per MIFU. ➢ **Resource:** IPAC-Canada Position Statement – Medical Gels (December 2017)		M	☐	☐	☐

Notes and Recommendations:

11. Sharps Safety Program

11	Sharps Safety Program	LR	R	C	NC	NA NR
11.1	Sharps containers are: • Clearly labelled as sharps containers, preferably with a biohazard symbol, or colour-coded according to the employer's safe work practices; • Puncture-resistant; • Tamper-proof; • Closable; contained sharps are to not be able to fall out with normal use; • Leak proof on both sides and bottom; and • Not filled past the fill line, usually at the 3/4 mark. ➢ **Resource**: For 11.1- 11.5, refer to the section on Control of the Environment, Sharps, and Sharps Containers ➢ **Additional Resource**: CSA. Z316.6-14 - Sharps injury protection - Requirements and test methods - Sharps containers (2014).		**M**	☐	☐	☐
11.2	There is a puncture-resistant sharps container at point of use and/or sharps are transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover).		**M**	☐	☐	☐
11.3	Filled sharps containers are securely stored for timely and safe removal according to local legislated biomedical waste by-laws.		**M**	☐	☐	☐
11.4	Needles are safety-engineered medical sharps (SEMS) whenever possible. ➢ **Additional Resource:** Ontario Regulation 474/07 Needle Safety.	LR	**M**	☐	☐	☐
11.5	There are written policies and procedures to prevent and manage injuries from sharp objects. ➢ **Additional Resources:** Refer to: CAN/CSA Group – Z314-18 Canadian medical device reprocessing. ➢ General Duty Clause of the OHS Act-s.25(2)(h).	LR	**IE**	☐	☐	☐

Notes and Recommendations:

12. Specimen Handling

12	Specimen Handling	LR	R	C	NC	NA NR
12.1	There is a policy or procedure for handling of all blood and body fluids. This includes blood specimens obtained through venipuncture (e.g., platelet rich plasma for bone grafts) and biopsy specimens. ➢ **Resource**: Refer to the section on Cleaning the Environment - Cleaning up Body Fluid Spills.		IE	☐	☐	☐
12.2	For urine samples, there is a safe process and designated area for handling specimens and disposal; urine is never disposed of in a hand hygiene sink. ➢ **Resource**: Refer to PIDAC Infection Prevention and Control for Clinical Office Practice, April 2015. See section on Control of the Environment, Cleaning the Environment, Waste- Waste Streams and Disposal Requirements.		H	☐	☐	☐
12.3	There is a designated storage area for specimens separate from clean supplies. ➢ **Resource:** Refer to the section on Clinical Office Design/Renovations, Storage/Utility Area(s).		IE	☐	☐	☐
12.4	There is a dedicated specimen refrigerator. ➢ **Resource**: Refer to the section on Refrigerators.		M	☐	☐	☐

Notes and Recommendations:

13. Blood Collection and Testing Devices

13	Blood Collection and Testing Devices	LR	R	C	NC	NA NR
13.1	Single-use blood collection tube holders are preferred. If blood tube holders are reused, they are designed for multi-patient/client use and are cleaned and disinfected after each use as per the MIFU. Discard if visibly soiled. ➢ **Resource:** Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018. See Appendix on Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client/ Patient/Resident Care Equipment and Environmental Items. ➢ **Additional Resource:** Top Five High Risk Practice Recommendations and Occupational Health and Safety Responsibilities.		H	☐	☐	☐
13.2	Tourniquets are non-latex and are preferably single use. If reusable, low-level disinfection is required between patients/clients. ➢ **Resource:** Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See Appendix on Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client/ Patient/Resident Care Equipment and Environmental Items.		IE	☐	☐	☐
13.3	Lancing devices are auto-disabling or for single patient use. ➢ **Resource:** For 13.3 to 13.5, refer to section on Point-of-care Testing. ➢ **Additional Resources:** Health Canada's Notice: New Requirements for Medical Device License Applications for Lancing Devices and Blood Glucose Monitoring Systems. ➢ Health Canada's Medical Devices Active Licence Listing.		H	☐	☐	☐
13.4	Lancet holders (e.g., pen-like holder) are single patient/client use only.		H	☐	☐	☐
13.5	Glucometers (blood glucose monitoring devices) are not shared between patients/clients unless the device is designed for multi-patient/client use and cleaned and low-level disinfected after use with each patient/client, as per MIFU.		H	☐	☐	☐

LR: Legislated Requirement **R**: Risk **C:** Compliant **NC:** Not Compliant **NA/NR:** Not Applicable/Not Reviewed

Section 13 - Notes and Recommendations:

14. General Policies and Procedures

14	General Policies and Procedures	LR	R	C	NC	NA NR
14.1	There are written IPAC policies and procedures that are based on the most current best practices. ➢ **Resource:** For Items 14.1 to 14.3, refer to specific sections throughout document. ➢ **Additional Resource:** PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section on IPAC Program Functions, B. Policies and Procedures.		IE	☐	☐	☐
14.2	Policies and procedures are developed and reviewed on an ongoing basis and are based on current scientific literature and best practices. ➢ **Resource:** For 14.2 and 14.3, refer to PIDAC Best Practices for IPAC Programs in Ontario, May 2012. See section on Policies and Procedures.		IE	☐	☐	☐
14.3	Staff members have access to the IPAC policies and procedures and are familiar with their use.		IE	☐	☐	☐

Notes and Recommendations:

15. Education

15	Education	LR	R	C	NC	NA NR
15.1	Regular education (including orientation and continuing education) and support is provided to help staff consistently implement appropriate IPAC practices. ➢ **Resource:** Refer to the section on Staff Education and Training.		IE	☐	☐	☐
15.2	The employer, supervisor, and the worker have a role in informing/being aware of hazards and dangers by providing/reading information, instructions, and supervision on how to work safely. ➢ **Resource:** Refer to Occupational Health and Safety Act.	LR	IE	☐	☐	☐
15.3	There is a process for recording and reporting of attendance at staff education and training sessions. ➢ **Resource:** Refer to PIDAC Routine Practices and Additional Precautions, November, 2012. See section on Staff Education and Training.		IE	☐	☐	☐

Notes and Recommendations:

ADDITIONAL SECTIONS

The following sections include additional Occupational Health and Safety and Vaccine-related practices that may be reviewed and identified during an inspection.

Note, for further assistance:

Concerns regarding noncompliance with the Occupational Health and Safety Act may be reported to the Ministry of Labour.

Concerns regarding noncompliance with vaccine handling/storage may be reported to the Vaccine Preventable Diseases department of the local Public Health Unit.

16. Occupational Health and Safety

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.1	Responsible physician(s), owner(s), operator(s), or manager(s) understand their duties and responsibilities under Ontario's *Occupational Health and Safety Act* (OHSA) to ensure workers know about hazards and dangers by providing information, instruction, supervision on how to work safely (e.g., appropriate handling of chemicals) and training and access to appropriate PPE based on risk assessment of exposure. ➢ **Resource:** Refer to the section on Legislation Relating to Infection Prevention and Control Practices in the Clinical Office- A. The Occupational Health and Safety Act (OHSA).	**LR**	**IE**	☐	☐	☐
16.2	There is a policy or procedure in place to prevent the transmission of blood-borne pathogens (i.e. hepatitis B, hepatitis C and HIV) that includes an immunization policy for hepatitis B vaccination and a record of documented immunity to hepatitis B by serology. ➢ **Resource:** Refer to the section on Administrative Controls and item - Staff Immunization. ➢ **Additional Resource:** Refer to the Blood- borne Diseases Surveillance Protocol for Ontario Hospitals developed by the OHA/OMA in collaboration with the MOHLTC.		**IE**	☐	☐	☐

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.3	There is a blood-borne pathogen post-exposure management policy or procedure that incorporates worker education and facilitation of timely access to a medical assessment for appropriate post-exposure prophylaxis PEP if indicated (e.g., HIV PEP medications) Reporting of sharps injuries to the Workers' Safety and Insurance Board (if covered) is required* and to the Ministry of Labour, as appropriate. **Dependent on size of employer.* ➢ **Resource:** Refer to PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012. See section on Occupational Health and Hygiene Issues-Post-Exposure Follow Up.		IE	☐	☐	☐
16.4	There is a healthy workplace policy which includes a clear expectation that staff do not come into work when ill with symptoms of infection. ➢ **Resource:** Refer to the section on Administrative Controls-Healthy Workplace Policies and Infections in Health Care Providers.		IE	☐	☐	☐
16.5	Staff members are immunized as recommended by the National Advisory Committee on Immunization (NACI). ➢ **Resource:** Refer to section on Administrative Controls – Staff Immunization.		M	☐	☐	☐
16.6	Eating/drinking, storage of food, smoking, application of cosmetics or lip balm, and handling contact lenses in the reprocessing area is prohibited. ➢ **Resource:** for 16.6 and 16.7, refer to the section on Occupational Health and Safety Act		H	☐	☐	☐
16.7	There is a policy that prohibits eating/drinking, storage of food, smoking, application of cosmetics or lip balm, and handling contact lenses in the reprocessing area.		IE	☐	☐	☐
16.8	All hazardous products (e.g. cleaning and disinfecting agents) are labelled according to WHMIS requirements. ➢ **Resources:** Refer to the section on The Workplace Hazardous Materials Information System (WHMIS). ➢ **Additional Resource:** R.R.O. 1990, Reg. 860: Workplace Hazardous Materials Information System (WHMIS).	LR	M	☐	☐	☐
16.9	Safety Data Sheets (SDS) for cleaning/disinfecting products are readily available and up to date. ➢ **Resource:** Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018. See section on Other Considerations-Chemical Safety. ➢ **Additional Resource:** R.R.O. 1990, Reg. 860: Workplace Hazardous Materials Information System (WHMIS).	LR	M	☐	☐	☐

LR: Legislated Requirement **R**: Risk **C:** Compliant **NC:** Not Compliant **NA/NR:** Not Applicable/Not Reviewed

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.10	IPAC and Occupational Health and Safety policies and procedures are followed by all staff. ➢ **Resource:** Refer to PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012. See section 4.		M	☐	☐	☐
16.11	An eyewash fountain is provided when there is the potential for injury to the eye due to contact with a biological or chemical substance and used/managed as per MIFU. ➢ **Resource:** Refer to R.R.O. 1990, Reg. 851, s. 124.	LR	IE	☐	☐	☐
16.12	The plumbed or self-contained eyewash fountain/station is located within a 10-second walk (16 to 17 metres [55 feet]) of the reprocessing area. **Resource:** Refer to Appendix C: Recommendations for Physical Space for Reprocessing.		IE	☐	☐	☐

Notes and Recommendations:

17. Vaccines

17	Vaccines	LR	R	C	NC	NA NR
17.1	Cold chain is maintained according to PHAC Canadian Immunization Guide and MOHLTC Vaccine Storage and Handling Guidelines ➢ **Resources:** For 17.1- 17.4, refer to PHAC Canadian Immunization Guide, 2018, See section on Storage and Handling of Immunizing Agents ➢ MOHLTC Vaccine Storage and Handling Guidelines, 2013 ➢ MOHLTC Vaccine Storage and Handling Protocol, 2018		**M**	☐	☐	☐
17.2	Temperatures of refrigerators and freezers used to store vaccines are checked twice daily and recorded as per recommended public health protocols.		**M**	☐	☐	☐
17.3	Vaccines are kept refrigerated at a temperature between 2°C and 8°C (unless otherwise specified by the MIFU) and are stored according to the MIFU (e.g. kept frozen at a temperature of -15°C or colder, protected from light, refrigerated). ➢ **Resource:** Refer to section on Immunization Competencies for Health Professionals. See section on Storage and Handling of Immunization Agents.		**M**	☐	☐	☐
17.4	There is an alarm on the medication/vaccine refrigerator to warn when the temperature falls outside the recommended range and a protocol is in place to follow-up regarding break in cold chain. ➢ **Resource:** MOHLTC Vaccine Storage and Handling Guidelines, 2013		**IE**	☐	☐	☐

Notes and Recommendations:

LR: Legislated Requirement **R**: Risk **C:** Compliant **NC:** Not Compliant **NA/NR:** Not Applicable/Not Reviewed

Please print and sign:

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Inspector/Assessor/Investigator Signature:

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Additional Notes:

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