

Adapting infection prevention and control (IPAC) practices in the community; There "s'more" beyond institutional settings

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Objectives

- During this session, the participants will :
 - Learn about Public Health Ontario (PHO);
 - Note key areas where lapses in IPAC can lead to transmission of infection; and
 - Learn about PHO tools and resources to support their work.



What is PHO?

- Crown corporation dedicated to:
 - Protecting and promoting the health of all Ontarians; and
 - Reducing inequities in health.
- Links public health practitioners, front-line health workers and researchers to scientific intelligence and knowledge.
- Provides expert scientific and technical advice and support.
- Includes clients such as local public health units, government and health care providers, regulatory colleges, professional associations and institutions.



IPAC in the Community

- Registered Nurses (RNs) have a professional responsibility to ensure the use of safe, effective and ethical Infection prevention and control best practices. As regulated health professionals, RNs are accountable for their practice.(CNA)
- Common IPAC issues identified are:
 - Control of the environment
 - Hand hygiene
 - Safe medication administration
 - Reprocessing of medical equipment/devices





Control of the environment

- Essential component of IPAC and integral to the safety of the patients and staff.
- Cleanliness is often the cause of complaints received by public health units.



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The When, What and How of Environmental Cleaning

- When to clean?
 - After each patient/client?
 - End of day?
- What to clean?
 - Which surface is more 'contaminated' than another/
- How to clean
 - What product do we use?
 - Clean to dirty?





Determine the Score and Frequency

| Probability of | | | | Potentia | l fo | or Exposure | | | | |
|--|--|----------------|---------|--|------|--|-------------------------|--|--|--|
| Contamination with Pathogens | High-t | touch S | Surface | es (score = 3) | | Low-touch Surf | ā | | | |
| with r utilogens | More Suscepti Populati (score = | ble ion | | Less Susceptible Population (score = 0) | | More Susceptible Population (score = 1) | | | | |
| Heavy (score = 3) | 7 | | | 6 | | 5 | - | | | |
| Moderate (score = 2) | 6 | | | 5 | | 4 | - | | | |
| http://www.publichealthon | | Total Score | | Risk Type | M | Minimum Cleaning Frequency | | | | |
| pository/Best_Practices_Env eaning_2012.pdf | <u>/ironmental_Ci</u> | 7 | | High Risk | | lean after each case/event lean additionally as require | | | | |
| | | 4-6 | | Moderate Risk | | lean at least once daily lean additionally as require | ed (e.g., gross soilins | | | |
| | | | | | 0 | - | -lll - | | | |



Hand Hygiene

- Hand hygiene facilities at point of care
- Availability of soap and water (when hands are visibly soiled) and alcohol-based hand rub (ABHR)
 - ABHR and soap dispensers are not empty
- Accessible
 - No clutter blocking access to product (soap or ABHR)
- Disposable towels to dry hands

Alcohol-based hand rub and liquid soap must be dispensed in disposable containers and <u>must not</u> be "topped up".

Plain liquid soap in disposable pump bottles is sufficient for general clinical office settings. Bar soaps must not be used.



The 4 Moments for Hand Hygiene

| 1 | BEFORE initial patient/patient environment contact | WHEN? WHY? | Clean your hands when entering: before touching patient or before touching any object or furniture in the pa To protect the patient/patient environment from hai on your hands |
|---|---|---------------|---|
| 2 | BEFORE aseptic procedure | WHEN? WHY? | Clean your hands immediately before any aseptic pro To protect the patient against harmful germs, includi germs, entering his or her body |
| 3 | AFTER body fluid exposure risk | WHEN? WHY? | Clean your hands immediately after an exposure risk after glove removal) To protect yourself and the health care environment patient germs |
| 4 | AFTER patient/patient | WHEN? | Clean your hands when leaving:after touching patient or |

http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf



Important Hand Hygiene Points



http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf



Safe Medication Administration









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Syringes, Needles and Vials



Syringes and needles and use of vials f medications and vaccines

- All needles are SINGLE PATIENT USE ONLY
- All syringes are SINGLE PATIENT USE ONLY
- SINGLE USE VIALS PREFERRED—to be used patient
- When Multi-dose vial is necessary—never r used needle or used syringe
- Once medication is drawn up, the needle sl

Opened multi-dose medication vials should be discarded according to the manufacturer's instructions or 28 days after opening, whichever is shorter.

http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Documents/Updated_Guidance_Multidose_Vials_20 15.pdf PublicHealthOntario.ca



Reprocessing

- Reusable medical equipment must be
 - cleanable and
 - able to be disinfected or sterilized as appropriate for the equipment.
- Policies and procedures
 - Procedures must be reviewed and revised regularly.
- The amount and frequency of equipment use should guide whether reprocessing is feasible or whether disposable equipment is more cost-effective.



Level of Reprocessing



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Spaulding's Classification

The level of reprocessing required for medical equipment/devices is determined by Spaulding's criteria

| Class | Use | Minimum Level of Reprocessing | |
|--------------|---|--|--|
| Critical | Enters sterile body site, including the vascular system | Cleaning followed by sterilization | Surgical in Biopsy in: Foot care |
| Semicritical | Comes in contact with non- intact skin or mucous membranes but does not penetrate them | Cleaning followed by high- level disinfection Sterilization is preferred | Vaginal s Endosco Anaesthe Tonometric |
| Noncritical | Touches only intact skin | Cleaning followed by low- | ECG mac |

http://www.publichealthontario.ca/en/eRepository/IPAC_Clinical_Office_Practice_2013.pdf



Reprocessing Steps





PHO Tools and Resources

- Development of evidence-based knowledge products.
 - From basic IPAC knowledge and skills
 - To more defined tools and resources
- Knowledge products include:
 - Best practice documents (PIDAC),
 - Training modules,
 - Checklists,
 - Toolkits,
 - Educational programs, etc.



Tools and Resources

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Reprocessing in Community Health Care Settings Course

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IPAC Core Competencies Course

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IPAC for Clinical Office Practice Webpage

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IPAC for Clinical Office Practice Webpage

Additional Resources



Additional Guidance

NEW! Recommendations for Education, Training and Certification for Reprocessing in Clinical Office Settings

NEW! Recommendations for Conjunctivitis Prevention in Ophthalmology/Optometry Clinical Office Practice

Top Five High Risk Practice Recommendations

Guidance on the use of multidose vials



Signage

Cover your cough

Self screening sign

How to handrub/How to handwash

Putting on personal protective equipment

Removing personal protective equipment



Related documents

Cleaning, Disinfection and Sterilization of Medical Equipment / Devices



Videos

Putting on Personal Protective Equipment

Removing Personal Protective Equipment



Presentations

Ten things you need to ask your doctor about infection prevention and control

CPSO Education Day:

Ten Things You Need to Know About Infection Prevention and Control for Clinical Office Practice



Checklists



References

 Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015 found at

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