



# Qmentum Program

## STANDARDS

### *Infection Prevention and Control Standards*

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**ACCREDITATION CANADA  
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*Driving Quality Health Services  
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**Feedback:** Please indicate the name of the standard, as well as the criterion number in your comments. Please be as specific as possible in your comments.

*For example: I would like to provide comments on the Long-Term Care Services standards, criterion 3.12. Clients should be included in this process. I suggest you change the wording to "The team engages staff, service providers, and clients in the process to plan services."*

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# *Infection Prevention and Control Standards*

Accreditation Canada's Infection Prevention and Control (IPC) Standards provide a framework to plan, implement, and evaluate an effective IPC program based on evidence and best practices in the field. The literature shows that well-designed IPC programs are cost-effective because they reduce health care-associated infections, shorten the length of hospital stays, and decrease the cost of treating health care-associated infections.

The Accreditation Canada standards outline the key routine practices and additional precautions necessary for an effective IPC program, including:

- Point-of-care risk assessment
- Hand hygiene
- Aseptic techniques
- Personal protective equipment
- Cleaning and disinfection of the physical environment
- Handling waste and linen

Promoting a collaborative approach to protecting the safety of clients and staff, the Infection Prevention and Control Standards contain the following sections:

1. Planning and Developing the IPC Program
2. Implementing the IPC Program
3. Evaluating the Impact of the IPC Program

## Note on Reprocessing and Sterilization of Reusable Medical Devices Standards

Accreditation Canada partnered with the Canadian Standards Association (CSA) to introduce reprocessing content in the Qmentum standards. Accreditation Canada developed the Reprocessing and Sterilization of Reusable Medical Devices Standards to evaluate reprocessing activities that are completed inside the Medical Device Reprocessing (MDR) department. To cover reprocessing activities completed outside the MDR department, the following standards were updated with reprocessing content for medical devices/equipment:

- Infection Prevention and Control
- Diagnostic Imaging
- Operating Rooms
- Ambulatory Care
- Obstetrics

Accreditation Canada introduced reprocessing content to the Infection Prevention and Control (IPC) Standards for organizations that do not have an MDR department and therefore will not be evaluated against the Reprocessing and Sterilization Standards. To avoid duplication in requirements, the reprocessing section will be removed for organizations that are using the Reprocessing and Sterilization Standards.

## Glossary

**Additional precautions:**

The Public Health Agency of Canada (PHAC) defines additional precautions as



Additional measures, when routine practices alone may not interrupt transmission of an infectious agent. They are used in addition to routine practices (not in place of), and are initiated both on condition/clinical presentation (syndrome) and on specific etiology (diagnosis). Examples of additional precautions include contact precautions for situations when heavy contamination of the client's environment is anticipated; droplet precautions for microorganisms primarily transmitted by the large droplet route; and airborne precautions for microorganisms transmitted through the air over extended time and distance by small particles.

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**Airborne infection isolation room:** An isolated room that is occupied by one client who is suspected of having or is confirmed to have an airborne infection. Environmental conditions within the room are controlled to prevent the transmission of microorganisms. This is also referred to as a negative pressure or negative pressure isolation room.

**Alcohol-based hand rub:** As defined by PHAC: "an alcohol-containing preparation (liquid, gel, or foam) designed for application to the hands to remove or kill microorganisms. Such preparations contain one or more types of alcohol (e.g., ethanol, isopropanol or n-propanol), and may contain emollients and other active ingredients."

**Aseptic technique:** As defined by PHAC: "the purposeful prevention of transfer of microorganisms from the patient's body surface to a normally sterile body site or from one person to another by keeping the microbe count to an irreducible minimum. Also referred to as sterile technique."

**Client:** The person receiving care from the organization; also referred to as a patient.

1033

**Environmental conditions:** Refers to temperature, humidity, air circulation, and water quality within the physical environment.

**Gray areas:** Refers to high-touch surfaces in the physical environment that are usually overlooked during routine cleaning and disinfection. Examples include curtains, bedrails, light switches, and doorknobs.

**Health care-associated infections:** As defined by PHAC: "infections that are transmitted within a health care setting (also referred to as nosocomial) during the provision of health care." Examples include *C. difficile*, surgical site infections, seasonal influenza, noroviruses, or urinary tract infections.

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**Interdisciplinary committee:** A group of individuals with varying areas of expertise working toward common goals (in this case, for IPC-related goals). Committee membership may include physicians, nurses, and representatives from surgical care, microbiology, medical device reprocessing, environmental services, Occupational Health and Safety (OHS), risk management, quality improvement, and public health.

**Outbreak:** As defined by the World Health Organization: "the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season."

**Point-of-care:** PHAC defines point-of-care as the place where the following three elements meet: the client, the service provider, and care/treatment involving contact with clients or their surroundings.

**Pandemic:** An outbreak that has spread worldwide, affecting a significant proportion of the population.

**Partner:** An organization or person who works with another organization to address a specific issue by sharing information and/or resources. Partners in IPC may include peer organizations, community organizations, professional associations [e.g., Infection Prevention and Control Canada (IPAC Canada); Association des infirmières en prévention des infections (AIPI)]; OHS bodies; local, provincial/territorial, and federal governments; and public health agencies].

**Personal protective equipment:** PHAC defines Personal Protective Equipment (PPE) as: "gowns, gloves, masks, facial protection (e.g., masks and eye protection, face shields or masks with visor attachment) or respirators." PPE is used to provide a barrier that prevents potential exposure to microorganisms.



**Physical environment:** Refers to the various spaces within an organization that require cleaning, such as client care areas (objects and surfaces in the proximate environment of the client), service areas (e.g., operating rooms, medical device reprocessing areas), staff areas, and public areas (e.g., washrooms and waiting rooms).

**Reprocessing:** A process to clean, disinfect, and sterilize medical devices/equipment. Spaulding is a recognized classification system used to identify critical, semi-critical, and non-critical items, based on their use and the risk of infection.

**Resources:** Human, financial, equipment, and/or informational resources needed to support a project or initiative. Examples of resources for IPC may include an IPC professional, interdisciplinary committee, epidemiologist, microbiology laboratory, and any other resource to ensure an effective IPC program based on the organization's IPC priorities.

**Respiratory hygiene:** Practices to help prevent the transmission of microorganisms when sneezing or coughing. Examples include covering the mouth with a tissue, coughing or sneezing into the upper sleeve or elbow, and hand hygiene.

**Routine practices:** PHAC refers to routine practices as a comprehensive set of IPC measures that must be used in the routine care of all clients to reduce the risk of transmitting microorganisms. Examples of routine practices include point-of-care risk assessment, hand hygiene (including point-of-care, alcohol-based hand rubs), aseptic techniques, the provision and use of PPE, cleaning and disinfecting the physical environment, and handling waste and linen.

**Service providers:** Anyone providing care to clients within the organization.

**Staff:** People who are employed by the organization.

**Timely/Regularly:** The organization defines what "timely" and "regularly" mean and adheres to that schedule. Timeframes will vary depending on the organization size, sector, and services provided.

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## PLANNING AND DEVELOPING THE IPC PROGRAM

### 1.0 The organization plans and develops the Infection Prevention and Control (IPC) program based on organizational priorities, evidence, and best practices.



Effectiveness



- 1.1 The organization regularly reviews which IPC components are included in the IPC program, based on a risk assessment and organizational priorities.

#### Guidelines

The Accreditation Canada Infection Prevention and Control Standards identify the key components of an effective IPC program. The standards include criteria on policies and procedures for routine practices and additional precautions, education program, surveillance plan and ongoing evaluation activities.



Effectiveness

- 1.2 The organization reviews evidence and best practices in IPC when planning and developing its IPC program.

#### Guidelines

Evidence and best practices can be accessed through publications, presentations, and conferences. The Accreditation Canada Infection Prevention and Control Standards include a list of references that organizations can refer to as part of this work.



Effectiveness

- 1.3 The organization regularly reviews the resources needed to support the IPC program.

#### Guidelines

The resources needed to support the IPC program will depend on the size of the organization and the type of services provided. In some jurisdictions, IPC resources are specified in applicable regulations. Determining the resources needed is a collaborative approach that involves different teams in the organization.

The Accreditation Canada Infection Prevention and Control Standards outline the key resources needed to support the IPC program. The standards include criteria on having a qualified IPC physician, an IPC professional, and an interdisciplinary committee to promote the IPC program, as well as access to a microbiology laboratory that can assist with surveillance information.

### 2.0 The organization has a collaborative approach to supporting the IPC program.





Effectiveness



- 2.1 The organization has an IPC team responsible for planning, developing, implementing and evaluating the IPC program.

#### Guidelines

IPC programs are coordinated by staff and service providers with expertise and experience in IPC and epidemiology. Examples of IPC team members include physicians (e.g., medical microbiologist), nurses, epidemiologists, and administrative staff.

The size of the IPC team will depend on the size of the organization and the type of services provided. In some jurisdictions, the size of the IPC team is specified in applicable regulations.



Effectiveness

- 2.2 The organization has one or more qualified IPC professionals as part of the IPC team.

#### Guidelines

IPC professionals are also referred to as Infection Control Practitioners (ICPs). The number of IPC professionals required may be based on the number of in-patient beds and/or the level and type of services provided. For examples, refer to the Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practice Manual: Infection Prevention and Control Programs in Ontario, and the Public Health Agency of Canada (PHAC) Essential Resources for Effective Infection Prevention and Control Programs. In some jurisdictions, the number of IPC professionals required is mandated, and is set out in applicable regulations.

The education and certification requirements for IPC professionals will vary by jurisdiction. IPC professionals have expertise and experience in program administration, surveillance, epidemiology, and critical appraisal of the literature. For example, IPAC Canada and L'Association des infirmières en prévention des infections (AIFI) maintain a list of IPC educational courses on their website. The Certification Board of Infection Control and Epidemiology (CBIC) also offers certification exams in IPC that are recognized in the United States and Canada.



Effectiveness

- 2.3 The organization has access to a qualified IPC physician to provide input to the IPC team.

#### Guidelines

The IPC physician works with the IPC professional to support the IPC program. This may be either an on-site or contract physician with experience and expertise in IPC (e.g., medical microbiologist).



Effectiveness

- 2.4 The organization has an interdisciplinary committee to provide guidance about the IPC program.





**Guidelines**

IPC is a collaborative process that involves representatives from across the organization. Committee membership may include representatives from physicians, nursing, surgical care, microbiology, medical device reprocessing, environmental services, OHS, pharmacy services, risk management, quality improvement, and public health.

The committee may be specifically assigned to IPC or have IPC as one of its functions. This committee may function at an organizational level, regional or district health authority level, or provincial level. The roles and responsibilities of this committee may include developing IPC policies and procedures, education programs, and evaluation activities. The structure of the committee may vary across organizations. Various subcommittees may be established as needed to meet its functions.



Effectiveness

- 2.5 The interdisciplinary committee regularly evaluates the program's structure and functions and makes improvements as needed.

**Guidelines**

This evaluation may look at the structure of the committee, committee membership, terms of reference and work plan, roles and responsibilities assigned to the committee, meeting attendance, and the frequency of meetings.



Effectiveness



- 2.6 The organization consults with the IPC team when planning and designing the physical environment; this includes planning for construction and renovations.

**Guidelines**

The IPC team is involved during the planning stages of any new construction or renovation project. It identifies IPC-related risks (e.g., Aspergillus and Legionella) and plans the cleaning and disinfecting work that will take place during and following the renovations or construction. For examples, refer to current CSA Standards Z8000 and Z317.13, and PHAC's Construction-related nosocomial infections in patients in health care facilities: Decreasing the risk of Aspergillus, Legionella and other infections.



Effectiveness

- 2.7 The organization seeks input from the IPC and the OHS teams to maintain optimal environmental conditions within the organization.

**Guidelines**

Poor air quality can promote the transmission of microorganisms within the organization. For example, excessive humidity levels can increase the survival rate of microorganisms on surfaces. Optimal environmental conditions are maintained throughout the organization including in airborne infection isolation rooms and sterile supply areas. For examples of optimal environmental conditions, refer to current CSA Standards Z8000 and CSA Z317.2.



Effectiveness



- 2.8 The organization involves environmental services and the IPC team to maintain processes for laundry services and waste management.

#### Guidelines

This includes environmental cleaning and waste handling. Linen should be handled carefully to avoid the transmission of microorganisms within the organization. For example, clean linen should be transported and stored in a manner that prevents contamination by dust. For examples of routine practices related to laundry services, refer to PHAC's Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.



Effectiveness



- 2.9 The organization seeks input from the IPC team to maintain processes for selecting and handling medical devices/equipment.

#### Guidelines

Medical devices/equipment are one of the key sources of health care-associated infections. Handling medical devices/equipment includes 1) safely transporting contaminated medical devices/equipment to a central area for reprocessing, and 2) storing clean medical devices/equipment in separate clean storage areas.

A recognized classification system such as Spaulding is used to identify critical, semi-critical, and non-critical medical devices/equipment based on the use of the medical device/equipment and the risk of infection.



Safety



- 2.10 The organization follows applicable standards for food safety to prevent food-borne illnesses.

#### Guidelines

Proper storage, preparation, and handling of food are critical to preventing food-borne illness. Food storage, preparation, and handling are monitored even if food is made using pre-prepared mixes or ingredients, or if the preparation is done outside of the main kitchen or off-site. When food services are contracted to external providers, the organization has a mechanism to define the IPC role of the external contractor and verify the quality of the services provided.

In some jurisdictions, food services are inspected by public health or the Ministry of Agriculture. The organization follows-up on any areas for improvement identified by these regulatory authorities.



Efficiency

- 2.11 The organization seeks input from the IPC team when planning for pandemics at the organizational level.

**Guidelines**

Key partners include public health, IPC, and emergency management. Pandemic planning is part of the organization's overall plan for disasters and emergencies (this is covered in the Leadership Standards). In some jurisdictions, the Ministry of Health is responsible for planning for pandemics. In this case, organizations validate the Ministry's pandemic plan at an organizational level.

**3.0 The organization collaborates with partners to promote IPC.**

Population  
Focus

- 3.1 The organization partners with organizations across the continuum of care to implement IPC activities.

**Guidelines**

The extent of the organization's partnerships will depend on its size, mandate, and scope of services. Examples of IPC activities include hand hygiene, education and awareness campaigns. Working with partners may include joint initiatives, complementary roles and responsibilities in the community, and creating consistent education and communication messages.



Population  
Focus

- 3.2 The organization shares trends in health care-associated infections and significant findings with other organizations, public health agencies, and the community.

**Guidelines**

Depending on the results gathered by tracking health care-associated infection rates, the organization determines what information is shared and in what format. Certain health care-associated infections must be reported to national and provincial public health agencies. The Canadian Nosocomial Infection Surveillance Program maintains a national surveillance network through which participating organizations collect surveillance data that can be used for benchmarking.



## IMPLEMENTING THE IPC PROGRAM

### 4.0 The organization maintains policies and procedures on IPC based on applicable regulations, evidence and best practices, and organizational priorities.



Safety



- 4.1 The organization completes a risk assessment to identify high-risk activities, and then addresses them in policies and procedures.

#### Guidelines

Risk assessments are completed in collaboration with IPC, OHS, and environmental services. Examples of high-risk activities include performing aerosol-generating medical procedures; handling spills, specimens, and sharps; and exposure to contaminated medical devices/equipment and waste.



Effectiveness



- 4.2 The organization has policies and procedures that are in line with applicable regulations, evidence and best practices, and organizational priorities.

#### Guidelines

Policies and procedures should be clear and concise. The Accreditation Canada Infection Prevention and Control Standards cover key IPC policies and procedures regarding routine practices. The standards include criteria on hand hygiene practices; additional precautions; aseptic techniques when performing invasive procedures and handling injectable products; wearing PPE appropriate to the task; handling contaminated items; and OHS such as work restrictions. Organizations are encouraged to seek input from clients and families when developing policies and procedures, specifically around hand hygiene.



Safety



- 4.3 The organization has policies and procedures for using aseptic techniques while preparing, handling, and administering sterile substances both within the preparation area and at the point of care.

#### Guidelines

The organization involves the IPC team when developing relevant medication management processes including the use of aseptic techniques. Adherence to aseptic techniques should be promoted for invasive procedures, including the insertion of central lines, handling intravenous systems, spinal procedures, and safe injection practices (including the use of multidose vials).

Examples include vaccines, parenterally administered medications, total parenteral nutrition (TPN), and diagnostic media. The contamination of medical devices/equipment; a vaccine, medication, or nutrition; or a client, staff, or service provider can occur at several points during the preparation and delivery of injected substances.





Safety



4.4

The organization has policies and procedures for loaned, shared, consigned, and leased medical devices.

#### Guidelines

If the organization extensively uses or provides loaned, shared, consigned, or leased medical devices, policies and procedures are developed to address the transport of these items to and from the organization, and to handle items that are delivered unexpectedly, unclean, not sterilized, or incomplete. Refer to current CSA Standards Z314.22 for detailed guidelines and standards for the management of loaned, shared, and leased devices and equipment.



Safety



4.5

For organizations providing neurosurgical services, the organization has policies and procedures to prevent the transmission of Creutzfeldt-Jakob Disease (CJD).

#### Guidelines

Policies and procedures include: completing a pre-operative assessment for high-risk surgical procedures; completing a pre-operative assessment for high risk patients; and having either 1) a dedicated set of neurosurgical, neuroendoscopic, ortho-spine devices and intubation equipment to be used when the diagnosis of CJD has been made or is suspected pre-operatively, or 2) disposable equipment that is quarantined immediately post-surgery and prior to reprocessing until the post-operative diagnosis of CJD is either validated or ruled out. For more information, refer to PHAC's guidelines for Classic Creutzfeldt-Jakob Disease in Canada.



Accessibility



4.6

The organization provides staff, service providers, and volunteers with access to IPC policies and procedures.

#### Guidelines

IPC policies and procedures are available in a written or electronic format that are easily accessible to staff, service providers, and volunteers.



Effectiveness

4.7

The organization monitors compliance with IPC policies and procedures and makes improvements to the policies and procedures based on the results.

**Guidelines**

This includes a process for staff, service providers, volunteers, and clients and families to report non-compliance with IPC policies and procedures.

Audit tools can be used to monitor compliance with IPC policies and procedures. For example, IPAC Canada has an Infection Control Audit Toolkit available on its website. The Canadian Patient Safety Institute (CPSI) has also developed a hand hygiene toolkit (Canada's Hand Hygiene Challenge: STOP! Clean Your Hands) that provides instructions on how to monitor compliance with hand hygiene practices.



Effectiveness



4.8 The organization regularly updates IPC policies and procedures based on changes to the applicable regulations, evidence, and best practices.

**5.0 The organization engages staff, service providers, and volunteers in promoting an IPC culture within the organization.**



Safety



5.1 The organization has a multi-faceted approach to promoting IPC within the organization.

**Guidelines**

The organization uses a broader approach to help increase compliance with routine practices and additional precautions for IPC. Examples include posting reminders throughout the organization, providing interactive education sessions, developing promotional videos, and delivering awareness campaigns.



Safety

5.2 The organization engages staff, service providers, and volunteers when developing the multi-faceted approach for IPC.

**Guidelines**

For example, the organization may set up one or several design teams to identify strategies for promoting IPC based on organizational priorities.



Safety



5.3 The organization's multi-faceted approach to IPC includes an education program tailored to its IPC priorities, services, and client populations.

**Guidelines**

Depending on roles and responsibilities around IPC, the IPC education program may cover topics such as IPC policies and procedures, contact information for those responsible for IPC in the organization, and common health care-associated infections affecting the organization and trends. The program also provides access to educational resources such as peer-reviewed journals, technology (e.g., computers, the internet), and linkages with professional associations on IPC (e.g., IPAC Canada, AIPI). For example, WHO and CPSI provide tools for implementing an education program about hand hygiene, and Clean Learning provides educational tools about environmental services.



Safety



- 5.4 The organization provides information about how to safely perform high-risk activities including using the appropriate PPE as outlined in its policies and procedures.

**Guidelines**

High-risk activities require using PPE that is appropriate to the task. Staff and service providers learn how to select PPE based on the type of exposure anticipated as well as the PPE's durability, appropriateness, and fit. Staff and service providers also know how to select, wear, change, and remove the PPE. This information can be provided through education sessions and/or reminders posted in the organization.



Safety



- 5.5 The organization requires staff, service providers, and volunteers to attend the IPC education program at orientation and on a regular basis, based on their IPC roles and responsibilities.

**Guidelines**

The organization may maintain an electronic learning management system to track attendance at education sessions, identify necessary follow-up training, and identify individuals overdue for education.



Accessibility

- 5.6 The organization regularly evaluates the effectiveness of the multi-faceted approach for promoting IPC and makes improvements as needed.

**Guidelines**

The organization can evaluate the multi-faceted approach by asking staff and service providers for input, and using performance measures for routine practices and additional precautions. For example, the organization can complete the WHO Hand Hygiene Self-Assessment available from CPSI's hand hygiene website and develop a strategy to improve compliance with hand hygiene based on the results.

**6.0 The organization engages clients, families, and visitors in IPC practices.**





Safety



6.1 The organization provides clients, families, and visitors with information about routine practices and additional precautions as appropriate, and in a format that is easy to understand.

**Guidelines**

Clients, families, and visitors play an important role in promoting hand hygiene. Information may include the appropriate use of PPE, and the importance and timing of their hand and respiratory hygiene.

Information is provided verbally and in writing. Written materials may be available in a variety of languages depending on the population(s) served. The language used is easy to understand, and may include visual cues to improve understanding. Written materials may include pamphlets, posters, or electronic formats such as in-room televisions.

For example, CPSI has created a Patient and Family Guide: How to Help Prevent Healthcare-Associated Infections, which is available on its website.



Accessibility



6.2 The organization provides client, families, and visitors with access to hand hygiene resources and PPE based on the risk of transmitting microorganisms.

**Guidelines**

Hand hygiene resources include dedicated hand-washing facilities and alcohol-based hand rubs at the point of care. For examples, refer to PHAC's Hand Hygiene Practices in Healthcare Settings.



Effectiveness



6.3 The organization screens clients to determine whether additional precautions are required based on the risk of infection.

**Guidelines**

Staff and service providers are trained to determine if additional precautions are required to prevent the transmission of microorganisms within the organization. Staff and service providers refer to applicable IPC policies and procedures, and may need to involve the IPC professional as appropriate to complete the risk assessment. This information is documented in the client record by the service provider or IPC professional as applicable. Examples may include using appropriate PPE, placing the client in an airborne infection isolation room, and asking the client to use a separate bathroom.

**7.0 The organization's OHS program addresses organizational priorities for IPC.**



Effectiveness



7.1 The organization has OHS policies and procedures to reduce the risk of transmitting microorganisms among staff, service providers, and clients.





**Guidelines**

These policies and procedures are part of the organization's OHS program which is based on the level of risk for health care-associated infections. The Accreditation Canada Infection Prevention and Control Standards outline the key safety precautions for staff and service providers. The standards include criteria on having a pre-placement policy (including immunization status and tuberculosis screening); providing access to PPE appropriate to the task; promoting sharps safety and preventing exposure to blood borne pathogens; and setting work restrictions if needed.



Safety



7.2

The organization has or follows an immunization policy to screen and offer vaccinations to staff and service providers.

**Guidelines**

Vaccination is a cost-effective method of preventing illness. Possible vaccinations include mumps, measles, rubella, tetanus, diphtheria, pertussis, influenza, hepatitis B, and screening for tuberculosis. In some jurisdictions, specific vaccinations or evidence of immunity are required for staff and service providers working in an acute care setting. For examples, refer to the Recommendations from the National Advisory Committee on Immunization (NACI). In some jurisdictions, the organization follows the immunization policy set at the Ministry of Health level such as the immunization protocol issued by the Ministère de la Santé et des Services Sociaux (MSSS).



Safety



7.3

The organization has policies and procedures for using PPE that are appropriate to the task.

**Guidelines**

Policies and procedures address when to use PPE and how to wear and remove PPE, as well as N95 respirator fit testing. For examples of appropriate PPE, refer to PHAC's Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings or PIDAC's Routine Practices and Additional Precautions in All Health Care Settings.



Safety



7.4

The organization has work restrictions that are in line with OHS guidelines for staff, service providers, and volunteers with transmissible infections.

**Guidelines**

For examples of OHS guidelines, refer to PHAC's Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.

Work restrictions prevent staff, service providers, and volunteers with transmissible infections from having direct contact with clients, food, or sterile supplies, devices, and equipment. These restrictions may include limiting roles and responsibilities and wearing PPE as appropriate. Examples of transmissible infections include acute conjunctivitis, acute respiratory infection, gastroenteritis with vomiting and/or diarrhea, varicella, and open, infected skin lesions or herpetic skin lesions on the hands.





Safety



- 7.5 The organization follows its policies, procedures, and legal requirements when handling bio-hazardous materials.

#### Guidelines

This is a collaborative approach that involves IPC, environmental services, and OHS. The appropriate handling of bio-hazardous materials minimizes the risk of exposure to microorganisms. Handling includes collection, storage, transportation, and disposal. The organization considers used equipment and devices contaminated and potentially infectious, and transports it appropriately to a dedicated decontamination or disposal area. Definitions and the disposal of bio-hazardous materials will vary per jurisdiction.



Safety



- 7.6 The organization has policies and procedures for disposing of sharps at the point of use in appropriate puncture-, spill-, and tamper-resistant sharps containers.

#### Guidelines

Sharps include needles and blades.



Safety



- 7.7 The organization uses safety engineered devices for sharps.

#### Guidelines

Safety engineered devices protect the user from exposure to bio-hazardous or chemical substances (e.g., blood borne pathogens, cytotoxic medications). They have a built-in mechanism to protect the user from a sharps injury (e.g., needles that retract after use).

## 8.0 The organization has a comprehensive hand-hygiene strategy.



Safety



- 8.1 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization provides hand-hygiene education to staff, service providers, and volunteers.



**Guidelines**

Hand hygiene is a critical component of an effective IPC program in health care settings. However, adherence to proper hand-hygiene protocols is often poor. Cost estimates of health care-associated infections significantly exceed those related to hand hygiene.

Training on hand hygiene is multimodal and addresses the importance of hand hygiene in 1) preventing the transmission of microorganisms, 2) factors that have been found to influence hand-hygiene behaviour, and 3) proper hand-hygiene techniques. Training also includes recommendations about when to clean one's hands, based on the "four moments for hand hygiene":

1. Before initial contact with the client or their environment
2. Before a clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a client or their environment.

**Test(s) for Compliance**

**Major**

8.1.1 The organization provides staff, service providers, and volunteers with education about the hand-hygiene protocol.



Safety

8.2 The organization has a process to select and review products for hand hygiene including alcohol-based hand rubs and hand soaps.

**Guidelines**

The process includes seeking input from staff and service providers. For examples, refer to the WHO Guidelines on Hand Hygiene in Health Care, CPSI's Hand Hygiene Human Factors Toolkit, and Just Clean Your Hands by Public Health Ontario.



Safety



8.3 The organization's staff, service providers, and volunteers have access to alcohol-based hand rubs at the point of care.

**Guidelines**

Placing alcohol-based hand rubs at the bedside and/or making portable hand rubs available reminds staff and service providers to sanitize their hands before providing care. The WHO guidelines on hand hygiene require that alcohol-based hand rubs be within one meter of where care is delivered. However, fire regulations or other considerations may limit the placement of alcohol-based hand rubs. For examples, refer to PHAC's Hand Hygiene Practices in Healthcare Settings.

The organization audits the availability of hand-hygiene equipment and supplies in the service environment.



Safety

8.4 The organization's staff, service providers, and volunteers have access to dedicated hand-washing sinks.



**Guidelines**

Using dedicated hand-washing sinks helps prevent the transmission of microorganisms. Dedicated hand-washing sinks are only used for hand-washing and should not be used for other purposes, such as the disposal of fluids or the cleaning of equipment. For examples, refer to current CSA Standards Z8000. Organizations are encouraged to consider this requirement when planning for construction or renovations.



Safety

- 8.5 The organization posts reminders about the proper techniques for hand-washing and using alcohol-based hand rubs.

**Guidelines**

Organizations determine an appropriate placement for the reminders based on a risk assessment. Examples include CPSI's "4 Moments for Hand Hygiene" poster available on its website and WHO's Clean Care is Safer Care program.



Safety



- 8.6 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization measures its compliance with accepted hand-hygiene practices.

**Guidelines**

Hand hygiene is considered the single most important way to reduce health care-associated infections, but compliance with accepted hand-hygiene practices is often poor.

Measuring compliance with hand-hygiene practices allows organizations to improve education and training about hand hygiene, evaluate hand-hygiene facilities, and benchmark compliance practices across the organization. Studies have shown that improvements in compliance with hand-hygiene practices have decreased the number of health care-associated infections.

The best method for measuring compliance with accepted hand-hygiene practices is to use direct observation (audits). Direct observation involves watching and recording the hand-hygiene behaviours of staff and observing the work environment. Observation can be done by a trained observer within an organization, using a buddy system when two or more health care professionals work together, or by patients/families within an organization or in the community. Safer Healthcare Now! offers a variety of tools for measuring hand-hygiene compliance in different settings ([www.handhygiene.ca](http://www.handhygiene.ca)). Ideally, direct observation should measure compliance in all four moments for hand hygiene:

1. Before initial contact with the client or their environment
2. Before a clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a client or their environment

Direct observation should be used by all organizations working out of a fixed location (i.e., clients come to them). For organizations providing services in clients' homes, direct observation is still the best method of measuring hand-hygiene compliance. Such organizations may wish to consider having clients (and their families) measure staff compliance with accepted hand-hygiene practices – tools are available at [www.handhygiene.ca](http://www.handhygiene.ca). Organizations that provide services in clients' homes, and find that direct observation is not possible, can consider alternative methods such as:

- Staff recording their own compliance with accepted hand-hygiene practices (self-audit)
- Measuring product use
- Questions on client satisfactions surveys that ask about staff's hand-hygiene compliance
- Measuring the quality of hand-hygiene techniques (e.g., through the use of ultraviolet gels or lotions)

Since these alternatives are not as robust as direct observation, they should be used in combination (two or more) to give a more accurate picture of organizational compliance with accepted hand-hygiene practices.

**Test(s) for Compliance**

<b>Major</b>	8.6.1	The organization measures its compliance with accepted hand-hygiene practices using direct observation methods (e.g., audit). For organizations that provide services in clients' homes, a combination (two or more) of alternative methods may be used.
<b>Minor</b>	8.6.2	The organization shares the results of measuring hand-hygiene compliance with staff, service providers, and volunteers.
<b>Minor</b>	8.6.3	The organization uses the results of measuring hand-hygiene compliance to make improvements to its hand-hygiene practices.



## 9.0 The organization maintains a clean and disinfected physical environment.



Safety



- 9.1 The organization categorizes the areas in the physical environment based on the risk of infection to determine the necessary frequency of cleaning, the level of disinfection, and the number of environmental services staff required.

### Guidelines

This may be done in collaboration with IPC and environmental services. Completing a risk assessment of the physical environment helps identify gray areas in the organization. The organization can divide the physical environment into several areas depending on the risk of transmitting microorganisms. The criteria used to identify these areas can include the level of client traffic (e.g., in waiting rooms and elevators, on mobile equipment), the type of activity performed (e.g., clinical versus administrative), the type of clients (e.g., clients with an infectious disease or a compromised immune system), and the probability of being exposed to body fluid (e.g., in an operating room or laboratory). The organization may also need to consider the number of environmental services staff required in the event of an outbreak or flood.

For examples, consult the MSSS Les Zones grises : Processus d'attribution des responsabilités and PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, which provide a risk stratification matrix to determine the frequency of cleaning.



Safety

- 9.2 The organization assigns roles and responsibilities for cleaning and disinfecting the physical environment.

### Guidelines

Roles and responsibilities address those most involved in cleaning and disinfecting the physical environment, such as environmental services staff. This includes assigning staff to clean and disinfect the gray areas identified in the physical environment. The roles and responsibilities of other staff, service providers, and volunteers are also clarified, particularly around checking the cleanliness of the physical environment and reporting problems to the appropriate individual or group.



Safety



- 9.3 The organization has policies and procedures for cleaning and disinfecting the physical environment and documenting this information.

### Guidelines

Cleaning activities cover all surfaces within the organization; the primary focus is on high-touch surfaces in client care areas (e.g., client rooms, bedrails, bathrooms). The organization also has practices for cleaning the walls, windows, and ceilings; removing waste; promptly cleaning and managing spills; and maintaining general tidiness. Documentation of cleaning activities includes the date and time, the staff member's name, and the choice of cleaners or disinfectants used.



Effectiveness



9.4 The organization has policies and procedures for cleaning and disinfecting the rooms of clients who are on additional precautions.

**Guidelines**

Policies and procedures cover daily and terminal cleaning of these areas (e.g., after the discharge/transfer of a client) and the use of PPE. For example, PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections includes a sample procedure for cleaning and disinfecting the rooms of clients on contact precautions for Clostridium difficile infection (CDI).



Effectiveness

9.5 The organization regularly evaluates compliance with its policies and procedures for cleaning and disinfecting the physical environment and makes improvements as needed.

**Guidelines**

This may include client and staff surveys, visual assessments, and routine sampling of the physical environment. The organization documents this information and reviews the evaluation results to identify areas for improvement with input from staff and service providers.



Safety

9.6 When cleaning services are contracted to external providers, the organization establishes and maintains a contract with each provider that requires consistent levels of quality and adherence to accepted standards of practice.



Safety

9.7 When cleaning services are contracted to external providers, the organization regularly monitors the quality of the services provided.

**Guidelines**

For example, the organization reviews copies of reports and any other documentation that demonstrates the quality monitoring that was performed by the external provider.

**10.0 The organization follows manufacturers' instructions and accepted standards of practice to reprocess reusable medical devices/equipment.**



Safety



10.1 The organization prevents the on-site reprocessing of critical and semi-critical single-use devices (SUD).





Safety

- 10.2 If reprocessing activities are contracted to external providers, the organization establishes and maintains a contract with each provider and monitors the quality of services provided.

#### Guidelines

The organization establishes and monitors the minimum requirements for its contracted services and verifies that each external provider follows accepted standards of practice, such as CSA Standards.

External providers engage in quality monitoring activities (e.g., the daily monitoring of printouts and data), maintain reporting systems and data collection, and provide mechanisms to report deficiencies such as defective wraps or items that arrive soiled. The organization reviews copies of reports and printouts and any other documentation that demonstrates the quality monitoring performed by the external provider.



Effectiveness



- 10.3 The organization follows the policies, procedures, and manufacturers' instructions to contain and transport contaminated medical devices/equipment to the external provider.



Safety



- 10.4 The organization ensures that staff involved in reprocessing are trained on the policies and procedures for reprocessing medical devices/equipment.

#### Guidelines

Verifying the qualifications and competencies of staff involved in the reprocessing of medical devices/equipment is important in preventing the mishandling or improper reprocessing of these devices.



Safety



- 10.5 The organization follows policies, procedures, and manufacturer's instructions to select the appropriate reprocessing products for its medical devices/equipment.

#### Guidelines

Policies and procedures are in line with a recognized classification system, such as Spaulding's to identify critical, semi-critical, and non-critical items based on the risk of infection. Each classification has requirements for reprocessing that reduce the risk of infection.







Safety



10.6

The organization follows the policies, procedures, and manufacturer's instructions for cleaning and reprocessing medical devices/equipment.

#### Guidelines

Policies and procedures exist for disinfecting cover sorting, soaking, washing, rinsing, and drying the medical device/equipment, as well as inspecting each item after drying to ensure proper functioning and to identify any chips, inappropriate sharp edges, wear, or other defects. Any damaged medical device/equipment is removed from service and documented.

For more information, refer to current CSA Standards Z314.0.



Effectiveness



10.7

The organization stores clean medical devices/equipment according to the manufacturer's instructions and keeps these separate from soiled devices/equipment and waste.



Safety



10.8

The organization has a process to track all reprocessed medical devices/equipment so they can be identified in the event of a breakdown or failure in the reprocessing system.



Safety



10.9

**REQUIRED ORGANIZATIONAL PRACTICE:** The organization monitors its processes for reprocessing equipment, and makes improvements as appropriate.

#### Guidelines

Reprocessing includes the processes for cleaning, disinfecting, and sterilizing, and the level of reprocessing used depends on the risk of infection associated with the use of medical devices/equipment (Spaulding classification). Monitoring their reprocessing processes helps organizations identify areas for improvement and reduce health care-associated infections. Examples of methods to measure the effectiveness of reprocessing include: monitoring water quality and washer function; and measuring organic residuals, adenosine triphosphate (ATP), and total viable count.

Organizations reprocess equipment according to manufacturers' instructions. If the organization does not reprocess equipment, it has a process to ensure equipment has been appropriately reprocessed prior to use.

Test(s) for Compliance

- Major** 10.9.1 There is evidence that reprocessing processes and systems are effective.
- Minor** 10.9.2 Action has been taken to examine and improve reprocessing processes where indicated.

**11.0 The organization follows specific requirements to reprocess endoscopic devices.**



Safety



11.1 The organization ensures that staff are trained on policies and procedures for reprocessing endoscopic devices as appropriate.

**Guidelines**

Verifying the qualifications and competencies of staff involved in the reprocessing of endoscopic devices is important in preventing the mishandling or improper reprocessing of these devices. Examples of endoscopic devices include gastroscopes, duodenoscopes, colonoscopes, sigmoidoscopes, bronchoscopes, laryngoscopes, enteroscopes, and nasopharyngeal endoscopes.



Safety



11.2 All endoscopic reprocessing areas are physically separate from client care areas.



Safety



11.3 All endoscopic reprocessing areas are equipped with separate cleaning and decontamination work areas as well as storage, dedicated plumbing and drains, and proper air ventilation.

**Guidelines**

Ventilation helps remove toxic vapors from the work areas. The organization regularly monitors the air quality according to its policies and procedures, and OHS legislation. The storage areas are also well ventilated and are regularly cleaned and disinfected.



Effectiveness



11.4 A qualified staff member follows manufacturers' instructions to reprocess endoscopic devices immediately following a procedure.

**Guidelines**

If cleaning is not done immediately following a procedure, soil residue on the endoscope can harden, becoming very difficult to remove. For examples, refer to current CSA Standards Z314.8, and PHAC's Infection Prevention and Control Guideline for Flexible Gastrointestinal Endoscopy and Flexible Bronchoscopy.



Safety



11.5

Before cleaning, a qualified staff member checks the endoscope for internal and external damage, and follows the manufacturers' instructions and legal requirements to package and ship endoscopes requiring repair.

**Guidelines**

The integrity of the endoscope is verified through leak testing. Damaged endoscopes are identified, removed from service, and shipped for repair following the manufacturers' packaging, labeling, and shipping instructions; the shipping is also done in compliance with federal, provincial, or territorial regulations for the transportation of dangerous goods.



Effectiveness



11.6

Before beginning disinfection, a qualified staff member rinses and dries each endoscopic device according to the manufacturer's instructions.



Effectiveness



11.7

Before beginning high level disinfection, a qualified staff member soaks and manually cleans immersible endoscopic components using water and an approved cleaning agent.

**Guidelines**

An approved cleaning agent is an enzymatic detergent solution prepared and used according to the manufacturer's instructions and that is compatible with the device.

While immersed, channels and lumens are flushed and brushed to remove debris; brushes are appropriately sized, inspected before and after use, and either discarded or cleaned and dried after use.

Irrigation adaptors or manifolds that are compatible with the endoscopic device may be used to facilitate cleaning.



Safety



11.8

The organization stores endoscopic devices in a manner that minimizes contamination and damage.



**Guidelines**

The organization does not store endoscopes coiled or in their cases. Endoscopic devices with channels or lumens are stored vertically, with channel valves outside the endoscope.



Effectiveness



- 11.9 The organization maintains a permanent record of each endoscopic device's reprocessing history.



Effectiveness

- 11.10 The record of endoscopic device reprocessing includes the identification number and the type of endoscope, the identification number of the automated endoscope reprocessor (if applicable), the date and time of the clinical procedure, the name or unique identifier of the client, the results of the individual inspection and leak test, and the name of the person reprocessing the endoscope.

**Guidelines**

Identifying the client, the endoscopic device, and the reprocessing equipment used helps facilitate outbreak investigations, device tracking, and quality control.



Effectiveness

- 11.11 The organization completes preventive and scheduled maintenance—including repairs—of each automated endoscope reprocessor, and documents all maintenance and repair in that reprocessor's files.

**Guidelines**

Documentation about the maintenance and repair of reprocessing equipment assists with device tracking and recall.

## EVALUATING THE IMPACT OF THE IPC PROGRAM

### 12.0 The organization has a surveillance plan to monitor health care-associated infections.



Effectiveness



12.1 The organization has a surveillance plan that is in line with applicable regulations, evidence and best practices, and organizational priorities.

#### Guidelines

The Accreditation Canada Infection Prevention and Control Standards identify the key components of a surveillance plan. The standards include criteria on tracking and reporting health care-associated infections and quickly identifying the source of infections. Results are used to respond to pandemics and outbreaks, and to make improvements to the IPC program such as investing in additional resources, updating policies and procedures, and reviewing education programs.



Effectiveness



12.2 **REQUIRED ORGANIZATIONAL PRACTICE:** The organization tracks health care-associated infections, analyzes the information to identify outbreaks and trends, and shares this information throughout the organization.

#### Guidelines

Tracking methods may focus on a particular health care-associated infection or service area, or may be organization- or system-wide. They may include data analysis techniques to help detect previously unrecognized outbreaks.

The organization identifies the health-care associated infections most common to its services and client populations, such as *Clostridium difficile* (*C. difficile*), surgical site infections, seasonal influenza, noroviruses, or urinary tract infections as well as other reportable diseases and antibiotic-resistant organisms. The organization tracks these as well as other reportable diseases and antibiotic-resistant organisms. The information tracked may include frequencies and changes in frequencies over time, associated mortality rates, and attributed costs.

Staff and service providers who are well informed about health care-associated infection rates are usually better equipped to prevent and manage them. The organization identifies who is responsible for receiving information about health care-associated infection rates (e.g., the governing body, senior management, staff, and service providers) and establishes plans to disseminate information appropriately and in a regular and timely way (e.g., quarterly reports to all departments).

In addition to staff and service providers, the organization also keeps the governing body up-to-date about health care-associated infection rates and associated IPC issues. This may be done directly through senior management and/or a medical advisory committee.

#### Test(s) for Compliance

Major

12.2.1 The organization tracks health care-associated infections.



- Minor** 12.2.2 The organization analyzes outbreaks and makes recommendations to prevent recurrences.
- Minor** 12.2.3 The organization shares 1) information about relevant health care-associated infections and 2) recommendations from outbreak reviews with staff, service providers, senior leadership, and the governing body.



Effectiveness



- 12.3 The organization has a process to promptly detect suspected health care-associated infections in the organization.

**Guidelines**

Methods of detecting health care-associated infections may be passive (i.e., identified during the course of routine service delivery) or active (i.e., identified by trained professionals using planned monitoring of multiple data and sources).

The organization promotes voluntary reporting by staff, service providers, and volunteers, and also uses additional methods such as active identification, automated methods of detection, or centralized identification through the microbiology laboratory.



Safety



- 12.4 The organization has access to a microbiology laboratory that offers expertise to the organization about identifying health care-associated infections.

**Guidelines**

Microbiology laboratories are playing a growing role in IPC surveillance by, for example, identifying new or rare infections, tracking antibiotic-resistant organisms (AROs) such as methicillin-resistant *Staphylococcus aureus* (MRSA) or vancomycin-resistant enterococcus (VRE), and identifying outbreaks.

The microbiology laboratory supports the organization in identifying health care-associated infections by ensuring timely access to laboratory analyses; this includes providing a quick turnaround time when testing for high-risk infections such as *C. difficile*.



Worklife

- 12.5 The organization identifies who is responsible for receiving and responding to information about suspected health care-associated infections.

**Guidelines**

Staff, service providers, and volunteers know to whom they must report IPC issues.



Effectiveness



- 12.6 The organization investigates the source or cause of the health care-associated infection.

#### Guidelines

Methods of investigation may include epidemiological, root-cause, or statistical analysis. The investigation process includes identifying high-risk or problem-prone agents or microorganisms requiring special attention or expertise (e.g., antibiotic-resistant microorganisms, airborne agents, or highly contagious agents).



Safety



- 12.7 The organization has policies and procedures to contain and prevent the transmission of microorganisms by applying routine practices to all clients and additional precautions as necessary.

#### Guidelines

Additional precautions may include a private room, isolation facilities, or an airborne infection isolation room. Other measures include vaccination; early detection, testing, and treatment; and post-exposure protocols.

Policies and procedures to contain and prevent the transmission of microorganisms are applicable to everyone who may be at risk, including clients, families, visitors, staff, service providers, and volunteers.

Population  
Focus

- 12.8 The organization consults with IPC or public health experts to control health care-associated infections, and reports the necessary information to the appropriate authorities in line with the applicable regulations.

#### Guidelines

Experts may include infectious diseases physicians, medical microbiologists, nurses, public health, or other professionals.

The frequency and location of certain health care-associated infections must be reported to authorities such as public health agencies (e.g., PHAC). Reporting requirements vary per jurisdiction.



Effectiveness

- 12.9 The organization uses standard definitions and accepted statistical techniques to share and compare information about health care-associated infections.

#### Guidelines

Standard definitions are available for many infections, to facilitate comparisons. For example, the Canadian Nosocomial Infection Surveillance Program has published definitions on its website for health care-associated infections currently under surveillance.

Statistical techniques may include epidemiological principles to identify at-risk populations, detect infections, and analyze trends and risk factors.





Effectiveness

12.10 The organization uses the results of investigations to improve its programs, policies, or procedures, and to prevent health care-associated infections from recurring.

**13.0 The organization has a coordinated approach for responding to outbreaks.**



Safety



13.1 The organization has policies and procedures to identify and respond to outbreaks, and these are in line with applicable regulations.

**Guidelines**

The organization's policies and procedures address how to: detect an outbreak; identify the cause of the outbreak (including those resulting from contaminated food); collect data and specimens to look for additional cases; and contain an outbreak once it is identified.



Accessibility



13.2 The organization provides staff, service providers, and volunteers with access to its policies and procedures for identifying and managing outbreaks.



Effectiveness

13.3 The organization collaborates with its partners, such as public health agencies, to define outbreaks in terms of person, place, and time.



**Guidelines**

Using the “person, place, and time” approach helps characterize the outbreak and provides the organization with clues about strategies to control health care-associated infections.

Describing the “person” helps to understand the population at risk of acquiring the infection. The organization evaluates client demographics and characteristics such as age, underlying illness, possible exposures to microorganisms, and procedural or therapeutic risks such as surgery.

Describing the “place” in terms of service, unit, or location helps an organization understand if the outbreak is localized, or if it has organization- or community-wide implications.

Describing the “time” entails defining the exact period of the outbreak, from the first case or first indications, and drawing the epidemic curve. It is based on diagnosis and a probable period of exposure. It helps the organization determine if the outbreak is from a single (common) source or a propagated source (continuing source or person-to-person transmission).



Safety



13.4 The organization's policies and procedures address how to manage emerging, rare, or problematic organisms, including antibiotic-resistant organisms.

**Guidelines**

Processes for managing new, rare, or problematic microorganisms may include exchanging information with partners, other organizations, and the community. Please refer to the Antimicrobial Stewardship ROP found in the Medication Management Standards.



Effectiveness

13.5 The organization has policies and procedures about the roles and responsibilities of staff, service providers, and volunteers who are involved in identifying and managing outbreaks.



Effectiveness

13.6 The organization communicates information about outbreaks to its partners, other organizations, and the community when appropriate.

**Guidelines**

The organization identifies who is responsible for communicating and reporting information about outbreaks.

Information is disseminated to partners, other organizations (including public health agencies), and the community. Following an outbreak, a summary report including background information, details of the investigation, results, and recommendations is made available to partners, other organizations, and the community.





Effectiveness

- 13.7 The organization reviews its policies and procedures regularly, and following each outbreak, makes improvements as needed.

**14.0 The organization makes ongoing improvements to its IPC Program.**



Effectiveness



- 14.1 The organization has a quality improvement plan for the IPC program.

**Guidelines**

The Accreditation Canada Infection Prevention and Control Standards outline the key sources for evaluating the IPC program. The standards include criteria on having a surveillance plan to evaluate the impact of the organization's risk-reduction strategies on health care-associated infection rates; monitoring compliance with policies and procedures for IPC (including hand hygiene); cleaning and disinfection of the physical environment; evaluating the IPC education program; seeking input from staff, service providers, and clients and families about the IPC program; and monitoring process and outcome measures. For example, CPSI's Safer Healthcare Now! Infection Prevention and Control Getting Started Kit offers strategies for improving and evaluating IPC programs.



Effectiveness

- 14.2 The organization monitors IPC performance measures.

**Guidelines**

The organization identifies the performance measures to monitor based on its IPC priorities. Examples of structure-related indicators include the number of interdisciplinary committee meetings per year, or client information booklets containing information on health care-associated infections. Process indicators may include hand-hygiene compliance rates or disinfection audits of surfaces. Outcome measures may include health care-associated infection rates.

For other examples of performance measures related to IPC, refer to A Proposed Dashboard of Indicators to Control Healthcare-Associated Infections by Blais, et al. (2009). CPSI through its Safer Healthcare Now! program also offers an online measurement and reporting tool (Patient Safety Metrics), which contains numerous process and outcomes measures associated with IPC.





Client-centred  
Services

- 14.3 The organization seeks input from staff, services providers, volunteers, and clients and families on components of the IPC program.

**Guidelines**

Examples include surveys, focus groups, interviews, or meetings.



Effectiveness

- 14.4 The organization uses the information it collects about the IPC program to identify successes and opportunities for improvement, and makes improvements in a timely way.



Effectiveness

- 14.5 The organization shares evaluation results with staff, service providers, volunteers, clients, and families.









**Guidelines**

Sharing the evaluation results and improvements helps staff, service providers, and volunteers become familiar with the concept and benefits of quality improvement. It also increases clients' and families' awareness of the organization's commitment to ongoing quality improvement.





# Legend:


## Dimensions

	<b>Population Focus</b>	Working with communities to anticipate and meet needs
	<b>Accessibility</b>	Providing timely and equitable services
	<b>Safety</b>	Keeping people safe
	<b>Worklife</b>	Supporting wellness in the work environment
	<b>Client-centred Services</b>	Putting clients and families first
	<b>Continuity of Services</b>	Experiencing coordinated and seamless services
	<b>Effectiveness</b>	Doing the right thing to achieve the best possible results
	<b>Efficiency</b>	Making the best use of resources

## Criterion Types

	<b>Required Organizational Practices</b>	Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.
	<b>Performance Measures</b>	Performance measures are evidence-based instruments and indicators that are used to measure and evaluate the degree to which an organization has achieved its goals, objectives, and program activities.

## Priority

	<b>High Priority</b>	High priority criteria are criteria related to safety, ethics, risk management, and quality improvement. They are identified in the standards.
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## ROP Tests for Compliance

<b>Minor</b>	Minor tests for compliance support safety culture and quality improvement, yet require more time to be implemented.
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**Major**

Major tests for compliance have an immediate impact on safety.



## Resources

Blais R., Champagne F., Rousseau L. (2009). A Proposed Dashboard of Indicators to Control Healthcare-Associated Infections, *Healthcare Quarterly*, 12(Sp), 161-167

Canadian Nosocomial Infection Surveillance Program  
<http://www.phac-aspc.gc.ca>

Certification Board of Infection Control and Epidemiology Inc. (CBIC)  
<http://www.cbic.org>

Clean Learning Improving the Quality of Clean through Certification  
<http://www.cleanlearning.org>

CSA Standards Z314.0 Medical device reprocessing - General requirements  
<http://shop.csa.ca>

CSA Standards Z314.8 Decontamination of Reusable Medical Devices  
<http://shop.csa.ca>

CSA Standards Z314.22 Management of Loaned, Reusable Medical Devices  
<http://shop.csa.ca>

CSA Z317.2 Special Requirements for Heating, Ventilation, and Air-Conditioning (HVAC) Systems in Health Care Facilities  
<http://shop.csa.ca>

CSA Standards Z317.13 Infection Control during Construction, Renovation, and Maintenance of Health Care Facilities  
<http://shop.csa.ca>

CSA Standards Z8000 Canadian Health Care Facilities  
<http://shop.csa.ca>

Canadian Patient Safety Institute (CPSI) Canada's Hand Hygiene Human Factors Toolkit  
<http://www.handhygiene.ca/English/Tools/Pages/Human-Factors-Toolkit.aspx>

CPSI Canada's Hand Hygiene Challenge: STOP! Clean Your Hands  
<http://www.handhygiene.ca/English/Tools/Pages/Hand-Hygiene-Toolkit.aspx>

CPSI Hand Hygiene e-learning  
<http://www.handhygiene.ca/English/Education/Pages/default.aspx>

CPSI Canada's Hand Hygiene Tool Kit  
<http://www.handhygiene.ca/English/Tools/Pages/Hand-Hygiene-Toolkit.aspx>

CPSI Canada's 4 Moments for Hand Hygiene Poster  
[http://www.handhygiene.ca/English/Documents/Tools%20and%20Templates/Your%204%20Moments%20for%20Hand%20Hygiene%20\(Poster\).pdf](http://www.handhygiene.ca/English/Documents/Tools%20and%20Templates/Your%204%20Moments%20for%20Hand%20Hygiene%20(Poster).pdf)

CPSI Safer Healthcare Now! Infection and Prevention Getting Started Kit  
<http://www.saferhealthcarenow.ca/EN/Interventions/Superbugs/Pages/default.aspx>

CPSI How To Help Prevent healthcare-Associated Infections: A Patient and Family Guide  
<http://www.handhygiene.ca/English/Documents/Patients%20and%20Families/Patient%20Family%20Guide.pdf>



CPSI Patient Safety Metrics  
[www.patientsafetymetrics.ca](http://www.patientsafetymetrics.ca) <<http://www.patientsafetymetrics.ca>

CPSI online version of the WHO Hand Hygiene Self Assessment Framework  
<https://shn.med.utoronto.ca>

Health Canada Prevention and Control of Occupational Infections in Health Care  
<http://publications.gc.ca>

IPAC Canada - Education Resources for Infection Control Professionals  
<http://www.chica.org>

IPAC Canada Infection Control Audit Toolkit  
<http://www.chica.org>

MSSS Cadre de référence sur la prévention et le contrôle des infections nosocomiales à l'intention des établissements de santé du Québec  
<http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/fb143c75e0c27b69852566aa0064b01c/a0ad8e92faca1fde8525718600620815?OpenDocument>

MSSS Désinfectants et désinfection en hygiène et salubrité: principes fondamentaux  
[http://www.msss.gouv.qc.ca/sujets/prob\\_sante/nosocomiales/index.php?Hygiene\\_et\\_salubrite](http://www.msss.gouv.qc.ca/sujets/prob_sante/nosocomiales/index.php?Hygiene_et_salubrite)

MSSS Les Zones grises : Processus d'attribution des responsabilités  
[http://www.msss.gouv.qc.ca/sujets/prob\\_sante/nosocomiales/index.php?Hygiene\\_et\\_salubrite](http://www.msss.gouv.qc.ca/sujets/prob_sante/nosocomiales/index.php?Hygiene_et_salubrite)

MSSS Protocole d'immunisation du Québec  
<http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/4b1768b3f849519c852568fd0061480d/6335dde40226af59852575cc0048804d?OpenDocument>

National Advisory Committee on Immunization  
<http://www.phac-aspc.gc.ca>

Peterson, L.R. , Brossette S.E. (2002). Hunting Health Care-Associated Infections from the Clinical Microbiology Laboratory: Passive, Active, and Virtual Surveillance. *Journal of Clinical Microbiology*, 40(1), 1-4.

PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections  
[http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC\\_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

PIDAC Best Practice Manual: Infection Prevention and Control Programs in Ontario  
[http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC\\_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

PIDAC Routine Practices And Additional Precautions In All Health Care Settings  
[http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC\\_Documents.aspx](http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx)

PHAC Classic Creutzfeldt-Jakob Disease in Canada  
<http://www.phac-aspc.gc.ca/nois-sinp/pdf/cjd-eng.pdf>

PHAC Essential Resources for Effective Infection Prevention and Control Programs, A Matter of Patient safety: A Discussion Paper - 2009.

PHAC Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings  
<http://www.phac-aspc.gc.ca/publications-eng.php>

PHAC Clostridium difficile infection prevention and control guidance for management in acute care settings  
<http://www.phac-aspc.gc.ca/nois-sinp/guide/c-dif-ac-sesa/index-eng.php>

PHAC Hand Hygiene Practices in Healthcare Settings  
[http://publications.gc.ca/collections/collection\\_2012/aspc-phac/HP40-74-2012-eng.pdf](http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf)

Public Health Ontario Just Clean Your Hands



<http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just-Clean-Your-Hands.aspx>

WHO Clean Care is Safer Care

[http://www.who.int/gpsc/5may/tools/training\\_education/en/](http://www.who.int/gpsc/5may/tools/training_education/en/)

