

INFECTION PREVENTION AND CONTROL FOR CLINICAL OFFICE PRACTICE¹

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Practice Guide* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Ensuring infection prevention and control (IPAC) practices are implemented safely and effectively is an important component of medical care. All physicians are responsible for complying with appropriate IPAC practices.

Policy

1. Physicians **must** undertake infection prevention and control practices, in line with the Provincial Infectious Diseases Advisory Committee’s (PIDAC’s) [Infection Prevention and Control for Clinical Office Practice](#)^{2,3}.
2. Physicians **must** undertake Routine Practices and Additional Precautions⁴, including:
 - i. screening each patient for symptoms of communicable disease;
 - ii. hand hygiene for patient and physician safety, in accordance with *Appendix B: Ontario’s Just Clean Your Hands Program: Your 4 Moments for Hand Hygiene* and *Appendix C: Hand Hygiene Methods*;
 - iii. a point-of-care risk assessment before every interaction with a patient;

¹ This policy sets out infection prevention and control expectations for physicians in office-based practices. There are additional expectations for physicians working in out-of-hospital premises. For more information on out-of-hospital premises infection prevention and control expectations, please see the [Out-of-Hospital Premises Standards](#).

² 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.

³ A summary of mandatory practices and best practice recommendations for clinical office practice is set out on page 72 of [Infection Prevention and Control for Clinical Office Practice](#).

⁴ See the *Advice to the Profession* document for more information on routine practices and additional precautions.

- iv. wearing gloves if there is expected exposure to blood, body fluids, secretions, skin rash or non-intact skin;
 - v. wearing a medical mask when required to prevent transmission of infectious agents in droplets and airborne particles, and during aseptic and invasive procedures; and
 - vi. wearing eye protection and a gown when required to protect eyes, skin, and clothing from blood, body fluids, secretions, or excretions.
3. Physicians **must** undertake safe medication practices, in accordance with *Appendix H: Checklist for Safe Medication Practices*, including:
- i. never reusing single dose vials;
 - ii. ensuring all needles and syringes are single patient use only;
 - iii. using single use vials wherever possible;
 - iv. when a multidose vial is used, never re-entering the vial with a used needle or syringe;
 - v. never leaving a needle in a vial to be attached to a new syringe;
 - vi. discarding multidose vials within 28 days unless otherwise specified by the manufacturer's instructions.
4. Physicians **must** maintain a clean and safe health care environment with environmental cleaning⁵ and disinfection appropriate to the clinical setting performed on a routine and consistent basis.
5. Physicians **must** clean and disinfect medical equipment in accordance with *Appendix I: Recommended Minimum Cleaning and Disinfection Level and Frequency for Medical Equipment*.
6. Physicians **must** reprocess medical equipment in accordance with *Section 8: Reprocessing Medical Equipment*, including:
- i. aligning the level of reprocessing with the type and use of the medical equipment; and
 - ii. ensuring devices and medical equipment that enter a sterile body site, including the vascular system, are cleaned and then sterilized with an effective sterilization process.⁶
7. Physicians **must** undertake appropriate handling and disposal of sharps, equipment, and infectious materials, including handling regulated waste in line with accepted standards⁷.

⁵ See the *Advice to the Profession* document for more information on environmental cleaning.

⁶ See the *Advice to the Profession* document for more information on reprocessing of medical equipment.

⁷ "Regulated Waste" means: a) liquid or semi-liquid or other potential infectious material; b) contaminated items that would release blood or other potential infectious materials in a liquid or semi-liquid state are

8. Physicians in positions of leadership in their practice⁸ **must** ensure the following is in place to support appropriate IPAC practices⁹:
 - a. well documented policies and procedures which are periodically reviewed by staff;
 - b. all staff are properly trained and are provided with regular education and support to assist with consistent implementation of appropriate IPAC practices;
 - c. responsibility for specific obligations are clearly defined in writing and understood by all staff; and
 - d. mechanisms are in place for ensuring a healthy workplace, recommended staff immunizations¹⁰, and written protocols for exposure to infectious diseases.

9. Physicians in positions of leadership in their practice **must** ensure that there is an ongoing quality assurance process, that includes monitoring IPAC practices and adjusting practices where necessary to improve safety and quality of care.

compressed; c) items that contain dried blood or other potential infectious materials and are capable of releasing these materials during handling; d) contaminated sharps; e) pathological and microbiological wastes containing blood or other potentially infectious materials.

⁸ For example, physicians who are owners, or in a managerial or supervisory role in a clinic or practice.

⁹ In line with PIDAC's [Infection Prevention and Control for Clinical Office Practice](#) and the [Occupational Health and Safety Act](#), R.S.O. 1990, c. O.1.

¹⁰ For more information, refer to *Appendix N: Immunization Schedule for Clinical Office Staff* and [Ontario's Routine Immunization Schedule](#).