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Checklist for Infection Prevention and Control (IPAC) CORE Elements in Clinical Office Practice

When to use this document: This checklist was developed as a tool to assist public health units and others during IPAC lapse investigations and can be used to conduct inspections, audits and reviews of IPAC programs.

Disclaimer: Public Health Ontario (PHO) has developed this *Checklist for Infection Prevention and Control (IPAC) CORE Elements in Clinical Office Practice* and its content, based on the Provincial Infectious Disease Advisory Committee's (PIDAC's) *Infection Prevention and Control for Clinical Office Practice, June 2013*. This document is intended to support a review or audit of public health practices and does not replace best clinical practices or legislative requirements. PHO is not responsible for any losses or damages arising from the use of this document or its contents, including for any purposes to inform any decision or determination, clinical or otherwise, regarding inspections, findings, outcomes or recommendations.

Location name: _____

Location address: _____

Date of visit: _____

Reason for inspection: _____

Name of inspector: _____

Location contact (name, title and phone number): _____

Leg. Req. = Legislated Requirement:	Must be compliant with the relevant Act or regulation (e.g. *Occupational Health and Safety Act*).
High Risk:	Immediate health hazard exists. Stop practice and correct immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury. Practices that cannot be corrected immediately must be stopped until the health hazard is observed to have been eliminated. An Order may be warranted/issued.
Medium Risk:	Signifies practices that must be corrected. Timelines for compliance or agreement on alternate process determined during inspection.
Inform and Educate (I/E):	Provide information regarding best practices, mandatory legislated practice requirements etc. This may also include just-in-time education.

NOTE: These categorizations represent the minimum risk level. Based on good judgement and circumstance, public health units may increase the risk category.

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N/A: Not Applicable

1	Reception/Waiting Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
1.1	There is appropriate infection prevention and control signage at the entrance of the clinic and at the reception desk.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *4. Routine Practices, D. Booking, Reception and Placement.*	
1.2	There is a process for managing patients with suspected febrile respiratory infections, diarrhea and vomiting, rash and eye infections to prevent transmission to others.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *4. Routine Practices, D. Booking, Reception and Placement.*	
1.3	There is 70% - 90% alcohol-based hand rub (ABHR) and masks available at reception, with signage for appropriate use.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *4. Routine Practices, B. Hand Hygiene Products.* ABHR for hand hygiene has a minimum concentration of 60% alcohol but a concentration of 70% is preferable to be effective against Norovirus.	
1.4	There are tissue boxes available.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *D. Booking, Reception and Placement, 2. Respiratory Etiquette* and See *Appendix E* for a sample sign for reception areas, *Cover Your Cough*. Waste recepticles should be available for immediate disposal of tissues after use. Access to ABHR for immediate hand hygiene after disposal of tissues. If tissues are not available, other avoidance measures (e.g., sneeze into sleeve) may be used.	

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1	Reception/ Waiting Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
1.5	Furniture, items and touch surfaces are cleaned and disinfected (e.g. chairs, toys, books).		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *7. Control of the Environment, A. Cleaning the Environment, 2. Surfaces and Finishes.*	

2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
2.1	There are written Infection Prevention and Control (IPAC) policies and procedures that are based on the most current best practices.		**Med.**				For Items 2.1 to 2.3: Refer to: *PIDAC's Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012*. See section *9. IPAC Program Functions, B. Policies and Procedures.* Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. Policies and procedures may include but are not limited to the following areas: • Routine Practices such as hand hygiene, risk assessment and appropriate selection and use of PPE • Environmental cleaning and waste management • Requirements for education and training of staff and physicians • Healthy workplace and occupational health policies such as work restrictions when ill and management of exposures to blood and body fluids Policies and procedures may vary depending on the size of the clinical setting and the complexity of services provided.	

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2	Policies and Procedures	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
2.2	Policies and procedures are reviewed and updated as required on a regular basis.		**I/E**				See 2.1 Notes/Resources	
2.3	Staff members have access to the IPAC policies and procedures and are familiar with their use.		**I/E**				See 2.1 Notes/Resources	
2.4	IPAC and Occupational Health and Safety policies and procedures are followed by all staff including physicians.		**I/E**				Refer to: *PIDAC's Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012*. See section *4. Occupational Health and Safety (OHS).*	

3	Education	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
3.1	Regular education (including orientation and continuing education) and support is provided in clinical office practices to help staff consistently implement appropriate infection prevention and control (IPAC) practices.	**Leg.**	**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *2. Staff Education and Training.* Persons with knowledge of IPAC should be active participants in the planning and implementation of IPAC educational programs.	
3.2	There is a process for recording and reporting of attendance at staff education and training.	**Leg.**	**I/E**				Refer to: *PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012*. See section on *2. Staff Education and Training.*	

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For Sections 4.1 to 7.2 please refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012*

4	General Environmental Cleaning including Products	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
4.1	Surfaces, furnishings, equipment and finishes are smooth, non-porous, seamless and cleanable (e.g. no unfinished wood or cloth furnishings).		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *7. Control of the Environment, A. Cleaning the Environment, 2. Surfaces and Finishes.* Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012*. See section on *Surfaces in Health Care Settings and Finishes in Health Care Settings (Walls, Flooring).*	
4.2	There is written procedure for immediate containment, cleaning and disinfection of spills of blood and body fluids.		**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment* *A. Cleaning the Environment,* 8. Cleaning *up Body Fluid Spills.* Refer to: *Environmental Cleaning Toolkit Videos* - Cleaning a Blood Body Fluid Spill.	
4.3	There are procedures for cleaning each area of the clinic. If cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the clinic.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment* *A. Cleaning the Environment, 6. End of Day Cleaning* and *7. Scheduled Cleaning.*	

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4	General Environmental Cleaning including Products	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
4.4	Chemical products used for environmental cleaning: • Have a drug identification number (DIN) from Health Canada • Are prepared and used according to manufacturer's instructions for dilution, temperature, water hardness, use, shelf life and storage conditions; • Are labelled with expiry date; • Are stored in a manner that reduces risk of contamination.		**High**				Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012*. See Section *1. Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment, D. Cleaning Agents and Disinfectants.*	

5	Environmental Cleaning/ Reception Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
5.1	Routine cleaning and disinfection of touch surfaces and floors is done at least daily.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment.* *A. Cleaning the Environment, 6. End of Day Cleaning* and *7. Scheduled Cleaning.*	

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6	Environmental Cleaning/Health Care Environment i.e. areas where direct care is provided	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
6.1	Health care environment areas and high touch surfaces are cleaned and disinfected daily.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment.* *A. Cleaning the Environment, 1. General Principles of Environmental Cleaning.* Refer to: PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012. See Section on *Frequency of Contact with Surfaces.* Clinical component is the area involved in patient care. This is comprised of the clinical areas of the office, including examination rooms, procedure rooms, bathrooms and diagnostic and treatment areas. Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital-grade disinfectant. 'High-touch' surfaces may require more frequent cleaning.	
6.2	Surfaces/items that come into direct contact with the patient's body fluids (e.g. urine or blood), are cleaned and disinfected between patients.		**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment A. Cleaning the Environment, 3. Principles of Cleaning and Disinfection* and *8. Cleaning up Body Fluid Spills.*	

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6	Environmental Cleaning/Health Care Environment i.e. areas where direct care is provided	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
6.3	Horizontal surfaces of exam table are cleaned and disinfected between patients (even when paper is used) and when visibly soiled. Where paper is used on exam tables, it must be changed between patients.		**Med.**				Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012.* See section *D. Cleaning Agents and Disinfectants- Using Disinfectants.* Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *7. Control of the Environment* *A. Cleaning the Environment,1. General Principles of Environmental Cleaning-* *Clinical component;* 5. *Cleaning Between Patients;* and *Table 1: Frequency of cleaning items in the clinical practice setting.* Clean and disinfect using an approved surface cleaner and a hospital-grade low-level disinfectant (These products are also available as a one-step cleaner/disinfectant). Avoid using spray bottles to apply products as aerosols are a safety risk. Change cleaning cloths, mop heads and disinfectant solution in buckets frequently. DO NOT double-dip cleaning cloths.	
6.4	Treatment area is cleaned and disinfected between clients/patients.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *7. Control of the Environment, A. Cleaning the Environment.* Areas designated in the clinical component are cleaned with a detergent and then disinfected with a hospital-grade disinfectant. 'High-touch' surfaces may require more frequent cleaning.	

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7	Environmental Cleaning/Other Environment (office, storage of supplies, hallways etc.)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
7.1	Routine cleaning of touch surfaces within other environments, is done at least weekly.		I/E				Refer to: *PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012*. See *Appendix E: PIDAC'S Routine Practices Fact Sheet for All Health Care Settings.*	
7.2	Clean or sterile medical supplies are not stored under sinks, nor on counters adjacent to sinks where they can become contaminated.		High				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *4. Routine Practices, B. Hand Hygiene, 5. Hand Washing Sinks.*	
7.3	Waste disposal meets provincial regulations and local bylaws, with attention to sharps and biomedical waste.	Leg.	High				Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012*. See *Table 2: Disposal Streams for Biomedical and General Waste* and *Collection of Waste.* Segregate waste at the point where it was generated into either plastic bag or rigid container with a lid. Do not double-bag waste unless the first bag becomes stretched or damaged, or when waste has spilled on the exterior. Close waste bags when three-quarters full and tie in a manner that prevents contents from escaping. Biomedical waste is to be stored in a secure (locked) dedicated area that is clearly marked with a biohazard symbol. Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *7. Control of the Environment.* *A. Cleaning the Environment, 12. Waste* and *13. Sharps.* Refer to: CSA Group. Z317.10-09 (R2014): Handling of waste materials in	

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7	Environmental Cleaning/Other Environment (office, storage of supplies, hallways etc.)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
		Leg.	High				health care facilities and veterinary health care facilities. Toronto, ON: CSA Group; 2014.	

8	Routine Practices/ Additional Precautions (Hand hygiene, PPE)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
8.1	There is the ability to perform hand hygiene at the point of care using ABHR or liquid soap and water if hands are visibly soiled.		High				Refer to: *PIDAC's 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.* Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *4. Routine Practices, B.Hand Hygiene, 2. Hand Hygiene Products.* This becomes semi-critical for *PIDAC moment #2 of hand hygiene*. Of importance: 1) ABHR for hand hygiene has a minimum concentration of 60% alcohol but a concentration of 70% is preferable to be effective against Norovirus; 2) ABHR is available in each examination room or where patient care is provided; 3) There are dedicated hand hygiene sinks with liquid soap available in each clinic; 4) Bottles of ABHR and liquid soap are not to be "topped up" when partially full or empty, but replaced with new bottles of product. **Bar soap is not acceptable**.	

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8	Routine Practices/ Additional Precautions (Hand hygiene, PPE)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
			High				ABHR dispensers should be available immediately adjacent to the entrance to every client care area (e.g., outpatient clinic room) unless contraindicated by guidelines from the Ontario Fire Marshall's Office.	
8.2	Effective hand hygiene requirements are in place: no artificial nails or nail enhancements and preferably no polish. Any polish must be fresh and not chipped. Nails are short (i.e. not more than 2mm beyond fingertip).		I/E				Refer to: *PIDAC's Best Practices for Hand Hygiene in All Health Care Settings, April 2014*. See Section *II Best Practices, 5. Impediments to Effective Hand Hygiene*. Measures include: 1) Nails must be kept clean and short; 2) Nail polish, if worn, must be fresh and free of cracks or chips; 3) Artificial nails or nail enhancements must not be worn; 4) Rings are not worn, preferably; 5) Hand and arm jewellery, including watches, are must be removed or pushed up above the wrist by staff caring for clients before performing hand hygiene.	

9	Personal Protective Equipment (PPE)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
9.1	PPE such as gowns, gloves, masks, and eye protection, is available at point of care.	Leg.	High				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *1. Legislation Relating to Infection Prevention Control Practices in the Clinical Office - The Occupational Health and Safety Act (OHSA)* and *4. Routine Practices, C. Personal Protective Equipment (PPE)*.	
9.2	PPE such as gowns, gloves, masks, and eye protection are selected based on risk assessment and worn appropriately.		High				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *4. Routine Practices, C. Personal Protective Equipment (PPE)* and section *5. Additional Precautions.*	

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9	Personal Protective Equipment (PPE)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
			High				Staff are educated and trained on principles and components of Routine Practices as well as additional transmission-based precautions (Additional Precautions) and assessment of the risk of infection transmission and the appropriate use of PPE, including safe application, removal and disposal.	

10	Medical Equipment/Devices used to provide Patient Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
10.1	Non-critical items are cleaned and low-level disinfected between uses.		**Med.**				Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See *Appendix B: Reprocessing Decision Chart.* Refer to: CSA Group. CAN/CSA - Z314.0-13: Medical device reprocessing - General requirements. Toronto, ON: CSA Group; 2013. Medical equipment that comes into contact with the patient's intact skin requires low-level disinfection (LLD) after each use. Equipment and surfaces must be thoroughly cleaned prior to LLD. Examples of items that require LLD include stethoscopes, blood pressure cuffs, oximeters, baby scales, ECG.	
10.2	Reprocessed medical equipment/devices is/are stored in a clean, dry location in a manner that minimizes contamination or damage.		**High**				Refer to: CSA Group. CSA Z314.0-13: Medical device reprocessing - General requirements. Toronto, ON: CSA Group; 2013.	

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10	Medical Equipment/Devices used to provide Patient Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
10.3	Newly purchased, non-sterile critical and semicritical medical equipment/devices are inspected and reprocessed prior to use, according to their intended use as per manufacturer's recommendations.		**High**				Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See section *A. Purchasing and Assessing Medical Equipment/Devices and/or Products for Disinfection or Sterilization Processes.*	
10.4	Critical and semi-critical medical equipment/devices labelled as single-use are not reprocessed and re-used unless the reprocessing is done by a licensed third party reprocessor.		**High**				Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See section *P. Single-Use Medical Equipment/Devices.*	
10.5	Semi-critical items shared between patients such as tonometers, other ophthalmologic equipment that touch the eye (mucous membrane), vaginal specula and other semi-critical items that come into contact with mucous membranes or non-intact skin must undergo high level disinfection between patient uses.		**High**				Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See *Table 1: Spaulding's Classification of Medical Equipment/Devices and Required Level of Processing/ Reprocessing* and *Appendix B: Reprocessing Decision Chart.* Examples of high level disinfectants include 2% glutaraldehyde, 6% hydrogen peroxide, 0.2% peracetic acid, etc. Alcohol is a low level disinfectant and is not sufficient. Always follow manufacturer's directions for reprocessing.	
10.6	All **critical** items e.g. suture removal equipment, are either **SINGLE PATIENT USE** (disposable) **or sterilized** between uses.		**High**				Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See *Table 1: Spaulding's Classification of Medical Equipment/Devices and Required Level of Processing/ Reprocessing Section P: Single-Use Medical Equpiment/Devices – Sharps* and Section *2. Best Practices A. Purchasing and Assessing Medical Equipment/Devices and/or Products for Disinfection or Sterilization Processes.*	

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10	Medical Equipment/Devices used to provide Patient Care	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
		High					Instruments that enter a sterile body site, including the vascular system are classified as critical and require cleaning followed by sterilization. Other examples of these instruments include surgical instruments and biopsy instruments. Needles must be single-use and must not be reprocessed.	
10.7	At point-of-use, upon opening the reprocessed medical equipment/device, the integrity of the packaging and the equipment/device is checked; results of chemical monitors, if present, are validated; and equipment/devices are reassembled, if required.						Refer to: *PIDAC's Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings, May 2013*. See section *Q: Storage and Use of Medical Equipment/Devices - Using Sterile Equipment/Devices.*	

NOTE: If any reusable critical or semi-critical medical devices/equipment is being reprocessed within the clinical office, also complete Medical Device Reprocessing tab

11	Medication Room/Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
11.1	There are facilities for hand hygiene in the medication room/area. These include either a dedicated hand hygiene sink and/or alcohol based hand rub (ABHR).		High				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *B: Hand Hygiene, 5. Hand Washing Sinks.* Refer to: *PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012*. See section *on Hand Hygiene, Alcohol-based Hand Rub (ABHR).* Refer to: *PIDAC's Best Practices for Hand Hygiene in All Health Care Settings, April 2014*. See section *9. Hand Hygiene Considerations in Facility Design, A. Hand Washing Sinks.*	

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11	Medication Room/Area	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
11.2	The medication preparation area is a dedicated area that is separate from areas that may potentially be contaminated with blood and body fluids.		**High**				For 11.2- 11.6: Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *6. Medications, Vaccines and Skin Antisepsis item C. Refrigerators* and *Appendix H: Checklist for Safe Medication Practices.* If a dedicated/separate area is not available, prepare medication in a clean area away from splashes e.g. not near hand hygiene sink or where specimens are being handled.	
11.3	There is a dedicated medication/vaccine refrigerator.		**High**				See 11.2 Notes/Resources and refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *6. Medications, Vaccines* and *Skin Antisepsis, C. Refrigerators* and *D. Vaccines.* For more information about vaccine storage and handling, refer to the Ontario Ministry of Health and Long Term Care's (2012) *Vaccine Storage and Handling Guidelines.*	
11.4	There is a dedicated patient specimen refrigerator.		**High**				See 11.2 Notes/Resources	
11.5	Food is not stored with either medication/vaccines or specimens.		**High**				See 11.2 Notes/Resources	

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12	Injectable Medication Vials or Solutions	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
12.1	Single-dose injectable medications are used once on a single patient and discarded immediately.		**High**				For 12.1-12.5: Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *6. Medications, Vaccines and Skin Antisepsis A. General Principles* and section *B. Safe Administration of Injectables- item 2. Single Dose Vials* and *Appendix H: Checklist for Safe Medication Practices.* The use of SINGLE USE vials is always preferred.	
12.2	Rubber stoppers (diaphragm/septum) of vials are scrubbed with either 70% alcohol prep pad or 70% alcohol pumped onto a cotton ball prior to entry into the vial in preparation for administration. Stopper is allowed to dry before inserting a new needle into the vial.		**High**				Refer to: PHO's Updated guidance on the use of multidose vials. See 12.1 Notes/Resources	
12.3	Product monograph is followed and referred to for further clarification regarding correct storage (e.g. refrigeration, keep away from light), handling, preparation, and directions for administration.		**High**				See 12.1 Notes/Resources	
12.4	Unopened vials and other products are discarded according to the manufacturer's expiration dates.		**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *6. Medications, Vaccines and Skin Antisepsis - A. General Principles.*	
12.5	Leftover contents of vials (single-dose or multidose) are never pooled.		**High**				See 12.1 Notes/Resources	

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13	Multidose vials	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
13.1	Multidose vials have been replaced with single-dose vials wherever possible.		**I/E**				For 13.1 – 14.4 Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *6. Medications, Vaccines and Skin Antisepsis, 3. Multidose Vials* and *Appendix H: Checklist for Safe Medication Practices.*	
13.2	If a multidose vial is used, it must be used for a single patient whenever possible and labelled with the patient's name.		**Med.**				See 13.1 Notes/Resources	
13.3	The multidose vial is labelled with the date it was first used, to facilitate discarding at the appropriate time.		**High**				See 13.1 Notes/Resources	
13.4	All needles are SINGLE PATIENT USE ONLY.		**High**				See 13.1 Notes/Resources	
13.5	All syringes are SINGLE PATIENT USE ONLY.		**High**				See 13.1 Notes/Resources	
13.6	Multidose vials are never entered with a used needle OR used syringe.		**High**				See 13.1 Notes/Resources	
13.7	The multidose vial is accessed on a surface that is clean and where not dirty, used or potentially contaminated items are placed or stored.		**High**				See 13.1 Notes/Resources	
13.8	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.		**High**				See 13.1 Notes/Resources	
13.9	The multidose vial is discarded immediately if sterility is compromised or questioned.		**High**				See 13.1 Notes/Resources	

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N/A: Not Applicable

13	Multidose vials	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
13.10	Opened multidose vials are discarded according to the manufacturer's instructions or within 28 days, whichever is shorter.		**High**				See 13.1 Notes/Resources NOTE: Exceptions can be considered for multidose vials intended for single patient e.g. allergy shots, if the manufacturer's instructions state the vial can be used for longer than 28 days, provided all other above recommendations are followed and the vial must only be used for a single patient.	

14	Aseptic technique is always practised for percutaneous injection	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
14.1	Hand hygiene is performed immediately prior to handling and administration of injectable products (e.g. vials, needles, syringes).		**High**				Refer to: *PIDAC's Best Practices for Hand Hygiene In All Health Care Settings, April 2014.* See section *II. Best Practices, 3. Indications and Moments for Hand Hygiene during health care activities* Critical risk related to PIDAC moment #2 of hand hygiene (i.e. before aseptic procedure).	
14.2	Alcohol containers are labelled and are not topped up.		**Med.**				Refer to: *PIDAC's 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*.	
14.3	Skin should be prepped with 70% alcohol prior to injection.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *6. Medications, Vaccines and Skin Antisepsis, G. Antiseptic Agents for Skin Antisepsis.*	

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14	Aseptic technique is always practised for percutaneous injection	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
14.4	Preferably disposable single use alcohol prep pads are used to prepare the skin for injection. Seventy (70 %) alcohol pumped onto cotton balls at time of use is permitted.		**I/E**				Refer to: United States Pharmacopeial Convention. USP Compounding Compendium. Rockville, MD: United States Pharmacopeial Convention; 2014. USP 797 Pharmaceutical Compounding – sterile preparations; p. 57. Cotton balls are stored in a clean covered container.	

15	Vaccines (if applicable)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
15.1	Cold chain is maintained according to PHAC Canadian Immunization Guide and MOHLTC Vaccine Storage and Handling Guidelines.		**High**				For 15.1- 15.4 Refer to the following: National Advisory Committee on Immunization; Public Health Agency of Canada. Canadian immunization guide [Internet]. Evergreen ed. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2015. Part 1: key immunization information 2013 – storage and handling of immunizing agents. . Available from: http://www.phac-aspc.gc.ca/publicat/cig-gci/p01-08-eng.php Ontario. Ministry of Health and Long-Term Care. Vaccine storage and handling guidelines [Internet]. Toronto, ON: Queen's Printer for Ontario; 2012. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guide_vaccine_storage.pdf Ontario. Ministry of Health and Long-Term Care. Vaccine storage and handling protocol, 2016 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2016. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/vaccine_storage_handling.pdf	

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15	Vaccines (if applicable)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
15.2	Temperatures of refrigerators and freezers used to store vaccines are checked twice daily and recorded as per recommended public health protocols.		**High**				See 15.1 Notes/Resources	
15.3	Vaccines are kept refrigerated at a temperature between 2°C and 8°C (unless otherwise specified by the manufacturer) and are stored according to manufacturer's instructions (e.g. kept frozen at a temperature of -15°C or colder, protected from light, refrigerated).		**High**				See 15.1 Notes/Resources See Public Health Agency of Canada. Immunization competencies for health professionals. Ottawa, ON: Her Majesty the Queen in Right of Canada; 2008. Section 7, Storage an dhandling of immunization agents; p. 18. Available from: http://www.phac-aspc.gc.ca/im/pdf/ichp-cips-eng.pdf If vaccine is to be refrigerated, it is not stored in refrigerator doors. If refrigerator temperatures are less than 2°C or greater than 8°C (unless otherwise specified by the manufacturer for a particular vaccine), report immediately to the public health unit for assessment of vaccine potency.	
15.4	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.		**I/E**				See 15.1 Notes/Resources	

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16	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
16.1	Sharps containers must be: 1) clearly labelled as sharps containers, preferably with a Biohazard symbol, or colour-coded according to the employer's safe work practices; 2) puncture-resistant; 3) tamper-proof; 4) closable; contained sharps must not be able to fall out with normal use; 5) leakproof on both sides and bottom; 6) not filled past the fill line, usually at the 3/4 mark.	**Leg.**	**High**				For 16.1- 16.7 Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *7. Control of the Environment, 13. Sharps,* and *14. Sharps Containers* Refer to: CSA Group. CAN/CSA-Z316.6-14: Sharps injury protection - Requirements and test methods - Sharps containers. Toronto, ON: CSA Group; 2014.	
16.2	Sharps containers are available at point of use for direct disposal, to minimize handling or transportation of used sharps.		**High**				See 16.1 Notes/Resources	
16.3	Sharps containers are securely stored for timely, safe removal once full, according to local legislated biomedical waste by-laws.	**Leg.**	**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *7. Control of the Environment* *A. Cleaning the Environment, 12. Waste*	
16.4	Sharps/needles/syringes must be safety-engineered medical sharps (SEMS).	**Leg.**	**High**				See 16.1 Notes/Resources Refer to: *Occupational Health and Safety Act (OHSA);* Needle Safety, O. Reg. 474/07. Available from: https://www.ontario.ca/laws/regulation/070474 A SEMS is a hollow-bore needle that is designed to eliminate or minimize the risk of a skin puncture injury to the worker, and is licensed as a medical device by Health Canada.	

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16	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
16.5	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.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *10. Administrative Controls* and item, *B. Staff Immunization.* Refer to: Ontario Hospital Association; Ontario Medical Association. Blood-borne diseases surveillance protocol for Ontario hospitals. Revised March 2015 [Internet]. Toronto, ON: Ontario Hospital Association; 2015. Available from: https://www.oha.com/Services/HealthSafety/Documents/Blood%20Borne%20Diseases%20Protocol%20-%20Reviewed%20and%20Revised%20March%202015.pdf If there are no policies, recommend Hepatitis B vaccine for clinic staff given potential for needle stick injury.	
16.6	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 (WSIB) is required* and to the Ministry of Labour, as appropriate. *Dependent on size of employer		**Med.**				Refer to: *PIDAC's Routine Practices and Additional Precautions in All Health Care Settings, November, 2012.* See section *C. Occupational Health and Hygiene Issues - Post - Exposure Follow Up* Refer to: CSA Group. CSA-Z314.0-13: Medical device reprocessing - general requirements. Toronto, ON: CSA Goup; 2013.	

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16	Sharps Safety Program	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
16.7	There are written measures and procedures to prevent and manage injuries from sharp objects.	**Leg.**	**High**				See 16.1 Notes/Resources Refer to: CSA Group. CAN/CSA-Z314.0-13 Medical device reprocessing - general requirements. Toronto, ON: CSA Group; 2013. Refer to: Health Care and Residential Facilities, O. Reg. 67/93. Available from: https://www.ontario.ca/laws/regulation/930067	

17	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
17.1	There is a policy or procedure for appropriate handling of all blood and body fluids. This includes blood specimens obtained through venipuncture and urine specimens either provided on site or brought in to a clinic.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *A. Cleaning the Environment, 8. Cleaning up Body Fluid Spills.*	
17.2	Tourniquets are non-latex and are single use.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See Section *C. Personal Protective Equipment (PPE), 1. Gloves-Types of Gloves* and *Appendix I: Recommended Minimum Cleaning and Disinfection Level and Frequency for Medical Equipment.* Refer to: PHO's *Just Clean Your Hands* Hand Care Program. See *Appendix B: Common Irritants to Skin Health (not all inclusive).*	

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17	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
17.3	For urine samples, there is a safe process for handling specimens and disposal. Urine is never disposed of in a hand hygiene sink.		**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *7. Control of the Environment* *A. Cleaning the Environment, 12. Waste-Waste Streams and Disposal Requirements.* Urine specimen containers can be discarded in the following ways: a) Preferred: Specimen containers can be emptied into a toilet with gloved hands and the empty containers disposed of as general waste (i.e. green or black bag). b) Alternative: Full urine containers that are tightly sealed can be disposed of into a yellow medical waste bag. Waste in a yellow bag is biomedical waste and needs to be disposed of by a biomedical waste disposal company. **Not recommended:** Urine should not be put down sinks in the patient exam room. Sinks in patient exam rooms should be used only for washing hands.	
17.4	There is a designated storage area for specimens separate from cleaning supplies.		**I/E**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015.* See section *5. Hand Washing Sinks* and section *B. Clinical Office Design/ Renovations, Storage/ Utility Area(s).*	

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17	Specimen Handling	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
17.5	Appropriate PPE is worn by staff when handling blood or other body fluids (e.g. urine).		**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *4. Routine Practices, C. Personal Protective Equipment (PPE).* Appropriate PPE shall be used when handling blood or other body fluids based on risk assessment. Recommendations: 9. Gloves should be worn if it is anticipated that hands will be in contact with blood, body fluids, secretions or excretions. 10. A gown should be worn if it is anticipated that arms and/or clothing will be in contact with blood, body fluids, secretions or excretions. 11. Facial protection should be worn if it is anticipated that the mucous membranes of the eyes, nose and/or mouth will be in contact with blood, body fluids, secretions or excretions.	

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18	Lancets and Glucometers (If applicable)	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
18.1	Lancets are SINGLE USE ONLY.		**High**				For 18.1 to 18.3 Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015* See section *6. Medications, Vaccines and Skin Antisepsis, B. Safe Administration of Injectables - I. Point-of-Care Testing.* As of September 26, 2014, blood monitors must meet the guidelines outlined in Health Canada. Notice –September 26, 2014: New requirements for medical device license applications for lancing devices and blood glucose monitoring system [Internet]. Ottawa, ON: Health Canada; 2014. For questions or clarification on the content of the Notice, please contact: Device Evaluation Division, Medical Devices Bureau, Therapeutic Products Directorate, Health Canada, 2934 Baseline Road, Tower B, Ottawa, ON, K1A 0K9, Telephone: 613-954-0297, Fax: 613-957-9969, E-mail: MDB Enquiries@hc-sc.gc.ca Licensing for lancing devices and blood glucose meters can be confirmed by searching on Health Canada's Medical Devices Active Licence Listing.	
18.2	Lancet hubs (holds the lancet) are SINGLE USE ONLY.		**High**				See 18.1 Notes/Resources	
18.3	Glucometers (blood glucose monitoring devices) are not shared between patients unless the device is designed for multi-patient use and cleaned and disinfected after use with each patient, as per manufacturer's recommendation.		**High**				See 16.1 Notes/Resources If the manufacturer does not specify how the device should be cleaned and disinfected, then the device cannot be shared.	

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19	Blood Collection Devices	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
19.1	SINGLE USE blood collection tube holders are PREFERRED. If blood tube holders are reused, they **MUST** be designed for **multi-patient use** and cleaned and disinfected after each use with a low level disinfectant (LLD), following the manufacturer's instructions for re-use.		**High**				Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May, 2012*. See *Appendix G: Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client/ Patient/Resident Care Equipment and Environmental Items.* *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See Section *8. Reprocessing Medical* *Equipment, C. Single-Use Medical Devices.* Refer to: *Top Five High Risk Practice Recommendations and Occupational Health and Safety Responsibilities.*	

20	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.1	Responsible physicians in this setting understand their duties and responsibilities as employers and supervisors 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.	**Leg.**	**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *1. Legislation Relating to Infection Prevention and Control Practices in the Clinical Office- A. The Occupational Health and Safety Act (OHSA).* Refer to: Ontario. Ministry of Labour. A guide to the Occupational Health and Safety Act. Revised March 20, 2015 [Internet]. Toronto, ON: Queen's Printer for Ontario; 2015. Available from: https://www.labour.gov.on.ca/english/hs/pubs/ohsa/	

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20	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.2	There is a healthy workplace policy which includes a clear expectation that staff do not come into work when ill with symptoms of infection.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *10. Administrative Controls - A. Healthy Workplace Policies* and *Section D. Infections in Health Care Providers.* It is incumbent on a physician to protect individuals within his or her clinical office practice. This responsibility is not restricted to patients, but rather, includes clinical office staff and other visitors as well. Infectious agents are not only spread person-to-person, but can also be spread indirectly through inanimate objects known as fomites. The waiting room of a clinical office practice may also be a source for many communicable diseases. As such, protective mechanisms must be in place, not only in direct patient management but in handling of the clinical office environment as well. All clinical office settings should establish a clear expectation that staff do not come into work when ill with symptoms of infection. This includes not working when acutely ill with signs and symptoms likely due to a transmissible infection, such as fever, cough, influenza-like symptoms, runny nose, sore throat, vomiting, diarrhea, rash or conjunctivitis. If the decision is made that the health care provider must work (weighing the risks and benefits of working against not providing patient care), scrupulous hand hygiene and appropriate PPE (e.g., wear a mask if you have a cold) is essential to minimize the possibility of transmission of infection.	

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20	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.3	Staff members are immunized appropriately.		**Med.**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *D. Occupational Health and Safety Issues, 3. Communicable Disease Status.* Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *10. Administrative Controls-Healthy Workplace Policies, B. Staff Immunization.* Ideally all immunizations recommended for adults are recorded, such as measles, mumps, rubella (MMR), varicella, diphtheria, tetanus and acellular pertussis vaccines. Although not mandated through legislation, hepatitis B vaccination is strongly recommended due to the risk of blood-borne pathogen exposure. Health care workers should have a record of vaccination and a record of sufficient antibodies to protect against infection (i.e. greater than 10U/L). Annual influenza vaccination is also strongly advised.	
20.4	Disposable sharps shall be disposed of in an appropriate puncture-resistant sharps container at point-of-use, prior to transportation.	**Leg.**	**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *7. Control of the Environment* *A. Cleaning the Environment, 13. Sharps* and *14. Sharps Containers.* Refer to: Health Care and Residential Facilities, O. Reg. 67/93. Available from: https://www.ontario.ca/laws/regulation/930067	

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20	Occupational Health and Safety	Leg. Req.	Risk	C	NC	N/A	Notes/ Resources	Inspection Notes (to be completed by individuals conducting visits/inspection)
20.5	There is a policy that prohibits eating/drinking, food storage, smoking, application of cosmetics or lip balm, and handling contact lenses in the reprocessing area. No food, drink, tobacco or cosmetics is consumed, applied or kept in areas where infectious materials, hazardous chemicals or hazardous drugs are used, handled or stored.	**Leg.**	**High**				Refer to: Health Care and Residential Facilities, O. Reg. 67/93. Available from: https://www.ontario.ca/laws/regulation/930067	
20.6	All chemical products (e.g. cleaning and disinfecting agents) are labelled according to WHMIS requirements.	**Leg.**	**High**				Refer to: *PIDAC's Infection Prevention and Control for Clinical Office Practice, April 2015*. See section *1. Legislation Relating to Infection Prevention and Control Practices in the Clinical Office, B. The Workplace Hazardous Materials Information System (WHMIS).* Refer to: Workplace Hazardous Materials Information System (WHMIS), R.R.O. 1990, Reg. 860. Available from: https://www.ontario.ca/laws/regulation/900860	
20.7	Material Safety Data Sheets (MSDS) for cleaning/disinfecting products are readily available and up to date.	**Leg.**	**High**				Refer to: *PIDAC's Best Practices for Environmental Cleaning for Prevention and Control of Infections, May 2012*. See section *E. Other Considerations-Chemical Safety.* Refer to: Workplace Hazardous Materials Information System (WHMIS), R.R.O. 1990, Reg. 860. Available from: https://www.ontario.ca/laws/regulation/900860 MSDS should be no more than 3 years old and updated as new product information is available	

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Please print and sign:

Owner/Operator (print name): **Signature:**	**Date:**
Person conducting visit (print name): **Signature:**	**Date:**

Public Health Ontario acknowledges the financial support of the Ontario Government.