TRAVERSE
INDEPENDENCE

INFECTION PREVENTION & CONTROL (IPAC) PLAN

APRIL 2024 – MARCH 2025

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INTRODUCTION

Health care associated infections for healthcare workers and clients are a safety issue for both parties. To protect the safety of our clients and staff and reduce the costs associated with infection, it is important to minimize the risk in a proactive way. Infection Prevention and Control Programs (IPAC) have demonstrated results and in general show that at least 20% of infections can be eliminated using these programs. The goal of our infection prevention and control program is to identify and minimize the risk of infections. We accomplish this by various methods including:

- Risk assessment through Point of Care Risk Assessment
- Education and Training
- JOHSC (Joint Occupational Health and Safety Committee) and Client Safety Committee Oversight
- IPAC goals and objectives laid out in IPAC Scorecard

OCCUPATIONAL HEALTH & SAFETY ACT

The regulations in this legislation require strict enforcement under the Occupational Health and Safety Act (OHSA) This applies to measures needed to protect workers from the risk of COVID-19 and other communicable diseases. Employers, supervisors, and workers have rights, duties, and obligations under the OHSA. Specific requirements under the OHSA and its regulations are available at: Occupational Health and Safety Act: https://www.ontario.ca/laws/statute/90o01 Ontario Regulation 67/93 Health Care and Residential Facilities: https://www.ontario.ca/laws/regulation/930067

POINT OF CARE RISK ASSESSMENT

A point of care risk assessment (PCRA) assesses the task, the client, and the environment just prior to delivering services. A PCRA is a dynamic risk assessment completed by the Worker before every client interaction to determine whether there is risk of being exposed to an infection. Performing a PCRA is the first step in Routine Practices, which are to be used with all clients, for all care and for all interactions. A PCRA will help determine the correct PPE required to protect the health care Worker in their interaction with the client and client environment.

APPLICATION OF THE HIERARCHY OF HAZARD CONTROLS

According to the U.S. Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health, (NIOSH) the fundamental method for protecting a worker is through the application of the hierarchy of hazard controls. The levels of control range from the highest levels considered most effective at reducing the risk of exposure (i.e., elimination and substitution) to the lowest or last level of control between the worker and the hazard (i.e.,

PPE). The application of the “hierarchy of hazard” controls is a recognized approach to containment of hazards and is fundamental to an occupational health and safety framework.

An understanding of the strengths and limitations of each of the controls enables organizations to determine how the environment (e.g., infrastructure, equipment, processes, and practices) increase or decrease a worker’s risk of infection from exposure. Elimination and substitution are the most effective means in the hierarchy of controls, but is not often feasible or possible to implement, particularly regarding infectious diseases or pandemics. This level of containment assumes that the activity creating the risk would be stopped or replaced with something else that is less risky. **When providing services to clients it is not possible to just stop.**

Engineering and System Control Measures

Engineering control measures reduce the risk of exposure to a hazard by implementing methods of **isolation or ventilation**. (Dentists did this through the pandemic). Engineering controls reduce or eliminate exposure by isolating the hazard from the employee and by physically directing actions to reduce the opportunity for human error. Examples include rigid barriers at the interface between the client and the workers at reception and triage and alcohol-based hand rub.

Administrative Control Measures (This is what Traverse most Commonly Uses)

Administrative controls are measures to reduce the risk of transmission of infections through the implementation of policies, procedures, training, and education.

Examples of administrative controls include active screening, passive screening (signage) and restricted visitor policies. In addition, administrative controls include policies regarding restricting entrances, cohorting of staff and clients and designated areas for screening or providing supports to clients.

Personal Protective Equipment (PPE)

Although the use of PPE is the most visible in the hierarchy of controls, PPEs (Personal Protective Equipment) are the last tier in the hierarchy and **should never be relied on as a stand-alone primary prevention** program. Examples of PPE barriers include gloves, gowns, facial protection (including surgical masks and N95 respirators) and/or eye protection (including safety glasses, face shields or masks with visor attachments).

The organization plays a critical role in ensuring Workers have access to appropriate PPE for the task to be performed and the necessary education and training to ensure competency on the appropriate selection, use and disposal of PPE to prevent exposure to infection.

Process Surveillance

Ongoing inspections, audits, and surveys monitor compliance by staff and clients with the expectations of the IPAC system. Further, we monitor all sites for infections and diseases that affect the health of our clients, staff, and visitors. Our role includes making informed decisions; performing data analysis; and providing feedback results to staff that implement quality improvements.

Control measures are initiated when single or clusters of infections in clients or employees are identified by surveillance. Outbreak Management procedures are implemented and supervised at the direction of Public Health.

Education and Training

We provide education to our clients, staff, and students about common infections. Our staff are provided with a mandatory infection prevention and control trainings as new employees and once annually thereafter. Our clients are provided with information by way of newsletters, news bulletins and annually at care plan meetings.

As an example of training and information, following is a link.
https://www.publichealthontario.ca/-/media/documents/bp-hand-hygiene.pdf?la=en

Strategic Priority	Goal	Objective	Outcome(s)	Timeline	Measure/Indicator
Efficient & Effective Services Client & Staff Safety	All policies and procedures relating to IPAC are reviewed once annually	All policies and procedures are up to date and reflect best practice guidelines	Key stakeholders have access to current policies and procedures that reflect best practice	Ongoing	100% of the policies and procedures relating to IPAC are reviewed once annually
	Hand hygiene policies and procedures are adhered to by all staff on a consistent basis	Written policies and procedures are readily available to staff	Hand hygiene practices are always adhered to	Ongoing	100% of staff are trained during orientation and then once annually on safe hand hygiene practices
		Annual education on hand hygiene techniques is completed by all staff	Training done annually ensures that all staff are aware of hand hygiene practices		
	Routine practices are adhered to by all staff on a consistent basis	Written policies and procedures are readily available to staff	Routine practices are always adhered to	Ongoing	100% of staff are trained during orientation and then once annually on routine practices
		Annual education and training on routine practices is completed by all staff	Training done annually ensures that all staff are aware of routine practices		
	Process surveillance is completed at all sites to verify that all standards around IPAC are being followed	A program to measure compliance with hand hygiene is in place	Ongoing audits are in place to measure compliance with hand hygiene policies and procedures	Ongoing	100% of the surveillance expectations are completed
		A program to measure compliance with application of routine practices by staff is in place	Ongoing audits are in place to measure compliance with policies and procedures regarding routine practices	Ongoing	100% of the surveillance expectations are completed
		Cleaning practices in the workplace environment are to be monitored with results reported back to the H&S Committee and the Client Safety Committee.	Ongoing audits are in place to measure compliance with policies and procedures regarding environmental cleaning and maintenance.	Ongoing	100% of the surveillance expectations are completed

STRATEGIC PRIORITY	GOAL	OBJECTIVE	OUTCOME(S)	TIMELINE	MEASURE/INDICATOR
	All areas of environmental hazards are managed by maintaining a clean and safe environment in the workplace	Policies are available and adhered to address infection prevention and control in areas of cleaning, laundry and waste, safe food handling and storage.	Environmental hazards are minimized through effective environmental cleaning practices	Ongoing	100% of the policies regarding environmental cleaning and safety are adhered to
	Management has access to clear directives and policies to manage and investigate an outbreak and/or cluster event	Clear policies and procedures on managing an outbreak are easily available to management	Outbreaks of infectious diseases are managed and contained	Ongoing	100% of all outbreaks are managed according to the policies and procedures
		Clear policies on immunization and reporting to work when sick is published	Staff are aware of the polices regarding immunization and that if there is an outbreak and they are not immunized they will not be able to report to work	Ongoing	100% of staff are aware of the immunization policy and sign off at the point of hire
		Sharps injury prevention program/training is in place	Staff work with sharps in a safe manner and do not sustain a sharps injury	Ongoing	100% of staff who handle sharps receive sharp injury prevention training.
	Adequate resources including staff and supplies are	Easily accessible personal protective equipment (PPE) is in place at all sites	Staff always use PPEs when indicated	Ongoing	100% of staff have access to PPEs when indicated.

STRATEGIC PRIORITY	GOAL	OBJECTIVE	OUTCOME(S)	TIMELINE	MEASURE/INDICATOR
	available at all locations to support the IPAC program	Cleaning supplies and equipment are always available to all staff	All locations are maintained in a clean and safe manner	Ongoing	100% of sites always have appropriate cleaning supplies and equipment available
		Minimum staffing requirements are met at all locations so adequate staff are available to practice infection prevention and control measures.	All expectations of the IPAC are always met	Ongoing	Minimum staffing levels are maintained 100% of the time
	Education and training are offered to all staff on an annual basis	IPAC is a standing agenda item for H&S Committee and Client Safety Committee	IPAC is discussed at both the H&S Committee meetings and the Client Safety Meeting	Ongoing	100% of the meetings include a discussion on IPAC
		Mandatory training on all IPAC expectations at orientation and once annually thereafter is in place for all employees	All staff are aware of the expectations of the IPAC system	Ongoing	100% of the staff receive training on all facets of the IPAC system.

Based on the Best Practices for Infection Prevention and Control Program in Ontario – Provincial Infection Disease Advisory Committee (PIDAC), in all health care settings 3rd edition.

References

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