Clinic Accreditation Consultants

INFECTION PREVENTION AND CONTROL FOR COMMUNITY-BASED ORGANIZATIONS

Policy & Procedure Manual

2025 JANUARY Revision

YOUR CLINIC NAME HERE

INTRODUCTION

INFECTION PREVENTION AND CONTROL FOR COMMUNITY-BASED ORGANIZATIONS

| Policy & Procedure Manual **|** Your Clinic Name

2024 January Revision

Summary

This manual is designed to establish a comprehensive set of policies and procedures that align with our organizational goals and the referenced Accreditation Canada guidelines. It serves as a reference document to guide staff, stakeholders, and management in the consistent and effective implementation of our operational standards. The manual is structured to provide clarity, ensuring that all users can easily navigate and understand the responsibilities, procedures, and expectations outlined herein. Our commitment to transparency, accountability, and excellence is reflected in the meticulous design and organization of this manual.

Rationale

The rationale behind this manual is to provide a clear, structured framework that supports our organization's operational integrity and strategic objectives. By articulating our policies and procedures explicitly, we aim to foster an environment of trust and collaboration, enabling every member of our organization to contribute effectively towards our shared goals. This manual is not only a testament to our commitment to best practices but also a tool to facilitate our journey towards sustainable growth and success.

Reference to Standards

ACCREDITATION CANADA

This document is written to ensure compliance with Accreditation.ca's Standards and guidelines

PROGRAM:	*QMENTUM Program Standards*	**STANDARDS ORG:**	*Accreditation Canada*
REFERENCE STANDARDS:	*INFECTION PREVENTION AND CONTROL FOR COMMUNITY-BASED ORGANIZATIONS*	**REFERENCE VERSION:**	*October 2022*
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INFECTION PREVENTION AND CONTROL FOR COMMUNITY-BASED ORGANIZATIONS
| Policy & Procedure Manual **|** Your Clinic Name
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Your Clinic Name.

FACILITY NAME:	Your Clinic Name.		
FILE LOCATION:	Shared Drive/Administration/Policy & Procedure Manual/		
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1 – PLANNING AND DEVELOPING INFECTION PREVENTION AND CONTROL ACTIVITIES

1.1 – Infection prevention and control activities are planned, developed, and supported based on organizational priorities, evidence, and best practices.

IPAC1.1.1	1.1.1 – Infection prevention and control activities are planned and developed based on a risk assessment and organizational priorities.

OBJECTIVE

Infection prevention and control activities are planned and developed based on risk assessment and organizational priorities.

POLICY

Infection Prevention and Control Activities

1. Planning and Developing Activities:

- **Risk Assessment and Organizational Priorities:** YOUR CLINIC NAME plans and develops infection prevention and control (IPAC) activities based on a thorough risk assessment and organizational priorities. The IPAC activities are supported by evidence and best practices to ensure effectiveness.
- **Resource Allocation:** The necessary resources to support IPAC activities are provided and regularly reviewed to ensure they are adequate for the needs of the organization.

2. Tailoring Activities to the Setting:

- **Setting and Type of Care:** IPAC activities are specifically tailored to the setting of the diagnostic imaging center, the type of care provided, and the risk level to clients, team members, and volunteers.
- **Specific Protocols:** Protocols and procedures specific to each modality and service are developed and implemented to address unique risks associated with each type of diagnostic imaging.

3. Policies and Procedures:

- **Routine Practices and Additional Precautions:** YOUR CLINIC NAME has established comprehensive policies and procedures for routine practices and additional precautions to prevent the spread of infections. These include the use of personal protective equipment (PPE), hand hygiene, and environmental controls.
- **Screening and Risk Assessment:** Each patient encounter involves screening for symptoms of infection and performing a risk assessment to determine the appropriate barriers to prevent transmission.
- **Use of Barriers:** Anticipated exposure to body substances requires the use of appropriate barriers such as gloves, gowns, masks, and eye protection.

4. Education and Training:

- **Staff Orientation and Training:** New staff undergo a thorough orientation and training process that includes IPAC education. Existing staff receive regular refresher training to stay updated on best practices.

g) Grasp the outside border of the last and innermost flap. Stand away from the sterile package and pull the flap toward the body, allowing it to fall flat on the table.
    - **Rationale:** This sequence avoids reaching over the sterile field.

Preparing a Sterile Linen-Wrapped Package

a) Place the package on a clean, flat work surface.
b) Remove the tape seal and unwrap both layers following the same steps as with a sterile kit.
    - **Rationale:** Linen-wrapped items have two layers. The first is a dust cover. The second layer must be opened to view the chemical indicator. If an item falls on the floor, it is considered contaminated.
c) Use the opened package wrapper as the sterile field.
    - **Rationale:** The inner surface of the wrapper is considered sterile.

Opening a Sterile Drape

a) Place the pack containing the sterile drape on a clean, flat work surface and open it following the same steps as with a sterile kit.
b) Grasp the folded top edge of the drape with the fingertips of one hand. Gently lift the drape from its wrapper without letting it touch any object.
    - **Rationale:** A sterile object that touches a nonsterile object becomes contaminated.
c) Allow the drape to unfold, keeping it above waist level and the intended work surface and away from the body. Discard the wrapper with the other hand.
    - **Rationale:** An object held below the waist is considered contaminated.
d) With the other hand, grasp the adjacent corner of the drape. Hold the drape straight over the work surface.
e) Holding the drape, position the bottom half over the top half of the work surface.
    - **Rationale:** Positioning the bottom half of the drape over the top half of the work surface prevents reaching over the sterile field.
f) Allow the top half of the drape to unfold over the bottom half of the work surface.
    - **Rationale:** Positioning the top half of the drape over the bottom half of the work surface creates a flat, draped, sterile work surface for sterile supplies.

Adding Sterile Items to a Sterile Field

a) Following the manufacturer's instructions for use, open the sterile item while holding the outside wrapper in the nondominant hand.
    - **Rationale:** Using the nondominant hand frees the dominant hand for unwrapping the outer wrapper.
b) Using the dominant hand, carefully peel the wrapper back over the nondominant hand.
    - **Rationale:** This handling keeps the package contents sterile.
c) Ensuring that the wrapper does not fall onto the sterile field, place the enclosed item onto the sterile field at an angle. Do not hold the arm over the sterile field.
d) Discard the outer wrapper.
    - **Rationale:** Wrapper edges are considered unsterile and must be kept from contaminating contents on the sterile field.

Pouring Sterile Solutions for the Procedure

a) Verify the solution and the expiration date.

- Establish clear communication protocols for notifying relevant team members and departments about potential infection risks.
- Use communication tools such as emails, internal messaging systems, and meetings to share important IPAC updates and information.

7. **Performance Measures:**
   - Monitor compliance with IPAC practices through regular audits and assessments.
   - Use performance metrics to identify areas for improvement and tailor future training sessions accordingly.

Implementation Plan

1. **Initial Training Sessions:**
   - Conduct comprehensive initial training/ orientation sessions for all team members, focusing on the components outlined above.
   - Use a combination of lectures, hands-on practice, visual aids, and interactive activities to ensure thorough understanding and engagement.
2. **Ongoing Education:**
   - Schedule regular refresher session and update training materials to reflect the latest guidelines and best practices.
   - Encourage continuous learning through access to online resources, webinars, and IPAC virtual workshops.
3. **Documentation and Monitoring:**
   - Maintain detailed records of all training sessions, including attendance, materials used, and feedback collected.
   - Monitor the effectiveness of training through regular audits and adjust training programs based on the results.

SAFE USE AND DISPOSAL OF SHARPS

YOUR CLINIC NAME uses safer sharps that meet these criteria:

- Safety-engineered hollow-bore needles and other medical sharps must be used to reduce the risk of needle-stick injuries and other puncture wounds from contaminated sharps:
- Self-sheathing needles have a built-in sheath or sleeve that extends to cover the needle
- Retractable syringes are designed so the needle can be pulled up inside the syringe.
- Needleless systems use threaded ports on IV tubing. Health care workers can remove the needle from the syringe after drawing up medication and then simply screw the syringe directly into the port.
- Disposable safety scalpels have a built-in sheath that covers the blade between use and disposal. Suture needles for sewing tissues other than skin are available with blunted tips.

YOUR CLINIC NAME uses sharps containers that meet these criteria:

- Workers should dispose of sharps in rigid, puncture-resistant, leak-proof containers that have a closable lid. In situations where containers have not been installed, workers can use portable sharps containers. Containers should be replaced when they are three-quarters full.
- Workers should assume that all sharps are contaminated with infected blood or body fluids and dispose of them safely in designated sharps containers.
- Sharps containers are close to the point of use and maintained in an upright position. The sharps containers are within 2 meters to the point of procedures.

When dealing with sharps, follow these guidelines:

- Before handling a safety-engineered needle or safety-engineered medical sharp, make sure you have received instruction or training on how to properly engage the safety device before use.
- Don't pick up or handle sharps unless you have a proper container in which to dispose of them
- Don't try to recap needles
- Don't try to remove contaminated needles from disposable syringes. Discard them as a single unit.
- Don't dispose of sharps in regular garbage. This may create a hazard for others.
- Don't fill sharps containers to the top. When a container is about **three-quarters** full, replace it with a new one and properly dispose of the old one. Contact your municipality for disposal information.

To handle and dispose of sharps, follow these steps:

1. Wear disposable waterproof gloves (e.g., latex or neoprene gloves), and have a proper sharps container ready
2. If you are using a portable sharps container, place it next to the needle or other item.
3. Use tongs or pliers to pick up the needle
4. Place the needle in the sharps container, pointed end first, away from you. Don't insert your fingers into the opening of the container. Keep your free hand out of the way.
5. Remove and discard the gloves, then wash your hands with soap and water, or use an alcohol-based hand rub.

Caution:

When disposing of garbage and other potentially contaminated materials:

- Watch for sharps sticking out of bags or containers. Listen for broken glass.

When handling laundry:

Cleaning and Disinfection Procedures

Authorized Personnel:

- Designated housekeeping staff or authorized personnel (office administrative staff) assigned to the reception and waiting areas.

Supplies Allowed:

- Hospital-grade disinfectants.
- Disposable gloves and aprons.
- Disposable wipes and cloths.
- Non-magnetic cleaning equipment (e.g., mop and bucket).
- Waste disposal bags.
- Paper towels and soap for dispensers.
- Hand sanitizers.

Daily Cleaning and Disinfection Schedule

Start of the Day:

4. **Inspection and Preparation:**
    - Conduct a thorough inspection of the reception and waiting areas.
    - Gather all necessary cleaning supplies and PPE.
5. **Cleaning Tasks:**
    - **Door Handles and Light Switches:**
        - Disinfect all door handles, including handicap buttons, and light switches.
    - **Garbage and Recycling:**
        - Empty all garbage and recycling bins and replace with new liners.
    - **Surfaces:**
        - Wipe down and disinfect all countertops, chairs, tables, and any other high-touch surfaces.
    - **Floors:**
        - Sweep and mop the floors using an appropriate disinfectant solution.
    - **Glass and Windows:**
        - Clean any visible dirt or smudges on windows and premise glass.
6. **Final Check:**
    - Ensure all areas are clean and ready for patient and visitor use.
    - Document completion of tasks in the housekeeping log.

During the Day (Between Patients):

4. **Regular Checks:**
    - Perform regular checks of the reception and waiting areas to ensure cleanliness.
5. **Cleaning Tasks:**
    - **High-Touch Areas:**
        - Disinfect high-touch areas such as door handles, light switches, chairs, and tables regularly throughout the day.
    - **Waste Management:**
        - Empty garbage bins as needed to prevent overflow.
    - **Spill Management:**
        - Promptly clean any spills using appropriate disinfectant and cleaning materials.
6. **Final Check:**
    - Conduct a quick inspection to ensure the area remains clean and safe for the next patients.

End of the Day:

4. **Thorough Cleaning:**
    - **Door Handles and Light Switches:**
        - Disinfect all door handles and light switches.
    - **Garbage and Recycling:**
        - Empty all garbage and recycling bins and replace with new liners.
    - **Surfaces:**
        - Wipe down and disinfect all countertops, chairs, tables, and any other high-touch surfaces.
    - **Floors:**
        - Sweep and mop the floors using an appropriate disinfectant solution.
    - **Glass and Windows:**
        - Clean any visible dirt or smudges on windows and premise glass.
5. **Waste Disposal:**
    - Collect and dispose of all waste in the appropriate disposal bins.
6. **Final Inspection:**
    - Conduct a final inspection to ensure all areas are thoroughly cleaned and disinfected.
    - Document completion of tasks in the housekeeping log and report any issues to the facility manager.

Cleaning and Disinfection Checklist for Reception and Waiting Area

Task	Start of the Day	Between Patients	End of the Day	Notes
General Tasks:				
Inspect and gather supplies	[ ] Yes [ ] No			
Door Handles and Light Switches:				
Disinfect door handles and light switches	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	
Garbage and Recycling:				
Empty garbage and recycling bins	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	
Surfaces:				
Wipe down countertops, chairs, tables	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	
Floors:				
Sweep and mop floors	[ ] Yes [ ] No		[ ] Yes [ ] No	
Glass and Windows:				
Clean visible dirt on windows and glass	[ ] Yes [ ] No		[ ] Yes [ ] No	
Spill Management:				
Clean any spills promptly		[ ] Yes [ ] No		
Final Inspection:				
Conduct final inspection	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	
Document tasks in housekeeping log	[ ] Yes [ ] No		[ ] Yes [ ] No	

Documentation and Monitoring

- Stations are also positioned near workstations and equipment areas to encourage frequent hand hygiene.
- Eating and drinking, food storage, cosmetics application, and contact lens handling are all prohibited in this area.

- **Components:**
  - Equipped with alcohol-based hand rub dispensers and soap dispensers for thorough hand cleaning.
  - Include sinks with running water and disposable towels for complete handwashing capabilities.
  - Clear signage with hand hygiene instructions to promote proper handwashing techniques.

3. **Waste Bins:**
   - **Types and Segregation:**
     - Different waste bins are provided for proper segregation and disposal of various waste types:
       - **General Waste Bins:** For non-hazardous waste such as paper towels and packaging materials.
       - **Biohazard Waste Bins:** For disposal of contaminated materials, such as gloves, gowns, and other potentially infectious waste.
       - **Recyclable Waste Bins:** For materials that can be recycled, such as certain plastics and cardboard.
     - Each bin is clearly labeled to indicate its specific use, ensuring compliance with waste management protocols.

Transportation

Transportation	
1. Transport to soiled utility room	For open transport to soiled utility room on the same unit ensure pre-cleaning has been done using a low level disinfectant
2. Transport used medical devices to disinfection area	Place medical device in a solid, leak-proof, lidded container and close lid • Place heaviest equipment on the bottom • Place delicate instruments on the top Ensure holding container is in a designated and secure location distinctly separate from clean and sterile items Do not transport soiled items through areas where clean and sterile supplies are stored Soiled transport carts must be enclosed or covered
Note: Sterile and soiled items are not to be transported, distributed, or stored together	
3. Label container as “soiled”, or “contaminated”	Process must be in place that differentiates clean and soiled equipment and transport container
Consider use of transport carts to move containers	
4. Low level disinfect the transport containers, carts, and case cart covers following each use	See Low Level Disinfection SOP. The department that completes equipment reprocessing must also disinfect transport containers (including those used to transport baggies) and carts using a low level disinfectant Allow transport containers to dry before next use.

        - Task: Inform about changes in their roles and safety protocols.
        - Responsible Personnel: Volunteer Coordinator
        - Method: Emails and direct communication.
    - Public Health:
        - Task: Provide detailed outbreak data and collaborate on containment measures.
        - Responsible Personnel: Medical Director, Administrative Assistants
        - Method: Regular reports and meetings.
    - Other Stakeholders:
        - Task: Inform about operational changes and outbreak status.
        - Responsible Personnel: Medical Director, Administrative Assistants
        - Method: Emails, phone calls, and official letters.
3. Support and Resources:
    - Clients/Residents and Families:
        - Task: Provide support and resources for dealing with the outbreak.
        - Responsible Personnel: Administrative Assistants, Technologists
        - Method: Support hotlines, counseling services, and information materials.
    - Team Members:
        - Task: Offer psychological support and resources for dealing with the outbreak.
        - Responsible Personnel: Medical Director, HR Department
        - Method: Counseling services, support groups, and resource materials.
4. Feedback and Improvement:
    - All Stakeholders:
        - Task: Collect feedback on the communication process and outbreak management.
        - Responsible Personnel: Medical Director, Administrative Assistants
        - Method: Surveys, meetings, and suggestion boxes.
    - Implementation of Feedback:
        - Task: Use feedback to improve communication and outbreak management procedures.
        - Responsible Personnel: Medical Director, IPAC Lead
        - Method: Regular reviews and updates to protocols based on feedback.

Key information about each case in an outbreak can be documented on ***Appendix IPAC 3.2 Outbreak Line List.***

4. Regular Review of Policies and Procedures

Review Frequency:

- **Annual Review:** Conduct a comprehensive review of all outbreak-related policies and procedures at least once a year.
- **Post-Outbreak Analysis:** After each outbreak, perform a detailed analysis to identify strengths and weaknesses in the response. Use this analysis to update policies and procedures.

Stakeholder Involvement:

- **Staff Feedback:** Collect feedback from staff members involved in managing the outbreak to gain insights into practical challenges and areas for improvement.
- **Expert Consultation:** Consult with IPAC experts and public health officials to ensure that policies remain aligned with the latest best practices and guidelines.

Documentation and Accessibility:

- **Policy Manual:** Maintain an updated outbreak management policy manual that is easily accessible to all staff members.
- **Training Programs:** Develop and implement regular training programs to ensure all staff are familiar with the latest policies and procedures.

Document the annual review on ***Appendix IPAC 3.2 Annual Review and Improvement Checklist.***

Appendix IPAC 3.2

Annual Review and Improvement Checklist

IPAC Lead: _____ **Review Date: _____**

1. Post-Outbreak Analysis

Evaluate Contact Tracing Efforts:

- ❑ Conduct a thorough review of the contact tracing efforts for each outbreak.
  - Identify strengths in the contact tracing process.
  - Identify areas for improvement.
- ❑ Collect feedback from all team members involved in contact tracing.
- ❑ Review the effectiveness of communication with contacts and stakeholders.
- ❑ Assess the timeliness and accuracy of contact identification and notification.
- ❑ Document all findings in a post-outbreak analysis report.

Update Protocols:

- ❑ Review and revise contact tracing protocols based on post-outbreak analysis.
- ❑ Incorporate lessons learned from recent outbreaks.
- ❑ Ensure protocols align with the latest public health guidelines and best practices.
- ❑ Distribute updated protocols to all relevant staff and ensure they acknowledge receipt.
- ❑ Train staff on any changes to the protocols.

2. Training and Drills

Regular Training:

- ❑ Schedule ongoing training sessions for the contact tracing team.
- ❑ Ensure training includes:
  - Latest contact tracing practices.
  - Updates on public health guidelines.
  - Use of contact tracing tools and software.
  - Communication skills for interacting with contacts and stakeholders.
- ❑ Track attendance and completion of training sessions.
- ❑ Evaluate training effectiveness through feedback and assessments.

Simulation Drills:

- ❑ Plan and schedule regular simulation drills for contact tracing.
- ❑ Develop realistic outbreak scenarios for drills.
- ❑ Ensure drills test:
  - Timeliness of contact identification and notification.
  - Accuracy of data collection and reporting.
  - Effectiveness of communication with contacts and stakeholders.
- ❑ Conduct debriefing sessions after each drill to review performance.
- ❑ Document strengths and areas for improvement identified during drills.
- ❑ Update contact tracing protocols and training materials based on drill outcomes.

Comment:

IPAC Lead Signature: _____