

# Infection Prevention and Control Protocol, 2019

Ministry of Health and Long-Term Care

**Effective: February 2019**

## Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.<sup>1,2</sup> The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

## Purpose

The purpose of this protocol is to provide direction to boards of health regarding surveillance, inspection, investigation, education, enforcement and reporting requirements with respect to infection prevention and control (IPAC) in settings, to minimize the risk of contracting blood-borne and other types of infections with an emphasis on personal service settings and licensed child care settings.

### Personal service settings

This protocol applies to personal service settings (as defined by the HPPA), and includes those subject to *Ontario Regulation 136/18 – Personal Service Settings*, as well as personal service settings exempt from *O. Reg. 136/18* but still defined as a personal service setting under the HPPA.<sup>2</sup>

Where there is a conflict between these requirements and requirements specified in *O. Reg. 136/18* (Personal Service Settings) under the HPPA, the requirements of the regulation prevail. These requirements are intended to be complementary to, and not replace, the requirements of *O. Reg. 136/18*.<sup>3</sup>

A hospital, long-term care home, or retirement home that has a public-facing PSS (i.e., serving the general public in addition to residents of the hospital, long-term care home, or retirement home) or operate independently are subject to the requirements of *O. Reg. 136/18* and do not qualify for an exemption under section 2(2) of *O. Reg. 136/18*. The responsibility of boards of health to investigate IPAC complaints related to “controlled acts” under the *Regulated Health Professions Act, 1991*, and any other relevant legislation related to regulated health professionals, is outlined in the *Infection Prevention and Control Complaint Protocol, 2018* (or as current).<sup>4,5</sup>

### Licensed child care settings

Boards of health shall make themselves aware of the sections that reference the medical officer of health or designate in the *Child Care and Early Years Act, 2014* (CCEYA) and its associated regulations, which are enforced by the Ministry of Education.<sup>6</sup>

## Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

### Effective Public Health Practice

**Requirement 9.** The board of health shall publicly disclose results of all inspections or information in accordance with the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

### Infectious and Communicable Diseases Prevention and Control

**Requirement 20.** The board of health shall inspect settings associated with risk of infectious diseases of public health importance in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

## Operational Roles and Responsibilities

### Surveillance and inspection

#### Inventory

- 1) The board of health shall maintain a current inventory of all licensed child care settings, as defined by section 2 of the CCEYA, and all personal service settings (organized by setting type) within the health unit and update annually or more frequently, as required. This inventory shall include operator contact information and location of the premises.

#### Inspection and assessment

- 2) The board of health shall:
  - a) Inspect all licensed child care and personal service settings no less than once every 12 months for adherence to IPAC practices;
  - b) Use a risk-based approach to determine the priority and need for additional inspections; to investigate complaints and/or reports related to IPAC practice in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current);<sup>5</sup>
  - c) Respond to requests from operators for consultation or inspections related to IPAC policies and practices;

- d) Conduct inspections for the purposes outlined in the *Food Safety Protocol, 2018* (or as current) and the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current);<sup>7,8</sup> and
  - e) Respond to food safety and environmental health issues in accordance with the requirements of the *Food Safety Protocol, 2018* (or as current) and *Health Hazard and Response Protocol, 2018* (or as current).<sup>7,9</sup>
- 3) The board of health shall:
- a) Determine if a health hazard exists and there is non-compliance with IPAC practices; and
  - b) Conduct a risk-based approach to determine the adequacy of IPAC measures in place and recommend measures, as required, to address all identified risks.

### **Personal service settings**

- 4) The board of health shall conduct inspections of personal service settings to determine compliance with *O. Reg. 136/18* and the *Personal Service Setting Guideline, 2018* (or as current) or adherence to IPAC practices for personal service settings which are exempt from *O. Reg. 136/18*.<sup>3</sup>
- 5) Inspections for personal service settings shall incorporate a risk assessment, which shall include, but not be limited to, the consideration of:
- a) The extent of exposure to blood, bodily fluids and/or potentially infectious lesions from service(s) provided, especially as these risks relate to the invasiveness of the service(s) offered;
  - b) The degree of adherence to IPAC practices;
  - c) The degree of adherence to best practices for cleaning, disinfection and/or sterilization in the setting or named in the complaint;
- 6) Inspection of personal service settings that offer tanning bed services shall determine whether the setting is compliant with the *Skin Cancer Prevention Act (Tanning Beds), 2013* and the *Tanning Beds Protocol, 2018* (or as current).<sup>10</sup>

### **Licensed child care settings**

- 7) Inspections for licensed child care settings shall include:
- a) Attention to factors that may increase risk in the licensed child care setting environment, including, but not limited to:
    - i) The age group(s) and developmental stage of the children, which include factors such as their standard of hygiene, toileting/diapering practices, and cognitive ability;
    - ii) The environment, which includes frequency and length of program (full day/half day), design features of the licensed child care setting, toileting and diapering facilities, pest control, meal preparation, and environmental cleaning and disinfection;
    - iii) Activities such as water/sensory play tables, sandboxes, sleeping, tooth brushing, storage/use of personal items, and resident or visiting animals;

- iv) The licensed child care setting's past history of adherence to IPAC practices, including the management of sick children and staff; and
- v) The licensed child care setting's past history of outbreaks and the response of the child care setting to these outbreaks.
- b) Assessment of compliance with statutory and regulatory requirements under the HPPA, including the following sections:<sup>2</sup>
  - i) The duty of a licensed child care setting to comply with a written order issued by the medical officer of health with respect to health hazards (s.13);
  - ii) The duty of a licensed child care setting to comply with a written order issued by the medical officer of health with respect to a communicable disease (s. 22); and
  - iii) The duty of a licensed child care setting to report known or suspected cases of a reportable disease to the medical officer of health (s. 27). Reporting obligations are specified in *Ontario Regulation 559/91, Specification of Reportable Diseases* and *Ontario Regulation 569, Reports* under the HPPA.<sup>12,13</sup>
- c) Assessments in licensed child care settings to:
  - i) Ensure that the licensed child care setting has site-specific IPAC policies that adhere to board of health recommendations; and,
  - ii) Identify risks of infectious disease transmission, provide guidance to the licensed child care setting in developing strategies and policies to mitigate these risks, and ensure the licensed child care setting adheres to these strategies and policies.

## Management and response

### 24/7 on-call and response

- 1) The board of health shall:
  - a) Have an on-call system for receiving and responding to public health issues on a 24 hours per day, 7 days per week (24/7) basis; and
  - b) Determine the appropriate response required within 24 hours of notification of the complaint or report.

### Enforcement

- 2) The board of health shall take action under the HPPA or other applicable legislation (e.g. *O. Reg. 136/18*) to decrease the effect of, or eliminate, a health hazard that has been identified. The action(s) may include a number of educational, procedural, and re-inspection measures to effect the necessary correction, up to and including the issuance of an order under the HPPA or the issuance of fines under applicable legislation.<sup>2</sup>

### Personal service settings

- 3) The board of health shall communicate:
  - a) Within their jurisdiction to client(s) at risk when an investigation has identified a health hazard that poses a potential risk of transmission of blood-borne illness or other infections.
  - b) With the general public when an investigation has identified a health hazard that poses a public health risk to unidentified clients of the setting.

### Licensed child care settings

- 4) The board of health shall assist the operator in the mitigation of the health hazard as per the HPPA and/or infectious disease outbreak as per the *Institutional/Facility Outbreak Management Protocol, 2018* (or as current).<sup>14</sup>

## Data collection and reporting

- 1) The board of health shall:
  - a) Maintain a record of all inspections conducted and complaints received.
  - b) Publicly disclose a summary report of the inspection results in accordance with the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current), regarding:<sup>14</sup>
    - i) Routine inspections; and
    - ii) Complaint-based investigations or IPAC lapses identified as per the *Infection Prevention and Control Complaint Protocol, 2018* (or as current).<sup>5</sup>
  - c) Report cases of infectious/reportable diseases and outbreaks associated with the premises in accordance with their role under Part IV of the HPPA, through the integrated Public Health Information System (iPHIS) or any other method specified by the Ministry of Health and Long-Term Care (ministry).<sup>2</sup>
  - d) Review findings of premises inspections to assist in understanding epidemiological/disease trends, inform future education and response activities, and to develop corrective actions.
  - e) Report to the ministry situations in which a section 13 order under the HPPA is issued, on the day it is issued.

### Personal service settings

- 2) The board of health shall report occurrences of significance (i.e., non-compliance issues leading to a media release) to the ministry prior to media release.

### Licensed child care settings

- 3) The board of health shall provide written information to licenced child care settings to specify reporting requirements of cases of reportable diseases and outbreaks to the medical officer of health.

## Education and health promotion

- 1) The board of health shall provide education to operators and staff on appropriate IPAC practices. Education shall be relevant to the setting and the needs identified through inspection or consultation with the setting.

### Personal service settings

- 2) The board of health shall offer education to the general public in regard to IPAC practices for personal service settings and any other setting that the board of health deems appropriate.

### Licensed child care settings

- 3) The board of health shall:
  - a) Provide education, including educational resources, to licenced child care operators to assist them in implementing and maintaining appropriate IPAC policies and practices and preparing for outbreaks, including the detection of outbreaks.
  - b) Consult with licensed child care setting operators in implementing IPAC policies, programs and practices using a risk-based approach. The consultation on the development of IPAC policies and procedures shall include, but is not limited to:
    - i) Advising on signs and symptoms of communicable disease;
    - ii) General environmental hygiene and cleaning and disinfection practices;
    - iii) Hand hygiene;
    - iv) Appropriate diapering and toileting practices;
    - v) Prevention of occupationally acquired infections, including surveillance and management;
    - vi) Communication with parents and staff with respect to IPAC practice in the licensed child care setting; and
    - vii) Response to outbreaks of communicable diseases of public health importance.
  - c) Assist child care setting operators with preparing and establishing IPAC policies with respect to exposure to resident and visiting animals as per the principles within the *Recommendations for the Management of Animals in Child Care Settings, 2018* (or as current).<sup>16</sup> Policies shall include, but are not limited to, the provision of educational resources for:
    - i) The management of any resident animals and animals visiting the child care setting, including the types of visiting and resident animals that should not be permitted;
    - ii) The risk of communicable diseases and other risks associated with visiting/resident animals, including strategies to mitigate these risks; and
    - iii) IPAC measures with respect to exposures to petting zoos, visiting zoos, animal exhibits, fairs and farms for children enrolled in a licensed child care setting, including but not limited to *Recommendations to prevent disease and injury associated with petting zoos in Ontario, 2011*(or as current).<sup>17</sup>

- d) Assist licensed child care settings in developing and maintaining policies to address:
  - i) Up-to-date immunization (or an appropriate exemption) for every child prior to being admitted to a child care setting and licensed child care setting staff prior to commencing employment in accordance with s.35 and s.57, respectively, of *Ontario Regulation 137/15* under the CCEYA;<sup>18</sup>
  - ii) Maintenance of up-to-date immunizations and immunization records (or an appropriate exemption) for all enrolled children and for staff. For additional information, refer also to the *Immunization for Children in Schools and Licensed Child Care Settings Protocol, 2018* (or as current);<sup>19</sup>
  - iii) Required reporting of cases of reportable diseases and outbreaks to the medical officer of health;
  - iv) Management of and response to infectious diseases in the child care setting. For additional information, refer also to the *Infectious Diseases Protocol, 2018* (or as current);<sup>20</sup>
  - v) Exclusion of sick children, staff, parents, and/or volunteers. For additional information, refer to the appropriate disease-specific chapters under the *Infectious Diseases Protocol, 2018* (or as current);<sup>20</sup> and
  - vi) Required communication with parents with regard to communicable diseases.

## Glossary

**Health hazard:** (a) a condition of a premises, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of these, that has or that is likely to have an adverse effect on the health of any person.<sup>1</sup>

**Infection prevention and control (IPAC) lapse:** failure to follow IPAC practices resulting in a risk of transmission of infectious diseases to clients, attendees or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated equipment and soiled items.

**IPAC practices:** may include the most current guidance available from the Provincial Infectious Diseases Advisory Committee, Public Health Ontario, the ministry, and any relevant Ontario regulatory college IPAC protocols and guidelines.<sup>14</sup>

**Licensed child care setting:** a premises operated by a person licensed under the *Child Care and Early Years Act, 2014*.<sup>6</sup>

**Personal service setting:** a premises at which personal services are offered where there is a risk of exposure to blood or body fluids, and includes premises at which hairdressing and barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are offered as defined in section 1(1) of the HPPA.<sup>2</sup>

**Regulatory College:** the College of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act, 1991*.<sup>4</sup>

**Risk:** the probability of an adverse health outcome resulting from exposure to a hazard.

**Risk assessment:** an evaluation of the interaction of the worker, the client and the work environment to assess and analyze the potential for exposure to infectious disease, identify potential health hazards and determine the appropriate action required.

**Risk-based approach:** the application of a risk assessment(s) to identify priorities for making decisions and taking action by directing proportionate resources to the hazard(s) with the greatest likelihood of adverse effect on the health of any person.

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## Resources

For more information and best practices related to IPAC\*, IPAC in licensed child care settings, and IPAC in personal service settings refer to:

- Well-Beings: A Guide to Health in Child Care (2015, or as current).<sup>21</sup>
- Best Practices for Hand Hygiene in All Health Care Settings, 4<sup>th</sup> Edition.<sup>22</sup>
- Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Healthcare Settings, 3<sup>rd</sup> Edition.<sup>23</sup>
- Routine Practices and Additional Precautions in All Health Care Settings, 3<sup>rd</sup> Edition.<sup>24</sup>

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\* The PIDAC-IPAC documents, addressing IPAC best practices, are intended for health care settings. However, in the absence of more applicable reference documents, they may be used as a resource for the principles of IPAC.

