

IPAC for Health Care Workers in Primary Care Settings In-Person Training Course

Module 2: Foundational Elements in Routine Practices

Trainer Speaking Notes

Slide 1

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IPAC for Health Care Workers in Primary Care Settings

In-Person Training Course

Module 2: Foundational Elements in Routine Practices

Slide 2

Disclaimer

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Slide 3

Course Overview

This course consists of four modules covering essential Infection Prevention and Control (IPAC) topics, with opportunities for practical application.

- Modules 1–3 include:
 - presentation slides
 - practice activities
- Module 4 includes:
 - practical scenarios with multiple-choice questions
 - final quiz

Trainer speaking notes: This course is designed to introduce health care workers to Infection Prevention and Control (IPAC) core competencies. These are the basic skills and knowledge all Ontario health care workers need to understand and practice. This course will help you expand your knowledge about Infection Prevention and Control principles and learn skills you can apply to your practice.

This course consists of four core modules. The first three cover foundational concepts in infection prevention and control (IPAC) that are applicable in all types of health care settings and the fourth module covers the application of IPAC principles specifically in a primary care setting. In this module, you will have the opportunity to practice applying principles to realistic, primary care-based scenarios.

Upon completion of the four modules, you can write a final quiz demonstrating your knowledge. It requires 80% to pass this quiz but you can repeat it if needed. A certificate of completion can be issued upon passing the final quiz.

Slide 4

Module Overview

- Module 1: Introduction to IPAC and Routine Practices
 - Chain of Transmission and point-of-care risk assessments
 - Personal protective equipment (PPE)
- **Module 2: Foundational Elements in Routine Practices**
 - Hand hygiene
 - Environmental controls
 - Occupational health and safety programs
- Module 3: Additional Precautions in IPAC
- Module 4: Applying IPAC Principles in Primary Care Settings

Trainer speaking notes: Here is an overview of the four modules. Today, we will focus on Module 2. This module covers foundational elements like Hand hygiene, environmental controls and OHS programs. We will focus on hand hygiene basics, appropriate environmental cleaning strategies and reprocessing. We will also explain elements of Occupational health and safety.

Slide 5

Learning Objectives

By the end of module two, you will be able to:

- Identify when and how to perform hand hygiene.
- Use appropriate environmental cleaning, linen and waste management strategies.
- Describe appropriate cleaning, disinfecting and sterilizing processes for health care equipment.
- Explain the occupational health and safety responsibilities of health care worker.

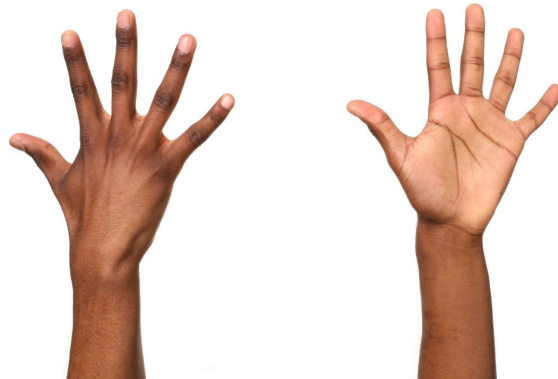
Trainer speaking notes: By the end of this second module, you will be able to identify when and how to perform hand hygiene and use appropriate environmental cleaning, linen and waste management strategies. You will also be able to describe appropriate cleaning, disinfecting and sterilizing processes for health care equipment. Finally, you will be able to explain the occupational health and safety responsibilities of health care worker.

Instructions for Trainers: Refer to Module 2: Foundational Elements in Routine practices in the Trainer's Guide for more information. This section includes instructions for optional practice activities that can be used to enhance the learner of your audience.

Slide 6

Hand Hygiene

Hand hygiene is an important component of Routine Practices. It helps prevent and control the spread of infections by killing or removing infectious agents from your hands.



Trainer speaking notes: Hand hygiene is one of the easiest and most important ways to stop the spread of infections and is a key component of Routine Practices. Performing hand hygiene helps prevent and controls the spread of infection by killing or removing infectious agents from your hands.

Slide 7

Hand Hygiene Basics

Anyone can carry infectious agents on their hands. This is why all individuals in health care settings have a responsibility to practice hand hygiene.

This includes:

- health care workers
- patients
- family and visitors



Trainer speaking notes: It's important to remember anyone can carry infectious agents on their hands. That's why hand hygiene is everyone's responsibility in a healthcare setting this includes anyone who might be in the health care setting, such as health care workers, patients, and family and visitors.

Slide 8

Hand Hygiene Discussion Question (1 of 2)

How does hand hygiene work as an IPAC strategy?



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8

Trainer speaking notes: Consider the following question: How does hand hygiene work as an IPAC strategy?

Trainer feedback: Hand hygiene works to reduce the transfer of infectious agents to susceptible hosts including patients and health care workers by breaking one or more links in the Chain of Transmission.

Instructions for Trainers: Discussion can be based on a size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Slide 9

Hand Hygiene Discussion Question (2 of 2)

When do you typically clean your hands in your day-to-day life?



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9

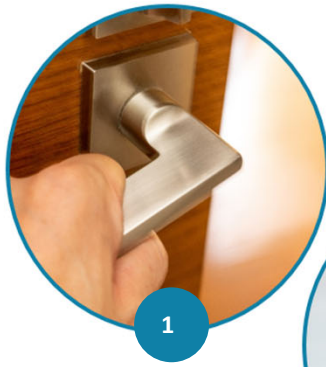
Trainer speaking notes: Consider the following question: When do you typically clean your hands in your day-to-day life?

Trainer feedback: Some common times in your day-to-day life might include before and after preparing food, after using the washroom, after blowing your nose, when your hands are visibly soiled. Hand hygiene works to reduce the transfer of infectious agents to susceptible hosts including patients and health care workers by breaking one or more links in the Chain of Transmission.

Instructions for Trainers Discussion can be based on a size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Slide 10

The Four Moments for Hand Hygiene (1 of 2)



Before initial contact
with the patient or their
environment



Before an aseptic procedure



After body fluid
exposure risk



After contact with the patient
or their environment

Trainer speaking notes: In health care, there are other opportunities that hand hygiene must also be performed. These are called the Four Moments for Hand Hygiene:

1. Before contact with the patient or their environment
2. Before an aseptic procedure
3. After body fluid exposure risk
4. After contact with the patient or their environment

Slide 11

The Four Moments for Hand Hygiene (2 of 2)

In addition to these Four Moments for Hand Hygiene, also perform hand hygiene before and after using personal protective equipment, including gloves.



Trainer speaking notes: It's important to remember to perform hand hygiene whenever you think your hands may be contaminated AND according to the "4 Moments for Hand Hygiene". Ensure to performing hand hygiene both before and after using personal protective equipment, including gloves. Gloves are not a substitute for hand hygiene.

Slide 12

Is Hand Hygiene Required? (1 of 2)



Before putting on gloves



After putting on gloves



After touching used bandages

Trainer speaking notes: Using the images in the slide deck that show situations or care tasks, ask participants to identify if and when hand hygiene is required for each one.

- Before putting on gloves: Yes, hand hygiene is required before putting on gloves.
- After putting on gloves: No, hand hygiene cannot be performed once gloves are on.
- After touching used bandages: Yes, hand hygiene is required after touching used bandages because they are likely to be contaminated with the patient's blood/body fluids.

Slide 13

Is Hand Hygiene Required? (2 of 2)



After contact with blood and/or body fluids



After contact with medical equipment



After direct contact with a patient

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13

Trainer speaking notes: Using the images on the screen that show situations or care tasks, identify if and when hand hygiene is required for each one.

- After contact with blood or body fluids: Gloves should be worn if there is anticipated contact with blood or body fluids and hand hygiene is required prior to donning and immediately after doffing gloves.
- After contact with medical equipment: Hand hygiene is required before and after contact with medical equipment.
- After direct contact with a patient: Hand hygiene is required after any contact with the patient and/or their environment.

Additional suggested trainer feedback: Hand hygiene should be performed at each of the illustrated moments. Health care workers must always clean their hands before donning PPE, after risk of exposure to blood or body fluids, regardless of whether gloves were worn, after aseptic procedures, and after contact with a patient or their environment. Gloves must always be removed before performing hand hygiene.

Slide 14

Alcohol-Based Hand Rub (ABHR)

- Use ABHR with an alcohol concentration of 70% - 90%.
- Preferred hand hygiene method when hands are not visibly soiled.



Trainer speaking notes: Now that we know *when* to perform hand hygiene, let's go over the basics for each hand hygiene method. The preferred method of hand hygiene in health care settings when hands are not visibly soiled is using alcohol-based hand rub (ABHR) with a concentration of 70-90%. "Visible soiling" refers to the presence of dirt or organic matter on the hands that can be seen.

Slide 15

Soap and Water

- Hand hygiene with soap and water should be performed at a dedicated hand hygiene sink.
- Preferred method when hands are visibly soiled or after contact with a spore-forming microorganism such as *Clostridioides difficile*.



Trainer speaking notes: The next method is Soap and Running water. It's important to remember hand hygiene should be performed at a dedicated hand hygiene sink with soap and running water when hands are visibly soiled or when hands have been in contact with spore-forming organism such as *Clostridioides difficile*.

Slide 16

Hand Care

- Keeping your skin healthy and free from damage and irritation is important.
- Prevent your skin from becoming dry and cracked.



Trainer speaking notes: Keeping your skin healthy and free from damage and irritation is an important component of hand hygiene and IPAC. Preventing your skin from becoming dry and cracked helps keep skin intact so that infectious agents may not enter the body and makes performing hand hygiene easier to do.

Slide 17

Hand Care Programs

Your organization's hand care program may include:

- Skin assessment and skin health surveillance.
- Occupational health support for skin integrity issues.
- Education and training about proper hand care.
- Providing skin moisturizing products.
- Providing ABHR with emollients to promote skin health.



Trainer speaking notes: Your organization's hand care program may include:

- Skin assessment and skin health surveillance.
- Occupational health support for skin integrity issues.
- Education and training about proper hand care.
- Providing skin moisturizing products.
- Providing ABHR with emollients (i.e., skin softeners) to promote skin health.

Slide 18

Hand Hygiene Programs (1 of 2)

Your organization may have processes to monitor hand hygiene practices. These may include:

- Observing health care workers to ensure that practices are consistent with the Four Moments for Hand Hygiene.
- Providing health care workers with constructive feedback with recommendations for improvement.
- Evaluating the impact of improvement interventions to ensure health care workers are protecting themselves and others.

Trainer speaking notes: Be aware of your organization may have processes to monitor hand hygiene practices.

These may include:

- Observing (direct observation, electronic monitoring) health care workers to ensure that practices are consistent with the Four Moments for Hand Hygiene.
- Providing health care workers with constructive feedback with recommendations for improvement.
- Evaluating the impact of improvement interventions to ensure health care workers are protecting themselves and others.

Slide 19

Hand Hygiene Programs (2 of 2)

- Promoting hand hygiene practices by patients and visitors/families is another important part of preventing infections.
- Patients and visitors/families should be taught:
 - The importance of performing hand hygiene.
 - When and how to perform hand hygiene.

Trainer speaking notes: Encouraging hand hygiene practices by patients and visitors/families is another important part of preventing infections. Visitors may include individuals such as equipment service technicians. All visitors should be shown how to perform hand hygiene properly. Educating patients and visitors/families should included:

- The importance of performing hand hygiene
- When and how to perform hand hygiene

Visitors may include individuals such as equipment service technicians. All visitors should be shown how to perform hand hygiene properly.

Slide 20

Hand Hygiene Programs Discussion Question

What are some approaches you can take to educate patients and visitors/families about the importance of hand hygiene?



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20

Instructions for Trainer: Discussion can be based on a size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Possible discussion question: What are some approaches you can take to educate patients and visitors/families about the importance of HH?

Trainer feedback:

- Discuss and/or create resources about the importance of HH focusing on when patients should perform HH (e.g. before eating, after using the bathroom etc.).
- Support hand hygiene for patients (e.g. ensure ABHR is within reach for patients with mobility challenges).
- Demonstrate proper technique to patients.
- Verbal and visual prompts can be created on entry into the clinic.

Slide 21

Environmental Controls

- Infectious agents may live and multiply on surfaces, medical equipment and devices in the health care environment.
- Strategies used to limit the contamination of surfaces, equipment, and devices in the health care environment are another type of Routine Practice known as Environmental Controls.



Trainer speaking notes: With hand hygiene in mind, we'll now turn our attention to strategies for preventing infectious agents from spreading via surfaces in the physical environment in health care settings. Infectious agents may live and multiply on surfaces, medical equipment and devices in the health care environment. Another way to break links in the Chain of Transmission and prevent the spread of infection is to kill and/or remove infectious agents from environmental surfaces, medical equipment, and devices. Strategies used to limit the contamination of surfaces, equipment, and devices in the health care environment are another type of Routine Practice known as Environmental Controls. Let's review some examples of environmental controls.

Slide 22

Environmental Controls Discussion Question (1 of 2)

What are some examples of environmental controls used in primary care settings?



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22

Trainer speaking notes: Consider the following question: What are some examples of environmental controls used in primary care settings?

Trainer feedback:

- Cleaning and disinfecting surfaces, equipment and furnishings in health care settings using health care grade cleaning and disinfection products.
- Laundry management: the safe handling of soiled linen and protecting clean linen from contamination in health care settings.
- Waste management: the safe handling of waste in health care settings.
- Reprocessing (i.e., cleaning and disinfection or sterilization) of shared medical medical equipment and devices in health care settings.

Instructions for Trainer: Discussion can be based on size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Slide 23

Environmental Controls Discussion Question (2 of 2)

What environmental cleaning and disinfection responsibilities do you have in your role?



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23

Trainer speaking notes: Consider the next question: What environmental cleaning and disinfection responsibilities do you have in your role?

Trainer feedback:

- Participants may be responsible for cleaning and disinfecting shared patient equipment such as stethoscopes.
- Participants may be responsible for calling Environmental Services when they are needed to clean and disinfect the environment.
- Participants may be responsible for using cleaning and disinfection product properly and according to the Manufacturer's Instructions for Use.

Instruction for Trainer: Discussion can be based on size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Slide 24

Cleaning versus Disinfection

Cleaning

The physical removal of foreign material (e.g., dust, soil), organic material (e.g., blood, body fluids) and microorganisms. Cleaning must always be performed prior to disinfection.



Disinfection

The killing of microorganisms. Low-level disinfection kills vegetative bacteria, some fungi and enveloped viruses and is used for disinfecting the environment. A higher level of disinfection or sterilization is required to kill all fungi, mycobacteria and spores.



Trainer speaking notes: Cleaning is the physical removal of foreign material (e.g. dust, soil), organic material (e.g. blood, body fluids) and microorganisms. Cleaning must always be performed prior to disinfection vs. Disinfection refers to the killing of microorganisms. Low-level disinfection kills vegetative bacteria, some fungi and enveloped viruses and is used for disinfecting the environment. A higher level of disinfection or sterilization is required to kill all fungi, mycobacteria and spores.

Slide 25

Use Products Approved By Your Primary Care Setting

- Use cleaning and disinfectant products that have been approved for use in your primary care setting.
- Disinfectants should have a drug identification number (DIN) from Health Canada indicating that they are approved for use in health care settings.



Trainer speaking notes: It is important to only use cleaning and disinfectant products that have been approved for use in your health care setting. Disinfectants should have a drug identification number (DIN) from Health Canada indicating that they are approved for use in health care settings. DINS are 8 digit numbers that indicates products are authorized by Health Canada based on safety, efficacy and quality of the product.

Slide 26

Follow the Manufacturer's Instructions for Use

Follow the manufacturer's instructions for use, including contact time.



Trainer speaking notes: Next, Follow the Manufacturer's Instructions for Use. Use cleaning and disinfection products according to the manufacturer's instructions for use, including contact time (i.e. the length of time a surface must remain wet with the disinfectant in order to achieve the appropriate level of disinfection).

Slide 27

Prioritize High Touch Surfaces

Clean and disinfect high touch surfaces (i.e., those surfaces in frequent contact with hands) regularly and when visibly soiled.



Trainer speaking notes: Remember to prioritize High Touch Surfaces, this includes cleaning and disinfecting high touch surfaces (i.e. those surfaces in frequent contact with hands) regularly and when visibly soiled.

Slide 28

High Touch Surfaces Discussion Question

What are some examples of high touch surfaces?



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28

Trainer speaking notes: Consider the next question: What are some examples of high touch surfaces?

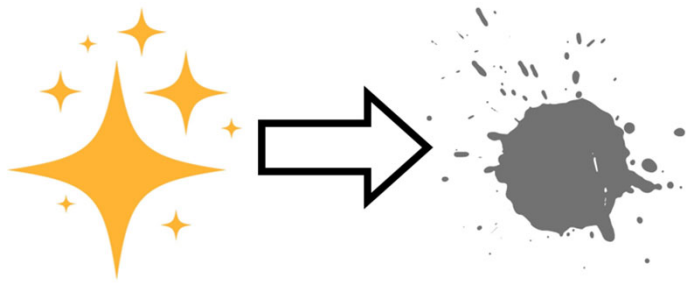
Trainer feedback: Examples of high touch surfaces include:

- Light switches
- Door handle
- Examination table
- Patient chair arms
- Blood pressure cuff

Slide 29

Work from Visibly Clean to Dirty Areas

- Work from visibly clean to dirty areas to avoid moving dirt and microorganisms from dirty surfaces to cleaner surfaces.
- Toileting areas should be cleaned last.



Trainer speaking notes: To avoid moving dirt and microorganisms from dirty surfaces to cleaner surfaces, remember to work from visibly clean to dirty areas. Areas known to have a heavy bioburden are to be cleaned and disinfected last (for example, toileting areas should be cleaned last).

Slide 30

Avoid “Double-Dipping”

Do not dip a used cloth into disinfectant to avoid contaminating the disinfectant solution (i.e., do not “double-dip”).



Trainer speaking notes: Always remember, Avoid "Double-Dipping" Do not dip a used cloth into disinfectant to avoid contaminating the disinfectant solution (i.e. do not “double-dip”). Next, we'll turn our attention to another important aspect of IPAC in the health care environment - laundry and linen management.

Slide 31

Laundry and Linen Management

- Proper handling is needed to maintain a safe environment.
- Soiled laundry and linen may be contaminated with blood and body fluids.
- Handle with the same precautions regardless of health care setting.



Trainer speaking notes: In addition to cleaning and disinfection of the environment, proper handling of laundry is needed to maintain a safe environment. Soiled laundry and linen may be contaminated with blood, body fluids, secretions or excretions and should be handled with the same precautions regardless of health care setting.

Slide 32

Handling of Laundry and Linen

- Follow all policies and procedures for handling clean and soiled linen.
- Perform a point-of-care risk assessment prior to handling linen to determine the need for PPE.
- Use the same precautions regardless of whether the patient is on Additional Precautions or not.



Trainer speaking notes: Safe practices for handling of laundry and linen include: Following all policies and procedures on handling clean and soiled linen. Performing a risk assessment prior to handling linen to determine the need for personal protective equipment. Handle linen using the same precautions regardless of whether or not the patient is on Additional Precautions.

Slide 33

Handling Soiled Linen

- Remove gross soiling from linen and dispose of properly (e.g., toilet or hopper).
- Handle soiled linen away from the body.
- Roll up soiled linen and place in a bag.

Trainer speaking notes: Keep in mind, when handling soiled linen: Remove gross soiling and dispose of properly (e.g. toilet or hopper). Handle soiled linen away from the body. Carefully roll up soiled linen and place in a bag, taking care not to shake the linen.

Slide 34

Safe Practices for Handling of Laundry and Linen

- Do not overfill linen bags and tie securely when filled.
- Handle bag by the tie to minimize contact.
- All linen can be managed together regardless of Additional Precaution type.



Trainer speaking notes: Next, when Collecting Soiled Linen, Do not overfill the bag and when filled, tie securely. Handle bag by the tie to minimize contact. All linen can be managed together regardless of Additional Precaution type.

Slide 35

Laundering Soiled Linen

- Items should be washed and dried according to recommendations of the manufacturer for:
 - the washer
 - the dryer
 - materials being laundered
 - detergent
- Transport and store in a manner that prevents contamination.



Trainer speaking notes: Lastly, considerations for laundering soiled linen include washing and drying items according to the recommendations of the manufacturer for the washer, the dryer, materials being laundered, and detergent. Clean laundry and linen should be transported and stored in a manner that prevents contamination or contact with soiled laundry or linen. We'll discuss waste management next.

Slide 36

Categories of Waste

Health care waste may be classified into different categories, each with specific requirements for disposal:

- General waste:
 - Makes up 60% of the waste in health care settings.
 - Is non-hazardous.
 - Can be placed in garbage bags and collected by regular waste programs.
- Biomedical waste:
 - Makes up 7% of waste in health care settings.
 - Is considered hazardous and needs to be incinerated or treated before disposal.
- Other types of waste:
 - Is not considered biomedical or general waste.
 - May require special handling.

Trainer speaking notes: Let's talk about the different categories that health care waste may be classified and their specific requirements for disposal. General waste makes up 60% of waste in health care settings. It is non-hazardous and does not require special handling. It can be placed in garbage bags that are collected by regular waste collection programs. Biomedical waste makes up 7% of waste in health care settings. It is considered hazardous and needs to be treated before disposal in landfills or sanitary sewer systems or incinerated. Waste that is neither biomedical nor general make up 33% of waste in health care settings. These types of waste also require special handling and are not covered in this course.

Slide 37

Safe Handling of Sharps (1 of 2)

- Sharps are devices that are capable of cutting or puncturing the skin.
- Many sharps are disposable and single-use.
- Staff in health care areas need to be aware of the risk of sharps when handling waste and/or linen.

Types of devices categorized as sharps:

- needles and syringes
- blades (e.g., lancets, scalpels, surgical blades)
- sutures

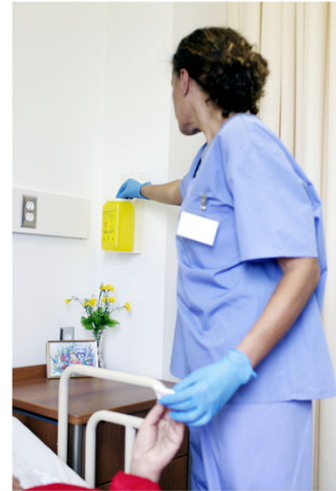


Trainer speaking notes: Keep in mind, sharps are devices that are capable of cutting or puncturing the skin. These include needles, syringes, blades and sutures. Many sharps are made for one-time use and should be safely disposed of right after use. It's important for staff in health care areas to be aware of the risk of sharps when handling waste and/or linen.

Slide 38

Safe Handling of Sharps (2 of 2)

- Single-use disposable sharps are disposed of in sharps containers.
- Approved sharps containers need to be:
 - puncture-resistant
 - available at all points-of-care
 - replaced when at the fill-line



Trainer speaking notes: Lastly, single-use disposable sharps should be disposed of in sharps containers. Here are some considerations for approved sharps containers. They are to be:

- Puncture-resistant
- Available at all points-of-care
- Replaced when at the fill-line

Slide 39

Sharps Injury Prevention Program

Sharps injury prevention programs include:

- The use of safety-engineered needles and medical devices.
- The availability of sharps containers.
- Education and training related to safe practices such as:
 - Disposal of sharps immediately after use.
 - Avoiding unsafe practices such as recapping needles.



Trainer speaking notes: Your organization may have a sharps injury prevention program. These programs usually include elements such as:

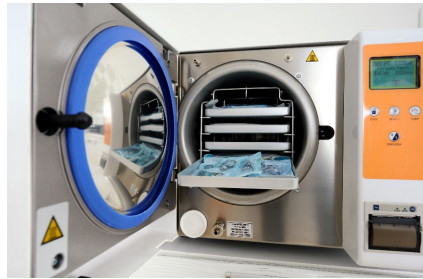
- the use of safety-engineered needles and medical devices
- the availability of sharps containers
- education and training related to safe practices such as disposal of sharps immediately after use and avoiding unsafe practices such as recapping needles

While single-use sharps are examples of disposable medical devices, shared medical equipment may be specially prepared for reuse by reprocessing. Next we will cover Reprocessing.

Slide 40

Reprocessing (1 of 2)

- Reprocessing is the term for preparing shared medical equipment and devices for safe reuse.
- Reprocessing responsibilities may vary by role within your organization.



Trainer speaking notes: With environmental controls now in mind, we'll now turn our attention to Reprocessing of medical equipment and devices in healthcare settings. Reprocessing is the term for preparing shared medical equipment and devices for safe reuse. Reprocessing responsibilities may vary by role within your organization. There may be individuals, or a department dedicated to reprocessing. All individuals with reprocessing responsibilities are to be trained on reprocessing best practices. In a primary care setting, there are important requirements to consider. The reprocessing area should have dedicated physical space for reprocessing, have an appropriate clean to dirty workflow and should be fully compliant with the Canadian Standards Association (CSA) requirements.

Slide 41

Reprocessing (2 of 2)

Reprocessing of medical equipment and devices must:

- Include cleaning plus disinfection or cleaning plus sterilization, depending on the equipment and intended use.
- Be performed on all equipment that is reused between patients.
- Follow the manufacturer's instructions for:
 - The reprocessing equipment (e.g., the autoclave).
 - The equipment and devices being reprocessed.
- Involve a plan for proper storage and to prevent contamination.

Trainer speaking notes: Reprocessing of all medical equipment and devices must include cleaning plus disinfection or cleaning plus sterilization, depending on the equipment and intended use. We will talk about that more in the next few slides. Reprocessing must be performed on all equipment or devices shared between patients. The reprocessing steps must follow the manufacturer's instructions for use (MIFU) for both reprocessing equipment (such as the autoclave or any other equipment used to reprocess equipment) as well as for the equipment and devices being reprocessed. Finally, there must be a plan for proper storage and to prevent contamination. You don't want to store reprocessed equipment beside dirty equipment waiting to be cleaned and disinfected.

Slide 42

Reprocessing Level

- The level of reprocessing is determined by the intended use of the equipment or device.
- The classification system divides equipment and devices into three categories:
 - Critical
 - Semi-critical
 - Non-critical



Trainer speaking notes: It's important to understand that the level of reprocessing is determined by the intended use of the equipment or device. The classification system divides equipment/devices into three categories:

- Critical
- Semi-critical
- Non-critical

Slide 43

Critical Equipment

- Enters sterile tissues and/or the vascular system.
- Requires cleaning followed by sterilization.
- Sterilization is the destruction of all infectious agents including bacteria, viruses, spores, and fungi.

Can you think of any more examples of critical items?



Trainer speaking notes: Critical equipment that enters sterile tissues and/or the vascular system requires cleaning followed by sterilization. Sterilization is the destruction of all infectious agents including bacteria, viruses, spores, and fungi. Can you think of any more examples of critical items?

Trainer feedback: Examples of critical equipment/devices include:

- Some endoscopes such as arthroscopes
- foot care equipment
- Surgical equipment

Slide 44

Semi-Critical Equipment

- Comes into contact with non-intact skin or mucous membranes but does not penetrate the skin.
- Requires cleaning followed by high-level disinfection at a minimum.
- Sterilization is preferred and should be performed, if possible.



Can you think of any more examples of semi-critical items?

Trainer speaking notes: Semi-critical equipment that comes into contact with non-intact skin or mucous membranes but does not penetrate the skin requires cleaning followed by high-level disinfection at a minimum. However, sterilization is preferred and should be performed if possible.

Trainer feedback: Examples of semi-critical equipment/devices include:

- Specula
- Respiratory therapy equipment
- Tonometers
- Some endoscopes (e.g. colonoscopes)

Slide 45

Non-Critical Equipment

- Touches only intact skin or does not directly touch the patient.
- Requires cleaning followed by low-level disinfection.

Can you think of any more examples of non-critical items?



Trainer speaking notes: Non-critical equipment that touches only intact skin or does not directly touch the patient requires cleaning followed by low-level disinfection.

Trainer feedback: Examples of non-critical equipment/devices include stethoscopes, blood pressure cuffs, oximeters, bladders scanners.

Slide 46

Reprocessing Level Consideration

If there is a discrepancy between the level of reprocessing indicated in the manufacturer's instructions for use and the intended use of the equipment/device, it is best practice to follow the higher level.



Trainer speaking notes: Keep in mind, if there is a discrepancy/variation between the level of reprocessing indicated in the manufacturer's instructions for use and the intended use of the equipment/device, it is best practice to follow the higher level of reprocessing.

Slide 47

Single-Use Equipment/Devices

- Some equipment/devices are designed to be single-use and are disposed of immediately after use.
- Single-use medical equipment and devices are labelled as single-use.
- Some single-use devices may be reprocessed by a licensed reprocessor who is required to follow strict regulatory requirements.



Trainer speaking notes: Some critical and semi-critical medical equipment/devices are designed to be single-use and are disposed of immediately after use. Single-use medical equipment and devices are labelled as single-use. Some single-use devices may be reprocessed by a licensed reprocessor who are required to follow strict regulatory requirements. This is the symbol for single-use equipment and devices.

Slide 48

IPAC and Occupational Health and Safety

- IPAC practices can prevent occupational exposures to infectious agents.
- Employers, supervisors and workers all have occupational health and safety responsibilities in the workplace.



Trainer speaking notes: Next, let's turn our attention to IPAC and occupational health and safety or OHS. IPAC practices are an important part of occupational health and safety programs as they are necessary to prevent occupational exposures to infectious agents. Employers, supervisors and workers all have occupational health and safety responsibilities in the workplace. This lesson will focus on the responsibilities of the health care worker.

Slide 49

IPAC Occupational Health and Safety Discussion Questions

Take a moment to think about your own workplace.

1. Have you or someone you know ever suffered an illness or sustained an injury related to work?
2. What kind of illness or injury was it and how could it have been prevented?



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49

Trainer speaking notes: Now we will take a moment to consider your workplace. Have you or someone you know ever suffered an illness or sustained an injury related to work? What kind of illness or injury was it and how could it have been prevented?

Instructions for Trainers: Discussion can be based on size of group (either large group, small group or paired discussion) with ideas shared back with whole room or within groups. Trainer to decide best approach.

Trainer feedback:

- Example of illnesses or injuries may include: needle stick (sharps) injury.
- Example of how they could be prevented: using safety-engineered sharps (needles with retractable or shielded tips).

Slide 50

What is Occupational Illness and Injury?

- **Occupational illness** is defined as “a condition that results from exposure to a physical, chemical or biological agent to the extent that the health of the Worker is impaired and includes an occupational disease for which the worker is entitled to benefits under the Workplace Safety and Insurance Board.”
- **Occupational injury** is an injury that occurs at the workplace and may need to be reported. Employers are required to report incidents to the Joint Health and Safety Committee or Health and Safety Representative, the trade union, if any, and the Ministry of Labour, Immigration, Training and Skills Development of Ontario.

Source: [Occupational Health and Safety Act, R.S.O 1990, c.O.1](#)

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50

Trainer speaking notes: Let's start with occupational illness, it's a condition that results from exposure to a physical, chemical or biological agent to the extent that the health of the Worker is impaired and includes an occupational disease for which the worker is entitled to benefits under the Workplace Safety and Insurance Board.” An occupational injury is an injury that occurs at the workplace and may need to be reported. Employers are required to report incidents to the Joint Health and Safety Committee or Health and Safety Representative, the trade union, if any, and the Ministry of Labour, Immigration, Training and Skills Development of Ontario.

Slide 51

How Can you Protect Yourself from Illness?

- Receive all recommended vaccinations, including seasonal vaccinations as per workplace and public health recommendations.
- Maintain your vaccination history and ensuring you are up to date.
- Follow all IPAC best practices.



Trainer speaking notes: An important strategy to protect yourself from workplace illness is to receive all recommended vaccinations, including seasonal vaccinations as per workplace and public health recommendations. You should maintain your vaccination history, ensuring you are up to date and be aware of your immune status for certain diseases (e.g. measles). Follow all IPAC best practices including hand hygiene, personal protective equipment use and cleaning/disinfection of the environment.

Slide 52

Health Care Worker Responsibilities

- Follow all relevant policies and procedures.
- Participate in education and training.
- Report missing or broken equipment or devices, or other hazards.
- Report injuries or illnesses related to your work.
- Perform self-assessments for signs and symptoms of infections prior to work and staying home when ill.

Trainer speaking notes: Health care worker responsibilities include:

- Following organizational policies and procedures.
- Participating in education and training related to the use of personal protective equipment (PPE) and/or medical equipment or devices (e.g., safety-engineered devices) and ensuring their proper and appropriate use.
- Reporting missing or broken equipment or devices, or other hazards.
- Reporting injuries or illnesses related to your work.
- Performing self-assessments for signs and symptoms of infections prior to work and staying home when ill.

Slide 53

Summary

In this module, we discussed:

- How to perform hand hygiene properly according to the Four Moments.
- Best practices for handling laundry and waste, including sharps.
- When high and low-level disinfection or sterilization are required.
- The importance of participating in your organization's occupational health and safety program.



Trainer speaking notes: A summary of the key concepts we discussed today: How to perform hand hygiene properly according to the Four Moments. Best practices for handling laundry and waste, including sharps. When high and low-level disinfection or sterilization are required. The importance of participating in your organization's occupational health and safety program. That brings us to the end of Module 2. We will continue our learning in Module 3.

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