IPAC Checklist for Clinical Office Practice
Core Elements

Public Health Ontario | Santé publique Ontario

2nd Edition: March 2024

When to use this checklist:

This infection prevention and control (IPAC) checklist:

- Helps guide public health units (PHUs) and regulatory colleges in conducting inspections / assessments / investigations related to IPAC practices.
- Supports clinical office practices in examining, evaluating (e.g., self-assessment) and comparing their current IPAC practices using provincial recommendations.
- Does not replace legislative requirements.

Public Health Ontario (PHO) has developed this Checklist for IPAC core elements in clinical office practice based on content from the Provincial Infectious Disease Advisory Committee's (PIDAC) Infection Prevention and Control for Clinical Office Practice, 1st revision: April 2015. Resources linked in this checklist are from this document unless otherwise stated.

For more information about this IPAC Checklist, please contact ipac@oahpp.ca.

Contents

Setting Information

Please complete:

Setting name:

Address:

City: Postal Code:

Contact name(s)

1. First name:
   Last name:
   Phone: Email:

2. First name:
   Last name:
   Phone: Email:

Assessor Information

Primary Inspector / Investigator / Assessor Information

1. First name:
   Last name:
   Designation:

2. First name:
   Last name:
   Designation:

Inspection Type:

☐ Inspection ☐ Re-inspection ☐ Self-assessment Date (yyyy-mm-dd): Time:

Legend

These categorizations represent the anticipated risk level based on the activity. Note that the risk level can be increased by the PHUs or others using the IPAC Checklist depending on judgement and circumstance.

LR **Legislated Requirement (LR):** Must be compliant with the relevant Act or regulation (e.g., *The Occupational Health and Safety Act*).

H **High Risk (H):** Immediate health hazard exists. Correct the specific high risk activity / activities immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury.

M **Medium Risk (M):** Correct the medium risk activity / activities. Timelines for compliance or agreement on alternate process to be determined during the inspection.

IE **Inform and Educate (IE):** Provide information on best practices and mandatory legislated practice requirements (where applicable). Just-in-time education may be provided.

Additional questions on the next page →

1 - Reception / Waiting Area

1.1 There is IPAC signage (e.g., hand hygiene, masking, respiratory etiquette) at the entrance of the setting, at the reception desk, and at the entrance of the exam room.

Resource: Refer to the sections on:

- Routine Practices
- Booking, Reception and Placement
- Additional Precautions

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

1.2 There is a process for managing patients / clients with symptoms of communicable disease(s) (e.g., acute respiratory infection) to prevent transmission to others.

Resource: Refer to the sections on:

- Routine Practices
- Booking, Reception and Placement

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

1.3 Alcohol-based hand rub (ABHR) at 70–90% and masks are available at reception and in the waiting area with signage for use.

Resource: Refer to the section on:

- Alcohol-based Hand Rub (ABHR) Dispensers

For signage: How to Hand Rub Sign

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

1.4 Tissue boxes are available.

Resource: Refer to the sections on:

- Booking, Reception, and Placement
- Respiratory Etiquette
- Appendix E: Sample Signage for Reception Areas, Cover Your Cough

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

1.5 Furniture, items, and touch surfaces are clean. Toys, if available, are cleanable.

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

2 - General Environmental Cleaning Including Products

2.1 Surfaces, furnishings, equipment, and finishes are smooth, non-porous, seamless (where possible), and cleanable (e.g., no unfinished wood or cloth furnishings).

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment

Additional Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See section on:
  - Surfaces in Health Care Settings and Finishes in Health Care Settings (Walls, Flooring)

Risk: IE

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

2.2 There is a written procedure for immediate containment, cleaning, and disinfection of spills of blood and body fluids.

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment, Cleaning up Body Fluid Spills

Additional Resource:

- Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition April 2018.
- See Section on:
  - Appendix 23: Sample Procedure for Cleaning a Biological Spill

Risk: IE

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

2.3 Spills of blood and body fluids are contained and cleaned and area is disinfected immediately.

Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See section on:
  - Cleaning Spills of Blood and Body Substances

Risk: H

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

2.4 There are procedures for cleaning each area of the setting; if cleaning is contracted out, the cleaning contractor has procedures in place for cleaning each area of the setting.

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning

Additional Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See section on:
  - Contracted Services

Risk: IE

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

2.5 Chemical products used for environmental cleaning:

- Are licensed for use in Canada
- Are prepared and used according to manufacturer's instructions for use (MIFU) for dilution, temperature, water hardness, use, shelf life, and storage conditions
- Are labelled correctly and include expiry date
- Are stored in a manner that reduces the risk of contamination

Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See Sections on:
  - Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment
  - Cleaning Agents and Disinfectants

Additional Resource:

- Drug Product Database online query site for more information on chemical products

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

2.6 Routine cleaning and disinfection of high touch surfaces is done at least daily in the reception, waiting rooms, and hallway spaces.

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

3 - Environmental Cleaning in the Health Care Environment Where Care is Provided

(i.e., where direct care is provided, care supplies stored)

3.1 Surfaces/items that come into direct contact with the patient's / client's, blood and/or body fluids are cleaned and disinfected between patients / clients.

Risk: **H**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: Refer to the sections on:

- Control of the Environment - Cleaning the Environment
- Principles of Cleaning and Disinfection
- Cleaning up Body Fluid Spills

3.2 Treatment area, including all horizontal surfaces, are cleaned and disinfected, per the risk stratification matrix.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment, General Principles of Environmental Cleaning

Additional Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See sections on:
  - Cleaning Agents, Disinfectants, and Cleaning Equipment – Using Disinfectants
  - Appendix 21: Risk Stratification Matrix

3.3 Barriers / covers are:

- Used on equipment surfaces that can become contaminated (e.g., keyboard skins).
- Removed and discarded between patients / clients (e.g., exam table paper).

Following barrier removal:

- The underlying surfaces are inspected.
- If there is visible contamination, surfaces are cleaned and disinfected.
- If not visibly contaminated, where possible, the underlying surfaces may still be cleaned and disinfected.

A clean barrier is placed prior to the next patient / client.

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: Refer to the section on:

- Control of the Environment - Cleaning the Environment, Cleaning between Patients

Additional Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See section on:
  - Health Care Cleaning and Disinfection Practices
  - Electronic Equipment

Additional questions on the next page →

3.4 Clean medical supplies or equipment are not stored under sinks or on counters adjacent to sinks.

Resource: Refer to the sections on:

- Routine Practices
- Hand Hygiene
- Hand Washing Sinks

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

3.5 Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.

Resource: Refer to the sections on:

- Control of the Environment - Cleaning the Environment
- Waste
- Sharps

Additional Resources:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018
- Transportation of Dangerous Goods Act and Regulations
- Guideline C-4: The management of biomedical waste in Ontario
- CAN/CSA – CSA Z317.10:15 (R2020). Handling of waste materials in health care facilities

Risk: **H** **LR**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

3.6 Laundry is handled at the point of use in a manner that prevents contamination.

Resource:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April, 2018

  See Section on:
  - Management of Laundry and Bedding

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

4 - Hand Hygiene

4.1 Hand hygiene is performed based on the Four Moments For Hand Hygiene.

Resource:

- PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014

Additional Resources:

- How to Hand Rub
- How to Hand Wash

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

4.2 ABHR or liquid soap and water, if hands are visibly soiled, is available and accessible at point of care.

Resource: Refer to the sections on:

- Hand Hygiene
- Hand Hygiene Products

Additional Resource:

- PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014

  See sections on:
  - What is Hand Hygiene?
  - Alcohol Based hand rub vs. soap and water
  - Alcohol Based Hand Rub (ABHR)
  - Hand Washing Sinks
  - Soap Formulation and Product Selection
  - Placement of ABHR Dispensers
  - Placement Tool for Hand Hygiene Products

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

4.3 Impediments to effective hand hygiene are avoided (e.g., no artificial nails, nail enhancements, and hand or arm jewelry).

Resource: Refer to the section on:

- Hand Hygiene

Additional Resource:

- PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014

  See Section on:
  - Impediments to Effective Hand Hygiene

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

4.4 ABHR and liquid soap containers are labelled and not refilled or topped up.

Resource:

- PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014

  See Section on:
  - Appendix C: PIDAC's Hand Hygiene Fact Sheet for Health Care Settings – Factors that Reduce the Effectiveness of Hand Hygiene

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

Notes and Recommendations:

5 - Personal Protective Equipment (PPE)

5.1 PPE, such as gown, gloves, mask, and eye protection, is available.

Resource: Refer to the section on:

- Legislation Relating to Infection Prevention Control Practices in the Clinical Office - *The Occupational Health and Safety Act (OHSA)*
- Routine Practices
- Personal Protective Equipment (PPE)

Additional Resource:

- *The Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.25*

Risk: **M** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

5.2 PPE, such as gown, gloves, mask, and eye protection, is selected based on point-of-care risk assessment (i.e., may be handling blood and/or body fluids).

Resource: Refer to the section on:

- Routine Practices - Personal Protective Equipment (PPE)

Additional Resources:

- *The Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.28*
- Performing a Risk Assessment Related to Routine Practices and Additional Precautions

Risk: **M** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

Note:
If any reusable critical or semi-critical medical equipment / devices are being reprocessed in the setting, complete the IPAC Checklist for Clinical Office Practice - Reprocessing of Medical Equipment / Devices.

6 - Reprocessing of Medical Equipment / Devices Used to Provide Patient / Client Care

6.1 Non-critical items (e.g., stethoscope, baby scales, phlebotomy chair arm support) are cleaned and low-level disinfected between uses.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: For 6.1 and 6.2, refer to the section on:

- Reprocessing of Medical Equipment

Additional Resources:

- PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings (May 2013)

  See section on:
  - Appendix B: Reprocessing Decision Chart
- CAN/CSA Group – Z314-18 Canadian medical device reprocessing

6.2 Semi-critical and critical equipment / devices are cleaned and high-level disinfected or sterilized (preferred), per Spaulding's Classification and the MIFU.

Risk: **H**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resources:

- Spaulding's Classification of Medical Equipment / Devices and Required Level of Processing / Reprocessing
- IPAC Checklist for Clinical Office Practice – Reprocessing of Medical Equipment / Devices

Notes and Recommendations:

Additional questions on the next page →

7 - Medication Room / Area

7.1 There are facilities for hand hygiene in the medication room / area; these include either a dedicated hand hygiene sink and/or ABHR.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: Refer to the sections on:

- Hand Hygiene
- Hand Washing Sinks

Additional Resources:

- PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012

  See section on:
  - Hand Hygiene Product, Alcohol-based Hand Rub (ABHR)
- PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014

  See section on:
  - Hand Hygiene Considerations in Facility Design

7.2 Medications are stored and prepared in a clean area on a clean surface that is separate from other areas.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resources: For 7.2 to 7.4, refer to the sections on:

- Medications, Vaccines and Skin Antisepsis
- Refrigerators
- Appendix H: Checklist for Safe Medication Practices
- Clinical Office Design / Renovations

7.3 There is a dedicated medication refrigerator as needed (e.g., vaccine).

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

7.4 No food, drinks or biological samples are stored in the medication refrigerator.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

8 - Injectable Medication Vials or Solutions

8.1 Single-dose injectable medications are prepared at the time of use, used once on a single patient / client and discarded immediately.

Resource: For 8.1 to 8.6, refer to the sections on:

- Medications, Vaccines and Skin Antisepsis
- Appendix H: Checklist for Safe Medication Practices

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

8.2 Single dose vials are discarded immediately if sterility is compromised or questioned.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

8.3 Rubber stoppers (diaphragm/septum) of vials are scrubbed with 70% alcohol and stopper is allowed to dry prior to entry into vial.

Resource: Refer to:

- PHO's webpage on Updated Guidance on the Use of Multidose Vials

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

8.4 Product monograph is followed and referred to for further clarification regarding correct storage (e.g., refrigeration, keep away from light), handling, preparation, expiry date, and directions for administration and disposal.

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

8.5 Unopened vials and other products are discarded according to the manufacturer's recommended expiration dates.

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

8.6 Leftover contents of vials, single-dose or multi-dose, are never pooled.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

9 - Multidose Vials (MDV)

9.1 MDVs are replaced with single dose vials wherever possible.

Resource: For 9.1 to 9.8, refer to the sections on:

- Medications, Vaccines and Skin Antisepsis
- Appendix H: Checklist for Safe Medication Practices

Additional Resource:

- PHO's webpage on Updated Guidance on the Use of Multidose Vials

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.2 If a MDV is used, it is used for a single patient / client whenever possible and labelled with the patient's / client's name.

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.3 The MDV is labelled with the date it was first used and discarded according to the MIFU or within 28 days, whichever is shorter (e.g., local anesthetic vials once opened are to be discarded after three days).

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.4 All needles are single use only.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.5 All syringes are single use only.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.6 MDVs are never entered with a used needle or used syringe.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.7 Once medication is drawn up, the needle is immediately withdrawn from the vial; a needle is never left in a vial to be attached to a new syringe.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

9.8 MDVs are discarded immediately if sterility is compromised or questioned.

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

Notes and Recommendations:

10 - Aseptic Technique

10.1 Hand hygiene is performed immediately prior to procedure / provision of care that requires aseptic technique (e.g., percutaneous injection, blood collection).

Resource: Refer to:

- PIDAC Best Practices for Hand Hygiene In All Health Care Settings, April 2014

  See section on:
  - Best Practices – Indications and Moments for Hand Hygiene during health care activities

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

10.2 Preferably, disposable single use alcohol (70%) prep pads are used to prepare the skin for injection. Seventy (70%) alcohol dispensed onto cotton balls at point of use is permitted. Alcohol containers are labelled and are not topped up or refilled; if container is refillable, follow MIFU when refilling containers.

Resource: Refer to:

- Medications, Vaccines and Skin Antisepsis (for a list of antiseptics)

Additional Resources:

- USP 797 Pharmaceutical Compounding, November 2022, pg. 57. (Available for purchase from USP).
- Health Canada, Guidance Document – Human-Use Antiseptic Drugs, 2009

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

10.3 Sterile gel used during exams and diagnostic procedures is packaged as single-use; left-over single-use gel or opened package is discarded at the end of the exam / procedure.

Resource: Refer to:

- IPAC-Canada Position Statement – Medical Gels (May 2021)

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

10.4 Multi-dose containers of non-sterile gel are used on intact skin and container is sealed correctly when not in use; containers are never topped up, washed, refilled or warmed and are discarded when empty. Dispensing nozzles do not come into direct contact with patients, staff, instrumentation, or the environment. New containers of gel are initialled by the opener, dated, and discarded after 30 days or per MIFU.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: Refer to:

- IPAC-Canada Position Statement – Medical Gels (May 2021)

Notes and Recommendations:

11 - Sharps Safety Program

11.1 Sharps containers must be:

- Clearly labelled as sharps containers, clearly identifiable biological hazard label with a biohazard symbol or colour-coded according to the employer's safe work practices
- Puncture-resistant
- Tamper-resistant
- Closable; contained sharps are to not be able to fall out with normal use
- Leak proof on both sides and bottom
- Fill line is clearly marked (usually at the 3/4 level).

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Resource: For 11.1 to 11.5, refer to the sections on:

- Control of the Environment – Sharps
- Control of the Environment – Sharps Container

Additional Resource:

- CAN/CSA-Z316.6-14 (R2019) Sharps injury protection - Requirements and test methods - Sharps containers

Additional questions on the next page →

11.2 Sharps containers are not filled past the fill line, usually at the 3/4 mark.

Resource: Refer to the section on:

- Control of the Environment – Sharps Container

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

11.3 There is a puncture-resistant sharps container at point of use and/or sharps are transported to the reprocessing area in a covered container (e.g., plastic tray with hard plastic cover).

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

11.4 Filled sharps containers are securely stored for timely and safe removal according to local legislated biomedical waste by-laws.

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

11.5 Needles are safety-engineered medical sharps (SEMS) whenever possible.

Additional Resource:

- Ontario Regulation 474/07 Needle Safety

Risk: **M** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

11.6 There are written policies and procedures to prevent and manage injuries from sharp objects.

Additional Resources:

- CAN/CSA Group – Z314 23 Canadian medical device reprocessing
- General Duty Clause of the OHS Act-s.25(2)(h)

Risk: **IE** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

12 - Specimen Handling

12.1 There is a policy or procedure for handling of all blood and body fluids. This includes blood specimens obtained through venipuncture (e.g., platelet rich plasma for bone grafts) and biopsy specimens.

Resource: Refer to the section on:

- Cleaning the Environment – Cleaning up Body Fluid Spills

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

12.2 For urine samples, there is a safe process and designated area for handling specimens and disposal; urine is never disposed of in a hand hygiene sink.

Resource: Refer to sections on:

- Control of the Environment – Cleaning the Environment
- Waste – Waste Streams and Disposal Requirements

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

12.3 There is a designated storage area for specimens separate from clean supplies.

Resource: Refer to the sections on:

- Clinical Office Design / Renovations
- Storage / Utility Area(s)

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

12.4 There is a dedicated specimen refrigerator.

Resource: Refer to the section on:

- Refrigerators

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

12.5 Food and drinks are not stored in the specimen refrigerator.

Resource: Refer to the section on:

- Refrigerators

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

13 - Blood Collection and Testing Devices

13.1 Single-use blood collection tube holders are preferred. If blood tube holders are reused, they are designed for multi-patient / client use and are cleaned and disinfected after each use, per the MIFU. Discard if visibly soiled.

Resource: Refer to:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018

  See section on:
  - Appendix 8: Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client / Patient / Resident Care Equipment and Environmental Items

Additional Resource:

- PHO's webpage on Top Five High Risk Practice: Recommendations and Occupational Health and Safety Responsibilities

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

13.2 Tourniquets are non-latex and are preferably single use. If reusable, low-level disinfection is required between patients / clients.

Resource: Refer to:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018

  See section on:
  - Appendix 8: Recommended Minimum Cleaning and Disinfection Level and Frequency for Non-critical Client / Patient / Resident Care Equipment and Environmental Items

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

13.3 Lancing devices are auto-disabling or for single patient use.

Resource: For 13.3 to 13.5, refer to section on:

- Point-of-care Testing

Additional Resources:

- Health Canada's Notice: New Requirements for Medical Device License Applications for Lancing Devices and Blood Glucose Monitoring Systems
- Health Canada's Medical Devices Active Licence Listing (MDALL)

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

13.4 Lancet hubs (holds the lancet) must be single use only. Insulin pens must be single patient use only.

Additional Resource:

- PHO's webpage on Top Five High Risk Practice: Recommendations and Occupational Health and Safety Responsibilities

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

13.5 Glucometers (blood glucose monitoring devices) are not shared between patients / clients unless the device is approved by Health Canada and designed for multi-patient / client use and cleaned and low-level disinfected after use with each patient / client, as per MIFU.

Additional Resource:

- PHO's webpage on Top Five High Risk Practice: Recommendations and Occupational Health and Safety Responsibilities

Risk: **H**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

Notes and Recommendations:

14 - General Policies and Procedures

14.1 There are written IPAC policies and procedures that are based on the most current best practices, scientific literature and standards.

Resource: For Items 14.1 to 14.3, refer to specific sections throughout (PIDAC) Infection Prevention and Control for Clinical Office Practice, 1st revision: April 2015.

Additional Resource:

- PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012

  See section on:
  - IPAC Program Functions – Policies and Procedures

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

14.2 There are written IPAC policies and procedures that are reviewed on an ongoing basis and are based on the most current best practices, current scientific literature and standards.

Resource: For 14.2 and 14.3, refer to:

- PIDAC Best Practices for IPAC Programs in Ontario, May 2012

  See section on:
  - IPAC Program Functions – Policies and Procedures

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

14.3 Staff members have access to the IPAC policies and procedures and are familiar with their use.

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

15 - Education

15.1 Regular education (including orientation and continuing education) and support is provided to help staff consistently implement appropriate IPAC practices.

Resource: Refer to:

- Staff Education and Training

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

15.2 The employer, supervisor, and the worker each has a designated role in informing / being aware of hazards and dangers by providing / reading information, instructions, and supervision on how to work safely and use recommended PPE.

Resources: Refer to:

- Occupational Health and Safety Act
- Recommended Steps for Putting On and Taking off PPE
- Personal Protective Equipment (PPE) Auditing
- PPE donning and doffing videos

Risk: **IE** **LR**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

15.3 There is a process for reporting and retrieval of staff attendance record at education and training sessions.

Resource: Refer to:

- PIDAC Routine Practices and Additional Precautions, November, 2012

  See Section on:
  - Administration Controls – Staff Education and Training

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

Additional Sections

The following sections include additional Occupational Health and Safety and Vaccine-related practices that may be reviewed and identified during an inspection.

Note, for further assistance: Concerns regarding noncompliance with the *Occupational Health and Safety Act* may be reported to the Ministry of Labour, Immigration, Training and Skills Development (MLITSD).

Concerns regarding noncompliance with vaccine handling / storage may be reported to the Vaccine Preventable Diseases department of the local PHU.

16 - Occupational Health and Safety

16.1 Responsible physician(s), owner(s), operator(s) or manager(s) understand their duties and responsibilities under Ontario's Occupational Health and Safety Act (OHSA) to ensure workers know about hazards and dangers by providing information, instruction, supervision on how to work safely (e.g., Workplace Hazardous Materials Information System training) and training and access to appropriate PPE based on risk assessment of exposure.

Resource: Refer to section on:

- Legislation relating to Infection Prevention and Control Practices in the Clinical Office- A. *The Occupational Health and Safety Act (OHSA)*

Risk: **IE** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.2 There is a policy or procedure in place to prevent the transmission of blood-borne pathogens (i.e., hepatitis B, hepatitis C and HIV) that includes an immunization policy for hepatitis B vaccination and a record of documented immunity to hepatitis B by serology.

Resource: Refer to section on:

- Administrative Controls and item - Staff Immunization

Additional Resource:

- CDC – Designing a Sharps Injury Program
- PHAC – Prevention and Control of Occupational Health Infection in Health Care

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.3 There is a blood-borne pathogen post-exposure management policy or procedure that incorporates worker education and facilitation of timely access to a medical assessment for appropriate post-exposure prophylaxis (PEP) if indicated (e.g., HIV PEP medications). Reporting of sharps injuries to the Workers' Safety and Insurance Board (WSIB) as required* and to the Ministry of Labour, Immigration, Training and Skills Development (MLITSD), as required.

*Dependent on size of employer.

Resources: Refer to:

- PIDAC Routine Practices and Additional Precautions in All Health Care Settings, November, 2012

  See section on
  - Occupational Health and Hygiene Issues-Post-Exposure Follow Up
- Occupational Health and Safety Act, R.S.O. 1990, c. O.1
  Refer to subsection 52(2) for Notice of occupational illness.

Risk: **IE** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

16.4 There is a healthy workplace policy, which includes a clear expectation that staff do not come into work when ill with symptoms of infection.

Resource: Refer to the section on:

- Administrative Controls- Healthy Workplace Policies and Infections in Health Care Providers

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.5 Staff members are immunized as recommended by the National Advisory Committee on Immunization (NACI).

Resource: Refer to the section on:

- Administrative Controls – Staff Immunization

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.6 Eating / drinking, storage of food, smoking, application of cosmetics or lip balm, and handling contact lenses in the client / patient care areas (e.g., exam rooms) and reprocessing area is prohibited.

Resource: For 16.6 and 16.7, refer to:

- *Occupational Health and Safety Act*

Risk: **H** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.7 There is a policy that prohibits eating/drinking, storage of food, smoking, application of cosmetics or lip balm, and handling contact lenses in the client/patient care areas (e.g., exam rooms) and reprocessing area.

Risk: **IE** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.8 All hazardous products (e.g., cleaning and disinfecting agents) are labelled according to Workplace Hazardous Materials Information System (WHMIS) requirements.

Resource: Refer to the section on:

- The Workplace Hazardous Materials Information System (WHMIS)

Additional Resource:

- R.R.O. 1990, Reg. 860: Workplace Hazardous Materials Information System (WHMIS)

Risk: **M** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.9 Safety Data Sheets (SDS) for cleaning / disinfecting products are readily available and up to date.

Resource: Refer to:

- PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections, April 2018

  See section on:
  - Other Considerations-Chemical Safety

Additional Resource:

- R.R.O. 1990, Reg. 860: Workplace Hazardous Materials Information System (WHMIS)

Risk: **M** **LR**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

16.10 IPAC and Occupational Health and Safety policies and procedures are followed by all staff.

Resource: Refer to:

- PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May, 2012

  See section on:
  - Occupational Health and Safety (OHS)

Risk: **M**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Additional questions on the next page →

16.11 An eyewash fountain / station is provided when there is the potential for injury to the eye due to contact with a biological or chemical substance and used / managed per MIFU.

Resource: Refer to:

- R.R.O. 1990, Reg. 851, s. 124

Risk: **IE** **LR**

- [ ] Compliant
- [ ] Not Compliant
- [ ] Not Applicable / Not Reviewed

16.12 The plumbed or self-contained eyewash fountain / station is located within a 10-second walk (16 to 17 metres [55 feet]) of the reprocessing area.

Resource: Refer to:

- Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment / Devices In All Health Care Settings, 3rd edition

  See section on:
  - Appendix C: Recommendations for Physical Space for Reprocessing

Additional Resource:

- Canadian Centre for Occupational Health and Safety (CCOHS), Safety Hazards: Emergency Showers and Eyewash Stations. July 14/2023

Risk: **IE**

- [ ] Compliant
- [ ] Not Compliant
- [ ] Not Applicable / Not Reviewed

Notes and Recommendations:

17 - Vaccines

17.1 Cold chain is maintained according to PHAC Canadian Immunization Guide and MOHLTC Vaccine Storage and Handling Guidelines.

Resource: For 17.1 to 17.4, refer to:

- PHAC Canadian Immunization Guide, 2018

  See section on:
  - Storage and Handling of Immunizing Agents
- MOH Vaccine Storage and Handling Guidelines, 2021
- MOHLTC Vaccine Storage and Handling Protocol, 2018

Risk: **M**

- [ ] Compliant
- [ ] Not Compliant
- [ ] Not Applicable / Not Reviewed

Additional questions on the next page →

17.2 Temperatures of refrigerators and freezers used to store vaccines are checked twice daily and recorded, and retained per recommended public health protocols.

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

17.3 Vaccines are kept refrigerated at a temperature between 2°C and 8°C (unless otherwise specified by the MIFU) and are stored according to the MIFU (e.g., kept frozen at a temperature of -15°C or colder, protected from light.

Resource: Refer to section on:

- Immunization Competencies for Health Professionals

See section on:

- Storage and Handling of Immunization Agents

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

17.4 There is an alarm on the medication / vaccine refrigerator to warn when the temperature falls outside the recommended range and a protocol is in place to follow-up regarding break in cold chain.

Resource: Refer to section on:

- MOHLTC Vaccine Storage and Handling Guidelines, 2021

Risk: **M**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Notes and Recommendations:

18 - Indoor Air Quality

18.1 If the setting has a Heating, Ventilation and Air Conditioning (HVAC) system, then it is monitored and receives regular preventative maintenance by the property / building management as recommended by a professional.

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

18.2 There is documentation to verify that the HVAC system has been reviewed by the property / building management / HVAC professional.

Risk: **IE**

- ☐ Compliant
- ☐ Not Compliant
- ☐ Not Applicable / Not Reviewed

Additional questions on the next page →

18.3 Ventilation meets the HVAC requirements of CAN/CSA-Z317.2.19**.**

Resource: Refer to:

- CSA Z317.2:19 Special requirements for heating, ventilation, and air-conditioning (HVAC) systems in health care facilities

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

18.4 If the setting does not meet applicable standards for HVAC systems, other strategies are considered to increase fresh air ventilation (e.g., exhaust air out an open window, exhaust fans) or portable air filtration (appropriately sized, positioned, maintained).

Resource: Refer to :

- Use of Portable Air Cleaners and Transmission of COVID-19
- In-Room Air Cleaner Guidance for Reducing COVID-19 in Air in Your Space/Room

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

18.5 Where portable units (e.g., air cleaners, fans, air conditioners) are used:

- Units are placed in a manner that avoids air currents from one person to another's breathing space.
- A plan has been developed to cover manufacturer recommended maintenance including filter replacement (if applicable).
- Units selected are appropriate for the size of the room and are optimally placed (e.g., follow manufacturer's instructions, ensure intake and outflow are not obstructed, not a fall hazard).

Resource: Refer to:

- Use of Portable Air Cleaners and Transmission of COVID-19
- COVID-19: Guidance on Indoor Ventilation During the Pandemic
- Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

Risk: **IE**

☐ Compliant
☐ Not Compliant
☐ Not Applicable / Not Reviewed

Notes and Recommendations:

Additional questions on the next page →

Please Sign

Owner / Operator:

1. First name:
   Last name:
   Signature:
   Date (yyyy-mm-dd):

2. First name:
   Last name:
   Signature:
   Date (yyyy-mm-dd):

Primary Inspector / Investigator / Assessor Information

1. First name:
   Last name:
   Signature:

2. First name:
   Last name:
   Signature:

Inspection Type:

☐ Inspection ☐ Re-inspection ☐ Self-assessment Date (yyyy-mm-dd): Time:

Additional Notes:

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