

Into the Breach: Filling in Gaps to Address IPAC Breaches/Lapses

June 29, 2017

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Session Objectives

- Following this session, participants will be able to:
 - Describe the process of an IPAC breach/lapse investigation
 - Recognize breaches/lapses in medication administration and reprocessing
 - Improve their understanding of safe medication administration and reprocessing of equipment and devices in health care based on best practices
 - Locate useful tools and resources that will support breach/lapse investigations

Role of the MOHLTC

- The Ministry of Health and Long-Term Care (MOHLTC), Population and Public Health Division (PPHD) is responsible for the following:
 - Policy development and guidance
 - Infection Control Nurses Funding
 - Ontario Public Health Standards (OPHS) and Protocols

Ministry of Health and Long-Term Care

Infection Prevention and Control Lapse Disclosure Guidance Document

This document is in support of the Infection Prevention and Control Practices Complaint Protocol, 2008 (or as current), the Infectious Diseases Protocol, 2008 (or as current), and the Infection Prevention and Control in Personal Services Settings Protocol, 2008 (or as current) under the Ontario Public Health Standards.

Population and Public Health Division
Ministry of Health and Long-Term Care

March 2016



Ministry of Health and Long-Term Care

Infectious Diseases Protocol, 2016

Population and Public Health Division,
Ministry of Health and Long-Term Care

May, 2016



Infection Prevention and Control Practices Complaint Protocol, 2015



Definition of a Lapse

- A lapse is defined as a **deviation from IPAC standard of care**, based on current IPAC standard of care documents from the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Ontario (PHO), or the Ministry of Health and Long-Term Care (“the ministry”), where available, that the **medical officer of health or designate believes on reasonable and probable grounds has or may result in infectious disease transmission** to the premises’ clients, attendees or staff **through exposure to blood, body fluids and/or potentially infectious lesions**.

Scope of Requirements

- The disclosure requirements relate to **all IPAC lapses that become known through complaints, referrals, or communicable disease surveillance** in the following settings:
 - Personal services settings;
 - Settings not routinely inspected by the board of health; and
 - Settings in which the lapse is **linked to the conduct of a regulated health professional.**



Role of the Public Health Unit

- Investigate complaint/referral or follow-up of reportable diseases
- Liaise with MOHLTC, appropriate regulatory body and/or PHO
- Determine
 - a) Health hazard and/or issue an order*
 - b) Client notification (any individuals potentially impacted by lapse)*
 - c) Posting the lapse*

*Varies by health unit - ultimately it's the responsibility of the health unit

Regulated Health Professional Involvement

- *Example: You receive a complaint about a physician who is not using gloves appropriately and is not compliant with hand hygiene.*
- Minimum legal requirement is to investigate the specific issues identified in the complaint
 - 10% (3) health units currently perform full audits for all complaints
 - 54% (15) vary by situation
- All colleges are responsible for licensing, oversight, and education of individual members. Some colleges also have inspection programs
- Contact the appropriate regulatory college for support
- If the facility has a regulatory body, also contact the oversight area

When to Post? Criteria to Consider.

SITUATION	POST?
Has the IPAC lapse already caused infectious disease transmission?	DEFINITELY POST
Are you unsure about risk quantification, oversight responsibilities, etc.?	MAY NEED TO POST; ASK FOR PHO/ MINISTRY HELP
Complaint was unsubstantiated and no evidence of any lapse found	NO NEED TO POST

- 46% of health units post all lapses; 29% post 'some'
- Posting is ultimately the decision of the individual health unit.
- No legal requirement to notify but some health units have found it beneficial.

What is PHO?

- Crown corporation dedicated to:
 - Protecting and promoting the health of all Ontarians
 - Reducing inequities in health.
- Links public health practitioners, front-line health workers and researchers to the best scientific intelligence and knowledge.
- Provides expert scientific and technical advice and support.
- Our clients include local public health units, government and health care providers and facilities.

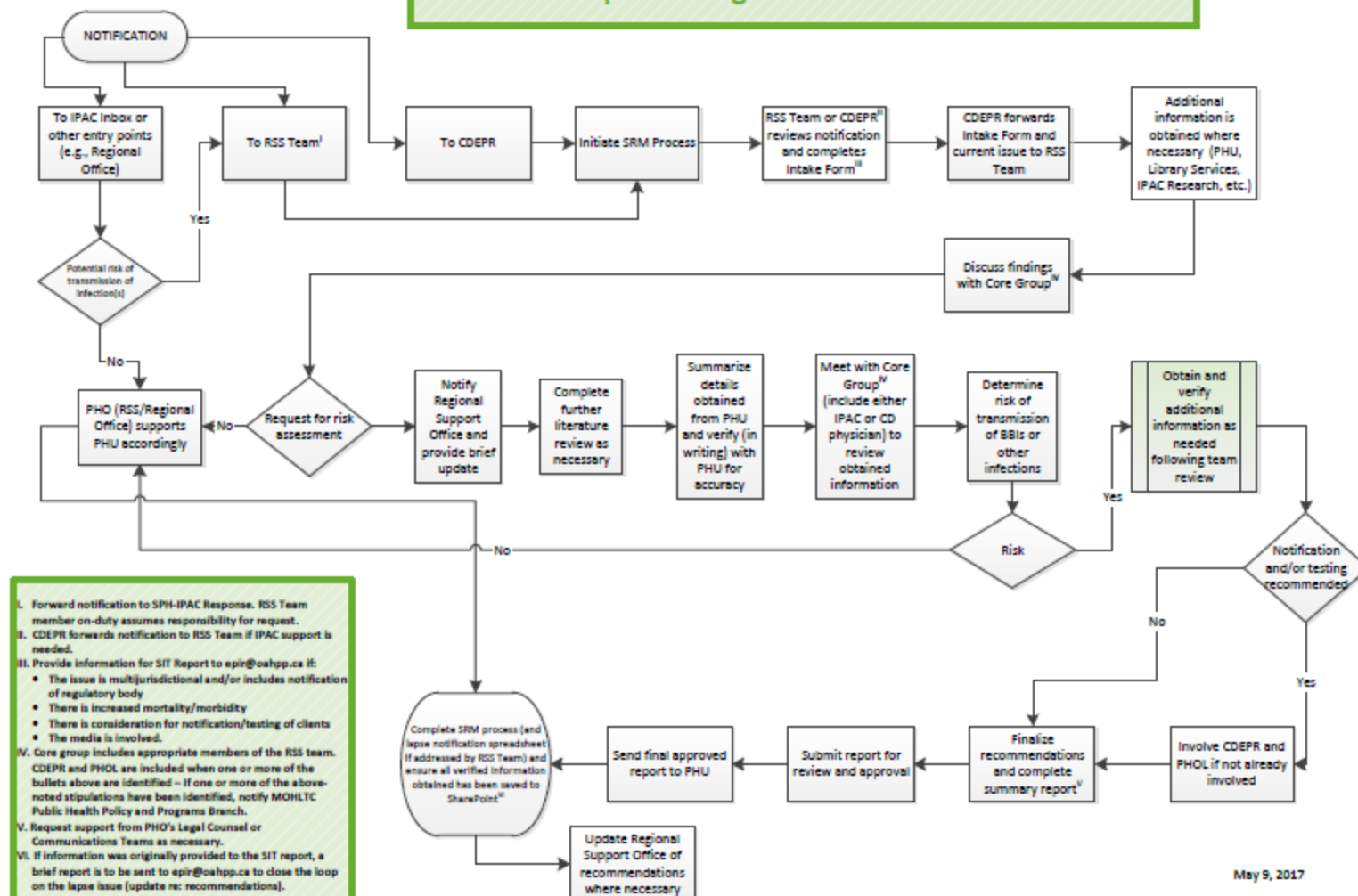
PHO Support

- Response and System Support Team addresses request for risk assessment immediately upon receipt
- Breach/lapse is discussed further with core group of PHO staff that may include:
 - IPAC/CD physician(s)
 - IPAC Manager/Director
 - CDEPR Nurse Consultant and other IPAC Specialists
- Recommendations provided in a Summary Report

PHO Support

- PHO supports the public health unit/facility with:
 - IPAC Qualitative/Quantitative Risk Assessment
 - Review of information and analysis of audit results
 - Determine the risk of exposure to infectious diseases such as blood-borne infections or other infections.
 - Risk assessment that helps inform the decision for “client” notification and look-back
 - Literature review of current issue
 - Facilitated access to laboratory/epidemiology support

PHO - IPAC Lapse Management Process – Risk Assessment




May 9, 2017


PHO Tools and Resources

- Tools and resources include:
 - Website/webpages
 - Best practices documents (PIDAC),
 - Training/educational Programs/courses,
 - Checklists,
 - Toolkits, etc.
- Evidence-based knowledge products.
- Basic IPAC knowledge and skills.





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Vaccine Safety Surveillance in Ontario >

BLOG

Recent flooding in Ontario sparks concerns over water contamination

Every year as snow melts, the run-off (often called spring run-off) results in contaminants entering...



Our People: Philip Banh

Check out what you missed at TOPHC 2017!

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FIND IT FAST

- [Data Reports](#)
- [Just Clean Your Hands](#)
- [Laboratories](#)
- [PIDAC](#)
- [Locally Driven Collaborative Projects](#)

FEATURED


- [Rabies guidance for health care providers](#)
- [STI webinar series](#)
- [Tick surveillance](#)
- [Monthly Infectious Diseases Surveillance Report](#)

HOT TOPICS

- [Flooding and water testing](#)
- [Foodborne Illness](#)
- [Lyme Disease](#)
- [Mumps](#)
- [Opioid-Related Harms](#)
- [Rabies](#)

UPCOMING EVENTS

[View and register for events](#)



The screenshot shows the Public Health Ontario website. At the top, there are logos for 'Public Health Ontario' and 'Santé publique Ontario', along with navigation links like 'CONTACT US', 'NEWSROOM', 'CAREERS', 'PRIVACY', 'DATA', and 'FRANÇAIS'. A search bar is also present. Below the header, a blue navigation bar contains links: 'ABOUT US', 'BROWSE BY TOPIC', 'SERVICES & TOOLS', 'DATA & ANALYTICS', and 'LEARNING & DEVELOPMENT'. The 'BROWSE BY TOPIC' link is highlighted with a red circle, and its dropdown menu is open, showing a list of topics: 'A to Z Index', 'Chronic Diseases and Injuries', 'Environmental and Occupational Health', 'Emergency Preparedness', 'Health Promotion', 'Immunization', 'Infection Prevention and Control', and 'Infectious Diseases'. Below the navigation bar, there is a large banner image with the text 'Testing your private drinking water >'. To the right of the banner, there is a 'BLOG' section with a post titled 'Recent flooding in Ontario sparks concerns over water contamination'. Below the banner, there are three columns: 'FIND IT FAST' (with links like 'Data Reports', 'Just Clean Your Hands', 'Laboratories', 'PIDAC'), 'FEATURED' (with links like 'Rabies guidance for health care providers', 'STI webinar series', 'Tick surveillance', 'Monthly Infectious Diseases Surveillance Report'), and 'HOT TOPICS' (with links like 'Flooding and water testing', 'Foodborne illness', 'Lyme Disease', 'Mumps'). At the bottom right, there is an 'UPCOMING EVENTS' section with a link to 'View and register for events'.

PIDAC

The screenshot shows the Public Health Ontario website. At the top, there are logos for 'Public Health Ontario' and 'Santé publique Ontario', along with 'PARTNERS FOR HEALTH' and 'PARTENAIRES POUR LA SANTÉ'. Navigation links include 'CONTACT US', 'NEWSROOM', 'CAREERS', 'PRIVACY', 'DATA', and 'FRANÇAIS'. A search bar is also present. Below the navigation bar, there's a main menu with categories: 'ABOUT US', 'BROWSE BY TOPIC', 'SERVICES & TOOLS', 'DATA & ANALYTICS', and 'LEARNING & DEVELOPMENT'. A large banner image shows a group of diverse children smiling, with the text 'Vaccine Safety Surveillance in Ontario >'. To the right, there's a 'BLOG' section with a post titled 'Recent flooding in Ontario sparks concerns over water contamination'. Below the banner, there are three columns: 'FIND IT FAST' (with links like 'Data Reports', 'Just Clean Your Hands', 'Laboratories', 'PIDAC' (circled), 'Locally Driven Collaborative Projects'), 'FEATURED' (with links like 'Rabies guidance for health care providers', 'STI webinar series', 'Tick surveillance', 'Monthly Infectious Diseases Surveillance Report'), and 'HOT TOPICS' (with links like 'Flooding and water testing', 'Foodborne Illness', 'Lyme Disease', 'Mumps', 'Opioid-Related Harms', 'Rabies', 'West Nile Virus'). On the far right, there's a section for 'UPCOMING EVENTS' with the text 'View and register for events' and a logo for 'The Ontario Public Health Convention'.

PIDAC

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Provincial Infectious Diseases Advisory Committee (PIDAC)

The Provincial Infectious Diseases Advisory Committees were established in 2004 in response to recommendations by the Expert Panel on SARS and Infectious Disease Control. As a standing source of expert advice on infectious diseases in Ontario, PIDAC has created best practice documents, reports and recommendations on matters related to communicable diseases, immunization, infection prevention and control and surveillance.

PIDAC continues to focus efforts on developing evidence-informed products that meet the needs of public health agencies, government decision-making bodies, and those working to protect and promote the health of Ontarians.



Featured

[PIDAC - Call for members](#)[Annex A - Minimizing the Risk of Bacterial Transmission from Patient to Patient When Using Duodenoscopes](#)

PIDAC Documents



- Best practice documents
- Recommendations and reports
- Tools

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What's New



- Recent publications
- Documents in pre-release
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PIDAC Documents

Best Practice Documents

Best practice documents are intended for use by health care workers and facilities/organizations providing health care including hospitals, long-term care facilities and community-based health care organizations. Recommendations in best practice documents are developed through reviews of literature and consultations with experts in infectious disease, surveillance, communicable disease and immunization.

Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections (September 2015)



Infection Prevention and Control in Perinatology (February 2015)



Surveillance of Health Care-associated Infections (July 2014)



The Best Practices for Hand Hygiene, 4th Edition (April 2014)



Infection Prevention and Control for Clinical Office Practice (June 2013)



Cleaning, Disinfection and Sterilization of Medical Equipment/Devices (May 2013)



Routine Practices and Additional Precautions / Annexes A, B & C (November 2012)



Environmental Cleaning for Prevention and Control of Infections (May 2012) - *under review*



Infection Prevention and Control Programs in Ontario (May 2012)



Sexually Transmitted Infections Case Management and Contact Tracing (April 2009) - *under review*



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In Ontario over water contamination

Every year as snow melts, the run-off (often called spring run-off) results in contaminants entering...

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The Ontario Public Health Foundation

What's new in tobacco control for Ontario?
Check out our new report. >

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- Data Reports
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- Laboratories
- PIDAC
- Locality Driven Collaborative Projects

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Emergency Preparedness

Health Promotion

Infection Prevention and Control

Communicable Diseases

Online Learning

Public Health Ontario provides educational courses and modules which are accessible from wherever and whenever the learner is available.

Public Health Emergency Preparedness

Online courses designed to build capacity for public health and emergency preparedness professionals.

[Go to Course List »](#)

Health Promotion

Online courses and audio presentations designed to build capacity for evidence-informed health promotion practice.

[Go to Course List »](#)

Infection Prevention and Control

Resources to assist health care organizations to adopt good infection prevention and control practices.

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Communicable Diseases

Guidelines, evidence, and best practices.

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What's New!

Courses

- [IPAC Core Competencies Course: Additional Precautions module](#)
- [Emergency preparedness online learning module](#)
- [Reprocessing in Community Health Care Settings](#)
- [Health Promotion Foundations](#)

Resources

- [Minimizing the Risk of Bacterial Transmission from Patient to Patient When Using Duodenoscopes](#)

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Core Competencies Course
Environmental Cleaning Toolkit
Just Clean Your Hands Videos
Communicable Diseases

Infection Prevention and Control

Reprocessing in Community Health Care Settings

The *Reprocessing in the Community* course is intended for health care providers who perform reprocessing tasks (cleaning, disinfection and sterilization of reusable medical equipment/devices) in community settings.

[Go to Course »](#)

IPAC Core Competencies Course

Infection Prevention and Control (IPAC) core competencies are basic knowledge and skills all health care workers in Ontario need to possess about infection prevention and control, regardless of their role or position, education, experience or culture.

[Go to Course »](#)

Environmental Cleaning Toolkit

This toolkit supports Environmental Services Managers and Infection Control Professionals to provide staff training in effective procedures for environmental cleaning. It is based on the Provincial Infectious Disease Advisory Committee's (PIDAC) Best Practices document for [Environmental Cleaning for Prevention and Control of Infections in all Health Care Settings](#).

[Go to Toolkit »](#)

Just Clean Your Hands (JCYH)

The JCYH program offers training videos to support the implementation of the JCYH program in hospitals and long-term care homes.



Course Access levels

[Learn about our three access levels.](#)



What's New!

NEW! IPAC Core Competencies Course: Additional Precautions module

[Reprocessing in the Community Online Learning Course](#)

Reprocessing in Community Health Care Settings Course



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Reprocessing in Community Health Care Settings

Following best practices in cleaning, disinfection and sterilization of reusable medical equipment/devices helps prevent the transmission of infection to health care providers and clients/patients. It is essential for anyone responsible for reprocessing in community health care settings to be aware of the consequences of inadequate reprocessing practices. Community health care settings include clinics, clinical office practice settings, family health teams, and community health care centres.



If you have questions about reprocessing reusable medical equipment/devices in settings other than community health care, such as home care, contact your [Regional IPAC Office](#) for more information.

The *Reprocessing in the Community* course is based on [Provincial Infectious Diseases Advisory Committee's \(PIDAC\)](#) best practices.



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Reprocessing in Community Health Care Settings Course



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Reprocessing in the Community Course


To access the course modules please [login](#). If you do not have an account, please [register](#) and return to this page to login.

Reprocessing in the Community: Description


Introduction to Reprocessing	
Personal Protective Equipment for Reprocessing	
Pre-cleaning, Cleaning and Post-cleaning	
Disinfection	
Packaging for Sterilization	
Loading a Sterilizer	
Steam Sterilization	
Unloading a Sterilizer	
Transportation and Storage	

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IPAC Core Competencies Course




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IPAC Core Competencies Course

Please be sure to use Internet Explorer (8, 9 or 10) as your browser to complete the IPAC Core Competencies modules. The course is not optimized for use with Chrome, Firefox, or Safari.







Before printing your completion certificate:


1. refresh the course page.
2. be sure you have completed the module (you will see a checkmark as confirmation).

If you still experience problems try generating the certificate again the next day or contact us at:
ipac@oahpp.ca.

To access the course components please [login](#). If you do not have an account, please [register](#) and return to this page to login.

Course modules description

Occupational Health and Safety	
Chain of Transmission and Risk Assessment	
Health Care Provider Controls	
Control of the Environment	
Administrative Controls	
Additional Precautions	

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Resources for Preventing Infection Prevention and Control (IPAC) Lapses Webpage




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Resources for Preventing Infection Prevention and Control (IPAC) Lapses



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For more information contact us at:
ipac@oahpp.ca

[Frequently asked questions for public health units](#)

An IPAC lapse occurs when there is deviation from IPAC best practices resulting in possible infectious disease transmission to patients, clients or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin or soiled items. The best practices are identified in the Provincial Infectious Diseases Advisory Committee's (PIDAC) [Routine Practices and Additional Precautions document](#).

Public health units investigate IPAC lapses and provide support and resources as outlined in the Ministry of Health and Long-Term Care's (MOHLTC) [Ontario Public Health Standards and Protocols](#). Public Health Ontario (PHO) provides scientific and technical advice to local public health units during an investigation including consultations and risk assessments, as required.

PHO has developed resources to support the prevention and investigation of IPAC lapses in community settings. These settings include clinics, clinical office practice settings, family health teams, community health, and personal services settings.

Priority IPAC Practices

Two areas of IPAC practices most commonly identified as needing attention during lapse consultations and risk assessments are reprocessing and medication administration.

Priority IPAC Practices

Two areas of IPAC practices most commonly identified as needing attention during lapse consultations and risk assessments are reprocessing and medication administration.



Reprocessing

Achieving effective disinfection and sterilization is essential for ensuring that medical and surgical equipment/devices do not transmit infectious pathogens to patients, clients or staff.

[Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices](#)

[Reprocessing in the Community Course](#)



Medication administration

Transmission of blood-borne pathogens (Hepatitis B, Hepatitis C and HIV) can occur from unsafe and improper medication administration by injection and infusion. See below for resources that can help you reduce this risk.

[Top 5 high risk practice recommendations and guidance](#)

[Guidance for using multidose vials](#)

Resources



Investigation checklists

[Core IPAC practice in Clinical Offices](#)



Best Practices

[Infection Prevention and Control for Clinical Office Practice](#)



Related links

[Infection Prevention and Control Best Practices for Personal Services Settings](#)

Let's Start Sharing

Scenario 1

Medication Administration



- PHO asked to provide support at a facility as a result of apparent transmission of Hepatitis C in two separate incidents following endoscopic procedures.
- Request was URGENT!
- PHO asked to complete an independent review to validate the facility's own extensive internal review.
- Review identified that reprocessing of endoscopes likely did not contribute to the transmission of hepatitis C.

Transmission of Hepatitis C Virus (HCV)

- Two different practices when anesthesia is used:
 - By gastroenterologist/surgeon
 - Sedation given just prior to procedure and for one procedure only
 - Top ups were uncommon
 - Sedation medication discarded post-procedure
 - By anesthetist
 - Sedation made up in advance with multiple syringes to be used for multiple cases, in order to avoid delays
 - Multiple syringes in K-basin – at times, kept in pocket
 - Inconsistent labelling of syringes – dependent on visual appearance of the medication
 - Top ups were common during procedure
 - Frequent recapping of needles



What are your thoughts?

- Any concerns with surgeon/specialist's approach?
 - Yes
 - No
- Any concerns with anaesthetist's approach?
 - Yes
 - No



Transmission of Hepatitis C Virus (HCV)

Recommendations:

- All injectable medications must be handled in a manner that prevents the risk of cross-contamination between sterile and potentially used syringes.
- Label all syringes appropriately
- All medication brought to patient care area are to be deemed “in-use” and discarded after each case whether it has been used or not.

Transmission of Hepatitis C Virus (HCV)

Recommendations (continued):

- Recapping of needles and sharps is prohibited (Ontario Safety Association for Community and Healthcare).
- Medication must never be administered from the same syringe to multiple patients (CDC).
- Pharmacy should revise the medication reconciliation record to verify co-signing of medication (where necessary).

Scenario 2

Reprocessing

- PHO was asked to provide an assessment on the risk of blood borne pathogen transmission to patients as a result of deficiencies in the reprocessing of reusable medical equipment.
 - Reuse of single patient-use medical equipment during glucose monitoring
 - Failure to properly clean and disinfect medical equipment between patients
- Setting – walk-in clinic

Improperly cleaned and disinfected Medical Equipment

- Clinic A
 - Single patient-use glucometers and lancing device holders were used on multiple patients without cleaning and disinfection completed between use
- Clinic B
 - Reused the single patient-use lancing device holders-without cleaning and disinfection completed between use

What are your thoughts?

- Any concerns with how the single-patient use lancets were being handled?
 - Yes
 - No
- Any concerns with how the single-patient use glucometers were being handled?
 - Yes
 - No



Improperly Cleaned and Disinfected Medical Equipment

- Hepatitis B transmission linked to the shared use of lancing devices intended for single patient-use
- Hepatitis C transmission associated with shared lancing device use for blood glucose monitoring in a hospital setting.
- *“New Requirements for Medical Device License Applications for Lancing Devices and Blood Glucose Monitoring Systems”*
 - New requirements for lancing devices.

Improperly cleaned and disinfected Medical Equipment

Recommendations

- Those patients verified as having received glucose monitoring using single patient-use glucometers and lancing device holders be notified of the exposure but that the estimated risk of transmission of BBPs is extremely low.
- The affected patients could in turn discuss the situation with their primary care provider and, if they are concerned, testing for HBV, HCV and HIV could be considered.
- Requirement to clean and disinfect equipment after each use.

References

- Health Canada has also addressed this issue in a notice (September 26, 2014): New Requirements for Medical Device License Applications for Lancing Devices and Blood Glucose Monitoring Systems. The purpose of this notice is to inform manufacturers of new requirements for lancing devices. This information can be accessed on Health Canada's website at http://www.hc-sc.gc.ca/dhp-mps/md-im/activit/annonce-annonce/md_notice_gluco_im_avis_glyco-eng.php.
<http://www.wrha.mb.ca/community/publichealth/files/services/healthy-sexuality/Lancetdeviceincidentreport-finalJanuary82013.pdf>

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