

IPAC CHECKLIST FOR CHIROPODY AND PODIATRY

Core Elements

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 infection prevention and control (IPAC) practices.
- supports chiropody and podiatry 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 in collaboration with the College of Chiropodists of Ontario. Its content is based on the Provincial Infectious Disease Advisory Committee's (PIDAC's) [Infection Prevention and Control for Clinical Office Practice, June 2013](#).

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

Legend

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

■ **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.

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

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

These categorizations represent the minimum risk level. Based on judgment and circumstance, public health units or any others using the IPAC Checklist may increase the risk category.

Contents

- 1. Reception/Waiting Area3
- 2. General Environmental Cleaning, Including Products3
- 3. Environmental Cleaning in the Health Care Environment Where Care is Provided.....5
- 4. Hand Hygiene.....7
- 5. Personal Protective Equipment (PPE).....8
- 6. Reprocessing of Medical Equipment/Devices Used to Provide Patient Care.....9
- 7. Medication Room/Area9
- 8. Injectable Medication Vials or Solutions 11
- 9. Multidose Vials 12
- 10. Sterile Irrigation Solution..... 13
- 11. Skin Antisepsis 13
- 12. Surgical and Invasive Procedures 14
- 13. Sharps Safety Program 15
- 14. General Policies and Procedures 16
- 15. Education 17
- 16. Occupational Health and Safety 18

Setting Name:

Setting Address:

Self-Assessment

Inspection

Date:

Time:

Name(s) and Designation of Inspector/Investigator/Assessor:

Setting Contact Name(s) and Phone Number(s):

1. Reception/Waiting Area

1	Reception/Waiting Area	LR	R	C	NC	NA NR
1.1	<p>There is appropriate IPAC signage at the entrance of the setting, at the reception desk and at the entrance of the exam room.</p> <p>➤ Resource: Refer to the sections on Routine Practices, Booking, Reception and Placement and Additional Precautions.</p>		IE			
1.2	<p>There is a process for managing patients with symptoms of communicable disease(s) (e.g., acute respiratory infection) to prevent transmission to others.</p> <p>➤ Resource: Refer to the section on Routine Practices, Booking, Reception and Placement.</p>		M			
1.3	<p>Alcohol-based hand rub (ABHR) at 70-90%. Masks are available at reception and in the waiting area with signage for appropriate use.</p> <p>➤ Resource: Refer to the sections on Routine Practices, Hand Hygiene Products.</p>		M			
1.4	<p>Tissue boxes are available.</p> <p>➤ Resources: Refer to the sections on Booking, Reception, and Placement, Respiratory Etiquette and Appendix E for a sample sign for reception areas, Cover Your Cough.</p>		IE			
1.5	<p>Furniture, items and touch surfaces are clean.</p> <p>➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment.</p>		IE			

Notes and Recommendations:

2. General Environmental Cleaning Including Products

2	General Environmental Cleaning Including Products	LR	R	C	NC	NA NR
2.1	<p>Surfaces, furnishings, equipment and finishes are smooth, non-porous, seamless (where possible) and cleanable (e.g., no unfinished wood or cloth furnishings).</p> <ul style="list-style-type: none"> ➤ 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). 		IE			
2.2	<p>There is a written procedure for immediate containment, cleaning and disinfection of spills of blood and body fluids.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning up Body Fluid Spills. ➤ Additional Resource: Environmental Cleaning Toolkit Videos - Cleaning a Blood and Body Fluid Spill. 		IE			
2.3	<p>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.</p> <ul style="list-style-type: none"> ➤ 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. 		IE			

2	General Environmental Cleaning Including Products	LR	R	C	NC	NA NR
2.4	<p>Chemical products used for environmental cleaning:</p> <ul style="list-style-type: none"> • 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 with expiry date • Are stored in a manner that reduces the risk of contamination <p>➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See Section on Principles of Cleaning and Disinfecting Environmental Surfaces in a Health Care Environment, Cleaning Agents and Disinfectants.</p> <p>➤ Additional Resource: Refer to the Drug Product Database online query site for more information on chemical products.</p>		M			
2.5	<p>Routine cleaning and disinfection of high touch surfaces is done at least daily in the reception, waiting rooms and hallway spaces.</p> <p>➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, End of Day Cleaning and Scheduled Cleaning.</p>		M			
2.6	<p>Spills of blood and body fluids are contained and cleaned and area is disinfected immediately.</p> <p>➤ Resource: Refer to 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.</p>		H			

Notes and Recommendations:

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

3	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.1	<p>Surfaces/items (e.g. exam/procedure table/chair) that come into direct contact with the patient, their blood and/or body fluids are cleaned and disinfected between patients.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, Principles of Cleaning and Disinfection and Cleaning up Body Fluid Spills. 		H			
3.2	<p>Treatment area, including all horizontal surfaces (e.g. procedure room) are cleaned and disinfected as per the risk stratification matrix.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, General Principles of Environmental Cleaning. ➤ Additional Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See sections on Cleaning Agents and Disinfectants - Using Disinfectants and Appendix 21. 		M			
3.3	<p>Barriers/covers on equipment surfaces that can become contaminated are used (e.g., single-patient use towel, disposable gown); barriers/covers are removed and discarded between patients. Following barrier removal, the underlying surfaces are inspected for visible contamination. If contaminated, the surfaces are cleaned and disinfected. If not visibly contaminated, where possible, the underlying surfaces may still be cleaned and disinfected. Clean barrier/barriers are placed prior to the next patient.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, Cleaning between Patients. ➤ Additional Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See section on Cleaning and Disinfection Practices for All Health Care Settings, Health Care Cleaning and Disinfection Practices, Cleaning Methods, Electronic Equipment. 		IE			

3	Environmental Cleaning in the Health Care Environment (i.e., where direct care is provided, care supplies stored)	LR	R	C	NC	NA NR
3.4	<p>Gas delivery system components that do not come in contact with the patient are cleaned and disinfected, as per MIFU.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the College of Chiropody of Ontario’s Standard of Practice for the Administration of Inhaled Substances and the Use of Sedation in a Member’s Practice. 		IE			
3.5	<p>Clean medical supplies or equipment are not stored under sinks or on counters adjacent to sinks.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the sections on Routine Practices, Hand Hygiene and Hand Washing Sinks. 		M			
3.6	<p>Waste is disposed of in accordance with provincial regulations and local bylaws, with attention to sharps and biomedical waste.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Control of the Environment - Cleaning the Environment, Waste and Sharps. ➤ Additional Resources: Refer to 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 – Z317.10-09. Handling of waste materials in health care facilities and veterinary health care facilities 2014. 	LR	H			
3.7	<p>Laundry is handled at the point of use in a manner that prevents contamination.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018. See section on Laundry and Bedding. 		IE			

Notes and Recommendations:

4. Hand Hygiene

4	Hand Hygiene	LR	R	C	NC	NA NR
4.1	<p>Hand hygiene is based on the Four Moments For Hand Hygiene.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to Just Clean Your Hands (JCYH). ➤ Additional Resource: PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. 		IE			
4.2	<p>Alcohol-Based Hand Rub (ABHR) or liquid soap and water, if hands are visibly soiled, are available and accessible at point of care.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Routine Practices, Hand Hygiene and Hand Hygiene Products. ➤ Additional Resources: Refer to: 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; ABHR; Hand Washing Sinks and Soap Formulations and Product Selection C. Placement of ABHR Dispensers. 		H			
4.3	<p>Impediments to effective hand hygiene are avoided (e.g., no artificial nails, nail enhancements and hand or arm jewelry).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to section on Hand Hygiene. ➤ Additional Resource: Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Section on Best Practices, Impediments to Effective Hand Hygiene. 		IE			
4.4	<p>ABHR and liquid soap containers are labelled and not refilled or topped up.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See Appendix C: PIDAC's Hand Hygiene Fact Sheet for Health Care Settings – Factors that Reduce the Effectiveness of Hand Hygiene. 		M			

Notes and Recommendations:

5. Personal Protective Equipment (PPE)

5	Personal Protective Equipment (PPE)	LR	R	C	NC	NA NR
5.1	<p>PPE, such as gown, gloves, mask and eye protection is available.</p> <ul style="list-style-type: none"> ➤ 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 and Personal Protective Equipment (PPE). ➤ Additional Resource: Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.25. 	LR	M			
5.2	<p>PPE, such as gown, gloves, mask and eye protection is selected based on risk assessment (i.e., may be handling blood and/or body fluids).</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Routine Practices - Personal Protective Equipment (PPE). ➤ Additional Resource: Occupational Health and Safety Act, R.S.O. 1990, c. O.1, s.28. 	LR	M			
5.3	<p>Mask and eye protection are worn during filing of nails; a N95 respirator is recommended during nail filing when equipment does not include dust extraction or water spray.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the College of Chiropodists of Ontario's Standards of Practice for Chiropodists and Podiatrists – IPAC. 		M			
5.4	<p>In settings where N95 respirators are in use, a respiratory protection program is in place that addresses fit testing and user training.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on N95 Respirators. 		IE			

Notes and Recommendations:

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 Care

6	Reprocessing Medical Equipment/Devices Used to Provide Patient Care	LR	R	C	NC	NA NR
6.1	<p>Non-critical items (e.g., drill handle, reflex hammers and tuning forks) are cleaned and low-level disinfected between uses.</p> <ul style="list-style-type: none"> ➤ Resource: For 6.1 and 6.2, refer to the section on Reprocessing of Medical Equipment. ➤ Additional Resources: Refer to PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings (May 2013). See Appendix B: Reprocessing Decision Chart. ➤ CAN/CSA Group – Z314-18 Canadian medical device reprocessing. 		M			
6.2	<p>Semi-critical and critical foot care equipment/devices are cleaned and sterilized, as per MIFU.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the IPAC Checklist for Clinical Office Practice – Reprocessing of Medical Equipment/Devices. 		H			

Notes and Recommendations:

7. Medication Room/Area

7	Medication Room/Area	LR	R	C	NC	NA NR
7.1	<p>There are facilities for hand hygiene in the medication room/area; these include either a dedicated hand hygiene sink and/or ABHR.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section 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, ABHR. ➤ PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See section on Hand Hygiene Considerations in Facility Design. 		M			

7	Medication Room/Area	LR	R	C	NC	NA NR
7.2	<p>Medications are stored and prepared in a clean area on a clean surface that is separate from other areas.</p> <p>➤ Resource: For 7.2 to 7.4, refer to the sections on Medications and Skin Antisepsis, Refrigerators and Appendix H: Checklist for Safe Medication Practices, Control of the Environment – Clinical Office Design/Renovations.</p>		M			
7.3	<p>High risk medications (e.g., sedative and anesthetic agents) are either stored in a locked cupboard or stored in an area where access is secured and inaccessible to non-authorized persons.</p> <p>➤ Additional Resources: For 7.3 to 7.6, refer to the Refer to the College of Chiropody of Ontario’s Standard of Practice for the Administration of Inhaled Substances and the Use of Sedation in a Member’s Practice.</p>		IE			
7.4	Inhalation sedation (e.g., nitrous oxide, oxygen) is delivered using a single-use disposable mask with scavenging capabilities to allow for single-patient use of all components that come in direct contact with the patient.		M			
7.5	Scavenging system is installed, as per MIFU and includes accurate flowmeter, scavenging mask and vacuum system able to eliminate gases at a rate of at least 45 L/minute.		IE			
7.6	Annual preventative maintenance of the gas delivery system is completed and recorded.		IE			

Notes and Recommendations:

8. Injectable Medication Vials or Solutions

8	Injectable Medication Vials or Solutions	LR	R	C	NC	NA NR
8.1	<p>Single-dose injectable medications are prepared at the time of use, used once on a single patient and discarded immediately.</p> <ul style="list-style-type: none"> ➤ Resource: For 8.1 to 8.5, refer to the sections on Medications, Vaccines and Skin Antisepsis and Appendix H: Checklist for Safe Medication Practices. ➤ Additional Resource: Refer to the College of Chiropractic of Ontario's Standard of Practice for the Administration of Inhaled Substances and the Use of Sedation in a Member's Practice. 		H			
8.2	<p>Rubber stoppers (diaphragm/septum) of vials are scrubbed with 70% alcohol and stopper is allowed to dry prior to entry into vial.</p> <ul style="list-style-type: none"> ➤ Additional Resource: Refer to PHO's Updated guidance on the use of multidose vials. 		M			
8.3	<p>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.</p>		M			
8.4	<p>Unopened vials and other products are discarded according to the manufacturer's recommended expiration dates.</p>		M			
8.5	<p>Leftover contents of vials, single-dose or multidose, are never pooled.</p>		H			

Notes and Recommendations:

9. Multidose Vials

9	Multidose Vials	LR	R	C	NC	NA NR
9.1	Multidose vials are replaced with single dose vials wherever possible. <ul style="list-style-type: none"> ➤ Resource: For 9.1 – 9.9, refer to the sections on Medications, Vaccines and Skin Antisepsis and Appendix H: Checklist for Safe Medication Practices. ➤ Additional Resource: Updated guidance on the use of multidose vials. 		IE			
9.2	If a multidose vial is used, it is used for a single patient whenever possible and labelled with the patient’s name.		M			
9.3	The multidose vial is labelled with the date it was first used and discarded according to the MIFU or within 28 days, whichever is shorter.		M			
9.4	All needles are single use only.		H			
9.5	All syringes are single use only.		H			
9.6	Multidose vials are never entered with a used needle or used syringe.		H			
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.		H			
9.8	Multidose vials are discarded immediately, if sterility is compromised or questioned.		H			

Notes and Recommendations:

10. Sterile Irrigation Solution

10	Sterile Irrigation Solution	LR	R	C	NC	NA NR
10.1	Expiry date of solution is checked before each use. ➤ Resource: for 10.1 – 10.3, refer to the section on Medications, Vaccines and Skin Antisepsis .		IE			
10.2	Open bottles are discarded at the end of each day.		IE			
10.3	Small bottles are used, if possible, and stored, as per MIFU.		IE			

Notes and Recommendations:

11. Skin Antisepsis

11	Skin Antisepsis	LR	R	C	NC	NA NR
11.1	Patient's feet are cleaned/swabbed with an antiseptic solution and allowed to dry before and after all routine procedures. ➤ Resource: Refer to the College of Chiropodists of Ontario's Standards of Practice for Chiropodists and Podiatrists – IPAC .		M			
11.2	Preferably, disposable single use alcohol prep pads are used to prepare the skin for injection. Seventy per cent alcohol dispensed onto cotton balls at point of use is permitted. ➤ Resource: For 11.2 and 11.3, refer to the section on Medications, Vaccines and Skin Antisepsis . ➤ Additional Resource: Refer to USP 797 Pharmaceutical Compounding, June 2014, pg. 57. (Available for purchase from USP).		M			

11	Skin Antisepsis	LR	R	C	NC	NA NR
11.3	Alcohol containers are labelled and are not topped up or refilled. If container is refillable, follow MIFU when refilling containers. <ul style="list-style-type: none"> ➤ Additional Resource: Health Canada, Guidance Document – Human-Use Antiseptic Drugs, 2009. 		M			

Notes and Recommendations:

12. Surgical and Invasive Procedures

12	Surgical and Invasive Procedures	LR	R	C	NC	NA NR
12.1	Hand hygiene is performed immediately prior to procedure/provision of care that requires antisepsis (e.g., invasive/surgical procedure). <ul style="list-style-type: none"> ➤ Resource: Refer to PIDAC Best Practices for Hand Hygiene in All Health Care Settings, April 2014. See section II. Best Practices, 3. Indications and Moments for Hand Hygiene during Health Care Activities. 		H			
12.2	A surgical hand scrub (e.g., ABHR or antimicrobial soap) with persistent antimicrobial activity is used. <ul style="list-style-type: none"> ➤ Resource: for 12.2 – 12.7, refer to the College of Chiropodists of Ontario’s Standards of Practice for Chiropodists and Podiatrists – IPAC. 		H			
12.3	Hands are cleaned up to a minimum of two inches above the wrists for the length of time recommended by the MIFU.		H			
12.4	Sterile gloves and gown, as well as mask and eye protection are worn for surgical/invasive procedures. <ul style="list-style-type: none"> ➤ Additional Resource: Operating Room Nurses Association of Canada (ORNAC) – The ORNAC Standards, Guidelines and Position Statements for Perioperative Registered Nurses, 13th ed., 2017. 		M			
12.5	Patients’ feet are cleaned/swabbed with an antiseptic solution and allowed to dry before all invasive/surgical procedures.		M			

12	Surgical and Invasive Procedures	LR	R	C	NC	NA NR
12.6	Any surfaces and equipment in the operative area that come in direct/indirect contact with the patient or body fluids are cleaned and disinfected after each use/procedure.		M			
12.7	After removal of trash, linen and equipment used during an invasive/surgical procedure, the floor area within one and a half metres around the operative area is cleaned, if visibly soiled.		IE			

Notes and Recommendations:

13. Sharps Safety Program

13	Sharps Safety Program	LR	R	C	NC	NA NR
13.1	<p>Sharps containers are:</p> <ul style="list-style-type: none"> Clearly labelled as sharps containers, preferably with a biohazard symbol or colour-coded according to the employer’s safe work practices Puncture-resistant Tamper-proof Closable; contained sharps are not able to fall out with normal use Leak proof on both sides and bottom Not filled past the fill line, usually at the 3/4 mark <p>➤ Resource: For 13.1- 13.5, refer to the section on Control of the Environment, Sharps and Sharps Containers.</p> <p>➤ Additional Resource: CSA. Z316.6-14 - Sharps injury protection - Requirements and test methods - Sharps containers (2014).</p>		M			
13.2	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).		M			
13.3	Filled sharps containers are securely stored for timely, safe removal, according to local legislated biomedical waste by-laws.		M			

13	Sharps Safety Program	LR	R	C	NC	NA NR
13.4	<p>Needles are to be safety-engineered medical sharps (SEMS) whenever possible.</p> <ul style="list-style-type: none"> ➤ Additional Resource: Ontario Regulation 474/07 Needle Safety. 	LR	M			
13.5	<p>There are written policies and procedures to prevent and manage injuries from sharp objects.</p> <ul style="list-style-type: none"> ➤ Additional Resources: Refer to CAN/CSA Group – Z314-18 Canadian medical device reprocessing. ➤ General Duty Clause of the <i>Occupational Health and Safety Act-s.25(2)(h).</i> 	LR	IE			

Notes and Recommendations:

14. General Policies and Procedures

14	General Policies and Procedures	LR	R	C	NC	NA NR
14.1	<p>There are written IPAC policies and procedures that are based on the most current best practices.</p> <ul style="list-style-type: none"> ➤ Resource: For items 14.1 to 14.3, refer to specific sections throughout document. ➤ Additional Resource: PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May 2012. See section on IPAC Program Functions, B. Policies and Procedures. 		IE			
14.2	<p>Policies and procedures are developed and reviewed on an ongoing basis and are based on current scientific literature and best practices.</p> <ul style="list-style-type: none"> ➤ Additional Resource: For 14.2 and 14.3, refer to PIDAC Best Practices for IPAC Programs in Ontario, May 2012. See section on Policies and Procedures. 		IE			

14	General Policies and Procedures	LR	R	C	NC	NA NR
14.3	Staff members have access to the IPAC policies and procedures and are familiar with their use.		IE			

Notes and Recommendations:

15. Education

15	Education	LR	R	C	NC	NA NR
15.1	Regular education (including orientation and continuing education) and support is provided to help staff consistently implement appropriate IPAC practices. ➤ Resource: Refer to the section on Staff Education and Training .		IE			
15.2	The employer, supervisor and the worker have a role in informing/being aware of hazards and dangers by providing/reading information, instructions and supervision on how to work safely. ➤ Resource: Refer to Occupational Health and Safety Act .	LR	IE			
15.3	There is a process for recording and reporting of attendance at staff education and training sessions. ➤ Resource: Refer to PIDAC Routine Practices and Additional Precautions, November 2012 . See section on Staff Education and Training.		IE			

Notes and Recommendations:

ADDITIONAL SECTION

The following section includes Occupational Health and Safety-related practices that may be reviewed and identified during an inspection/assessment.

For further assistance:

Concerns regarding noncompliance with the *Occupational Health and Safety Act* may be reported to the Ministry of Labour.

16. Occupational Health and Safety

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.1	<p>Responsible physician(s), owner(s), operator(s) or manager(s) understand their duties and responsibilities under Ontario's <i>Occupational Health and Safety Act</i> to ensure workers know about hazards and dangers by providing information, instruction, supervision on how to work safely (e.g., appropriate handling of chemicals) and training and access to appropriate PPE based on risk assessment of exposure.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Legislation Relating to Infection Prevention and Control Practices in the Clinical Office- A. The Occupational Health and Safety Act. 	LR	IE			
16.2	<p>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.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Administrative Controls and item - Staff Immunization. ➤ Additional Resource: Refer to the Blood-Borne Diseases Surveillance Protocol for Ontario Hospitals developed by the OHA/OMA in collaboration with the Ministry of Health and Long-Term Care. 		IE			

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.3	<p>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 (if covered) is required* and reporting to the Ministry of Labour may be done as appropriate.</p> <p><i>*Dependent on size of employer.</i></p> <ul style="list-style-type: none"> ➤ Resource: 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. 		IE			
16.4	<p>There is a healthy workplace policy, which includes a clear expectation that workers do not come into work when ill with symptoms of infection.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to the section on Administrative Controls - Healthy Workplace Policies and Infections in Health Care Providers. 		IE			
16.5	<p>Workers are immunized, as recommended by the National Advisory Committee on Immunization.</p> <ul style="list-style-type: none"> ➤ Resource: Refer to section on Administrative Controls – Staff Immunization. 		M			
16.6	<p>All hazardous products (e.g. cleaning and disinfecting agents) are labelled according to WHMIS requirements.</p> <ul style="list-style-type: none"> ➤ Resources: 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). 	LR	M			
16.7	<p>Safety Data Sheets (SDS) for cleaning/disinfecting products are readily available and up to date.</p> <ul style="list-style-type: none"> ➤ 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). 	LR	M			

16	Occupational Health and Safety	LR	R	C	NC	NA NR
16.8	<p>IPAC and Occupational Health and Safety policies and procedures are followed by all workers.</p> <p>➤ Resource: Refer to PIDAC Best Practices for Infection Prevention and Control Programs in Ontario, May 2012. See section 4.</p>		M			
16.9	<p>An eyewash fountain is provided when there is the potential for injury to the eye due to contact with a biological or chemical substance and used/managed, as per MIFU.</p> <p>➤ Resource: Refer to R.R.O. 1990, Reg. 851: Industrial Establishments, s. 124.</p>	LR	IE			
16.10	<p>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.</p> <p>➤ Resource: Refer to Appendix C: Recommendations for Physical Space for Reprocessing.</p>		IE			

Notes and Recommendations:

Please Print and Sign

Owner/Operator (Print Name):

Signature:

Date:

Inspector/Assessor/Investigator Signature:

Additional Inspector/Assessor/Investigator Signature(s):

Additional Notes

Citation

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