cpsa
COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

Infection Prevention & Control Requirements
for Medical Clinics

Last revised: July 2020

These requirements were developed with input from experts in infection prevention & control, infectious disease, medical device reprocessing, environmental public health, the CPSA IPAC Advisory Committee, and community-based physicians and surgeons.

SCOPE

CPSA regulated members practicing in independently operated (non-government) medical clinics in Alberta must ensure that these requirements are followed. CPSA's Infection Prevention and Control Standards of Practice set out that these requirements represent the behaviour and conduct expected from physicians and physician assistants.

These standards do not apply to prescribed health services requiring accreditation as outlined in CPSA Bylaws, Part 5, Section A - Medical Facilities. Consult with the CPSA Accreditation Department for program-specific requirements in accredited medical facilities: http://www.cpsa.ca/accreditation/.

For assistance or more information on these requirements, contact the CPSA IPAC Program: ipac@cpsa.ab.ca or 780-969-5004.

1.0 ADMINISTRATIVE CONTROLS

1.1 Clinics must maintain the following written infection prevention & control policies and procedures.

- 1.1.1 Hand hygiene
- 1.1.2 Point-of-care risk assessment
- 1.1.3 Selection and use of personal protective equipment
- 1.1.4 Environmental cleaning and disinfection
- 1.1.5 Handling of blood and body fluid
- 1.1.6 Decontamination of blood and body fluid
- 1.1.7 Management of blood and body fluid exposures
- 1.1.8 Recommended immunizations for employees
- 1.1.9 Exclusion or work restriction during staff illness (if appropriate)
- 1.1.10 Cleaning and disinfection of toys (if applicable)
- 1.1.11 Cold chain management of vaccines (if applicable)
- 1.1.12 Medical device reprocessing (if applicable)

1.1.13 Policies and procedures must be consistent with current regulations, standards, and guidelines.

1.1.14 Policies and procedures must be dated and reviewed at least every 5 years, and following changes to process.

1.2 Applicable staff must receive documented infection prevention & control training and education upon hire and ongoing as necessary.

- 1.2.1 Training in infection prevention & control for applicable staff must be documented.
- 1.2.2 Staff must be aware of facility policies and procedures and where to access information on infection prevention & control.

1.3 There must be a designated individual responsible for infection prevention & control.

- 1.3.1 The designated individual must be employed by or regularly available to the facility.
- 1.3.2 The designated individual must be appropriately trained on the principles of infection prevention & control.

1.4 Notifiable diseases must be reported in accordance with expectations from the regional health authority.

1.4.1 Staff must have access to the schedules of notifiable diseases.

1.4.2 Clinically diagnosed notifiable diseases must be reported in accordance with provincial legislation.

1.5 Medical devices must hold a valid Health Canada medical device license where necessary.

1.5.1 Medical devices must hold a valid Health Canada medical device license where necessary (e.g., sterilizers, ultrasonic cleaners, lasers, etc.).

1.5.2 Staff must be familiar with Health Canada medical device licensing requirements.

2.0 HAND HYGIENE

2.1 Hand hygiene stations must be present in the following locations, where necessary.

2.1.1 Facility entrances and exits

2.1.2 Each patient care area

2.1.3 Staff lounges

2.1.4 Food preparation areas

2.1.5 Clean or sterile storage areas

2.1.6 Where personal protective equipment is donned or doffed

2.1.7 Utility areas or areas where soiled items are handled

2.1.8 Nursing stations

2.1.9 Laboratory workstations

2.1.10 Medication preparation areas

2.1.11 Medical device reprocessing area

2.1.12 Other locations necessary to facilitate compliance with routine practices

2.1.13 A dedicated hand hygiene sink must be accessible to where procedures with the potential to soil hands are performed.

2.2 Hand hygiene sinks must be adequately supplied.

2.2.1 Sinks must be equipped with warm running water, plain liquid soap, and paper towel dispensers.

2.2.2 A sink(s) must be dedicated for handwashing (e.g., no equipment decontamination, waste disposal, food preparation).

2.3 Hand hygiene must be performed, at minimum, at the following four moments.

2.3.1 Prior to contact with a patient or patient's environment.

2.3.2 Prior to a clean or aseptic procedure.

2.3.3 After exposure or risk of exposure to blood and/or body fluid.

2.3.4 After contact with a patient or patient's environment.

2.4 Hand hygiene must be performed according to recommended procedures.

2.4.1 Soap and water must be used according to recommended procedures.

2.4.2 Alcohol-based hand rub must be used according to recommended procedures.

2.5 Hand hygiene products must be appropriately stored, selected, and used.

2.5.1 Hand washing with soap and water must occur:

a. When hands are visibly soiled.

b. During food preparation.

c. Following glove removal when providing care for patients with diarrhea and/or vomiting.

2.5.2 Alcohol-based hand rub may be used for hand hygiene except in situations described in G.2.5.1.

2.5.3 Antimicrobial soap must be used appropriately.

2.5.4 Hand hygiene products must be within their expiry date.

2.5.5 Hand hygiene products must be stored safely, and in accordance with provincial fire code.

3.0 PERSONAL PROTECTIVE EQUIPMENT AND PRECAUTIONS

3.1 A standard point-of-care risk assessment must be performed upon first interaction with patients.

3.1.1 Patients must be screened for signs and symptoms of communicable disease (e.g., fever, cough, diarrhea, vomiting, rash).

3.1.2 Where patients present with signs and symptoms of communicable disease, appropriate precautions must be implemented promptly.

3.2 Personal protective equipment necessary for adherence to routine practices must be readily available.

3.2.1 The following personal protective equipment must be available to facilitate tasks being performed safely.

a. Disposable gloves

b. Sterile gloves for aseptic procedures

c. Gowns

d. Eye protection

e. Procedure masks

f. N95 respirators (if applicable)

3.3 Personal protective equipment must be appropriately used.

3.3.1 Personal protective equipment must be donned and doffed at the appropriate times.

a. Gloves must be donned, at minimum, when contact with blood and body fluid, mucous membranes, non-intact skin, soiled equipment, or contaminated surfaces may occur.

b. Facial protection must be donned, at minimum, where there is potential for blood and body fluid exposure.

3.3.2 Personal protective equipment must be donned and doffed correctly.

3.3.3 Personal protective equipment must be appropriately sized and fitted.

3.3.4 Single-use personal protective equipment must be discarded after each use.

3.3.5 Reusable personal protective equipment must be appropriately cleaned and disinfected in between uses.

4.0 MANAGEMENT OF MEDICAL SHARPS

4.1 Medical sharps must be safely handled, stored, and disposed.

4.1.1 Sharps must be safety-engineered in accordance with provincial legislation.

4.1.2 Sharps containers must meet the following CSA requirements:

a. Clearly labelled

b. Puncture-resistant

c. Tamper-proof

d. Closeable

e. Leak-proof

4.1.3 Single-use sharps must be discarded in a sharps container at point-of-use.

4.1.4 Sharps containers must be replaced when the fill line is reached (or when container is ¾ full).

4.1.5 Sharps must be securely stored until final disposal.

4.1.6 Sharps containers must be single-use. They cannot be emptied and reused.

5.0 PHYSICAL ENVIRONMENT

5.1 The physical environment must be constructed of acceptable materials.

5.1.1 Where necessary, surfaces must be easily maintained, impermeable, and durable to withstand frequent cleaning and disinfection.

5.2 The physical environment must be adequately maintained.

5.2.1 Surfaces must be clean and in good repair.

5.2.2 Equipment must be clean and in good repair.

5.3 Washrooms must be adequately maintained.

5.3.1 Washrooms must be clean and in good repair.

5.3.2 A hand hygiene sink with warm running water, plain liquid soap, and disposable paper towel dispenser must be available for handwashing.

a. Alcohol-based hand rub must not be the primary hand hygiene provision in the washroom.

5.3.3 A waste receptacle must be present.

5.4 Waste must be appropriately managed and disposed in accordance with local regulations.

5.4.1 Biomedical waste must be segregated and securely stored until final disposal.

5.4.2 Final disposal of biomedical waste must be done in accordance with municipal bylaws (e.g., approved biomedical waste company).

5.4.3 General waste receptacles must be present at the point-of-generation.

5.4.4 General waste receptacles must be emptied at acceptable frequencies.

5.4.5 General waste disposed must be done in a manner that is practical, efficient, and in accordance with municipal bylaws.

5.5 Products must be safely stored, dispensed, and used.

5.5.1 Single-use products must be discarded after each use.

5.5.2 Reusable products must be dispensed in a manner that protects the remaining portion from contamination.

5.5.3 If reusable containers are used, "topping up" between refills must never be done.

5.5.4 If reusable containers are used, containers must be cleaned, rinsed, and dried prior to refill.

5.6 Storage must be appropriate for medical supplies and clean/sterile devices.

5.6.1 Clean supplies and medical devices must be stored in a clean, dry, dust-free area away from debris, drains, moisture, and the proximity of sinks.

5.6.2 Clean supplies and medical devices must be adequately stored to prevent contamination and maintain cleanliness/sterility (e.g., not stored at the foot of exam tables).

6.0 ENVIRONMENTAL CLEANING

6.1 Surfaces must be cleaned and disinfected on a regular basis.

- 6.1.1 Surfaces must be cleaned and disinfected on a regular schedule and when visibly soiled.
- 6.1.2 Clinical contact surfaces must be cleaned and disinfected in between patients, when applicable.
- 6.1.3 Surfaces must be cleaned prior to disinfection.
- 6.1.4 Disinfectants must have a Health Canada Drug Identification Number (DIN) and an achievable contact time (e.g., 1-3 minutes).

6.2 Hazardous materials must be labelled, prepared, used, and stored in accordance with manufacturer's instructions and provincial legislation.

- 6.2.1 Manufacturer's instructions must be followed for dilution (mixing), storage, shelf-life, and contact time.
- 6.2.2 Cleaners, disinfectants, and other hazardous materials must be stored either in original containers or in appropriately labelled containers.

6.3 Toys must be safely maintained.

- 6.3.1 Toys must be constructed of smooth, impermeable materials that can withstand frequent cleaning and disinfection.
- 6.3.2 Toys must be cleaned and disinfected at least daily and when visibly soiled.
- 6.3.3 Appropriate products (e.g., food grade) must be used for cleaning and disinfection.

6.4 Linens must be safely used.

- 6.4.1 Linens must be changed in between patient use.
- 6.4.2 Reusable linens must be appropriately laundered in between use.
- 6.4.3 Soiled linens must be appropriately handled and contained.
- 6.4.4 Single-use examination table covers must be discarded after each use.

7.0 MEDICATION AND VACCINE INJECTION SAFETY

7.1 Medications must be safely stored, handled, and used.

- 7.1.1 Medications must be securely stored, handled, and used according to manufacturer's instructions.
- 7.1.2 There must be appropriate storage (e.g., refrigeration) for medications requiring temperature control.
- 7.1.3 Single-dose medications must be discarded after each use.
- 7.1.4 Multi-dose containers must be labelled with date of opening and discarded within 28 days, unless otherwise specified by the manufacturer.
- 7.1.5 Medications must be within their expiry date.
- 7.1.6 Medication administration tubing and connectors (e.g., intravenous lines) must only be used for one patient.
- 7.1.7 Compounded sterile preparations must be prepared, or obtained from sources that have prepared them, in accordance with pharmacy standards.
- 7.1.8 Compounded sterile preparations must be administered within their beyond-use period.

7.2 Vaccines must be stored, handled, and used in accordance with provincial policy and national guidelines.

- 7.2.1 The vaccine storage refrigerator must be acceptable as describe by the Alberta Vaccine Cold Chain Policy.
- 7.2.2 The vaccine storage refrigerator must be dedicated for medications and/or vaccines (e.g., no food, drink, specimens).
- 7.2.3 Vaccines must be stored, handled, and used according to manufacturer's instructions.
- 7.2.4 Storage temperatures must be maintained between 2°C and 8°C, or as specified by the manufacturer.
- 7.2.5 Temperatures must be monitored with at least a minimum maximum thermometer calibrated to ± 1°C.
- 7.2.6 Temperatures must be monitored and recorded at least twice per day.
- 7.2.7 Vaccines and diluent must be within their beyond-use and expiry dates.

7.3 Injections must be safely prepared and administered.

7.3.1 Needles and syringes must only be used for one patient for one procedure.

7.3.2 Needles and syringes must remain in sterile packaging until immediately prior to use.

7.3.3 A new needle and syringe must be used for each entry into a multi-dose vial.

7.3.4 Multi-dose vials must be disinfected with alcohol prior to each entry.

7.3.5 Injections must be prepared using aseptic technique.

7.3.6 Injections must be prepared in a clean area that is free of contamination.

7.3.7 Appropriate antiseptics must be used for skin preparation prior to injections and other invasive procedures.

8.0 POINT-OF-CARE TESTING DEVICES

8.1 Point-of-care testing devices (e.g., blood glucose monitoring devices) must be safely used.

8.2 Single-use devices and single-use components (e.g., lancets) must be discarded after each use.

8.3 Single-patient devices must be dedicated to single-patient use, and cleaned and disinfected according to manufacturer's instructions in between use.

8.4 Multi-patient devices (e.g., glucometers) must be cleaned and disinfected according to manufacturer's instructions in between use.

9.0 MEDICAL DEVICE REPROCESSING

9.1 Reusable non-critical medical devices and equipment must be safely reused.

9.1.1 Non-critical equipment (e.g., blood pressure cuffs, otoscope handles) must be cleaned and disinfected as necessary.

9.2 Reusable semi-critical and critical medical devices must be appropriately reprocessed according to risk classification.

9.2.1 Reprocessing of reusable semi-critical and critical medical devices must be done in accordance with CPSA's Reusable & Single-Use Medical Device Requirements for Medical Clinics.

GLOSSARY

- **Cold chain**: Process used to maintain optimal conditions during the transport, storage, and handling of vaccines.
- **Contact time (dwell time)**: Length of time a disinfectant's label states it must remain wet on a surface in order to achieve efficacy (disinfection).
- **Critical device**: Device that enters sterile tissues, including the vascular system (e.g., biopsy forceps, foot care equipment, dental hand pieces, etc.).
- **Hand hygiene station**: A dedicated sink with warm running water, plain liquid soap, and paper towel dispenser or alcohol-based hand rub.
- **Medical device reprocessing**: Cleaning, disinfection, and/or sterilization of reusable medical equipment.
- **Medical sharps**: Needles, knives, scalpels, blades, scissors, and other items that can cut or puncture that may be contaminated with a biohazardous material.
- **Non-critical device**: Device that touch only intact skin (no mucous membranes) or does not directly touch the patient (e.g., blood pressure cuffs, stethoscopes, otoscope handles, etc.).
- **Point-of-care risk assessment**: An analysis of risk factors related to potential exposure to infectious agents.
- **Point-of-care testing device**: Test kit or hand-held device that is used to read blood, saliva, or urine specimens outside a medical laboratory.
- **Routine practices**: Set of precautionary measures designed to protect workers from exposure to infectious agents.
- **Safety-engineered sharp**: A medical sharp that is designed to, or has a built-in safety feature or mechanism that will minimize risk of accidental parenteral contact.
- **Semi-critical device**: Device that comes in contact with non-intact skin or mucous membranes but ordinarily does not penetrate them (e.g., respiratory therapy equipment, trans rectal probes, specula etc.).

REFERENCES

1. Alberta Health, Infection Prevention & Control. 2012. *Standards for Cleaning, Disinfection and Sterilization of Reusable Medical Devices for Health Care Facilities and Settings*.

2. Alberta Health, Infection Prevention & Control. 2011. *Standards for Single-Use Medical Devices: As Applied to Critical and Semi-Critical Medical Devices*.
3. Alberta Health, Surveillance and Assessment Branch. 2015. *Notifiable Disease Report (NDR) Manual.*
4. Alberta Health, Surveillance and Assessment Branch. 2015. *Vaccine Cold Chain Policy.*
5. Alberta Health Services, Infection Prevention & Control. 2013. *Guidelines for Principles of Environmental Cleaning and Disinfection*.
6. Alberta Health Services, Infection Prevention & Control. 2011. *Hand Hygiene Policy PS-02*.
7. Alberta Health Services, Infection Prevention & Control. 2011. *Hand Hygiene Procedure PS-02-01*.
8. American Academy of Pediatrics, Committee on Infectious Diseases and Committee on Practice and Ambulatory Medicine. 2000. *Infection Control in Physicians' Offices*.
9. Canadian Committee on Antibiotic Resistance. 2007. *Infection Prevention and Control Best Practices for Long Term Care, Home and Community Care including Health Care Offices and Ambulatory Clinics*.
10. Canadian Standards Association. 2018. *Standard Z314-18 Canadian medical device reprocessing.*
11. Canadian Standards Association. 2009. *Standard Z317.10-09 Handling of waste materials in health care facilities and veterinary health care facilities*. Canadian Standards Association. 2011. *Standard Z8000-11 Canadian health care facilities*.
12. Centers for Disease Control and Prevention. 2011. *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care*.
13. College of Physicians & Surgeons of Alberta. 2011. *Medical Device Reprocessing Standards - General Assessment*.
14. College of Physicians & Surgeons of Alberta. 2008. *Medical Device Reprocessing Standards - Flexible Endoscopes Assessment*.
15. Government of Alberta. 2013. *Alberta Immunization Policy – WEB*.
16. Government of Alberta. 2014. Alberta Fire Code 4.2.6.3, *Fire safety and Hand Hygiene in Healthcare Facilities.*
17. Government of Alberta. 2009. *Occupational Health and Safety Code*.
18. Government of Alberta. 2000. *Public Health Act*.
19. Health Canada. 1998. *Infection Control Guidelines: Hand Washing, Cleaning, Disinfection and Sterilization in Health Care*.

20. Health Canada. 2017. *Medical Devices Regulations*.
21. Infection Prevention & Control – Canada. 2009. *General IP&C Practices in Ambulatory Clinic or Physician's Office*. Audit Toolkit Version.
22. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. 2013. *Best Practices for Cleaning, Disinfection, and Sterilization of Medical Equipment/Devices in All Health Care Settings.*
23. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. 2012. *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings.*
24. Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. 2013. *Infection Prevention and Control for Clinical Office Practice*.
25. Public Health Agency of Canada. 2012. *Hand Hygiene Practices in Healthcare Settings.*
26. Public Health Agency of Canada. 2007. *National Vaccine Storage and Handling Guidelines for Immunization Providers*.
27. Public Health Agency of Canada. 2012. *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings.*
28. Royal Australian College of General Practitioners. 2014. *Infection prevention and control standards for general practices and other office-based and community-based practices*. 5th edition.
29. United States Pharmacopeia. 2011. USP-NF General Chapter 797 Pharmaceutical Compounding – Sterile Preparations.