

Consultation 022 Outcomes

Council approved the formal consultation of the draft update to the *Reprocessing Medical Equipment* (proposed name: *Infection Prevention and Control*) at its Mar. 2022 meeting. [Consultation took place](#) from Mar. 21-Apr. 20, 2022.

Consultation Results

Infection Prevention and Control (formerly Reprocessing Medical Equipment)

Feedback was solicited from regulated members and partner organizations. We received 22 responses during consultation consisting of comments from 10 physicians, 3 partner organizations and 9 surveys.

Main themes:

- Support for expanding the standard, as well as the proposed renaming of the Infection Prevention and Control (IPAC) General Standards to “General Requirements” to reduce confusion with this standard of practice
- Potential challenges with adherence and mandatory compliance regarding deficiencies due to lack of understanding, some discrepancies with manufacturers’ recommendations (often inadequate) and associated costs
- Calls to clarify:
 - Definition of “community clinic”
 - Whether outsourcing sterilization is acceptable
 - Practice visits vs. inspections
- Cross-over with Accreditation’s standards

Surveys

- 89% of respondents found clause 2 to be clear on locations that are required to follow Medical Device Reprocessing (MDR) Requirement:
 - One respondent suggested clarifying what is meant by “community clinic” – updated in footnote based on input from legal counsel
- 78% of respondents found the addition of clause 3 clear with respect to expectations specific to single-use medical devices:
 - One respondent suggested referencing the MDR Requirements in its entirety – clause has been clarified
- 100% of respondents found value in the requirement for IPAC-related quality assurance in clause 4; based on concerns and confusion in feedback submitted on the website and via email, the clause had been removed prior to going back Council. However, Council decided to include the original clause in the final version due to the importance of quality assurance in the interest of public safety

- 89% of respondents found the expectations of clause 5 (participation in IPAC-related practice visits) to be clear:
 - One respondent suggested clarifying whether we are referring to practice visits or inspections – clause has been clarified
- 75% of respondents found nothing to be missing from the standard:

Medical Services Requiring Accreditation Outside of Hospitals (recommended for rescission)

Feedback was solicited from physicians and partner organizations. We received 24 responses consisting of comments from 6 physicians, 1 partner organization and 17 surveys completed.

Main themes:

- Concerns were raised with the loss of approval process for acupuncture and hair transplantation, despite clear messaging that acupuncture is no longer considered an alternative treatment (with public risk being minimal) and hair transplantation was the only aesthetic procedure with an approval process, and the technology has improved significantly over the years
 - Patient risk was identified numerous times in relation to the removal of the approval process for these procedures, with respondents seeing the approval process as protective measure for patients
 - Some suggested this demeans the reputation of the profession
 - The acupuncture approval requirement was reviewed when the [*Practising Outside of Established Conventional Medicine*](#) standard (formerly *Complementary and Alternative Medicine*) was updated in Dec. 2020. At that time, Council supported the removal of this requirement, as CPSA was the only regulator in Canada—other than CPSS—with an approval process for acupuncture, it is no longer considered an alternative treatment, and the risk to the public is minimal.
 - Historically, it was thought that hair transplantation required approval in order to mitigate infection prevention and control risks associated with reprocessing unique types of medical devices. This approach has created inconsistency between this procedure and other similar invasive aesthetic procedures that do not require Registrar approval. In addition, hair transplant technology and modalities have improved significantly since the standard was published, reducing patient risk.

- These services will not become unregulated; regulated members who perform acupuncture or hair transplantation will remain accountable to follow measures set out in the IPAC standard (e.g., hand hygiene, sharps management, sterilization, etc.). Further, risks associated with these, and other invasive procedures, will be more quickly identified and mitigated with the commencement of a CPSA medical clinic registry.
- A couple of respondents considered it challenging to provide feedback without being able to see the Non-Hospital Surgical Facility standards, claiming it lacks transparency and suggesting these should be public like the *Standards of Practice*

Summary of Changes

Infection Prevention and Control

- Title changed to address broadening of standard (from reprocessing medical equipment)
- Examples of IPAC approaches added to preamble
- Clause 1 clarified to address community medical clinics; definition in footnote clarified based on legal review
- Clause 2 rewritten for clarity regarding IPAC expectations for locations offering both community medical care and accredited services
- Clause 3 clarified to ensure community medical clinics were addressed
- Clause 4 rewritten to specify which part of the Medical Device Reprocessing Requirements must be followed
- Clause 5 (from the consultation version) was readded at Council's direction due to the importance of IPAC in public safety
- Clause 6 rewritten to address both IPAC-related practice visits and inspections

Review Updated Standard

Infection Prevention and Control

1. [Consultation version](#)
2. [Version approved by Council](#)
3. [Marked comparison with current version](#)

The updated *Infection Prevention and Control* standard will replace the current [Reprocessing Medical Equipment](#) standard and will take effect Nov. 1, 2022.

The updated [Medical Services Requiring Accreditation Outside of Hospitals](#) standard will be rescinded Oct. 1, 2022, as this work is done under the [Non-Hospital Surgical Facilities](#) program of the [Accreditation Department](#).

Questions? Contact standardsofpractice@cpsa.ab.ca.