cpsa
COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

Infection Prevention and Control Requirements for Medical Clinics

Self-Assessment Tool

Last revised: July 2022

Purpose

This resource is a companion to CPSA's Infection Prevention and Control Requirements for Medical Clinics ("Requirements") and functions as a self-assessment tool. This tool can be used by medical clinic staff to ensure ongoing compliance and mirrors the tool utilized by CPSA Assessors during assessments of medical clinics.

For assistance or more information on infection prevention & control, contact the CPSA IPAC Program at ipac@cpsa.ab.ca or 780-969-5004.

Assessment Measurement

Yes	In compliance with Requirements
No	Not in compliance with Requirements
CDA	Corrected During the Assessment
N/A	Not applicable to this medical clinic

ASSESSMENT DETAILS

Performed by: _____ **Clinic Name:** _____

Self-assessment Date: _____ **Results reported to:** _____

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
	1.0 ADMINISTRATIVE CONTROLS						
1.1	The clinic maintains 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	Are policies and procedures consistent with current regulations, standards, and guidelines?				
		1.1.14	Are policies and procedures dated and reviewed at least every 5 years, and following changes to process?				
	COMMENT						

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
1.2	Applicable staff receive documented infection prevention & control training and education upon hire and ongoing as necessary.	1.2.1	Is there documented training in infection prevention & control for applicable staff?				
		1.2.2	Are staff aware of facility policies and procedures and where to access information on infection prevention & control?				
	COMMENT						
1.3	There is a designated individual responsible for infection prevention & control.	1.3.1	Is the individual employed by or regularly available to the facility?				
		1.3.2	Is the individual appropriately trained on the principles of infection prevention & control?				
	COMMENT						
1.4	Notifiable diseases are reported in accordance with expectations from the regional health authority.	1.4.1	Do staff have access to the schedules of notifiable diseases?				
		1.4.2	Are clinically diagnosed notifiable diseases reported in accordance with provincial legislation?				
	COMMENT						
1.5	Medical devices hold a valid Health Canada medical device license where necessary.	1.5.1	Do medical devices hold a valid Health Canada medical device license where necessary (e.g., sterilizers, ultrasonic cleaners, lasers, etc.)?				
		1.5.2	Are staff familiar with Health Canada medical device licensing requirements?				
	COMMENT						
	2.0 HAND HYGIENE						
2.1	Hand hygiene stations are present where necessary.	2.1.1	Facility entrances and exits				
		2.1.2	Each patient care area				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
		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	Soiled or utility areas				
		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	Is a dedicated hand hygiene sink accessible if procedures with the potential to soil hands are performed?				
	COMMENT						
2.2	Hand hygiene sinks are adequately supplied.	2.2.1	Are sinks equipped with warm running water, plain liquid soap, and paper towel dispensers?				
		2.2.2	Are sinks dedicated for handwashing (e.g., no equipment decontamination, waste disposal, food preparation)?				
	COMMENT						
2.3	Hand hygiene is performed at the necessary times. (4 Moments of Hand Hygiene)	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?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
	COMMENT						
2.4	Hand hygiene is performed according to recommended procedures.	2.4.1	Is soap and water used according to recommended procedures?				
		2.4.2	Is alcohol-based hand rub used according to recommended procedures?				
	COMMENT						
2.5	Hand hygiene products are appropriately stored, selected, and used.	2.5.1	Is soap and water used: • When hands are visibly soiled? • During food preparation? • Following glove removal when providing care for patients with diarrhea and/or vomiting?				
		2.5.2	Is alcohol-based hand rub used except in situations described in 2.5.1?				
		2.5.3	Is antimicrobial soap used appropriately?				
		2.5.4	Are hand hygiene products within their expiry date?				
		2.5.5	Are hand hygiene products stored safely in accordance with provincial fire code?				
	COMMENT						
	3.0 PERSONAL PROTECTIVE EQUIPMENT AND PRECAUTIONS						
3.1	A standard point-of-care risk assessment is performed upon first interaction with patients.	3.1.1	Are patients screened for signs and symptoms of communicable disease (e.g., fever, cough, diarrhea, vomiting, rash)?				
		3.1.2	If present, are appropriate precautions implemented promptly?				
	COMMENT						

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
3.2	Personal protective equipment necessary for adherence to routine practices is readily available.	3.2.1	Is appropriate personal protective equipment available for all tasks performed? • Disposable gloves • Sterile gloves for aseptic procedures • Gowns • Eye protection • Procedure masks • N95 respirators (if applicable)				
	COMMENT						
3.3	Personal protective equipment is appropriately used.	3.3.1	Is personal protective equipment donned and doffed at the appropriate times? • Gloves – including, but not limited to contact with blood and body fluid, mucous membranes, non-intact skin, soiled equipment, contaminated surfaces. • Facial protection – including, but not limited to times where there is potential for blood and body fluid exposure.				
		3.3.2	Is personal protective equipment donned and doffed correctly?				
		3.3.3	Is personal protective equipment appropriately sized and fitted?				
		3.3.4	Is single-use personal protective equipment discarded after each use?				
		3.3.5	Is reusable personal protective equipment appropriately cleaned and disinfected in between use?				
	COMMENT						
	4.0 MANAGEMENT OF MEDICAL SHARPS						
4.1	Medical sharps are safely handled, stored, and disposed.	4.1.1	Are sharps safety-engineered in accordance with provincial legislation?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
		4.1.2	Do sharps containers meet CSA requirements? • Clearly labelled • Puncture-resistant • Tamper-proof • Closeable • Leak-proof				
		4.1.3	Are single-use sharps discarded in a sharps container at point-of-use?				
		4.1.4	Are sharps containers replaced when the fill line is reached (or when ¾ full)?				
		4.1.5	Are sharps securely stored until final disposal?				
		4.1.6	Are sharps containers single-use (not emptied and reused)?				
	COMMENT						
	5.0 PHYSICAL ENVIRONMENT						
5.1	The physical environment is constructed of acceptable materials.	5.1.1	Where necessary, are surfaces easily maintained, impermeable, and durable to withstand frequent cleaning and disinfection?				
	COMMENT						
5.2	The physical environment is adequately maintained.	5.2.1	Are surfaces clean and in good repair?				
		5.2.2	Is equipment clean and in good repair?				
	COMMENT						
5.3	Washrooms are adequately maintained.	5.3.1	Are washrooms clean and in good repair?				
		5.3.2	Is a hand hygiene sink with warm running water, plain liquid soap, and disposable paper towel dispenser available for handwashing (no alcohol-based hand rub)?				
		5.3.3	Is a waste receptacle present?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
	COMMENT						
5.4	Waste is appropriately managed and disposed in accordance with local regulations.	5.4.1	Is biomedical waste segregated and securely stored until final disposal?				
		5.4.2	Is final disposal of biomedical waste in accordance with municipal bylaws (e.g., approved biomedical waste company)?				
		5.4.3	Are general waste receptacles present at point-of-generation?				
		5.4.4	Are general waste receptacles emptied at acceptable frequencies?				
		5.4.5	Is general waste disposed in a manner that is practical, efficient, and in accordance with municipal bylaws?				
	COMMENT						
5.5	Products are safely stored, dispensed, and used.	5.5.1	Are single-use products discarded after each use?				
		5.5.2	Are reusable products dispensed in a manner that protects the remaining portion from contamination?				
		5.5.3	If reusable containers are used, is "topping up" between refills never done?				
		5.5.4	If reusable containers are used, are containers cleaned, rinsed, and dried prior to refill?				
	COMMENT						
5.6	Storage is appropriate for medical supplies and clean/sterile devices.	5.6.1	Are clean supplies and medical devices stored in a clean, dry, dust-free area away from debris, drains, moisture, and the proximity of sinks?				
		5.6.2	Are clean supplies and medical devices adequately stored to prevent contamination and maintain cleanliness/sterility (e.g., not stored at the foot of exam tables)?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
	COMMENT						
	6.0 ENVIRONMENTAL CLEANING						
6.1	Surfaces are cleaned and disinfected on a regular basis.	6.1.1	Are surfaces cleaned and disinfected on a regular schedule and when visibly soiled?				
		6.1.2	Are clinical contact surfaces cleaned and disinfected in between patients when applicable?				
		6.1.3	Are surfaces cleaned prior to disinfection?				
		6.1.4	Do disinfectants have a Health Canada Drug Identification Number and an achievable contact time?				
	COMMENT						
6.2	Hazardous materials are labelled, prepared, used, and stored in accordance with manufacturer's instructions and provincial legislation.	6.2.1	Are manufacturer's instructions followed for dilution (mixing), storage, shelf-life, and contact time?				
		6.2.2	Are cleaners, disinfectants, and other hazardous materials either stored in original containers or appropriately labelled?				
	COMMENT						
6.3	Toys are safely maintained.	6.3.1	Are toys constructed of smooth, impermeable materials that can withstand frequent cleaning and disinfection?				
		6.3.2	Are toys cleaned and disinfected at least daily and when visibly soiled?				
		6.3.3	Are appropriate products (e.g., food grade) used for cleaning and disinfection?				
	COMMENT						
6.4	Linens are safely used.	6.4.1	Are linens changed in between patient use?				
		6.4.2	Are reusable linens appropriately laundered in between use?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
		6.4.3	Are soiled linens appropriately handled and contained?				
		6.4.4	Are single-use examination table covers discarded after each use?				
	COMMENT						
	7.0 MEDICATION AND VACCINE INJECTION SAFETY						
7.1	Medications are safely stored, handled, and used.	7.1.1	Are medications securely stored, handled, and used according to manufacturer's instructions?				
		7.1.2	Is there appropriate storage (e.g., refrigeration) for medications requiring temperature control?				
		7.1.3	Are single-dose medications discarded after each use?				
		7.1.4	Are multi-dose containers labelled with date of opening and discarded within 28 days, unless otherwise specified by the manufacturer?				
		7.1.5	Are medications within their expiry date?				
		7.1.6	Is medication administration tubing and connectors (e.g., intravenous lines) used only for one patient?				
		7.1.7	Are compounded sterile preparations prepared, or obtained from sources that have prepared them in accordance with pharmacy standards?				
		7.1.8	Are compounded sterile preparations administered within their beyond- use period?				
	COMMENT						
7.2	Vaccines are stored, handled, and used in accordance with provincial policy and national guidelines.	7.2.1	Is the vaccine storage refrigerator a unit in accordance with the Alberta Vaccine Cold Chain Policy?				
		7.2.2	Is the vaccine storage refrigerator dedicated for medications and/or vaccines (e.g., no food, drink, specimens)?				
		7.2.3	Are vaccines stored, handled, and used according to manufacturer's instructions?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
		7.2.4	Are storage temperatures maintained between 2-8°C, or as specified by the manufacturer?				
		7.2.5	Are temperatures monitored with at least a minimum maximum thermometer calibrated to ± 1°C?				
		7.2.6	Are temperatures monitored and recorded at least twice per day?				
		7.2.7	Are vaccines and diluent within their beyond-use and expiry dates?				
	COMMENT						
7.3	Injections are safely prepared and administered.	7.3.1	Are needles and syringes used only for one patient for one procedure?				
		7.3.2	Do needles and syringes remain in sterile packaging until immediately prior to use?				
		7.3.3	Is a new needle and syringe used for each entry into a multi-dose vial?				
		7.3.4	Are multi-dose vials disinfected with alcohol prior to each entry?				
		7.3.5	Are injections prepared using aseptic technique?				
		7.3.6	Are injections prepared in a clean area that is free of contamination?				
		7.3.7	Are appropriate antiseptics used for skin preparation prior to injections and other invasive procedures?				
	COMMENT						
	8.0 POINT-OF-CARE TESTING DEVICES						
8.1	Point-of-care testing devices (e.g., blood glucose monitoring devices) are safely used.	8.1.1	Are single-use devices and single-use components (e.g., lancets) discarded after each use?				
		8.1.2	Are single-patient devices dedicated to single-patient use, cleaned and disinfected according to manufacturer's instructions in between use?				

REQUIREMENTS		ASSESSMENT OF COMPLIANCE		YES	NO	CDA	N/A
		8.1.3	Are multi-patient devices (e.g., glucometers) cleaned and disinfected according to manufacturer's instructions in between use?				
	COMMENT						
	9.0 MEDICAL DEVICE REPROCESSING						
9.1	Reusable non-critical medical devices and equipment are safely reused.	9.1.1	Is non-critical equipment (e.g., blood pressure cuffs, otoscope handles) cleaned and disinfected as necessary?				
	COMMENT						
9.2	Are reusable semi-critical and critical medical devices reprocessed 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.