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STANDARDS AND GUIDELINES

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Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathic practice, the legislation governs.

College publications contain practice parameters and standards which should be considered by all Ontario homeopaths in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

INTENT

The intent of this guideline is to advise Registrants with respect to the incorporation of appropriate infection prevention and control measures into their practice.

PREAMBLE

While typically healthy individuals will face infection from time-to-time, a proportion of homeopathic patients may be immunocompromised in some way. Harmless microbes existing throughout the environment and under the right conditions can cause serious, life-threatening illnesses in individuals with some level of immunocomprimise. Infections that take advantage of weakness in the immune defenses are called “opportunistic infections”. It is important that homeopaths consider these opportunistic infections and the impact they may have on select patients.

Infection control is an integral part of good health practices and critical to the health and safety of both healthcare workers and their patients. It refers to measures practised by healthcare personnel to prevent the spread of unhealthy infectious agents or pathogens between patient, from healthcare workers to patients, and from patient s to healthcare workers in healthcare settings. Depending on how infectious agents are transmitted, infection control measures include standard, contact, droplet, and airborne precautions.

This guideline is evidence-based and is intended to assist you in achieving best practices in applying appropriate infection control measures in your practice settings. It describes Routine and Additional Infection Control Practices

[1] This document was adapted from the *Infection Control for Regulated Professionals* guide, developed by an interdisciplinary, ad-hoc Infection Control Committee of participating Ontario Regulatory Health Colleges, 2006.

applicable to community clinics, family practices, private consulting practices, home care and other community settings where homeopaths are providing direct patient care. It is based on Health Canada recommendations as recognized by the Ontario Ministry of Health and Long Term Care. Where conflicting information exists, Health Canada recommendations prevail.

DESCRIPTION OF GUIDELINE

A. Your Professional Responsibility

As a Homeopath, whether working independently, in partnership, or as an employee you are accountable for providing safe and ethical care to the public in accordance with the health care standards. It is your responsibility to ensure that your infection control practices are current and meet your professional requirements that include the application of evidence-based measures and the use of professional judgment.

Registrants are responsible for:

- Knowing the current infection control guidelines for your practice setting.
- Assessing risks and knowing how to use/apply the infection control guidelines in your practice.
- Adhering to the "current" infection control programs.
- Educating and modeling infection control practices for others, such as teaching hand washing techniques to patients.
- Being aware of what your infection control resources are and where to find out more.
- Advocating for best practices in infection control.
- Ensuring ongoing quality of infection control practices.
- Monitoring changes to infection control practices (health alerts) and updating your practice accordingly.

B. How Infection Spreads

Understanding how infection is spread is necessary for developing and using good infection control strategies.

There are four main routes of transmission for organisms and microorganisms:

i. contact (either direct or indirect, or droplet);
ii. airborne transmission;
iii. vehicle (e.g. contaminated foodstuffs including enteral and parenteral solutions); and
iv. vectorborne transmission (e.g. insects, ticks).

i. Contact transmission may occur via direct or indirect means:

- Direct contact transmission involves direct body-to-body surface contact and physical transfer of microorganisms between an infected or colonized person and another individual (e.g. when a homeopath assists with transfer of a patient or touches a preschool-aged patient during a circle time activity; when two patients have direct body-to-body surface contact while sitting next to one other, etc.). The homeopath must wash his/her hands at the beginning and end of each session to prevent the transfer of organisms from one person to another.

- Indirect contact transmission involves contact between an individual (susceptible host) and, for example, a contaminated inanimate object such as motivational therapy toys, assessment tools, or environmental surfaces (frequent touch surfaces may include door knobs and handles, handrails, tables, chairs, washroom surfaces, cutlery and dishes, computer keyboards, mice, electronic devices with buttons, office supplies, medical instruments and toys). The contamination of inanimate objects is often the result of unwashed hands. Oral-fecal transmission essentially occurs through indirect contact when fecal organisms from an infected individual comes in contact with an inanimate object or a common vehicle such as food or medication. Inadequate hand and/or environmental cleaning or practices where intermediary contaminated objects are used are generally the culprit of such transmission. Some organisms are capable of surviving on a surface for an extended period of time. Any touch surface that cannot be easily cleaned and disinfected should be discarded.

- Droplet transmission is technically another form of contact transmission although distinct from the other forms. Droplet secretions are produced after coughing, sneezing, or talking, and also during procedures such as suctioning and the administration of inhalants. Droplets containing infection travel through the air, and can be breathed in, or land in a person's nose, mouth or eyes, which can also cause an infection. Droplets do not remain suspended in the air, and hence do not require special air handling and ventilation. They can however, contaminate the surrounding environment resulting in indirect contact transmission. Respiratory etiquette is an important consideration to prevent the spread of droplet secretions.

ii. Airborne transmission occurs when particular types of microorganisms remain suspended in the air for long periods of time and are dispersed by air currents. Airborne evaporated droplets containing microorganisms, or dust particles containing an infectious agent can be inhaled by a person in the same room or over a longer distance from the source. Airborne transmission allows organisms to enter the upper and lower respiratory tracts. For example, influenza, tuberculosis, measles, chickenpox, and shingles are all spread by airborne transmission. While environmental controls (e.g., appropriate ventilation systems and air handling) are especially important with regard to airborne transmission, a hierarchy of control measures is recommended. This hierarchy of controls includes the use of personal protective equipment.

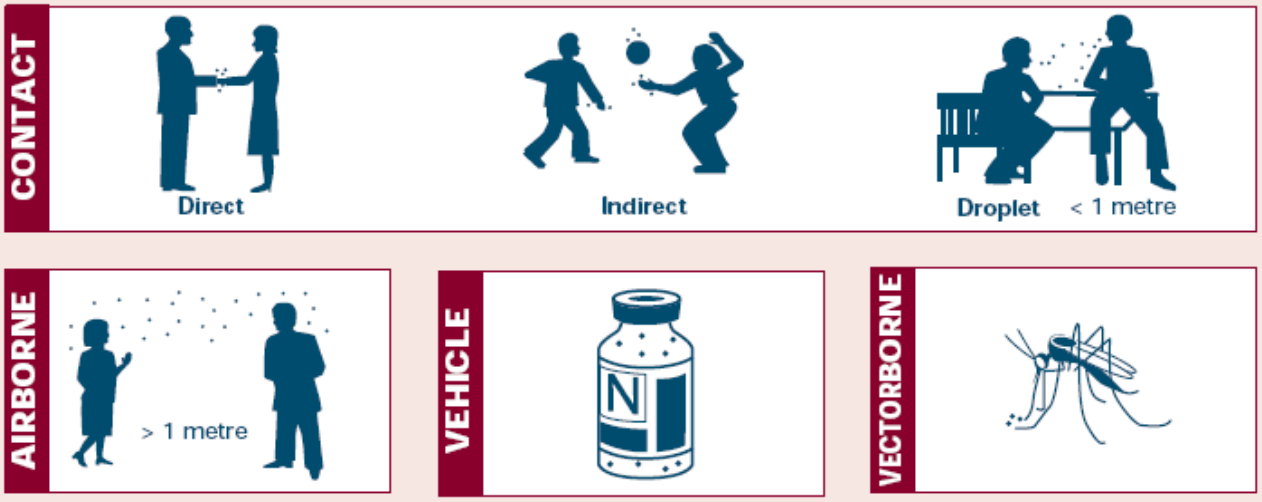
iii. Common vehicle transmission applies to microorganisms transmitted by contaminated items such as food, water and medications to multiple hosts, resulting in explosive outbreaks.

iv. Vectorborne transmission occurs when vectors such as mosquitoes, flies, rats, and other vermin transmit microorganisms.

Resistance to pathogenic microorganisms can vary greatly from one individual to another. Some individuals may be immune to infection or may be able to resist colonization by an infectious agent. Other individuals exposed to the same microorganism may be asymptomatic carriers. Still others will develop disease. Host factors including age, underlying diseases, and breaks in the "first line of defense" (e.g.

factors such as surgical operations, anesthesia, or invasive procedures) may make individuals more susceptible to infection. Self-care practices such as good oral hygiene, hand hygiene, and respiratory etiquette can all reduce the risk of infection.

Figure 1: HOW MICROORGANISMS ARE ACQUIRED



* From CPSO, *Infection Control in the Physician's Office*, p 9.

C. Assessing the Risk

Assessing the Need for Transmission-Based Precautions — 3 Steps

Step 1 — Assess

- Use your professional knowledge, skill and judgment to assess the potential routes of transmission in your practice (contact, droplet and airborne).
- Assess the risks involved in what you are doing. Consider the procedures you perform, the tools you use and your environment.
- Assess patients and people around you for potential transmission of disease, e.g., Call ahead of time to do a screen for febrile respiratory illnesses.
- Remember to consider your own health. Are you at risk of spreading infection to others?

Step 2 — Control

- Based on your surveillance and assessment, determine your need for additional infection control precautions.
- Establish what type of personal protective equipment or precautions you will need to achieve adequate infection control.

Step 3 — Prevent

- Wash your hands frequently.
- Be prepared; have updated infection control programs in place that suit your needs and your patients.
- Have a plan; be aware of how to manage special situations (see below).
- Have the appropriate Personal Protective Equipment (PPE) available.
- Know when and how to use PPE correctly.
- Educate others about good infection control practices.
- Stay home when you are sick. If you must work when you are ill, cover your mouth when coughing or sneezing, consider wearing a surgical mask, and wash your hands frequently.

Table 1 — Assessing Risk for Infection Control Strategies[2]

Situation	Infection Control Strategy (escalating)
Routine Patient Care No physical contact Communication with patient >1 metre away.	*Routine Practices* Hand hygiene Respiratory etiquette (cover mouth and nose when coughing or sneezing, followed by proper hand hygiene)
Physical contact with patient — intact skin	*Contact Precautions* Hand hygiene
Physical contact with patient — skin problem You or your patient has an infected or open wound, non-intact skin, no respiratory concerns.	*Contact Precautions* Hand hygiene Gloves Proper removal and disposal of gloves followed by hand hygiene
Physical contact with patient — droplets procedure may involve body fluids, splashing	*Droplet Precautions* Hand hygiene Use professional judgement: Gloves Surgical Mask Eye protectors Gowns Proper removal and disposal of PPE followed by hand hygiene.
Close contact with patient — respiratory symptoms	*Droplet Precautions* Hand hygiene Respiratory etiquette — cover mouth and nose when coughing or sneezing, followed by proper hand hygiene. Use professional judgement: Gloves Surgical mask for Homeopath and/or patient Eye protectors
Close contact with patient — fever and respiratory symptoms	*Droplet Precautions* Hand hygiene Respiratory etiquette — cover mouth and nose when coughing or sneezing, follow with proper hand hygiene. Use professional judgement: Gloves Surgical mask for Homeopath and/ or patient Eye protectors Follow health alerts if applicable
Contact with patient having known airborne infection e.g. active TB	*Airborne Precautions* Droplet Precautions with N95 mask Proper Ventilation
Health Alert in effect	Follow MOHLTC Guidelines

[2] Adapted from Infection Control for Regulated Professionals Guide, developed by an interdisciplinary, ad-hoc Infection Control Committee of participating Ontario Regulatory Health Colleges, 2006.

There are three components to assessing risks for infection control:

I. Your personal safety and risk of infecting others;
II. Preventing spread of infection between people; and
III. Preventing spread of infection through your environment, your tools or equipment.

I. Your Personal Safety and Risk of Infecting Others

As care providers, homeopaths are at risk of infection which they can spread to others at work. It is beyond the scope of this guideline to review all infectious diseases but, as a homeopath, you must be aware of situations when you should not go to work or where you should restrict your usual practices.

You need to follow *additional precautions* if you or the patient is immunocompromised or has:

- dermatitis
- a common cold
- influenza or flu-like symptoms
- a gastrointestinal illness with vomiting or diarrhea
- cold sores
- shingles or
- tuberculosis

Recommended Reading

Registrants are encouraged to review the more detailed recommendations in the documents below and to update work restriction policies and recommended immunizations for health care workers accordingly:

- College of Physicians and Surgeons of Ontario. *Infection Control in the Physician's Office (2004)*.
- BC Centre of Disease Control. *Guidelines for infection prevention and control in the physician's office (2004)*.

II. Preventing Spread of Infection between People

Each patient encounter is an opportunity for the transmission or prevention of infection. Controlling the spread of infection in your practice can protect your patients, your colleagues and you from illnesses such as measles or influenza.

Booking Patient Appointments and Reception[3]

Assessing every patient for the possibility of infection is desirable, but not practical. Share the responsibility of infection control with your patients and consider these practices:

1. If you do reminder phone calls to patient just prior to their appointments, ask about coughing, diarrhea or new rashes and fever.
2. Post signage at the entrance requesting that patients with symptoms identify themselves on arrival.

[3] College of Physicians and Surgeons of Ontario. *Infection Control in the Physician's Office* (2004), page 17

And 3. Where possible, rather than letting patient with symptoms wait in busy areas, direct them immediately into counseling rooms to minimize the risk of spreading infection.
4. Where possible, try to arrange waiting rooms with enough space to allow at least one metre between patients for symptomatic patient.
5. Implement a respiratory etiquette:
   - It might include signage, providing masks, tissues, waste containers and appropriate sanitizing hand rub.
   - Post instructions to cover the nose and mouth when coughing or sneezing. Sample visual aids are available at: http://www.cdc.gov/flu/professionals/infectioncontrol/reresphygiene.htm

III. Preventing Spread of Infection through Your Environment

It is up to you to classify the tools and equipment used in your practice and to determine what level of disinfection is necessary. Deciding how to decontaminate inanimate objects depends on the type of item involved and how it relates to the procedures performed. Under normal circumstances, routine procedures performed by Registrants are clean procedures, as opposed to sterile procedures. As such, most of infection control processes you would use involve cleaning, sanitization and low level disinfection.

The *Spaulding Classification Scheme* (Appendix B, *Table 5, page 25*)[4], developed by Dr. Earle H. Spaulding in 1968, assigns objects used in a healthcare setting to one of three categories — critical, semi-critical and non-critical — and defines the levels of decontamination required for them.

Key: Keep your environment, tools and equipment clean.

- Most of the infection control processes used by Registrants involve cleaning, sanitization and low level disinfection.
- Review the objects in your practice environment to determine the level of disinfection necessary for infection control.

Environmental Surfaces

It is likely that your practice setting will require some type of general housekeeping. Some of the surfaces in your environment may include examination tables, counter tops, sinks, bathrooms, scales, floors, table tops, door knobs, desk tops, waiting room chairs, toys, etc. Generally, these environmental surfaces require cleaning and a low level of disinfection. A rule of thumb is, the more an object is touched (used), the more it needs to be cleaned (See *Table 2, Cleaning and Disinfecting Check List, page 10*).

[4] Community and Hospital Infection Control Association - Canada (CHICA). Website: http://www.chica.org.

D. Cleaning[5]

When to Clean

- In health care settings most environmental surfaces and items should be cleaned daily and when visibly soiled.
- Items that come in contact with patients should be cleaned routinely between patients.
- Children's toys and books in all waiting areas need to be cleaned and disinfected.
- If possible, avoid using carpets, draperies and stuffed toys in offices and clinics. These are hard to clean and disinfect.
- Body fluid spills or other hazardous materials require immediate attention and special considerations. Clean-up immediately (See *Spills*, page 11).

How to Clean

For general housekeeping cleaning, use low level detergent disinfectants. These agents typically clean and disinfect at the same time and can be used on most objects and surfaces. Some examples are:

- quaternary ammonium compounds;
- 3% hydrogen peroxide-based products;
- phenolic products. Be careful, these leave a film and may be toxic to children;
- household bleach (1:1000 diluted and prepared weekly). Bleach does not really "clean" like a detergent but is a low level disinfectant. A bleach solution can be used to wipe down toys, for example. Let the toys air dry afterwards. Disinfect infant and toddler toys more often as they tend to put the toys in their mouths.
- For additional information see Appendix C, Table 6 on Selecting Disinfectants. In Ontario, chemical disinfectants used in health care settings are regulated by the Health Canada-Public Health Agency. Be sure to follow manufacturer's instructions in order to ensure safe and efficient disinfecting procedures.

[5] Cleaning: the physical removal of foreign material, e.g., dust, soil, organic material such as blood, secretions, excretions and micro-organisms. Cleaning physically removes rather than kills micro-organisms. It is accomplished with water, detergents and mechanical action. The terms "decontamination" and "sanitation" may be used for this process in certain settings. Cleaning reduces or eliminates the reservoirs of potential pathogenic organisms. Cleaning agents are the most common chemicals used in housekeeping activity.

Table 2: Cleaning and Disinfecting Checklist[6]

Considerations	What to use	Recommendations
Environmental Surfaces / General Housekeeping ▪ Floors ▪ Sinks ▪ Counter Tops ▪ Storage Shelves and Bins ▪ Telephones, computers ▪ Washrooms (public and staff) ▪ Private Counselling Rooms ▪ Water filtration systems (for distilled water) ▪ Non-invasive examining instruments	Cleaning Usually involves soap and water, detergents or enzymatic agents to physically remove soil, dust or foreign material. Low level Disinfection ▪ quarternary ammonium compounds ▪ iodophores ▪ 3% hydrogen peroxide ▪ diluted bleach	▪ Daily and when visibly soiled. ▪ Clean high traffic areas more frequently. ▪ Keep shelves and bins tidy, clean and dust free.
Equipment / Tools ▪ Compounding tools and containers ▪ Weight scales	Sanitation ▪ a process that reduces micro-organisms on an inanimate object to a safe level Cleaning ▪ usually involves soap and water, detergents or enzymatic agents to physically remove soil, dust or foreign material.	▪ Following use ▪ Prior to use if suspected contamination ▪ Care must be taken to ensure residues from the cleaning process itself (e.g., detergents, solvents, etc.) are also removed from equipment.

Cleaning with Disinfectants

The basic principles about cleaning, disinfecting and sterilizing are:

- Protect yourself when processing equipment; use routine precautions.
- Some products work better on certain items; choose the disinfectant accordingly.
- Disinfectants and sterilization do not necessarily remove debris. Surface cleaning may be required before sterilization; use a detergent or an enzymatic cleaner.
- Be safe; know your products and refer to manufacturer's instructions, labels and WHMIS material safety data sheets.

The *BC Centre for Disease Control* also has a very practical summary entitled Selection and Use of Disinfectants, which may help you choose the best disinfectant for your practice. This guide is available at: http://www.bccdc.ca/NR/rdonlyres/EAA94ACF-02A9-4CF0-BE47-3F5817A25669/0/InfectionControl_GF_DisinfectntSelectnGuidelines_nov0503.pdf

[6] Adapted from Infection Control for Regulatory Professionals Guide, developed by an interdisciplinary, ad-hoc Infection Control Committee of participating Ontario Regulatory Health Colleges 2006.

Spills

Spills of blood and body substances require special consideration. Homeopaths must take precautions to safely clean these spills:

- Protect yourself by using routine precautions – gloves, masks and eye protectors mat be necessary.
- Clean the area of obvious organic material using disposable towels and dispose of them in a plastic lined container.
- Apply a low level detergent/disinfectant.
- Rinse and dry the area using disposable towels.
- Dispose of waste in a plastic lined container.
- Dispose of your personal protective equipment and wash your hands immediately.

E. Waste Management

1. Bio-Hazardous Waste

There are two bio-hazardous waste classifications:

I. Anatomical waste includes human tissues, blood, body fluids but exclude teeth, hair, nails, urine and feces. You may throw out a diaper for example.

II. Hazardous non-anatomical waste such as needles, blades and sharps that have come into contact with blood or body fluids.

The disposal of bio-hazardous waste is regulated by the Ministry of the Environment. This means that bio-hazardous waste must be transported and disposed of properly. Homeopaths do not typically have these kinds of waste products in their clinic.

Refer to: GUIDELINE C-4. *The Management of Biomedical Waste in Ontario,* http://www.ene.gov.on.ca/envision/gp/425e.htm . For more information contact the Ministry of the Environment at: http://www.ene.gov.on.ca/feedback/#general

2. Domestic Wastes

Medical wastes that are generated by individuals at home are not considered to be pathological/biomedical wastes. They are classified as domestic wastes and are not regulated by the Ministry of the Environment, "Domestic waste is exempt from the definition of hazardous waste. Domestic waste may include waste that is human body waste, toilet or other bathroom waste, waste from other showers or tubs, liquid or water borne culinary or sink waste or laundry waste" (Environmental Protection Act R.R.O. 1990, Regulation 347 Amended *To O. Reg. 326/03 G*eneral - Waste Management).

F. Three Basic Routines

Routine Practices refer to the practice guidelines that should be followed for the care of all patients at all times regardless of diagnosis or infectious status.

Routine Practices prevent the transmission of micro-organisms from direct contact with blood, body fluid or secretions and moist body substances with non-intact skin or mucous membranes, e.g. open wounds.

1. Hand Hygiene

Hand hygiene is the single most important means of preventing the transmission of micro-organisms.

When should you wash?

- When performing routine and non–invasive procedures.
- After personal hygiene (e.g., using the toilet or blowing one's nose).
- When hands are visibly soiled.
- Before and after you have contact with a patient.
- After contact with any blood, body fluids, secretions, or excretions.
- After contact with laboratory specimens.
- After contact with enteral and parenteral feeding equipment, glucometers, etc.
- Between contact with different patients.
- Immediately after removing gloves.
- Before preparing, handling, eating, or serving food and medications.
- After handling money or other items that may be contaminated.
- Immediately, if your skin is contaminated or any injury occurs.

What *should you use to wash?*

Plain soap products (bar or liquid) are recommended for routine hand hygiene especially when your hands are visibly soiled, *e.g.*, after contact with enteral feeds.

Antimicrobial agents (alcohol gels, rinses, rubs) may be used as an alternate to soap and water. Most healthcare professionals use antibacterial soaps specially made for health care providers due to the nature of their close contact with patients. Antimicrobial soaps may not always be available for your use, for example, if you are caring for a patient in their home.

Antiseptic agents are used when:

- You will be performing sterile or invasive procedures.
- You have had contact with blood, body fluids, secretions, or excretions.
- You have had contact with contaminated items.
- You will have contact with an immunocompromized patient.

2. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is used at all times where contact with blood and body fluids may occur. The use of PPE is intended to reduce the transmission of micro-organisms to and from health care professionals. PPE reduces but does not completely eliminate the risk of acquiring an infection.

When performing procedures related to patientcare or for clean-up procedures, homeopaths should assess whether they are at risk of exposure to non-intact skin, blood, body fluids, excretions or secretions.

Protect Yourself and Others – Learn how to use your PPE correctly.

PPE is only effective in infection control and prevention when applied, used, removed and disposed of properly. Follow the manufacturer's directions.

- Avoid cross contamination from soiled PPE to other surfaces or individuals.
- Follow appropriate directions for proper disposal of soiled PPE.
- Do not share PPE.
- After each patient, change your PPE completely and thoroughly wash your hands before you attend to another patient or perform another duty.

Table 3 —Check List for Cleaning, Disinfecting & Use of PPE[7]

Considerations	What to Use	Recommendations
Hand Hygiene For proper hand washing technique	• Plain Soap • Antibacterial Soap • Appropriate Sanitizing Hand Rub	• After handling money. • After handling waste or sharps containers. • After handling equipment. • After removing PPE (gloves). • After use of bathroom or blowing your nose.
Use of Personal Protective Equipment	• Gloves • Surgical Masks • Lab Coats	• If you have a respiratory infection (cold) and must report to work, wear a surgical mask when in close contact with patients. • Have available enough *Personal Protective Equipment* to use if there is a Health Alert in effect for example a respiratory illness such as SARS; or Pandemic Influenza.

[7] Adapted from Infection Control for Regulatory Professionals Guide, developed by an interdisciplinary, ad-hoc Infection Control Committee of participating Ontario Regulatory Health Colleges 2006.

Special Situations: Febrile and Influenza Like Illnesses
Follow government recommendations on health alerts, surveillance, screening and reporting of suspected *Febrile Respiratory Illness* (FRI) and *Influenza-Like Illness* (ILI),

► Health Alerts
The Ministry of Health and Long Term Care (MOHLTC) has a Website tailored specifically for health care professionals. Here you can access provincial infection control guidelines and check out current health alerts.
http://www.health.gov.on.ca/english/providers/program/emu/emu_mn.html

► Non-Outbreak Conditions
MOHLTC has published Guidelines for Infection Control and Surveillance for Febrile Respiratory Illness (FRI) in Community Settings in Non-Outbreak Conditions". These guidelines can be found at:
http://www.health.gov.on.ca/english/providers/program/infectious/syndromes/standards/guide_fri_comm_031104.pdf

► Pandemic
MOHLTC has also developed *Ontario Health Pandemic Influenza Plan* which can be found at:
http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_mn.html

There may be other situations which require you to exercise *Transmission-based Precautions*, such as an outbreak of SARS or H1N1. For more information visit www.health.gov.on.ca/pandemic or Call INFOline 1-866-801-7274, Health Care Provider's Hotline 1 866 212-2272.

3. Contact Precautions - Gloves

Gloves are part of routine precautions and should be worn by health care professionals for protection against exposure to blood, body fluids, secretions, excretions and mucous membranes. When used properly, gloves can reduce the spread of infection by health care providers.

When to Wear Gloves

Gloves are not required for routine care activities in which contact is limited to intact skin. Wear gloves:

- During any procedure and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.
- When you are cleaning contaminated items, linen or handling waste that may generate splashes or sprays of blood body fluids, secretions and excretions.
- To protect immunocompromized patients.

- If there is a health alert in effect that requires you to wear gloves, e.g., when dealing with a patient who is infected with MRSA or Clostridium difficile.

Using Gloves Effectively

- Remove your gloves carefully to prevent contaminating yourself as you are doing so.
- Always wash your hands after removing your gloves.
- Change your gloves between clean and dirty procedures - even on the same patient.
- Change gloves after contact with contaminated items, waste, linens, etc.
- Single-use disposable gloves should not be reused or washed.

About Gloves

- Purchase gloves that have the *Canadian General Standards Board* certification mark which ensures that national standards are met during manufacturing.

RELEVANT COMPETENCIES AND PERFORMANCE INDICATORS

Competencies are the specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safety and ethically. These competencies, from the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario*, were adopted by the transitional Council of the College of Homeopaths of Ontario in 2012.*

3.1 Manage a practice environment that is professional and safe for patients and staff. (K, S)
RELEVANT PERFORMANCE INDICATORS

1. Maintain a professional personal presentation (e.g., attire, hygiene, etiquette).
2. Maintain professional practice environment.
3. Identify risks to safe practice (e.g., harassment, physical abuse, discrimination, sexual harassment).
4. Address the identified risks to safe practice.

3.5 Implement safety measures to protect patients, self and colleagues from injury and hazards. (S) (11)
RELEVANT PERFORMANCE INDICATORS

1. Identifying physical risks to self and others within treatment facility (e.g., icy walkway, trip hazard, fire, chemical, choking hazard).
2. Address physical risks to self and others.

Core Competencies for Infection Prevention and Control for Health Care Providers[8]
Source: Community and Hospital Infection Council Association (2006)

Area of Competency	Detailed Core Competency
Critical Assessment Skills These skills are the under pinning for the other five core competencies	• Critical assessment skills related to exposure to infectious agents, awareness to local outbreaks and use of infectious disease specific protocols.
Basic Rationale for Routine Practices	• Understands basic microbiology and how infections can be transmitted in health care settings.
Personal Safety	• Understands the role of vaccines in preventing certain infections.[9]
Routine Practices	• Understands the importance of hand hygiene/hand washing • Understands the activities of Routine Practices/Standard Precautions • Respiratory Etiquette • Knows and selects appropriate Personal Protective Equipment (PPE) for their job • Demonstrates appropriate use of PPE
Cleaning, Disinfection, Sterilization, Waste Management	• Maintains safe clean environment • Recognizes that re-useable equipment that has been in direct contact with a patient should be cleaned and reprocessed before use in the care of another patient • Appreciates the differences between clean, disinfected (low, medium, and high-level) and sterile items • Knows the difference between regular and biohazard wastes
Additional Precautions	• Understands Transmission Based Precautions (Additional Precautions): Why and when they are used.

[8] Community and Hospital Infection Council Association – Canada (CHICA). Website: www.chica.org
[9] The College of Homeopaths of Ontario respects the practitioners individual choice on the issue of vaccination.

DEFINITIONS

The definitions are taken from the following sources:

Health Canada. *Infection Control Guidelines: Supplement: Hand Washing Hand hygiene, Cleaning, Disinfection and Sterilization in Health Care, Health Canada Communicable Disease Report*, December 1998. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf

World Health Organization. *Regional Office for Western Pacific, Manila Regional Office for South-East Asia, New Delhi. Practical Guidelines for Infection Control in Health Care Facilities.* http://w3.whosea.org/LinkFiles/Update_on_SEA_Earthquake_and_Tsunami_infection-control.pdf

For the purpose of this guideline, the following definitions apply:

Airborne infection

Usually occurs by the respiratory route, with the agent present in aerosols (infectious particles < 5µm in diameter).

Airborne precautions

Additional to standard precautions and are designed to /reduce the transmission of diseases spread by the airborne route.

Anatomical waste

Is a form of bio-hazardous waste which includes human tissues, blood, body fluids but exclude teeth, hair, nails, urine and feces.

Antimicrobial agent

A product that kills or suppresses the growth of micro-organisms.

Contact precautions

Additional to standard precautions and designed to reduce the risk of transmission of micro-organisms by direct or indirect contact.

Contact transmission

Micro-organisms transmitted by direct contact with hands/ equipment or indirect contact between an infected or colonized patient and a susceptible patient.

Critical items

Instruments and devices that enter sterile tissues, including the vascular system. Critical items present a high risk of infection if the item is contaminated with any micro-organisms, including bacterial spores. Reprocessing critical items involves meticulous cleaning followed by sterilization.

Decontamination

The removal of disease-producing micro-organisms to leave an item safe for further handling.

Disinfection
The inactivation of disease-producing micro-organisms. Disinfection does not destroy bacterial spores. Disinfectants are used on inanimate objects; antiseptics are used on living tissue. Disinfection usually involves chemicals, heat or ultraviolet light. Levels of chemical disinfection vary with the type of product used.

Droplet precautions
Additional to standard precautions and are designed to reduce the transmission of infectious spread by the droplet route.

Hand wash(ing)
A process for the removal of soil and transient micro-organisms from the hands.

Hazardous non-anatomical waste
A form of bio-hazardous waste which includes needles, blades and sharps that have come into contact with blood or body fluids.

High level disinfection
Level of disinfection required when processing semi-critical items. High level disinfection processes destroy vegetative bacteria, mycobacteria, fungi and enveloped (lipid) and non-enveloped (non lipid) viruses, but not necessarily bacterial spores. High level disinfectant chemicals (also called chemisterilants) must be capable of sterilization when contact time is extended. Items must be thoroughly cleaned prior to high level disinfection.

Homeopath
"Homeopath" means a Registrant of the College of Homeopaths of Ontario.

Intermediate level disinfection
Level of disinfection required for some semi-critical items. Intermediate level disinfectants kill vegetative bacteria, most viruses and most fungi but not resistant bacterial spores.

Low level disinfection
Level of disinfection required when processing non-critical items or some environmental surfaces. Low level disinfectants kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g., hepatitis B, C, Hantavirus, and HIV). Low level disinfectants do not kill mycobacteria or bacterial spores. Low level disinfectants-detergents are used to clean environmental surfaces.

Non-critical items
Either touch only intact skin but not mucous membranes or do not directly touch the patient. Reprocessing of non-critical items involves cleaning and/or low level disinfection.

Personal protective equipment
Includes gloves, gowns, caps, masks – (surgical and N95), and overshoes. These items are used to protect the health care worker from splashes of blood, body fluids, excretions and excretions or from droplets or aerosolization of organisms from the respiratory tract. It is the responsibility of the health care worker to put on the

appropriate personal protective equipment in any situation that is likely to lead to exposure of blood, body fluids, excretions and secretions.

Plain or non-antimicrobial soap
Detergent-based cleansers in any form (bar, liquid, leaflet, or powder) used for the primary purpose of physical removal of soil and contaminating micro-organisms. Such soaps work principally by mechanical action and have weak or no bactericidal activity. Although some soap contains low concentrations of antimicrobial ingredients, these are used as preservatives and have minimal effect on colonizing flora.

Registrant
A Registrant is a member of the College of Homeopaths of Ontario.

Reprocessing
Steps that are taken to make an instrument or equipment that has been used (contaminated) ready for reuse again.

Sanitation
A process that reduces micro-organisms on an inanimate object to a safe level (e.g., dishes and eating utensils are sanitized).

Semi-critical items
Devices that come in contact with non-intact skin or mucous membranes but ordinarily do not penetrate them. Reprocessing semi-critical items involves meticulous cleaning followed preferably by high-level disinfection (level of disinfection required is dependent on the item, see Table 5). Depending on the type of item and its intended use, intermediate level disinfection may be acceptable.

Sharps
Needles, syringes, blades, laboratory glass or other objects capable of causing punctures or cuts.

Sterilization
The destruction of all forms of microbial life including bacteria, viruses, spores and fungi. Items must be cleaned thoroughly before effective sterilization can take place.

LEGISLATIVE CONTEXT
Health Protection and Promotion Act R.S.O. 1990, CHAPTER H.7

Resources include the *July 2011 Best Practice Manual* by the Provincial Infectious Diseases Advisory Committee (PIDAC) http://www.oahpp.ca/resources/pidac-knowledge/index.html and information from the Public Health Agency of Canada http://www.phac-aspc.gc.ca/idmi/index-eng.php

Routine Practices and Additional Precautions in all Health Care Settings (2011), Health Quality Ontario, Provinical Infectious Disease Advisory Committee, Febraury 2010. (www.hqontario.ca/)

RELATED DOCUMENTS

#3 Standard of Practice on Compounding

REFERENCES

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Community and Hospital Infection Control Association (CHICA) www.chica.org

Health Canada. Infection Control Guidelines: Supplement: Hand Washing Hand hygiene, Cleaning, Disinfection and Sterilization in Health Care, Health Canada Communicable Disease Report, December 1998.
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Ministry of the Environment. Environmental Protection Act R.R.O. 1990, REGULATION 347 Amended to O. Reg. 326/03 GENERAL – WASTE MANAGEMENT
http://www.e-laws.gov.on.ca/DBLaws/Regs/English/900347_e.htm

Ministry of Labour. Overview of Workplace Hazardous Materials Information System WHMIS.
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World Health Organization. Regional Office for Western Pacific, Manila Regional Office for South-East Asia, New Delhi. Practical Guidelines for Infection Control in Health Care Facilities
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Other Sources of Information

Ontario

- Ontario Ministry of Health and Long-Term Care – Health Providers.
  http://www.health.gov.on.ca/english/providers/providers_mn.html#public

- Royal College of Dental Surgeons of Ontario (January 2002). *Infection Control in the Dental Office*.
  http://www.cpso.on.ca/Publications/infectioncontrolv2.pdf

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  http://www.cno.org/docs/prac/41002_infection.pdf

- Ministry of Health and Long Term Care. (March 2004). *Preventing Respiratory Illnesses in Community Settings. Guidelines for Infection Control and Surveillance for Febrile Respiratory Illness (FRI) in Community Settings in Non-Outbreak Conditions*.

- Infection Control Guidelines for Community-based practitioners, Ministry of Health and Long Term Care: *Infection Control for Regulated Professionals*

Canada
- Community and Hospital Infection Control Association (CHICA). http://www.chica.org/
- Public Health Agency of Canada. http://www.phac-aspc.gc.ca/new_e.html
- BC Centre for Disease Control (2003). *A Guide to Selection and Use of Disinfectants*. http://www.bccdc.org/downloads/pdf/epid/reports/CDManual_DisinfectntSelectnGuidelines_sep2003_nov05-03.pdf
- BC Centre for Disease Control (2004). *Guidelines for Infection Prevention and Control in the Physician's Office.* http://cme.viha.ca/Hot_Topics/PDFs/Infection_Control_In_Physician_Office_Final.pdf
- Canadian Partnership for Consumer food Safety Education. http://www.canfightbac.org/english/mcentre/factsheets/cleane.shtml
- Health Canada. *Communicable Disease Report*. *Supplement- Infection Control Guidelines*. Vol 2554. July 1999. http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99pdf/cdr25s4e.pdf
- Health Canada. Health Products and Food Branch Inspectorate, *ANNEX TO THE GMP GUIDELINES, Good Manufacturing Practices for Schedule D drugs*. http://www.hc-sc.gc.ca/dhp-mps/compli-conform/gmp-bpf/docs/gui_0071_tc-tm_e.html

United States
- U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC) Atlanta, GA 30333 2003

Other
- United Nations World Health Organization (WHO). http://www.who.int/en/

SOURCE

College of Dietitians of Ontario
College of Massage Therapists of Ontario
College of Physicians and Surgeons of Ontario

APPENDIX A

CHECKLIST OR AUDIT TOOL FOR TREATMENT OFFICES
(i.e. applicable to private and public practice settings)
(Adapted from Appendix III – Audit Tool, Canadian Committee on Antibiotic Resistance (CCAP) Infection Prevention and Control Best Practices for Long Term Care and Community Care Including Health Care Offices and Ambulatory Clinics)

Date Checklist / Audit Completed: By:

Items	Fully Implemented	Partially Implemented	Not Implemented	Not Applicable	Comments
WAITING AREA					
Infection control signs at entry					
Infection control signs at reception desk					
Appropriate sanitizing hand rub and signage					
Tissue boxes available					
Garbage cans available					
RECEPTION					
Personal Protective Equipment (PPE) available (masks, gloves)					
Reception staff can maintain 1 metre distance from patients					
Telephone screening protocol has been developed and implemented					
TREATMENT ROOMS					
Appropriate sanitizing hand rub available in all rooms OR Hand washing sink available close by					
Rooms only have essential supplies					
Written policies exist for decontaminating treatment rooms between patients and at the end of day					
CLEANING PROCEDURES					
Written procedures for cleaning the office setting have been provided by (or to) cleaning staff					
Approved and appropriate disinfectant products are available for patient surfaces					
PROTOCOL DEVELOPMENT AND STAFF TRAINING					
Annual staff training or updating completed on infection prevention					

Items	Fully Implemented	Partially Implemented	Not Implemented	Not Applicable	Comments
Annual staff training on proper PPE use					
DISINFECTION / STERILIZATION OF MEDICAL DEVICES					
Manufacturer's instructions are followed.					
RISK ASSESSMENT					
Screening done before visits					
Phone script available for use					
Standardized patient assessment used					
RISK REDUCTION					
Hand hygiene products available and used					
Supplies that may be required for risk reduction:					
✓ Appropriate sanitizing hand rub					
✓ Hand lotion or cream					
✓ Sterile gloves, as required					
✓ Appropriate sanitizing wipes or other disinfectant					
✓ Antimicrobial soap, if required					
Written guidelines available on:					
✓ When to wear protective equipment					
✓ Cleaning and disinfecting of equipment if moving from patient to patient					
✓ Waste disposal					
Written guidelines on work exclusions:					
✓ Dermatitis on hands					
✓ Disseminated shingles					
✓ Initial days of respiratory infection					
✓ fever					
✓ diarrhea					
✓ eye infection until treated					
Verifying employee immunity before assigning a patient with communicable disease					
Documentation of annual education on:"					
✓ hand hygiene					
✓ risk assessment and risk reduction					

Items	Fully Implemented	Partially Implemented	Not Implemented	Not Applicable	Comments
Standardized patient education information available on:					
✓ hand hygiene					
✓ hygiene at home					
✓ self-screening					
✓ other					
Identify resources available to manage infectious diseases and staff safety					
Standard on compounding					

APPENDIX B

Table 5: Spalding Classification on Cleaning and Disinfecting Category

Category	Level of Disinfection	Examples
Critical ▪ Items that come in contact with the blood stream or sterile body tissues	Sterilization	Surgical instruments Acupuncture needles Foot care instruments--*not filaments for diabetic foot care*
	High Level Disinfection when sterilization is not possible	Internal scopes
Semi-critical ▪ Items that come in contact with mucous membranes or non-intact skin	High Level Disinfection (HLD)	Contact lenses Reusable Peek Flow meters Mouthpieces
	Intermediate Level Disinfection (ILD)	Thermometers
Non-critical ▪ Items that come in contact with intact skin	Intermediate Level Disinfection (ILD)	Examination tables Stethoscope Blood pressure cuff Skin probes e.g. Filament used for routine diabetic foot exam
▪ Items that do not come in contact with the patient's skin	Low Level Disinfection (LLD)	Furnishings, dishes, food models, scales

APPENDIX C

Table 6: Selecting Disinfectants

Low level Disinfectants	Intermediate Level Disinfectants	High Level Disinfectants	Sterilization
Phenolics - *careful, can be toxic to infants	Alcohols 60-90%	Boiling for more than 20 minutes	Exposure to steam at high temperature (autoclave)
Quaternary Ammonium Compounds	Hypochlorites household bleach 1:100 dilution	Ortho-phthaldehyde	Glutaraldehyde 10 hours
3% Hydrogen peroxide	Iodines and Iodofphors	Glutaraldehyde for 20 minutes	Gas sterilization (ethylene oxide)
Hypochlorites household bleach (1:1000 diluted solution)		Hypochlorites household bleach 1:50 dilution Hydrogen peroxide 6% for 5 minutes	Hydrogen peroxide, high concentration for 30 minutes Dry Heat sterilization the lower the temperature the longer the time, high temperatures for shorter times

APPENDIX D

Droplet Precautions – Surgical Masks & Eye Protectors

Droplets or aerosols can carry microbes. Droplets are classified as particles larger than 5µm in size. They do not stay suspended in the air for long periods of time but fall to the surfaces of the environment.

Surgical masks

- help protect you from inhaling respiratory pathogens transmitted by the droplet route.
- provide a barrier that protects the mucous membranes of the mouth and nose, which are portals for infection.

Eye protectors

- prevent droplets from contacting the conjunctiva of the eyes, which are a portal for infection.

When should you wear them?

Wear a surgical mask and eye protection or face shield:

- During routine examinations and interactions with patient that are likely to generate splashes or sprays of body fluids, secretions and excretions.
- When you are cleaning contaminated items, linen or handling waste.
- When you are in close contact (<1 meter) with a person who is suspected of having a communicable disease that is droplet spread for example, a patient who is febrile (temperature >38C) and who is coughing or sneezing or if you suspect you may be ill as such.
- To protect immunocompromized patients.
- When there is a health alert in effect that requires you to wear a surgical mask, for example, during an alert for chicken-pox or meningococcal meningitis.

Airborne Precautions and N95 Masks

Airborne particles (pathogens) such as the agent that causes tuberculosis are smaller than 5µm in size. An N95 mask helps protect you from inhaling respiratory pathogens that are transmitted via the airborne route.

You may be required to use an N95 mask when you are working with a patient with a known airborne disease or when there is a health alert or screening process in effect.

Health Care professional who may need to use N95 masks in their practice must be ”fit tested” in order to ensure adequate protection from transmission of airborne pathogens.

For more information on N95 masks and fit testing visit Health Canada, *Infection Control Guidance for Respirators (Masks) worn by Health Care Workers - Frequently Asked Questions* at: http://www.opseu.org/hands/sars-respiratormasks-0526_e.pdf
or the Centers for Disease Control and Prevention *Interim Recommendations for Facemask and Respirator Use to Reduce 2009 Influenza A (H1N1) Virus Transmission* at:
http://www.cdc.gov/h1n1flu/masks.htm