The College of Naturopaths of Ontario

Standard of Practice:

Infection Control

Introduction

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

Definitions

Routine Practices: the standards of practice, commonly known as “universal precautions”, that should be followed for the care of all patients at all times. They are based on the premise that all persons are potentially infectious, even when asymptomatic, and that the same safe standards of practice should be taken routinely when handling blood, body fluids, secretions and excretions, mucous membranes, non-intact skin, and undiagnosed rashes of all patients.

Respiratory Etiquette: personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

Biomedical Waste: for the purposes of this Standard of Practice biomedical waste is either anatomical or non-anatomical.

Anatomical Waste: consists of tissue, organs and body parts not including hair, teeth and nails.

Non-anatomical Waste: consists of:

i. human liquid blood or semi-liquid blood and blood products, items contaminated with blood that would release liquid or semi-liquid blood if compressed, dried items that would have released liquid blood if compressed before drying and body fluids contaminated with blood, excluding urine and feces;
ii. all sharps including acupuncture needles, needles attached to syringes, blades and microscope slides with blood;
iii. broken glass or other materials capable of causing punctures or cuts which have come in contact with human blood or body fluid.

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1. Routine Practices

The Member incorporates routine practices that minimize the chance of, or spread of infection.

Performance Indicators

The Member:

- maintains current knowledge of infection control protocols relevant to naturopathic practice;
- adopts appropriate infection control measures and monitors their use and effectiveness to identify problems, outcomes and trends;

- ensures that the infection control measures include, as a minimum, requirement for:
    - risk assessment of the patient, and of the health care provider's interaction with the patient;
    - knowing his/her personal immune status (i.e. Hepatitis B, Tuberculosis, HIV etc.) relevant to the practice setting and taking appropriate action to ensure patient protection;
    - taking the measures necessary to prevent the transmission of infection from the Member to the patient or other health care providers and staff;
    - hand hygiene with an appropriate alcohol-based hand sanitizer; or soap and water;
    - appropriate use of personal protective equipment (PPE), including safe application, removal and disposal;
    - Signage in the reception area instructing patients on when and how to use alcohol-based hand sanitizer and masks;
    - proper and adequate cleaning of equipment and clinic environment;
    - proper and adequate engineering controls (e.g. well-maintained ventilation, barriers such as the use of Plexiglass, hand washing sinks etc.); and
    - point of care sharps containers and alcohol-based hand hygiene product dispensers.
- Ensure administrative controls are in place including:
    - policies and procedures;
    - staff education;
    - healthy workplace policies;
    - respiratory etiquette; and
    - monitoring of compliance.

- Uses safety engineered needles whenever hollow bore needles are used for injection.

Where applicable the Member establishes and maintains a clean field which includes:

- using only single use, sterile, disposable needles;
- creating a clean work surface (sheets, paper etc.) in the treatment room;

2. Reportable Communicable Disease

The Member reports all Reportable Communicable Diseases that he/she diagnoses.

Performance Indicators

The Member:

- reports all Reportable Communicable Diseases to the local Medical Officer of Health as outlined under the *Health Protection and Promotion Act R.S.O. 1990, O. Regulation 559/91;*
- has available, the phone number for the applicable local Medical Officer of Health;
- has available, in the office the list of Reportable Communicable Diseases.

3. Handling and Disposal of Biomedical Waste

The Member incorporates current, appropriate, and generally accepted practices for handling and disposal of biomedical waste.

Performance Indicators

The Member:

- ensures that biomedical waste is segregated from all other waste and handled in accordance with the containment, labeling, storage and transportation requirements in Guideline C-4: The Management of Biomedical Waste in Ontario;

4. Incident Reporting

The Member ensures that an incident report is prepared in the event of an incident involving exposure to biomedical material that poses a risk of transmission of infection.

Performance Indicators

The Member ensures that a report is written for any incident involving exposure to biomedical material posing a risk of transmission (e.g., needle-stick injury, blood or body fluid ingestion, contact with mucous membrane or broken skin).

The Member's incident report includes:

- nature of the incident;
- date and time of the incident;
- name of individuals involved;
- how the incident occurred;
- results of all medical tests administered;
- any treatment administered; and
- any other information relevant to the incident.

The Member keeps a copy of the report in a master incident report file and makes a notation in the patient file if a patient was involved.

The Member retains the incident report for at least ten (10) years.

Related Standards

Acupuncture
Blood Examinations
Compounding
Dispensing
Emergency Preparedness
Inhalation
Injection
Internal Examinations
IV Infusion Therapy
Record Keeping

Legislative Framework

Health Protection and Promotion Act R.S.O. 1990

Resources

- Routine Practices and Additional Precautions in all Health Care Settings (2012)
- Infection Prevention and Control for Clinical Office Practice (2015) -
- Best Practices for Hand Hygiene in All Health Care Setting (2014)
- Best Practices for Cleaning, Disinfection and Sterilization in all Health Care Setting
- Ontario Public Health Standards – Infectious Diseases Protocol
- Occupational Health and Safety – Guideline C-4: The Management of Biomedical Waste in Ontario Public Health Agency of Canada

Approval

Original Approval Date: October 15, 2012
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Disclaimer
In the event of any inconsistency between this standard and any legislation that governs the practice of Naturopathic Doctors, the legislation shall govern.