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Guidance: The IPAC program is developed based on current IPAC best practices, evidence and standards, and is revised when new information is available.

Guidance: The person responsible for overseeing the program will depend on the size, scope and complexity of the facility. This role/responsibility is identified on the organizational chart. In facilities where the only regulated health professional is the medical director, then the medical director is responsible.

Guidance: The level of IPAC training and education required by the IPAC lead depends on the size, scope and complexity of the facility. In multi-service facilities, the IPAC lead should have formal training and education in IPAC and/or they should be supported by a qualified IPAC professional (i.e. a certified IPAC professional is on retainer). IPAC courses endorsed by Infection Prevention and Control Canada are listed on their website.

Guidance: See the NHMSFAP Accreditation Standards - Routine Practices and Additional Precautions.

Guidance: Staff knowledge, training and competency in IPAC best practices and processes is an essential component of an effective IPAC Program. Therefore, when practice guidelines change, policies and procedures are updated, gaps in practice are identified or after an extended absence, it is important to provide training and education to ensure staff remain up-to-date and competent in IPAC best practices. Education and training are documented.

Guidance: Practice audits involve the 'real-time' observation of IPAC practices during working conditions such as essential moments in hand hygiene, selection and use of PPE, glove practices, scrub methods and environmental cleaning. Practice audits are documented and performed using

Guidance: The assessment tool(s) are developed by the IPAC Lead in collaboration with relevant team members (e.g. OR Lead, PACU Lead, MDRD Lead etc.). Review and evaluation of the IPAC program should cover all of the elements of an effective program such as hand hygiene, routine practices etc., as well as IPAC resources and support, IPAC failures (i.e. exposures or transmission), review of the physical environment (i.e. access to PPE and hand hygiene, clutter free environment), and clean/dirty separation.

Guidance: Assessing the IPAC program identifies risks, trends and quality improvement needs. Assessment results are used to evaluate the effectiveness of the IPAC program and inform quality improvement activities to ensure an optimal IPAC program.

Guidance: All quality improvement initiatives should be carried out in collaboration with relevant staff and findings/improvements documented and communicated to staff.

Guidance: When there is a documented exposure or transmission within the facility, a facility IPAC practice audit should be carried out as part of the investigation to identify any gaps that require improvement. This would include but is not limited to an audit of the HH, ITQ, PPE, and TET@ implant.

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Guidance: Discussion of IPAC at regular meetings ensures standards and best practices are maintained by raising awareness of IPAC program status and gaps, engaging the MDT members in problem-solving, encouraging collaboration and promoting consistent communication to all staff. Staff meetings are documented.

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Guidance: Policies and procedures ensure that activities/procedures are performed consistently and accurately by all personnel within the non-hospital facility. They are reviewed regularly and updated when needed to maintain current best practice standards.

Guidance: The IPAC program policies and procedures are all contained in a dedicated binder that is accessible to staff. These include but are not limited to all policies and procedures required as stated in the following NHMSFAP Accreditation Standards:

- Hand Hygiene*
- Routine practices and Additional precautions*
- Occupational health and safety*
- Environmental cleaning*
- Waste Management*
- Specimen Handling*
- Point of Care Testing*
- Single Use Devices and Multi-use Vials*

