

Infection Prevention and Control

Prepared July 2023

Background

This practice guideline is intended to assist registrants of the Alberta College of Occupational Therapists (ACOT) in mitigating the risk of exposure to infectious agents. The effectiveness of the heightened Infection Prevention & Control (IPC) practices during the COVID-19 pandemic of 2020-2023, highlighted the importance of IPC practices in breaking the chain of transmission to and from health care workers and their clients or colleagues.

The guidance offered in this practice guideline elaborates on the IPC expectations outlined in ACOT's Standards of Practice and Code of Ethics (see [Appendix A](#) for a listing of the relevant sections).

Applicability of this Guideline

This practice guideline has been developed to support registrants to implement IPC measures appropriate to the risks identified in their practice to ensure their clients receive ethical, accountable and quality occupational therapy services.

- Occupational therapy services, including the client populations and the settings in which they are delivered, are diverse. ACOT expects occupational therapists to apply professional judgement in determining how to apply this guidance to their specific practice context.
- Registrants are expected to take reasonable steps to ensure their employer's or contracting agency's/organization's policies, procedures or processes do not prevent them from meeting the expectations outlined in this guideline.
- If your employer's or contracting agency's/organization's IPC policies, procedures or processes exceed what is outlined in this guideline, you are expected to follow their guidance.

IPC Risk Assessment

There are numerous factors influencing the risk of exposure to infectious agents in your practice. When determining the risk, ask yourself questions relating to:

- **your client population** (including any family members, guardians or caregivers that may be present during service provision)

- *Are your clients immune compromised or do they have co-morbid conditions that increase risk of complications from an infection?*
- *Do any of your clients have a condition(s) that limits their ability to perform respiratory etiquette and/or hand hygiene?*
- *If your client is sick, are they able or willing to wear a mask during service provision?*
- *Can your clients or their guardians reliably screen for symptoms of illness/infection?*
- *Has your client been directed to quarantine or isolate due to a communicable infection?*
- **the type of infectious agent(s)**
 - *Are there types of infectious agents common to your client population, practice setting or geographic location (e.g., influenza or other respiratory viruses, gastrointestinal organisms, etc.)?*
 - *What is the mode of transmission of those common organisms (i.e., via inhalation, splashes, sprays, or other contact with blood or body fluids such as oral/nasal secretions, urine, feces, vomit, or items contaminated with blood or body fluids)?*
- **your service/practice setting/geographic region**
 - *How many people do you come into contact with at your worksite?*
 - *Do you see your clients in your home, clinic or healthcare setting?*
 - *Do you see your clients in their homes, workplaces, or public spaces?*
 - *Do you work between settings (on the same day or within the same week)?*
- **the type of service provided**
 - *How close do you need to get to your client during service provision?*
 - *What is the likelihood of being exposed to blood, body fluids or otherwise come into contact with an infectious agent(s) during service provision?*
 - *Do you provide individual or group-based therapy?*
- **legislative and employer considerations**
 - *Are there any applicable orders from the Chief Medical Officer of Health applicable to your practice?*
 - *Has your employer or contracting agency/organization directed staff to employ additional measures? (e.g., outbreak protocols, mandatory mask requirements)*
- **your own or your staff's risk factors**
 - *Are you or your immediate family immune compromised or have co-morbid conditions that increase risk of complications from an infection?*
 - *Are you or your immediate family immunized against common infectious agents?*

NOTE: ACOT supports immunization against communicable diseases for which vaccines exist. ACOT strongly encourages all occupational therapists to be vaccinated against the infectious agents present in their communities for the protection and safety of their clients, colleagues and themselves.

IPC Measures for Risk Mitigation

The IPC measures employed based on the IPC Risk Assessment are organized into the following hierarchy: **Elimination and Substitution, Engineering Controls, Administrative Controls, and Personal Protective Equipment.**

1. **Elimination and Substitution** involves having processes in place for screening for signs and symptoms of illness prior to service provision. When possible and appropriate, defer in-person service delivery until the client's symptoms have resolved or offer an alternative to in-person service delivery such as virtual practice.

When it is not possible or appropriate to eliminate or substitute in-person service delivery, consider the following workplace controls prior to proceeding with in-person services.

NOTE: When proceeding with in-person service delivery, frequent hand hygiene is the single most important practice in reducing the transmission of infectious agents and promoting health and safety.

2. **Engineering Controls** include measures relating to the physical environment and the cleaning and disinfection of the physical environment. Examples include but are not limited to:
 - Physical design measures such as availability and visibility of hand hygiene stations, adequate spacing between treatment areas and staff workstations, use of physical barriers, quality ventilation, and touchless controls for faucets, doors, and payment systems.
 - Routine cleaning of all spaces, and frequently touched surfaces and equipment with appropriate disinfectant, escalating to enhanced cleaning and disinfection in situations of high transmission or outbreak.
3. **Administrative Controls** include measures such as policies and procedures and workplace training. Examples include but are not limited to:
 - Policies and procedures for client safety and employee occupational health and safety (e.g., processes for screening staff and clients prior to service provision, client cancellation policies, staggering of staff shifts or client appointments as needed, processes and schedules for cleaning and disinfecting spaces and equipment).
 - Training related to cleaning and disinfection practices including training related to appropriate handling of hazardous materials.
 - Training related to hand hygiene and risk-based determination of appropriate IPC measures.
 - Training related to donning, doffing and disposal of Personal Protective Equipment (PPE).

4. Personal Protective Equipment (PPE) is selected based on the IPC risk assessment and may include:

- **Facial Protection** includes masks and eye protection (goggles or face shield). Masks must be medical grade with a minimum 95% filtration efficiency such as ASTM F2100 Level 1. ASTM Level 2, 3 or non-fit-tested KN95 masks are also acceptable. Fit-tested N95 respirators are typically reserved for aerosol generating procedures.
 - Facial protection is worn if there is risk of eyes, nose or mouth being splashed or sprayed with blood or body fluids or when within 2 metres of a coughing or vomiting client.
 - In most cases PPE is worn to protect the worker, but masks are also an effective way to protect clients and colleagues in situations when a worker has no symptoms of illness but may be contagious due to recent exposure to an infectious agent or shedding of an infectious agent after symptoms have resolved.
 - You and/or your clients may wish to continue to wear a mask during service delivery depending on comfort levels and risk tolerance.
- **Gloves** are worn when there is a risk of hands coming in contact with blood, body fluids or contaminated items or when indicated for cleaning activities. Otherwise, frequent hand hygiene suffices.
- A **Gown** is worn if there is a risk of clothing or skin being contaminated by splashes, sprays or coming in contact with items contaminated with blood and body fluids.

NOTE: All PPE should be donned, doffed and disposed of properly after use including proper hand hygiene throughout the process of donning, doffing and disposing of required PPE.

See [Appendix B](#) for an at-a-glance schematic of the various IPC measures you can employ in your practice to reduce the risk of transmission of infectious agents; [Appendix C](#) links to resources you can refer to depending on which IPC measures your risk assessment determines are required.

Conclusion

Occupational therapists registered to practice in Alberta are expected to be aware of IPC principles and practices relevant to their practice setting and client population. This includes being aware of and complying with the directions from public health officials and their employer or contracting agency/organization. Occupational therapists in private practice or whose employer or contracting agency/organization does not already have IPC policies and procedures in place are also responsible for obtaining initial and ongoing training for themselves, and person(s) they are responsible for supervising, relating to how to assess and implement appropriate IPC measures effectively and safely.

References and Additional Resources

Alberta Health Services – [Community-based Services Resource Manual](#)

Alberta Health Services – [Guide for Outbreak Prevention and Control in Schools](#).

Canadian Centre for Occupational Health and Safety – [Ongoing Infection Prevention and Control](#).

College of Physiotherapists of Alberta – [Infection Prevention and Control Guide](#)

Government of Alberta and Work Safe Alberta – [Best Practice Guidelines for Occupational Health and Safety in the Healthcare Industry](#).

Government of Canada – [Healthcare Infection Prevention and Control Guidelines](#).

Government of Canada – [Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings](#) (2017)

Contact ACOT if you have any questions or would like to discuss appropriate IPC measures for your specific workplace – info@acot.ca or 780.436.8381.

Appendix A – Relevant Clauses and Indicators in ACOT’s Standards of Practice, Code of Ethics and Competencies for Occupational Therapists in Canada

- [Standards of Practice](#)

- SoP 1.2 – *Be knowledgeable and adhere to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice and code of ethics applicable to their occupational therapy practice.*
- SoP 1.4 – *Be responsible for the occupational therapy services provided by oneself and demonstrate accountability for services provided by other personnel who are under the therapist’s supervision.*
- SoP 9.2 – *The occupational therapist shall demonstrate safe work practices by identifying potential risks and minimizing those risks in the practice setting.*

- [Code of Ethics](#)

Occupational therapists shall demonstrate integrity by

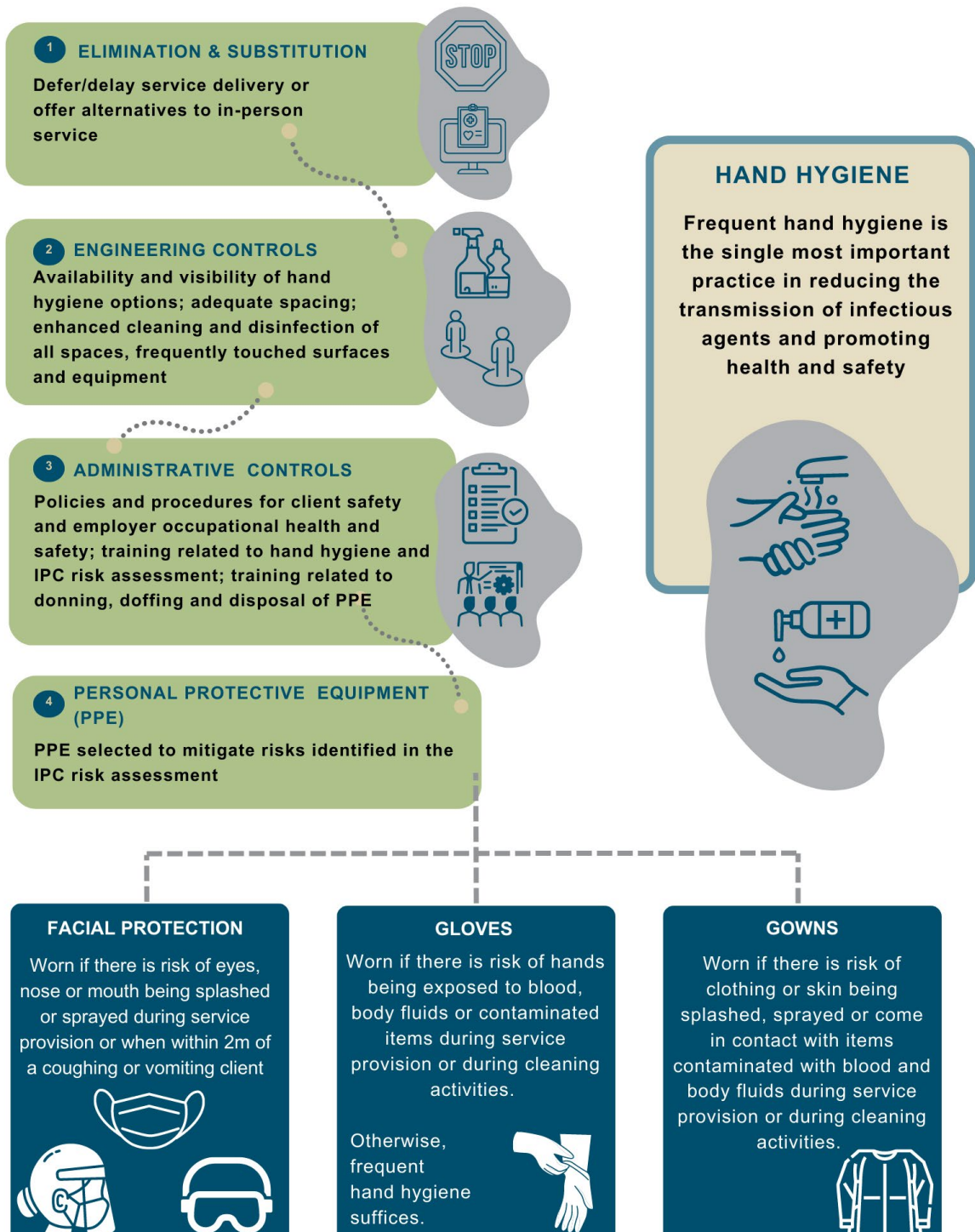
- CoE 2.1 – *avoiding any activity or relationship which would exploit or cause harm to others or to the profession.*
- CoE 2.5 – *exercising independent judgment.*

- [Competencies for Occupational Therapists in Canada](#)

The competent occupational therapist is expected to:

- D3.2 – *Keep up to date with research, guidelines, protocols and practices.*
- E2.1 – *Follow organizational policies and procedures and take action if they are in conflict with professional standards, client values, protocols, or evidence.*
- E2.3 – *Take preventative measures to reduce risks to self, clients and the public.*

Appendix B – Hierarchy of Infection Prevention and Controls



Appendix C – Infection Prevention and Control Resources

IPC Measure	Consider these examples and resource links
<p>1. Elimination and Substitution – to remove the hazard or replace with something less hazardous</p>	<p>If you or your client is sick, defer services or offer services virtually.</p> <p>ACOT has prepared the following practice guidance to support virtual practice:</p> <p>Considerations for Virtual Practice outlines legislative and other considerations for use of information and communication technologies such as telephone or videoconferencing applications as an alternative to in-person service delivery.</p> <p>Electronic Communication with Clients offers guidance for corresponding with client by email and text or other messaging applications.</p> <p>Practice Across Jurisdictions FAQs details the registration requirements when providing virtual and in-person services within and beyond the Alberta border.</p>
<p>2. Engineering – changes to the physical environment</p>	<p>Availability and visibility of hand hygiene facilities (i.e., handwashing sinks with soap/water/disposable towels, hand sanitizer stations with Health Canada approved hand sanitizers)</p> <p>General and enhanced cleaning and disinfection of work/treatment spaces, frequently touched surfaces and equipment using proper disinfectants that have a Drug Identification Number (DIN) issued by Health Canada</p> <p>Alberta Health Services resources for cleaning and disinfecting Computers and Electronic Devices and Recreational, Comfort, Therapeutic and Play Items.</p> <p>Government of Alberta’s Reusable & Single Use Medical Devices Standards).</p> <p>Physical Distance measures such as adequate spacing (2-3 metres) between treatment areas and staff workstations, limiting number of people in the clinic or at a home/workplace visit, etc.</p> <p>Air Quality and/or Ventilation: air quality assessment – consider whether air filtration can be improved in your setting, natural ventilation methods (e.g., open windows/doors, promotion of a cross-breeze).</p>
<p>3. Administrative – changes to the way people work</p>	<p>Policies and procedures and staff education regarding self-screening for illness and not coming to work sick, client education regarding cancellation policies and notifying if sick.</p> <p>Policies and procedures and staff education regarding general and enhanced cleaning and disinfection, hand hygiene (including</p>

IPC Measure	Consider these examples and resource links
	<p>moments of hand hygiene, respiratory etiquette, and IPC Risk Assessment).</p> <p>Resources including infographics and eLearning modules relating to infectious disease outbreaks and pandemics are available from the Canadian Centre for Occupational Health and Safety including a Prevent the Spread tip sheet and posters for hand hygiene.</p>
<p>4. Personal Protective Equipment (PPE) – to protect the worker and client</p>	<p>The PPE selected and worn is based on your IPC risk assessment (see Appendix B).</p> <p>See Health Canada's specifications for medical grade masks and other PPE.</p> <p>Alberta Health Services has prepared posters and videos regarding PPE donning, doffing and disposal – Personal Protective Equipment Alberta Health Services. See as well their guidance on the Use and Reuse of Eye Protection.</p> <p>See also Alberta Health Services Options and Adaptations to Address Patient Communication Challenges.</p> <p>Also consider alternatives such as assistive devices (e.g., voice amplifiers) or pre-recording aspects of the session (e.g., oral or feeding movements you wish to demonstrate to your client) so that you can remain masked for the duration of the client visit.</p>