College of
Occupational Therapists
of British Columbia

COTBC Practice Standard for Infection Prevention and Control

Overview

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Note to Readers

Throughout this practice standard, reference is made to the following support documents. Please check that you have the most recent versions, and if necessary, download these from the College website or contact the College for updates.

Association of Canadian Occupational Therapy Regulatory Organizations. (2011). *Essential competencies of practice for occupational therapists in Canada* (3rd ed.). https://cotbc.org/wp-content/uploads/EssentialCompetenies3rdEd_WebVersion.pdf

College of Occupational Therapists of British Columbia. (2019). *Practice standards for managing client information* (Rev. ed.). https://cotbc.org/wp-content/uploads/COTBC_ManagingClientInfo_Standard_2014-Revised-October-2019.pdf

Health Professions Act, Revised Statues of British Columbia (1996). www.bclaws.ca/civix/document/id/complete/statreg/96183_01

To ensure timeliness and accuracy, updates to practice standards will be made when necessary. Suggestions and questions regarding the content or application to practice should be forwarded to:

practice@cotbc.org

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Preamble

The *Occupational Therapists Regulation* under the *Health Professions Act* (RSBC 1996, c. 183) acknowledges occupational therapy as a regulated health profession. COTBC regulates the practice of British Columbia occupational therapists in the public interest.

COTBC practice standards are published by the College to assist the occupational therapist in meeting the *Essential Competencies of Practice for Occupational Therapists in Canada* (3rd ed.) by

- defining registrant responsibilities;
- describing minimal expectations for occupational therapy practice; and
- defining safe, ethical, and competent occupational therapy practice.

The *COTBC Practice Standard for Infection Prevention and Control* was developed following the recommendation of the Patient Relations, Standards and Ethics Committee. It involved a review of comparable documents from both Canadian and international occupational therapy and health regulatory organizations, and a consideration of practice questions, issues, and concerns presented by registrants and others. Consultation and review were also provided by the Provincial Infection Control Network of British Columbia (PICNet).

Statement of Purpose

Infection prevention and control measures are fundamental to the health and safety of health care providers, clients, their families, and the broader community. This practice standard clarifies the occupational therapist's accountability and the College's expectations surrounding infection prevention and control practices. It is designed to assist the occupational therapist to identify and reduce the risks inherent with communicable diseases, thereby protecting clients and others from harm.

As a regulatory body, the College recognizes that it is not a subject matter expert in the science of infection prevention and control, and therefore does not determine specific best practices to be implemented by occupational therapists.

The occupational therapist should refer to organizations such as the BC Centre for Disease Control and their applicable employer or health authority infection prevention and control teams for best practice policies, protocols, guidance, and recommendations.

The occupational therapist is expected to always use their clinical judgement to determine how to best meet client care needs and incorporate infection prevention and control measures into their occupational therapy practice, demonstrating their commitment to client safety and acting in accordance with the profession's standards.

Overview

Health care settings are complex environments that inherently hold risks associated with the exposure to and transmission of communicable diseases.

The occupational therapist is expected to incorporate routine infection prevention and control measures into occupational therapy practice every day. In instances of extenuating circumstances (e.g., outbreaks, pandemics), additional measures are required to mitigate risks.

As the College is not a subject matter expert in infection prevention and control, the BC Centre for Disease Control's Hierarchy for Infection Prevention and Exposure Control Measures for Communicable Disease was used as the foundation in the development of this practice standard.

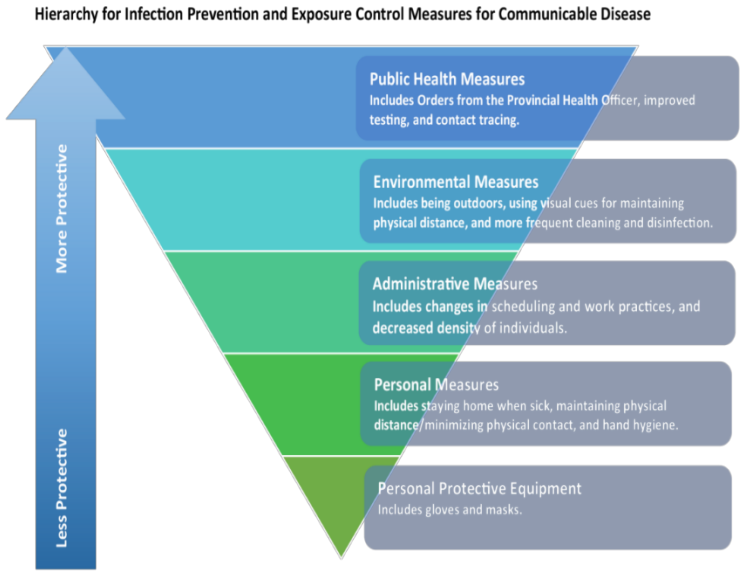

Image source: BC Centre for Disease Control. (2020).

Overview, continued

Infection prevention and control is in your hands.

While large organizations such as hospitals, community service agencies, and long-term care homes may have infection control professionals leading the process for staff, the occupational therapist is still accountable for being aware of infection prevention and control best practices and resources for their practice setting. Additionally, an occupational therapist who operates a private practice or who is a sole practitioner is accountable for the development of infection prevention and control programs and policies to address the needs of their practice setting.

Every client has the right to safe, ethical, and competent occupational therapy services. To meet this commitment, the occupational therapist accepts responsibility for their practice, including assessing risks and implementing control measures for infection prevention.

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Practice Standard

Principle Statement:

The occupational therapist will ensure that infection prevention and control measures are implemented in their practice to support the health and safety of clients, health care providers, themself, and others.

Practice Expectations

The occupational therapist must do the following:

1. Develop, maintain, and apply knowledge of best practices for infection prevention and control according to applicable provincial legislation, regulatory, public health, and workplace requirements.

2. Communicate and document any identified risk of infection transmission to stakeholders to minimize the risk to others while respecting privacy and confidentiality.

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Practice Standard, continued

Principle Statement:

The occupational therapist will ensure that infection prevention and control measures are implemented in their practice to support the health and safety of clients, health care providers, themself, and others.

3. Assess and continuously monitor the degree of risk of infection transmission based on a point-of-care risk assessment process that includes the following:
   a) identifying if the hazard is present in the situation and if so, the potential for infection transmission in the practice environment;
   b) reviewing the disclosed health status of the client, occupational therapist, and others who are involved in the client's care or who may have contact with the client in their environment (e.g., family members and caregivers);
   c) identifying the possible risks associated with the type and location of the anticipated or planned task(s) prior to each specific client interaction; and
   d) recognizing the actions required and formulating a plan to mitigate identified risks.

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Practice Standard, continued

Principle Statement:

The occupational therapist will ensure that infection prevention and control measures are implemented in their practice to support the health and safety of clients, health care providers, themself, and others.

4. Incorporate appropriate infection prevention and control best practices into their occupational therapy services and practice settings, including the following:
   a) public health orders/measures;
   b) environmental measures (e.g., using virtual health services, implementing cleaning protocols, and disinfecting, sterilizing, or disposing of supplies, equipment, and laundry);
   c) administrative measures (e.g., changing scheduling practices and decreasing client density in practice spaces);
   d) personal measures (e.g., practising hand hygiene and physical distancing, staying home when sick, and knowing own immunization status); and
   e) personal protective equipment (PPE; selecting and using PPE).

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Practice Standard, continued

Principle Statement:

The occupational therapist will ensure that infection prevention and control measures are implemented in their practice to support the health and safety of clients, health care providers, themself, and others.

5. If indicated, refer clients to other health care providers for care related to identified risk of transmission or health status associated with a communicable disease.

6. Where the need is identified, advocate for adequate resources to support infection prevention and control best practices.

7. Ensure applicable infection prevention and control education and supervision for support personnel who have been assigned components of occupational therapy services.

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Practice Standard, continued

Principle Statement:

The occupational therapist will ensure that infection prevention and control measures are implemented in their practice to support the health and safety of clients, health care providers, themself, and others.

8. Apply any workplace infection prevention and control policies and procedures provided that they are consistent with established best practices. Where policies and procedures do not exist or are insufficient, advocate for or participate in their development.

9. Take all reasonable steps to reduce the risk of harm, and develop, communicate, and document an alternative plan of care if risks cannot be mitigated.

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Risk Assessment and Management

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Risk Assessment and Management

Risk management is “nothing more than a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm” (Health and Safety Executive, 1999, p. 1).

Identifying and implementing infection prevention and control best practices can be challenging. The process requires that the occupational therapist use professional knowledge and critical thinking to ensure that clients receive safe, ethical, and competent occupational therapy services. The occupational therapist can benefit from using a risk management approach to assist with implementing infection prevention and control measures.

Risk Assessment and Management, continued

Step One: Identify Potential Risk Factors

Risk factors are circumstances and/or facts that influence the implementation of infection prevention and control measures. Examples of relevant risk factors include the following.

Nature of the Referral

- Urgency of the services required.
- Referral for specific services that are not appropriate for the client at the time.
- Inherent risks associated with the requested service.

Client's Presentation and Vulnerability

- Diagnosis of a communicable disease.
- Cultural beliefs and lifestyle values.
- Fluctuating cognitive or physical abilities due to fatigue, pain, medications, stress, distractions, or nature of illness.
- Communication challenges or barriers.
- Ability to adhere to infection prevention and control practices of respiratory and hand hygiene.

Practice Setting and Environmental Conditions

- Location where tasks are being completed.
- Availability, accessibility, and efficacy of virtual health options.
- Availability of hand hygiene supplies, cleaning materials, appropriate ventilation, and PPE.
- Presence of other individuals in the practice environment.

Occupational Therapist's Skills and Knowledge

- Lack of knowledge of current best practices for infection prevention and control measures.
- Lack of knowledge of current public health orders, restrictions, and recommendations.
- Lack of knowledge of employer policies and procedures.
- Lack of knowledge of safe handling and disposal of hazardous materials.

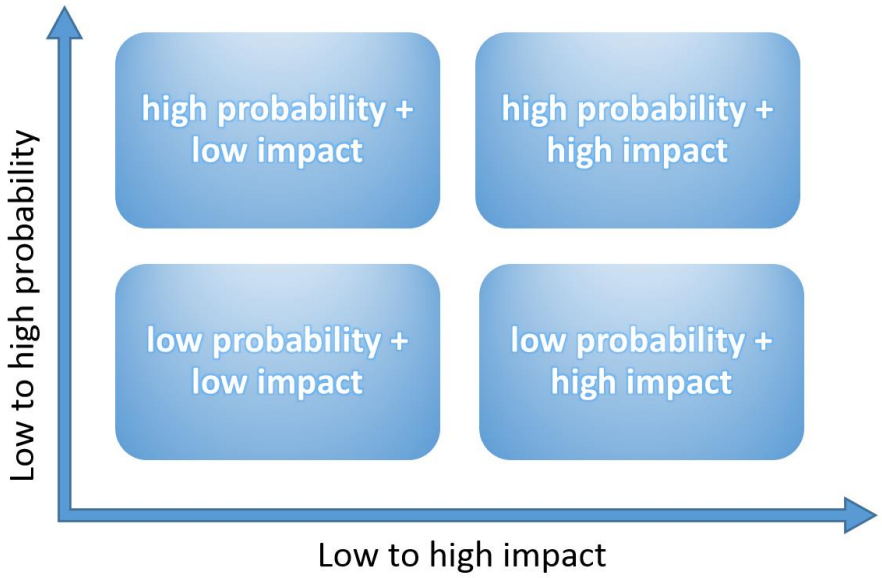
Risk Assessment and Management, continued

Step Two: Consider the Probability and Severity of Impact

Once the risk factors are identified, the occupational therapist assesses

- the probability of each risk (i.e., how likely is it); and
- the negative impact (i.e., what degree of harm could the risk cause the client).

The risks can be classified from low probability and low impact to high probability and high impact.



Risk Assessment and Management, continued

Step Three: Take Action

The goal is to choose actions or measures that help minimize the risks as much as possible.

Actions could include but are not limited to the following:

- Providing occupational therapy services through virtual health options.
- Reinforcing policies that encourage everyone to stay home if unwell.
- Implementing screening procedures for identified and applicable symptoms.
- Ensuring availability of necessary supplies for practising hand hygiene and respiratory etiquette, and cleaning and disinfecting the practice environment and shared reusable equipment.
- Implementing policies and procedures to address cleaning the practice environment, including high-touch surfaces, shared practice spaces, shared reusable equipment, and mobile practice environments.
- Wearing appropriate PPE for each specific task and situation.
- Ensuring that clients are not sharing equipment (e.g., wheelchairs, activity supplies, pens, electronic devices, toys) or that equipment is appropriately cleaned and disinfected between use or clients.
- Being mindful of following public health recommendations while in shared spaces, such as offices and break rooms.

Risk Assessment and Management, continued

Step Four: Record Your Actions

The risk management process is dynamic and ongoing throughout the care continuum.

It is important to record the risk management actions taken, to demonstrate that precautions were taken to protect the client from harm and minimize risk. The occupational therapist is required to document according to *COTBC Practice Standards for Managing Client Information* (2019).

Definitions

Client An individual, family, group, community, organization, or population who participates in occupational therapy services by direct referral or contract, or by other service and funding arrangements with a team, group, or agency whose work includes occupational therapy. *Client* is synonymous with *patient* or *consumer* and means a recipient of occupational therapy services. (Townsend & Polatajko, 2007)

Communicable disease "A disease whose causal agent can be transmitted from successive hosts to healthy subjects, from one individual to another. An illness due to a specific infectious agent or its toxic products that arises through transmission of such agent or products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment" (Porta, 2016).

Confidentiality The ethical and professional obligation not to disclose personal information without the consent of the person whom the information is about.

Hand hygiene "A comprehensive term that refers to handwashing, hand antisepsis and actions taken to maintain healthy hands and fingernails" (PHAC, 2012, p. 60).

Hazard "A term to describe a condition that has the potential to cause harm. Work-related hazards faced by [health care providers] are classified in categories: biologic and infectious, chemical, environmental, mechanical, physical, violence and psychosocial" (PHAC, 2016, p. 171).

Definitions, continued

Infection prevention and control (IPAC) "Evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, clients, patients, residents and visitors" (Public Health Ontario, n.d.).

Personal protective equipment (PPE) "One element in the hierarchy of controls. Personal protective equipment consists of gowns, gloves, masks, facial protection (i.e., masks and eye protection, face shields or masks with visor attachment) or respirators that can be used by [health care providers] to provide a barrier that will prevent potential exposure to infectious microorganisms" (PHAC, 2016, p. 174).

Point-of-care risk assessment (PCRA) "An activity whereby [health care providers] (in any healthcare setting across the continuum of care):

1) Evaluate the likelihood of exposure to an infectious agent [for a specific interaction with a specific client in a specific environment]…

2) Choose the appropriate actions/PPE needed to minimize the risk of exposure for the specific [client], other [clients] in the environment, the [health care provider], other staff, visitors, contractors, etc. (Note: Healthcare [providers] have varying degrees of responsibility related to a PCRA, depending on the level of care they provide, their level of education and their specific job/responsibilities)" (PHAC, 2016, p. 175).

Definitions, continued

Practice/Service The overall organizational and specific goal-directed tasks for the provision of activities to the client, including direct client care, research, consultation, education, or administration.

Routine practices "A comprehensive set of [IPAC] measures that have been developed for use in the routine care of all [clients] at all times in all healthcare settings" (PHAC, 2016, p. 176).

Stakeholder Someone who has a valid interest in the outcome of a decision involving the client. Examples of stakeholders include family members, other health care team members, physicians, insurance companies, legal representatives, and third-party payers. (COTO, 2008)

Transmission "The process whereby an infectious agent passes from a source and causes infection in a susceptible host" (PHAC, 2016, p. 176).

References & Resources Used in This Practice Standard

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