



College of
Occupational Therapists
of British Columbia

COTBC Practice Standard for Infection Prevention and Control

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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, themselves, 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



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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



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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



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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



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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.