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MEMORANDUM

TO: Registrars and Executive Directors

Health Regulatory Colleges

RE: Infection Prevention and Control Lapse Investigation Process Updates

Dear Colleagues,

I am writing to inform you of new documents, and recent procedure changes, supporting infection prevention and control (IPAC) lapse investigation processes by Ontario public health units.

Roles and Responsibilities Resource Development

The following two resources have been developed to support health units and other partners in responding to community infection prevention and control lapses:

- Roles and Responsibilities in Community Health Care Settings During Potential Infection Prevention and Control Lapse Investigations: Information for Public Health Units and Stakeholders – developed by the Ministry of Health and Long-Term Care (MOHLTC), in collaboration with Public Health Ontario (PHO), the College of Physicians and Surgeons of Ontario and public health units to provide guidance on roles and responsibilities, current inspection practices, and contact information for use during lapse investigations.
- Community IPAC Lapses Algorithm -- developed by PHO to support the risk assessment process that may occur during IPAC lapse investigations.

Both documents are intended for use in conjunction with the Infection Prevention and Control Practices Complaint Protocol, 2015, and any other relevant supporting documents.

Changes to Infection Prevention and Control Lapse Investigation Reporting Requirements

New public disclosure requirements have been added in the Infection Prevention and Control Standard of the *Ontario Public Health Standards*, 2008. Further details are provided in the:

- o Infection Prevention and Control Practices Complaint Protocol, 2015;
- Infection Prevention and Control in Personal Services Settings Protocol, 2015, and
- Infectious Diseases Protocol, 2015.

The disclosure requirements relate to all IPAC lapses that become known through complaints, referrals, or communicable disease surveillance in the following settings:

- Personal services settings;
- Settings not routinely inspected by the health unit; and
- Settings in which the lapse is linked to the conduct of a regulated health professional.

Disclosure is not required for complaints or referrals regarding health hazards in the environment.

Under these new provisions, health units are required to post Initial and Final Reports of investigations of IPAC lapses which come to the attention of health units through complaints, referrals from regulatory colleges or through communicable disease surveillance. A new *Infection Prevention and Control Lapse Disclosure Guidance Document, 2015* provides operational details along with a template for required reports, which will standardize the information provided to the public.

The new reporting requirements do not change expectations for inspection or investigation practices, or the overall roles and responsibilities of health units and regulatory colleges.

The new requirements have been put in place to improve public access to information about IPAC lapses which become known through complaints, referrals or surveillance. The new reporting requirements are effective as of October 14, 2015. Please see Appendix A for a list of links to the online versions of these documents.

Routine Inspections of Personal Services Settings/ Facilities Offering Personal Services

Under the *Infection Prevention and Control in Personal Services Settings Protocol*, 2015, public health units are required to inspect personal services settings at least once a year. Additional inspections may be required depending on the nature of the service(s) provided.

The protocol applies to personal services settings which are premises as defined by the *Health Protection and Promotion Act* that offer personal services where there is a risk of exposure to blood and/or body fluids. This includes services such as, but not limited to: hairdressing and barbering; tattooing; body piercing; nail services; electrolysis; and various other aesthetic services. The protocol applies to **any** person delivering personal services, including regulated health professionals.

In some cases, personal services are being offered in regulated health facilities, such as Out-of-Hospital Premises or Independent Health Facilities. However, personal services must be inspected by public health units, regardless of the type of facility in which they are offered. If you have not already made your local public health unit aware that you are offering personal services, or if you are unsure as to whether your facility requires inspection, please contact your local public health unit as soon as possible.

Please communicate these new requirements and resources to your members to ensure that health unit staff can undertake these responsibilities with full collaboration from all stakeholders.

On behalf of the MOHLTC, I would like to thank you for your continued commitment to preventing IPAC lapses in Ontario.

Sincerely,

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health

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Attachments

Appendix A: Resource Links

- Infection Prevention and Control Practices Complaint Protocol, 2015
 - Available at: <u>http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/infection_prevention_complaint.pdf</u>
- Infection Prevention and Control in Personal Services Settings Protocol, 2015
 - Available at: <u>http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/infection_prevention_personal_services.pdf</u>
- Infectious Diseases Protocol, 2015
 - Available at: <u>http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/infectious_diseases.pdf</u>
- Infection Prevention and Control Lapse Disclosure Guidance Document, 2015
- Available at: <u>http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/ipac_lapse_disclosure_gd.pdf</u>