

# Infection Prevention and Control Practices Complaint Protocol, 2015

## Preamble

The Ontario Public Health Standards (OPHS) are published by the Minister of Health and Long-Term Care under the authority of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.<sup>1, 2</sup> Protocols are program and topic specific documents which provide direction on how boards of health must operationalize specific requirement(s) identified within the OPHS. They are an important mechanism by which greater standardization is achieved in the province-wide implementation of public health programs.

Protocols identify the minimum expectations for public health programs and services. Boards of health have the authority to develop programs and services in excess of minimum requirements where required to address local needs. Boards of health are accountable for implementing the standards including those protocols that are incorporated into the standards.

## Purpose

This protocol has been developed to provide direction to boards of health with respect to reporting, investigating and responding to infection prevention and control (IPAC) complaints in all settings that are not included under one of the following protocols listed below:

- a) For complaints specific to health hazards in the environment please refer to the *Identification, Investigation, and Management of Health Hazards Protocol, 2008* (or as current) under the Health Hazards Prevention and Management Standard;
- b) For complaints specific to personal services settings, please refer to the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or as current).

Examples of settings covered by this protocol include, but are not limited to:

- a) Temporary dwellings established for temporary or seasonal workers;
- b) Schools (all levels);
- c) Child care centres (as defined in the *Child Care and Early Years Act, 2014*) and unlicensed child care facilities;<sup>3</sup>
- d) Recreational facilities (including sports clubs);
- e) Community centres; and
- f) Facilities in which regulated health professionals operate.

## Reference to the Standards

Table 1: identifies the OPHS standards and requirements to which this protocol relates.

Standard	Requirement
Infectious Diseases Prevention and Control	<p>Requirement #9: The board of health shall ensure that the medical officer of health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies, including regulatory colleges, in accordance with applicable provincial legislation and in accordance with the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current). In addition, if an infection prevention and control lapse is identified, the board of health shall post an Initial and a Final Report online on the board of health’s website, in accordance with the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current).</p> <p>Requirement #10: The board of health shall ensure that the medical officer of health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies, including regulatory colleges, exist, particularly personal services settings. This shall be done in accordance with the <i>Infection Prevention and Control in Personal Services Settings Protocol, 2008</i> (or as current) and the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current). In addition, if an infection prevention and control lapse is identified, the board of health shall post an Initial and a Final Report online on the board of health’s website, in accordance with the <i>Infection Prevention and Control Practices Complaint Protocol, 2008</i> (or as current) and the <i>Infection Prevention and Control in Personal Services Settings Protocol, 2008</i> (or as current).</p> <p>For the purposes of sections 9 and 10, a “regulatory college” means the college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the <i>Regulated Health Professions Act</i>.</p>

## Operational Roles and Responsibilities

### 1) General

The board of health shall:

- a) Have an on-call system for receiving and responding to IPAC practices complaints on a 24 hours per day, 7 days per week (24/7) basis.
- b) Develop and maintain written policies and procedures for responding to IPAC practices complaints. The policies and procedures shall address, but not be limited to:
  - i) Steps for managing a complaint investigation;

- ii) Communication with the premises involved in the complaint; provincial and/or federal agencies providing oversight or support (including regulatory colleges if applicable); and/or the public (if necessary).

## 2) Investigation of Complaints Regarding Infection Prevention and Control Practices

The board of health shall:

- a) Initiate an investigation of all complaints within 24 hours of receiving the complaint(s) to determine the risk of communicable and/or infectious disease transmission and to determine the appropriate board of health response. The board of health investigation shall include, but not be limited to, a review of communicable disease surveillance data available to the board of health to assess any epidemiological link of a communicable and/or infectious disease to the premises named in the complaint.
- b) Determine, given the information available, whether a communicable disease transmission risk is, or may be, linked to the professional conduct of a regulated health professional governed by a regulatory college (e.g., nurse, physician). The board of health shall, in that event:
  - i) Contact the regulatory college directly and provide any relevant information about the member(s) and the reported non-adherence to IPAC practices for follow up by the regulatory college;
  - ii) Provide information to the complainant about how to contact the regulatory college himself or herself, if applicable; and
  - iii) Consider a collaborative approach with the regulatory college in any ongoing assessment of the complaint and any subsequent investigation deemed necessary.
- c) Conduct an assessment which shall focus on identifying if an IPAC lapse has occurred in the premises named in the complaint.
  - i) The assessment of the complaint may include, but not be limited to:
    - Determining whether previous complaints or concerns have been reported to the board of health and what actions, if any, were taken;
    - Visiting the premises named in the complaint for the purpose of conducting a risk assessment;
    - Interviewing staff of the premises directly involved in the practice under assessment, including identification of any prior history of complaints;
    - Observing IPAC practices;
    - Reviewing relevant documentation, which includes policies, procedures, records, and logs (e.g., reprocessing practices); and
    - Reviewing evidence/previous experience to determine whether a previous IPAC lapse or premises named in the complaint has been associated with previous communicable and/or infectious disease transmission.
  - ii) Information obtained during the assessment shall be evaluated based on:
    - The implementation of appropriate IPAC practices, where applicable;
    - The extent to which routine IPAC practices have been adhered to; and
    - Adherence to best practices for reprocessing recommended in the premises named in the complaint.

- d) Advise the regulatory college if the board of health's assessment indicates that an IPAC lapse has been identified in the premises named in the complaint and is linked to the conduct of a regulated health professional.
- e) Undertake responsive actions if the board of health's assessment indicates that an IPAC lapse has been identified in the premises named in the complaint. The responsive actions may include, but not be limited to:
  - i) Recommending the implementation of appropriate IPAC procedures in accordance with current best practices;
  - ii) Providing education to ensure adherence to current best practices;
  - iii) Ordering corrective action based on the findings of the investigation, up to and including having the medical officer of health or public health inspector issue written orders under the HPPA;<sup>2</sup>
  - iv) Advising the owner/operator of the premises under investigation of his/her responsibility to take corrective action and the consequences of failing to do so;
  - v) Developing a risk-communication strategy for notification of identified cases in collaboration with the affected premises;
  - vi) Engaging in formal look-back case-finding studies where the initial investigation raises concerns about a communicable and/or infectious disease outbreak related to improper IPAC practices; and
  - vii) Scheduling a re-inspection(s) to ensure corrective action has been undertaken and that there is adherence to current IPAC practices.
- f) Maintain a record of all complaints received, any investigation and/or referral action undertaken, and responsive actions undertaken.
- g) Report cases of reportable diseases through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

### 3) Reporting of Infection Prevention and Control Lapses

If an IPAC lapse has been identified in a setting that is not routinely inspected by the board of health or is linked to the conduct of a regulated health professional, the board of health shall post an Initial and a Final Report online in accordance with the *Infection Prevention and Control Lapse Disclosure Guidance Document, 2015* (or as current).<sup>4</sup>

## Glossary

**Infection Prevention and Control (IPAC) Lapse:** A lapse is defined as a deviation from IPAC standard of care, based on current IPAC standard of care documents from the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Ontario (PHO), or the ministry, where available, that the medical officer of health or designate believes on reasonable and probable grounds has or may result in infectious disease transmission to the premises' clients, attendees or staff through exposure to blood, body fluids and/or potentially infectious lesions.

**Regulatory College:** The college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act*.<sup>5</sup>

## References

1. Ontario. Ministry of Health and Long-Term Care. Ontario Public Health Standards. Toronto, ON: Queen's Printer for Ontario; 2008 [revised 2015 October]. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/ophs\\_2008.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/ophs_2008.pdf).
2. *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Available from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h07\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm).
3. *Child Care and Early Years Act, 2014* S.O. 2014, c. 11. Available from: <http://www.ontario.ca/laws/statute/14c11>.
4. Ontario. Ministry of Health and Long-Term Care, Public Health Division. Infection prevention and control lapse disclosure guidance document. Toronto, ON: Queen's Printer for Ontario; 2015. Available from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/oph\\_standards/docs/guidance/ipac\\_lapse\\_disclosure\\_gd.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/guidance/ipac_lapse_disclosure_gd.pdf).
5. *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18. Available from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_91r18\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91r18_e.htm).

