

Infection Prevention and Control Complaint Protocol, 2018

Population and Public Health Division,
Ministry of Health and Long-Term Care

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Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health and Long-Term Care under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.^{1,2} The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

This protocol provides direction to boards of health with respect to the investigation, management and reporting of infection prevention and control (IPAC) complaints. This does not include complaints specific to health hazards in the environment; please refer to the *Health Hazard Response Protocol, 2018* (or as current) under the Healthy Environments Standard.³

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

- Temporary dwellings established for temporary or seasonal workers;
- Schools (all levels, including public and private);
- Child care settings as defined in the *Child Care and Early Years Act, 2014*, including: unlicensed child care, including home-based; home child care providers contracted by a licensed agency; licensed home child care agencies; and licensed child care settings;⁴
- Recreational facilities (including sports clubs);
- Personal service settings (as defined by the HPPA and regulated by O. Reg. 136/18) ;^{2, 9}
- Community centres; and
- Facilities in which regulated health professionals operate.

Note that this protocol addresses settings beyond those settings regulated as personal service settings under O. Reg. 316/18 (Personal Service Settings) under the HPPA. Boards of health should have reference to that regulation with regards to requirements for Personal Service Settings. The requirements as specified in this Protocol are not intended to replace any of the requirements noted for personal service settings in O. Reg. 316/18.

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Electronic Cigarettes Protocol, 2018* (or as current); the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco Protocol, 2018* (or as current).

Infectious and Communicable Diseases Prevention and Control

Requirement 18. The board of health shall receive reports of complaints regarding infection prevention and control practices and respond to and/or refer to appropriate regulatory bodies, including regulatory colleges*, in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

Requirement 19. The board of health shall inspect and evaluate infection prevention and control practices in personal service settings in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

Requirement 20. The board of health shall inspect settings associated with risk of infectious diseases of public health significance in accordance with the *Healthy Environments and Climate Change Guideline, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

*For the purposes of requirement 18, 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 *Regulated Health Professions Act, 1991*.

Operational Roles and Responsibilities

Response

- 1) The board of health shall:
 - a) Have an on-call system for receiving and responding to public health issues on a 24 hours per day, 7 days per week (24/7) basis; and
 - b) Determine the appropriate response required and make reports as per the disease-specific chapters under Appendix A of *the Infectious Diseases Protocol, 2018* (or as current) or otherwise as directed by the ministry within 24 hours of notification of the complaint or report.⁵
- 2) The board of health shall develop and maintain written policies and procedures for responding to IPAC complaints. The policies and procedures shall address, but not be limited to:
 - a) Steps for managing a complaint investigation; and
 - b) 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).

Investigation

- 3) The board of health investigation shall include, but may 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.
- 4) In the event that a communicable and/or infectious disease transmission risk is, or may be, linked to the professional conduct of a regulated healthcare professional governed by a regulatory college (e.g., nurse, physician, dentist), the board of health shall:
 - a) Contact the regulatory college directly as soon as possible and provide any relevant information about the member(s) and the reported non-adherence to IPAC practices;
 - b) Provide information to the complainant to contact the respective regulatory college; and
 - c) Consider a collaborative approach with the regulatory college and applicable stakeholders in any ongoing assessment of the complaint and any subsequent investigation deemed necessary.
- 5) The board of health shall 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 healthcare professional.

Infection Prevention and Control Complaint Protocol, 2018

- 6) The board of health shall conduct an assessment which shall focus on identifying if an IPAC lapse (i.e. a failure to follow IPAC practices resulting in a risk of transmission of infectious disease) has occurred in the premises named in the complaint/inquiry.
 - a) The assessment of the complaint shall include, but may not be limited to:
 - i) Determining whether previous complaints/inquiries or IPAC lapses have been reported to the board of health and what actions, if any, were taken;
 - ii) Visiting the premises named in the complaint for the purpose of conducting a risk assessment;
 - iii) Interviewing staff of the premises directly involved in the practice under assessment, including identification of any prior history of complaints/inquiries;
 - iv) Observing IPAC practices;
 - v) Reviewing relevant documentation, which includes policies, procedures, records, and logs (e.g., reprocessing practices); and
 - vi) Reviewing evidence/previous experience to determine whether a previous IPAC lapse or the premises named in the complaint/inquiry has been associated with previous communicable and/or infectious disease transmission.
 - b) Information obtained during the assessment shall be evaluated based on:
 - i) The implementation of appropriate IPAC practices, where applicable;
 - ii) The extent to which routine IPAC practices have been adhered to; and
 - iii) Adherence to best practices for reprocessing recommended in the premises named in the complaint.
- 7) In the event that an IPAC lapse has occurred at a multi-jurisdictional premise(s) (i.e., a premises that spans two or more sites or jurisdictions):
 - a) The first board of health to become aware of the lapse shall conduct an investigation of the setting that is located within their jurisdiction (including confirming IPAC concerns at a second location where possible).
 - b) The first board of health to become aware of the lapse shall inform the Ministry of Health and Long-Term Care (the “ministry”) and the Ontario Agency for Health Protection and Promotion (Public Health Ontario [PHO]).
 - c) PHO shall coordinate a multi-jurisdictional teleconference and, if deemed necessary (based on risk assessment), engage with/inform other relevant boards of health that have the same multi-jurisdictional premises within their jurisdictions to follow up as required.
 - d) The ministry and PHO shall provide support, as required.
- 8) The board of health shall take necessary action(s) if the board of health’s investigation indicates that an IPAC lapse has been identified in the premises named in the complaint. The action(s) shall include, but may not be limited to:
 - a) Requiring the implementation of appropriate IPAC procedures in accordance with current best practices;

- b) Providing education to ensure adherence to current best practices, which may include completion of IPAC training modules;
- c) Ordering corrective action based on the findings of the investigation including having the medical officer of health or public health inspector issue written orders under the HPPA;²
- d) Advising the owner/operator of the premises under investigation of their responsibility to take corrective action and the consequences of failing to do so;
- e) Developing a risk-communication strategy for notification of identified cases in collaboration with the affected premises, as required;
- f) 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
- g) Conducting re-inspection(s) to ensure corrective action and adherence to IPAC and other current best practices has been taken.

Data collection and reporting

- 9) The board of health shall:
 - a) Maintain a record of all complaints received, any investigation and/or referral action undertaken, and responsive actions undertaken.
 - b) Report occurrences of significance (i.e., non-compliance issues leading to a media release) to the ministry prior to media release.
 - c) Report cases of infectious/reportable diseases and outbreaks associated with premises through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.
 - d) Disclose publicly a summary of the results of complaint-based investigations where IPAC lapses are identified and in accordance with *Infection Prevention and Control Disclosure Protocol, 2018* (or as current).⁶
 - i) If a complaint has been deemed frivolous and unsubstantiated or if an IPAC lapse has not occurred, the board of health shall notify relevant stakeholders and a disclosure of the complaint is not required.
 - e) Notify the ministry of all verbal and written Section 13 orders pertaining to IPAC lapse under the HPPA on the day it is issued or the next business day.

Glossary

Health hazard: (a) a condition of a premises, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of them, that is likely to have an adverse effect on the health of any person (as defined in the HPPA).

Infection prevention and control (IPAC) lapse: failure to follow IPAC practices resulting in a risk of transmission of infectious diseases to clients, attendees or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated equipment and soiled items.

IPAC practices: may include the most current guidance available from the Provincial Infectious Diseases Advisory Committee, Public Health Ontario, the ministry, and any relevant Ontario regulatory college IPAC protocols and guidelines.

Personal service settings: a premises at which personal services are offered where there is a risk of exposure to blood or body fluids, and includes premises at which hairdressing and barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are offered as defined in section 1(1) of the HPPA.

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, 1991*.⁷

Risk: the probability of an adverse health outcome resulting from exposure to a hazard.

Risk assessment: an evaluation of the interaction of the worker, the client and the work environment to assess and analyze the potential for exposure to infectious disease, identify potential health hazards and determine the appropriate action required.

Risk-based approach: the application of a risk assessment(s) to identify priorities for making decisions and taking action by directing proportionate resources to the hazard(s) with the greatest likelihood of adverse effect on the health of any person.

Resources

For more information when an IPAC lapse is, or may be, linked to the professional conduct of a regulated health professional, refer to the Roles and Responsibilities in Community Health Care Settings during Potential Infection Prevention and Control Lapse Investigations, 2017.⁸

References

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2. *Health Protection and Promotion Act*, RSO 1990, c H.7. Available from: <https://www.ontario.ca/laws/statute/90h07>
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4. *Child Care and Early Years Act, 2014*, SO 2014, c 11, Sched 1. Available from: <https://www.ontario.ca/laws/statute/14c11>
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6. Ontario. Ministry of Health and Long-Term Care. Infection prevention and control disclosure protocol, 2018. Toronto, ON: Queen's Printer for Ontario; 2018. Available from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/protocolsguidelines.aspx
7. *Regulated Health Professions Act, 1991*, SO 1991, c 18. Available from: <https://www.ontario.ca/laws/statute/91r18>
8. Ontario. Ministry of Health and Long-Term Care. Roles and responsibilities in community health care settings during potential infection prevention and control lapse investigations: information for public health units and stakeholders. Toronto, ON: Queen's Printer for Ontario; 2017
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