TRAVERSE
INDEPENDENCE

# INFECTION PREVENTION & CONTROL (IPAC) PLAN

2026 – 2027

## Contents

# INTRODUCTION

Health care associated infections for healthcare workers and clients are a safety issue for both parties. To protect the safety of our clients and staff and reduce the costs associated with infection, it is important to minimize the risk in a proactive way. Infection Prevention and Control Programs (IPAC) have demonstrated results and in general show that at least 20% of infections can be eliminated using these programs. The goal of our infection prevention and control program is to identify and minimize the risk of infections. We accomplish this by various methods including:

- Risk assessment through Point of Care Risk Assessment
- Education and Training
- JOHSC (Joint Occupational Health and Safety Committee) and Client Safety Committee Oversight
- IPAC goals and objectives laid out in IPAC Scorecard

## OCCUPATIONAL HEALTH & SAFETY ACT

The regulations in this legislation require strict enforcement under the Occupational Health and Safety Act (OHSA) This applies to measures needed to protect workers from the risk of COVID-19 and other communicable diseases. Employers, supervisors, and workers have rights, duties, and obligations under the OHSA. Specific requirements under the OHSA and its regulations are available at: Occupational Health and Safety Act: Occupational Health and Safety Act, R.S.O. 1990, c. O.1 | ontario.ca and Residential Facilities: Just Clean Your Hands (JCYH) Program | Public Health Ontario

## POINT OF CARE RISK ASSESSMENT

A point of care risk assessment (PCRA) assesses the task, the client, and the environment just prior to delivering services. A PCRA is a dynamic risk assessment completed by the Worker before every client interaction to determine whether there is risk of being exposed to an infection. Performing a PCRA is the first step in Routine Practices, which are to be used with all clients, for all care and for all interactions. A PCRA will help determine the correct PPE required to protect the health care Worker in their interaction with the client and client environment.

## APPLICATION OF THE HIERARCHY OF HAZARD CONTROLS

According to the U.S. Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health, (NIOSH) the fundamental method for protecting a worker is through the application of the hierarchy of hazard controls. The levels of control range from the highest levels considered most effective at reducing the risk of exposure (i.e., elimination and substitution) to the lowest or last level of control between the worker and the hazard (i.e., PPE). The application of the "hierarchy of hazard" controls is a recognized approach to containment of hazards and is fundamental to an occupational health and safety framework.

An understanding of the strengths and limitations of each of the controls enables organizations to determine how the environment (e.g., infrastructure, equipment, processes, and practices) increase or decrease a worker's risk of infection from exposure. Elimination and substitution are the most effective means in the hierarchy of controls, but is not often feasible or possible to implement, particularly regarding infectious diseases or pandemics. This level of containment assumes that the activity creating the risk would be stopped or replaced with something else that is less risky. **When providing services to clients it is not possible to just stop.**

### Engineering and System Control Measures

Engineering control measures reduce the risk of exposure to a hazard by implementing methods of **isolation or ventilation**. (Dentists did this through the pandemic). Engineering controls reduce or eliminate exposure by isolating the hazard from the employee and by physically directing actions to reduce the opportunity for human error. Examples include rigid barriers at the interface between the client and the workers at reception and triage and alcohol-based hand rub.

### Administrative Control Measures (This is what Traverse most Commonly Uses)

Administrative controls are measures to reduce the risk of transmission of infections through the implementation of policies, procedures, training, and education.

Examples of administrative controls include active screening, passive screening (signage) and restricted visitor policies. In addition, administrative controls include policies regarding restricting entrances, cohorting of staff and clients and designated areas for screening or providing supports to clients.

### Personal Protective Equipment (PPE)

Although the use of PPE is the most visible in the hierarchy of controls, PPEs (Personal Protective Equipment) are the last tier in the hierarchy and **should never be relied on as a stand-alone primary prevention** program. Examples of PPE barriers include gloves, gowns, facial protection (including surgical masks and N95 respirators) and/or eye protection (including safety glasses, face shields or masks with visor attachments.)

The organization plays a critical role in ensuring Workers have access to appropriate PPE for the task to be performed and the necessary education and training to ensure competency on the appropriate selection, use and disposal of PPE to prevent exposure to infection.

## Process Surveillance

Ongoing inspections, audits, and surveys monitor compliance by staff and clients with the expectations of the IPAC system. Further, we monitor all sites for infections and diseases that affect the health of our clients, staff, and visitors. Our role includes making informed decisions; performing data analysis; and providing feedback results to staff that implement quality improvements.

Control measures are initiated when single or clusters of infections in clients or employees are identified by surveillance. Outbreak Management procedures are implemented and supervised at the direction of Public Health.

## Education and Training

We provide education to our clients, staff, and students about common infections. Our staff are provided with a mandatory infection prevention and control trainings as new employees and once annually thereafter. Our clients are provided with information by way of newsletters, news bulletins and annually at care plan meetings.

As an example of training and information, following is a link. Just Clean Your Hands (JCYH) Program | Public Health Ontario

| Strategic Priority | Focus Area (Plan) | Goal | Key Measure(s) (Objective) | Target (Indicator) | Current Status | Trend / Notes |
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| EFFICIENT & EFFECTIVE SERVICES<br>CLIENT AND STAFF SAFETY | IPAC | IPAC policies remain current and aligned with best practice | Annual policy review completed | 100% of IPAC policies reviewed each year | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| | | Staff consistently demonstrate adherence to routine infection prevention practices and hand hygiene standards. | Site audits confirm adherence to routine practices and hand hygiene | Site audits are completed twice annually | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| | | Staff are knowledgeable about IPAC expectations and safe infection prevention practices | Mandatory IPAC training completed at orientation and annually, with ongoing reinforcement through organizational safety discussions | 95–100% staff training completion annually | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| | | Safe environments are maintained across all locations | Environmental cleaning, PPE availability, and appropriate staffing levels support infection prevention practices | All sites maintain required IPAC resources and minimum staffing levels | Q1<br>Q2<br>Q3 | Q1<br>Q2<br>Q3 |

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| | | | | | Q4 | Q4 |
| | | Traverse responds effectively to infectious disease risks | Outbreak management procedures are followed when required | 100% of outbreaks managed according to policy | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| Client and Staff Safety | IPAC | IPAC oversight and accountability are maintained | IPAC is reviewed through organizational safety structures | IPAC is discussed at safety committees monthly | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| | | Sharps are handled and disposed of safely to prevent injury and exposure | Staff handling sharps follow established safety procedures and receive required training | 100% of staff handling sharps complete sharps safety training | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |
| | | IPAC monitoring supports continuous improvement in infection prevention practices | Results from audits, reviews, and incidents are monitored and discussed | Opportunities for improvement are identified and addressed | Q1<br>Q2<br>Q3<br>Q4 | Q1<br>Q2<br>Q3<br>Q4 |

Based on the Best Practices for Infection Prevention and Control Program in Ontario – Provincial Infection Disease Advisory Committee (PIDAC), in all health care settings 3rd edition.

## References

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