Prince Edward Island
CANADA

Health and Wellness

Prince Edward Island Infection Prevention and Control (IPAC) Guidelines for Health Care Offices and Clinics

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Department of Health and Wellness

Chief Public Health Office

Preface

The Office of the Chief Public Health Officer (CPHO) provides these Infection Prevention and Control (IPAC) Guidelines for Health Care Offices and Clinics to promote safe, consistent, and risk-based outpatient care in Prince Edward Island.

Health care offices and clinics provide services to individuals across the lifespan, including those who may be at increased risk of infection or complications. Consistent application of IPAC measures reduces the risk of transmission to patients, staff, and others within the care environment, while supporting confidence in the delivery of safe care.

These guidelines are grounded in Routine Practices, Point-of-Care Risk Assessment (PCRA), and the hierarchy of controls. They are intended to guide decision-making by health care providers and clinic operators in office- and clinic-based settings where outpatient care is delivered.

These guidelines do not replace clinical judgment. Rather, they promote the consistent and defensible application of IPAC principles across diverse office and clinic settings in Prince Edward Island.

Purpose, Scope, and Interpretation

Purpose:

These guidelines establish baseline infection prevention and control (IPAC) expectations for health care offices and clinics in Prince Edward Island providing outpatient care. They are intended to promote safe, consistent, and risk-based practices across a range of office and clinic settings.

Scope:

These guidelines apply to office- and clinic-based health care settings in Prince Edward Island that provide outpatient care.

They provide general IPAC guidance for these settings and are intended to be used in conjunction with applicable legislation, regulations, public health direction, occupational health and safety requirements, manufacturer instructions for use, and profession-specific standards, policies, and requirements.

These guidelines do not replace more specific requirements that apply to specialized clinical services, higher-acuity environments, regulated reprocessing activities, or other settings subject to additional legal, regulatory, accreditation, or professional obligations. Where such requirements apply, they take precedence.

Interpretation:

In this guideline, **must** indicates a requirement arising from legislation, regulation, public health direction, occupational health and safety requirements, manufacturer instructions for use, or another applicable mandatory standard or obligation.

Should indicates recommended best practice intended to support safe implementation, professional judgment, and local decision-making.

Appendices and tools included in this document are intended to support implementation unless otherwise stated.

Definitions

For the purposes of this guideline:

Additional Precautions means infection prevention and control measures used in addition to Routine Practices when Routine Practices alone are not sufficient to prevent transmission of infection. Additional Precautions may include Contact Precautions, Droplet Precautions, and Airborne Precautions, depending on the route of transmission and the risk identified.

Aerosol-Generating Medical Procedure (AGMP) means a medical procedure that may increase the generation of aerosols and the risk of airborne exposure, depending on the procedure, the patient, and the setting.

Clinic operator means the person, persons, or organization responsible for the operation, management, or oversight of a health care office or clinic, including responsibility for clinic systems, infrastructure, policies, supplies, equipment, and implementation of applicable infection prevention and control measures.

Health care office and clinic setting means a setting in which outpatient health care services are provided outside an inpatient or residential care environment. For the purposes of this guideline, the term refers to office- and clinic-based settings in Prince Edward Island that provide outpatient care.

Health care provider means any person providing health care services in a health care office or clinic setting, within the scope of their role, responsibilities, and applicable professional or workplace requirements.

Hierarchy of controls means the ordered approach to reducing risk by prioritizing elimination or substitution where feasible, followed by engineering or environmental controls, administrative controls, and personal protective equipment. Controls higher in the hierarchy are generally more effective than relying on PPE alone.

Infection prevention and control (IPAC) means evidence-informed measures, practices, and systems used to prevent or reduce the risk of transmission of infectious agents to patients, staff, and others within the care environment.

Manufacturer instructions for use (IFU) means the written directions, specifications, and limitations provided by the manufacturer for the safe use, cleaning, disinfection, reprocessing, storage, maintenance, or disposal of a product, device, or equipment.

Personal protective equipment (PPE) means clothing or equipment worn to reduce exposure to infectious material or other hazards. In this guideline, PPE may include gloves, medical masks, eye protection, gowns, and respirators, as indicated by Point-of-Care Risk Assessment (PCRA) and applicable requirements.

Point-of-Care Risk Assessment (PCRA) means the ongoing assessment of the patient, the task, and the environment before and during a patient interaction to determine the infection prevention and control measures required to provide care safely.

Reprocessing means the validated steps required to prepare a reusable medical device or item for safe subsequent use, including, as applicable, cleaning, disinfection, sterilization, drying, storage, and quality assurance activities, in accordance with manufacturer instructions for use and applicable requirements.

Routine Practices means the minimum infection prevention and control measures that must be applied to all patients, at all times, based on the principle that blood, body fluids, secretions, excretions, non-intact skin, mucous membranes, equipment, and environmental surfaces may be potentially infectious.

Single-use item means an item or device intended by the manufacturer to be used for one patient for one procedure or episode of care and not to be reprocessed or reused.

Source control means measures used to reduce the spread of infectious respiratory secretions or other contaminants from the source, such as masking, respiratory hygiene, or containment of drainage or secretions.

Work exclusion means temporary removal from the workplace or from specified duties because of illness, exposure, or another condition that may pose a risk to patients, co-workers, or others.

Work restriction means a limitation placed on a staff member's duties or work activities because of illness, exposure, or another condition that may increase the risk of transmission.

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Executive Summary

These guidelines establish baseline infection prevention and control (IPAC) expectations for health care offices and clinics in Prince Edward Island providing outpatient care.

They are grounded in three core concepts:

- **Routine Practices**, applied to all patients at all times
- **Point-of-Care Risk Assessment (PCRA)**, used to guide decisions for each patient interaction
- **A risk-based approach**, which adapts measures according to the patient, the task, and the environment
- **The hierarchy of controls,** which prioritizes higher-level controls before reliance on PPE

The guidelines promote safe and consistent IPAC practices across diverse office and clinic settings. They are intended to be applied in conjunction with applicable legislation, regulations, public health direction, occupational health and safety requirements, manufacturer instructions for use, and profession-specific standards, policies, or requirements.

Where requirements arise from legislation, regulation, public health direction, occupational health and safety requirements, manufacturer instructions for use, or another applicable mandatory source, this guideline uses **must** language. Other content reflects recommended best practice and uses **should** language to support professional judgment and local implementation.

In the event of an outbreak, emerging public health risk, or other circumstance requiring specific public health direction, directives issued by the Chief Public Health Officer supersede this guidance to the extent of any inconsistency.

1.0 Introduction

Infection prevention and control is a fundamental component of safe care in office- and clinic-based health care settings. Health care providers and clinic operators share responsibility for reducing the risk of transmission to patients, staff, and others within the care environment.

In these settings, opportunities for transmission may arise at multiple points in the care process, including appointment booking, arrival, assessment, treatment, equipment handling, environmental cleaning, and departure. Effective IPAC measures must therefore be integrated into routine operations and direct patient care activities.

These guidelines support a practical, risk-based approach to infection prevention and control. Rather than prescribing identical measures in every circumstance, they emphasize the consistent application of Routine Practices and Point-of-Care Risk Assessment (PCRA) to guide decisions based on the patient, the task, and the environment.

Where requirements exist, including those related to occupational exposure reporting, safe sharps disposal, reprocessing, manufacturer instructions for use, and occupational health and safety

obligations, clinics and health care providers must comply with all applicable legislative, regulatory, professional, and workplace requirements.

2.0 Foundational IPAC Principles

Infection prevention and control (IPAC) in health care office and clinic settings is based on the consistent application of Routine Practices and a risk-based approach to care. These principles apply to all patients, at all times, regardless of diagnosis, symptoms, or perceived infectious risk.

2.1 Routine Practices

Routine Practices are the minimum standard for all patient interactions and care activities, regardless of diagnosis or symptoms.

Routine Practices include:

- hand hygiene
- appropriate selection and use of personal protective equipment (PPE)
- respiratory hygiene and cough etiquette
- safe handling and disposal of sharps
- safe injection and medication practices
- environmental cleaning and disinfection
- safe handling of equipment, waste, and laundry

Routine Practices must be applied consistently during every patient interaction.

Clinics and health care providers must follow applicable legislative, regulatory, professional, workplace, manufacturer, and public health requirements related to safe medication and injection practices. Medication preparation must occur using aseptic technique in a clean area protected from potential sources of contamination. Needles and syringes must be single-patient use. Single-dose medications or vials must be used for one patient when designated by the manufacturer for single-patient use. Multidose vials, when used, must be handled, labelled, stored, accessed, and discarded in accordance with manufacturer instructions and applicable safe medication practices.

Where vaccines are stored or administered, clinics must follow applicable cold chain requirements, including temperature monitoring and documentation, in accordance with applicable provincial and other mandatory requirements.

2.2 Risk-Based Approach

Infection prevention and control measures must be proportionate to the level of risk identified at the point of care.

Risk is determined by considering:

- **the patient**, including symptoms, behaviours, known or suspected infection, and ability to contain secretions or drainage
- **the task**, including the nature of the activity and the likelihood of exposure to blood, body fluids, respiratory secretions, contaminated surfaces, or contaminated equipment
- **the environment**, including space, ventilation, patient flow, available controls, and the ability to clean and disinfect effectively

The level of risk may change during the course of care. IPAC measures must therefore be reassessed and adjusted as needed.

2.3 Hierarchy of Controls

Effective infection prevention and control follows the hierarchy of controls. Control measures should be considered in the following order:
Elimination or substitution, where feasible
Engineering and environmental controls, such as facility design, ventilation, barriers, hand hygiene infrastructure, and workflow design
Administrative controls, such as policies, procedures, education, screening, scheduling, and staff supports
Personal protective equipment (PPE)

Multiple controls may be required. PPE is an important control measure; however, it is the last line of defence and does not replace appropriate higher-level controls.

3.0 Point-of-Care Risk Assessment (PCRA)

Point-of-Care Risk Assessment (PCRA) is an ongoing process used before and during each patient interaction to identify infection risks and determine the infection prevention and control measures required to provide care safely.

PCRA supports decisions about:

- hand hygiene
- selection and use of personal protective equipment (PPE)
- patient placement and flow
- environmental and equipment precautions
- the need for additional infection prevention and control measures

3.1 Purpose

PCRA helps health care providers to:

- identify actual and potential sources of exposure
- assess the likelihood of contact with blood, body fluids, respiratory secretions, contaminated surfaces, or contaminated equipment
- determine the infection prevention and control measures required to reduce risk
- adapt care practices when risk changes during the interaction

3.2 Key Considerations

Before and during care, health care providers must consider the following:

- **Patient:** symptoms, diagnosis, behaviour, ability to follow instructions, and ability to contain secretions, drainage, or excretions
- **Task:** the nature of the activity, whether the task may generate splashes, sprays, or aerosols, and the likelihood of exposure to infectious material
- **Environment:** available space, patient proximity, ventilation, access to hand hygiene supplies and PPE, available barriers or separation, and the ability to implement cleaning and disinfection measures

3.3 Application

PCRA must be performed before each patient interaction and repeated if circumstances change.

PCRA informs decisions about:

- whether Routine Practices alone are sufficient
- whether additional precautions or other control measures are required
- what PPE is required
- how care should be organized to reduce exposure risk
- whether referral, transfer, rescheduling, or modification of the care encounter is needed

3.4 Responsibilities

Health care providers must perform PCRA before each patient interaction and use the results to guide care decisions.

Clinic operators must ensure staff are trained and supported to apply PCRA effectively in relation to the services provided by the clinic.

Clinic operators should designate an individual to coordinate IPAC activities, including supporting implementation of PCRA, ensuring related procedures are in place, supporting staff education, and coordinating corrective actions when gaps are identified.

Documentation of IPAC education, training, and competency should be maintained in accordance with Section 10.2.

4.0 Hand Hygiene

Hand hygiene is the single most important measure for reducing the transmission of infectious agents in health care settings.

Clinic operators must ensure that hand hygiene supplies and facilities are available and accessible in areas where patient care, procedures, PPE donning and doffing, and reprocessing activities occur.

4.1 When to Perform Hand Hygiene

At a minimum, hand hygiene must be performed:

- before patient or patient environment contact
- before an aseptic procedure
- after exposure, or potential exposure, to blood or body fluids
- after patient or patient environment contact
- after removing gloves

4.2 Methods

Alcohol-based hand rub is the preferred method for hand hygiene when hands are not visibly soiled.

Soap and water must be used when hands are visibly soiled or contaminated.

Clinics should ensure products used for hand hygiene are appropriate for the clinical setting and are maintained and dispensed in a manner that supports safe use.

4.3 Glove Use

Gloves do not replace hand hygiene.

Gloves must be selected and used based on PCRA and the anticipated exposure.

Gloves must be removed after each task and after each patient interaction, as appropriate to the care activity.

Gloves must not be used between patients.

Hand hygiene must be performed before putting on gloves and immediately after glove removal.

5.0 Personal Protective Equipment (PPE)

Personal protective equipment (PPE) is used when a risk of exposure to infectious material is identified through Point-of-Care Risk Assessment (PCRA).

Clinic operators must ensure that PPE required to support Routine Practices and any additional precautions used in the clinic is available, accessible, and appropriate to the services provided.

5.1 Selection

PPE selection must be based on PCRA, including consideration of:

- patient condition
- procedure or task
- anticipated exposure risk
- care environment

5.2 Types

Examples of PPE include:

- gloves
- medical masks
- eye protection
- gowns
- respirators, where required based on risk and applicable requirements

5.3 Key Principles

PPE must be selected, used, removed, and discarded or reprocessed in accordance with PCRA, manufacturer instructions for use, and applicable requirements.

Key principles include the following:

- use PPE only when indicated based on PCRA
- PPE must not be shared unless it is specifically designed for reuse and is reprocessed or maintained in accordance with manufacturer instructions for use and applicable requirements
- PPE must be removed immediately after use and before contact with clean surfaces or other patients, as appropriate to the care activity
- hand hygiene must be performed after PPE removal

Staff must be trained in the appropriate selection, use, removal, and limitations of PPE relevant to their role.

5.4 Additional Precautions in Office and Clinic Settings

Additional Precautions are implemented when Routine Practices alone are insufficient to prevent transmission of infection.

The need for Additional Precautions is determined through PCRA, taking into account:

- symptoms
- suspected or confirmed infection
- likely route of transmission
- risk of exposure during care
- the patient's ability to contain secretions or drainage
- the clinic environment and patient flow

Additional Precautions may include:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

In office and clinic settings, Additional Precautions are generally interim measures used to reduce exposure risk, support safe care, and facilitate continued care, referral, transfer, or other management as needed.

Where feasible, clinics should implement measures such as:

- separating symptomatic patients from others
- implementing source control masking
- minimizing time spent in shared spaces
- using dedicated equipment where possible

The following table provides examples of Additional Precautions that may be required based on PCRA:

Situation	Precaution	Examples of PPE or Controls
Uncontrolled drainage, diarrhea, or vomiting	Contact Precautions	Gloves, gown, dedicated equipment
Respiratory symptoms with cough and/or fever	Droplet Precautions	Medical mask, eye protection
Suspected airborne disease (e.g., measles, pulmonary tuberculosis)	Airborne Precautions	Respirator, separate room if available, urgent referral

Patients requiring Airborne Precautions should be separated from others immediately, where feasible, and managed in accordance with applicable provincial direction, including referral or transfer when indicated.

5.5 Aerosol-Generating Medical Procedures (AGMPs)

Some office and clinic settings perform procedures that may increase aerosol generation and the risk of airborne exposure. The need for additional infection prevention and control measures must be determined through PCRA, considering the procedure, patient factors, and the care environment.

Examples of procedures that may generate aerosols include:

- open airway suctioning
- nebulized medication administration
- sputum induction
- cardiopulmonary resuscitation (CPR)
- procedures involving the upper airway or nasopharynx

When assessing aerosol generation risk, clinics and health care providers should consider:

- the nature of the procedure
- the patient's symptoms and ability to control respiratory secretions
- the potential for coughing or other aerosol-generating behaviours
- ventilation, air flow, and other available engineering controls
- the duration of the procedure and number of individuals present

When a risk of aerosol generation is identified:

- PCRA must be performed before the procedure
- appropriate infection prevention and control measures, including respiratory protection where required, must be implemented in accordance with PCRA and applicable requirements
- the number of individuals present should be limited to those required for care
- ventilation and other engineering controls should be optimized where feasible
- equipment and environmental surfaces must be cleaned and disinfected following the procedure in accordance with applicable requirements

Where respirators are required:

- staff must be fit-tested in accordance with applicable requirements
- staff must be trained in respirator use, seal checking, and limitations

Clinics that routinely perform higher-risk procedures should establish written procedures that address:

- patient assessment and placement
- PPE requirements
- environmental and engineering controls
- cleaning and disinfection requirements
- staff education and competency

6.0 Patient Screening and Management

Patient screening and management support early identification of communicable illness risk and timely implementation of measures to reduce transmission in office and clinic settings.

Screening and management processes should be appropriate to the services provided, the patient population served, and current communicable illness risks.

6.1 Screening

Screening should be performed at the earliest practical point of contact and repeated if a patient's condition or reported symptoms change.

Patients should be screened:

- at booking, where feasible
- on arrival
- during the visit, if new symptoms or concerns are identified

Screening should focus on symptoms or other indicators of communicable illness risk relevant to the services provided.

Clinics should establish a process for identifying patients who may require prompt implementation of source control, separation from others, modification of the care encounter, or further assessment.

Refer to **Appendix E: Patient Assessment and Infection Risk**.

6.2 Management of Symptomatic Patients

When screening or Point-of-Care Risk Assessment (PCRA) identifies a risk of transmission, appropriate measures must be implemented promptly.

Depending on the risk identified and the services being provided, measures may include:

- implementing source control, including masking where appropriate
- minimizing contact with other patients and staff
- placing the patient in a separate space, where available
- modifying scheduling, placement, or workflow
- using personal protective equipment (PPE) based on PCRA
- arranging referral, transfer, rescheduling, or modification of the care encounter, where indicated

Management decisions should be guided by the patient's symptoms, suspected or confirmed infection, likely route of transmission, nature of the care required, and the clinic environment.

Refer to **Appendix F: Symptomatic Patient Management** for a practical workflow.

6.3 Patient Flow

Clinics should organize patient flow in a manner that reduces opportunities for transmission.

Depending on the setting and available space, this may include:

- reducing time spent in waiting areas
- separating symptomatic patients from others, where feasible
- scheduling patients in a manner that reduces exposure risk
- directing patients promptly to an examination or treatment space, where possible
- minimizing unnecessary movement through shared areas

Patient flow processes should be appropriate to the physical layout, services provided, and current level of communicable illness risk.

7.0 Environment and Equipment

The physical environment, cleaning practices, and management of equipment all contribute to infection prevention and control in office and clinic settings. Clinics must maintain systems and processes that support a clean and safe care environment.

7.1 Environmental Cleaning

Environmental cleaning is an essential component of infection prevention and control.

Cleaning and disinfection schedules should be based on:

- the type of clinical activity
- frequency of use
- risk of contamination
- patient population served
- the nature of the surface or equipment

High-touch surfaces must be cleaned and disinfected more frequently than low-touch surfaces.

Examples of high-touch surfaces include:

- door handles
- light switches
- chairs and armrests
- examination tables
- countertops
- shared equipment
- washroom surfaces
- electronic devices used during patient care

At a minimum:

- examination tables and clinical contact surfaces must be cleaned and disinfected between patients
- shared patient equipment must be cleaned and disinfected between uses
- washrooms must be cleaned on a routine schedule and when visibly soiled
- cleaning frequency must be increased when contamination is more likely or during periods of increased communicable illness activity

Cleaning must occur before disinfection.

Disinfectants must be selected and used in accordance with manufacturer instructions for use, including contact time, dilution, compatibility, and safe handling requirements.

Disinfectants used in clinical settings should:

- have a Drug Identification Number (DIN), where applicable
- have a contact time that is achievable in practice, where possible
- be suitable for the intended surface or equipment

Clinics must clearly define:

- cleaning responsibilities, including where cleaning is performed by clinical staff, non-clinical staff, or contracted service providers
- products used
- required cleaning frequencies
- documentation requirements, where applicable

Products must be stored, dispensed, labelled where required, and handled in a manner that prevents contamination and supports worker safety, including when transferred to secondary containers.

Fabric furniture and other difficult-to-clean surfaces should be minimized in clinical care areas.

Refer to **Appendix I: Environmental Cleaning and Disinfection**.

7.1.1 Waiting Areas and Reception Spaces

Waiting and reception areas should be managed in a manner that reduces the risk of infection transmission.

Clinics should consider physical layout, ventilation, seating arrangements, crowding, and the availability of hand hygiene supplies, tissues, and waste containers.

Where feasible, clinics should:

- encourage respiratory hygiene and cough etiquette
- provide access to hand hygiene products
- provide tissues and waste containers
- reduce crowding
- reduce waiting times
- separate symptomatic patients from others

Shared items such as toys, magazines, or electronic devices should be minimized. If shared items are provided, they should be made of cleanable materials and cleaned and disinfected on a defined schedule and when visibly soiled.

During periods of increased communicable respiratory illness activity, additional measures may be implemented based on risk assessment and public health direction.

7.1.2 Ventilation and Airflow

Ventilation contributes to reducing the concentration of airborne contaminants in indoor spaces.

Ventilation considerations should be incorporated into clinic planning, room use, and risk assessment, particularly where patients with respiratory symptoms are assessed or where higher-risk procedures may be performed.

Clinic operators should consider:

- adequate air circulation
- maintenance of HVAC systems, where present
- airflow in examination, treatment, and reprocessing areas
- ventilation needs for higher-risk procedures
- supplemental measures, such as portable HEPA filtration units, where appropriate

Ventilation strategies should be implemented in collaboration with building, engineering, or facility experts, where applicable.

Ventilation is a complementary control measure and does not replace Routine Practices, Point-of-Care Risk Assessment (PCRA), source control, or appropriate use of PPE.

7.2 Spills

Spills of blood or body fluids must be managed promptly and safely in accordance with written clinic procedures.

When managing a spill:

- PPE must be used as indicated by PCRA
- the area must be cleaned and disinfected using products and procedures appropriate to the spill and the surface involved
- waste generated during spill cleanup must be handled and disposed of safely

Clinics should maintain written procedures and ensure staff are trained in spill management relevant to their role.

7.3 Equipment

Equipment must be used, cleaned, disinfected, stored, and maintained in a manner that supports safe care and prevents contamination.

At a minimum:

- equipment must be used only for its intended purpose
- reusable equipment must be cleaned and disinfected between patients and between uses, as applicable
- single-use items must not be reused
- clean and contaminated items must be kept separate
- equipment must be maintained in accordance with manufacturer instructions for use

Clinics should establish clear responsibility for cleaning and handling shared equipment.

7.4 Waste and Laundry

Waste and laundry must be handled, contained, transported, and disposed of in a manner that reduces the risk of exposure and contamination.

PPE must be used as indicated by PCRA.

Waste must be managed in accordance with applicable local, provincial, and workplace requirements, including segregation, containment, and secure storage of biomedical waste, where applicable.

Laundry that is contaminated or potentially contaminated with blood, body fluids, secretions, or excretions must be handled with minimal agitation and in a manner that prevents leakage, contact, or environmental contamination.

Refer to **Appendix L: Waste Management and Disposal**.

7.5 Specimen Collection and Handling

Clinical specimens must be collected, contained, labelled, handled, stored, and transported in a manner that prevents contamination, leakage, and exposure.

Health care providers must use Routine Practices and perform PCRA when collecting or handling specimens. Specimen containers must be securely closed and handled according to applicable laboratory, transport, workplace, and manufacturer requirements.

Reusable blood collection or point-of-care testing equipment must be cleaned and disinfected between patients in accordance with manufacturer instructions for use.

8.0 Equipment Reuse and Reprocessing

Reprocessing of reusable medical equipment must be performed in a manner that prevents cross-contamination and supports safe patient care. Reprocessing activities must follow manufacturer instructions for use and applicable legislative, regulatory, professional, and standards-based requirements.

8.1 General Principles

- Single-use items must not be reused.
- Reusable medical equipment must be cleaned, disinfected, or sterilized according to its intended use, risk classification, and manufacturer instructions for use.
- Reprocessing must be performed only where the clinic has the equipment, physical environment, written procedures, trained staff, and quality assurance processes necessary to do so safely.

8.2 Classification

Classification	Contact	Minimum Requirement
Critical	Sterile tissue or the vascular system	Sterilization
Semi-critical	Mucous membranes or non-intact skin	High-level disinfection, at minimum, unless sterilization is required by manufacturer instructions for use
Non-critical	Intact skin	Low-level disinfection

8.3 Requirements

Reprocessing must follow manufacturer instructions for use and applicable standards and regulatory requirements, including CSA medical device reprocessing standards where relevant.

Clinics must ensure that:

- clean and dirty areas are physically separated or otherwise managed to prevent cross-contamination
- staff performing reprocessing tasks are trained and competent
- equipment and products used in reprocessing are appropriate for the devices and processes used
- reprocessing workflow supports progression from dirty to clean
- sterile, clean, and contaminated items are handled and stored in a manner that maintains their intended status

Clinics should not reprocess reusable medical devices unless they have the space, equipment, written procedures, trained staff, and quality assurance processes necessary to do so safely and in accordance with applicable requirements.

8.3.1 Reprocessing Workflow Considerations

Reprocessing areas and workflows must support separation and control of:

- dirty or contaminated items
- clean or disinfected items
- sterile supplies

Workflow must move in a single direction from dirty to clean to reduce contamination risk.

Considerations include:

- clearly designated clean and dirty areas
- sink configuration appropriate to the activities performed
- safe transport of contaminated devices
- adequate drying and storage
- access controls or restrictions, where appropriate
- prevention of splash, overlap, or recontamination between workflow stages

Clinics using reusable medical devices should establish written procedures addressing:

- cleaning
- disinfection or sterilization
- transport
- drying
- storage
- documentation
- staff competency
- quality assurance

8.3.2 Monitoring and Quality Assurance

Reprocessing activities must be monitored to ensure processes remain safe, effective, and consistent.

Monitoring activities may include:

- equipment testing
- documentation review
- preventive maintenance
- staff competency assessment
- audits
- review of process failures, incidents, or deviations

Deficiencies must be addressed promptly. Corrective actions must be documented where required and should be reviewed to confirm the issue has been resolved.

8.4 Documentation

Clinics must maintain documentation necessary to support safe reprocessing practices.

Documentation should include, as applicable:

- written procedures
- training and competency records
- process monitoring records
- equipment maintenance and testing records
- records of process failures, deviations, or corrective actions

Documentation must be sufficient to demonstrate that reprocessing activities are performed consistently and in accordance with applicable requirements.

9.0 Occupational Health and Safety

Occupational health and safety measures are an essential component of infection prevention and control. Clinics must maintain systems and procedures that support the prevention, identification, reporting, and management of occupational infection risks for health care workers and others in the workplace, in accordance with applicable legislation and workplace requirements.

9.1 Immunization

Staff should maintain immunization appropriate to their role and exposure risk, consistent with provincial recommendations, workplace policies, and employer requirements.

Clinic operators should promote awareness of recommended immunization practices relevant to the services provided and the risks associated with the clinical environment.

9.2 Exposure Management

Clinics must have written procedures for managing occupational exposures relevant to the services provided.

Exposure procedures must address, as applicable:

- blood and body fluid exposures
- sharps injuries
- respiratory exposures
- contact with communicable diseases
- reporting and follow-up requirements

Following an occupational exposure:

- immediate first aid must be performed
- the exposure must be reported promptly in accordance with clinic or workplace procedures
- appropriate medical assessment and follow-up must occur
- required documentation must be completed

Sharps must be handled and disposed of safely at the point of use.

Where required by legislation or applicable standards, safety-engineered sharps must be used.

Sharps containers must be:

- readily available at the point of use
- puncture-resistant
- leak-proof
- replaced before overfilling

Sharps containers must not be emptied and reused.

Refer to **Appendix K: Blood and Body Fluid Exposure Response**.

9.3 Illness and Work Exclusion

Health care workers must not provide care when they may pose a risk of transmission to patients, co-workers, or others in the workplace.

Clinics must have processes that support:

- early recognition of symptoms or illness that may affect fitness for work
- timely reporting of illness or relevant exposure
- assessment of work restrictions or exclusion, where indicated
- safe return to work based on the nature of the illness or exposure and the duties performed

Work restriction or exclusion may be required based on:

- symptoms
- diagnosis
- type of exposure
- stage of illness or communicability, where known
- ability to safely perform duties
- patient population served

Clinic operators should ensure staff know how to report illness or exposure concerns and how to access direction regarding work restriction, work exclusion, or return to work.

Refer to **Appendix H: Staff Illness**.

9.4 Respiratory Protection

Where respirators are required, clinic operators must ensure respirator use is supported by an appropriate respiratory protection program or equivalent workplace processes, in accordance with occupational health and safety requirements.

This includes, as applicable:

- selection of appropriate respirators
- fit-testing in accordance with applicable standards or workplace requirements
- education and training in proper use, limitations, storage, and disposal
- user seal checks before each use
- processes for replacement, availability, maintenance, and storage where reusable components are used

Respiratory protection requirements must align with the level of risk identified through Point-of-Care Risk Assessment (PCRA), the nature of the activity performed, and any applicable public health or workplace direction.

10.0 Education, Training, and Documentation

Education, training, and documentation support consistent implementation of infection prevention and control measures and provide evidence that clinic systems are in place, understood, and maintained.

10.1 Education and Training

Clinic operators must ensure staff receive education and training appropriate to their role, responsibilities, and level of risk.

Education and training must address, as applicable:

- Routine Practices
- Point-of-Care Risk Assessment (PCRA)
- hand hygiene
- PPE selection, use, and removal
- environmental cleaning and disinfection
- equipment handling
- reprocessing, where applicable
- exposure management
- management of symptomatic patients
- aerosol-generating medical procedures (AGMPs), where performed

Training must occur at orientation and when there are changes to processes, equipment, products, requirements, or risks relevant to the role.

Refresher education should be provided periodically and when gaps in knowledge, practice, or compliance are identified.

10.2 Documentation

Clinics must maintain documentation necessary to support implementation and oversight of infection prevention and control activities.

Documentation should include, as applicable:

- orientation and role-specific IPAC education and training records
- competency records, where applicable
- reprocessing records
- occupational exposure records
- audit and monitoring records
- incident, deviation, or corrective action records relevant to IPAC activities

Clinics must maintain written IPAC policies and procedures appropriate to the services provided.

These should address, as applicable:

- hand hygiene
- Point-of-Care Risk Assessment (PCRA)
- PPE selection and use
- environmental cleaning and disinfection
- sharps safety
- exposure management
- waste management
- reprocessing, where applicable
- management of symptomatic patients
- aerosol-generating medical procedures (AGMPs), where performed

Policies and procedures should be:

- dated
- approved or authorized in accordance with clinic processes
- accessible to staff
- subject to version control
- reviewed on a defined schedule
- reviewed when processes, equipment, products, requirements, or risks change

Documentation must be sufficient to demonstrate implementation, monitoring, and follow-up where applicable.

10.3 Quality Improvement and Auditing

Clinics should implement ongoing quality improvement, audit, and monitoring activities to support infection prevention and control compliance, identify risks and practice gaps, and improve patient and staff safety.

Quality improvement and monitoring activities may include:

- hand hygiene audits
- environmental cleaning and disinfection audits
- PPE compliance monitoring
- reprocessing audits, where applicable
- review of medication and injection safety practices, where applicable
- review of sharps safety and occupational exposure processes
- incident, exposure, or process-deviation review
- education, training, and competency tracking

Audit and monitoring activities should be used to:

- identify strengths, risks, and gaps in practice
- support timely corrective action
- reinforce education and competency
- identify opportunities for system improvement
- monitor whether corrective measures have been implemented and are effective
- support continuous improvement over time

Audit findings should not be interpreted solely on the basis of an overall percentage score. A single significant finding may require prompt corrective action regardless of the clinic's overall audit result.

Where gaps are identified, clinics should document the finding, required corrective action, responsible person or role, target completion date, and follow-up as appropriate.

Significant audit findings should be evaluated and prioritized through an organizational IPAC risk-assessment process. Organizational risk assessment should also be considered when there are significant changes in services, procedures, equipment, staffing, infrastructure, clinic design, or communicable disease risk.

Clinics should review whether implemented controls and corrective actions are working as intended and reassess risk when circumstances change, new information becomes available, or monitoring identifies ongoing concerns.

Clinics should be prepared to provide relevant IPAC documentation to support internal review or review by applicable authorities, where required.

The **IPAC Audit Tool for Health Care Offices and Clinics** and the **IPAC Organizational Risk Assessment for Health Care Offices and Clinics** are companion resources to this guideline. They are intended to support self-assessment, identification and prioritization of IPAC risks, corrective action planning, follow-up, and continuous quality improvement.

11.0 Roles and Responsibilities

Effective infection prevention and control depends on shared accountability among health care providers, clinic operators, and public health authorities. Roles and responsibilities should be clearly understood and supported by appropriate policies, processes, resources, and communication.

11.1 Health Care Providers

Health care providers must:

- apply Routine Practices and perform Point-of-Care Risk Assessment (PCRA) before and during patient interactions, as appropriate to the care being provided
- perform hand hygiene and select and use PPE appropriately based on PCRA
- follow clinic procedures for environmental cleaning, equipment handling, waste management, and reprocessing, where applicable to their role
- report hazards, exposures, process gaps, and IPAC concerns promptly in accordance with clinic procedures
- participate in required education, training, and follow-up actions relevant to IPAC
- practice in accordance with applicable professional, workplace, and manufacturer requirements relevant to infection prevention and control

11.2 Clinic Operators

Clinic operators must:

- provide the infrastructure, supplies, products, equipment, and access necessary to support safe care, including hand hygiene facilities or products, PPE, cleaning and disinfection products, and other IPAC resources appropriate to the services provided
- maintain written IPAC policies and procedures appropriate to the services provided and ensure they are accessible to staff
- ensure staff receive education, training, and support necessary to apply Routine Practices and PCRA effectively
- maintain systems for environmental cleaning, waste management, occupational exposure management, and reprocessing, where applicable
- support identification, reporting, and follow-up of IPAC risks, incidents, and corrective actions
- maintain records necessary to demonstrate implementation of relevant IPAC education, procedures, monitoring, and follow-up activities
- review and update IPAC processes when risks, services, equipment, products, or applicable requirements change

Clinic operators should designate an individual responsible for coordinating IPAC activities, including supporting implementation of clinic procedures, supporting staff education, and coordinating follow-up where gaps are identified.

11.3 Chief Public Health Officer

The Chief Public Health Officer:

- provides public health guidance related to infection prevention and control
- may issue direction, recommendations, or directives in response to communicable disease risks, outbreaks, or other public health concerns
- may identify additional measures or requirements that supersede this guidance to the extent of any inconsistency

11.4 Shared Accountability

All parties involved in the care environment should:

- promote a culture of safety and shared responsibility for infection prevention and control
- identify, communicate, and address IPAC risks in a timely manner
- support consistent implementation of Routine Practices and PCRA
- support review, follow-up, and improvement activities relevant to infection prevention and control

12.0 References and Resources

Health care providers and clinic operators should consult current provincial, national, professional, regulatory, and standards-based sources to support infection prevention and control practice. The most current version of each source should be used.

12.1 Legislative and Regulatory Authorities

Government of Prince Edward Island. (n.d.). *Occupational Health and Safety Act*. Available at: https://www.princeedwardisland.ca/en/legislation/occupational-health-and-safety-act

Government of Prince Edward Island. (n.d.). *Occupational Health and Safety Act General Regulations*. Available at: https://www.princeedwardisland.ca/en/legislation/occupational-health-and-safety-act/occupational-health-and-safety-act-general

Government of Prince Edward Island. (2026). *Notifiable Diseases and Conditions and Communicable Diseases Regulations*. Available at: https://www.princeedwardisland.ca/en/legislation/public-health-act/notifiable-diseases-and-conditions-and-communicable-diseases

12.2 Provincial Guidance

Government of Prince Edward Island. (2026). *Communicable Disease Guidelines*. Available at: https://www.princeedwardisland.ca/en/information/health-and-wellness/communicable-disease-guidelines

Government of Prince Edward Island. (2025). *Reporting Notifiable Diseases and Conditions and Communicable Diseases*. Available at: https://www.princeedwardisland.ca/en/information/health-and-wellness/reporting-notifiable-diseases-and-conditions-and-communicable

Government of Prince Edward Island. (2025). *PEI's Detailed Adult Immunization Schedule*. Available at: https://www.princeedwardisland.ca/en/publication/peis-detailed-adult-immunization-schedule

Government of Prince Edward Island. (2026). *Childhood Immunizations*. Available at: https://www.princeedwardisland.ca/en/information/health-and-wellness/childhood-immunizations

12.3 National Guidance and Standards

Public Health Agency of Canada. (2017). *Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings*. Government of Canada. Available at: https://www.canada.ca/en/public-health/services/publications/diseases-conditions/routine-practices-precautions-healthcare-associated-infections.html

Public Health Agency of Canada. (n.d.). *Canadian Immunization Guide*. Government of Canada. Available at: https://www.canada.ca/en/public-health/services/canadian-immunization-guide.html

CSA Group. (2023). *CSA Z314:23 Canadian Medical Device Reprocessing in All Health Care Settings*. Available at: https://www.csagroup.org/store/product/2600095/

12.4 Professional and Practice Guidance

Public Health Ontario, Provincial Infectious Diseases Advisory Committee. (2015). *Infection Prevention and Control for Clinical Office Practice*. Available at: https://www.publichealthontario.ca/-/media/documents/b/2013/bp-clinical-office-practice.pdf

Public Health Ontario. (2024). *IPAC Checklist for Clinical Office Practice: Core Elements*. Available at: https://www.publichealthontario.ca/-/media/documents/C/2018/checklist-clinical-office-core.pdf?la=en

College of Physicians and Surgeons of Ontario. (2024). *Infection Prevention and Control for Clinical Office Practice*. Available at: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Infection-Prevention-and-Control-for-Clinical-Offi

College of Physicians and Surgeons of Ontario. (2024). *Advice to the Profession: Infection Prevention and Control*. Available at: https://www.cpso.on.ca/Physicians/Policies-Guidance/Policies/Infection-Prevention-and-Control-for-Clinical-Offi/Advice-to-the-Profession-Infection-Prevention-and

College of Physicians and Surgeons of Alberta. (2020). *Infection Prevention & Control Requirements for Medical Clinics*. Available at: https://cpsa.ca/wp-content/uploads/2022/10/IPAC-Requirements-for-Medical-Clinics.pdf

College of Physicians and Surgeons of Alberta. (2022). *Infection Prevention and Control (IPAC): Standard of Practice*. Available at: https://cpsa.ca/physicians/standards-of-practice/infection-prevention-and-control-ipac/

12.5 Implementation Resources

Prince Edward Island Companion Resources

Office of the Chief Public Health Officer, Prince Edward Island. (2026). *IPAC Audit Tool for Health Care Offices and Clinics*. Companion resource to the Infection Prevention and Control Guidelines for Health Care Offices and Clinics. Available at: https://www.princeedwardisland.ca/sites/default/files/c8cd/IPAC%20Audit%20Tool%20for%20Health%20Care%20Offices%20and%20Clinics.pdf

Office of the Chief Public Health Officer, Prince Edward Island. (2026). *IPAC Organizational Risk Assessment for Health Care Offices and Clinics.* Companion resource to the Infection Prevention and Control Guidelines for Health Care Offices and Clinics. Available at: https://www.princeedwardisland.ca/sites/default/files/9025/Organizational%20Risk%20Assessment%20for%20Health%20Care%20Offices%20and%20Clinics.pdf

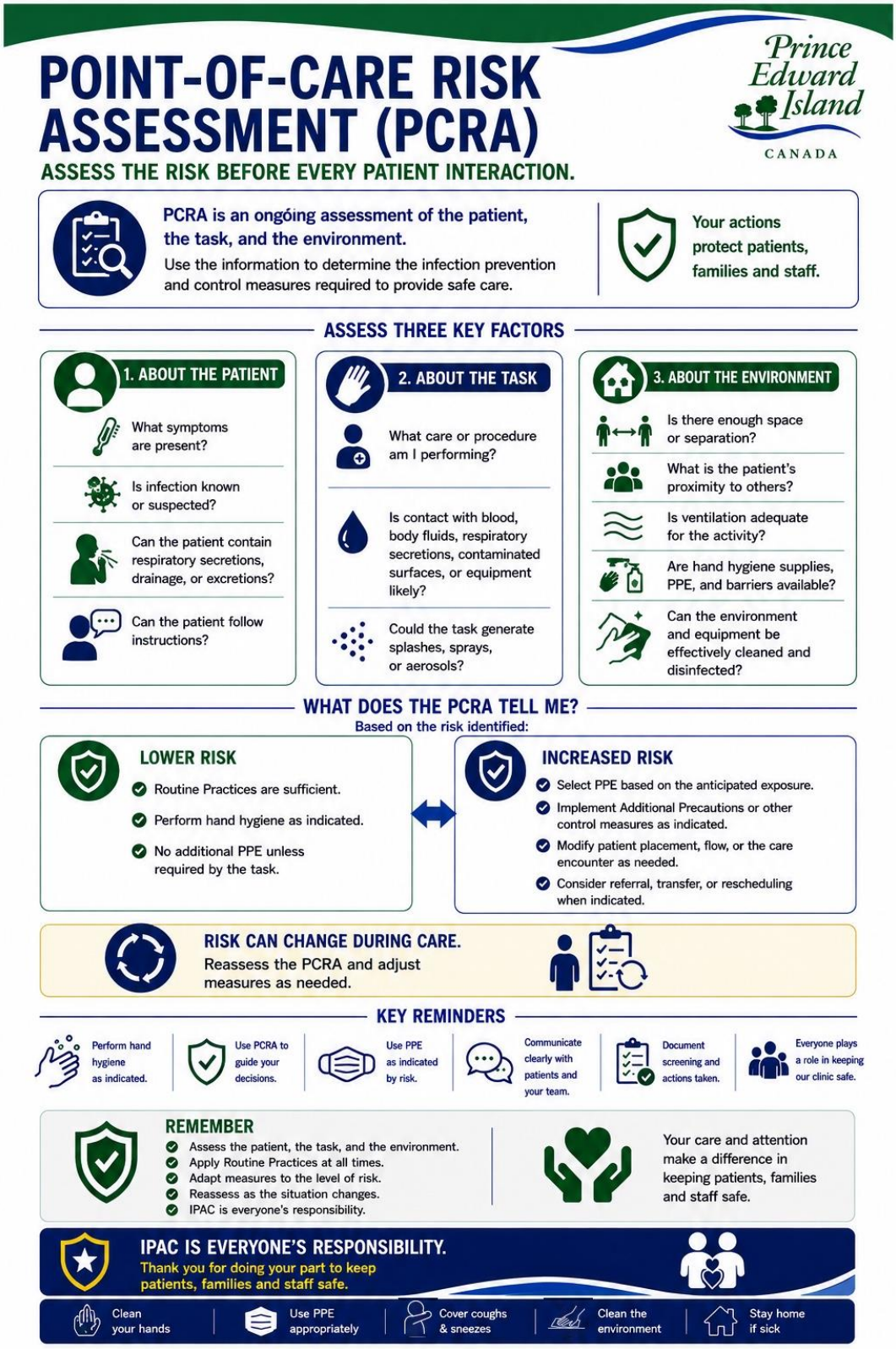
Additional Implementation Resources

IPAC Canada. (n.d.). *Resource Centre*. Available at: https://ipac-canada.org/resource-centre/

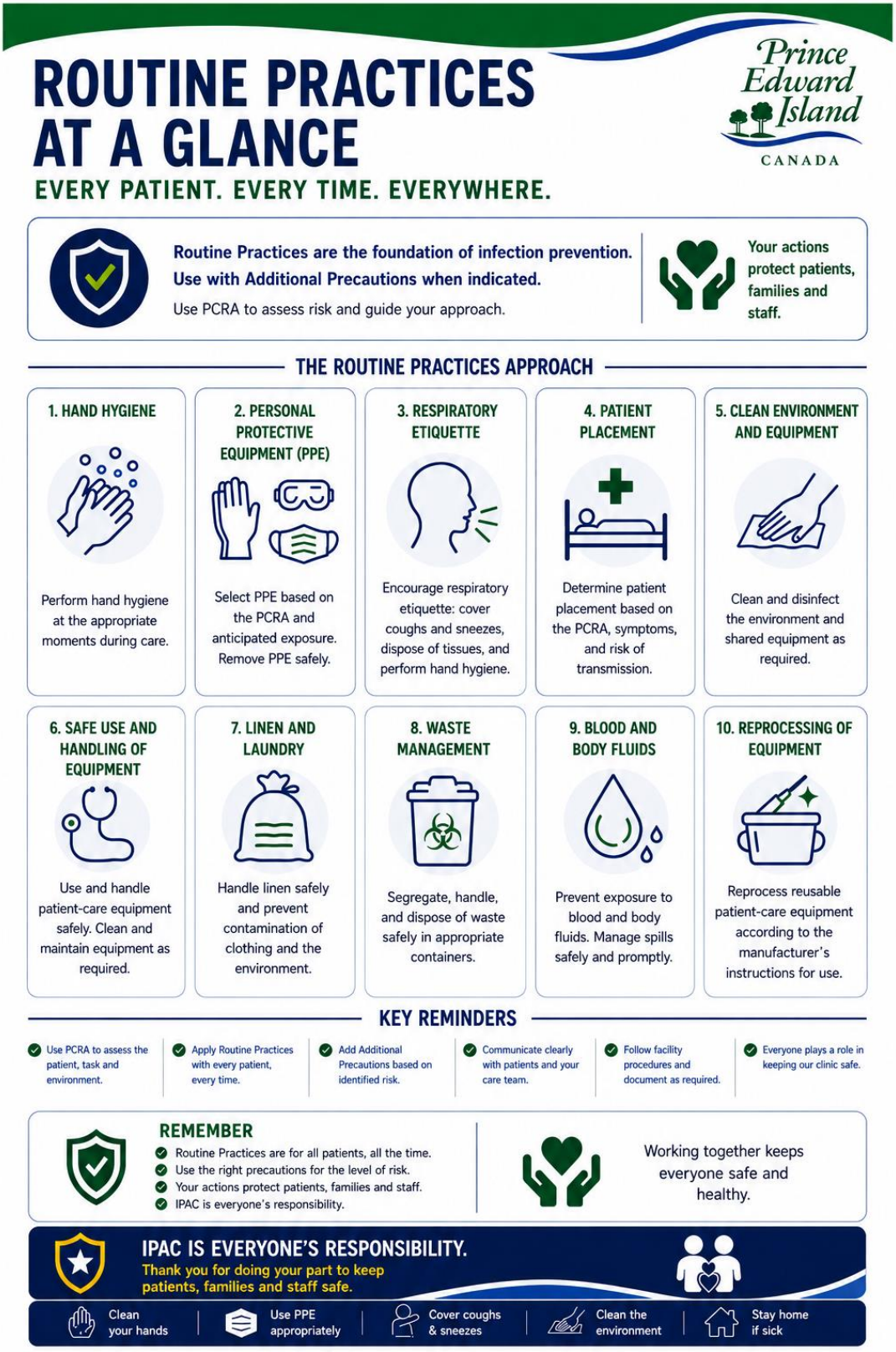
Public Health Ontario. (n.d.). *Clinical Office Practice*. Available at: https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/clinical-office-practice

Manufacturer instructions for use should be consulted for products, devices, disinfectants, sterilization equipment, personal protective equipment, and other clinical equipment used in the setting.

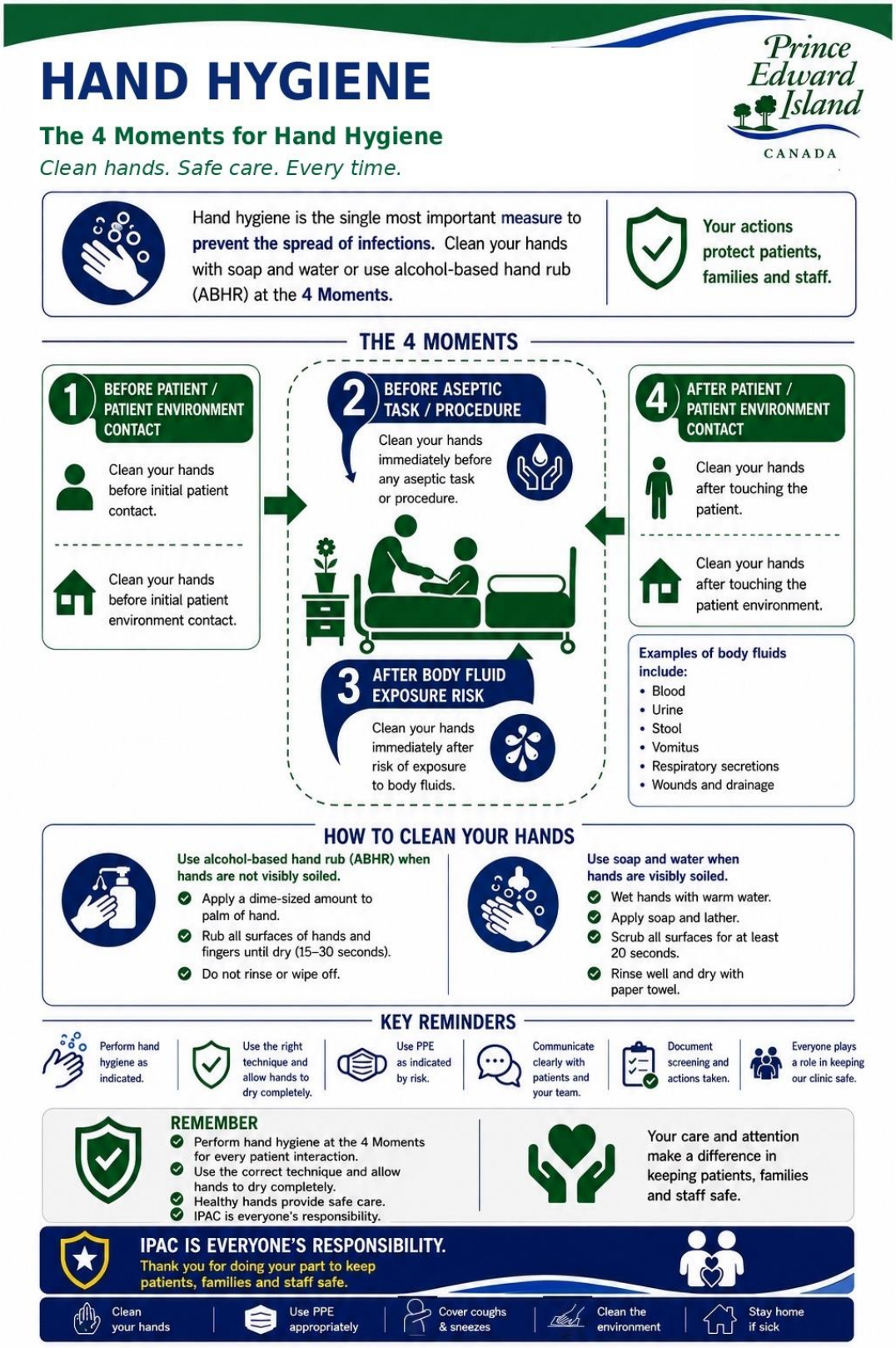
Appendix A – Point-of-Care Risk Assessment (PCRA) Decision Guide



Appendix B – Routine Practices at a Glance

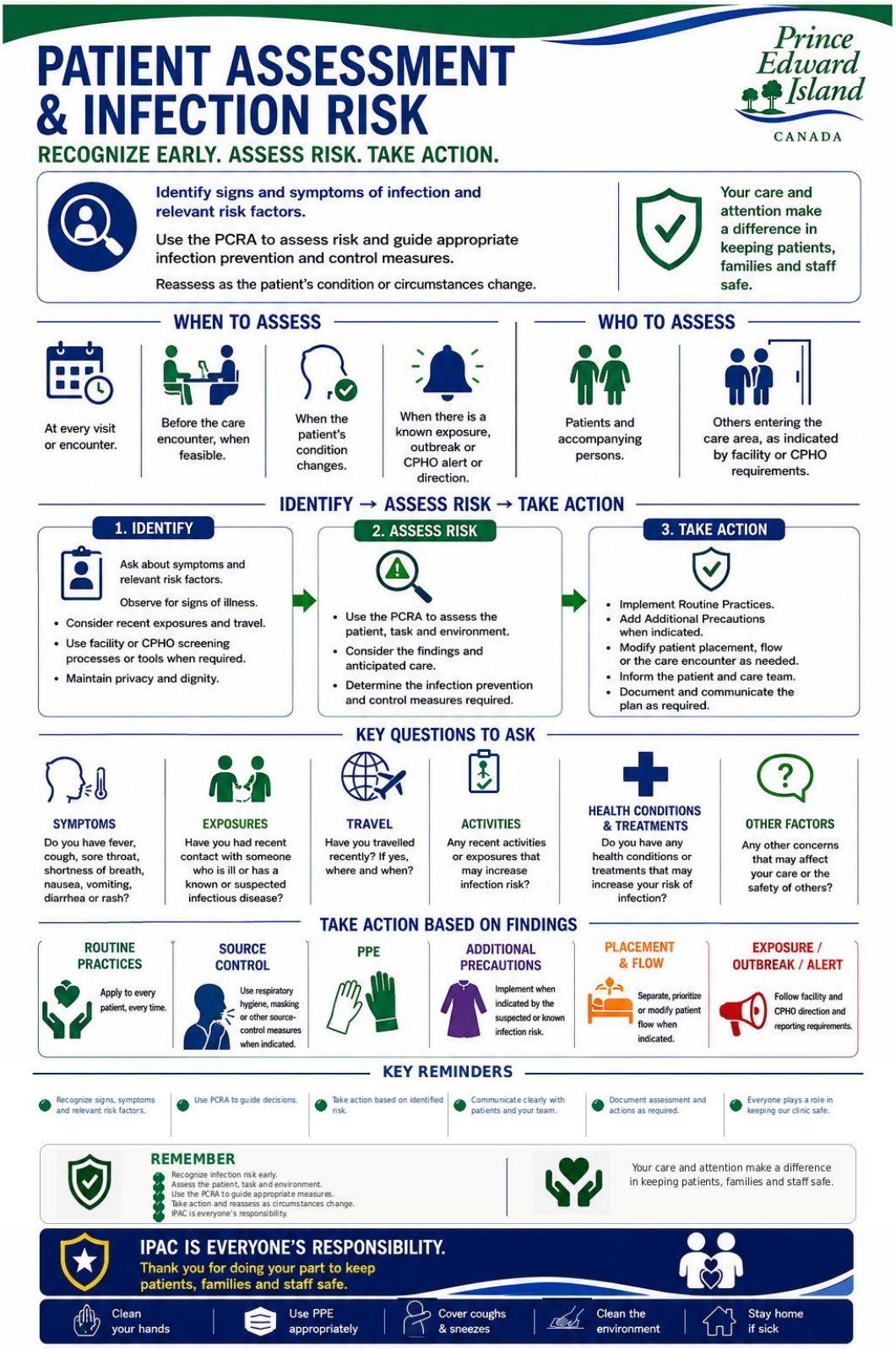


Appendix C – Hand Hygiene – The 4 Moments for Hand Hygiene



Appendix D – PPE Selection Guide

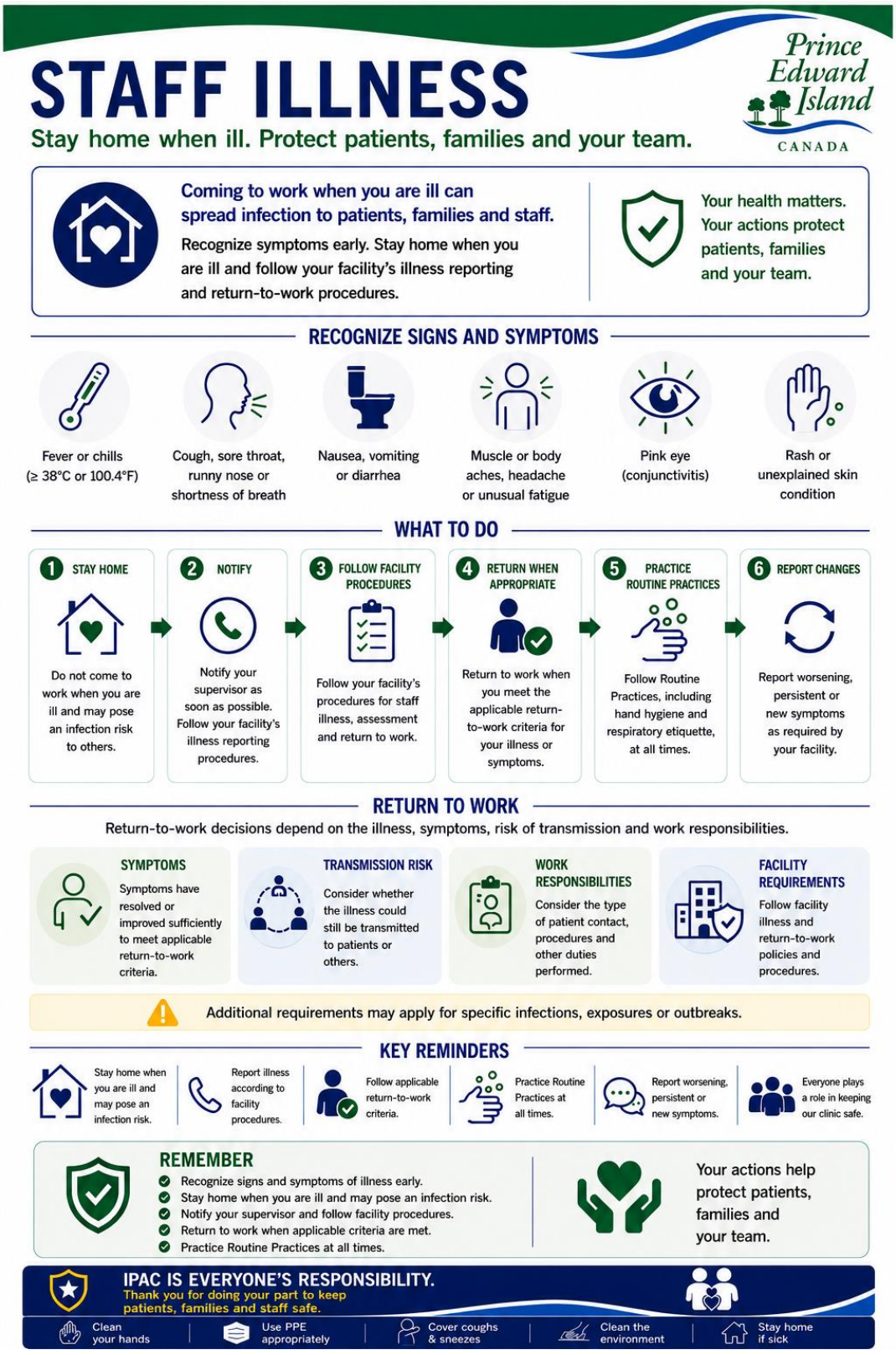
Appendix E – Patient Assessment and Infection Risk



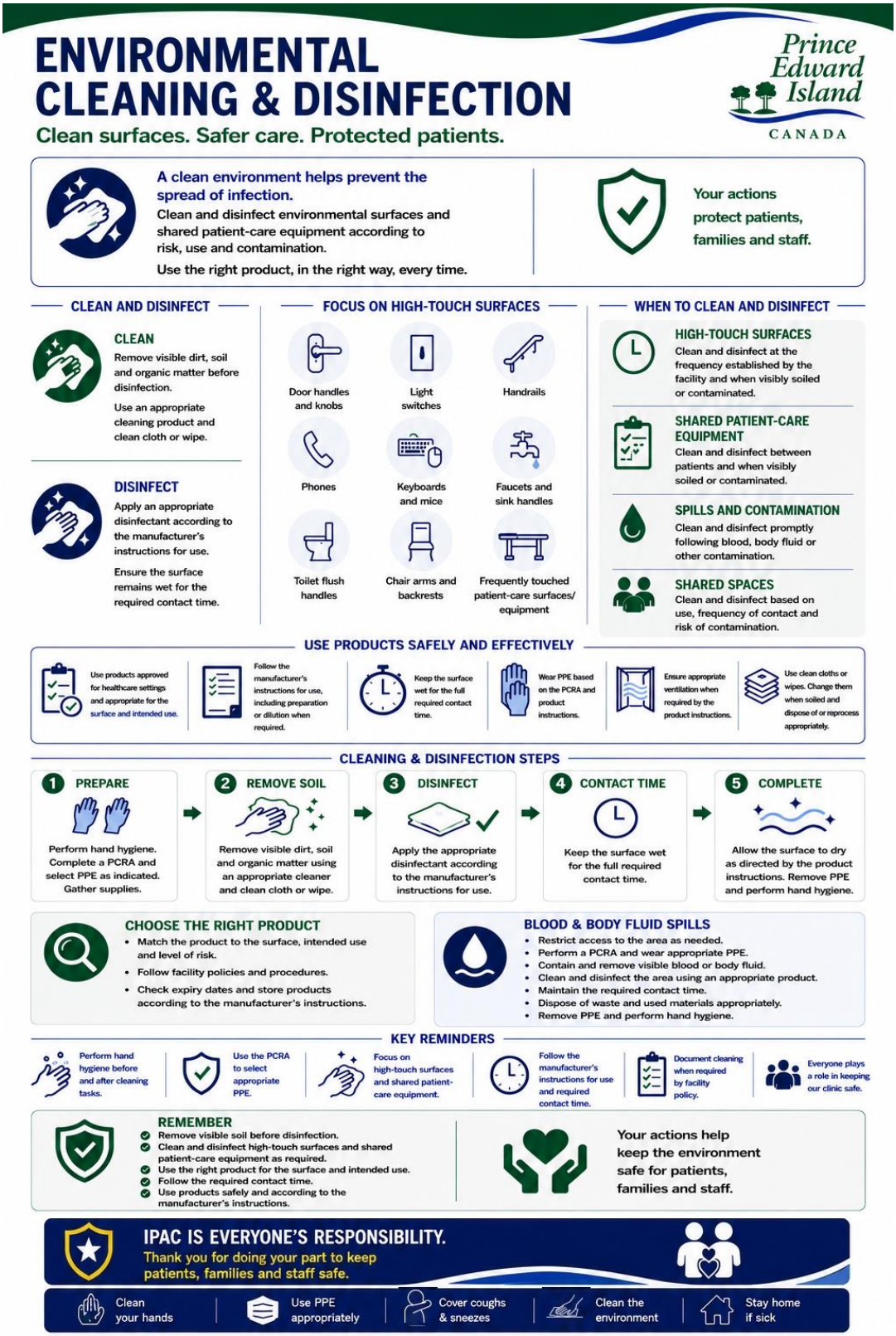
Appendix F – Symptomatic Patient Management

Appendix G - Respiratory Etiquette

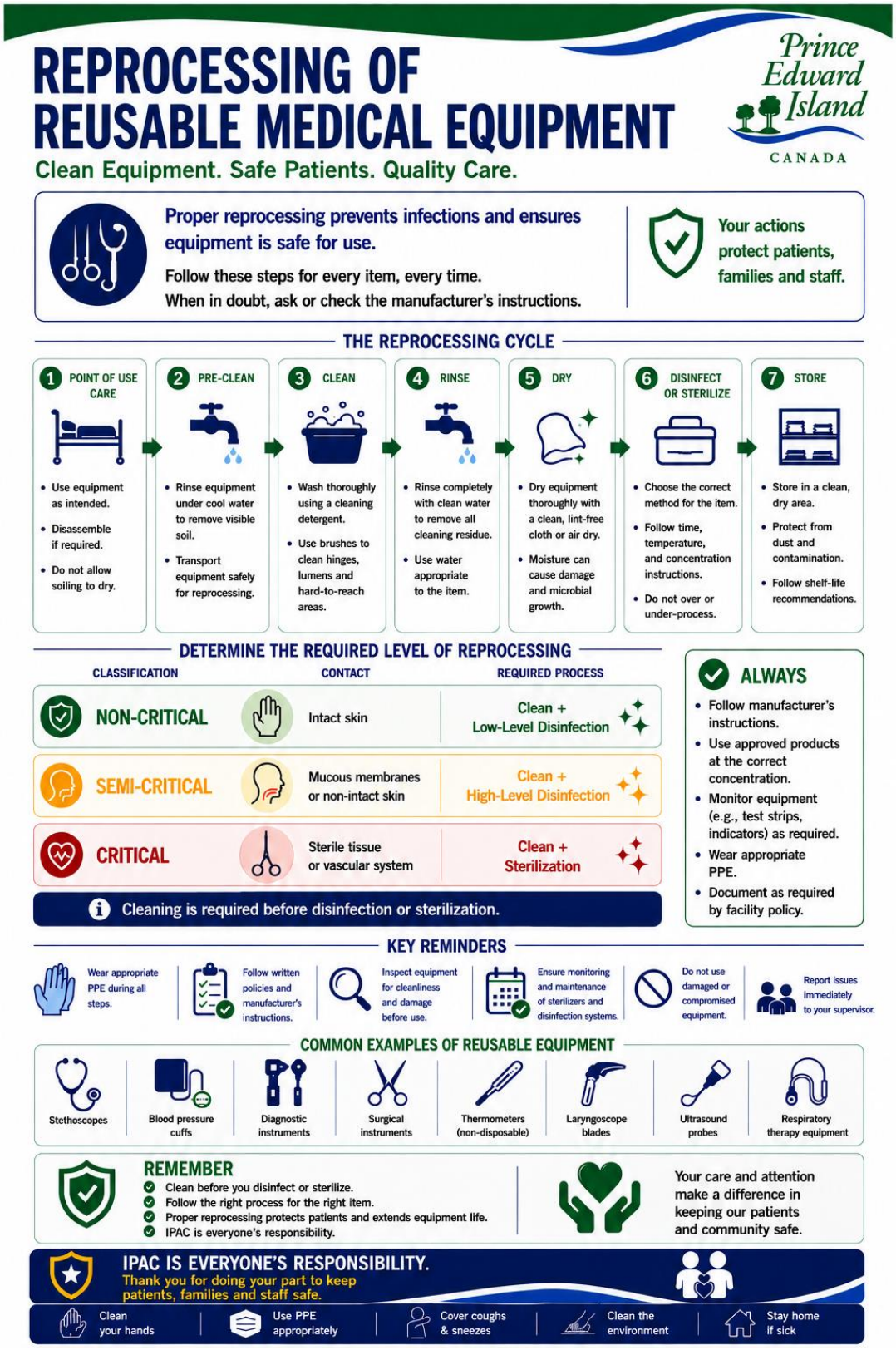
Appendix H – Staff Illness



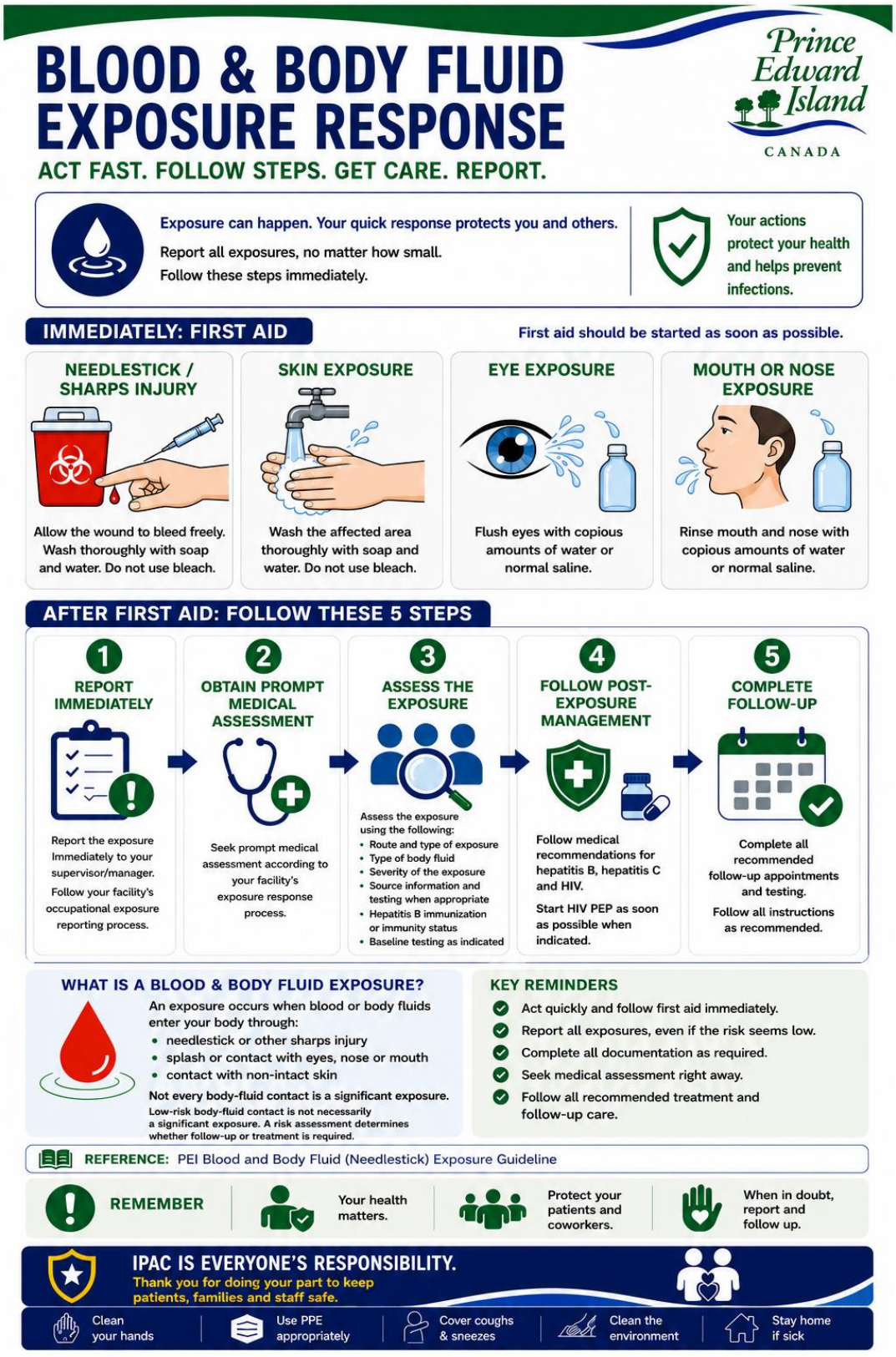
Appendix I – Environmental Cleaning and Disinfection



Appendix J – Reprocessing of Reusable Medical Equipment



Appendix K – Blood and Body Fluid Exposure Response



Appendix L – Waste Management and Disposal