

Infection Prevention and Control Lapses: Frequently Asked Questions for Health Care Professionals

Attention: Physicians, Emergency Departments, Infection Control Practitioners, Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Dentists, Central LHIN, NSM LHIN, Neighbouring Health Units

Date: February 27, 2018

An investigation by the Simcoe Muskoka District Health Unit (SMDHU) has identified that patients who received dental services at the dental clinic located at 18 Wyandotte Street in Orillia under the business name of Joe Philip and Associates, between January 1, 2012 and December 18, 2017, may have been exposed to improperly cleaned and sterilized instruments used for procedures.

Resources for health professionals and patients for this particular IPAC Lapse are available at www.smdhu.org/ipac

As a result of the public notification of clients, SMDHU is receiving a number of questions from health care professionals not only about this issue, but also about why and how investigations occur. Below are some questions and answers for information purposes:

Q. What authority does public health have regarding infection prevention and control (IPAC) in regulated health professional settings?

A. In 2015, a new protocol under the Ontario Public Health Standards was released mandating local public health units to respond to infection prevention and control complaints in all public settings. These settings include any facility in which regulated health professionals operate. Public Health is required to investigate when any complaint is made or when there is epidemiological information from our surveillance of infectious diseases that raises concern about IPAC practices in a facility.

Q. What happens when an IPAC complaint is made against a premises where regulated health professionals operate?

A. As part of the IPAC complaint response, public health units are required to conduct an onsite assessment, interview staff, audit IPAC practices, and review relevant documentation of the premises. These investigations must be initiated within 24 hours of complaint receipt. An IPAC lapse occurs when there is a failure to follow IPAC practice standards 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/or soiled items. IPAC practice standards include the most current guidance available from the Provincial Infectious Diseases Advisory Committee (PIDAC), Public Health Ontario, the Ministry of Health & Long-Term Care, and any relevant Ontario regulatory college IPAC protocols and guidelines. If an IPAC lapse is identified during the investigation, an initial report of the investigation is required to be publicly posted on our website at www.smdhu.org/ipaclapse within two weeks of that determination. A final report is subsequently posted when the investigation is completed. The report remains on the website for two years as mandated. That initial posting can be delayed if patient notification is going to take place. This is to ensure that public



posting of the initial report does not occur before affected patients are notified. Note, not all IPAC complaints become lapses, and not all IPAC lapses posted on the website will result in patient notification. SMDHU ensures a comprehensive risk assessment occurs to decide whether patient notification is needed, and will consult the appropriate regulatory bodies and provincial experts such as Public Health Ontario.

Q. Are the applicable regulatory colleges involved?

A. Yes, public health units are mandated to notify all pertinent regulatory colleges as soon as an IPAC complaint has been received. Public health units take a collaborative approach with the regulatory colleges in any ongoing assessment of the complaint or IPAC concern, and are required to advise the applicable regulatory college if the health unit's assessment indicates that an IPAC lapse has been identified that is linked to the conduct of a regulated healthcare professional. The regulatory colleges may initiate their own investigation.

Q. What standards and guidelines are used in assessing IPAC practices in regulated health settings?

A. SMDHU uses the Provincial Infectious Diseases Advisory Committee (PIDAC) best practices documents and Canadian Standards Association (CSA) standards when assessing IPAC practices. These documents are cited by many regulatory colleges and are available at:

<https://www.publichealthontario.ca/en/BrowseByTopic/IPAC/Pages/IPACLapses.aspx>

Checklists have also been developed for discipline specific settings including:

General IPAC in all clinical offices:

http://www.publichealthontario.ca/en/eRepository/IPAC_Checklists_CORE_Elements.pdf

General reprocessing in clinical offices:

http://www.publichealthontario.ca/en/eRepository/IPAC_Checklists_Reprocessing.pdf

Core dental IPAC practices:

http://www.publichealthontario.ca/en/eRepository/IPAC_Checklist_DENTAL_Core_Elements.pdf

Dental reprocessing:

http://www.publichealthontario.ca/en/eRepository/IPAC_Checklist_DENTAL_Reprocessing.pdf

Endoscopy IPAC practices:

http://www.publichealthontario.ca/en/eRepository/IPAC_Checklists_Endoscopy.pdf

These checklists are consistent with many regulatory colleges' standards and guidelines. For example, PHO in collaboration with the Royal College of Dental Surgeons of Ontario (RCDSO) and the College of Dental Hygienists developed the dental checklists referenced above. These checklists are consistent with the RCDSO's [Guidelines on Infection Prevention and Control, 2010](http://www.rcdso.org/assets/documents/professional_practice/guidelines/rcdso_guidelines_infection_prevention_and_control.pdf) available at:

http://www.rcdso.org/assets/documents/professional_practice/guidelines/rcdso_guidelines_infection_prevention_and_control.pdf.

Q. Why did you go public about this lapse in this way?

A. Following the risk assessment, it was determined that multiple steps in the sterilization process were inadequate and there were gaps in policies, procedures, and staff education. Following consultation with Public Health Ontario, it was determined that patients who received care at the dental clinic should be notified of potential risk of exposure to bloodborne infections due to inadequate IPAC practices. Anytime it is determined that we need to notify patients about an IPAC lapse or a public health issue, our preference is to notify patients directly. In this case, despite several requests, we were not able to obtain a patient list from the clinic in a timely fashion. The clinic is currently appealing the public health Order we issued as a final attempt to access the clinic patients' contact details in place of a public announcement. The clinic decided to delay that access further and has appealed the Order for the patient list only. That



appeal on the patient list Order has been scheduled to proceed March 13. We have a responsibility to protect the public and could not delay notification any longer.

Q. What expertise does public health staff have to conduct inspections in regulated health professional settings?

A. SMDHU staff including public health nurses and public health inspectors are trained in infection prevention and control. This includes enhanced knowledge and training in routine practices and additional precautions, environmental cleaning, reprocessing of medical equipment/devices, and infectious disease surveillance. Many of our staff have certifications in infection control through the Certification Board of Infection Control and Epidemiology www.cbic.org

Q. What testing should I do for my exposed patients in this dental clinic IPAC lapse?

A. The following tests are recommended:

- Hepatitis B surface antigen (HBsAg)
- Hepatitis B core IgM antibody (anti-HBc IgM)
- Hepatitis C screen (anti-HCV)
- HIV screen

Clinician resources including prefilled lab requisitions for [hepatitis B](#), [hepatitis C](#) and [HIV](#) are linked in this communication and are available at our website specific for this situation www.smdhu.org/ipac or on our Health Professionals Portal www.smdhu.org/hpportal

If you have any further questions please call the Simcoe Muskoka District Health Unit's Communicable Disease Program at 705-721-7520 or 1-877-751-7520 Ext. 8809 Monday to Friday between 8:30 am to 4:30 pm.

