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Infection Prevention and Control Practices in Clinical Office Settings During the COVID-19 Pandemic

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Objectives

By the end of this webinar, participants from primary care settings will:

- Understand how to apply an infection prevention and control (IPAC) risk assessment to prevent transmission of infection in clinical office settings
- Understand Routine Practices and added IPAC measures applied during the COVID-19 pandemic
- Understand the current recommendations for use and selection of personal protective equipment (PPE)
- Feel confident in further developing a model of patient care involving in-person assessment

Role of Public Health Ontario

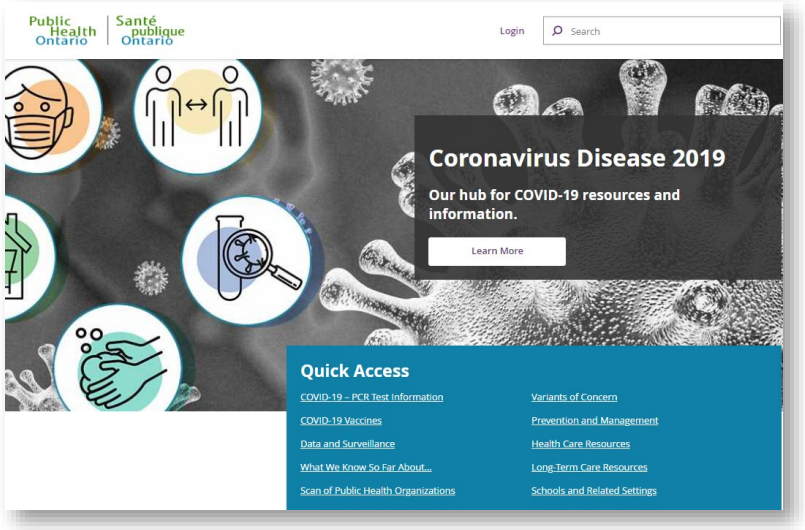
- Our mandate is to provide scientific and technical advice and support to those working in government, public health, health care, and related sectors
- We build capacity through:
  - Research, knowledge and best practice generation
  - Surveillance and population health assessment
  - Advice, consultation and interpretation
  - Continuing education and professional development

IPAC Risk Assessment

- Organizational Risk Assessment (**ORA**): A systematic approach to assessing the efficacy of control measures that are in place to mitigate the transmission of infections in the health care setting
- Point-of-care risk assessment or personal risk assessment (**PCRA**): Is at the individual level and to be used by all staff before every interaction with a patient and patient environment. It involves looking at the task at hand, patient status, patient environment

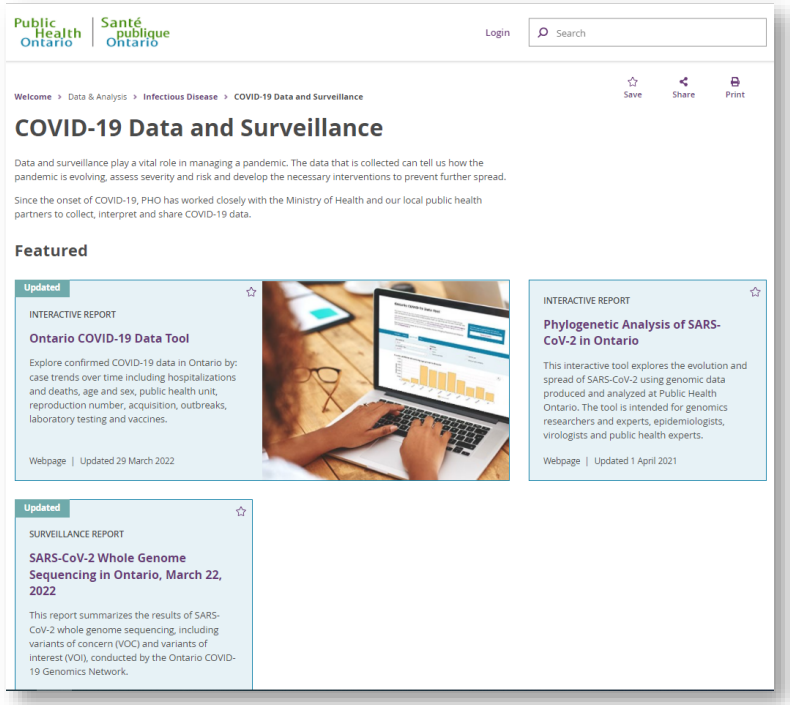
Staying Up To Date With COVID-19

Landing page

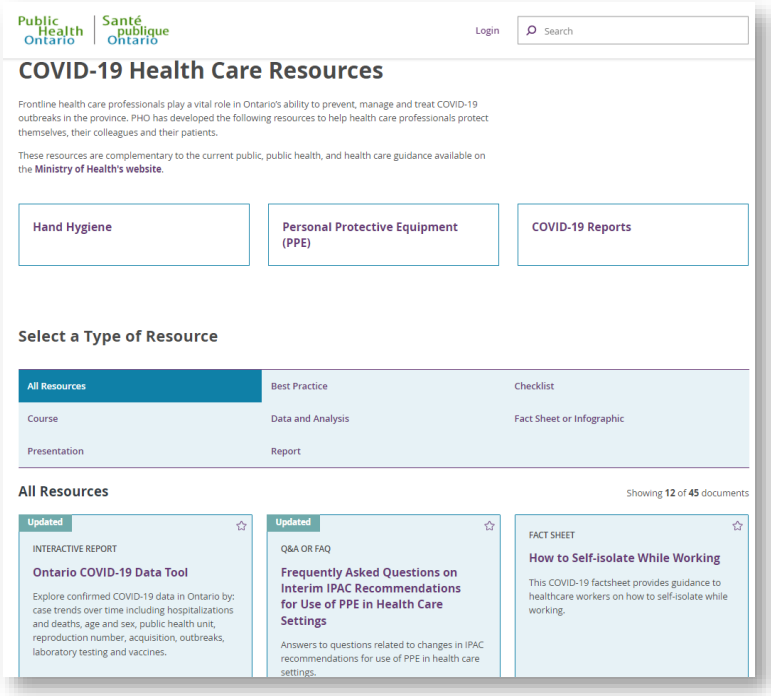


https://www.publichealthontario.ca

COVID-19 Data and Surveillance



COVID-19 Health Care Resources

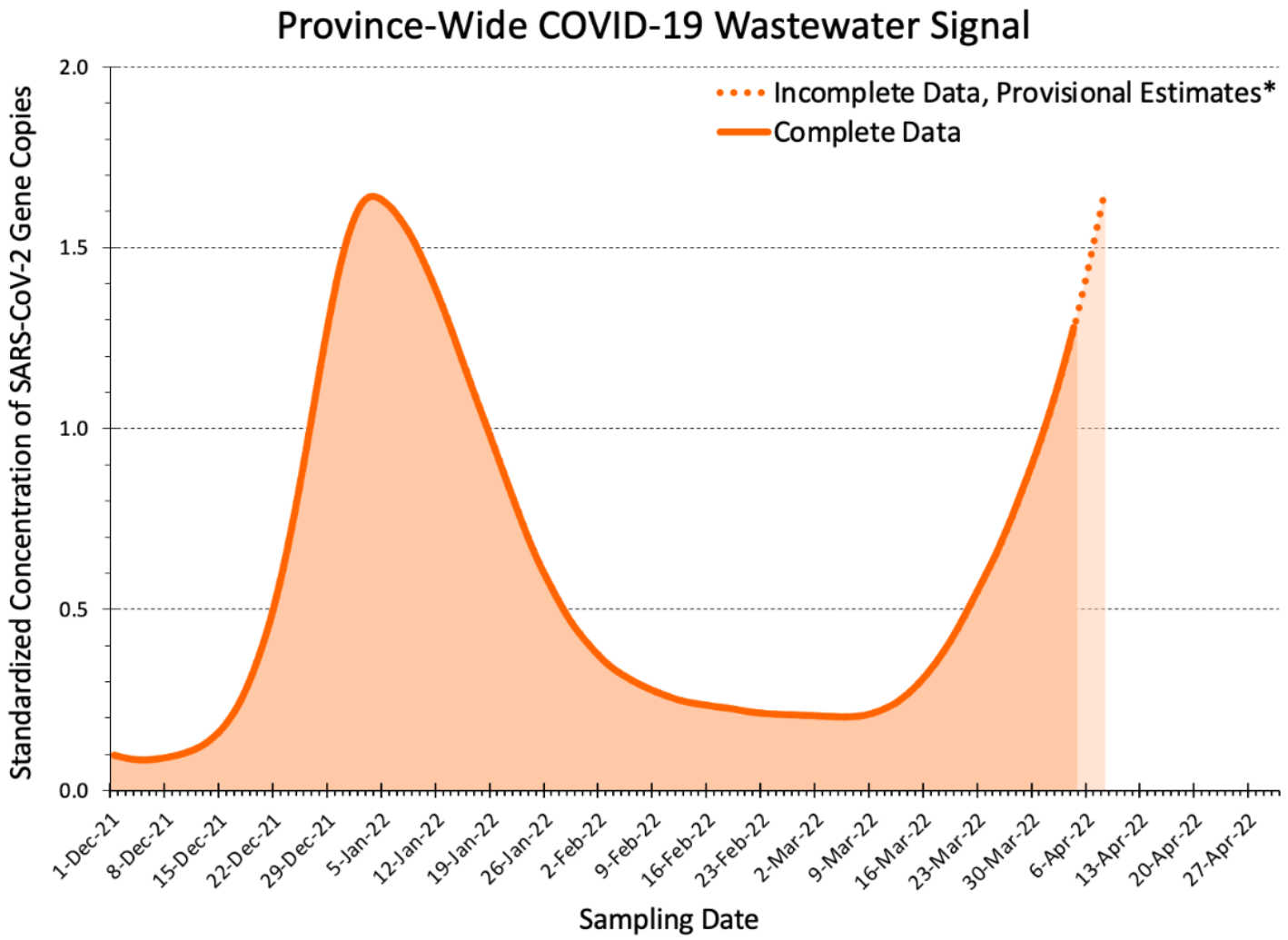


Population-level Risk Assessment For Your Office

- Metrics of SARS CoV-2 community incidence:
  - Community positivity rate, wastewater surveillance
- Metrics of SARS CoV-2 severity:
  - Hospitalizations (e.g., hospitalized cases / 100 000 population)
  - ICU admissions
- Vaccination rates
- Outbreaks in health care facilities
- Provincial, regional and local public health unit level metrics

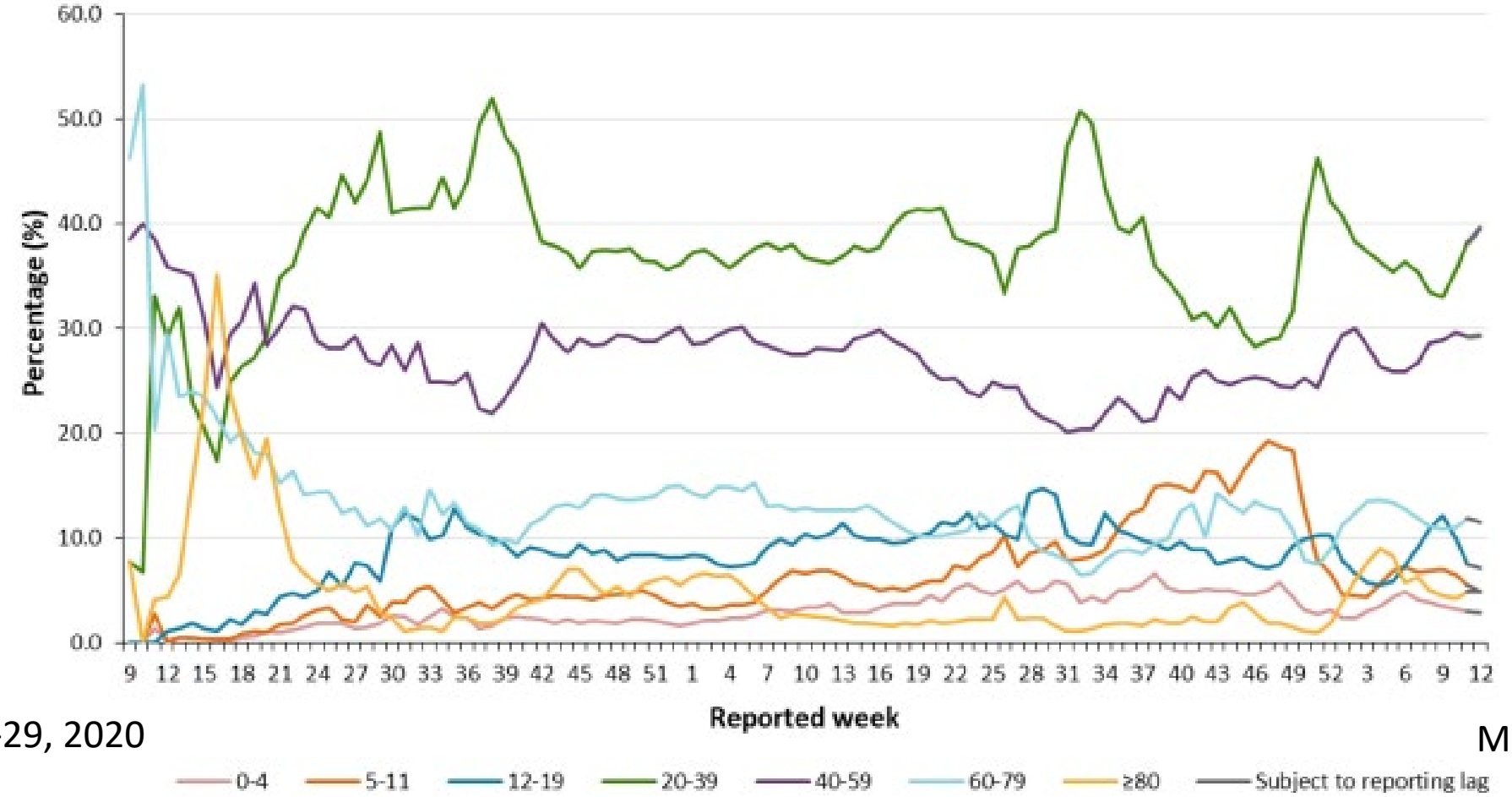
Source: Public Health Ontario. COVID-19 Data and Surveillance. Toronto, ON: Ontario Agency for Health Protection and Promotion; 2022, Apr 7. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance
Jüni P, da Costa BR, Maltsev A, Katz GM, Perkhun A, Yan S, Bodmer NS. Ontario dashboard. Science Briefs of the Ontario COVID-19 Science Advisory Table. 2021. https://doi.org/10.47326/ocsat.dashboard.2021.1.0
Ministry of Health, Ministry of Long-Term Care. Public Health Unit Locations - Public Health Units - Health Services in Your Community - MOHLTC (gov.on.ca)

COVID-19 Wastewater Signals in Ontario



Source: Jüni P, da Costa BR, Maltsev A, Katz GM, Perkhun A, Yan S, Bodmer NS. Ontario dashboard. Science Briefs of the Ontario COVID-19 Science Advisory Table. 2021. https://doi.org/10.47326/ocsat.dashboard.2021.1.0 Accessed on April 12, 2022

Percentage of Confirmed Cases of COVID-19 By Age Group and Reported Week: Ontario

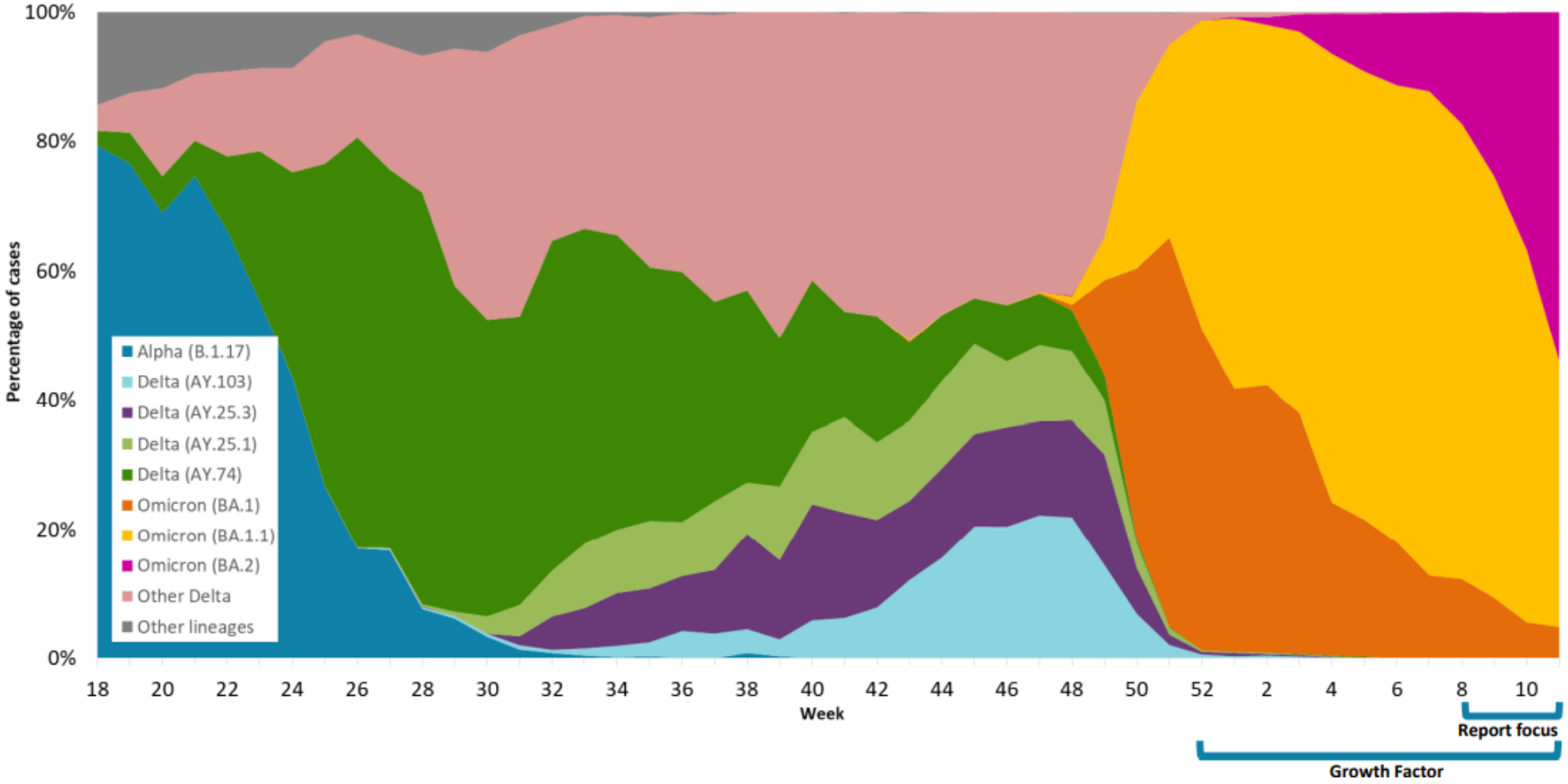


Feb 23-29, 2020

Mar 20-26, 2022

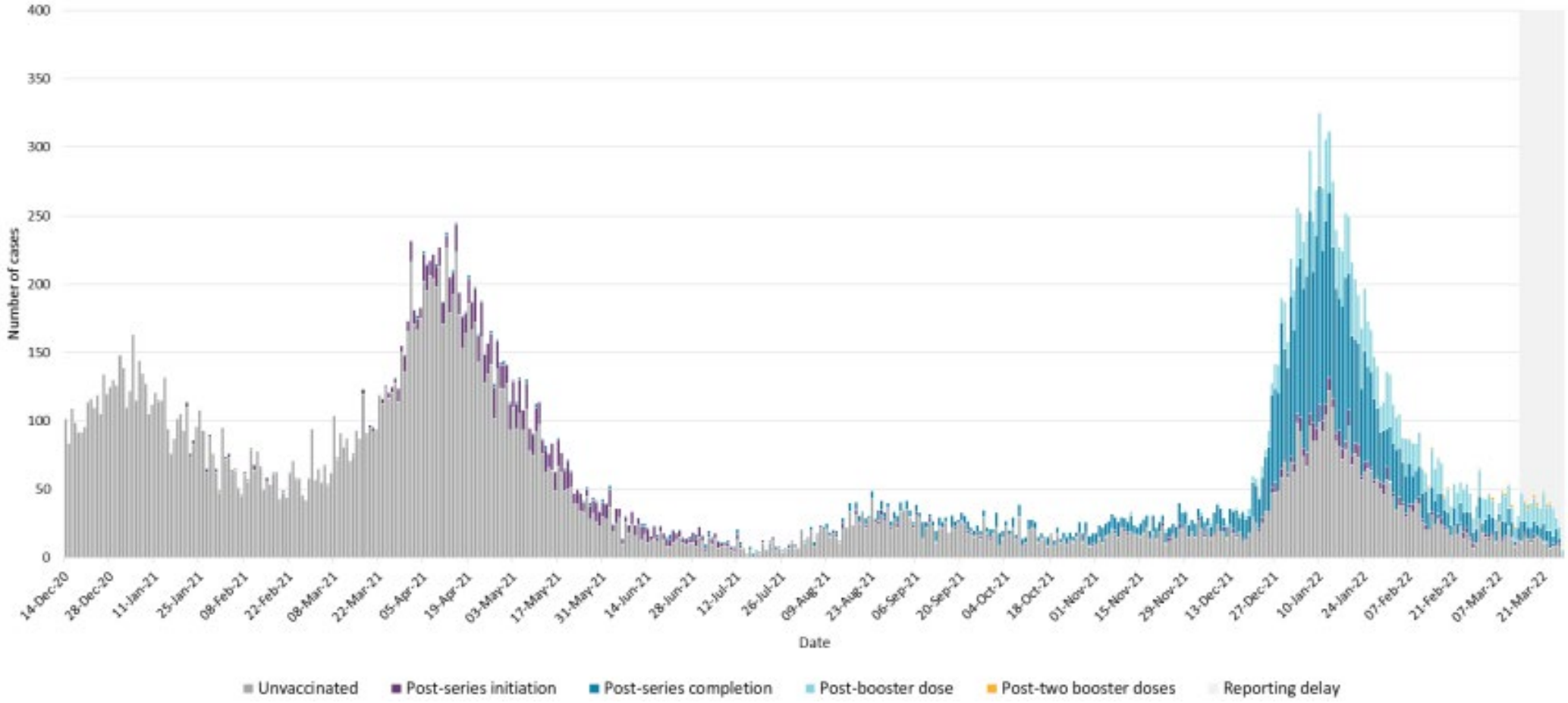
Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Weekly epidemiologic summary: COVID-19 in Ontario – focus on March 27, 2022 to April 2, 2022. Toronto, ON: Queen's Printer for Ontario; 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-weekly-epi-summary-report.pdf?sc_lang=en
Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario COVID-19 Data Tool [Internet]. Toronto, ON: Queen's Printer for Ontario; c2015 [cited 2022 April 12]. Available from: https://www.publichealthontario.ca/en/Data-and-Analysis/Infectious-Disease/COVID-19-Data-Surveillance/COVID-19-Data-Tool?tab=summary

Percentage of COVID-19 Cases By the Most Prevalent Lineages and Week, Ontario, May 2, 2021 to March 19, 2022



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Epidemiologic summary: SARS-CoV-2 whole genome sequencing in Ontario, April 5, 2022. Toronto, ON: Queen's Printer for Ontario; 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-sars-cov2-whole-genome-sequencing-epi-summary.pdf?sc_lang=en

Hospitalized Confirmed Cases of COVID-19 by Symptom Onset Date: Ontario



Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Confirmed cases of COVID-19 following vaccination in Ontario: December 14, 2020 to March 27, 2022. Toronto, ON: Queen's Printer for Ontario; 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-epi-confirmed-cases-post-vaccination.pdf?sc_lang=en

Transmission By Settings

Cumulative summary of confirmed COVID-19 outbreaks reported between February 16, 2020 and June 12, 2021, by setting type: Ontario

Setting type	Number of outbreaks	Median Number of cases per outbreak
Congregate Care	2924	3 (1-9)
Congregate living	1281	3 (1-7)
Education	2429	3 (2-5)
Retail	450	4 (2-6)
Workplace (not healthcare)	2817	4 (2-8)
Bar & restaurant	318	3 (2-5)
Medical/dental clinics	58	3 (2-4)

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). COVID-19 - COVID-19 Outbreaks and Cases in Ontario, by Setting: February 16, 2020 to June 12, 2021. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/epi/covid-19-settings-based-outbreaks-epi-summary.pdf?sc_lang=en

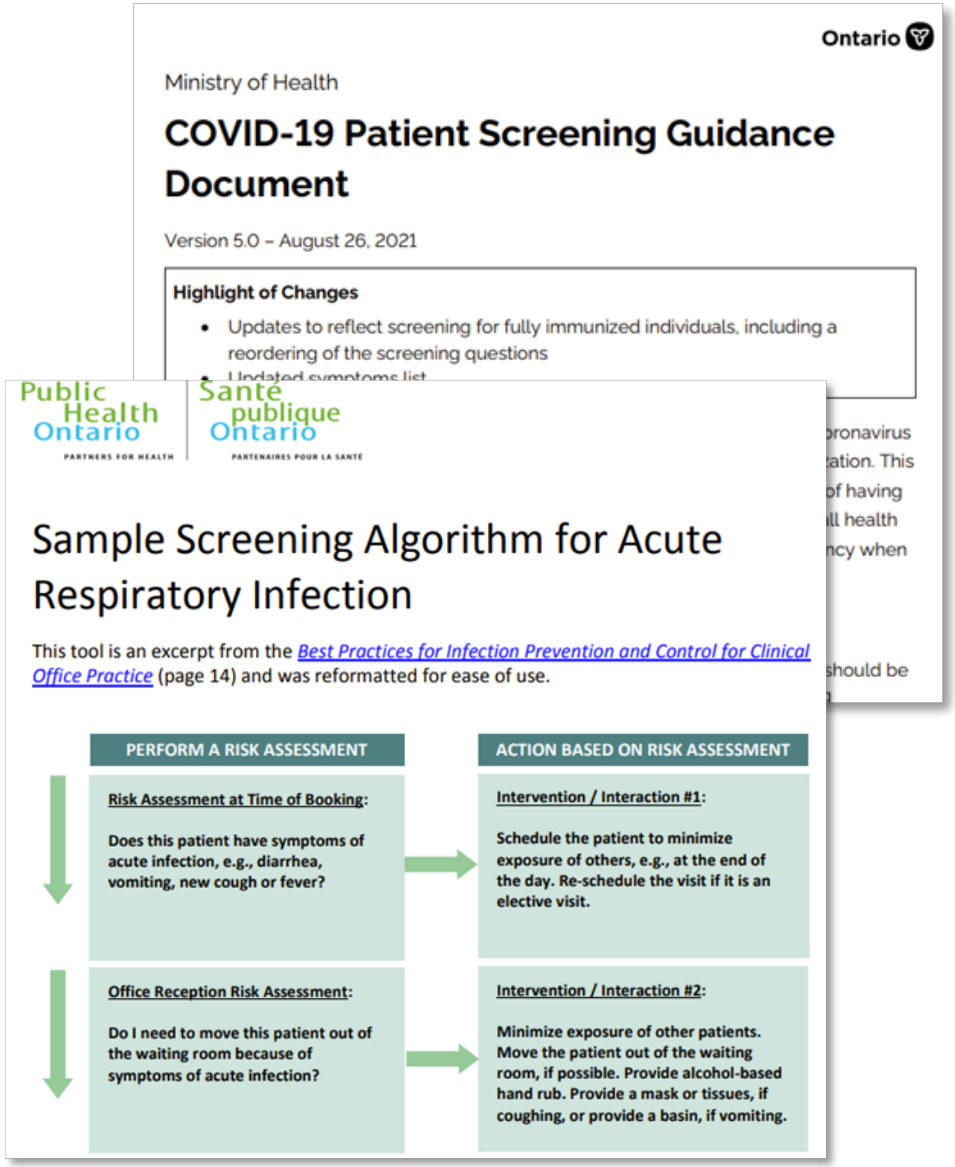
Let us walk through your office….

Office Layout

- Does your office design facilitate IPAC?
  - Layout:
    - Waiting area(s)
    - Dedicated exam room/space for patients who may need isolation
    - Separation of admin and clinical areas
  - Appropriate signage and placement
  - Clutter

Screening

- Symptoms and exposures
- Passive screening:
  - Signage at entrance
  - Staff, patients and visitors self-identify if ill
- Active screening:
  - Actively ask questions/attest to answers
  - Pre-screening prior to appointment
  - Screen at appointment
  - Opportunity to give mask, ask patient to clean hands.



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Ministry of Health

COVID-19 Patient Screening Guidance Document

Version 5.0 – August 26, 2021

Highlight of Changes

- Updates to reflect screening for fully immunized individuals, including a reordering of the screening questions
- Updated symptoms list

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Sample Screening Algorithm for Acute Respiratory Infection

This tool is an excerpt from the *Best Practices for Infection Prevention and Control for Clinical Office Practice* (page 14) and was reformatted for ease of use.

PERFORM A RISK ASSESSMENT	ACTION BASED ON RISK ASSESSMENT
Risk Assessment at Time of Booking: Does this patient have symptoms of acute infection, e.g., diarrhea, vomiting, new cough or fever?	**Intervention / Interaction #1:** Schedule the patient to minimize exposure of others, e.g., at the end of the day. Re-schedule the visit if it is an elective visit.
Office Reception Risk Assessment: Do I need to move this patient out of the waiting room because of symptoms of acute infection?	**Intervention / Interaction #2:** Minimize exposure of other patients. Move the patient out of the waiting room, if possible. Provide alcohol-based hand rub. Provide a mask or tissues, if coughing, or provide a basin, if vomiting.

Sources: Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-clinical-office-practice.pdf?sc_lang=en
Ministry of Health, Ministry of Long-Term Care. COVID-19 Guidance for the Health Sector. COVID-19 Patient Screening Guidance Document Version 5.0 – August 26, 2021, [Internet]. Toronto: Queen's Printer for Ontario; 2009-2019 [cited 2022 Apr 7]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_patient_screening_guidance.pdf

Distancing

- Stagger appointments (e.g., in-person with virtual appointment)
- Schedule patients with communicable diseases at the end of the day
- Distancing markers
- Limit number of chairs to facilitate distancing
- **Balance occupancy with access to care**
  - If higher occupancy is necessary; optimize other control measures (e.g., vaccination, masking, ventilation)
- Physical (e.g., Plexiglas) barriers:
  - Highest yield is for use for screener
  - Can affect air flow
  - Need to be cleaned

Universal Masking

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Coronavirus Disease 2019 (COVID-19)

Universal Mask Use in Health Care

Universal masking means wearing a mask at all times. Medical masks (surgical or procedure) can be worn as source control (to protect others) or as personal protective equipment (to protect the wearer). Universal masking is one of many control measures that work together to prevent the spread of infection. Other measures include vaccination, screening, ventilation, hand hygiene, physical distancing and environmental cleaning.

- To protects others from the wearer (source control)
- Follow provincial or local jurisdictional guidance
- Signage should be posted at the entrance
- Mask covers nose, mouth and chin – WELL-FITTED
- Provide medical mask to patients, particularly those who screen positive
- Once donned, mask can be worn until contaminated or hard to breathe
- Perform hand hygiene before donning and after removing mask
- If used as PPE to see patient in precautions, then should be removed upon exit of patient space.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario. Coronavirus Disease 2019 (COVID-19) Universal Mask Use in Health Care. Toronto, ON: Queen's Printer for Ontario; April 2022. Available from:, https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/faq-covid-19-universal-mask-use-health-care.pdf?sc_lang=en

Indoor Air Quality

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FOCUS ON

Heating, Ventilation and Air Conditioning (HVAC) Systems in Buildings and COVID-19

- Risk of transmission increases through close contact, crowded, inadequately ventilated settings
- Ventilation: Removing stale indoor air and supplying fresh (outdoor) air into a given space
- Ventilation is only of benefit in **addition** to other layers of measures.
- The more people and objects in a room (Crowded and Confined), the less air flow and air circulation occurs

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Heating, ventilation and air conditioning (HVAC) systems in buildings and COVID-19. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/2020/09/covid-19-hvac-systems-in-buildings.pdf?sc_lang=en

Air Quality Check:

- HVAC – Inspected, maintained and up to code?
- Vents:
  - Clean? Air blowing/returning? At least 6 inches of clearance?
- Air Circulation:
  - Stuffy? Lingering odours? Drafts? Doors shut/seal properly?
  - Run exhaust fans in bathrooms, kitchenettes
- Crowding:
  - Max capacity in room? Furniture, drapes, barriers?
- Windows:
  - Open to help draw in fresh air or exhaust indoor air directly outside e.g., by pointing a fan outdoors
  - Opening windows daily, even for a few minutes can improve indoor air quality

Air Cleaning / Filtration

- Filtration: The use of different types of fibrous media designed to remove particles from the airstream. E.g., HEPA filters.
- Air filtration is less preferable to ventilation (i.e. with outdoor fresh air)
- Portable air cleaner/purifier:
  - Avoid units that may produce significant ozone
  - Filter design + filter maintenance + rate of air flow = Clean Air Delivery Rate (CADR)
  - CADR must be high enough for the size of room (or may need multiple units)
  - Increased sound at high air flow rates
  - Avoid direction of air flow from blowing from one individual to another
  - Unobstructed airflow
  - Cleaning and maintenance as per Manufacturer

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Use of portable air cleaners and transmission of COVID-19. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/2021/01/faq-covid-19-portable-air-cleaners.pdf?sc_lang=en

Cleaning and Disinfecting

- De-clutter!
- For SARS CoV-2: There is **no need** for cleaning/disinfecting beyond routine IPAC best practices:
  - Health care approved cleaners
  - Regular scheduled cleaning
  - High touch surface cleaning once daily and when visibly soiled
  - Clean surfaces/equipment that have come into contact with patient's intact skin prior to touching/being used on another patient.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario. Coronavirus Disease 2019 (COVID-19) Key Elements of Environmental Cleaning in Healthcare Settings. Toronto, ON: Queen's Printer for Ontario; July 2021. Available from:, https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/2020/10/factsheet-covid-19-environmental-cleaning-hcs.pdf?sc_lang=en

Hand Hygiene

- One of the most important and effective IPAC interventions
- Easily accessible alcohol-based hand rub or soap and water is **key**!
- Teach and encourage patients hand hygiene and respiratory etiquette
- Don’t forget about hand care (moisturize, examine hands for skin breakdown)

Hand hygiene resources:

- PIDAC Best Practices for Hand Hygiene in All Health Care Settings
- Videos available on PHO website:
  - How to Hand Rub
  - How to Hand Wash
- How to Hand Rub Sign
- How to Hand Wash Sign
- Placement Tool for Hand Hygiene Products
- IPAC Practices for Occupational Contact Dermatitis
- Hand Hygiene for Health Care Settings Fact Sheet

Source:Ontario Agency for Health Protection and Promotion (Public Health Ontario). Hand Hygiene for COVID-19 Prevention [Internet]. Toronto, ON: Queen’s Printer for Ontario; c2015 [cited 2022 April 11]. Available from: https://www.publichealthontario.ca/en/Diseases-and-Conditions/Infectious-Diseases/Respiratory-Diseases/Novel-Coronavirus/Hand-Hygiene

Screen ‘Negative’ Patients

- Patient universal masking
- Physical distancing between households as feasible
- Eye protection for staff within 2 metres based on risk assessment:
  - Risk of splash/spray of the task at hand
  - Vaccination status of health care worker (HCW)/patient
  - Community incidence
  - Unmasked patient/ill-fitting mask/likelihood of removing mask
- Cleaning:
  - **Routine/Standard cleaning**: Clean and disinfect medical equipment and surfaces that come into direct contact with the patient’s intact skin prior to use on another patient.

Symptomatic Patients

- Book at end of day if possible
- Provide **medical** mask to patient (and support person)
- Bring directly to room or wait outside/in vehicle if feasible
- Separate room/area with door closed
- Batch all activities (eg., history, physical, testing); minimize personnel
- PPE: Mask, gown, gloves, eye protection – Put on upon entry of room
- Cleaning: Clean and disinfect horizontal surfaces (typically within 2 metres of the patient) and any equipment that have come in direct contact with the patient prior to use on another patient
- Remove PPE upon leaving patient room

PPE Selection For Suspect or Confirmed COVID-19

Individual	Setting and Activity	Minimum PPE for health care worker
Health care worker (HCW)	Providing direct patient care in exam room/area	Fit tested and seal-checked N95 respirator, Eye protection, gloves, gown
Cleaner	Cleaning exam room after and between consultations with patients	Medical mask, Eye protection, gown and gloves
Staff/HCW	Preliminary Screening at Triage/Reception not involving direct contact	Barrier if unable to maintain > 2 m. (maintains universal masking) If cannot maintain 2m distance or need to have direct contact, use medical mask, eye protection, gown and gloves
All staff	Administrative tasks that do not involve contact with patients	Routine Practices; universal masking unless alone in room. If eating/drinking, maintain distancing in break rooms.

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Interim IPAC recommendations for use of personal protective equipment for care of individuals with suspect or confirmed COVID-19. Toronto, ON: Queen's Printer for Ontario; 2022. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/updated-ipac-measures-covid-19.pdf?sc_lang=en

Personal Protective Equipment- Donning and Doffing Steps

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How to Put On Personal Protective Equipment

1. PERFORM HAND HYGIENE
2. PUT ON GOWN
3. PUT ON MASK OR N95 RESPIRATOR
4. PUT ON EYE PROTECTION
5. PUT ON GLOVES

For more information, visit publichealthontario.ca

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How to Remove Personal Protective Equipment

1. REMOVE GLOVES
2. REMOVE GOWN
3. PERFORM HAND HYGIENE
4. REMOVE EYE PROTECTION
5. REMOVE MASK OR N95 RESPIRATOR
6. PERFORM HAND HYGIENE

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Positive Staff Case Return to Work – Current Provincial Guidance

- Self-isolate:
  - For at least 5 days (if fully vaccinated) or 10 days (if not fully vaccinated or immunocompromised) after symptom onset and until no fever and symptoms have been improving for 24 hours

Source: Ministry of Health. Management of Cases and Contacts of COVID-19 in Ontario Version 14.0 – April 11, 2022, [Internet]. Toronto: Queen's Printer for Ontario; 2009-2019 [cited 2022 Apr 12]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

Positive Staff Case Return to Work – Highest risk settings

- Ministry guidance for “highest risk settings” – does not specifically define primary care/clinical office settings
- If highest risk settings guidance is extrapolated:
  - Return to work after a single negative molecular test (e.g. PCR, rapid molecular)

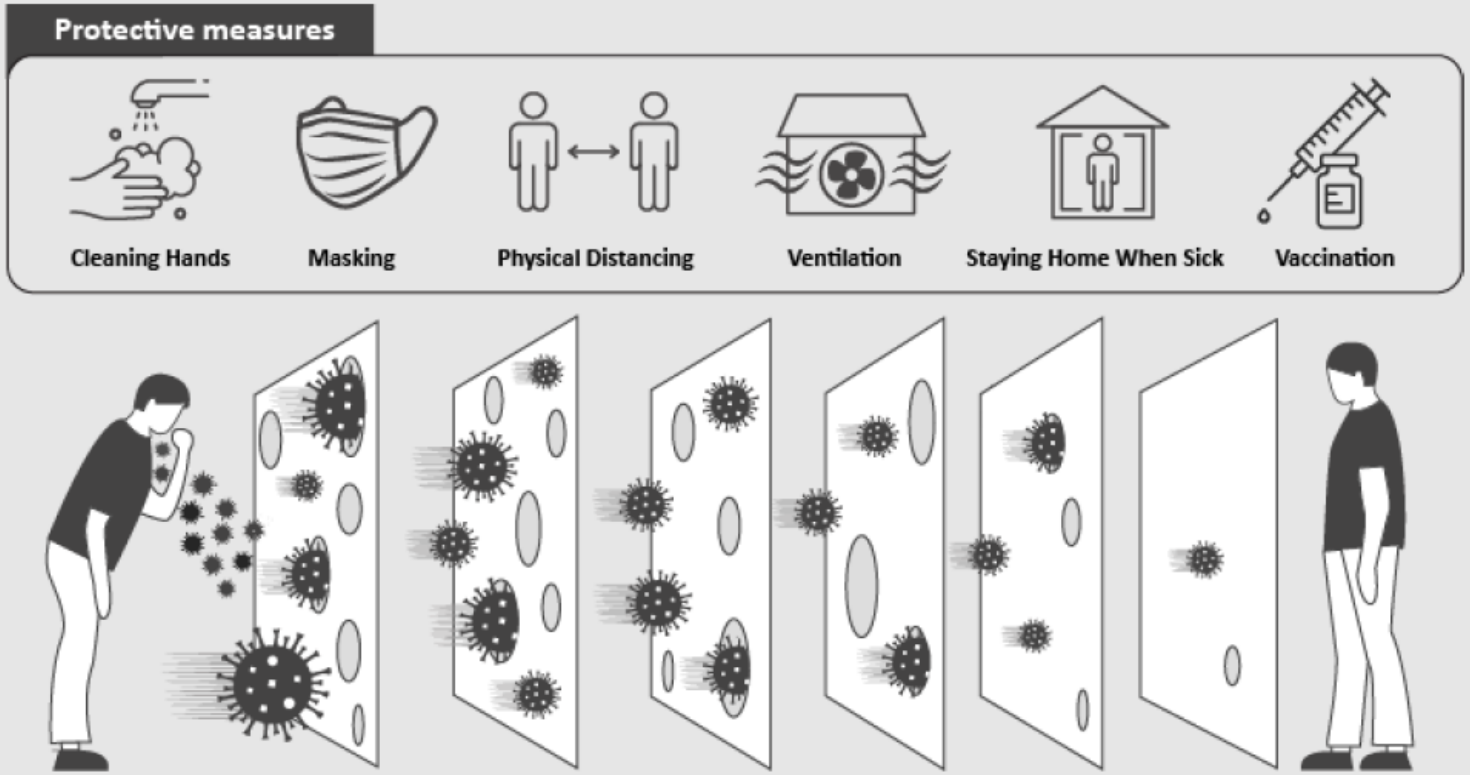
  OR
  - Two negative rapid antigen tests collected 24 hours apart any time prior to end of time-based clearance (10 days)

  AND
  - No fever and symptoms improving for 24 hours

Source: Ministry of Health. Management of Cases and Contacts of COVID-19 in Ontario Version 14.0 – April 11, 2022, [Internet]. Toronto: Queen’s Printer for Ontario; 2009-2019 [cited 2022 Apr 12]. Available from: https://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/contact_mngmt/management_cases_contacts.pdf

Layers of protection against COVID-19

Use multiple layers of prevention to provide the best protection, especially if you cannot avoid closed spaces, crowded places, and close contact. No single intervention on its own is perfect at preventing COVID-19 spread.



Adapted from: Rockefeller Foundation. Layers of protection against covid-19 - the "Swiss cheese" model [video recording on the Internet]. New York: Rockefeller Foundation; 2021 [cited 2021 Jun 02]. 1:15 min. Available from: https://www.youtube.com/watch?v=ou88Iei-52k

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario. Coronavirus Disease 2019 (COVID-19) How to Protect Yourself from COVID-19. Toronto, ON: Queen's Printer for Ontario; April 7, 2022. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/factsheet/2021/06/lp/fact-sheet-covid-19-preventive-layers.pdf?la=en&sc_lang=en

Key Messages

- **Routine IPAC practices** are required for ALL clinical interactions, independent of any concern for the possibility of COVID-19 or other infectious diseases
- Establish an IPAC program in clinical office practices based on organizational risk assessment.
- Most epidemiological indicators are deteriorating and a portion of the general population has yet to receive their recommended booster doses of COVID-19 vaccine including children
- Added IPAC measures (such as universal masking, physical distancing) may need to remain within healthcare settings to help preserve operations and health care capacity. These additional IPAC measures can be safely adjusted during periods of increasing or decreasing transmission risk

Need More Detail?

- It’s all in here.

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AT A GLANCE

Summary of Infection Prevention and Control Key Principles for Clinical Office Practice

09/02/2021

Introduction

Preventing the spread of acute respiratory illnesses (ARI) (e.g., influenza, COVID-19) and other communicable infections (e.g., chicken pox, norovirus) during the provision of care in the clinical office setting is critical for the health of patients/clients, health care workers (HCW) and other staff. This document has been developed to provide a compilation of Infection Prevention and Control (IPAC) best practices and resources for clinical office practices with added information on ARI assessments and COVID-19 testing and vaccination.

Providers of care in clinical office settings have a responsibility to have systems in place with established policies and procedures that protect the health and safety of workers in their workplace. Preventing transmission of microorganisms to other patients is a patient safety issue, and preventing transmission to staff is an occupational health and safety issue. The consistent and appropriate use of Routine Practices by all HCWs will lessen microbial transmission in the clinical office setting.[1]

By employing these best practices as part of routine care and knowing how to respond to the threat of infection in an expected fashion (e.g., implementing screening for acute respiratory infections), the risks associated with serious infectious disease outbreaks will be mitigated, the level of practice in clinical office settings will be elevated and the public will be protected by minimizing the risk of infection transmission.[1]

The information in this document is complimentary to and is supported by the Provincial Infectious Diseases Advisory Committee’s IPAC for Clinical Office Practice, IPAC Checklist for Clinical Office Practice Core Elements, and the checklist Summary of IPAC Key Principles for Clinical Office Practice During the COVID-19 Pandemic.[1-3] These resources can assist with ensuring implementation of IPAC best practices.

This document was developed to support primary care providers, specialist clinics, community health centres, urgent care and walk-in clinics, family health teams, and other community clinics as these varied settings increase/resume in-person care which may include assessments and testing for ARIs and vaccination. In this document, the term clinical office setting will represent the care settings listed above.

Ministry Directives and Guidance

Directives and relevant guidance from the government of Ontario for providers in primary care and other community settings are to be followed. As these are revised often, always ensure that the most recent version is viewed. For more information visit Ministry of Health COVID-19: Guidance for the Health Sector.[4] Regional public health guidance and measures can be accessed through the local public health unit. For more information visit Ministry of Health COVID-19: Guidance for the Health Sector.[4]

Summary of IPAC Key Principles and Best Practices for Clinical Office Practice 1

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Summary of infection prevention and control key principles and best practices for clinical office practice. Toronto, ON: Queen's Printer for Ontario; 2021. Available from: https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/2021/09/covid-19-summary-ipac-key-principles-clinical-office-practice.pdf?sc_lang=en

Important Resources

- Checklist: Infection Prevention and Control Key Principles for Clinical Office Practice During the COVID-19 Pandemic 2nd Revision: September 13, 2021
- At a glance: Summary of Infection Prevention and Control Key Principles for Clinical Office Practice
- PIDAC Best Practice document Infection Prevention and Control for Clinical Office Practice, April 2015
- Technical brief Interim IPAC Recommendations for Use of Personal Protective Equipment for Care of Individuals with Suspect or Confirmed COVID-19
- Training resources for PPE use: Personal Protective Equipment (PPE) for COVID-19 Prevention | Public Health Ontario

Getting answers to your questions

- Public Health Ontario for IPAC technical questions – ipac@oahpp.ca
- Ministry of Health for Ministry-issued guidance, policy, PPE supply/fit-testing – EOCOperations.MOH@ontario.ca
- Local Public Health Unit – general questions about local epi, IPAC, region-specific issues- Public Health Unit Locations and contacts
- Participate in primary care community of practice meetings from OCFP and PHO

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Appendix: Personal and Organizational IPAC Risk Assessment

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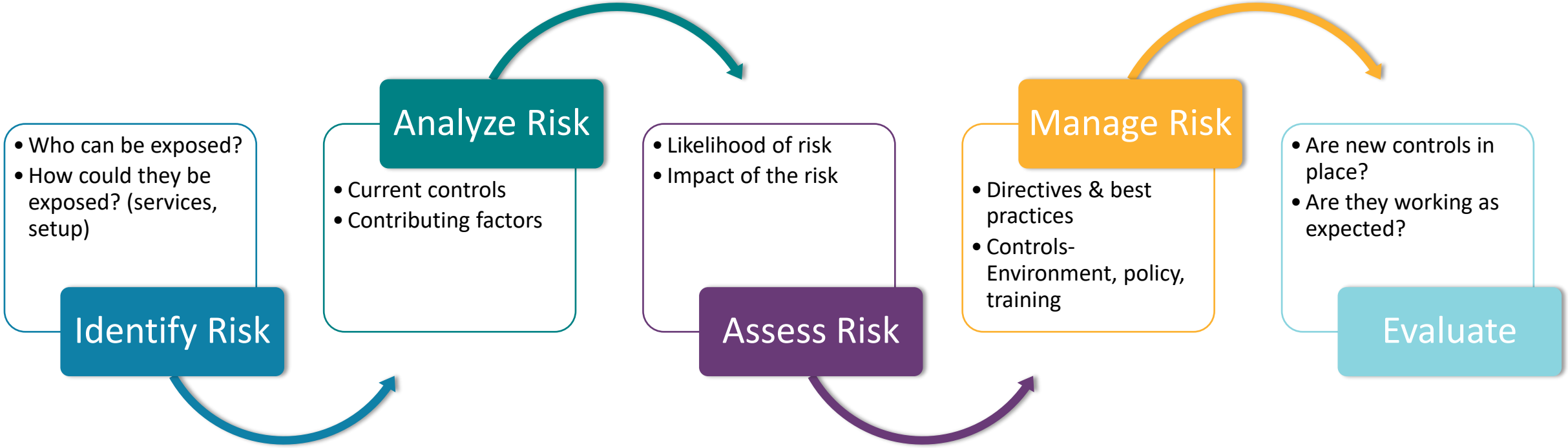
Organization Risk Assessment



Adopted from: Public Services Health & Safety Association. Infectious disease threats risk assessment tool for acute care [Internet]. Toronto, ON: Public Services Health & Safety Association; 2022 [accessed April 11, 2022]. Part 2 – Conducting an infectious disease threat organizational risk assessment (IDT ORA). Available from: https://www.pshsa.ca/resources/infectious-disease-threats-risk-assessment-tool-for-acute-care#home-pshsa-logo

ORA Step 1: Establish context

1. Where is your practice located?
2. What services do you provide?
3. What are your patient demographics?
4. What is the incidence of infectious diseases in your patient population?
5. What is the layout of your clinic and other physical characteristics?
6. What policies and procedures are already in place?
7. What staff training has been provided to prevent exposures to infectious diseases?
8. Are there any staff formally trained in IPAC practices?
9. Do you have sufficient staffing to provide care and support services (e.g., environmental services)?
10. Do you have support via colleagues? Communities of practice? Colleges?

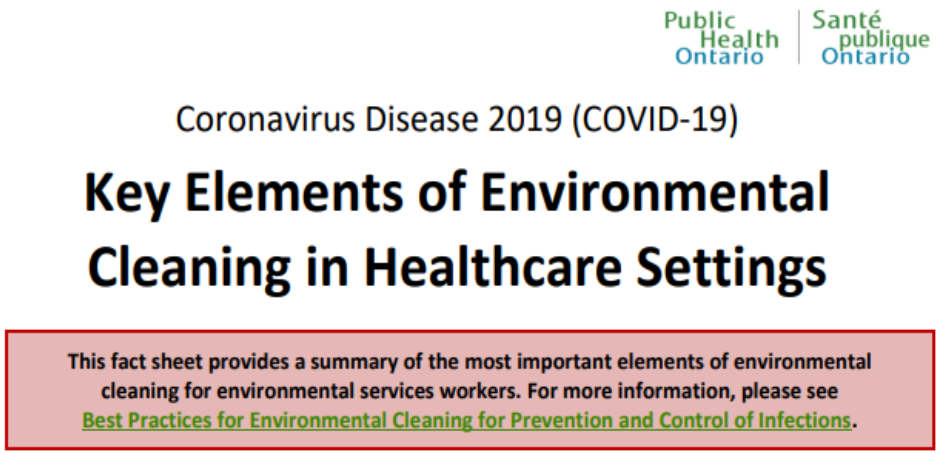
ORA Step 2: Identify risks

- Consider potential infectious diseases that could impact your office (Influenza, COVID-19, Chicken Pox, Measles, Norovirus, HFM)
- Who could be exposed and how could they be exposed?
- Type of work performed by staff and exposure risk
- What would be the risk to the staff in the event:
  - Is there an **unrecognized** transmissible illness?
  - Are they unvaccinated?
  - Are they immunocompromised?
  - Is there a failure of environmental controls (sharps, ventilation, failure to clean/disinfect)?
  - Do they incorrectly select, don, doff PPE?

ORA Step 3: Analyze Risk

- Infrastructure/Design – Does your office design facilitate IPAC?
  - Layout:
    - One-way flow;
    - Individual exam room/spaces;
    - separation of admin and clinical areas
  - What is your ability to be able to place a patient into Additional Precautions that requires a single room/exam space?
  - Appropriate signage and placement
  - Clutter
  - Measures of indoor air quality

ORA Step 3: Analyze Risk cont'd



- Environmental Cleaning
  - Are there cleaning policies/procedures?
  - Appropriate staffing
  - Education and training of staff (e.g., cleaning between patients, shared equipment)
  - Appropriate cleaning agents and surfaces amenable to cleaning
  - Are high-touch surfaces cleaned frequently? Is there is a list of the high-touch surfaces, who is cleaning them and when? Is this information recorded daily?

Source: Ontario Agency for Health Protection and Promotion (Public Health Ontario. Coronavirus Disease 2019 (COVID-19) Key Elements of Environmental Cleaning in Healthcare Settings. Toronto, ON: Queen's Printer for Ontario; July 2021. Available from:, https://www.publichealthontario.ca/-/media/Documents/nCoV/ipac/2020/10/factsheet-covid-19-environmental-cleaning-hcs.pdf?sc_lang=en

ORA Step 3: Analyze Risk cont'd

- Hand Hygiene
  - Alcohol Based Hand Rub (ABHR) available at:
    - point-of-care
    - common areas
    - entry/exit points
    - near shared equipment
  - Are hand hygiene sinks available?
  - Are hand hygiene supplies maintained/replenished when needed?
  - Policy to support hand hygiene and hand care?
  - Signage?
  - Are audits of hand hygiene compliance performed?

ORA Step 3: Analyze Risk Cont'd

- Education:
  - Are HCWs, staff and students educated with respect to IPAC processes and strategies (e.g., importance of vaccination, hand hygiene, point-of-care risk assessment, Routine Practices, Additional Precautions, donning and doffing of PPE, Healthy Workplace policy, cleaning/disinfection of resident care equipment, reprocessing)?
  - Does this education occur at orientation and on a continuing basis?
  - Are patients educated with respect to hand hygiene and respiratory etiquette?

Resource: Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection prevention and control fundamentals [Internet]. Toronto, ON: Queen's Printer for Ontario; 2020 [cited 2022 April 11]. Available from: https://www.publichealthontario.ca/-/media/documents/ncov/ipac/ipac-fundamentals.pdf?la=en

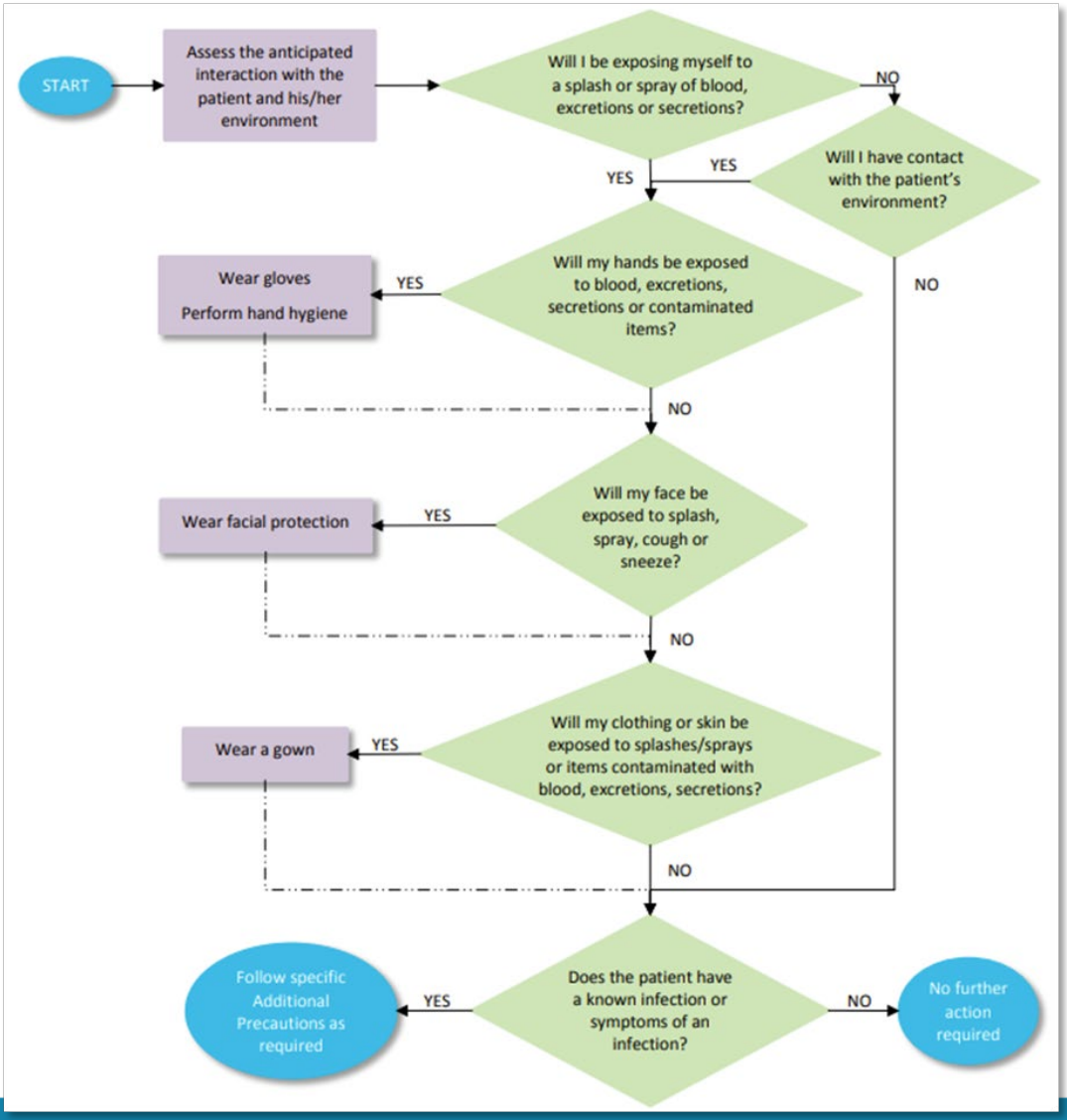
ORA Step 3: Analyze Risk cont'd

- Personal Protective Equipment (PPE):
  - Is PPE readily accessible to staff, including fit-tested N95 respirators?
  - Is PPE available at point of care and able to be disposed off at point of exit of patient space?
  - Is ABHR available where PPE is donned/doffed?
  - Are staff educated with respect to which PPE should be worn when providing care for a resident on precautions and how to safely don and doff the PPE?

ORA Step 5: Manage Risk

Identified risk	Analyze risk		Assess risk	Manage risk			Evaluate
	Current controls	Contri-buting factors		Standards	Controls	Who and When	
Patient has asymptomatic infection and is being provided direct care in the office.	- Patient is masked, distanced washes hands -staff has access to PPE and trained in its use and risk assessment -ABHR is accessible -surfaces cleaned after each patient - Exhaust fans and portable air filters	- Highly transmissible SARS-COV2 variant; community incidence is rising -staff have received third dose boosters	Likelihood- low Severity – low.	PHO's 'at a glance' for primary care	- Policy for universal masking and screening for patients and staff - Provide well fitting medical masks to patients - Schedule screen positive patients at the end of the day with ability to isolate - Cleaning policy - Hand hygiene policy	-Office Manager will update policies and communicate at specific intervals -Reception will ensure medical masks are stocked near entry and screen patients at the time of booking	-Are staff and patients wearing masks (unless not tolerable)? -Are patients with ARI seen in the end shift? -Are there times where waiting rooms are crowded? -Are there barriers to ability of staff to follow protocols?

Personal or Point of Care Risk Assessment



Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice, Appendix A. 1st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-clinical-office-practice.pdf?sc_lang=en
Appendix N: Clinical Syndromes/Conditions with Required Level of Precautions Checklist for Office Infection Prevention and Control (publichealthontario.ca)