Infection Prevention and Control Complaint Investigation

TO:	Chair and members of the Board of Health	
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Recommendations

It is recommended that the Board of Health:

1. **Receive this report for information.**

Key Points

- This report provides a summary of a recent Infection Prevention and Control (IPAC) complaint investigated by WDGPH.
- The complaint involved a Canadian corporate chain with 229 patient service centres throughout Ontario, nine within WDGPH boundaries.
- Three other health units have had IPAC complaints involving the same corporation.
- Each IPAC complaint investigation requires time to research the types of services/procedures offered, the equipment used, and the cleaning, disinfection or sterilization required.
- This investigation required consultation with the Ministry of Health and Long-Term Care (MOHLTC), Public Health Ontario (PHO), and the three health units which had investigated or were in the process of investigating IPAC complaints against the same entity. Each health unit made its own recommendations to the sites in their area and encouraged the local sites to send communication to their corporate office.

- WDGPH sent correspondence to the corporate office outlining the infection control concerns.
- WDGPH will continue to offer education and resources to increase operator/practitioner awareness of and compliance with IPAC best practices in order to reduce infection control risks to the public.

Discussion

Background

Public health units are required to investigate infection control complaints received from members of the public.[1,2] Settings which are not required to have a routine compliance inspection from public health include schools and clinics for regulated health professionals (RHP) such as physicians, nurses, dentists, etc. RHPs only receive an inspection in response to a complaint by a member of the public.

The *Infection Prevention and Control Practices Complaint Protocol* (2015) sets out the minimum expectations for public health units to respond to IPAC complaints.[2] Public Health staff contact complainant(s) within 24 hours of receiving a complaint in order to gather more information and determine the next steps. If the complaint involves a RHP, the appropriate regulatory college is contacted so that the applicable professional body of the individual can also follow-up.[2] A Public Health infection control investigation starts by visiting the implicated premises in order to determine whether an IPAC lapse or breach has occurred. A breach is defined as a deviation from recognized IPAC best practice, whereas a lapse is more serious and is an error that could potentially result in the transmission of infectious diseases between clients.[2] Public Health staff revisit premises to ensure infractions are corrected and to provide practitioners with relevant education and resources to encourage compliance with IPAC best practices.[2] WDGPH considers the Provincial Infectious Diseases Advisory Committee (PIDAC) best practice documents as the minimum IPAC practices that are to be followed by a RHP.[3] In the event that IPAC instructions provided by a practitioner's governing body and/or head office or similar entity differ from that of PIDAC, the more stringent standard prevails.

In November of 2016, WDGPH received a complaint from a member of the public regarding IPAC practices at a corporate medical diagnostic laboratories. There are currently nine such laboratory locations within WDGPH (six in Guelph and one each in Fergus, Orangeville, and Shelburne). The Corporation has 229 locations throughout Ontario, with customer service locations offering blood draw, urinalysis, ECG and other services to the public.[4] This was the first IPAC complaint investigated by WDGPH that involved a corporate laboratory chain, with multiple locations within the health unit boundaries as well as throughout other public health units in Ontario. These premises are not subject to routine inspection by Public Health.

In 2016, WDGPH received 48 IPAC complaints, of which 17 involved premises not subject to routine inspection by Public Health. This is an 85% increase from 2015, in which WDGPH received 26 IPAC complaints, of which only six involved premises not subject to routine compliance inspection by Public Health. The recent increase in IPAC complaints may be in part attributable to increased public awareness of WDGPH's role in investigating IPAC complaints due to a previous widely publicized infection control event.

PHO acts as a resource for public health units; providing technical advice and assistance upon request. WDGPH advised both the MOHLTC and PHO of the complaint and the investigation's findings because of the broader public health implications (i.e. multiple locations across most if not all public health units in Ontario). At this time WDGPH was advised other health unit jurisdictions were investigating IPAC complaints against the same corporation.

Complaint Investigation

IPAC complaint inspections are conducted by a public health inspector (PHI) and public health nurse (PHN), with at least one of these individuals holding a current Certification in Infection Control (CIC) designation. The CIC designation is an international infection control designation which requires passing a written exam. The CIC demonstrates a commitment to best practices in infection prevention and control and improved patient care and gives credibility to the knowledge level of public health staff when performing IPAC complaint investigations.[5]

Upon receiving the IPAC complaint, Public Health staff collected information from the complainant as to the specific service(s) and IPAC practice(s) of concern, and then visited the laboratory location to perform an unannounced inspection. A number of practices were found to be non-compliant with IPAC best practices, such as:

- Re-use of items identified by the product manufacturer as being single-use
- Failure to reprocess (clean and disinfect) re-usable equipment as per manufacturer instructions
- Failure to appropriately clean and disinfect surfaces that may come into contact with the intact skin of clients during a procedure
- Improper hand hygiene practices, including improper use of single-use gloves

All corporate locations follow the same standard operating procedures. Subsequently, Public Health staff conducted unannounced follow-up inspections at all locations within WDGPH and confirmed that all locations were following similar practices. WDGPH staff provided local laboratory staff with education and information regarding expected minimum IPAC best practices and provided each location with time to correct identified deficiencies. In mid-December, Public Health staff again visited all locations in WDGPH and confirmed that IPAC practices met PIDAC best practices.

IPAC Investigation Challenges

During this IPAC investigation, approximately 130 staffing hours were spent on inspections and re-inspections of locations in WDGPH. A further 50 hours was spent on associated documentation, communication with PHO, MOHLTC, the Corporation and WDGPH management.

Investigating IPAC complaints is both time consuming and human resource intensive. Two Public Health staff are utilized to conduct on-site assessments and when faced with an IPAC complaint associated with a setting or service not routinely inspected by Public Health. Because these settings are not routine for PHIs a large amount of time is required to become well-informed of the particular setting/service. Based on this background preparation, investigators are required to determine IPAC practices that should be followed for a particular service and the intended use of each item used while providing the service. In addition the level of risk to the public needs to be determined if IPAC practices are not in place or followed by a practitioner.

Public Health staff spend a large amount of time researching current information on the type of service and equipment used as part of the delivery of the service. To complicate matters further a RHP governing body may provide IPAC guidelines which may be inconsistent with PIDAC best practices. In these cases the higher practice standard (usually PIDAC) prevails. Similarly, reprocessing and other information provided to service providers by equipment manufacturers and salespersons may also be inconsistent with PIDAC. This means that even if manufacturer instructions regarding the use and re-use (if applicable) of an item are followed, there may still be a potential infection control risk to clients/patients.

In this investigation information provided by product manufacturers regarding reprocessing of re-usable equipment was not consistent with or at a higher level than that required by PIDAC. The result was that even if staff followed the manufacturer's instructions, their practices would still be deemed to be non-compliant with IPAC best practices.

IPAC mitigation efforts by WDGPH

Recognizing that response to IPAC complaints by members of the public is a relatively new role for public health units, and that area practitioners (including RHP) may not be aware of the steps required to be taken by Public Health, in the event that a complaint is received, WDGPH has provided education and resources to physicians' offices (See Board Report BH.01.DEC0716.R22 *Infection Control in Clinical Office Settings: A Regulated Health Professional Workshop*) in order to increase awareness of minimum IPAC requirements.

WDGPH has requested one-time funding to purchase and build a 'reprocessing room in a box', which, if approved, would allow WDGPH to offer education and hands-on learning opportunities for area practitioners regarding reprocessing of reusable items. This has been identified and highlighted as a common area of concern during IPAC complaint investigations by WDGPH.

Conclusion

As public awareness of infection control increases, the number of IPAC complaints received by WDGPH each year is also increasing, with a greater number of these being associated with premises not routinely inspected. Investigation of IPAC complaints requires expert knowledge of infection control practices and technical expertise in medical device reprocessing. These two areas have been a focus for professional development and certification for staff on the Infectious Disease and Infection Control team.

Ontario Public Health Standard

Community partner, healthcare provider and public awareness of IPAC practices, as well as the management of IPAC practice complaints by the Board of Health are required under the *Infectious Diseases Program Standards* (2008), with the goal of preventing or reducing the burden of infectious diseases of public health importance.

Specific requirements of the *Infectious Diseases Program Standard* are outlined in:

Requirement #6: The Board of Health shall work with appropriate partners to increase awareness among relevant community partners, including correctional facilities, health care and other service providers of infection prevention and control practices.

Requirement #9: The Board of Health shall ensure that the Medical Officer of Health or designate receives reports of complaints regarding infection prevention and control practices and responds and/or refers to appropriate regulatory bodies, including regulatory colleges, in accordance with applicable provincial legislation and in accordance with the *Infection Prevention and Control Practices Complaint Protocol*, 2008 (or as current). In addition, if an infection prevention and control lapse is identified, the board of health shall post an initial and a final report online on the Board of Health's website, in accordance with the *Infection Prevention and Control Practices Complaint Protocol*, 2008 (or as current).

Requirement #10: The Board of Health shall ensure that the Medical Officer of Health or designate receives reports of and responds to complaints regarding infection prevention and control practices in settings for which no regulatory bodies (including regulatory colleges) exist, particularly personal service settings. This shall be done in accordance with the *Infection Prevention and Control in Personal Services Settings Protocol, 2008* (or current) and the *Infection Prevention and Control Practices Complaint Protocol, 2008* (or as current). In addition, if an infection prevention and control lapse is identified, the Board of Health shall post an initial and a final report online on the Board of Health's website, in accordance with the *Infection Prevention and Control Practices Complaint Protocol*, 2008 (or as current) and the *Infection Prevention and Control in Personal Services Settings Protocol*, 2008 (or as current).

WDGPH Strategic Direction(s)

☒ Building Healthy Communities
We will work with communities to support the health and well-being of everyone.

☒ Service Centred Approach
We are committed to providing excellent service to anyone interacting with Public Health.

☒ Health Equity
We will provide programs and services that integrate health equity principles to reduce or eliminate health differences between population groups.

☒ Organizational Capacity
We will improve our capacity to effectively deliver public health programs and services.

Health Equity

WDGPH makes infection control information available to members of the public and area practitioners via a variety of formats, including in-person and online information, as well as the provision of hard copy educational/informational resources during demand and other inspections. In order to ensure that all members of the community have an equal opportunity to report infection control concerns WDGPH enables individuals to submit complaints or requests for IPAC information via a variety of routes, including in-person at any WDGPH office location, via submission of an electronic (online) reporting form or via telephone.

Appendices

None.

References

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3. Public Health Ontario (2016). Provincial Infectious Diseases Advisory Committee (PIDAC). PIDAC Documents; Best Practice Documents. Accessed online at: http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/PIDAC/Pages/PIDAC_Documents.aspx
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5. Association for Professionals in Infection Control and Epidemiology (APIC) (2016). Education & Certification: CIC Certification. Accessed online at: http://www.apic.org/Education-and-Events/Certification