

CRANSTON RIDGE MEDICAL CLINIC ADDITIONAL STANDARDS FOR INFECTION CONTROL

CRMC STANDARDS FOR THE WORK RESTRICTIONS OF TEAM MEMBERS, STUDENTS, AND VOLUNTEERS WITH TRANSMISSIBLE INFECTIONS

CRMC adopts in its entirety the most current AHS Policy on Communicable Disease Assessment, Document # 1170, which is also listed in the Infection Control Section of the Accreditation Standards. When applied in CRMC, the policy has to be read substituting "AHS" with "CRMC". The following specific situations, however, are not contemplated by any national or provincial policy, and are addressed below.

1. Staff members with HIV or HBV or HCV

1.1. Staff members with HIV are allowed to work in CRMC provided that:

- 1.1.1. their viral count is kept undetectable (for HIV);
- 1.1.2. they are on effective HAART medications (for HIV) or their status is chronic (for HBV and HCV);
- 1.1.3. they use PPE appropriately maintaining adequate barrier to protect patients, staff and themselves.

2. Staff members with other infectious diseases

2.1. Staff members with other communicable diseases, in order to work at CRMC must:

- 2.1.1. recover fully from their infection;
- 2.1.2. provide a certificate of recovery if the infection lasted more than five days.

CRMC STANDARDS FOR THE ISOLATION AND BARRIERED-NURSING OF PATIENTS WITH TRANSMISSIBLE INFECTIONS

Patients seeking an appointment with a FP, NP or RN are to be advised not to attend the clinic if they are affected by the following conditions:

- Clostridium Difficile
- Cryptosporidiosis
- Hepatitis A
- Herpes Simplex
- Neutropenia
- Immunocompromisation
- Varicella / Rubella / Chicken Pox
- COVID-19 when in the pandemic period
- Any other infectious pandemic currently constituting a public health threat

In such cases, the MOA is to always book the patient for a phone consultation or to refer the patient to the RN over the phone when patients voice concerns regarding their phone-call appointment.

When a phone consultation with the Primary Care Provider (PCP) is not advisable, the PCP must refer the patient to the RN, who will organize a home visit and will assess the patient and report back to the

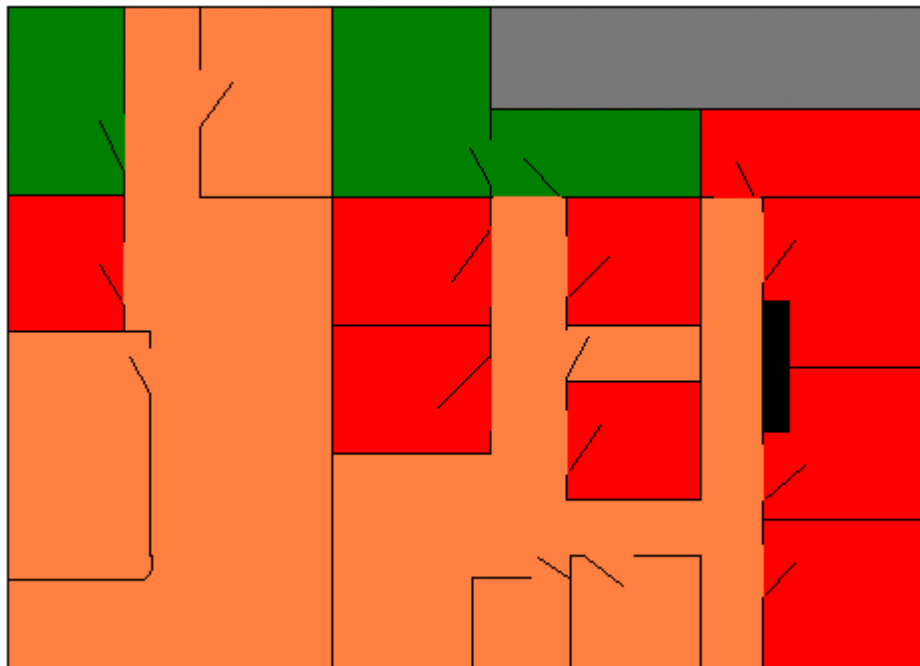
PCP or refer the patient to the emergency services in conjunction with the PCP.

In the unlikely event that a patient is requested by the PCP to attend the clinic, this patient must be booked necessarily for the last slot available before the closure of the clinic. The patient must be met at the door by the RN wearing appropriate PPE and directed immediately to the clinical room bypassing the demographic screening at the front desk. On leaving the clinical room, the RN will remove the PPE and decontaminate the hands. The PCP will use appropriate PPE before entering the room and consulting the patient. When the patient will leave, he/she will leave directly without stopping in any place inside CRMC, and will never leave via CSDM.

Once the patient has left the room, the PCP will first decontaminate the room, and then will dispose of the PPE and decontaminate the hands. No further member of staff will be involved in the decontamination of the room. The PCP will decontaminate the room alone and appropriately and will not be allowed to delegate this task to any other member of staff. Only the RN may, on request of the PCP and if available, participate in helping the PCP to decontaminate the room.

CRMC STANDARDS FOR THE DISINFECTION OF THE VARIOUS AREAS OF THE CLINIC

The following map defines the areas of CRMC and CSDM according to the frequency of their disinfection.



- Areas that must be cleaned and disinfected after every patient's visit**
- Areas that must be cleaned and disinfected once every two hours**
- Areas that must be disinfected at the end of every shift**

The responsibility of the disinfection of the red areas rests with every member of staff (PCPs, RNs,

MOAs, Students, Volunteers)

The responsibility of the disinfection of the orange areas rests with the MOAs or any other member of staff available to do so at a given time.

The responsibility of the disinfection of all areas, once daily, rests with the Infection Prevention and Control Service Officer (IPCSO) of CRMC.

While it would be unpractical to keep a record the disinfection of the red areas, especially as these would be obvious and visible, when the orange areas are disinfected, a special laminated form is filled out by MOA who completed the each round of disinfection. At the end of each shift, the laminated form is cleared and will be utilized the following working day.

CRMC is under continuous video-audio surveillance and it is not practical or required to monitor the IPCSO fulfilling her duties.

CRANSTON RIDGE MEDICAL CLINIC HAND HYGIENE REVIEW

The following tool will be used to review hand hygiene compliance in CRMC. The categories reviewed are those outlined by the World Health Organization document titled Hand Hygiene: Why, How & When?

Yearly Hand Hygiene Compliance Auditing

Table 1. Hand hygiene compliance at CRMC according to WHO standards

Name	Role	Date	Successful/ unsuccessful	Assessor	Assessor's signature

Hand Hygiene Compliance by Role

Table 2. Hand hygiene compliance at CRMC by category of healthcare provider in percentage

Healthcare Provider	Hand Hygiene Compliance
Family Physicians	
MOAs	
Registered Nurses	
Clinical Managers	

CHART OF DAILY DISINFECTION CYCLE OF THE ORANGE AREAS OF CRMC

TIME OF DISINFECTION	MOA OR MEMBER OF STAFF WHO COMPLETED THE CYCLE OF DISINFECTION
10:00 AM	
12:00 PM	
02:00 PM	
04:00 PM	
07:00 PM	