

Infection Prevention and Control for Clinical Office Practice

College of Physicians and Surgeons of Ontario



Ontario Federation of Labour Submission

May 2024

Introduction

The College of Physicians and Surgeons of Ontario has opened a general consultation period to review the draft policy Infection Prevention and Control for Clinical Office Practice Policy before it is finalized. Upon review, we have noted the following gaps in the policy:

Reference to the *Occupational Health and Safety Act*

The Occupational Health and Safety Act (OHSA) sets out the rights and responsibilities of all workplace parties when it comes to Health and Safety in workplace settings. It is concerning that the OHSA is merely offered as a footnote reference when the legislation covers clinics and healthcare facilities and should be guiding the framework of this policy.

Therefore, the opening remarks should read:

Ensuring infection prevention and control (IPAC) practices are implemented safely and effectively is an important component of medical care and is also required under the Occupational Health and Safety Act. All physicians are responsible for complying with appropriate IPAC and Occupational Health and Safety requirements.

Section 8 and Employer Duties under the *OHSA*

Within the current draft policy, under Section 8 there is no reference the OHSA and its requirements to review health and safety policies and provide training regarding health and safety to workers.

Therefore, in order to comply with the OHSA, bullet point “a” should read:

- a. Well documented policies and procedures which are reviewed by staff when required and at least annually in accordance with *OHSA 25(2)(j)*;

Bullet point “b” should read:

- b. All staff are properly trained and are provided with regular education and support to assist with consistent implementation of appropriate IPAC practices and in accordance *O Reg. 297/13* and *OHSA 25(2)(a)*;

Further, there should be reference to the responsibilities of the workplace parties under the OHSA. Therefore, bullet point “c” should read:

- c. Responsibility for specific obligations are clearly defined in writing and understood by all staff in accordance with *OHSA 25, 27, & 28*;

Reference to CSA Z94.4

Currently, the policy does not mention any applicable National Standards of Canada, such as CSA Z94.4 “Selection, Use and Care of Respirators”ⁱ, which is cited in OHSА regulations, needs to be referenced as a required protocol. Compliance to this standard fall under the general duty clause of the *OHSА*, and is consistent with regulatory requirements.

We know through experiences from the Covid 19 pandemic that infection spread within clinics does not solely initiate from patients and medical procedures, but infection can also be spread through visitors and co-coworkers by coughing, sneezing, and talking. In light of this, it is imperative that this policy follows the CSA Z94.4 and remains consistent with the *OHSА*.

Therefore, the following should be added to the draft policy:

- NIOSH or CSA-approved respirators must be worn for protection against known or suspected sources of infection transmitted through the air, including individuals (patients, visitors, co-workers) and materials generated from medical procedures or laboratory sample processing.
- Such respirators must be selected, used, and maintained in accordance with the version of Canadian Standard CSA Z94.4 “Selection, Use and Care of Respirators” cited in current regulations.
- Various types of respiratory protection may be required to meet all needs.
- Records of employees’ medical clearance for respirator use, fit testing, and training in respirator use must be maintained in accordance with applicable regulations and standards.

cj/COPE343