



## Infection Prevention and Control (IPC)

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### Introduction

This guideline is a resource to support and inform IPC practices and not a substitute for the minimal requirements of [Standard of Practice 4.3 Infection Prevention and Control](#). Discussion and review of this guidelines with your colleagues, practitioners, and staff should be informed, but not limited to this guideline. Infection Prevention and Control (IPC) is intended to prevent infections acquired within Chiropractic facilities/practices.

### Understanding Infection Transmission

Remain current in knowledge regarding the principles of infection transmission. In addition to current knowledge, informed discussions of the principles of infection transmission within your practice with staff and health care providers are important to IPC in practice. Knowledge should focus on infection transmission that may occur in your practice, such as:

- Direct contact
- Airborne
- Vector-borne
- Droplet
- Common vehicle

### Infection Transmission Resources:

- [Routine Practices for Preventing the Transmission of Infection in Healthcare](#) – Health Canada
- [Emerging Issues](#) – Alberta Health – IPC resources to manage special or emerging cases.

### Point of Care Risk Assessment

Point of Care Risk Assessment (PCRA) is the consideration of the risk factors associated with patient interaction and implementation of measures to mitigate the risk. Screening is an essential component of the PCRA. There is no one-size-fits-all answer for which IPC measures are needed for a patient. Health professionals should continue to use critical thinking and clinical judgment on a case-by-case basis to assess risk and act accordingly.

### PCRA Resources:

- [Point of Care Risk Assessment](#) – CCOA
- [Telehealth](#) – CCOA

### Cleaning and Disinfection

Establish a regular cleaning and disinfection schedule for all surfaces and equipment in the clinic including:

1. Patient contact surfaces, including tables, therapeutic and diagnostic tools, or equipment, should be cleaned and disinfected between patient contact.
2. Consideration of increased frequency of cleaning and disinfection of high-touch surfaces such as doorknobs, doors, light switches, etc.



## Cleaning and Disinfection Resources:

- [Hard-Surface Disinfectants](#) – Health Canada
- [Surface Disinfectants for Emerging Viral Pathogens](#) – Health Canada

## Hand Hygiene:

1. Perform hand hygiene before and after each patient interaction.
  - a. Wash hands thoroughly with soap and water.
  - b. Use Health Canada authorized hand sanitizer.
2. Provide hand hygiene for patients and staff that enter or leave your facility and in care rooms within the facility.

## Hand Hygiene Resources:

- [How to Hand Wash](#) – Alberta Health Services
- [How to use Alcohol Based Hand Rub](#) – Alberta Health Services
- [Health Canada Authorized Hand Sanitizers](#) – Health Canada

## Personal Protective Equipment (PPE):

Acquire and maintain necessary and appropriate PPE at your facility. Reviewing the correct way to don, doff and dispose of PPE is essential to the effectively use PPE.

1. A PCRA will inform the necessary level of PPE based on the type of patient interaction and the potential for exposure.
  - a. Use PPE such as gloves, masks, gowns and eye protection as appropriate.

## PPE Resources:

- [Personal Protective Equipment](#) – Alberta Health Services

## Respiratory Hygiene and Cough Etiquette:

1. Consider in-facility signage to encourage patients and staff to cover their mouth and nose with a tissue or elbow when coughing or sneezing.
2. Provide single-use tissues and no-touch disposal receptacles in the clinic.

## Physical Distancing:

1. Arrange waiting areas and treatment spaces to allow for appropriate physical distancing.
2. When necessary minimize the number of individuals in the clinic at any given time.

## Facility Ventilation:

1. Ensure proper ventilation in treatment rooms and waiting areas to reduce the concentration of airborne pathogens.
2. Consider using HEPA filters and opening windows whenever possible.

## Practice Education and Communication:

1. Regularly discuss appropriate IPC measures with other practitioners and staff in your clinic



2. Provide clear and accessible information on facility/practice IPC policies and expectations.

**Monitoring and Adaptation:**

1. Maintain awareness of evidence-based IPC practices.
  - a. Alberta Health and Health Canada maintain current and updated IPC resources.
2. Evaluate and adapt IPC practices as needed.

**Emergency Preparedness:**

1. Develop and action a plan to:
  - a. provide support for staff and practitioners to avoid using the facility when there is a suspicion or confirmation of a communicable disease.
  - b. Report communicable diseases or infections that may occur in your practice or facility.

**Emergency Preparedness Resources:**

- [Notifiable Disease Guidelines](#) – Alberta Health

**Other Considerations**

Chiropractors who are employers may have obligations under Occupational Health and Safety (OHS) regulations that are not considered in this guideline. Chiropractors that are employees or contractors should also be aware of their employer's IPC protocols to contribute to a safe, clinical environment.

**Conclusion**

Infection Prevention and Control (IPC) is designed to prevent infections acquired within Chiropractic facilities/practices. Regulated Members of the CCOA have a professional responsibility to maintain current evidence-based knowledge of IPC practices. Regulated members also have a responsibility to apply current IPC practices in their practices and facilities.

**Associated IPC Resources:**

- [CCOA Practice Policy on Vaccination and Immunization](#)