



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 1.10

DEPARTMENT: *Infection Control*

POLICY: *Infection Control Audit Program*

APPROVAL DATE: November 2022

REVISION DATE:

Page 1 of 1

Purpose:

Audits will support capacity, planning, partnerships, and clear internal accountability for oversight, reinforcement, and support of proper Infection Prevention and Control (IPAC) responsibilities, protocols, and practices for all staff in the home.

Auditing will support a Culture of Safety and Transparency as follows:

- Acknowledge that there are many barriers beyond the individual that can affect compliance
- Encourage a judgement and blame-free environment where staff are able to identify areas of improvement and share without fear of punishment (related to identified educational needs)
- Encourage collaboration across disciplines to identify unsafe practices and seek solutions to resident safety problems
- Identify and correct gaps or barriers to compliance that can lead to the transmission of infection to staff and resident or client
- Verify that procedures and/or standards of practice are being followed and an action plan is in place to improve practice
- Assist with the planning and evaluation of training and education programs.

Audits conducted by:

- Managers, Supervisors, IPAC Program Manager, or designate

Example types of audits:

Personal Protective Equipment:

Direct observation of PPE use and comparison to best practices for the safe, effective use of PPE which keeps staff and residents/clients (R/C) safe (e.g., following the proper selection of PPE, sequence of donning [putting on] and doffing [removing] and disposal)



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 1.10

DEPARTMENT: *Infection Control*

POLICY: *Infection Control Audit Program*

APPROVAL DATE: **November 2022**

REVISION DATE:

Page 2 of 1

Auditing should take place at regular intervals throughout the year plus whenever there is a change to equipment or a process, or when rates of healthcare-associated infections are increasing.

All shifts and all types of staff such as nurses, environmental service workers, volunteers, students, physicians, dietary staff, porters, etc

Examples of when PPE Audits could be conducted:

- Increased based on compliance rate
- Increased based on outbreak status/status of the homes transmissibility rate of organisms
- Completed on new hires during their probationary period
- To include all areas of PPE Donning/Doffing, for a range of activities (i.e. Cytotoxic resident, contact precautions, droplet precautions, etc.)

Hand Hygiene:

Hand hygiene is the single most important control strategy against the spread of infectious disease.

The 4 moments of hand hygiene focuses on breaking the chain of transmission:

- Before initial resident/resident environment contact.
- Before aseptic procedure.
- After body fluid exposure risk.
- After resident/resident environment contact.

Audits could be conducted:

- Increased based on compliance rate
- Increased based on outbreak status
- Completed on new hires during their probationary period

Feedback for above audits:

- Feedback will be specific, timely, non-threatening
- The auditor should be open to feedback from the person being observed



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 1.10

DEPARTMENT: *Infection Control*

POLICY: *Infection Control Audit Program*

APPROVAL DATE: November 2022

REVISION DATE:

Page 3 of 1

On the spot feedback:

Introduce yourself and explain the purpose of the audit (e.g., safe use of PPE).

Explain to staff being observed feedback will be provided on their PPE use.

Describe what you observed to them and explain best practices.

Ask them what could help them follow best practice, if required.

Thank them for the opportunity to give them feedback.

Analyze and Strategize: *done by IPAC program manager.*

- Once the audits have been performed, the information collected should be reviewed and analyzed to determine what is working well and what needs to be improved related to PPE use.
- Prioritize action items based on risk and available resources.

Audit Data presented during Quality Improvement/management meetings:

- **IPAC program manager** and committee will develop an action plan with strategies based on results and identified barriers;
- Solicit input from staff on their ideas for solutions
- Communicate results to staff: by Email, in-person, or posting (e.g. huddles, leadership meetings, Occupational Health/joint health and safety committee meetings)

Cytotoxic Audit:

The handling of anticancer agents in LTC may occur. Audits will be conducted to ensure safety of staff and the work environment and to prevent and manage the potential for hazardous exposure.

Conducted by: IPAC program manager on a monthly basis.

IPAC Manager to audit:

- Staff have implemented timely precautions for Residents on cytotoxic medication
- Staff medication administration, storage, and disposal
- Incident reports related to cytotoxic spills
- Spill kit contents/availability



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 1.10

DEPARTMENT: *Infection Control*

POLICY: *Infection Control Audit Program*

APPROVAL DATE: November 2022

REVISION DATE:

Page 4 of 1

IPAC Program Manager to check:

- Red waste receptacle is present for each resident
- Red linen bag
- Isolation cart stocked with appropriate PPE
- Signage present to alert staff cytotoxic precautions
- Signage for PPE requirements during care activities and based on Point of Care Risk assessment (PCRA)

Registered staff are to alert IPAC Manager (email or call) when a resident begins cytotoxic medication.

IPAC manager may also audit:

- Medication administration of cytotoxic medication
- Appropriate PPE selection

Self-Assessment Audit Tool for Long-term Care Homes and Retirement Homes:

Completed by: IPAC Program manager.

- Audit completed every 2 weeks; changes to once weekly if in outbreak
- Available to share upon request with Southwestern Public Health, local public hospitals, Ontario Health, Home and Community Care Support Services and MLTC. Records kept for minimum of 30 days.

Annual Infection prevention and Control walkthrough assessment completed by IPAC Hub from Southwestern Public Health and IPAC program manager of home.

Based on Self-Assessment tool, and IPAC walkthrough assessment:

- Review items needing corrected
- Review best practice/evidence for items
- Discuss findings with IPAC committee
- Discuss recommendations with ethical and precautionary approach.
- Determine next steps for area of focus auditing.



HOMES AND SENIOR SERVICES

POLICY & PROCEDURE NUMBER: 1.10

DEPARTMENT: *Infection Control*

POLICY: *Infection Control Audit Program*

APPROVAL DATE: November 2022

REVISION DATE:

Page 5 of 1

Audit with Glow germ:

Glow Germ is a Trademark name for lotion or powder based simulated germs which fluoresces under black light. Auditing may occur under the following situations:

- Increase of nosocomial infections on a unit
- Increased burden on a unit
- Discharge/transfer cleaning for those residents on additional precautions

Audit Results Reporting

- Audit results will be shared at Housekeeping team meetings / huddles
- Monthly audit results will be shared with the Quality Improvement Team.

Environmental/Cleaning Audit:

Conducted by IPAC Program Manager or designate:

- Focus on: hallways/public spaces; nursing station; medication preparations area; clean utility room; dirty utility room; resident rooms; respiratory equipment; bathing and toileting facilities; Kitchens; housekeeping; linen and laundry, and any other items of concern.
- One specific role audit completed during new staff probationary period (i.e. Dietary Audit; Housekeeping Audit, etc.)

Other:

Any other area of concern brought up during Quality Improvement Meeting, IPAC Committee Meeting, Occupational Health and Safety Meeting, Staff, Resident Council, etc. will be an area of focus for that quarter.

Resources:

Supporting the Implementation of Personal Protective Equipment Auditing in Health Care Settings; PHO; October 22, 2021

Implementing Personal Protective Equipment Audits in Health Care Settings; PHO; October 22, 2021

MLTC GD (5), IPAC Standard 2.3 Appendix 2 (7)

IPAC Standard 1.1, 1.2