Infection Prevention and Control Disclosure Protocol, 2022

Ministry of Health

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Ontario

Preamble

The Ontario Public Health Standards: Requirements for Programs, Services, and Accountability (Standards) are published by the Minister of Health under the authority of section 7 of the *Health Protection and Promotion Act* (HPPA) to specify the mandatory health programs and services provided by boards of health.[1,2] The Standards identify the minimum expectations for public health programs and services. Boards of health are accountable for implementing the Standards including the protocols and guidelines that are referenced in the Standards. Protocols are program and topic-specific documents incorporated into the Standards which provide direction on how boards of health shall operationalize specific requirement(s) identified within the Standards.

Purpose

Boards of health are required to publicly disclose (on their websites) results of all routine infection prevention and control (IPAC) inspections of personal service settings and licensed child care settings, in accordance with the *Infection Prevention and Control Protocol, 2018* (or as current) and complaint-based investigations where IPAC lapses are identified, in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current).[3,4]

This protocol provides direction to boards of health about the online disclosure of all IPAC routine inspections, and IPAC complaint and lapse investigations for the following settings:

- Personal service settings as defined in section 1(1) of the HPPA;[2] and
- Licensed child care settings as defined in the *Child Care and Early Years Act, 2014*.[5]

The disclosure requirements are also applicable to IPAC lapse investigations in settings that are not routinely inspected, such as:

- Facilities in which regulated health professionals operate;
- Unlicensed child care settings;
- Community centres;
- Recreational facilities (including sports clubs);

- Schools (all levels, including public and private schools); and
- Temporary dwellings established for temporary or seasonal workers.

This does not include complaints specific to health hazards in the environment; please refer to the Health Hazard Response Protocol, 2018 (or as current) under the Healthy Environments Standard.[6]

Note that this protocol addresses settings beyond those settings regulated as personal service settings *under O. Reg. 136/18 – Personal Service Settings* under the HPPA.[7] Boards of health should have reference to that regulation with regards to requirements for personal service settings. The requirements as specified in this protocol are not intended to replace any of the requirements noted for Personal Service Settings in *O. Reg. 136/18*.[7]

A hospital, long-term care home, or retirement home that has a public-facing PSS (i.e., serving the general public in addition to residents of the hospital, long-term care home, or retirement home) or operate independently are subject to the requirements of *O. Reg. 136/18* and do not qualify for an exemption under section 2(2) of *O. Reg. 136/18*.[7]

Reference to the Standards

This section identifies the standards and requirements to which this protocol relates.

Effective Public Health Practice

Requirement 9. The board of health shall publicly disclose results of all inspections or information in accordance with the *Food Safety Protocol, 2018* (or as current); the *Health Hazard Response Protocol, 2018* (or as current); the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); the *Infection Prevention and Control Protocol, 2018* (or as current); the *Recreational Water Protocol, 2018* (or as current); the *Safe Drinking Water and Fluoride Monitoring Protocol, 2018* (or as current); the *Tanning Beds Protocol, 2018* (or as current); and the *Tobacco, Vapour and Smoke Protocol, 2018* (or as current).

Infectious and Communicable Disease Prevention and Control

Requirement 18. The board of health shall receive reports of complaints regarding infection prevention and control practices and respond to and/or refer to appropriate regulatory bodies, including regulatory colleges , in accordance with applicable

provincial legislation and in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

Requirement 19. The board of health shall inspect and evaluate infection prevention and control practices in personal service settings in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current); the *Infection Prevention and Control Disclosure Protocol, 2018* (or as current); and the *Personal Service Settings Guideline, 2018* (or as current).

Operational Roles and Responsibilities

Disclosure of Routine Inspection

1) The board of health shall publicly disclose a summary report of each routine inspection in accordance with the *Infection Prevention and Control Complaint Protocol, 2018* (or as current), and the *Infection Prevention and Control Protocol, 2018* (or as current).[3,4]

2) Reports:

   a) Shall be posted on the board of health's website in a location that is easily accessible by the public within two weeks of a completed inspection. Reports must be posted for two years.

   b) Shall contain the following:

      i) The type of premises (and the type of services inspected for personal service settings);

      ii) The name and address of the premises;

      iii) The date of the inspection;

      iv) The type of inspection (e.g., routine, re-inspection, complaint);

      v) Inspection status (e.g., pass/conditional/fail or presence of critical/non-critical infractions or closure);

      vi) A brief description of any corrective measures to be taken;

vii) A brief description of corrective measures taken (if applicable);

viii) The date all corrective measures were confirmed to be completed (if applicable);

ix) The date(s) any order or directive was issued to the owner/operator (if applicable); and

x) Contact information of the board of health for more information.

c) May be adapted to match the visual style of the board of health's websites. The board of health is encouraged to integrate the required content areas listed below to existing disclosure programs.

d) Shall be compliant with relevant legislation, including the *Accessibility for Ontarians with Disabilities Act, 2005* (AODA), the *French Language Services Act* (FLSA) (if applicable), the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and the *Personal Health Information Protection Act*, 2004 (PHIPA). No personal information or personal health information shall be disclosed in a report.[8,9,10,11]

3) Where follow up inspections are required, the board of health shall post a subsequent report or amend the posted report with additional information and include the date(s) of the re-inspection(s) within two weeks from the date(s) or earlier as needed. The board of health shall also consider the urgency of the new relevant information, and whether a potential risk to the public exists if there is a delay in updating the public report(s).

4) Where enforcement actions result in the issuance of tickets, summons, or closures the board of health shall post the following information:

a) Name and address of the premises;

b) Short form wording of the ticket or summons in accordance with the *Provincial Offences Act*; and

c) The date on which the ticket or summons was issued and date of conviction.

Note for personal service settings, operators are required to post the results of any inspections conducted by public health inspectors in accordance with the public health inspector's request as per section 4 of *O. Reg. 136/18*.[7]

Disclosure of IPAC Lapse Investigation Reports

An IPAC lapse is defined as a failure to follow IPAC practices resulting in a risk of transmission of infectious diseases to clients, attendees, or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated equipment and soiled items. IPAC practices include the most current guidance available from the Provincial Infectious Diseases Advisory Committee, Ontario Agency for Health Protection and Promotion (Public Health Ontario [PHO]), the Ministry of Health, and any relevant Ontario regulatory college IPAC protocols and guidelines.

The lapse could be identified as a result of a complaint, communicable disease surveillance, and/or referral from a regulatory college, medical officer of health, PHO, or the ministry.

If the board of health receives a complaint that involves regulated health professionals and their clinic's/office management of COVID-19, including but not limited to masking, physical distancing (including the use of barriers), or patient/visitor screening, as may be applicable, the board of health shall direct the complaint to the appropriate regulatory college for direction and follow-up, and shall notify the regulated health professional/clinic/office of the complaint.

Medical officers of health and designates may use all investigative material, including risk assessments, to determine whether an IPAC lapse should be disclosed. If the medical officer of health or designate does not believe that the lapse(s) would result in an infectious disease transmission to the premises' clients, attendees or staff, public disclosure is not required. Decisions to post are ultimately at the discretion of the medical officer of health or designate.

The flow chart in Appendix A identifies when an Initial or Final Report of a lapse identified via complaint, referral or through alternate source is required to be publicly posted.

1) Complaint-based inspections shall be disclosed when:
    a) The complaint is deemed substantiated and upon conducting a risk assessment, the public health inspector has determined that the premises requires an on-site inspection; and

b) There is a risk of disease(s) transmission or an IPAC lapse has occurred.

2) The board of health shall publicly disclose the results of complaint-based inspection and of investigation reports of IPAC lapses on the board of health's website, in accordance with the *Infection Prevention and Control Protocol, 2018* (or as current) and the *Infection Prevention and Control Complaint Protocol, 2018* (or as current).[3,4]

3) Reports:

   a) Shall be posted on the board of health's website in a location that is easily accessible by the public within two weeks of the inspection. Reports must be posted for two years.

4) If the investigation involves, or is expected to involve client/patient notification, the board of health shall ensure that an Initial Report is not posted until preliminary client/patient notification has occurred. Should subsequent client/patient contact and/or testing need to take place as part of the ongoing investigation, the Final Report shall not be posted until all aspects of the investigation have been completed.

5) The board of health shall complete and post an Initial Report: in a location that is accessible to the public; within two weeks of the identification of an IPAC lapse; and containing the following information:

   a) The date the medical officer of health or designate was notified about the IPAC lapse* and/or the date the lapse was linked to the premises;

   b) Source of IPAC lapse information (e.g., complaint, communicable disease surveillance, referral from a regulatory college, medical officer of health, PHO or the ministry);

   c) The type of premises (e.g., dental office or premises that are multi-service such as salon/piercing/massage);

   d) The address and/or name of the premises;

*If a lapse is traced to premises from a case of a disease, this date refers to the date that the link to the premises was confirmed.

e) Summary description of the IPAC lapse identified containing a concise (4-5 sentences maximum) description of the service or concern related to the lapse. If more than one deficiency in IPAC practices is identified, the board of health shall summarize the lapses that require corrective measures and indicate those deficiencies that present the greatest risk of infectious disease transmission to clients, patients, attendees, or staff of the premises;

f) Referral to a regulatory college(s) (if applicable) and other stakeholders (e.g., the ministry or other Ministries as applicable); and

g) A concise description of the corrective measures required to address the lapse, including:

   i) The type of corrective measure(s) (e.g., following best practices for use of equipment; following best practices for cleaning, disinfection and sterilization; removal of equipment; addition of new equipment);

   ii) The method(s) used to correct identified deficiencies (e.g., education, verbal or written order); and

   iii) The date(s) any order or directive was issued to the owner/operator/director (if applicable).

A report template example is provided in Appendix B. The format of reports can be adapted to match the visual style of board of health websites. Boards of health are encouraged to integrate the required content areas listed below into existing public disclosure programs. All posted reports shall comply with relevant legislation including the AODA, the FLSA (if applicable), MFIPPA, and PHIPA.[8,9,10,11]

6) The board of health shall update the Initial Report as more information becomes available during the course of an investigation to ensure transparency of the most relevant and current information. The date of revision(s) shall be indicated on the report. The board of health shall determine the frequency of the update(s) by considering the urgency of the new information, and whether a potential risk to the public exists in the event of delays.

7) The board of health shall replace the Initial Report with the Final Report in the same location on the board of health's website within two weeks of confirmation that all corrective measures were taken. The Final Report for disclosure of an IPAC lapse shall contain the following information in addition to the information specified in the Initial Report:

a) A brief description of corrective measures taken, such as:

   i) The type of corrective measures (e.g., following best practices for use of equipment; following best practices for cleaning, disinfection and sterilization; removal of equipment),

   ii) The method assisting the realization of corrective measures (e.g., education, verbal, or written order), and

b) The date all corrective measures were confirmed to be completed.

8) The board of health shall update the Final Report in the event that any information is found to be incorrect. The date of revision shall also be indicated on the report.

9) The board of health shall make all archived and full investigation reports available upon request subject to applicable law (e.g., MFIPPA/ FIPPA and PHIPA).[8,9]

10) The board of health shall establish and implement a policy to ensure that the public can access full investigation reports upon request.

11) The board of health shall include the following preamble on the web page on which reports are posted:

    Preamble

    "This website contains reports on premises where an infection prevention and control lapse was identified through the assessment of a complaint or referral, or through communicable disease surveillance. It does not include reports of premises which were investigated following a complaint or referral where no infection prevention and control lapse was ultimately identified.

    These reports are not exhaustive, and do not guarantee that those premises listed and not listed are free of infection prevention and control lapses. Identification of lapses is based on assessment and investigation of premises at a point-in-time, and these assessments and investigations are triggered when potential infection prevention and control lapses are brought to the attention of the local medical officer of health.

    Reports are posted on the website of the board of health in which the premises are located. Reports are posted on a premises-by-premises basis, i.e., will correspond

with one site only. Should you wish to view a full investigation report for any posted lapse, please contact [insert appropriate contact information]."

The board of health is encouraged to consult with its legal counsel regarding the adequacy of this preamble and whether any additional legal disclaimers are required from their perspective.

Multi-Jurisdictional Investigation Reports

1) In cases where an IPAC lapse is found to have occurred at a multi-site premise (e.g., practices affiliated with one another to form a corporation, or chain of clinics/premise), the first board of health to become aware of the lapse shall conduct an investigation of the site within their jurisdiction, and, where possible, confirm IPAC concerns at additional locations within the board of health jurisdiction.
2) The board of health shall inform the ministry and PHO of the multi-jurisdictional premises in the event that multiple locations within and/or beyond the primary public health unit area are suspected of IPAC lapse(s).
    a) PHO will coordinate multi-jurisdictional teleconference(s) and, if deemed necessary (may be based on risk assessment), engage/inform other relevant boards of health that have the same multi-jurisdictional premises within their jurisdictions to follow up, as required. The ministry will provide ongoing support as necessary.
3) The board of health shall post reports as identified above for each individual site confirmed to be impacted by an IPAC lapse (i.e., reports are site specific and not only posted on the primary board of health website).

Reporting to the Ministry

1) The board of health shall:
    a) Report occurrences of significance (i.e., non-compliance issues leading to a media release) to the ministry prior to media release; and

b) Report cases of infectious/reportable diseases and outbreaks associated with premises through the integrated Public Health Information System (iPHIS) or any other method specified by the ministry.

Glossary

Independent Health Facilities (IHFs): licensed by the ministry to provide Ontario Health Insurance Plan (OHIP) insured services in diagnostic and ambulatory care facilities. The ministry IHF program area and College of Physicians and Surgeons of Ontario (CPSO) and the College of Midwives of Ontario (CMO) jointly manage a Quality Assurance Program for services provided in IHFs.

Out-of-hospital premises (OHPs): premises overseen by the College of Physicians and Surgeons of Ontario where procedures are performed under different levels of anesthesia and sedation.

Health hazard: (a) a condition of a premises, (b) a substance, thing, plant or animal other than man, or (c) a solid, liquid, gas or combination of any of these, that has or that is likely to have an adverse effect on the health of any person.

Infection prevention and control (IPAC) lapse: failure to follow IPAC practices resulting in a risk of transmission of infectious diseases to clients, attendees or staff through exposure to blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or contaminated equipment and soiled items.

IPAC practices: may include the most current guidance available from the Provincial Infectious Diseases Advisory Committee, Public Health Ontario, the ministry, and any relevant Ontario regulatory college IPAC protocols and guidelines.

Laboratories and specimen collection centres: licensed by the ministry and accredited/inspected by the MOHLTC and/ or the Institute for Quality Management in Health Care's Centre for Accreditation.

Personal service settings (PSS): a premises at which personal services are offered where there is a risk of exposure to blood or body fluids, and includes premises at which hairdressing and barbering, tattooing, body piercing, nail services, electrolysis and other aesthetic services are offered as defined in section 1(1) of the HPPA.[2]

Risk assessment: an evaluation of the interaction of the worker, the client and the work environment to assess and analyze the potential for exposure to infectious

disease, identify potential health hazards and determine the appropriate action required.

Regulatory College: college of a health profession or group of health professions established or continued under a health professions Act named in Schedule 1 to the *Regulated Health Professions Act, 1991*.[12]

References

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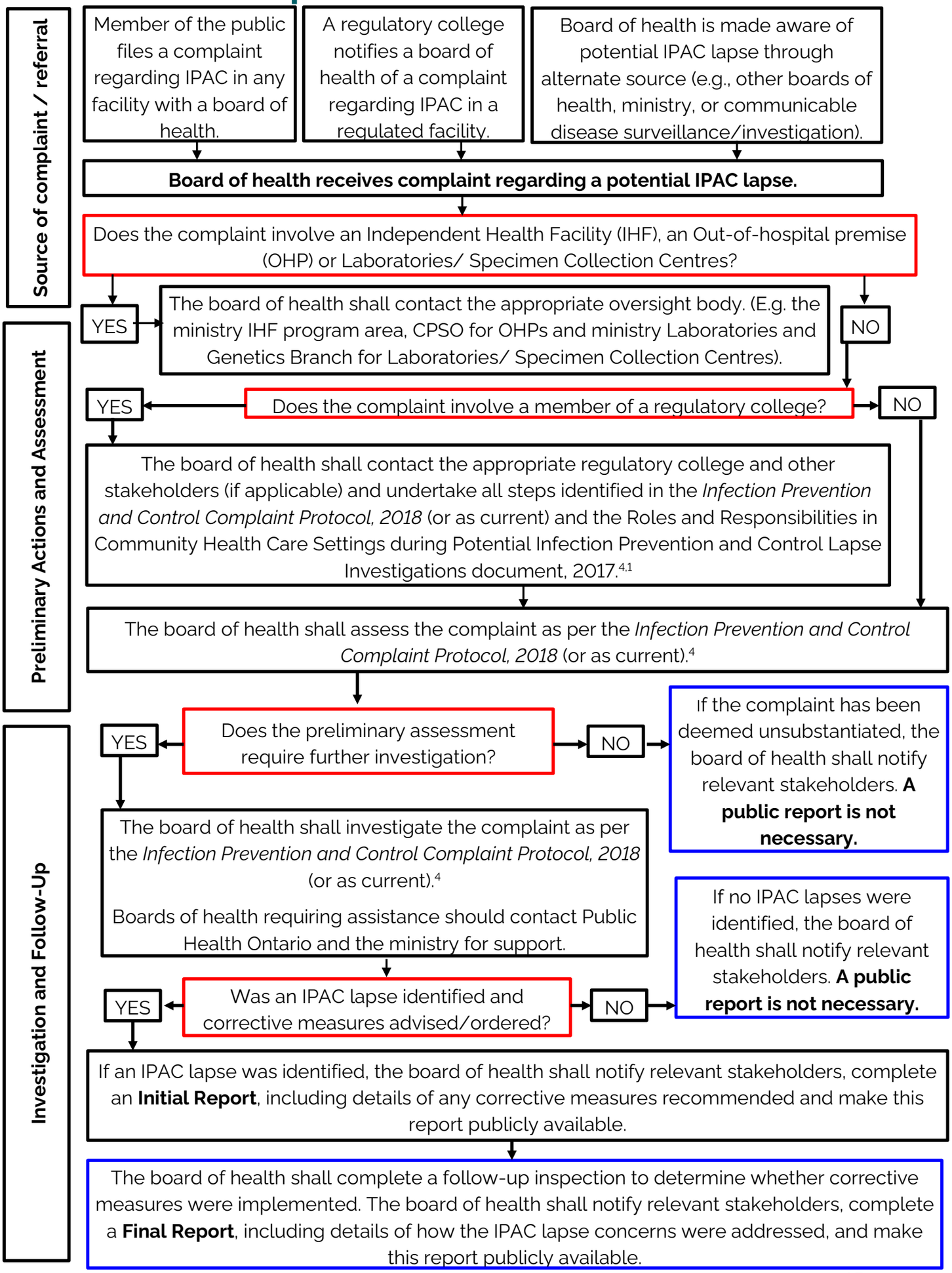
12. *Regulated Health Professions Act,* 1991, SO 1991, c 18. Available from: https://www.ontario.ca/laws/statute/91r18
13. Ontario. Ministry of Health and Long-Term Care. Roles and responsibilities in community health care settings during potential infection prevention and control lapse investigations: information for public health units and stakeholders. Toronto, ON: Queen's Printer for Ontario; 2017

Document History

Revision Date	Document Section	Description of Revisions
November 2022	Entire Document	New template.
November 2022	Disclosure of IPAC Lapse Investigation Reports	Added language to exempt responding to COVID-19 IPAC lapse complaints in settings where regulated health professionals operate. These complaints should be deferred to the relevant regulatory college for follow-up.
November 2022	Reporting to Ministry	Removed the requirement for Boards of Health to report section 13 health hazard orders to the idpp@ontario.ca email account. This information is already collected annually as part of standard activity reporting requirements.

Appendix A: Flow of Information and When to Post and IPAC Lapse Identified Via a Complaint or Referral



Appendix B: Sample Initial and Final Report Template

This is a sample template of the required Initial and Final Report that must be posted once an IPAC lapse has been identified. This copy below is for information purposes only.

Please do not include any personal information or personal health information on this template. If you have any question about whether information constitutes personal health information or personal information, please consult your legal counsel.

Sample: Infection Prevention and Control Lapse Report

Public Health Unit Infection Prevention and Control Lapse	
Initial Report	**Last Updated on:**
Premise/facility under investigation (name and address)	
Type of premise/facility: (e.g., medical clinic, multi-service PSS)	
Date Board of Health became aware of IPAC lapse	
Date IPAC lapse was linked to the premise/facility	
Date of Initial Report posting	
Date of Initial Report update(s) (if applicable)	
Source of IPAC lapse information (e.g., routine inspection, public complaint etc.)	
Summary Description of the IPAC lapse	
IPAC Lapse Investigation	
Did the IPAC lapse involve a member of a regulatory college?	
If yes, was the issue referred to the regulatory college?	
Were other stakeholders notified? (e.g. Ministry)	
Concise description of the corrective required	

Please provide further details/steps			
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)			
Initial Report Comments and Contact Information			
Any additional comments (Do not include any personal information or personal health information)			
If you have any further questions, please contact:			
Name		Title	
E-mail Address		Phone Number	
Final Report		**Last Updated on:**	
Date of Final Report posting:			
Date any order(s) or directive(s) were issued to the owners/operators (if applicable)			
Brief description of corrective measures taken			
Date all corrective measures were confirmed to have been completed			
Final Report Comments and Contact Information			
Any additional comments (Do not include any personal information or personal health information)			
If you have any further questions, please contact:			
Name		Title	
E-mail Address		Phone Number	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