

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

PRACTICE STANDARD

Number 7

Effective: April 1, 2008

Replaces: December 1996

March 1, 1990

INFECTION CONTROL

Physical Therapist Performance Expectations

1. Adheres to the most current World Health Organization (WHO) Standard Precautions and BC Centre for Disease Control infection control procedures at all times for the protection of both the physical therapist and the patient. See additional resources listed below.
2. Ensures that the practice environment is equipped, operated and maintained to meet infection control guidelines and reports identified deficiencies to the parties responsible for the management of the practice environment. Infection control measures in a physical therapy practice must include, as a minimum, requirements for:
 - hand hygiene, which includes the use of an alcohol-based cleaner before and after patient contact; or hand washing when hands are visibly soiled;
 - use of protective barriers as standard practice whenever contact with blood and body fluids is likely to occur during patient contact. Barriers are used when the patient's environment or patient care equipment is likely to have been contaminated with potentially infected fluids. Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids. Protective barriers include the use of gloves for touching blood and body fluids, mucous membranes or non-intact skin, and when handling items or surfaces soiled with blood or body fluids. Masks and protective eyewear, face shields, gowns or aprons are worn during procedures that are likely to contact blood or other body fluids; and
 - cleaning and disinfection or sterilization of equipment and facilities; and managing waste, including sharps and materials contaminated by blood or body fluids.
3. Adopts appropriate infection control measures including contact management protocols and monitors their use and effectiveness to identify problems, outcomes and trends.
4. Applies his or her knowledge, skills, and judgment to conduct ongoing assessments of the degree of current risks of infection and transmission to patients, staff, colleagues and other health professionals based on consideration of the following:
 - assessments or treatment interventions planned or conducted;
 - health conditions of patients being assessed or treated;
 - degree of infection risk currently present in the practice environment;
 - current best practice in infection control protocols relevant to the practice environment; and
 - health and immunization status of all people in the practice environment.
5. Adheres to infection control measures when using dry needling techniques as required by the Practice Standard on Dry Needling for Physical Therapists.

6. Ensures that ventilation devices (such as resuscitation mouthpieces, resuscitation bags, or other ventilation devices) are available to minimize the need for emergency mouth-to-mouth resuscitation.
7. Wears gloves when in direct patient contact or handling patient-care equipment when exudative lesions, weeping dermatitis or any open lesion on hands are present. Open lesions that are not on the hands and could come into contact with patients must be covered.
8. Ensures self-immunization for common and/or preventable illness as appropriate.

Additional Resources:

For information on infection control visit the BC Centre for Disease Control website at www.bccdc.org/content.php?item=194 or the Public Health Agency of Canada website at www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf.

For information on Standard Precautions see the World Health Organization website at www.wpro.who.int/sars/docs/practicalguidelines/dec2004/chapter3.pdf.

World Health Organization. Guidelines on basic training and safety in acupuncture. World Health Organization Website [cited 2007 May 31]; Available from: URL: http://whqlibdoc.who.int/hq/1999/WHO_EDM_TRM_99.1.pdf.

Acknowledgements:

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