

# Infection Prevention and Control (IPAC) Policy

**Practice Name:** Rooted Together Pediatric Occupational Therapy

**Location:** Ontario, Canada

**Effective Date:** January 22 2026

**Review Date:** January 22 2027

**Approved By:** C. Jarman

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## 1. Purpose

This policy is designed to meet the infection prevention and control requirements and professional practice expectations of the **College of Occupational Therapists of Ontario (COTO)**, including obligations related to client safety, risk management, and quality assurance. It aligns with relevant guidance from Ontario public health authorities and Health Canada. This policy outlines infection prevention and control (IPAC) practices for a private pediatric occupational therapy (OT) practice in Ontario. The goal is to reduce the risk of transmission of infectious diseases among clients, families, staff, contractors, and visitors while providing safe, family-centred care.

## 2. Scope

This policy applies to all employees, contractors, students, volunteers, clients, caregivers, and visitors in all service delivery settings, including:

- Clinic-based services
- Home-based services
- Community-based services (e.g., schools, daycare centres)

## 3. Guiding Principles

- Compliance with the **College of Occupational Therapists of Ontario (COTO) Standards of Practice**, including client safety, professionalism, and accountability
- Children and families are active partners in infection prevention
- Standard precautions are used for all clients at all times
- Additional precautions are implemented as needed based on symptoms or risk
- Practices align with Ontario public health guidance and evidence-informed best practices

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## **4. Roles and Responsibilities**

### **Practice Owner / Director**

- Ensure this IPAC policy is implemented, monitored, and reviewed at least annually in accordance with COTO expectations
- Ensure infection control measures are incorporated into overall risk management and quality improvement activities
- Provide access to required supplies (hand hygiene products, PPE, disinfectants)
- Ensure staff training, documentation, and compliance

### **Occupational Therapists, Assistants, and Staff**

- Practise in accordance with this policy and COTO Standards of Practice
- Maintain competence in infection prevention and control as part of ongoing professional development
- Perform hand hygiene as required
- Use personal protective equipment (PPE) appropriately
- Report illness, exposures, or IPAC concerns promptly

### **Clients and Caregivers**

- Follow posted and verbal IPAC instructions
- Perform hand hygiene upon entry and exit
- Notify the clinic of illness prior to appointments

### **Practice Owner / Director**

- Ensure implementation and regular review of this policy
- Provide access to required supplies (hand hygiene products, PPE, disinfectants)
- Ensure staff training and compliance

### **Occupational Therapists, Assistants, and Staff**

- Follow all IPAC procedures consistently
- Perform hand hygiene as required
- Use personal protective equipment (PPE) appropriately
- Report illness, exposures, or IPAC concerns promptly

## **Clients and Caregivers**

- Follow posted and verbal IPAC instructions
  - Perform hand hygiene upon entry and exit
  - Notify the clinic of illness prior to appointments
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## **5. Screening and Attendance**

### **Illness Screening**

- Clients, caregivers, and staff should not attend appointments if they have symptoms of a contagious illness (e.g., fever, vomiting, diarrhea, new cough, sore throat, rash of unknown cause).
- Screening questions may be asked at booking and upon arrival.

### **Exclusion and Return to Service**

- Individuals with fever, vomiting, or diarrhea should be symptom-free for at least 24 hours before attending.
  - Return timelines may be extended based on public health guidance for specific illnesses.
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## **6. Hand Hygiene**

### **When to Perform Hand Hygiene**

- Before and after each client interaction
- Before and after eating or feeding a child
- After contact with bodily fluids
- After removing gloves
- Upon entering and exiting the clinic

### **Method**

- Alcohol-based hand rub (ABHR) is preferred when hands are not visibly soiled.
- Soap and water must be used when hands are visibly dirty or after toileting.

Hand hygiene supplies are available in treatment rooms, washrooms, and common areas.

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## 7. Personal Protective Equipment (PPE)

### PPE Use

PPE may include gloves, masks, eye protection, or gowns, depending on the activity and risk level.

- **Gloves:** Used when contact with bodily fluids is anticipated
- **Masks/Eye Protection:** Used during close face-to-face activities if there is risk of droplet transmission or per current public health guidance

PPE is removed and discarded safely after each use, followed by hand hygiene.

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## 8. Environmental Cleaning and Disinfection

### Cleaning Schedule

- High-touch surfaces (e.g., door handles, light switches, tabletops) are cleaned and disinfected at least daily and when visibly soiled.
- Treatment surfaces are cleaned and disinfected between clients.

### Approved Products

- Health Canada–approved disinfectants are used according to manufacturer instructions, including required contact times.
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## 9. Toys, Equipment, and Therapy Materials

- Only cleanable and non-porous toys are used when possible.
  - Toys and equipment are cleaned and disinfected between clients.
  - Items mouthed by a child are removed immediately and cleaned before reuse.
  - Soft or fabric items are laundered regularly and when visibly soiled.
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## 10. Laundry

- Soiled linens or fabric items are handled with minimal agitation.
- Laundry is washed using detergent and the warmest appropriate water setting.

- Clean and soiled items are stored separately.
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## **11. Waste Management**

- Routine waste is disposed of in regular garbage.
  - Waste contaminated with bodily fluids is bagged securely before disposal.
  - Sharps are not used in routine OT practice; if required, approved sharps containers will be used.
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## **12. Home and Community Visits**

- Therapists follow the same hand hygiene and PPE practices as in-clinic services.
  - Services may be postponed if the home environment presents an increased infection risk.
  - Therapists carry portable hand hygiene supplies and disinfectant wipes.
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## **13. Outbreaks and Public Health Situations**

- The practice follows guidance from local public health units during outbreaks or pandemics.
  - Additional screening, PPE, cleaning, or service modifications may be implemented as required.
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## **14. Education and Training**

- All staff receive IPAC training upon onboarding and at least annually.
  - Policy updates are communicated promptly.
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## **15. Policy Review**

This policy is reviewed at least annually and updated as needed to reflect current best practices and public health guidance.

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**Signature (Owner/Director):** \_\_\_\_\_

**Date:** \_\_\_\_\_