

**INFECTION PREVENTION AND CONTROL AUDIT for  
Occupational Health and Safety (OH&S)**

Name of Facility: \_\_\_\_\_

Location: \_\_\_\_\_ Date: YYYY\_\_\_\_\_ MM\_\_\_\_\_ DD\_\_\_\_\_

Time: \_\_\_\_\_ hours / \_\_\_\_\_ AM \_\_\_\_\_ PM      Manager: \_\_\_\_\_

Auditor (print): \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTE: This audit tool may be used by those who do both Occupational Health and Safety (OH&S) /Employee Health and Infection Prevention and Control (IPAC), or as a joint tool by those in OH&S and IPAC.**

**Abbreviations:**

HCW	Health Care Worker
MSDS	Materials Safety Data Sheet
N/A	Not Applicable
N95	NIOSH-Certified Respirator
OH&S	Occupational Health and Safety
PPE	Personal Protective Equipment
TB	Tuberculosis

Revised May 21, 2015

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### **Glossary:**

**Fit-Test:** A qualitative or quantitative method to evaluate the fit of a specific make, model and size of respirator on an individual. Fit-testing is to be done periodically, at least every two years and whenever there is a change in respirator face piece or the user's physical condition which could affect the respirator fit.

**Hand Care Program:** A hand care program for staff is a key component of hand hygiene and includes hand care assessment; staff education; Occupational Health assessment if skin integrity is an issue; provision of hand moisturizing products; and provision of alcohol-based hand rub that contains an emollient.

**Hand Hygiene:** A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub. Hand hygiene includes surgical hand antisepsis.

**Health Care Worker (HCW):** Any person delivering care to a client/patient/resident. This includes, but is not limited to, the following: emergency service workers, physicians, dentists, nurses, respiratory therapists and other health professionals, personal support workers, clinical instructors, students and home health care workers. In some non-acute settings, volunteers might provide care and would be included as a health care worker.

**N95 Respirator:** A personal protective device that is worn on the face and covers the nose and mouth to reduce the wearer's risk of inhaling airborne particles. A NIOSH-certified N95 respirator filters particles one micron in size, has 95% filter efficiency and provides a tight facial seal with less than 10% leak.

**Personal Protective Equipment (PPE):** Clothing or equipment worn by staff for protection against hazards.

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**NOTE:** See the [Table of Contents](#) for additional audit tools that expand on individual elements of these audit tools (e.g., Hand Hygiene, PPE, Routine Practices, Environmental Cleaning)

Element	Compliance			Deficiency Noted	
	Yes	No	N/A		
<b>1.0 Policies and Procedures</b>					
1.1	The department maintains written policies and procedures that are dated and reviewed every 3 years and as necessary to remain current				
1.2	OH&S policies and procedures are readily accessible to staff				
1.3	There is a health care worker (HCW) pre-placement policy that includes: <ul style="list-style-type: none"> <li>required immunizations (e.g., measles, rubella, varicella, hepatitis B); or a positive history or serology to determine immunity</li> </ul>				
1.4	<ul style="list-style-type: none"> <li>tuberculosis (TB) skin testing</li> </ul>				
1.5	There is a healthy workplace policy that includes a clear expectation that staff do not come in to work when ill with symptoms that are of an infectious origin, and this expectation is supported with appropriate attendance management policies				
1.6	There is a work accommodation policy that addresses the prevention and management of contact dermatitis				
1.7	There is a latex exposure prevention policy				
1.8	There is a policy and procedure the ensures: <ul style="list-style-type: none"> <li>evaluation of personal protective equipment (PPE), to ensure it meets quality standards where applicable</li> </ul>				
1.9	<ul style="list-style-type: none"> <li>Occupational Health and Safety (OH&amp;S) staff are consulted during the evaluation of PPE</li> </ul>				
1.10	There is a respiratory protection program that: <ul style="list-style-type: none"> <li>is compliant with provincial regulations</li> </ul>				
1.11	<ul style="list-style-type: none"> <li>ensures current N95 respirator fit-testing</li> </ul>				
1.12	There is a policy and procedures for dealing with emerging infections and staff who are infected or colonized with epidemiologically-important microorganisms				
1.13	There is a sharps injury prevention program in place				

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Element	Compliance			Deficiency Noted
	Yes	No	N/A	
1.14	The sharps prevention program includes:			
	<ul style="list-style-type: none"> <li>senior leadership commitment and support for the program</li> </ul>			
1.15	<ul style="list-style-type: none"> <li>an assessment of the organizational factors that relate to sharps injuries when developing a new program or when strengthening an existing one</li> </ul>			
1.16	<ul style="list-style-type: none"> <li>a sharps injury reporting procedure that is adequate to collect essential data for meaningful analysis</li> </ul>			
1.17	<ul style="list-style-type: none"> <li>the use of safety-engineered medical sharps (engineering controls)</li> </ul>			
1.18	<ul style="list-style-type: none"> <li>the trial of safety-engineered medical sharps and enhancement of the program based on findings from an evaluation of the trial(s)</li> </ul>			
1.19	There is a recognized post-exposure management program in place			
1.20	There are clear, up-to-date blood borne pathogen post-exposure policies and procedures that include:			
	<ul style="list-style-type: none"> <li>post-exposure prophylaxis</li> </ul>			
1.21	<ul style="list-style-type: none"> <li>consent for post-exposure testing as appropriate for both the source client/patient/resident and the HCW</li> </ul>			
1.22	<ul style="list-style-type: none"> <li>ready access to post-exposure prophylaxis and treatment at all times during all shifts</li> </ul>			
<b>2.0 Immunization Program</b>				
2.1	Staff immunization records are assessed on hire			
2.2	Health care providers are offered appropriate immunization at the time of hire			
2.3	Maintenance immunization programs, including seasonal influenza immunization, are in place			
2.4	Staff immunization is documented and accessible			
<b>3.0 Hand Care Program</b>				
3.1	There is a hand care program that is proactive at preventing skin breakdown and that includes:			
	<ul style="list-style-type: none"> <li>selection of hand hygiene products</li> </ul>			
3.2	<ul style="list-style-type: none"> <li>provision of hand cream by the employer</li> </ul>			
3.3	<ul style="list-style-type: none"> <li>staff education</li> </ul>			
3.4	<ul style="list-style-type: none"> <li>appropriateness of glove usage for specific procedures</li> </ul>			

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Element		Compliance			Deficiency Noted
		Yes	No	N/A	
3.5	<ul style="list-style-type: none"> <li>type of gloves recommended for specific procedures</li> </ul>				
3.6	<ul style="list-style-type: none"> <li>proper covering of open areas on hands</li> </ul>				
<b>4.0 Post-Exposure Management Protocols</b>					
4.1	There are administrative controls to protect staff from exposure to blood, body fluids and other infectious agents that are documented, reviewed annually and include safe work practices and conditions				
4.2	Immediate follow-up is provided to staff who are exposed to blood, body fluids or other infectious agents (e.g., TB)				
4.3	Staff are evaluated within two hours of a suspected HIV exposure				
4.4	There is a timely blood and body fluid exposure reporting process to appropriate external bodies (e.g., labour, insurance boards)				
4.5	There is a blood and body fluid exposure reporting procedure that is adequate to collect essential data for meaningful analysis				
<b>5.0 Education</b>					
5.1	Education and training in hand hygiene and hand care is provided to all staff, students and volunteers				
5.2	IPAC education and training is provided to all staff, students and volunteers who have the potential to be exposed to blood, body fluids, excretions or secretions that includes: <ul style="list-style-type: none"> <li>the proper use of PPE</li> </ul>				
5.3	<ul style="list-style-type: none"> <li>prevention of sharps injuries</li> </ul>				
5.4	<ul style="list-style-type: none"> <li>prevention of blood and body fluid exposure</li> </ul>				
5.5	<ul style="list-style-type: none"> <li>post-exposure prophylaxis and follow-up</li> </ul>				
5.6	Education programs are reviewed regularly and updated as required				
5.7	All HCW training and education is documented				
5.8	All HCW training and education is evaluated				
<b>6.0 Observed Staff Practice and Knowledge Assessment</b>					
6.1	Staff are knowledgeable about the status of their immunizations				
6.2	HCWs are aware of their N95 respirator size, make and model				
6.3	Staff can put on PPE correctly				
6.4	Staff are knowledgeable about sharps safety				

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Element	Compliance			Deficiency Noted
	Yes	No	N/A	
6.5	Staff are knowledgeable about hand care			
6.6	Staff are aware of post-exposure policies and procedures and can access information quickly			

Compliance Score (see calculation below)				
Total number of 'Yes'				<b>Compliance Score:</b>
Total number of 'No'				
Total number of items ('Yes' and 'No', exclude 'N/A')				

**Scoring:**

Total number of 'yes' \_\_\_\_\_ x 100 = % compliance (compliance score)

Total number of 'yes' and 'no'

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**Feedback on Compliance:**

*There is a process in place to address audit deficiencies and to provide timely feedback, on a priority basis (e.g., safety issues would be addressed immediately).*

**Additional Comments:**

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### **DISCLAIMER:**

These audit tools are based on infection prevention and control best practices current at the time of publication. The individual elements provided in these tools are not intended to take the place of either the written law or regulations.