

Teaching Tool for 'Bon IPAC/Bad IPAC' video

Introduction

The 'Bon IPAC/Bad IPAC' video was created by the Region of Peel Designated Officers' Working Group and the CHICA Pre-Hospital Interest Group to help pre-hospital care providers recognize how to implement good IPAC practices into their work environment.

The video shows a traffic accident involving injured clients that requires a response from Police, Fire and Paramedic Services. In the course of their duties, the Paramedics, firefighters and police officers are shown making choices about the implementation of infection prevention and control, before, during and after interaction with their clients, with some choices being better than others.

Through watching the video, the instructor and participants have the opportunity to note the breaches in IPAC and then discuss what they have observed. There are two parts to the video, and the 'Bad' section should be played first, followed by the 'Bon.' IPAC in the pre-hospital environment is tricky, which you will note by the imperfect IPAC illustrated throughout both the 'Bad' and the 'Bon' portion of the video.

We hope you find the video both engaging and informative. Please contact the Co-Chairs of the Pre-Hospital Interest Group if you have any comments, questions or concerns.

The Pre-Hospital Interest Group would like to acknowledge the following people:

With Thanks To:	Peel Regional Police Services:	Peel Regional Paramedic Services	Caledon Fire and Emergency Services
<p>Producer: Alexis Silverman, CIC <i>Region of Peel Public Health</i></p> <p>Special Effects: Captain Dana Bradshaw, <i>Brampton Fire and Emergency Services</i></p> <p>John Kidd Captain Peter Lewko <i>Caledon Fire and Emergency Services.</i></p>	<p>Director: Ken Pyette</p> <p>Key Grip: James</p> <p>Coordinator: Sgt. Alan Nulle</p> <p>Constables: Thomas “Scott” Chadwick Kim Green 22 NPU</p> <p>Auxillary Jai Walia (victim)</p> <p>Shivar Sharma (drunk driver)</p>	<p>Coordinator: Acting Commander Jennifer Roach</p> <p>Paramedics: Justin “Dewey” Mausez, ACP Andrew Mondor, PCP</p>	<p>Coordinator: Captain Colin Hanna</p> <p>Firefighters: Todd Lorimer Deborah Martin Steve South</p>

'Bad IPAC' (Part one)

(IPAC = infection prevention and control)

- Allow at least 30 minutes to include video run times and discussion
- Play 'Bad IPAC' video first
- Have audience write down every IPAC breach identified in first run-through
- Re-play 'Bad IPAC' video and have audience verbally indicate where breaches occur (there are 20 breaches)
- Stop video at IPAC breach points and discuss:
 - Why it is a breach
 - What should have occurred instead
- Play 'Bon IPAC' video (see part two)

Bad IPAC Video		
Time	IPAC Breach	Teaching Points
00:32	<ul style="list-style-type: none"> ▪ Police Officer with bare hands attending Motor Vehicle Collision (MVC) with reported injuries 	<ul style="list-style-type: none"> ▪ Officer should be aware of possibility of blood/body fluid exposure as dispatch info reported injuries, and therefore necessity of covering his hands. The Officer should put medical gloves on his hands before attending the call. ▪ Discussion: Should officer who is not attending to medical needs of patient clean his hands before leaving the vehicle?
00:37	<ul style="list-style-type: none"> ▪ Police Officer has not put medical gloves over hatch gloves (black gloves) before attending MVC with reported injuries 	<ul style="list-style-type: none"> ▪ Officer should be aware of possibility of blood/body fluid exposure as dispatch info reported injuries. ▪ Hatch gloves are not fluid resistant and do not protect the wearer from potential blood/body fluid exposures. The Officer should put medical gloves over her hatch gloves before attending the call.
00:58	<ul style="list-style-type: none"> ▪ Paramedics put on medical gloves without performing hand hygiene 	<ul style="list-style-type: none"> ▪ Best practices state that hands should be cleaned with alcohol-based hand rub (ABHR) or soap and water before putting on personal protective equipment¹ (PPE)

Bad IPAC Video		
Time	IPAC Breach	Teaching Points
1:08	<ul style="list-style-type: none"> ▪ Firefighters leaving truck without performing hand hygiene ▪ Firefighter not wearing PPE to a call with identified injuries 	<ul style="list-style-type: none"> ▪ As above ▪ PPE use should be based on critical assessment of the potential risks of exposure to blood/body fluid¹. The firefighter should have been aware that blood/body fluid exposure was possible at an MVC. ▪ Discussion: Should emergency service workers (ESW) always wear gloves when going to a medical call? ▪ Discussion: Is the choice to wear gloves based on critical thinking or because of expectations of MOHLTC that paramedic must put on gloves first or fail certification tests , such as the OSCE (objective, structured, clinical exam)?
1:22	<ul style="list-style-type: none"> ▪ Officer without any PPE on hands makes arrest of bleeding suspect, putting himself at risk of an exposure 	<ul style="list-style-type: none"> ▪ Officer wearing gloves should make the arrest
1:39	<ul style="list-style-type: none"> ▪ Firefighter without gloves contacting patient's blood, putting himself at risk of exposure 	<ul style="list-style-type: none"> ▪ Firefighter should either have put on gloves or transferred care to colleagues who already had gloves on
1:48	<ul style="list-style-type: none"> ▪ Paramedic writing vitals on medical gloves. 	<ul style="list-style-type: none"> ▪ This can cause ripping or tearing of the gloves and cause them to not be clean enough for patient care ▪ Discussion: Paramedic reaches into his shirt to grab his pen. Is this a problem?
2:10	<ul style="list-style-type: none"> ▪ Paramedic picks up laryngoscope that was on the floor and uses it 	<ul style="list-style-type: none"> ▪ Laryngoscopes are semi-critical devices used for aseptic procedures as they contact mucous membranes². ▪ The contaminated laryngoscope should have been replaced with a clean one.
2:15	<ul style="list-style-type: none"> ▪ Paramedics are intubating, which is 	<ul style="list-style-type: none"> ▪ Both paramedics should have worn eye protection

Bad IPAC Video		
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	considered a procedure that puts them at high risk of exposure to communicable disease through aerosolization of droplets ³ .	and the respiratory protection issued by their service (usually an N95 respiratory in Ontario) before intubation was attempted as this is considered an aerosol-generating procedure. The firefighter should have had facial protection if she was within 2 metres of the intubation attempt
2:19	<ul style="list-style-type: none"> Paramedic has pulled pre-cut intubation tube straight out of the pre-opened packaging. 	<ul style="list-style-type: none"> Intubation tubes are considered single-use critical devices that must be sterile before use. Pre-opening the packaging for any reason compromises the sterility and renders the device unsafe for patient care⁴
2:24	<ul style="list-style-type: none"> Paramedic adjusts intubation tube against his leg. 	<ul style="list-style-type: none"> This compromises the sterility of the device and renders it unsafe for patient care⁵
2:52	<ul style="list-style-type: none"> Paramedic goes from one patient to another without performing hand hygiene and changing his gloves. 	<ul style="list-style-type: none"> The paramedic's gloves are contaminated from pathogens from the other patient, which have now been transferred to the new patient. Gloves must be removed and hand hygiene performed between patients⁶
3:08	<ul style="list-style-type: none"> Officer removes her hatch gloves and puts them into her back pocket. She doesn't perform hand hygiene after removing her gloves 	<ul style="list-style-type: none"> Her hatch gloves are now contaminated as she has been in contact with the patient's blood. They should be put aside for cleaning before she reuses them. She should perform hand hygiene after removing her gloves as her hands will be contaminated from the process of glove removal
3:11	<ul style="list-style-type: none"> Firefighters drop their used PPE onto the floor of their truck. No hand hygiene is performed. 	<ul style="list-style-type: none"> PPE must be disposed of in normal garbage and hand hygiene performed after PPE removal⁷. Firefighters have now contaminated their work environment with dirty PPE
3:23	<ul style="list-style-type: none"> Paramedic leaves back of ambulance still wearing PPE and heads to cab to drive away. 	<ul style="list-style-type: none"> PPE, especially used PPE should not be worn in the cab of the ambulance as this contaminates the paramedic's work environment. Used PPE must be removed at end of patient care

Bad IPAC Video		
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		just before leaving patient environment, disposed of in the garbage and then hand hygiene performed in order for the emergency service worker to be safe from accidental self-contamination ⁸ .
3:30	<ul style="list-style-type: none"> ▪ Firefighter puts equipment away without cleaning it. ▪ 	<ul style="list-style-type: none"> ▪ Any multi-use patient-care equipment must be cleaned and disinfected before re-use, even if it doesn't 'look' dirty. Otherwise, equipment can become a vehicle for transferring pathogens from one patient to another⁹.
3:41	<ul style="list-style-type: none"> ▪ Officer resumes eating without performing hand hygiene first. 	<ul style="list-style-type: none"> ▪ The Officer is now at a high risk of accidentally ingesting a pathogen accidentally picked up from his previous activities. ▪ Hand hygiene should always be performed before preparing, handling (including eating) or serving food⁹.

¹ Provincial Infectious Diseases Advisory Committee (PIDAC). (2010). Routine Practices and Additional Precautions in All Health Care Settings. Ministry of Health and Long-Term Care. May. Available at: <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/routine-practices-and-additional-precautions.html>

² Emergency Health Services Branch. (2007). Infection Prevention and Control: Best Practice Manual for Land Ambulance Paramedics. Ministry of Health and Long-Term Care. March. Available at: http://www.ambulance-transition.com/pdf_documents/infection_prevention_%20control_best_practices_manual.pdf

^{3,6,7,8} PIDAC. (2010). Routine Practice... Op Cit.

⁴ PIDAC. (2010). Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings. Ministry of Health and Long-Term Care. February. Available at: [://www.oahpp.ca/resources/documents/pidac/2010-02%20BP%20Cleaning%20Disinfection%20Sterilization.pdf](http://www.oahpp.ca/resources/documents/pidac/2010-02%20BP%20Cleaning%20Disinfection%20Sterilization.pdf)

^{5,9} PIDAC (2010) Ibid.

¹⁰ PIDAC (2008). Best Practices for Hand Hygiene in All Health Care Settings. Ministry of Health and Long-Term Care. May. Available at: <http://www.oahpp.ca/resources/pidac-knowledge/best-practice-manuals/hand-hygiene.html>