Public Health Updates for Halton Physicians:

Infection Prevention and Control in Primary Care: Looking Beyond COVID-19

October 5, 2022

The webinar will begin at 7 p.m.
If you run into technical difficulties, please email Javier.Rincon@halton.ca

Indigenous Land acknowledgement

Boozhoo, She:kon , Tanshi, Greetings!

Halton Region acknowledges the Treaty Lands of the Mississaugas of the Credit First Nation as well as the Traditional Territory of the Haudenosaunee, Huron-Wendat and Anishinabek on which we gather.

In stewardship with Mother Earth and the enduring Indigenous presence connected to these lands we acknowledge the Indigenous Nations of the past, present and future.

In the spirit of ally-ship and mutual respect, we will take the path of Truth and Reconciliation to create change, awareness and equity as we strive to elevate the collective consciousness of society.

Miigwetch, Nia:wen, Marsi, Thank you

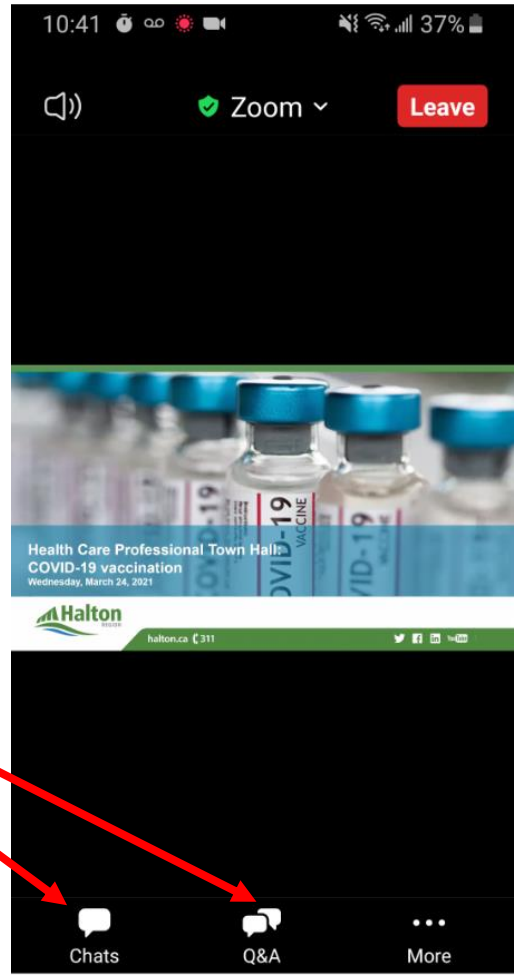
Agenda

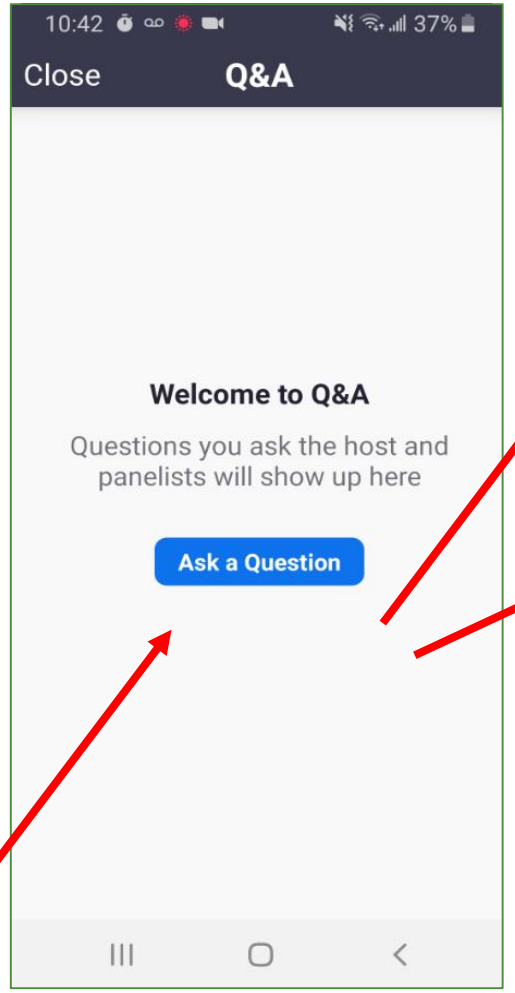
- Dr. Jason Morgenstern, Consulting Public Health Physician
  - IPAC lapses in primary care in Halton Region
  - Local support and resources

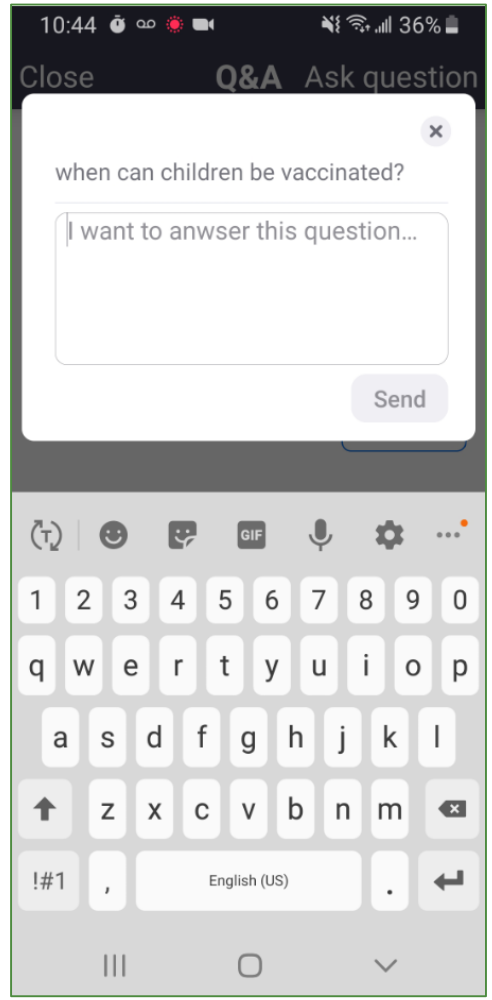
- Keynote speakers –Anne Augustin and Dr. Jeya Nadarajah
  - Reprocessing of medical devices
  - Performing a self-audit of IPAC practices

- Question and answer session

Housekeeping







Use the Q&A function to ask, vote or comment on a question

Mitigating Potential Bias

All data, resources and recommendations presented are based on current scientific literature and data.

While some treatments may be referred to by their pharmaceutical name, there is no relationship between us and the pharmaceutical companies referenced in this presentation.

Learning Objectives

Overall series learning objective:

- By attending the Public Health Updates for Halton Physicians series, participants will be able to identify and discuss relevant and recent information about approaches to the prevention, diagnosis and management of key public health issues impacting their family medicine practice in both rural and urban settings.

By the end of this session, participants will be able to:

1. Understand their roles and responsibilities in infection prevention and control (IPAC).
2. Identify primary care activities most commonly associated with infectious disease transmission and how to avoid or modify them to reduce risk.
3. Describe critical steps in medical device reprocessing.
4. Lead a self-audit of IPAC in their primary care practice.
5. Access resources for continuing education.

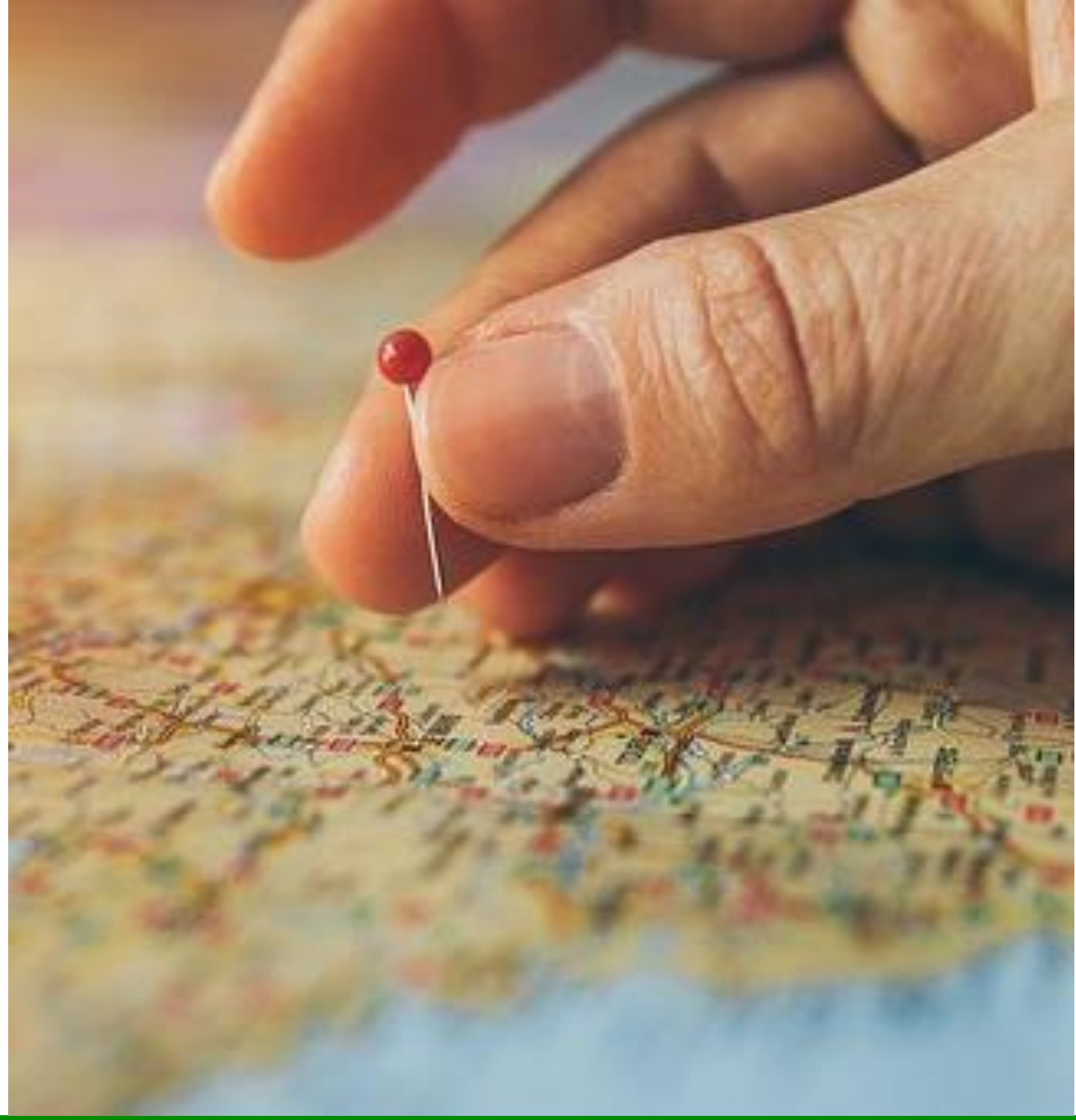
Disclosure of Financial Support

- This program is hosted and organized by Halton Region Public Health.
- I am a paid employee with Halton Region Public Health.

- **Potential for conflict(s) of interest:**
  - Halton Region Public Health receives funding from the Province of Ontario who also provides funding for public health research, programs and resources that may be discussed today.

We are here

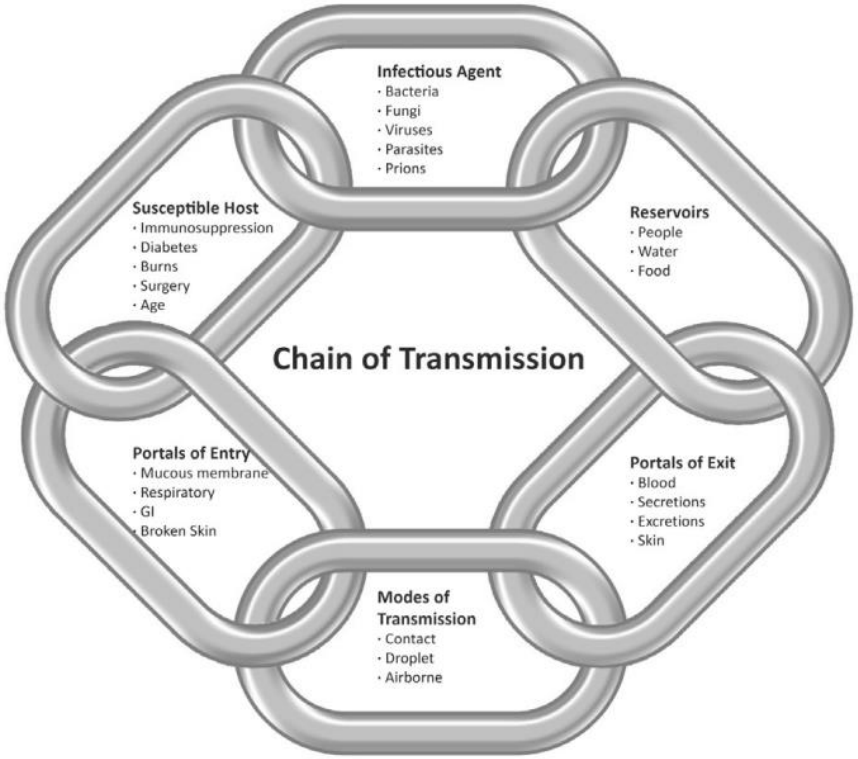
Infection Prevention and Control in Halton Region



IPAC and primary care: How does it affect my practice?

- Ensures safety of patients and staff.
- Fulfills professional obligations
- Maintains trustworthiness

Key IPAC practices in primary care



1. Medical device reprocessing
2. Environmental cleaning
3. Policies, procedures and staff education
4. Personal protective measures
5. Hand hygiene
6. Routine and additional precautions

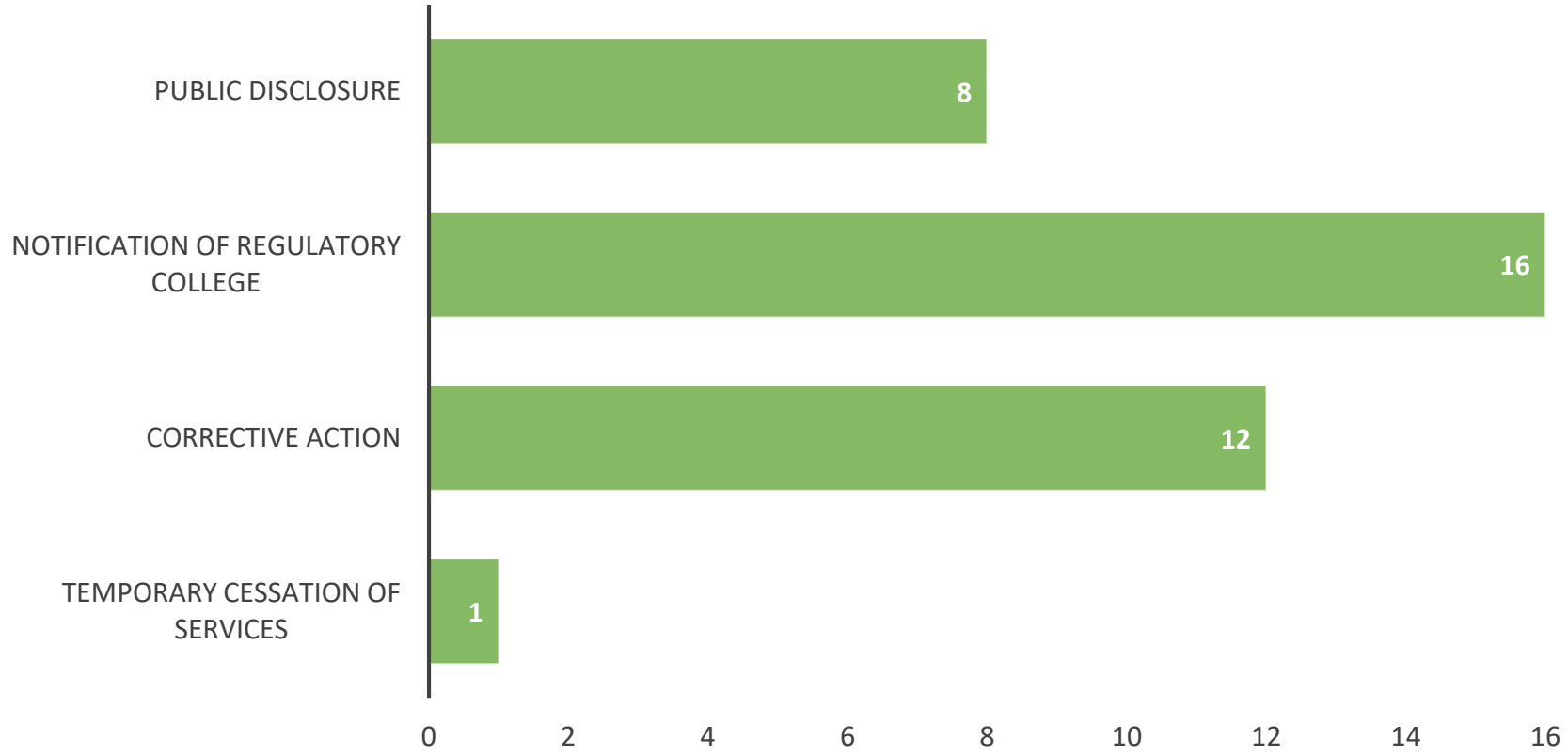
Halton Region Public Health's Role

- Provide support and expertise to regulated healthcare professionals
- Investigate complaints related to IPAC practices
- Follow up when a cluster of infectious diseases is potentially linked to a regulated health professional.

IPAC issues identified in Halton Region clinical offices (2017-2022)

1. Inadequate environmental cleaning
2. Incorrect reprocessing
3. Incorrect use of multi-dose vials
4. Missing written policies and procedures
5. Inadequate staff training

Investigation outcomes for clinical offices in Halton Region (2017-2022)



Physician roles and responsibilities

- Regulated health care professional
- Employer/ supervisor
- Leader

https://www.publichealthontario.ca/en/health-topics/infection-prevention-control

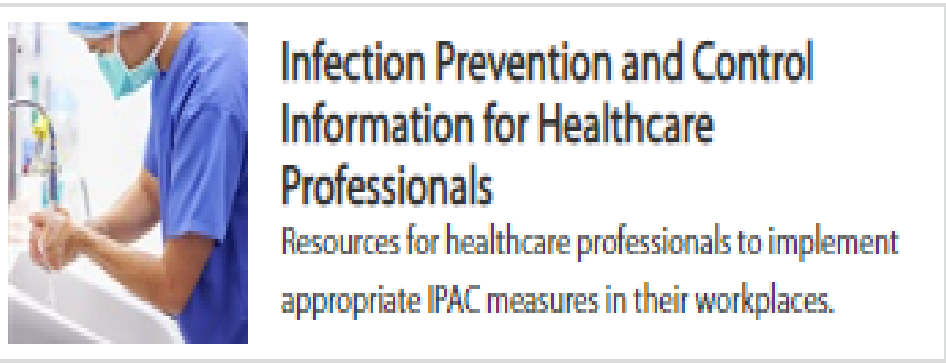
Resources

https://www.publichealthontario.ca/en/Health-Topics/Infection-Prevention-Control/Environmental-Cleaning

Where to look for more information:

Halton Region Information for Physicians:

- Provincial Infectious Diseases Advisory Committee on Infection Prevention and Control (PIDAC) Best Practice Documents
- Self-Audit checklists from Public Health Ontario
- Templates for IPAC policies and procedures



Public Health Ontario:

- Infection Prevention and Control Online Learning
- Additional Resources, checklists, research and tools for IPAC

IPAC Consultation

- Voluntary, joint walk-through between Halton Region public health inspector and clinic leadership to identify opportunities for improvement in IPAC practices.
- Potential program launch in 2023 –Please indicate your interest on the evaluation form for this session.

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IPAC CHECKLIST FOR CLINICAL OFFICE PRACTICE

Anne Augustin

Dr. Jeya Nadarajah

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Reprocessing in the Community Setting

Anne Augustin

Jeya Nadarajah

October 5 2022

Halton Educational Event

Faculty/Presenter Disclosure

- **Faculty:** Anne Augustin

- **Relationships with financial sponsors:**
  - Nothing to declare.

Faculty/Presenter Disclosure

- **Faculty: Dr. Jeya Nadarajah**

- **Relationships**
  - Consultant Medical Microbiologist to Gamma Dynacare Laboratories

Objectives

- At the end of the presentation the attendee will be able to:
  - Identify the primary care activities most commonly associated with infectious disease transmission and how to avoid or modify them to avoid risk.
  - Discuss the options to achieve a sterile instruments for the provision of care.
  - Describe the process required to reprocess equipment between clients.
  - Lead a self-audit of IPAC practices in their primary care practice.

Top 5 risk factors for respiratory infection transmission in health care

1. Exposure to infected patients
2. Lack of/inadequate or inadequate use of PPE
3. Work overload
4. Limited/absent knowledge of IPAC
5. Lack of established IPAC practices (low knowledge of PPE use, sub-optimal hand hygiene, contact with contaminated surfaces)

Ref: Mhango ME, Dzobo M, Chitungo I and Dzinamarira T. COVID-19 Risk factors Among Health Workers: A Rapid Review. Safe Health Worth 11(3): 262-265, 2020. Available from: https://doi.org/10.1016%2Fj.shaw.2020.06.001

PHO/CPSO: Top 5 high risk practices in a clinical office

1. Lancets, glucometers and insulin pens
2. Blood collection devices
3. Tonometers
4. Syringes, needles and uses of vials for IM/IV medications and vaccines
5. Sterilization logs

Lancets, glucometers and insulin pens

- Lancets must be **single use only**.
- Lancet hubs (holds the lancet) must be **single use only**.
- Insulin pens must be **single patient use only**.
- Blood glucose monitoring devices (Glucometers) and other blood testing devices, should not be shared between patients.
- If they must be shared, the device must be designed for multi-patient use and cleaned and disinfected after each use, per the manufacturer's recommendation.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Infection Prevention and Control for Clinical Office Practice. 1 st Revision. Toronto, ON: Queen's Printer for Ontario; April 2015.

Tonometers

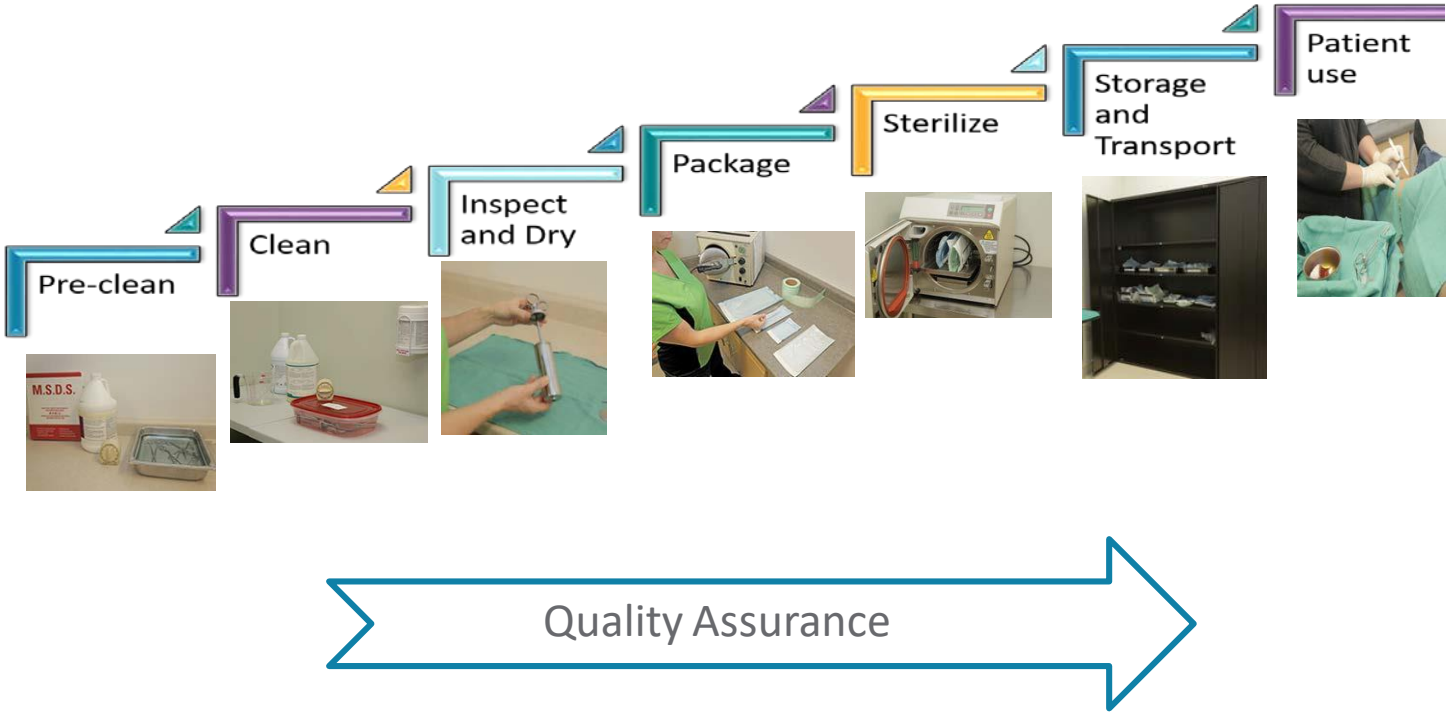
- Tonometers and other ophthalmologic equipment that touch the eye must undergo high-level disinfection (e.g., glutaraldehyde) between patient uses. Cleaning with alcohol is not sufficient

Syringes, Needles and use of Vials for IM/IV medications and vaccines

- All needles are **single patient use only**.
- All syringes are **single patient use only**.
- **Single use vials preferred**—to be used once only on a single patient.
- When multidose vial use is necessary—never re-enter a vial with a used needle or used syringe.
- Once medication is drawn up, the needle should be **immediately** withdrawn from the vial. A needle should **never** be left in a vial to be attached to a new syringe

Reprocessing Cycle – Complex Process

Purchasing of Equipment



Public Health Ontario . Reprocessing in the Community Course [cited 2022 3 May] Available from: https://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/Reprocessing/Pages/Course.aspx

Options

1. Disposable
2. Reusable medical devices and equipment reprocessed using contracted services of a centralized medical device reprocessing department (MDRD)
3. Reusable medical devices and equipment reprocessed in-house

IPAC Canada. Position Statement: Reprocessing of Critical Foot Care Devices. Available at: https://ipac-canada.org/photos/custom/Members/pdf/Position%20Statement%20%20_ReprocessingCriticalFootCare_Nov_2018_FINAL.pdf

Options – Over arching thoughts to consider

- Reusable medical equipment must be cleanable and be able to be disinfected or sterilized as appropriate for the equipment.
- This may not be cost-effective or timely for small establishments, and other options should be considered.
- The amount and frequency of equipment use may be guide whether reprocessing is feasible or whether disposable equipment is more cost-effective.

Option 1 - Disposable

- Pros
  - No worries about reprocessing
  - Items received from supplier ready to use
- Cons
  - Potential environmental impact
  - Potential for increased operating cost
    - ongoing purchase of medical devices and equipment
    - disposal of medical devices and equipment
- Responsibilities
  - Proper storage; stock rotation
  - Ensure disposable items go into the correct waste stream

IPAC Canada. Position Statement: Reprocessing of Critical Foot Care Devices. Available at: https://ipac-canada.org/photos/custom/Members/pdf/Position%20Statement%20%20_ReprocessingCriticalFootCare_Nov_2018_FINAL.pdf

Option 2 - Contract a centralized MDRD

- Pros
  - No need to purchase reprocessing equipment (e.g., ultrasonic cleaner, autoclave, biological indicators, chemical indicators)
- Cons
  - Sufficient supply of medical devices/equipment
  - Will need to purchase supplies for pre-cleaning and safe transport to and from the office and MDRD
- Responsibilities
  - Reusable medical equipment must be reprocessable – review manufacturers' instructions for use (MIFUs)
  - Review and assess the process the contracted MDRD will use to reprocess your medical devices/equipment

Option 2 - Contract a centralized MDRD

- Responsibilities
  - Request and review the results of contracted MDRD's Quality Assurance Indicators
  - Pre-cleaning of equipment to be transported
  - Policies and procedures regarding transportation of medical devices/equipment
  - Proper storage of reprocessed equipment
  - Education and training for your staff
    - Pre-cleaning
    - Safe transport out
    - Receiving and storage of reprocessed items

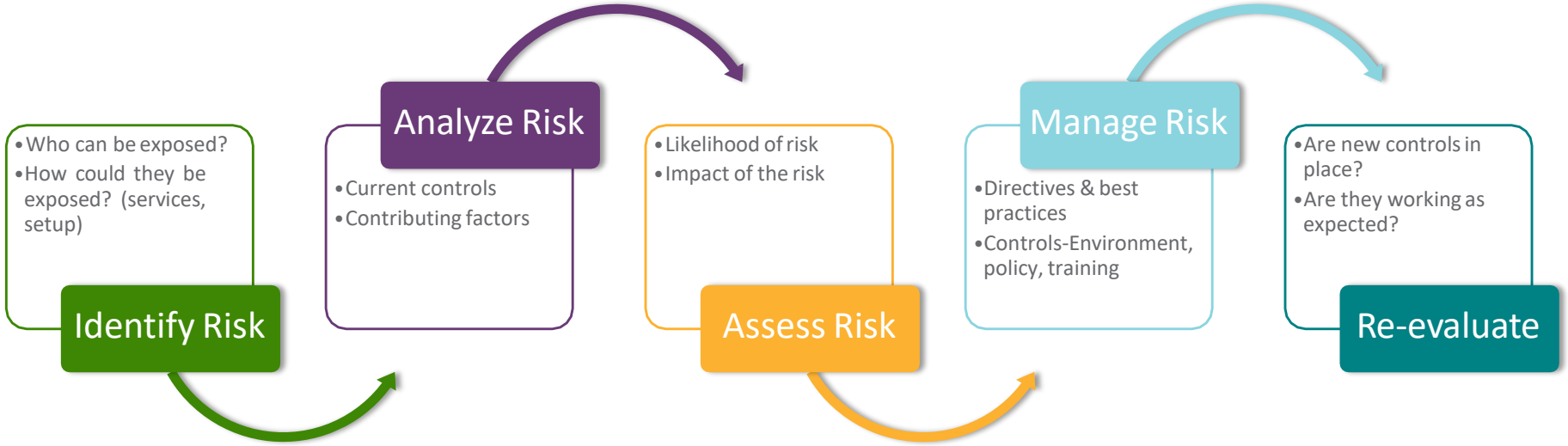
Option 3 - Reprocessing done in-house

- Pros
  - Have complete control over all aspects of reprocessing
  - May need lower inventory of medical devices and equipment
- Cons
  - Have complete responsibility for all aspects of reprocessing
  - Capital to purchase reprocessing equipment
    - Autoclave
    - Ultrasonic cleaner
    - Incubator for biological indicators
  - Operating costs
    - Biological indicators, chemical indicators

Option 3 - Reprocessing done in-house

- Responsibilities
  - Reusable medical equipment must be able to be reprocessed to standards – review manufacturers' instructions for use (MIFUs)
  - Policies and procedures for all aspects of reprocessing
  - Staff to do the reprocessing; space to do the reprocessing
  - Quality Assurance program
  - Preventative maintenance program for equipment
  - Education and Training
    - All staff involved in reprocessing
    - Level of education is dependent on your organizational risk assessment

Organization Risk Assessment



Adopted from: Public Services Health & Safety Association. Infectious disease threats risk assessment tool for acute care [Internet]. Toronto, ON: Public Services Health & Safety Association; 2022 [accessed April 11, 2022]. Part 2 – Conducting an infectious disease threat organizational risk assessment (IDT ORA). Available from: https://www.pshsa.ca/resources/infectious-disease-threats-risk-assessment-tool-for-acute-care#home-pshsa-logo

Expectations

- Clients expect and require safe care regardless of where care is performed.
  - Infection prevention and control practices (IPAC)
    - Routine Practices
    - Additional Precautions
- Sterile set of critical care equipment/devices.

IPAC Canada. Practice Recommendations for Infection Prevention and Control Related to Foot Care in Healthcare Settings.[Internet] 2019. [cited 2022 3 May]. Available from: https://ipac-canada.org/photos/custom/Members/pdf/Foot%20Care_Practice_Recommendations_29Nov2019_final_English_with_disclaimer.pdf .; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3rd ed. Toronto, ON: Queen's Printer for Ontario; May 2013. [cited 2022 3 May]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?sc_lang=en .

Spaulding's Classification for Settings

Table 1: Spaulding's Classification of Medical Equipment/Devices and Required Level of Processing/Reprocessing

Classification	Definition	Level of Processing/Reprocessing	Examples
Critical Equipment/ Device	Equipment/device that enters sterile tissues, including the vascular system	Cleaning followed by Sterilization	• Surgical instruments • Implants • Biopsy instruments • Foot care equipment • Eye and dental equipment
Semicritical Equipment/ Device	Equipment/device that comes in contact with non-intact skin or mucous membranes but does not penetrate them	Cleaning followed by High-Level Disinfection (as a minimum) Sterilization is preferred	• Respiratory therapy equipment • Anaesthesia equipment • Tonometer
Noncritical Equipment/ Device	Equipment/device that touches only intact skin and not mucous membranes, or does not directly touch the client/patient/resident	Cleaning followed by Low- Level Disinfection (in some cases, cleaning alone is acceptable)	• ECG machines • Oximeters • Bedpans, urinals, commodes

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Provincial Infectious Diseases. Advisory Committee. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3 rd ed. Toronto, ON: Queen's Printer for Ontario; May 2013.

Quality Assurance for the Autoclave

- Process challenge devices (PCDs)
- Air removal (Bowie-Dick)
- Biological Indicator (BI) and control
- Chemical Indicators (CI) – Types 1 – 6
- Physical parameters per cycle

Canadian Standards Association Group (CSA). Z314-2018 Canadian medical device reprocessing Mississauga, Ont.: Canadian Standards Association. 2018. [cited 2022 3 May]; PHO. PIDAC. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3rd ed. Toronto, ON: Queen's Printer for Ontario; May 2013. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?sc_lang=en .

Quality Assurance – Air Removal

- Sterilizer Air Removal Methods
  - Gravity
  - Pre-vacuum
  - Steam-flush pressure-pulse
- Sterilization
  - If dynamic air removal-type (i.e., pre-vacuum) sterilizer is used, an air-detection PCD (e.g., Bowie-Dick test pack) is used
    - For gravity and pressure-pulsed sterilizers follow the MIFUs

Canadian Standards Association Group (CSA). Z314-2018 Canadian medical device reprocessing Mississauga, Ont.: Canadian Standards Association. 2018. [cited 2022 3 May]

What is a PCD (Process Challenge Device)

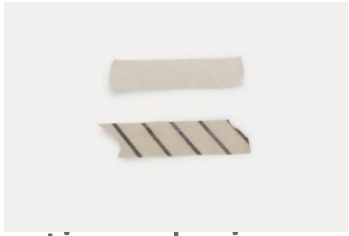
- Process challenge device (PCD) — an item used to provide a specific resistance to a cleaning, disinfection, or sterilization process; assesses the performance of the process.
  - Process challenge devices (PCDs) are validated for the intended sterilization process.
    - e.g., Bowie-Dick, BI, CI
  - Large autoclave – commercially available
  - Table top autoclave – just now commercially available
    - Check with your autoclave manufacturers - validated PCDs
    - Challenge the autoclave – representative of the most difficult package
      - Mass, materials, lumens, tortuous pathway

Canadian Standards Association Group (CSA). Z314-2018 Canadian medical device reprocessing Mississauga, Ont.: Canadian Standards Association. 2018. [cited 2022 3 May]

Quality Assurance - Biological Indicators (BI)

- BI is a test system containing viable microorganisms
  - Steam - *Geobacillus stearothermophilus* in spore-laden strips or vials providing a defined resistance to a specified sterilization process
  - Incubate as per MIFUs
- BI is contained inside PCD
- BI is used to test the sterilizer each day that it is used and with each type of cycle that is used that day.
- Lethality
- Chemical indicators do not replace the need to use a biological indicator.
- Control with each test

Quality Assurance - Chemical Indicators



- External Indicators – Type 1
  - Placed on outside of every package
  - Tape gives visual that correct temperature achieved sometime during cycle
- Type 4, Type 5 or Type 6
  - Placed inside each package (if not integrated into the package)
  - Colour change indicates that critical process variables have been achieved inside of package
    - Type 4 – 2 or more critical process variables
    - Type 5 – all critical process variables
    - Type 6 – all critical process variables – specific to that cycle

Canadian Standards Association Group (CSA). Z314-2018 Canadian medical device reprocessing Mississauga, Ont.: Canadian Standards Association. 2018. [cited 2022 3 May]

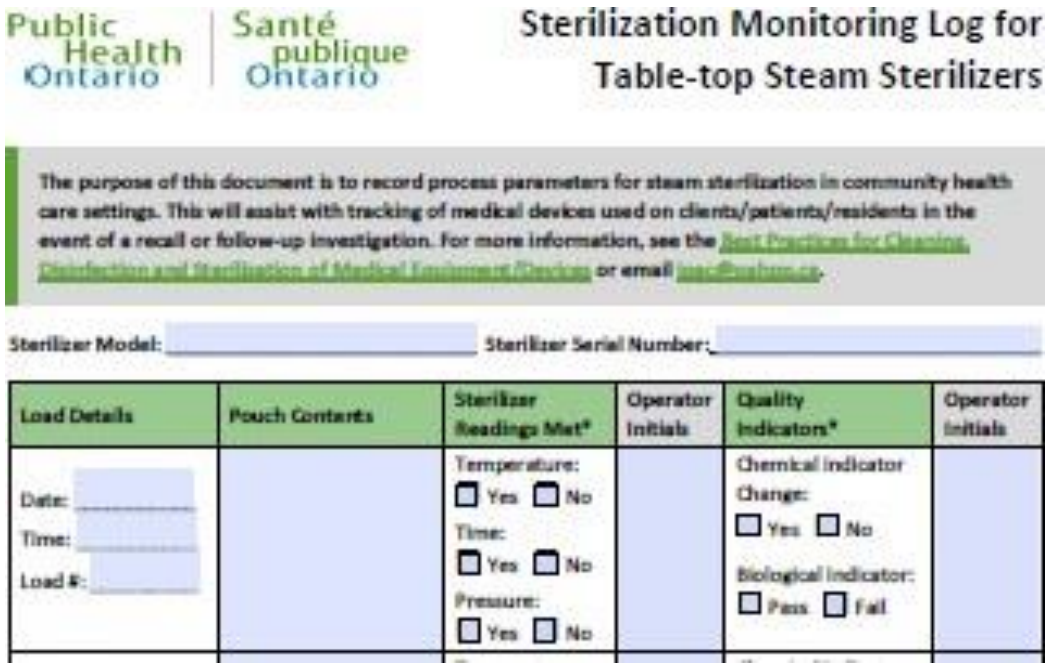
Quality Assurance

Physical Parameters

- Time
- Temperature
- Pressure

Documentation

- All quality assurance indicators



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Sterilization Monitoring Log for Table-top Steam Sterilizers

The purpose of this document is to record process parameters for steam sterilization in community health care settings. This will assist with tracking of medical devices used on clients/patients/residents in the event of a recall or follow-up investigation. For more information, see the Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices or email [illegible].

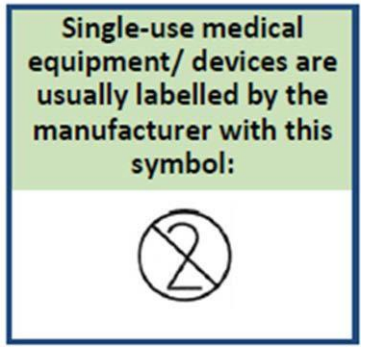
Sterilizer Model: _____ Sterilizer Serial Number: _____

Load Details	Pouch Contents	Sterilizer Readings Met*	Operator Initials	Quality Indicators*	Operator Initials
Date: _____ Time: _____ Load #: _____		Temperature: ☐ Yes ☐ No Time: ☐ Yes ☐ No Pressure: ☐ Yes ☐ No		Chemical Indicator Change: ☐ Yes ☐ No Biological Indicator: ☐ Pass ☐ Fail	

About single use devises (SUDs)

- **Single-use items including needles are not reprocessed**
  - e.g., syringes, needles, scalpels.

- No MIFU
- Cannot be sure of
  - Sterility
  - Integrity
  - Functionality



Canadian Standards Association Group (CSA). Z314-2018 Canadian medical device reprocessing Mississauga, Ont.: Canadian Standards Association. 2018. [cited 2022 3 May]; Ontario Agency for Health Protection and Promotion (Public Health Ontario). Provincial Infectious Diseases Advisory Committee. Best practices for cleaning, disinfection and sterilization of medical equipment/devices. 3rd ed. Toronto, ON: Queen's Printer for Ontario; May 2013. [cited 2022 3 May]. Available from: https://www.publichealthontario.ca/-/media/Documents/B/2013/bp-cleaning-disinfection-sterilization-hcs.pdf?sc_lang=en .

What's Right or Wrong With This Picture?

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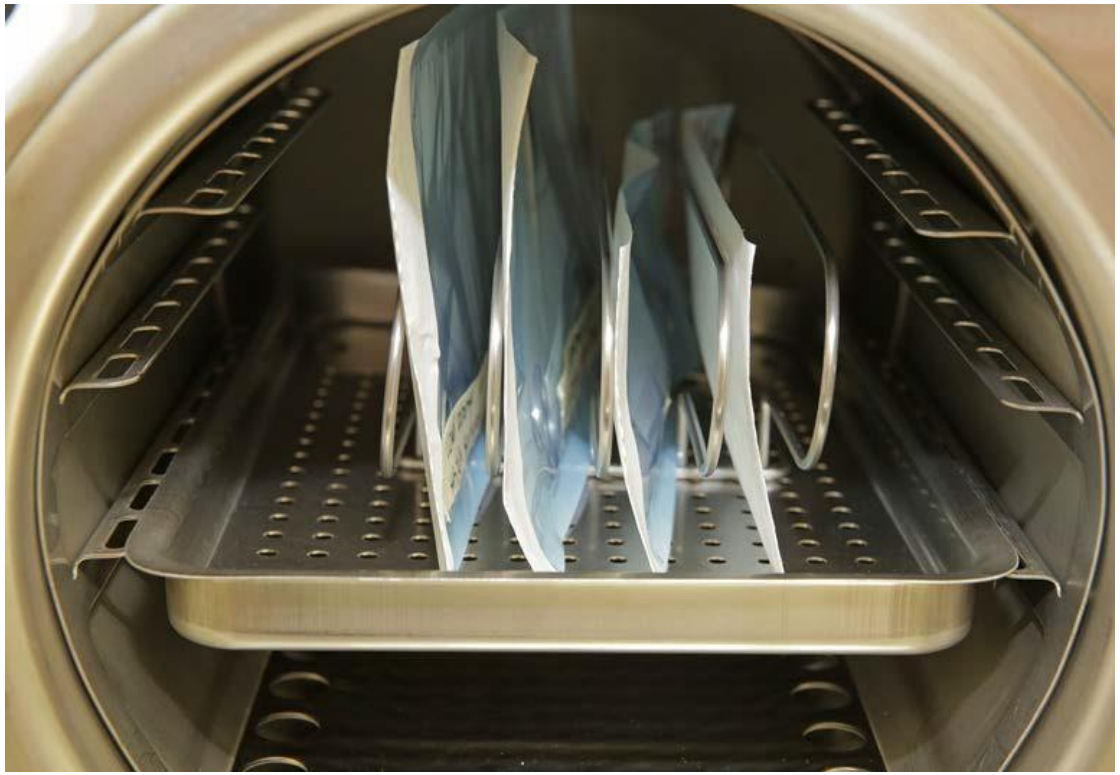


What's Right or Wrong With This Picture?

What's Right or Wrong With This Picture?

Rapid Self-Audit of IPAC practices

- Know what is coming into your office:
  - Call ahead to screen for infectious symptoms
  - Book after period of communicability if non-urgent
  - Give clear instructions if urgent and needs to be seen while infectious
    - Book at end of day; office is least crowded; minimize accompanying persons
    - Masking
    - Wait in vehicle or outside if possible
  - Clear sick guidance to staff

Entrance

- Signage on infectious symptoms
- Hand sanitizer at entrance
- Masks available
- Line of sight to see patients wash their hands (and have a mask)

Waiting Room

- Spaced out seating
- Cleanable surfaces
- Tissues, hand sanitizer, garbage bin available
- De-clutter
- Cleaning schedule; high touch surfaces cleaned and disinfected once daily and when soiled

Administrative areas

- De-clutter
- De-crowd
- Masking guidance
- Scheduled cleaning

Staff break rooms

- Hand sanitizer in room
- Staff clean hands on entry and exit and prior to using shared equipment (e.g., microwave)
- Masking guidance
- Cleaning schedule

Exam rooms

- Identify the most appropriate space for patients who need to be isolated (room with door, size, clutter, distance, air quality)
- Hand sanitizer available
- PPE available prior to entry
- Space and garbage can to doff PPE just prior to exit of room
- Clean hands as per 4 moments of hand hygiene
- Cleaning:
  - Cleaner (e.g., wipes) available inside the room
  - Medical equipment and surfaces that contacts intact skin cleaned and disinfected prior to being used on another patient

Cleaning

- Three areas : cleaning priority, intensity, frequency and manpower:
  - Public component
  - Clinical component
  - Surgical component
- High Touch cleaning: Identify high touch surfaces in clinical areas – cleaned/disinfected once daily
- End of Day cleaning
- Scheduled cleaning

Indoor Air Quality Check:

- HVAC – Inspected, maintained and up to code?
- Vents:
  - Clean? Air blowing/returning? At least 6 inches of clearance?
- Air Circulation:
  - Stuffy? Lingering odours? Drafts? Doors shut/seal properly?
- Crowding:
  - Max capacity in room? Clutter/barriers to air flow: Furniture, drapes, many physical barriers?
- Windows:
  - Open to help draw in fresh air or exhaust indoor air directly outside e.g., by pointing a fan outdoors.
  - Opening windows daily, even for a few minutes can improve indoor air quality.

Administrative checks

- IPAC policy and identified office champion
- Cleaning protocols and logs
- Staffing
  - Sufficient staffing, sick policy, staffing needs
- Staff immunity logs (Hep B, Influenza, COVID-19, MMR, Varicella)
- PPE stockpile, education and use
  - Variety of medical mask sizes, N95 fit testing
  - Eye protection/gowns – practices for re-useable eye protection or re-useable gowns
  - Donning/doffing education
- Staff education

IPAC and the Healthy Workplace

- How do we function in our work environment?
  - How we interact with the **physical and organizational environment** around us.
  - How we use the **tools and technologies** at hand to perform our tasks.
- Human Factors Engineering (HFE) and IPAC:
  - Focus on important **human factors** that can increase or decrease the risk of spreading infections to other staff or residents.
- Psychological health and safety is an important contributor to decreasing risk of transmission of illness amongst staff and patients in your organization:

Top 5 contributors of Psychological Health and Safety to IPAC

1. Value IPAC
2. “Positive Deviance” culture
3. Strong “Feedback culture”
4. Paid Sick days
5. IPAC Education and training that makes you feel safe

Top 5 “YESs” of a Healthy Workplace!

1. If you have been experiencing a stressful time at work and finding it difficult some days to come in to work, do you feel comfortable to share your struggles with your supervisor/manager or co-worker(s)?
2. When you volunteer for a special project or make yourself available for extra shifts to help support the team, do you feel appreciated or acknowledged for your effort?
3. If your co-worker pointed out to you that you forgot to wash your hands – would you appreciate the feedback?
4. If you make a sharps handling error do you feel you can speak freely with your supervisor/manager?
5. If you take the initiative to create an innovative process at your work, do your colleagues and supervisor adapt and continue the innovation?

CAN/CSA-Z1003-13/BNQ 9700-803/2013 National Standard of Canada. Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation. [cited 2022 Apr 18]. Available from: https://www.csagroup.org/store-resources/documents/codes-and-standards/2421865.pdf

Resources:

Organizational Risk Assessment

Training

Education

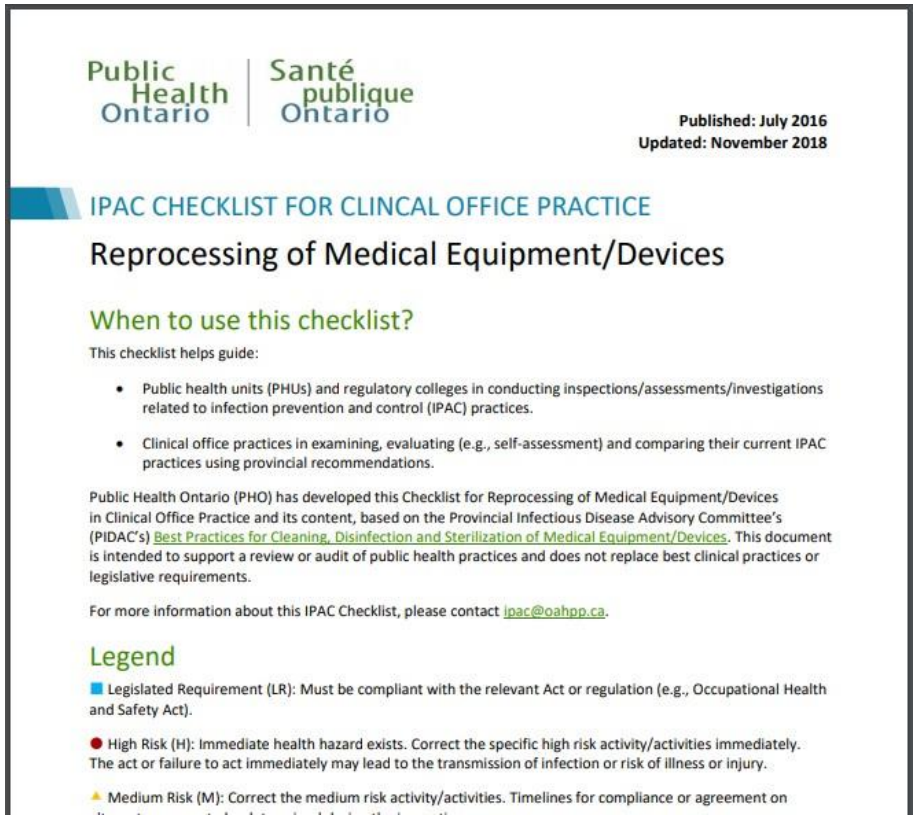
Self-Assessment

Education and training

- PHO on-line courses
  - IPAC Core Competencies
  - Reprocessing in the Community modules
- Manufacturer – when new equipment is purchased
- Canadian Standards Association (CSA)
- Medical Device Reprocessing Association of Ontario (MDRAO)
- Community Colleges

PHO Checklists

- Clinical Office Practice – *IPAC Core Elements*
- Clinical Office Practice - *Reprocessing*
- Evidence based
- Options for use – paper or fillable PDF



Public Health Ontario | Santé publique Ontario

Published: July 2016
Updated: November 2018

IPAC CHECKLIST FOR CLINCAL OFFICE PRACTICE

Reprocessing of Medical Equipment/Devices

When to use this checklist?

This checklist helps guide:

- Public health units (PHUs) and regulatory colleges in conducting inspections/assessments/investigations related to infection prevention and control (IPAC) practices.
- Clinical office practices in examining, evaluating (e.g., self-assessment) and comparing their current IPAC practices using provincial recommendations.

Public Health Ontario (PHO) has developed this Checklist for Reprocessing of Medical Equipment/Devices in Clinical Office Practice and its content, based on the Provincial Infectious Disease Advisory Committee's (PIDAC's) Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices. This document is intended to support a review or audit of public health practices and does not replace best clinical practices or legislative requirements.

For more information about this IPAC Checklist, please contact ipac@oahpp.ca.

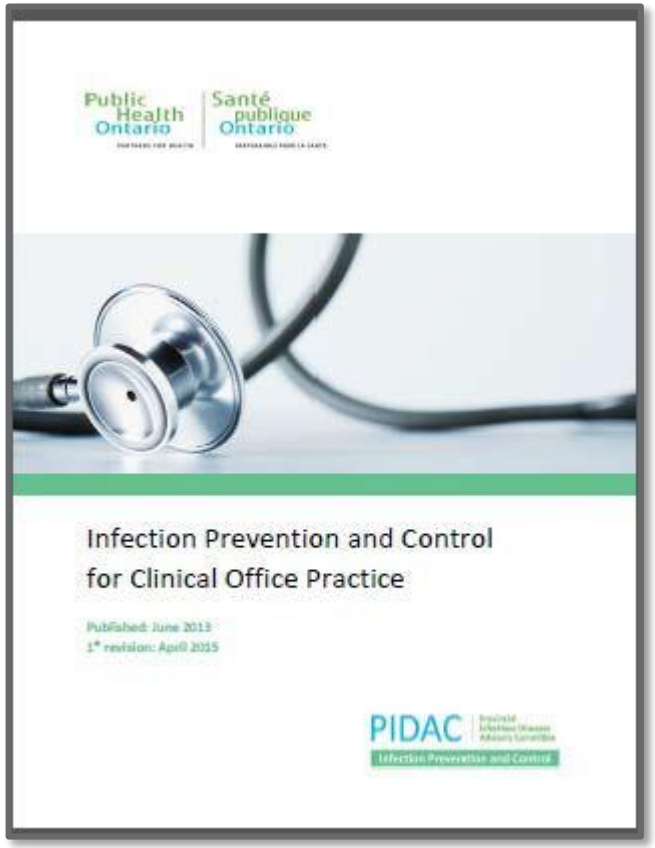
Legend

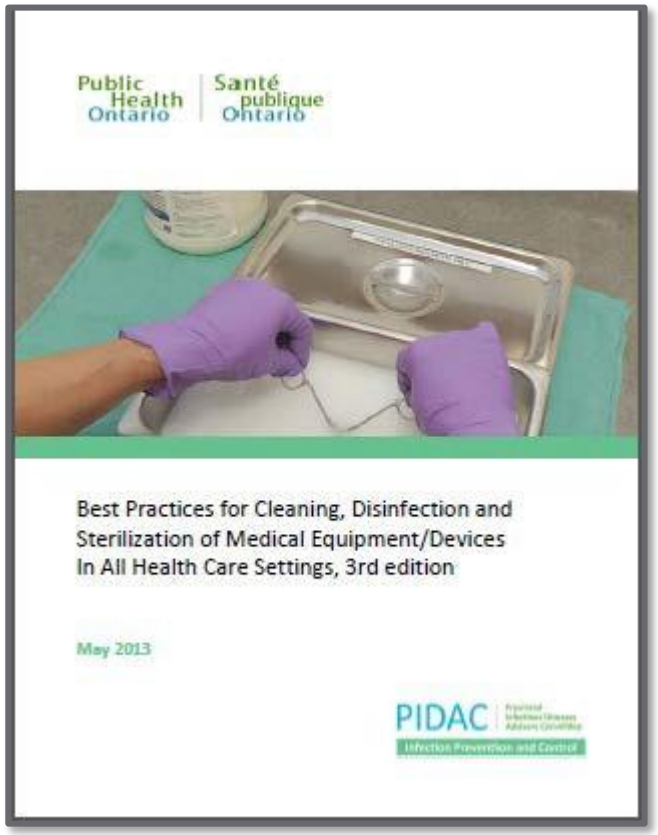
■ Legislated Requirement (LR): Must be compliant with the relevant Act or regulation (e.g., Occupational Health and Safety Act).

● High Risk (H): Immediate health hazard exists. Correct the specific high risk activity/activities immediately. The act or failure to act immediately may lead to the transmission of infection or risk of illness or injury.

▲ Medium Risk (M): Correct the medium risk activity/activities. Timelines for compliance or agreement on

Resources


Public Health Ontario
Santé publique Ontario
Infection Prevention and Control for Clinical Office Practice
Published: June 2013
1st revision: April 2015
PIDAC


Public Health Ontario
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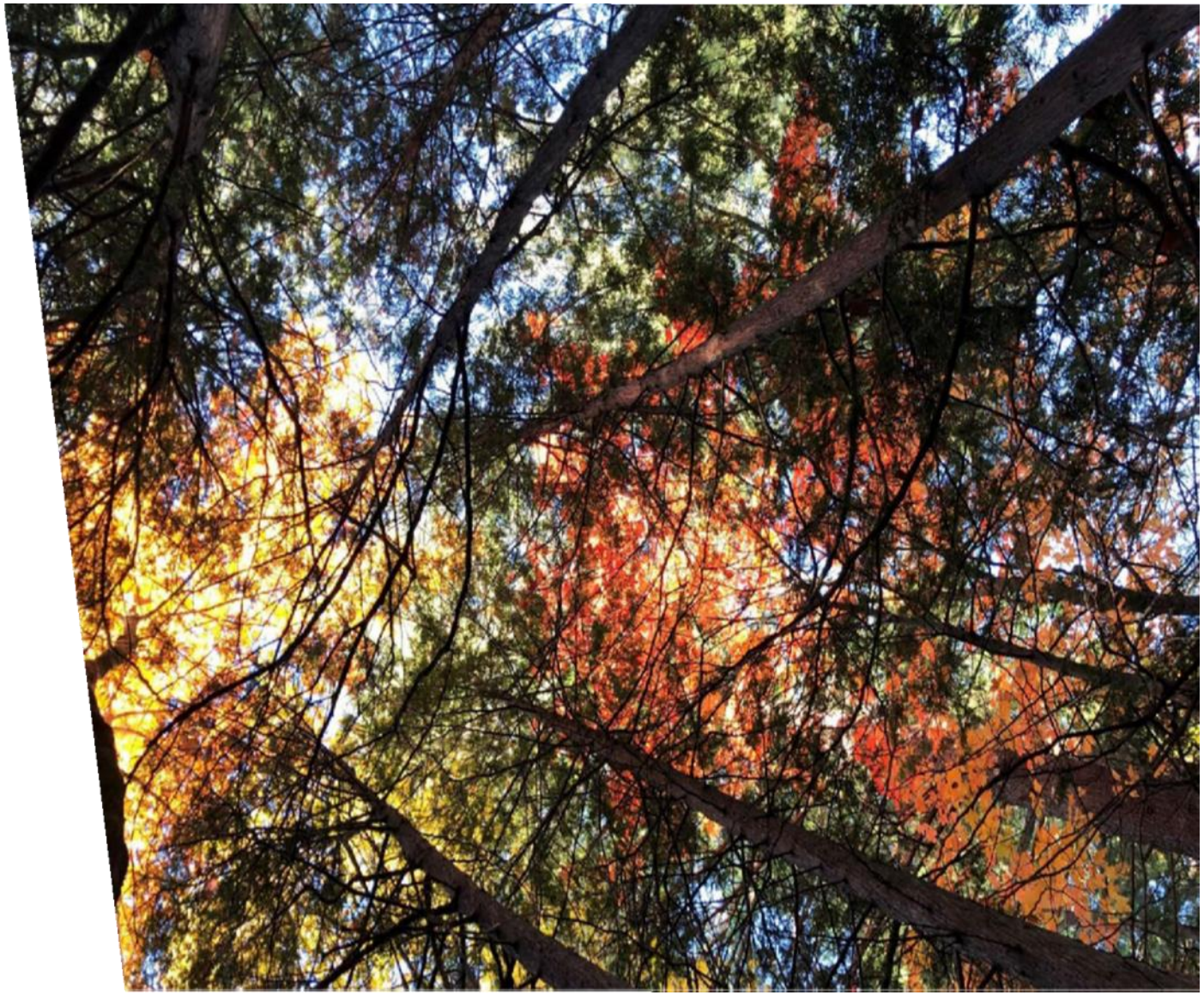
QUESTIONS?



Vaccine Storage and Handling Webinar

Hosted by Halton Region Public Health

Date: Tuesday, October 18, 2022

Time: 12-12:45pm

To Register: Complete the online registration form or scan the QR code

Staff who are responsible for vaccine storage and handling practices in your office are encouraged to attend

Thank you!

doctors@halton.ca

halton.ca/physicians