

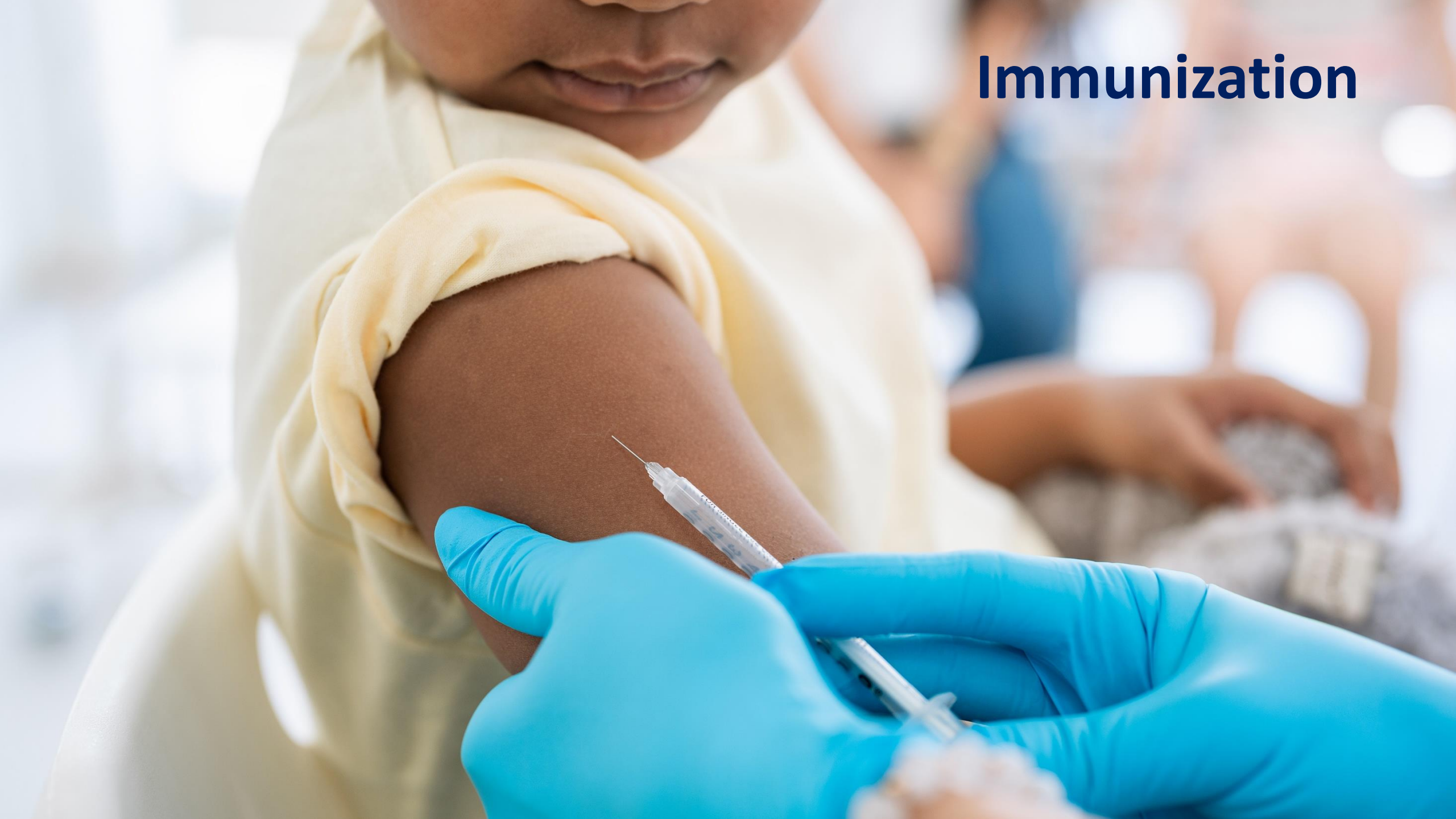
# Public Health Transition to Practice: Vaccines & Office IPAC

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Peterborough Public Health

# Immunization



# Vaccine Ordering and Distribution



## Order Form for Publicly-Funded Vaccine or Tuberculin Skin Test Solution *Fax completed form to 705-743-2897*



Order Date (yyyy/mm/dd):

Pick Up Date (yyyy/mm/dd):	Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00
<b>ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are TUESDAY'S and THURSDAY'S</b>	
Facility Name:	Health Care Providers: <span style="float: right;">Suite #</span>
Contact Name:	Telephone Number:
Are temperature logs from the period since your last vaccine order attached? <input type="checkbox"/> Yes <input type="checkbox"/> No → Vaccine will not be released	
Do you have a one-month supply of the vaccine you are ordering in your fridge? <input type="checkbox"/> No <input type="checkbox"/> Yes → Use current stock	
Also order (*): Yellow cards <input type="checkbox"/> Plastic Covers <input type="checkbox"/> Log Book <input type="checkbox"/> Immunization Schedule <input type="checkbox"/> "Parents Must Notify" pads <input type="checkbox"/>	

Vaccine Recommended Routinely for the following groups:  
(NOTE: Many of these vaccines may be available outside of the routine schedule. Please check the high-risk criteria eligibility described in the Publicly-Funded Immunization Schedule, June 2022. Please ensure correct administration timing before administration.)

Trade Name	Abbreviation	Immunogen	Typically given...	Doses per box	# of boxes	Office use Lot #-expiry
Act-Hib*	Hib	Haemophilus influenzae b Conjugate	< 5 years	1 5		
Adacel*	Tdap	Tetanus, Diphtheria & Acellular Pertussis	14 to 16 year booster and one booster after 18 years of age and pregnant persons in every pregnancy	5		
Imovax* Polio	IPV	Inactivated Poliomyelitis	> 6 weeks old	1		

## Vaccine Order Forms



# Ordering and Picking Up Your Vaccines

- Submit correct vaccine order form is used all temperature logs since last order
- Arrive with cooler(s) in temperature range of 2-8°C to the 3rd Floor PPH 185 King St



# Publicly Funded Tubersol<sup>®</sup>

- Can be ordered from public health
- May only be used for:
  - Contacts of cases
  - “medically necessary” based on risk identified in the Canadian TB Standards [Canadian TB Standards](#)
  - Individuals under the age of 65 entering LTC
  - When required by an educational institution for admission or continuation of study

# Publicly Funded Sexual Health Antibiotics

- Available for order from the Sexual Health Clinic
- For the treatment of cases and their sexual contacts with lab confirmed or clinically diagnosed CT, GC and Syphilis



## Request for Medication Pick-up

Physician/NP Office: <small>(Please print)</small>						
Date Requested:						
Requested By: <small>(Please print)</small>						
Current # of bottles/vials in stock	Item	# of bottles/vials requested	# of bottles/vials provided	Lot #	Expiry Date	PHN Initials
To be completed by Physician/NP Office.			To be completed by PPH staff.			
	Azithromycin 250 mg tablets 6 tablets/package					
	Doxycycline 100 mg tablets 100 capsules/bottle					
	Ceftriaxone 250 mg vials (accompanied by lidocaine/sterile water for reconstitution)					

*If spectinomycin IM or \*cefixime is needed for the treatment of Gonorrhoea  
OR  
benzathine penicillin G IM is needed for the treatment of Syphilis  
Please call 705-748-2021*

\*cefixime has been removed from the list of commonly requested medications as it is no longer first line therapy for Gonorrhoea\*

Please fax this order to the Sexual Health Clinic  
**705-748-3865**

Your order will be available for pick-up at the Clinic, 185 King Street, 2 business days following receipt between the hours of 8:30 a.m. - 4:30 p.m. (office is closed between 12-1pm for lunch)

\*Orders not picked up within one week will be returned to stock and you will be required to re-submit your order.

**For office use only:**

Medication received by:

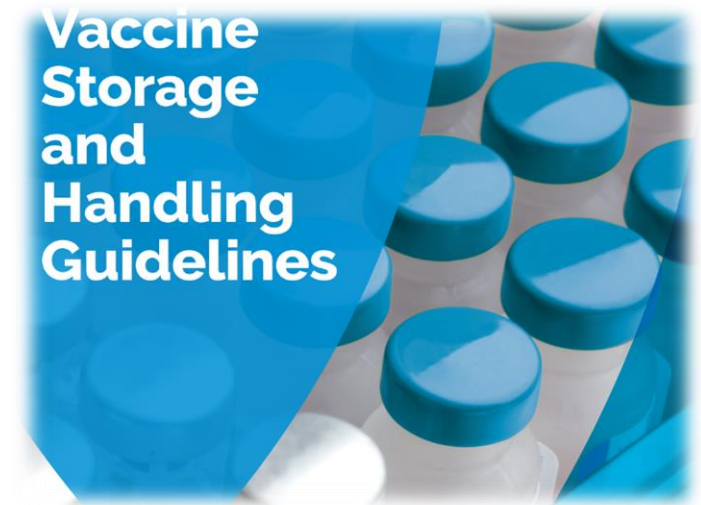
(MD/NP Clinic staff)

# Vaccine Storage / Adverse Storage Conditions



- ✓ Annual inspection and education by PPH
- ✓ Store vaccines between 2 – 8 degrees Celsius
- ✓ Monitor and record temperatures routinely
- ✓ Maintain ~ one month supply of vaccine
- ✓ Report Adverse Storage Conditions (ASC) to public health to determine vaccine viability
- ✓ High cost of wastage

For more information see: [Vaccine Storage and Handling Guidelines \(ontario.ca\)](http://www.ontario.ca)



# Cold Chain Monitoring Form

Month: MM/YY Office/Facility: \_\_\_\_\_

Week 1	Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Current Temp														
Max Temp														
Min Temp														
Initials														
Week 2	Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Time	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Current Temp														
Max Temp														



# Publicly Funded Immunization Schedules for Ontario

June 2022

## Publicly Funded Immunization Schedules for Ontario – June 2022

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Routine Schedule: Children Starting Immunization in Infancy													
Vaccine	Age	2 Months	4 Months	6 Months	1 Year <sup>Φ</sup>	15 Months	18 Months	4 Years	Grade 7	14 Years	24 Years	≥34 Years <sup>Υ</sup>	65 Years
<b>DTaP-IPV-Hib</b> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b		◆	◆	◆			◆						
<b>Pneu-C-13</b> Pneumococcal Conjugate 13		◆	◆		◆								
<b>Rot-1</b> Rotavirus		▲	▲										
<b>Men-C-C</b> Meningococcal Conjugate C					◆								
<b>MMR</b> Measles, Mumps, Rubella					■								
<b>Var</b> Varicella						■							
<b>MMRV</b> Measles, Mumps, Rubella, Varicella								■					
<b>Tdap-IPV</b> Tetanus, diphtheria, pertussis, Polio								◆					
<b>HB</b> Hepatitis B									●				
<b>Men-C-ACYW</b> Meningococcal Conjugate ACYW-135									●				
<b>HPV-9</b> Human Papillomavirus									●				
<b>Tdap</b> Tetanus, diphtheria, pertussis										◆	◆		
<b>Td (booster)</b> Tetanus, diphtheria												◆	Every 10 years
<b>HZ</b> Herpes Zoster													I
<b>Pneu-P-23</b> Pneumococcal Polysaccharide 23													■ / ◆
<b>Tdap</b> Tetanus, diphtheria, pertussis										◆ One dose in every pregnancy, ideally between 27-32 weeks of gestation			
<b>Inf</b> Influenza										Every year in the fall*			



- ◆ - A single vaccine dose given by intramuscular injection
- - A single vaccine dose given by subcutaneous injection
- ▲ - A single vaccine dose given by mouth
- - Provided through school-based immunization programs. Men-C-ACYW is a single dose; HB is a 2 dose series (see Table 6); HPV-9 is a 2 dose series (see Table 10). Each vaccine dose is given by intramuscular injection
- Φ - Given no earlier than the 1<sup>st</sup> birthday, and prior to 16 months of age

- Υ - Once a dose of Tdap is given in adulthood (24 years of age), adults should receive Td boosters every 10 years thereafter
  - I - HZ is a 2 dose series (see Table 12) given by intramuscular injection
  - \* - Children 6 months to 8 years of age who have not previously received a dose of influenza vaccine require 2 doses given ≥4 weeks apart. Children who have previously received ≥1 dose of influenza vaccine should receive 1 dose per season thereafter
- Note:** A different schedule and/or additional doses may be needed for high risk individuals (see Table 3) or if doses of a vaccine series are missed (see appropriate Tables 4-24)

## Publicly Funded Immunization Schedules for Ontario June 2022

# Catch Up Schedules

Publicly funded vaccines may be provided only to eligible individuals and must be free of charge

Catch-up Schedule 1: Children Starting Immunization between 1-6 Years																		
Vaccine	1 <sup>st</sup> Visit:			2 <sup>nd</sup> Visit: 2 months after 1 <sup>st</sup> visit				3 <sup>rd</sup> Visit: 2 months after 2 <sup>nd</sup> visit		4 <sup>th</sup> Visit: 6-12 months after 3 <sup>rd</sup> visit		5 <sup>th</sup> Visit (only required if child was <4 years at 4 <sup>th</sup> visit): 4-6 yrs of age and 6-12 months after 4 <sup>th</sup> visit	Grade 7	14-18 yrs <sup>§</sup>	24-28 yrs		≥34 yrs <sup>¶</sup>	65 yrs
	If child is			If child is <5 years and was				If child is		If child is					If adult was			
	<4 yrs	4 yrs	5-6 yrs	<2 yrs at 1 <sup>st</sup> visit	2-3 yrs at 1 <sup>st</sup> visit	4 yrs at 1 <sup>st</sup> visit	5-6 yrs	7 yrs	<7 yrs	7 yrs	<4 yrs				4-8 yrs	<18 yrs at previous visit <sup>†</sup>		
DTaP-IPV-Hib	◆	◆	◆	◆	◆	◆	◆			◆								
Pneu-C-13	◆	◆		◆														
MMR	■																	
MMRV		■	■								■	■						
Var				■	■													
Men-C-C	◆	◆	◆															
Tdap-IPV								◆		◆		◆	◆					
HB													●					
Men-C-ACYW													●					
HPV-9													●					
Tdap														◆	◆			
Td																◆	◆	◆
HZ																		
Pneu-P-23																		■ / ◆
Tdap													◆ One dose in every pregnancy, ideally between 27-32 weeks of gestation					
Inf	Every year in the fall*																	

# High Risk Vaccines and Eligibility

**Table 3: High Risk Vaccine Programs**

High risk individuals should also be immunized according to the routine or applicable catch-up schedules (see pages 3 to 5)

Publicly Funded Vaccines	Publicly Funded Age Groups	# of Eligible Doses	Vaccine Intervals	High Risk Eligibility Criteria
Hib	≥5 years	1 or 3	For HSCT - See Table 9	<ul style="list-style-type: none"> <li>Asplenia (functional or anatomic) (1 dose)</li> <li>Bone marrow or solid organ transplant recipients (1 dose)</li> <li>Cochlear implant recipients (pre/post implant) (1 dose)</li> <li>Hematopoietic stem cell transplant (HSCT) recipients (3 doses)</li> <li>Immunocompromised individuals related to disease or therapy (1 dose)</li> <li>Lung transplant recipients (1 dose)</li> <li>Primary antibody deficiencies (1 dose)</li> </ul> <p><b>Note:</b> High risk children 5 to 6 years of age who require DTaP-IPV and Hib should receive DTaP-IPV-Hib instead of Hib</p>
DTaP-IPV-Hib	5-6 years			
HA	≥1 year	2	See Table 5	<ul style="list-style-type: none"> <li>Intravenous drug use</li> <li>Liver disease (chronic), including hepatitis B and C</li> <li>Men who have sex with men</li> </ul>
HB	≥0 years	2 to 4 (+ boosters if required)	See Table 7	<ul style="list-style-type: none"> <li>Children &lt;7 years old whose families have immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended families (3 doses)</li> <li>Household and sexual contacts of chronic carriers and acute cases (3 doses)</li> <li>History of a sexually transmitted disease (3 doses)</li> <li>Infants born to HBV-positive carrier mothers:                             <ul style="list-style-type: none"> <li>premature infants weighing &lt;2,000 grams at birth (4 doses)</li> <li>premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses)</li> </ul> </li> <li>Intravenous drug use (3 doses)</li> <li>Liver disease (chronic), including hepatitis C (3 doses)</li> <li>Awaiting liver transplants (2<sup>nd</sup> and 3<sup>rd</sup> doses only)</li> <li>Men who have sex with men (3 doses)</li> <li>Multiple sex partners (3 doses)</li> <li>Needle stick injuries in a non-health care setting (3 doses)</li> <li>On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2<sup>nd</sup> and 3<sup>rd</sup> doses only)</li> </ul>

# Adverse Events Following Immunization

## ADVERSE EVENT FOLLOWING IMMUNIZATION REPORTING FOR HEALTH CARE PROVIDERS IN ONTARIO

DO YOUR PART TO MONITOR ADVERSE EVENTS!



**1** Advise patients to contact you or your team if they experience an adverse event after vaccination.



**2** Report adverse events to your local public health unit, using Public Health Ontario's [Report of Adverse Event Following Immunization Reporting Form](#).



**3** Contact your [local public health unit](#) if you have any questions about AEFI reporting.

### QUESTIONS & ANSWERS

- What is an AEFI?**

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that happens after someone receives a vaccine, which may or may not be caused by the vaccine.
- Who should report an AEFI?**

Health care providers (i.e. physicians, nurses and pharmacists) are required by law to report AEFIs. Reports should be made using the [Ontario AEFI Reporting Form](#) and sent to the local public health unit.
- What types of adverse events should be reported?**

You should report any event which may be related to receipt of a vaccine, as outlined on the next page. Of particular importance are events which require medical consultation, or unusual or unexpected events. Submitting a report does not mean that the vaccine caused the event.
- What does NOT need to be reported?**

Some common or mild events do not need to be reported. These
- What do I need to know about reporting AEFIs for COVID-19 vaccine?**

Similar to reports for other vaccines, reports of AEFIs for COVID-19 vaccine should be made using the [Ontario AEFI Reporting Form](#) and sent to your local public health unit. The AEFI reporting form has been updated to include adverse events of special interest for COVID-19 vaccine, in addition to the list of adverse events on the next page which apply to all vaccines.







# Grade 7 Vaccine Program

- Meningococcal Men-C-ACYW (required for school in Ontario)
- Hepatitis B (strongly recommended)
- HPV-9 (strongly recommended)

# Immunization of School Pupils Act



## Key Points

- **Goal** --> protect children in schools / prevent outbreaks
- **Prescribed schedule:** [R.R.O. 1990, Reg. 645: GENERAL \(ontario.ca\)](#)
- **Parents role to report vaccines**
- **Medical and non-Medical Exemptions**

# Immunization of School Pupils Act - Exemptions

## Medical Exemptions

### Section 2 – Declaration of Physician or Registered Nurse in the Extended Class (Nurse Practitioner)

I, \_\_\_\_\_  
(Name of physician or registered nurse in the extended class)

certify that, for medical reasons indicated below, the above named pupil should be exempted from the requirements of the Act.

The specific reasons and length of exemptions are checked in the boxes below.  
The time periods for temporary medical exemptions are indicated.

Disease	Immunity		Contraindication	Length of Exemption		
	Clinical diagnosis of prior disease	Laboratory confirmation of immunity or prior disease		Detrimental to health	Permanent	Temporary
					From yyyy/mm/dd	yyyy/mm
Diphtheria			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Tetanus			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Pertussis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Poliomyelitis			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Meningococcal Disease			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Measles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/
Mumps		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/

## Non-Medical Exemptions

### Affidavit

I, \_\_\_\_\_

parent/legal guardian of the above named pupil, make oath or solemnly affirm and say as follows:

The requirements of the *Immunization of School Pupils Act* (ISPA) conflict with my sincerely held convictions based on my religion or conscience.

I have completed the required immunization education session as demonstrated by submitting a copy of the vaccine education certificate.

I understand that section 12 of the ISPA provides that the medical officer of health may order that the above named pupil be excluded from school if there is an outbreak or immediate risk of an outbreak of a designated disease in the school at which the pupil attends where one the following has not been received:

- A statement of immunization or other satisfactory evidence of immunization. Please note, immunity can take a period of time to develop and if immunized the student may continue to be excluded during that period.
- A statement of medical exemption stating that immunization is unnecessary because of evidence of immunity.

I understand that I may choose at any time to vaccinate my child for any of the designated diseases under the ISPA.

I request the above named pupil be exempted from **all** ISPA diseases; **OR**

I request the above named pupil be exempted from the immunization requirements under the ISPA for the following designated diseases:


- |                                                                                    |                                              |                                                                                     |
|------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Measles, Mumps, Rubella                                   | <input type="checkbox"/> Diphtheria, Tetanus | <input type="checkbox"/> Meningococcal (Men-C-C for children under 12 years old)    |
| <input type="checkbox"/> Varicella (chickenpox) for children born in or after 2010 | <input type="checkbox"/> Pertussis           | <input type="checkbox"/> Meningococcal (Men-C-ACWY for children 12 years and older) |
|                                                                                    | <input type="checkbox"/> Poliomyelitis       |                                                                                     |

[Statement of Medical Exemption – Immunization of School Pupils Act - Forms - Central Forms Repository \(CFR\) \(gov.on.ca\)](#)

[Statement of Conscience or Religious Belief – Immunization of School Pupils Act - Forms - Central Forms Repository \(CFR\) \(gov.on.ca\)](#)



# ISPA Enforcement

 Peterborough Public Health  
Request for Immunization Information

[Redacted] School: APSLEY CENTRAL PUBLIC SCHOOL  
[Redacted] Panorama ID: [Redacted]  
[Redacted] Date of Birth: [Redacted]  
[Redacted] Home Phone: [Redacted]

January 26, 2024

Dear Parent/Guardian of [Redacted]

Immunization is the best way to protect your child from vaccine preventable diseases. Under the *Immunization of School Pupils Act (ISPA)*, certain vaccinations are required to attend school.

**What is missing?** Our records show that the above-named child is missing immunizations for the following diseases: **Measles, Meningococcal disease (Men-C-C), Mumps, Rubella**

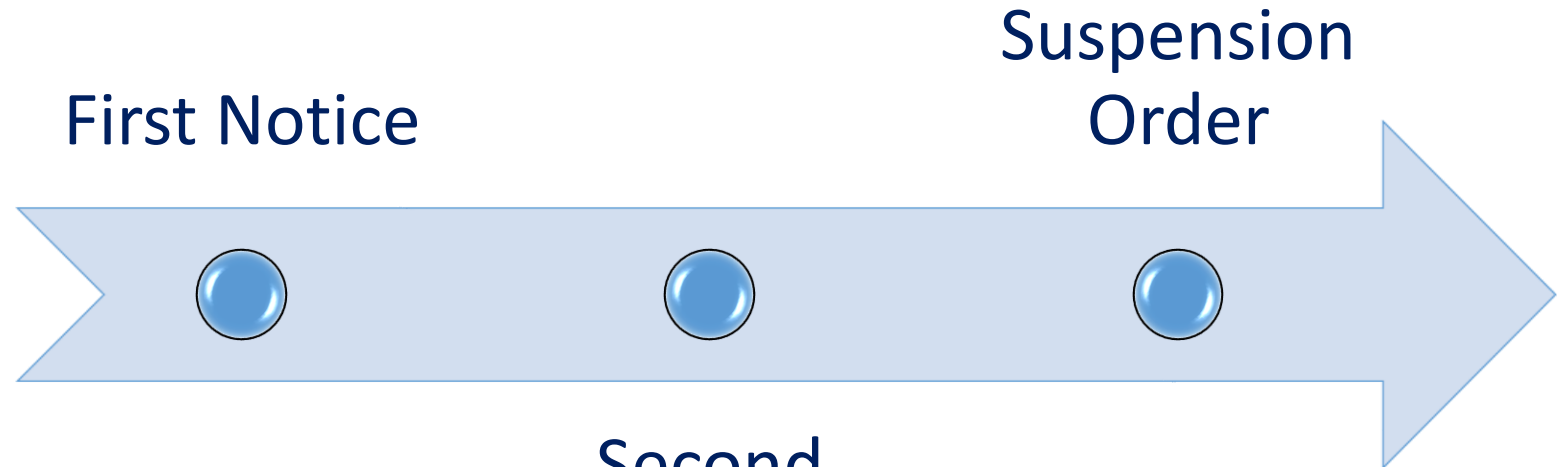
**What do we have on file?** The table on the back of this form shows Peterborough Public Health's records for vaccines received under the Immunization of School Pupils Act (ISPA) only, and does not include other vaccines your child may have received.

**What do you need to do?**

- CHECK YOUR CHILD'S RECORD:** Contact your health care provider to check if your child has received the missing vaccine(s) listed above.
- GET IMMUNIZED:** If your child has NOT received this vaccine(s), make an appointment with your health care provider to get immunized. If you do not have a health care provider, book an appointment at the Routine Immunization Clinic at Peterborough Public Health by calling 705-743-1000 ext. 331.
- REPORT VACCINE INFORMATION TO PUBLIC HEALTH** using one of the following options:
  - Call 705-743-1000 ext. 139
  - Enter the info electronically into the Ontario Vaccine Portal:  
<http://www.peterboroughpublichealth.ca/update-immunization-records/> using your child's Health Card Number or Ontario Immunization ID: 82P7BHNRQ to access the record
  - Complete the table below and fax it to 705-743-2897
  - Mail or drop off the updated record to Peterborough Public Health Immunization Program, 185 King Street, 3<sup>rd</sup> floor, Peterborough, ON, K9J 2R8

VACCINE(S) GIVEN	DATE GIVEN (YYYY/MM/DD)	DOCTOR'S NAME & PHONE NUMBER

Sample Notice





# Universal Influenza Immunization Program

- **September:** Updates from Public Health to HCPs
- **Late September / Early October:** HCPs can order vaccine and begin vaccination of priority groups
- **November:** Vaccination of general public



# Universal Influenza Immunization Program

- adults 65 years of age and older
- all children younger than 5 years of age
- people who are pregnant
- adults and children with the following chronic health conditions:
  - cardiac or pulmonary disorders
  - diabetes mellitus and other metabolic diseases
  - cancer and other immunocompromising conditions due to underlying disease and/or therapy
  - renal disease
  - anemia or hemoglobinopathy
  - neurologic or neurodevelopmental conditions
  - morbid obesity (BMI of 40 and over)
  - children up to 18 years of age undergoing treatment for long periods with acetylsalicylic acid (ASA)
- people of any age who are residents of nursing homes and other chronic care facilities
- Indigenous people

# MPOX Vaccine (Imvamune)

Imvamune vaccine is available for pre-exposure prophylaxis (two doses 28 days apart) for eligible individuals.

Imvamune is available at public health clinics.

Eligible patients can be referred to a public health clinic at 705-743-1000 ext. 331.



# IPAC Considerations for Clinic Office Design

Consider the following:

- Hardware finishes and surfaces
- Space for multiple sinks, washrooms, and waste receptacles
- Distancing in waiting areas and PPE for patients and staff





# Maintaining a Clean Environment

- Regular cleaning of public and clinical areas, including disinfection
  - **Public areas** (waiting rooms, offices, corridors etc) disinfected minimum once daily using low level DIN registered disinfectant. (*Typically have a 10minute “contact/kill time”*)
  - **Clinical areas** (exam rooms & adjacent washrooms) disinfected with intermediate or high level DIN registered “hospital grade disinfectant”. (*Rapid 1-3minutes contact/kill time*)
- Remove soiled products. Use the right disinfectant for the job. Ex. Hospital grade disinfectants for bodily fluid spills



# Utility Areas & Waste Disposal

## **Green Waste – Green or Black Bag**

- General waste, sponges, PPE, etc.

## **Biomedical Waste – Red Bag**

- Tissue or body part

## **Biomedical Waste – Yellow Bag**

- Medical waste, bodily fluids, etc.

## **Sharps Container**

- Sharps, blades, glass





## Reprocessing on Site

- Medical equipment & devices receive regular maintenance and cleaning
- Staff trained on use, cleaning, and sterilization of equipment
- Policies and procedures for accidents or equipment failure and reviewed annually



# Requirements for Reprocessing

“The reprocessing method, level and products required for medical equipment/devices shall reflect the intended use of the equipment/device and the potential risk of infection involved in the use of the equipment/device”.

- (CSA. Z314.8.08. Decontamination of Reusable Medical Devices; 2008).





## Reprocessing Steps

- ① Cleaning
- ② Packaging
- ③ Sterilization





## Reprocessing failure and procedure

- **Monitoring of all parameters is critical**
- Sterilization process **MUST** be tested and monitored with results recorded manually by staff
- Autoclave should give a warning of failure to reach set parameters (*temp, pressure etc*).

# PHO IPAC Checklist

PHO has multiple IPAC checklists available, including:  
[IPAC Checklist for Clinical Office Practice: Core Elements \(publichealthontario.ca\)](https://publichealthontario.ca)

[IPAC Checklist for Clinical Office Practice - Endoscopes \(publichealthontario.ca\)](https://publichealthontario.ca)

[IPAC Checklist for Clinical Office Practice - Reprocessing \(publichealthontario.ca\)](https://publichealthontario.ca)

You can also find free online training in IPAC and reprocessing:

[Infection Prevention and Control – Online Learning | Public Health Ontario](https://publichealthontario.ca)



2<sup>nd</sup> Edition: March 2024

**When to use this checklist:**

- This infection prevention and control (IPAC) checklist:
- Helps guide public health units (PHUs) and regulatory colleges in conducting inspections / assessments / investigations related to IPAC practices.
  - Supports clinical office practices in examining, evaluating (e.g., self-assessment) and comparing their current IPAC practices using provincial recommendations.
  - Does not replace legislative requirements.

Public Health Ontario (PHO) has developed this Checklist for IPAC core elements in clinical office practice based on content from the [Provincial Infectious Disease Advisory Committee's \(PIDAC\) Infection Prevention and Control for Clinical Office Practice](#), 1st revision: April 2015. Resources linked in this checklist are from this document unless otherwise stated. For more information about this IPAC Checklist, please contact [ipac@ohpp.ca](mailto:ipac@ohpp.ca).

**Contents**

1 - Reception / Waiting Area .....	3
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8 - Injectable Medication Vials or Solutions .....	
9 - Multidose Vials (MDV) .....	
10 - Aseptic Technique .....	
11 - Sharps Safety Program .....	

**IPAC For Health Care Workers**

IPAC Core Competencies are basic skills and knowledge all Ontario health care workers need to have. This course will help learners improve their IPAC knowledge to help decrease the risk of transmission of infection in health care. This information can help protect workers, their clients/patients/residents, and co-workers from infections, regardless of their role, position, education and experience.

**Target audience:** These courses are intended for all health care workers in all health care settings.  
**Course duration:** 10-15 minutes per module  
**Modules:** 7 (Please note that there are four versions of module 7, Personal Risk Assessment. You are only required to complete the module that aligns with your health care setting.)  
**Certificate of completion:** Yes, after completion of the test at the end of each module. Users must score 100% on each test to receive the certificate for that module.  
**Technical requirements:** Speakers or headphones required for audio component.  
**Resources:** Resources for Trainers  
**Instructions:** Please copy and paste "IPAC Core Competencies" into the LMS search engine once you login or browse the course catalogue.

- [View](#)
- [View accessible documents](#)

**Reprocessing in Community Health Care settings**

Following best practices in cleaning, disinfection and sterilization of reusable medical equipment and devices helps prevent the transmission of infection to health care workers, health care providers, their clients and their patients. This course provides you with knowledge of:

- general concepts in reprocessing
- basic knowledge and skills for safely reprocessing reusable medical equipment/devices
- knowledge related to the importance of following best practices and the consequences of inadequate reprocessing
- best practices in reprocessing

**Target audience:** Health care providers who reprocess reusable medical equipment/devices in community settings such as clinics, clinical office practice settings, family health teams, community health care centres and other community health care settings.  
**Course duration:** 2 to 4 hours  
**Modules:** 9  
**Certificate of completion:** Yes, after completion of test at the end of each module. Users must score 100% on each test to receive the certificate for that module.  
**Technical requirements:** Speakers or headphones required for audio component.  
**Instructions:** Please copy and paste "Reprocessing into the LMS search engine once you login.

- [View](#)

**6 - Reprocessing of Medical Equipment / Devices Used to Provide Patient / Client Care**

6.1 Non-critical items (e.g., stethoscope, baby scales, phlebotomy chair arm support) are cleaned and low-level disinfected between uses. Risk: **M**

Compliant  
 Not Compliant  
 Not Applicable / Not Reviewed

**Resource:** For 6.1 and 6.2, refer to the section on:  
 • [Reprocessing of Medical Equipment](#)

**Additional Resources:**  
 • [PIDAC Best Practices for Cleaning, Disinfection and Sterilization in All Health Care Settings \(May 2013\)](#)  
 See section on:  
 • [Appendix B: Reprocessing Decision Chart](#)  
 • [CAN/CSA Group – Z314-18 Canadian medical device reprocessing](#)

6.2 Semi-critical and critical equipment / devices are cleaned and high-level disinfected or sterilized (preferred), per Spaulding's Classification and the MIFU. Risk: **H**

Compliant  
 Not Compliant  
 Not Applicable / Not Reviewed

**Resources:**  
 • [Spaulding's Classification of Medical Equipment / Devices and Required Level of Processing / Reprocessing](#)  
 • [IPAC Checklist for Clinical Office Practice – Reprocessing of Medical Equipment / Devices](#)

**Notes and Recommendations:**

# Contact Us



Peterborough Public Health 705-743-1000

Ext. 242 – Immunization public health nurse, questions about schedules, eligibility, reporting Adverse Storage Conditions

Ext. 331 – Immunization Clinic (school-based vaccines, MPOX, other routine vaccines)

Ext. 131 – To report a *Disease of Public Health Significance* or AEFI

