

# Standard of Practice: Infection Prevention and Control

(see also Safety and Risk Management)

## Client Outcome

The client is not placed at significant risk for transmission of infectious disease or illness.

## Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) follows safe **Infection Prevention and Control (IPAC)** procedures to protect the health and safety of **clients**, themselves and others in the practice environment.

## Requirements

The RMT must:

1. Adhere to current IPAC government orders and directives, legislation and CMTO guidance.<sup>5</sup>
2. Remain informed of current infectious disease risks, symptoms, routes of transmission and prevention strategies in their community and/or practice setting.
3. Implement an IPAC plan tailored to the practice setting.
4. Maintain the practice setting in a sanitary manner and maintain equipment in good repair to allow effective cleaning and disinfection.
5. Follow Public Health Ontario's (PHO's) recommendations for cleaning and disinfecting the practice setting, at a minimum including:
  - a. Cleaning and disinfecting massage tables, face cradles and other surfaces touched by the client and/or RMT after each client.
  - b. Using **cleaned and disinfected linens** and covers for each client (including but not limited to sheets, pillow covers, blankets, face cradle covers).
  - c. Handling soiled linens safely.
  - d. Cleaning and disinfecting any equipment and supplies or other tools used in assessment or treatment after each client (for example, hot stones, ultrasound equipment and myofascial cups).
  - e. For **acupuncture**:
    - i. Ensuring needles are sterile prior to use;
    - ii. Storing and disposing of used needles safely;
    - iii. Documenting and implementing needlestick injury protocols; and
    - iv. Maintaining vigilance in high standards of cleanliness, skin disinfection technique, needling technique and careful anatomical considerations.
6. Apply additional IPAC practices when indicated by **risk assessment** or by government or CMTO, such as using **personal protective equipment (PPE)** (for example, gloves, masks, gowns, face shields).
7. Postpone or modify care if appropriate IPAC measures cannot be implemented or required PPE is not available.
8. Provide information to clients about infectious disease risk, IPAC and PPE when appropriate.
9. Document and notify clients of any incidents where IPAC practices could not be maintained and/or a client was exposed to significant risk of infectious disease transmission.

<sup>5</sup> In the case of differences requirements, RMTs must adhere to the most restrictive or stringent requirements.

The RMT must apply IPAC **routine practices**, including:

10. Conduct risk assessments for:
  - a. The practice environment and all equipment/supplies used in assessment and/or treatment;
  - b. Infection transmission; and
  - c. Intended or likely interactions between RMT and client (for example, treatment approach and modalities, areas of body being treated, length of treatment).
11. Hand hygiene:
  - a. Wash hands and arms to above the elbow using soap and water or, where use of soap and water is not possible and lubricants were not applied, an alcohol-based hand rub (at least 70% alcohol or equivalent) prior to and after client interaction.
  - b. Wash hands using soap and water or an alcohol-based hand rub (at least 70% alcohol or equivalent) at the following key moments (where this does not decrease its effectiveness as an IPAC measure, some of these moments may overlap allowing for one hand hygiene to address multiple moments);
    - i. After entering the practice setting and before leaving;
    - ii. After removing soiled linens and prior to handling clean linens;
    - iii. Putting on or taking off PPE;
    - iv. Before and after eating and/or drinking;
    - v. After using the bathroom/washroom; and
    - vi. When hands are otherwise soiled.
  - c. Cover their own broken skin or open wounds with a protective barrier (for example, finger cot, gloves).
  - d. Maintain fingernails to allow for effective hand hygiene.
  - e. Remove jewelry that may impede effective hand hygiene.

## Relevant Legislation and Regulation

- Professional misconduct in Section 26 of *Ontario Regulation 544/94* under the *Massage Therapy Act, 1991*

## Resources and Guidance

To meet or exceed the Standard, please see the following:

- *Code of Ethics*.
- *Public Health Ontario*.
- *Routine Practices and Additional Precautions in All Health Care Settings* – Provincial Infectious Diseases Advisory Committee (PIDAC) and Public Health Ontario (PHO).
- *Infection Prevention and Control for Clinical Office Practice* – PIDAC and PHO.
- *Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings* – PIDAC and PHO.
- *Spaulding's Classification of Medical Equipment / Devices and the Required Level of Processing and Reprocessing Reference* - PIDAC and PHO.
- *Best Practices for Hand Hygiene in All Health Care Settings* – PIDAC and PHO.

## Related Standards of Practice

- Acupuncture
- Client-centred Care
- Communication
- Consent
- Safety and Risk Management

## Related Career-Span Competencies (CSCs)

- Comply with legal requirements
- Maintain a safe work environment