



College of
**COMPLEMENTARY HEALTH
PROFESSIONALS OF BC**

Practice Standard: Infection Prevention and Control

Applies to Traditional Chinese Medicine Professionals & Acupuncturists

The College of Complementary Health Professionals of BC was created on June 28, 2024 through the amalgamation of four health regulatory colleges:

- College of Chiropractors of BC
- College of Massage Therapists of BC
- College of Naturopathic Physicians of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation.

This document was created by the College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC and will be updated to reflect the amalgamation.



College of
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Practice Standard on Infection Prevention and Control

(Effective: December 14, 2023)

Practice Standards of the College of Traditional Chinese Medicine Practitioners & Acupuncturists of British Columbia (the “College”) set out minimum requirements for the professional conduct of TCM professionals practising in British Columbia. Together with the *Jurisprudence Handbook* and relevant legislation and case law, they will be used by the College and its Committees when considering registrant practice or conduct.

For the purposes of this Practice Standard, the term ‘must’ denotes a mandatory College requirement and the term ‘advised’ denotes that the registrant can use reasonable professional judgement and discretion when applying this expectation to practice.

Preamble

Infection prevention and control measures are fundamental to the health and safety of health care providers, patients, their families, and the broader community. This practice standard is designed to assist registrants to identify and reduce the risks inherent with communicable diseases, thereby protecting patients and others from harm.

While the principles of infection prevention and control do not change, the knowledge of clinical infection control practices is forever changing with the emergence of new pathogens and the re-emergence of other well-known infectious and communicable diseases. As a regulatory body, the College recognizes that it is not a subject matter expert in the science of infection prevention and control, and therefore does not determine specific best practices to be implemented by registrants.

The registrant is expected to always use their clinical judgement to determine how to best meet patient care needs and incorporate infection prevention and control measures into their TCM practice, demonstrating their commitment to patient safety and acting in accordance with the best practices.

Definitions

Additional precautions: Infection prevention and control interventions that are applied in addition to routine precautions for certain pathogens or clinical practices, based on the method of transmission (e.g., contact, droplet, airborne).

Personal protective equipment (PPE): Specialized clothing or equipment (e.g., medical gloves, masks, plastic apron) worn by staff for protection against infectious hazards. It is the responsibility of the health care worker to put on the appropriate personal protective equipment in any situation that

is likely to lead to exposure (either for the health care worker or the patient) of blood, body fluids, excretions and secretions.

Point-of-care risk assessment (PCRA): An activity whereby health care providers evaluate the likelihood of exposure to an infectious agent and choose the appropriate actions or PPE needed to minimize the risk of exposure.

Routine practices: A Health Canada term used to describe basic standards of infection prevention and control that are required for safe patient care. Routine practices are based on the concept that all patients are potentially infective, even when asymptomatic, and that the same safe standards of practice should routinely apply to contact with blood, body fluids and secretions (e.g., saliva) mucous membranes, and non-intact skin.

Principles

1. The registrant must develop, maintain and apply knowledge of best practices for infection prevention and control to comply with current provincial legislation, regulatory, public health, and workplace requirements.¹
2. The registrant must communicate and document any identified risk of infection transmission to stakeholders to minimize the risk to others while respecting privacy and confidentiality.
3. The registrant must assess and continuously monitor the degree of risk of infection transmission based on a point-of-care risk assessment process that includes the following:
 - a. identifying if the hazard is present in the situation and if so, the potential for infection transmission in the practice environment;
 - b. reviewing the disclosed health status of the patient;
 - c. identifying the possible risks associated with the type and location of the anticipated or planned task(s) prior to each specific patient interaction; and
 - d. recognizing the actions required and formulating a plan to mitigate identified risks.
4. The registrant must ensure that clinic staff (and students) who have been assigned components of TCM services follow best practices for infection prevention and control. This includes the registrant communicating applicable policies and protocols, providing sufficient ongoing education, and supervising the clinic staff (and students).
5. The registrant must adhere to routine practices and additional precautions in accordance with the Public Health Agency of Canada's guideline *Routine practices and additional precautions for preventing the transmission of infection in healthcare settings*.
6. To support the health and safety of patients, health care providers, and others, the registrant must incorporate appropriate infection prevention and control best practices into their TCM services and practice settings, which can include the following measures:
 - a. environmental measures (e.g., using virtual health services, implementing cleaning protocols, and disinfecting, sterilizing, or disposing of supplies, equipment, and laundry);
 - b. administrative measures (e.g., changing scheduling practices and decreasing patient density in practice spaces);

¹ For example, British Columbia Ministry of Health, British Columbia Centre of Disease Control, and WorkSafeBC.

- c. personal measures (e.g., practising hand hygiene and physical distancing, staying home when sick, and knowing own immunization status); and
 - d. personal protective equipment (e.g., selecting and using PPE).
7. The registrant must take all reasonable steps to reduce the risk of harm, and develop, communicate, and document an alternative plan of care if risks cannot be mitigated.
8. The registrant that works in home-based or unfamiliar settings (e.g., off-site treatment) must meet the infection prevention and control standards that are comparable to working in a clinic.

Resources

The College strongly encourages registrants to become familiar with the following resources and guidelines.

- Safety Program Handbook: https://www.ctcma.bc.ca/media/1735/safety-program-handbook_en.pdf
- Provincial Infection Control Network of British Columbia. (2016). *Best practices for environmental cleaning for prevention and control of infections in all healthcare settings and programs*. <https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf>
- Public Health Agency of Canada. (2013). *Routine practices and additional precautions for preventing the transmission of infection in healthcare settings* (Rev. ed.). https://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf
- BC Centre for Disease Control. (2020). COVID-19: Infection prevention and control guidance for community-based allied health care providers in clinic settings. http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf
- British Columbia Ministry of Health, 2011, Best Practice Guidelines for Cleaning, Disinfection and Sterilization of Critical and Semi-Critical Medical Devices in BC Health Authorities [online]. Available from: <https://divisionsbc.ca/sites/default/files/Divisions/Burnaby/Best-practice-guidelines-cleaning.pdf>
- College of Physicians & Surgeons of Alberta, 2020, Infection Prevention & Control Requirements for Medical Clinics. <https://cpsa.ca/wp-content/uploads/2020/07/General-IPAC-Standards.pdf>



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感染预防与控制的执业准则

(生效日期: 2023年12月14日)

中文翻译仅供参考，如与英文文意有出入，则以英文版本为准。

卑诗省中医针灸管理局（简称管理局）的执业准则确立注册成员在提供传统中医治疗服务前必须达到的最低专业能力水平，管理局与旗下各委员会通过执业准则、法理学课程手册和其他相关法令，来评断注册学员的执业水平与专业行为。

在执业准则中，“必须”这个词代表管理局的要求，“建议”这个词表示管理局的期望，注册成员可以自行运用合理判断做决定。

前言

感染预防与控制措施对于保障医护人员、病患、患者家属和整个社区的健康安全极为重要，本执业准则的目的是协助注册成员识别并降低传染疾病的风险，进而保护患者与其他人的健康。

尽管感染预防与控制的原则不变，但是新的病原会出现，其他已知的传染疾病会复发，因此临床感染控制的知识一直在变化。做为医疗行业监管机构，管理局并不是感染预防与控制的专家，因此无法替注册成员决定什么是预防并控制感染的最好措施。

管理局希望执业的注册成员运用临床判断力，以决定如何满足患者的需求，并且将感染预防与控制的措施纳入中医执业，展示注册成员对维护患者安全的承诺，致力以最好的实践方式来执业。

定义

额外预防措施：在例常的感染预防与控制临床措施之外，根据病原传染方式之不同（接触、飞沫、空气）而进行的额外措施。

个人防护装备：医护人员穿戴的特别防护衣或装备（例如：医疗手套、口罩、塑料医疗围裙），以保护自身的安全。医护人员必须自己负责，如果遇到可能接触血液、体液、排泄物与分泌物的情况（不论是医护人员接触或患者接触），医护人员都必须自行穿戴好个人防护装备。

即时现场护理风险评估： 医疗人员评估接触传染病原的可能性，并选择适当的措施或个人防护装备，以尽量降低被感染的风险。

例常措施： 加拿大联邦卫生署定义的这个名词是指提供安全医疗服务所必须达到的感染预防与控制基本标准，例常措施的基本概念是认定所有病患都可能具传染性，就算没有任何症状也一样。此外，只要会接触血液、体液、分泌物（例如：口水）、粘膜、不完整的皮肤时，同样的安全标准必须例常应用在医疗过程中。

原则

1. 注册成员必须吸收、维持并应用感染预防与控制最佳实践的知识，以符合现行省府法令、监管单位、公共卫生与工作场合的各项规定要求。¹
2. 注册成员必须告知相关利益者任何已知的病原传播风险，并加以记录，以降低他人的感染风险，但在沟通记录的同时必须保密以尊重他人的隐私。
3. 注册成员必须通过即时现场护理评估程序来了解并持续追踪感染传播的风险程度，这个评估程序包括以下步骤：
 - a. 确定是否有传染隐患，如果有，接着确认执业环境中发生感染传播的潜在机会会有多少；
 - b. 复查病患已披露的健康状态；
 - c. 在与病患互动前，先确认诊疗形式与位置可能有的风险；
 - d. 确认降低感染风险所必须采取的行动，进而拟定详细计划。
4. 注册成员必须确定经手中医服务的诊所员工（和学生）遵循感染预防与控制的最佳措施，注册成员应当告知员工相关的政策、规定，提供足够的教育培训，并监督指导员工（和学生）。
5. 注册成员必须遵守加拿大公共卫生署的指导原则：“预防医疗环境感染传播的例常措施与额外预防措施”。
6. 为了维护病患、医疗从业人员和其他人的健康与安全，注册成员必须将适当的感染预防与控制措施纳入中医执业服务与环境中，这些措施可以包括：
 - a. 环境方面：以在线方式提供医疗服务，落实诊所清洁程序，消毒、灭菌并清除诊所的供给物品、设备与床单衣物；
 - b. 行政方面：改变执业时间，减少诊所空间患者的密度；
 - c. 个人方面：经常洗手，保持人身距离，生病时就待在家里，清楚自己接种预防针的纪录；

¹ 例如：卑诗省卫生厅、卑诗省疾病控制中心、卑诗省工作安全局

中文翻译仅供参考，如与英文文意有出入，则以英文版本为准

- d. 个人防护装备：选择并使用适当的个人防护装备。
7. 注册成员必须采用所有合理的步骤来降低感染风险，如果无法降低风险，就必须拟定并记录替代的治疗方案。
8. 在自家看诊的注册成员，或是去不熟悉的场所看诊时，必须以在诊所看诊的标准做好感染预防与控制。

资源

管理局强烈建议注册成员熟悉下列参考资源与指导原则：

- 安全课程手册：https://www.ctcma.bc.ca/media/1735/safety-program-handbook_en.pdf
- 卑诗省感染控制网络（2016 年出版）“在所有的医疗环境与项目中预防并控制感染的最佳清洁措施” <https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf>
- 加拿大公共卫生署（2013 年出版）：“预防医疗环境感染传播的例常措施与额外预防措施” https://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf
- 卑诗省疾病控制中心（2020 年出版）“新冠肺炎：社区医疗服务人员在诊所环境的感染预防与控制指导原则” http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf
- 卑诗省卫生厅（2011 年出版）“卑诗省各卫生局管辖区内关键与次关键医疗装置的清洁、消毒和灭菌最佳实践指导原则” <https://divisionsbc.ca/sites/default/files/Divisions/Burnaby/Best-practice-guidelines-cleaning.pdf>
- 阿尔伯达省内科与外科医师管理局（2020 年出版）“医务诊所的感染预防与控制要求” <https://cpsa.ca/wp-content/uploads/2020/07/General-IPAC-Standards.pdf>



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感染預防與控制的執業準則

(生效日期: 2023年12月14日)

中文翻譯僅供參考，如與英文文意有出入，則以英文版本為準。

卑詩省中醫針灸管理局（簡稱管理局）的執業準則確立註冊成員在提供傳統中醫治療服務前必須達到的最低專業能力水準，管理局與旗下各委員會通過執業準則、法理學課程手冊和其他相關法令，來評斷註冊學員的執業水平與專業行為。

在執業準則中，「必須」這個詞代表管理局的要求，「建議」這個詞表示管理局的期望，註冊成員可以自行運用合理判斷做決定。

前言

感染預防與控制措施對於保障醫護人員、病患、患者家屬和整個社區的健康安全極為重要，本執業準則的目的是協助註冊成員識別並降低傳染疾病的風險，進而保護患者與其他人的健康。

儘管感染預防與控制的原則不變，但是新的病原會出現，其他已知的傳染疾病會復發，因此臨床感染控制的知識一直在變化。做為醫療行業監管機構，管理局並不是感染預防與控制的專家，因此無法替註冊成員決定什麼是預防並控制感染的最好措施。

管理局希望執業的註冊成員運用臨床判斷力，以決定如何滿足患者的需求，並且將感染預防與控制的措施納入中醫執業，展示註冊成員對維護患者安全的承諾，致力以最好的實踐方式來執業。

定義

額外預防措施：在例常的感染預防與控制臨床措施之外，根據病原傳染方式之不同（接觸、飛沫、空氣）而進行的額外措施。

個人防護裝備：醫護人員穿戴的特別防護衣或裝備（例如：醫療手套、口罩、塑膠醫療圍裙），以保護自身的安全。醫護人員必須自己負責，如果遇到可能接觸血液、體液、排泄物與分泌物的情況（不論是醫護人員接觸或患者接觸），醫護人員都必須自行穿戴好個人防護裝備。

即時現場護理風險評估：醫療人員評估接觸傳染病原的可能性，並選擇適當的措施或個人防護裝備，以儘量降低被感染的風險。

例常措施：加拿大聯邦衛生署定義的這個名詞是指提供安全醫療服務所必須達到的感染預防與控制基本標準，例常措施的基本概念是認定所有病患都可能具傳染性，就算沒有任何症狀也一樣。此外，只要會接觸血液、體液、分泌物（例如：口水）、粘膜、不完整的皮膚時，同樣的安全標準必須例常應用在醫療過程中。

原則

1. 註冊成員必須吸收、維持並應用感染預防與控制最佳實踐的知識，以符合現行省府法令、監管單位、公共衛生與工作場合的各項規定要求。¹
2. 註冊成員必須告知相關利益者任何已知的病原傳播風險，並加以記錄，以降低他人的感染風險，但在溝通記錄的同時必須保密以尊重他人的隱私。
3. 註冊成員必須通過即時現場護理評估程式來瞭解並持續追蹤感染傳播的風險程度，這個評估程式包括以下步驟：
 - a. 確定是否有傳染隱患，如果有，接著確認執業環境中發生感染傳播的潛在機會有多少；
 - b. 複查病患已披露的健康狀態；
 - c. 在與病患互動前，先確認診療形式與位置可能有的風險；
 - d. 確認降低感染風險所必須採取的行動，進而擬定詳細計畫。
4. 註冊成員必須確定經手中醫服務的診所員工（和學生）遵循感染預防與控制的最佳措施，註冊成員應當告知員工相關的政策、規定，提供足夠的教育培訓，並監督指導員工（和學生）。
5. 註冊成員必須遵守加拿大公共衛生署的指導原則：“預防醫療環境感染傳播的例常措施與額外預防措施”。
6. 為了維護病患、醫療從業人員和其他人的健康與安全，註冊成員必須將適當的感染預防與控制措施納入中醫執業服務與環境中，這些措施可以包括：
 - a. 環境方面：以線上方式提供醫療服務，落實診所清潔程式，消毒、滅菌並清除診所的供給物品、設備與床單衣物；
 - b. 行政方面：改變執業時間，減少診所空間患者的密度；
 - c. 個人方面：經常洗手，保持人身距離，生病時就待在家裡，清楚自己接種預防針的紀錄；

¹ 例如：卑詩省衛生廳、卑詩省疾病控制中心、卑詩省工作安全局

中文翻譯僅供參考，如與英文文意有出入，則以英文版本為準

- d. 個人防護裝備：選擇並使用適當的個人防護裝備。
7. 註冊成員必須採用所有合理的步驟來降低感染風險，如果無法降低風險，就必須擬定並記錄替代的治療方案。
8. 在自家看診的註冊成員，或是去不熟悉的場所看診時，必須以在診所看診的標準做好感染預防與控制。

資源

管理局強烈建議註冊成員熟悉下列參考資源與指導原則：

- 安全課程手冊：https://www.ctcma.bc.ca/media/1735/safety-program-handbook_en.pdf
- 卑詩省感染控制網路（2016 年出版）“在所有的醫療環境與專案中預防並控制感染的最佳清潔措施”<https://www.picnet.ca/wp-content/uploads/British-Columbia-Best-Practices-for-Environmental-Cleaning-for-Prevention-and-Control-of-Infections-in-All-Healthcare-Settings-and-Programs.pdf>
- 加拿大公共衛生署（2013 年出版）：“預防醫療環境感染傳播的例常措施與額外預防措施”https://publications.gc.ca/collections/collection_2013/aspc-phac/HP40-83-2013-eng.pdf
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