

INFECTION CONTROL PLAN TEMPLATE

Facility Name: _____

Effective Date: _____

List of Services Offered: _____

PART 1 - LIST OF EQUIPMENT/INSTRUMENTS USED (Additional page in Appendix B)

Equipment/Instruments Used i.e. inks, pigments, needles, cartridges		Supplier Manufacturer/Model	Product Verification (attach a copy of verification document)
	<input type="checkbox"/> Single use <input type="checkbox"/> Reused <input type="checkbox"/> Sterilized Onsite		<input type="checkbox"/> Sterilization certificate (if pre-sterilized) Method: <input type="checkbox"/> Backflow prevention (needle cartridges)
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PART 2 – CLEANING, STERILIZATION AND DISINFECTION PROCEDURES

SECTION A – STERILIZATION PROCEDURE

Critical Items				
Describe how sterilized equipment/instruments will be stored before use				
Describe how you will monitor for expired pre-sterilized single use instruments				
Describe how expired/compromised pre-sterilized instruments will be handled				
Onsite Sterilization Equipment				
<input type="checkbox"/> Autoclave <input type="checkbox"/> Chemiclave <input type="checkbox"/> Other	Brand:	Model:	CSA Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	International Certification: <input type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Requirements if Sterilizing Onsite				
Temperature:	Time:	Pressure:	Spore Testing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Spore Test Frequency:
Class 5 Process Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Colour Expected:	Laboratory Analysis : <input type="checkbox"/> Yes <input type="checkbox"/> No	Laboratory Name:	
Describe your procedures in the event your sterilizer has malfunctioned or sterilization package has been compromised				

SECTION B – CLEANING AND DISINFECTION PROCEDURES

Semi/Noncritical Items				
Describe how instruments are held prior to cleaning and disinfecting and where cleaning will take place				
Describe how instruments will be manually cleaned and what tools are used to assist with cleaning				
Describe how cleaned and disinfected instruments are stored				
Product Name	DIN	Active Ingredient/ Target Organism	Disinfectant Level	Describe Procedures Including Concentration and Soak Time
			<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	
			<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	
			<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	
			<input type="checkbox"/> Low <input type="checkbox"/> Intermediate <input type="checkbox"/> High	

SECTION C – SINGLE USE PROCEDURES

Single Use Items	
Describe method of disposal	
Describe how items will be stored	
Describe how pre-sterilized instruments will be monitored for expiration	

SECTION D – OTHER PRODUCTS USED (i.e. Lotion, antiseptic, etc)

Product Name	DIN	Active Ingredient	Describe How and When it is Used	Storage

SECTION F – LAUNDERING PROCEDURES

List of Laundered Items	Where is it Laundered	Frequency	Washing/Drying Settings	Storage

PART 3 – OPERATIONAL PROCEDURES

SECTION A – OPERATIONAL PROCEDURES (Use a separate sheet for each service provided)

Set Up and Tear Down Procedures		
Service Provided:		
Describe your set up procedures	Describe your tear down procedures	
Barrier Use		
List the type of barrier used	List equipment/body part barrier is used on	How often is it changed

SECTION B – CLIENT CARE (Attach a copy of your consent and aftercare forms)

*Consent forms should be signed by a parent/guardian if services are offered to a minor.

Client Care Procedures	
Service Provided:	
Describe how the area of the body is prepared	Describe aftercare procedures
Bandages/Covering	
List the type of bandages and coverings used	Manufacturer

APPENDIX A – SUMMARY TABLE FOR INSTRUMENT/EQUIPMENT CLASSIFICATION AND DETERMINING PRODUCT DISINFECTION LEVEL

Table 1. Instrument/Equipment Classification and Product Disinfection Level

Classification	Level of Sterilization/Disinfection	Instrument/Equipment	Determining Product Disinfection Level
Critical	Sterilization	Any instrument/equipment intended to puncture the skin or contact the puncture site or a sterile instrument before puncturing	
Semicritical	High-Level Disinfection	Any instrument/equipment intended to contact nonintact skin or a mucous membrane but not penetrate it	When choosing a high-level disinfectant, make sure the manufacturer's label has a: <ul style="list-style-type: none"> • DIN • Disinfectant claim • "TB" claim and specifically states "high-level disinfectant" or "chemical sterilant" or "sporicidal". If it does not state this, then it is not acceptable unless it meets all requirements in Table 14: Infectious Agents Killed by Disinfection of the Guidelines for Personal Services Establishment.
Noncritical	Intermediate-Level Disinfection	Any instrument/equipment intended to contact intact skin but may accidentally contact nonintact skin or receive blood or body fluid splatter	When choosing an intermediate-level disinfectant, make sure the manufacturer's label has a: <ul style="list-style-type: none"> • DIN • Disinfectant claim • "TB", "tuberculocidal" or "mycobacterium" claim. These disinfectants are equipped for higher-risk surfaces and equipment such as those that may come into contact with nonintact skin. They are harder to find in retail stores, but readily available from cosmetic, dental or medical supply companies.
	Low-Level Disinfection	Any instrument/equipment that does not directly touch the client or contacts only intact skin	When choosing a low-level disinfectant, make sure the manufacturer's label has a: <ul style="list-style-type: none"> • DIN • General disinfectant claim Low-level disinfectants are suitable for surfaces and equipment that would only, at most, come into contact with the client's intact skin. This level of disinfectant is easy to find in retail stores.

APPENDIX B – TEMPLATE FOR EQUIPMENT/INSTRUMENT LIST

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APPENDIX C – SAMPLE STERILIZATION LOG SHEET

Personal Service Establishment Name and Address:	Month/Year
Equipment Name and Model Number:	Serial Number:

Date (dd/mm/yy)	Time			Temp. °F or °C	Pressure	Temp. Sensitive Indicator: Colour Change Observed: Y/N	Operator's Initials	Comments
	Start	End	Cycle Length					

<input type="checkbox"/> Monthly spore strip tests submitted	Date (dd/mm/yy) _____	<input type="checkbox"/> Results	Date (dd/mm/yy) _____	<input type="checkbox"/> Results	Date (dd/mm/yy) _____
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Indicate any corrective action taken on reverse. Use one operation log per sterilizer within the personal service establishment. This record should be kept for five years.