



## **Standard of Practice: Infection Prevention and Control**

**Date:** January 1, 2024

**Amended:**

### **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) 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 guidelines, provincial and federal government directives or legislation, and guidance from MTANS.
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 Nova Scotia Health (NSH) recommendations for cleaning and disinfecting the practice setting, at a minimum, including:
  - Cleaning and disinfecting massage tables, face cradles, and other surfaces touched by the client and/or RMT after each client;
  - Using cleaned and disinfected linens and covers for each client (including, but not limited to, sheets, pillow covers, blankets, face cradle covers);
  - Handling soiled linens safely; and
  - Cleaning and disinfecting any equipment, supplies, or other tools used in assessment or treatment after each client (for example, hot stones and myofascial cups).
  
1. Apply additional IPAC practices when indicated by risk assessment, government, or MTANS, such as using personal protective equipment (PPE) (for example, gloves, masks, gowns, face shields).
  - An IPAC personal risk assessment is defined as a thought process health care providers engage in before each and every interaction with a client and or their environment. This is necessary to determine which interventions are required to help prevent the transmission of infection.
  
1. Postpone or modify care if appropriate IPAC measures cannot be implemented or required PPE is not available.
  
2. Provide information to clients about infectious disease risk, IPAC, and PPE when appropriate.
  
3. 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.

The RMT must apply IPAC routine practices, including:

4. Conduct risk assessments for:
  - The practice environment and all equipment/supplies used in assessment and/or treatment;
  - Infection transmission; and
  - Intended or likely interactions between the RMT and client (for example, treatment approach and modalities, areas of body being treated, length of treatment).

## 1. Hand hygiene:

- Wash hands and arms 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.
- Wash hands using soap and water or an alcohol-based hand rub (at least 70% alcohol or equivalent) at the following key moments (some of these moments may overlap allowing for one hand hygiene to address multiple moments):
  - After entering the practice setting and before leaving;
  - After removing soiled linens and prior to handling clean linens;
  - Putting on or taking off PPE;
  - Before and after eating and/or drinking;
  - After using the bathroom/washroom; and
  - When hands are otherwise soiled.
- Cover their own broken skin or open wounds with a protective barrier (for example, finger cot, gloves).
- Maintain fingernails to allow for effective hand hygiene.
- Remove jewelry that may impede effective hand hygiene.

## **Relevant documents**

- Infection Prevention and Control Canada (IPAC)
- *Health Protection Act* (Nova Scotia)
- Protection from Infectious Diseases and Pandemics Policy