



## Statement of Policy and Procedure

Manual:	Infection Control	Effective:	11-2015
Section:	Organization	Revised:	01-2016
Subject:	Infection Prevention and Control (IPAC) Program	Reviewed:	July 2022

In accordance with LTCA, 2007 - O. Reg. 79/10, s.229. and with Provincial Infectious Diseases Advisory Committee best practice guidelines Marianhill is committed to the goals and functions of the Infection Prevention and Control (IPAC) Program.

### Program goals:

- To protect residents/clients from healthcare acquired infections (HAI's) by preventing the spread of infections from resident-to-resident, from residents to health care providers, from health care providers to residents, from health care providers to health care providers, and to visitors and others in the health care environment.

### IPAC program functions:

1. Surveillance
2. Policies and procedures
3. Compliance with legislation and accreditation standards
4. Occupational health and safety
5. IPAC education, training and evaluation
6. Hand hygiene
7. Routine practices and additional precautions
8. Outbreak management and investigation
9. Communication

Function:	1. Surveillance
Actions:	<ul style="list-style-type: none"><li>▪ Standardized collection of data using written evidence based definitions of infections, identification of risk population, methods of measurement, description of data sources and benchmarks used for comparison.</li><li>▪ Timely analysis and reporting of surveillance data and the use of this data to drive continuous quality improvement.</li></ul>

Function:	2. Policies and procedures
Actions:	<ul style="list-style-type: none"> <li>▪ Ensure that IPAC policies and procedures are consistent with relevant legislation, best practice recommendation and standards based on current scientific knowledge.</li> <li>▪ Policies and procedures are reviewed and updated every three (3) years and when new information is received.</li> </ul>

Function:	3. Compliance with legislation and accreditation standards
Actions:	<ul style="list-style-type: none"> <li>▪ Marianhill IPAC Program is in compliance with all legal and accreditation standards that pertain to the practice of infection prevention and control.</li> <li>▪ Marianhill collaborates with, and provides liaison to appropriate local and provincial public health departments for reporting of communicable diseases, including respiratory and gastrointestinal outbreaks, to assist with the control of infectious diseases.</li> <li>▪ IPAC Audits (i.e. PPE/hand hygiene, etc.) conducted to ensure compliance</li> </ul>

Function:	4. Occupational health and safety
Actions:	<ul style="list-style-type: none"> <li>▪ Infection control is represented by Community Nursing Coordinator/designate on Marianhill's Joint occupational health and safety committee (JOHSC).</li> <li>▪ The IPAC component of the occupational health and safety program is reviewed by the JOHSC and IPAC committees.</li> <li>▪ Employees with symptoms of infection that is related to outbreak situations are monitored using the RCDHU line listing process</li> <li>▪ Health care providers are offered the required vaccines annually and as mandated.</li> <li>▪ Personal protective equipment (PPE) is easily accessible and must be worn as appropriate to the task.</li> <li>▪ If any worker acquires an occupational infection, or if a claim in respect of an occupational infection has been filed with the Workplace Safety and Insurance Board, a notice is made in writing to the Ministry of Labour by the CEO or delegate.</li> </ul>

Function:	5. Education training and evaluation
Actions:	<ul style="list-style-type: none"> <li>▪ Education in IPAC applies to the entire Marianhill setting, and is directed to all Marianhill staff.</li> <li>▪ Orientation for staff new to Marianhill includes an IPAC component.</li> <li>▪ Marianhill ensures: <ul style="list-style-type: none"> <li>a) mandatory completion of annual IPAC training for all</li> </ul> </li> </ul>

	<p>employees; and</p> <p>b) completion of this training is recorded and reported back to the manager.</p> <p>c) Marianhill staff are fit tested as required for N95 masks.</p> <ul style="list-style-type: none"> <li>▪ Continuing education addresses the IPAC needs of Marianhill with regard to content, target audience and timing of the education (ex: special education based on specific needs such as outbreaks).</li> <li>▪ There is ongoing evaluation of IPAC education to ensure that it is current, relevant, and effective.</li> </ul>
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Function:	6. Hand hygiene
Actions:	<ul style="list-style-type: none"> <li>▪ Marianhill has a comprehensive hand hygiene program.</li> </ul>

Function:	7. Routine practices and additional precautions
Actions:	<ul style="list-style-type: none"> <li>▪ All staff follows routine practices and additional precautions.</li> <li>▪ Marianhill supports compliance with routine practices and additional precautions through: <ul style="list-style-type: none"> <li>a) Written policies and procedures (inclusive of required authorization to initiate and discontinue routine practices and additional precautions).</li> <li>b) Staff education and training in indications and techniques for routine practices and additional precautions is provided during orientation and annually through mandatory in-services.</li> <li>c) Point of care risk assessment with resident encounter</li> </ul> </li> </ul>

Function:	8. Outbreak management and investigation
Actions:	<ul style="list-style-type: none"> <li>▪ An immunization program is in place that is appropriate to the resident population.</li> <li>▪ Policies and procedures are in place related to interdisciplinary roles and responsibilities in outbreak detection, investigation, and management.</li> </ul>

Function:	9. Communication
Actions:	<ul style="list-style-type: none"> <li>▪ Infection control policies include infection communication and reporting requirements and procedures (ex: reportable communicable diseases).</li> <li>▪ Advisories and important health notices are received, appropriate action taken, and promptly communicated as appropriate by the infection prevention and control professional (ICP) or designate.</li> </ul>

Program evaluation:

The IPAC program is reviewed and evaluated and updated as required at least annually in accordance with evidence based practices. If there are none, the review is done in accordance with prevailing practices through Marianhill's interdisciplinary IPAC committee.

A written record is kept of each evaluation in minutes of IPAC Committee includes the names of the persons who participated in the evaluation, a summary of the changes made, and the date that those changes were implemented.

#### Glossary of terms:

Additional precautions: Precautions (i.e., contact/droplet/airborne) that is necessary in addition to routine practices for certain pathogens or clinical presentations. These precautions are based on the method of transmission.

Antibiotic-resistant organism (ARO): A microorganism that has developed resistance to the action of several antimicrobial agents and that is of special clinical or epidemiological significance (e.g., MRSA, VRE, CPE, and ESBL).

Audit: An audit is a tool used to examine a process for errors or omissions. An audit tool usually consists of a checklist of items which must be completed or be in place in order for a process to be considered to be correct.

Benchmark: A validated figure that may be used for comparison provided data is collected in the same way as that of the benchmark data. Benchmarks are used to compare infection rates to a standardized database that uses the same definitions for infection and is appropriately adjusted for patient risk factors so that meaningful comparisons can be made. Comparing infection rates to a validated benchmark will indicate whether the rates are below or above the recognized average.

Hand hygiene: A general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using soap and running water or an alcohol-based hand rub (ABHR). Hand hygiene also includes surgical hand antisepsis.

Health care-associated infection (HAI): A term relating to an infection that is acquired during the delivery of health care (also known as nosocomial infection).

Infection: The entry and multiplication of an infectious agent in the tissues of the host. Asymptomatic or sub-clinical infection is an infectious process running a course similar to that of clinical disease but below the threshold of clinical symptoms. Symptomatic or clinical infection is one resulting in clinical signs and symptoms (disease).

Infection prevention and control program: A health care facility or organization (e.g., hospital, long-term care, continuing complex care, home care) program responsible for meeting the recommended mandate to decrease infections in the patient, health care providers and visitors. The program is coordinated by health care providers with expertise in infection prevention and control and epidemiology.

Occupational health and safety (OHS): Preventive and therapeutic health services in the workplace provided by trained occupational health professionals, e.g., nurses, hygienists, physicians.

Outbreak: For the purposes of this document, an outbreak is an increase in the number of cases above the number normally occurring in a particular health care setting over a defined period of time.

Personal protective equipment (PPE): Clothing or equipment worn for protection against hazards.

Point-of-care: The place where three elements occur together: the client/patient/resident, the health care provider and care or treatment involving client/patient/resident contact. The concept usually refers to a hand hygiene product which is easily accessible to staff by being as close as possible, i.e., within arm's reach, to where client/patient/resident contact is taking place. Point-of-care products should be accessible to the care provider without the provider leaving the zone of care, so they can be used at the required moment.

Precautions: Interventions to reduce the risk of transmission of microorganisms (e.g., patient-to-patient, patient-to-staff, staff-to-patient, contact with the environment, contact with contaminated equipment).

Routine practices: The system of infection prevention and control practices recommended by the Public Health Agency of Canada to be used with all clients/patients/residents during all care to prevent and control transmission of microorganisms in all health care settings. For a full description of routine practices, refer to PIDAC's routine practices and additional precautions for all health care settings. PIDAC's routine practices fact sheet is available at: <http://www.oahpp.ca/resources/documents/pidac/Appendix%20E.pdf>.

Surveillance: The systematic ongoing collection, collation and analysis of data with timely dissemination of information to those who require it in order to take action.

References:

[https://www.publichealthontario.ca/en/eRepository/BP\\_IPAC\\_Ontario\\_HCSettings\\_2012.pdf](https://www.publichealthontario.ca/en/eRepository/BP_IPAC_Ontario_HCSettings_2012.pdf) accessed Feb 2016