Statement of Policy and Procedure			
Manual:	Infection Control	Effective:	11-2015
Section:	Organization	Revised:	01-2023
Subject:	Infection Prevention and Control (IPAC) Program	Reviewed:	10-2023

PROGRAM DISCLAIMER: Please note that the IPAC program and information contained herein will be updated routinely as we work towards operationalizing recommendations and embedding IPAC program requirements into our established IPAC practices and policies. In the event of a discrepancy between this program and existing IPAC policy, staff are advised to follow the policy.

POLICY STATEMENT:

Comprehensive evidence-based Infection Prevention and Control (IPAC) practices are critical to the safety of residents, staff, caregivers and others in the long-term care home. This document has been developed based on current evidence-based requirements for IPAC in long-term care and reflects robust practices that are appropriate to the long-term care setting.

Marianhill's IPAC program is developed and implemented in accordance with the FLTCA, 2022 s. 23, O. Reg. 246/22 s. 102, and the *Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes – April 2022* as issued by the Director (or as amended).

OBJECTIVE:

The objective of Marianhill's IPAC program is to optimise safety, mitigate risk of resident infections, reduce morbidity and mortality, prevent the spread of infections among those inside the home (including residents, staff and others) and prevent transmission from the community into the home. The Marianhill IPAC Program is defined as an organized set of activities, processes and services for infection prevention and control, is administered by individuals within the organization with the IPAC training and expertise as provided for in the regulations, and implemented in a manner consistent with the precautionary principle.

PROCEDURE:

COMPONENTS OF THE IPAC PROGRAM: [O. Reg. 246/22 s.102]
a) IPAC lead and interdisciplinary team
b) **ADDITIONAL REQUIREMENT UNDER THE STANDARD**: Ethical Framework
c) Application of the precautionary principle
d) Infectious Disease Surveillance
e) Outbreak Management (OM) System
f) Evidence based policies and procedures
g) **ADDITIONAL REQUIREMENT UNDER THE STANDARD**: Personal Protective Equipment
h) Training and education
i) Quality Program and evaluation
j) **ADDITIONAL REQUIREMENT UNDER THE STANDARD**: Routine Practices and Additional Precautions
k) Hand Hygiene Program

IPAC LEAD AND INTERDICIPLINARY TEAM:

IPAC LEAD: [FLTCA s. 23(4), O. Reg. 246/22 s.102 (7)(15)]

Marianhill shall ensure that the home has an IPAC Lead whose primary responsibility is the home's infection prevention and control who works regularly in that position on site at the home for at least 26.25 hours per week.

Marianhill will ensure that the IPAC role is prioritized and resourced in a manner that ensures that the required roles and responsibilities can be performed; including daily surveillance.

RESPONSIBILITIES OF THE IPAC LEAD: [O. Reg. 246/22 s.102 (7)]

Marianhill shall ensure that the IPAC Lead carries out the following responsibilities in accordance with O. Reg. 246/22 s. 102(7), as well as those also required under the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended), as described below:

1. Working with the interdisciplinary IPAC team to implement the IPAC program;
2. Managing and overseeing the IPAC program;
3. Overseeing the delivery of IPAC education to all staff, caregivers, volunteers, visitors, and residents;
4. Auditing of IPAC practices in the home (please note that auditing of IPAC practices can also include overseeing audit activities performed by other staff in the home in collaboration with, or under the direction of, the IPAC lead);

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead conducts at a minimum, quarterly real-time audits of specific activities performed by staff in the home, including but not limited to, hand hygiene, selection and donning and doffing of PPE.

5. Conducting regular infectious disease surveillance;

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead reviews infectious disease surveillance results regularly to ensure that all staff are conducting infectious disease surveillance appropriately and to ensure that appropriate action is being taken to respond to surveillance findings.

6. Convening the Outbreak Management Team (OMT) at the outset of an outbreak and regularly throughout an outbreak;
7. Convening the interdisciplinary IPAC team at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home (this may also include convening the team during other disease outbreaks (e.g. non-infectious);
8. Reviewing the symptom screening gathered pursuant to subsection 102(9) of the Regulation;

O. Reg. 246/22 s. 102(9): The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2) and;

(b) the symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required.

9. Reviewing daily and monthly screening results collected by the licensee to determine whether any action is required;
10. Implementing required improvements to the IPAC program as required by audits or by the licensee; and

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead, in collaboration with the interdisciplinary IPAC team, implements required improvements to address any evaluation and/or audit findings as well as recommendations arising from the quality program for IPAC.

11. Ensuring that there is in place a hand hygiene program in accordance with the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended) which includes, at a minimum, access to hand hygiene agents at point-of-care.

EDUCATION OF THE IPAC LEAD: [O. Reg. 246/22 s.102 (5)]

Marianhill shall designate a staff member as the IPAC Lead who has education and training in infection prevention and control practices, including,

(a) infectious diseases;
(b) cleaning and disinfection;
(c) data collection and trend analysis;
(d) reporting protocols;
(e) outbreak management;
(f) asepsis;
(g) microbiology;
(h) adult education;
(i) epidemiology;
(j) program management; and
(k) current certification in infection control from the Certification Board of Infection Control and Epidemiology (compliance with required on or before April 11, 2025).

CONTACT INFORMATION FOR THE IPAC LEAD: [O. Reg. 246/22 s.102 (19)]

Marianhill shall ensure that the direct contact information, including a telephone number and an email address that are monitored regularly, of all IPAC Leads for the home are provided:

a) To the local medical officer of health appointed under the Health Protection and Promotion Act or their designate; and
b) The relevant IPAC hub for the home

ADDITIONAL IPAC STAFF: [O. Reg. 246/22 s.102 (16), (17)]

Marianhill shall consider the complexity and vulnerability of their resident population in the home and shall determine if the infection prevention and control lead is required to work more than the minimum number of hours, or whether to designate additional IPAC Leads as required.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC program is appropriately resourced, including that additional staff with education in IPAC are available to provide support to the IPAC Lead, as needed, on every shift.

Note: The designation of an additional IPAC Lead, or other supporting staff, does not relieve the licensee from the obligation to ensure that the designated lead works the minimum number of hours in that position required by the Regulation.

CONSULTATION WITH THE MEDICAL DIRECTOR AND OTHER HEALTH PROFESSIONALS: [O. Reg. 246/22 s.102 (4)(b), (8)]

Marianhill shall ensure that the IPAC Program is coordinated and implemented by an interdisciplinary infection prevention and control team (i.e. IPAC Committee) that includes the infection prevention and control lead, the Medical Director, the Director of Nursing and Personal Care and the Administrator, and will ensure that all Marianhill staff participate in implementation of the IPAC program, including all members of the leadership team.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead consults with the Medical Director and other healthcare professionals in the home which shall include at a minimum, consulting with the Medical Director on policies and procedures for the IPAC program that impact medical care.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead seeks advice from the interdisciplinary IPAC team and other health care professionals in the home (e.g. dietician, occupational therapist) on specific policies and procedures of the IPAC program, in particular those that directly impact resident care.

INTERDISCIPLINARY IPAC TEAM: [O. Reg. 246/22 s.102 (4), (a)-(d)]

Marianhill shall ensure,

a) That there is an interdisciplinary team approach in the co-ordination and implementation of the IPAC program;
b) That an interdisciplinary infection prevention and control team that includes the infection prevention and control lead, the Medical Director, the Director of Nursing and Personal Care and the Administrator co-ordinates and implements the program;
c) That the interdisciplinary infection prevention and control team meets at least quarterly and on a more frequent basis during an infectious disease outbreak in the home; and
d) That the local medical officer of health appointed under the Health Protection and Promotion Act or their designate is invited to the meetings.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the interdisciplinary team approach in the co-ordination and implementation of the IPAC program includes engagement with:

a) The home's Occupational Health and Safety (OHS) lead, or other individual with OHS responsibility for the home, where an OHS lead is not in place, and the Joint Health and Safety Committee (JHSC) or health and safety representative;
b) The Residents' Council and Family Council, if any, on a regular basis (at least quarterly) to seek advice on IPAC measures and their impacts on residents and families/caregivers; and
c) The Residents' Council and Family Council, if any, on the IPAC program evaluation and quality activities. This shall include the Council(s) providing advice on program improvements.

ETHICAL FRAMEWORK:

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the

implementation and ongoing delivery of the IPAC program includes an ethical framework to inform decision-making.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that a clearly documented ethical framework is included as part of the IPAC program. The ethical framework must include key principles which have been discussed and developed in collaboration with the interdisciplinary IPAC team, the home's leadership team (where not already represented on the interdisciplinary IPAC team), the continuous quality improvement committee (once established), and the Residents' Council or Family Council, if any.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the ethical framework for the IPAC program includes the following key principles:

- Fairness;
- Equity;
- Transparency;
- Consideration of available evidence;
- Consideration of impacts of decisions on residents and staff;
- Resident quality of life as a primary driver;
- Risk relative to reward of key decisions; and
- Safety.

PRECAUTIONARY PRINCIPLE: [O. Reg. 246/22 s.102 (4)(g)]

Marianhill shall ensure that the IPAC program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director and the most current medical evidence.

The decision to apply the precautionary principle may include making a risk-based decision to transition from routine practices to additional precautions (escalation) When additional precautions are applied based on the precautionary principle, a plan for the de-escalation of additional precautions practices will be implemented as appropriate based on on-going risk-analysis.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the application of the precautionary principle is guided by the key principles in the ethical framework.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that

when determining whether to apply the Precautionary Principle, they consider recommendations including those of a provincial scientific table, and the Chief Medical Officer of Health appointed under the Health Protection and Promotion Act, where available.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that processes are established for the de-escalation of practices where the precautionary principle has been applied. The licensee shall ensure that as part of this process, the OHS lead, Joint Health and Safety Committee (JHSC), or health and safety representative, and the interdisciplinary IPAC team are engaged.

SURVEILLANCE: [O. Reg. 246/22 s.102 (2)(a), (9), (10), s. 23 (2)(c)]

Marianhill shall implement any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance, and shall ensure that on every shift

a) Symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director; and
b) b) The symptoms are recorded and that immediate action is taken to reduce transmission and isolate residents and place them in cohorts as required.

Marianhill shall ensure that the symptom screening information gathered under is analyzed daily to detect the presence of infection and reviewed at least monthly to detect trends, for the purpose of reducing the incidence of infection and outbreaks.

The infection prevention and control program must also include daily monitoring to detect the presence of infection in residents.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the following surveillance actions are taken:

a) Training staff on how to monitor for the presence of infection in residents;
b) Ensuring that surveillance is performed on every shift to identify cases of healthcare acquired infections (HAIs), device-associated infections and Antibiotic Resistant Organisms (AROs);
c) Ensuring that established case definitions for specific diseases are understood and used by staff;
d) Using common forms and tools, and making them available to staff at locations where they are needed, for surveillance reporting in the home;
e) Developing and using a surveillance database and reporting tool for use in the home (e.g., Microsoft Excel spreadsheet or other tool) to collect and collate data;
f) Ensuring that surveillance information is tracked and entered into the

surveillance database and/or reporting tools;
g) Ensuring that staff are aware of requirements for infectious disease reporting within the home;
h) Ensuring that the interdisciplinary IPAC team is regularly updated on surveillance findings; and
i) Employing syndromic surveillance regularly to monitor for symptoms, including but not limited to fever, new coughs, nausea, vomiting, and diarrhea, and taking appropriate action.

OUTBREAK PREPAREDNESS AND MANAGEMENT: [O. Reg. 246/22 s.102 (11)]

Marianhill shall ensure that there are in place, an outbreak management system for detecting, managing, and controlling infectious disease outbreaks, including defined staff responsibilities, reporting protocols based on requirements under the Health Protection and Promotion Act, communication plans, and protocols for receiving and responding to health alerts; and a written plan for responding to infectious disease outbreaks.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the outbreak management system includes:

a) Organizational risk assessments;
b) Outbreak management policies, procedures and protocols;
c) Assigned outbreak management team (OMT) and staff roles and responsibilities;
d) Approaches to engage residents, staff, and caregivers;
e) Approaches to engage with the local *board of health;
f) Reporting protocols based on the home's critical incident system;
g) Protocols for testing, screening for infection and cohorting, as required;
h) Processes for accessing additional supports if required (e.g. through the IPAC hubs, public health units, other);
i) Strategies to address various modes of disease transmission in outbreaks;
j) Processes to ensure that staff have the knowledge and ability to transfer outbreak information from shift to shift for continuity and continuous monitoring of disease and outbreak status; and
k) Processes to consider the unique features of the home in the outbreak management plan such as:
    - The size and physical layout of the home including rooms available for separating and/or cohorting residents;
    - Staffing supply, mix, and models;
    - Resident population and unique needs and/or features;
    - Impacts of outbreaks on residents including impacts of social isolation;
    - Cultural safety; and
    - Community impacts.

*Please note that public health unit is a colloquial name used for boards of health which

are defined under the Protection and Promotion Act, 1990.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead is involved in outbreak management activities in collaboration with the interdisciplinary IPAC team and the OMT in the manner described below. The IPAC Lead's role shall include, but not be limited to:

a) Advising on IPAC practices to manage the outbreak and minimize risk(s) to residents and staff;
b) Assisting with securing IPAC-related resources needed to support the outbreak management response. This may also include working in collaboration with the licensee and the OMT to secure needed PPE and other supplies as required;
c) Ensuring that accurate disease-related information is tracked and documented;
d) Engaging with the local board of health on the outbreak response (when relevant) including when an outbreak has been declared;
e) Implementing changes to IPAC practices as needed to support the outbreak response; and
f) Providing IPAC-related education and training to staff and others to support the outbreak response.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that following the resolution of an outbreak, the OMT and the interdisciplinary IPAC team conduct a debrief session to assess IPAC practices that were effective and ineffective in the management of the outbreak. A summary of findings shall be created that makes recommendations to the licensee for improvements to outbreak management practices.

IPAC POLICIES AND PROCEDURES: [FLTCA s. 23 (2) (a)]

The IPAC program must include evidence-based policies and procedures.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead works with the interdisciplinary IPAC team as well as affected departments in the home, including but not limited to: housekeeping; environmental health, occupational health and safety; and clinical leadership (where not already represented on the interdisciplinary IPAC team), to develop a comprehensive inventory of evidence-based policies and procedures for the IPAC program.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC policies and procedures are reviewed at least annually for completeness, accuracy, and alignment with evidence and with best practice, and are updated based on that review.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the policies and procedures for the IPAC program include policies and procedures for the implementation of Routine Practices and Additional Precautions including but not limited to:

a) Point of Care Risk Assessments;
b) Respiratory Etiquette;
c) Contact transmission and precautions;
d) Droplet transmission and precautions;
e) Airborne transmission and precautions;
f) Combinations of Additional Precautions;
g) Management of antibiotic-resistant organisms (AROs); and
h) Cleaning and disinfection.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the policies and procedures for the IPAC program also address:

a) Safe administration and handling of medications, including safe handling of needles and other sharps (related to IPAC practices specifically);
b) Reprocessing of medical equipment both offsite and onsite. This shall include the requirement for offsite processing to be performed by a licensed provider;
c) Surveillance and screening activities including data collection and reporting;
d) Personal protective equipment (PPE), including training and education related to appropriate selection, and use as well as a plan for appropriate stewardship;
e) Policies and procedures for the hand hygiene program as a component of the overall IPAC program;
f) Policies and procedures for disease-specific management;
g) IPAC related practices for aerosol generating medical procedures (AGMPs);
h) Staff training and education requirements;
i) Culturally safe and appropriate IPAC practices;
j) Assessment, review, and evaluation of environmental cleaning products;
k) IPAC policies for housekeeping, laundry, cleaning, and disinfecting;
l) Waste management;
m) Facility maintenance standards for heating, ventilation, and air conditioning (related to IPAC specifically);
n) IPAC policies and procedures for food services including:
    i. Food storage;
    ii. ii. Food preparation; and
    iii. Food handling
o) Program audit activities; and
p) Program evaluation and quality improvement.

*Policies and procedures may be combined/grouped as appropriate.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall identify how

IPAC policies and procedures will be implemented in the home.

PERSONAL PROTECTIVE EQUIPMENT:

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall make PPE available and accessible to staff and residents, appropriate to their role and level of risk. This shall include having a PPE supply and stewardship plan in place and ensuring adequate access to PPE for Routine Practices and Additional Precautions. The licensee shall ensure that the PPE supply and stewardship plan is consistent with any relevant Directives and/or Guidance, regarding appropriate PPE use, from the Chief Medical Officer of Health or the Minister of Long-Term Care, which may be in place.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that training is provided to staff on the appropriate selection, application, removal, and disposal of PPE.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that training and assistance, appropriate to their needs and level of understanding, is provided to residents, related to use of PPE.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that individuals have access to fit-testing where fit-testing is required for specific equipment.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead is involved in the review, selection and purchasing of PPE, as required.

TRAINING AND EDUCATION: [FLTCA ss. 23 (2) (b), O. Reg. 246/22 s.257-263]

The IPAC program is required to include an educational component in respect of infection prevention and control for staff, residents, volunteers and caregivers.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead develops and oversees the implementation of an IPAC training and education program for residents, caregivers, staff and visitors which includes at a minimum the following:

a) Caregivers shall receive orientation and training on IPAC policies and procedures appropriate to their role;
b) Residents shall also receive training, education, and/or information appropriate to their needs and level of understanding that helps them to understand the IPAC program and specific IPAC practices that may affect them;

c) The licensee shall communicate relevant IPAC information and requirements and provide education to residents, caregivers and other visitors (including family members), which includes but is not limited to: visitor policies, physical distancing, respiratory etiquette, hand hygiene, applicable IPAC practices, and proper use of PPE;
d) The licensee shall provide IPAC retraining and education on an annual basis or more frequently, to respond to emerging public health issues and/or new evidence;
e) Training shall be accessible, tailored to learner needs and reduce potential barriers to comprehension including language and literacy; and
f) The licensee shall also ensure that visitors receive information about required IPAC practices that is appropriate to the level of risk that visitors present to themselves and to others in the home.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead develops and oversees the implementation of an IPAC training and education program for staff and volunteers required by the Act and Regulation which has the following minimum requirements:

a) The required orientation and training on IPAC under the Act and Regulation shall be appropriate to the staff and volunteer role;
b) The training shall be accessible, tailored to learner needs and reduce potential barriers to comprehension including language and literacy;
c) IPAC education shall be tailored to the job of the staff member receiving the education. For example, environmental cleaning, allied health staff, food service workers, laundry services; and
d) The JHSC or health and safety representative shall be engaged in the development of training and education relevant to worker safety.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the IPAC Lead plans, implements, and tracks the completion of all IPAC training and:

a) Assessments/audits and feedback processes are used to determine if staff have met training requirements as required by the Act and Regulation, or when individual staff need remedial or refresher training; and
b) Ensures that audits are performed regularly (at least quarterly) to ensure that all staff can perform the IPAC skills required of their role.

REGULAR EVALUATION AND QUALITY IMPROVEMENT: [O. Reg. 246/22 s.102 (2),(4)(e), (18)]

Marianhill shall oversee the development and implementation of a quality management program to assess and improve IPAC in the home, as provided for in the Regulation and as set

out in the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended).

Marianhill shall ensure that the IPAC program is evaluated and updated at least annually in accordance with Regulation and the standards and protocols issued by the Director in the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended).

Marianhill shall also ensure that a written record is maintained for each evaluation including evaluation dates and time period, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: In evaluating and updating the IPAC program, at a minimum on an annual basis, the licensee shall:

a) In addition to the requirement to ensure that the IPAC program is evaluated and updated at least annually, ensure that the IPAC program, including the IPAC policies and procedures, are reviewed and updated, more frequently in accordance with emerging evidence and best practices;
b) Ensure that the evaluation of the IPAC program also includes specific actions to evaluate outbreak preparedness and response activities; *(i.e. report debrief noted to IPAC committee)*
c) Ensure that evaluation approaches also include, at a minimum:
    i. A system to monitor the compliance of staff with IPAC program policies and procedures, as well as processes for correcting and improving identified gaps;
    ii. An audit plan, including audit processes for on-site review of IPAC practices by staff with education and corrective actions; and
    iii. Engagement with the Quality Committee to appropriately link program evaluation with Quality initiatives.
d) Ensure that quality reviews shall also be conducted annually in collaboration with home leadership, the Quality Committee, the IPAC Lead, and the interdisciplinary IPAC team.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure at minimum, that the following activities are carried out in the quality management program:

a) Establishment of goals and key quality indicators (both process and outcome-related) for the IPAC program in the home;
b) Training and education for staff related to quality indicators and needed improvements for IPAC in the home;
c) Reporting on quality indicators and metrics for IPAC in the home; and
d) Engagement with the Quality Committee, the interdisciplinary IPAC team and family and resident councils related to IPAC in the home.

ROUTINE PRACTICES AND ADDITIONAL PRECAUTIONS: [O. Reg. 246/22 s.102 (2), (4)(e), (18)]

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that Routine Practices and Additional Precautions are followed in the IPAC program. At minimum Routine Practices shall include:

a) The use of infectious disease risk assessments including point of care risk assessments;
b) Hand hygiene, including, but not limited to, at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);
c) Respiratory etiquette;
d) Proper use of PPE, including appropriate selection, application, removal, and disposal; and
e) Use of controls, including:
    i. Environmental controls, including but not limited to, location/placement of residents' equipment, cleaning, making hand hygiene products available;
    ii. Engineering controls, including but not limited to, use of safety-engineered needles point-of-care sharps containers, disposable equipment, barriers; and
    iii. Administrative controls, including but not limited to, comprehensive IPAC policies and procedures.

At minimum, Additional Precautions shall include:

a) Evidence-based practices related to potential contact transmission and required precautions;
b) Evidence-based practices related to potential droplet transmission and required precautions;
c) Evidence-based practices related to airborne transmission and required precautions;
d) Evidence-based practices for combined precautions;
e) Point-of-care signage indicating that enhanced IPAC control measures are in place;
f) Additional PPE requirements including appropriate selection application, removal and disposal;
g) Modified or enhanced environmental cleaning procedures; and
h) Communication regarding Additional Precautions with transport of residents to other facilities (e.g. hospital).

HAND HYGIENE PROGRAM: [FLTCA s. 23 (2)(e), O. Reg. 246/22 s.102 (2), (7)]

Marianhill will ensure that there is a hand hygiene in place and implemented in accordance with the Act, Regulation and the standards and protocols issued by the Director in the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended), which includes, at a minimum, access to hand hygiene agents at point-of-care.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR). These agents shall be easily accessible at both point-of care and in other resident and common areas, and any staff providing direct resident care must have immediate access to 70-90% ABHR.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The hand hygiene program shall be multifaceted and multidisciplinary. The licensee shall ensure that the program includes, at minimum, training and education, hand hygiene audits, a hand care program, and hand hygiene and hand care support for residents.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: Hand washing facilities provisioned with appropriate supplies must also be accessible in common areas and work areas where hand washing may be required

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The Licensee shall ensure that the hand hygiene program also includes policies and procedures, as a component of the overall IPAC program, as well as:

a) Hand hygiene signage;
b) Training and education related to hand hygiene practices at the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact);
c) Identification and engagement of hand hygiene champions in the home to promote best practice; audits to monitor hand hygiene compliance including feedback and correction of practices when indicated;
d) These activities shall be linked to the overall audit, evaluation, and quality approach for the full IPAC program:
    i. This shall also include monthly audits of adherence to the four moments of hand hygiene by staff;
e) A hand care program to assess and maintain the skin integrity of staff who perform frequent hand hygiene;
f) Hand hygiene training and awareness as part of orientation and ongoing training of all staff, volunteers and visitors (including caregivers and family members);
g) Involvement of the IPAC Lead and OHS staff in product selection for hand

hygiene and skin maintenance, to ensure that PPE durability is not compromised (e.g., interaction of hand care products and the break-down of latex gloves);

h) Support for residents to perform hand hygiene prior to receiving meals and snacks, and after toileting; and
i) Support for residents who have difficulty completing hand hygiene due to mobility, cognitive or other impairments.

IMMUNIZATION AND SCREENING: [FLTCA s. 23 (2)(e), O. Reg. 246/22 s.102 (2), (7)]

Marianhill shall ensure that the following immunization and screening measures are in place:

a) Each resident admitted to the home must be screened for tuberculosis within 14 days of:
    i. Admission unless the resident has already been screened at some time in the 90 days prior to admission and the documented results of this screening are available to the licensee;
b) Residents must be offered immunization against influenza at the appropriate time each year;
c) Residents must be offered immunizations against pneumococcus, tetanus and diphtheria in accordance with the publicly funded immunization schedules posted on the website of the Ministry of Health;
d) Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director;
e) There must be a staff immunization program in accordance with any standard or protocol issued by the Director;
f) A licensee is exempt from screening for TB with respect to a resident:
    i. Who is being relocated to another long-term care home operated by the same licensee and section 240 of the Regulation applies; or
    ii. Who is transferring to a related temporary long-term care home, a re-opened long-term care home or a replacement long-term care home operated by the same licensee;
g) The licensee shall ensure that any pets living in the home or visiting the home have up-to-date immunizations.

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall work collaboratively with the local board of health regarding immunization of residents and staff, which may include offering immunizations onsite. This may also include offering additional immunizations as recommended by the local board of health. As well, the licensee shall implement a staff immunization program that includes informational resources regarding the benefits of immunization to resident and staff safety. This shall also include communicating expectations regarding immunization at hiring (for example, regarding recommended immunizations such as Measles/Mumps/Rubella (MMR) and yearly influenza immunization).

ADDITIONAL REQUIREMENT UNDER THE STANDARD: The licensee shall ensure that staff is screened for tuberculosis and other infectious diseases. This shall include ensuring accordance with evidence-based practices and where there are none, accordance with prevailing practices. This may also include consultation with the local board of health to ensure that screening is undertaken to address specific risks in the community.

PROGRAM EVALUATION:

Marianhill shall ensure that the IPAC program is evaluated and updated at least annually in accordance with Regulation and the standards and protocols issued by the Director in the *Infection Prevention and Control Standard for Long-Term Care Homes* issued by the Director (April 2022 or as amended).

Marianhill shall also ensure that a written record is maintained for each evaluation including evaluation dates and time period, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented.

Date of Evaluation:	
Names of individuals participating in the evaluation:	
Summary of changes made:	
•	
Date the changes were implemented:	

APPENDICES:

Appendix A: Glossary of Terms
Appendix B: Abbreviations

REFERENCES:

Fixing Long-Term Care Act, 2021, S.O. 2021, c. 39, Sched. 1. Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/statute/21f39

Fixing Long-Term Care Act: *Ontario Regulation 246/22* (2021). Retrieved from the Government of Ontario website: https://www.ontario.ca/laws/regulation/220246

Infection Prevention and Control (IPAC) Canada. Infection Prevention and Control (IPAC) Program Standard. Can J Infect Control. 2016 December;30 (Suppl):1-97.

Ministry of Health and Long-Term Care. Control of Respiratory Infection Outbreaks in Long-Term Care Homes. Toronto, ON: Queen's Printer for Ontario; November 2018

Ontario Agency For Health Protection and Promotion. Provincial Infectious Diseases Advisory Committee. Best Practices for Infection Prevention and Control Programs in All Health Care Settings, 3rd edition. Toronto, ON: Queen's Printer for Ontario; May 2012.

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. 3 rd edition. Toronto, ON: Queen's Printer for Ontario; November 2012.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for prevention, surveillance and infection control management of novel respiratory infections in all health care settings. Toronto, ON: Queen's Printer for Ontario; 2015.

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best practices for surveillance of health care-associated infections in patient and resident populations. 3rd ed. Toronto, ON: Queen's Printer for Ontario; 2014.

APPENDIX A: 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.

APPENDIX B: Abbreviations

ABHR Alcohol-Based Hand Rub

AGMPs Aerosol Generating Medical Procedures

AP Additional Precautions

ARI Acute Respiratory Infection

ARO Antibiotic-Resistant Organism

ASP Antimicrobial Stewardship Program

CIC® Certification in Infection Control

C.diff Clostridioides difficile

CPE Carbapenemase-Producing Enterobacterales

EMC Emergency Management Committee

ESBL Extended Spectrum Beta-lactamases producing Enterobacterales

FTE Full-time Equivalent

HAI Health care-Associated Infection

HCW Health Care Worker

ICP Infection Prevention and Control Professional

IPAC Infection Prevention and Control

MRSA Methicillin-Resistant Staphylococcus aureus

OHS Occupational Health and Safety

OMT Outbreak Management Team

PHAC Public Health Agency of Canada

PIDAC Provincial Infectious Diseases Advisory Committee (Ontario)

PPE Personal Protective Equipment RP Routine Practices

VRE Vancomycin-Resistant Enterococci