Ontario

Infection Prevention and Control (IPAC) Standard for Long-Term Care Homes

April 2022

Revised September 2023

Introduction:

Comprehensive evidence-based Infection Prevention and Control (IPAC) practices are critical to the safety of residents, staff, caregivers and others in Ontario's long-term care homes. 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.

Requirements under *the Fixing Long-Term Care Act, 2021*

This Infection Prevention and Control (IPAC) Standard (the "Standard") for Long-Term Care Homes is issued by the Director pursuant to section 102(2)(b) of the Ontario Regulation 246/22 (the "Regulation") under the *Fixing Long-Term Care Act, 2021* (the "Act").

The licensee is required to implement any standard or protocol issued by the Director with respect to infection prevention and control. The Act and Regulation, contain requirements related to IPAC and also require the licensee to implement any standard or protocol issued by the Director with respect to IPAC.

This document sets out requirements for IPAC programs in Long-Term Care (LTC) homes during periods of regular operations and during infectious disease outbreaks. Licensees must comply with these requirements in a way that respects and promotes residents' rights as set out in the Residents' Bill of Rights under section 3 of the Act.

Homes are to review the Act and the Regulation in their entirety. In the event of a conflict between this Standard and another requirement under the Act, the Regulation or any other applicable law, the requirement in the Act, the Regulation, or other applicable law prevails.

Effective Date:

This Standard is effective as of the date when the Regulation under the Act comes into force and remains in force until it is amended or revoked.

1. Infection Prevention and Control (IPAC) Program

Act/Regulation: The Act requires every licensee of a long-term care home to ensure that there is an IPAC program for the home (s. 23(1) of Act). The licensee shall also implement any standard or protocol issued by the Director with respect to IPAC (s. 102(2)(b) of the Regulation).

The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead (s. 102(8) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

1.1 The licensee shall ensure that staff roles, responsibilities, and accountabilities related to the implementation and ongoing delivery of the IPAC program are clearly defined and communicated regularly to all staff.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

1.2 The licensee shall keep written records of the process described in requirement 1.1 (definition and communication of staff roles and responsibilities) and shall ensure that the record is kept in a readable and useable format that allows a complete copy of the record to be readily produced.

What is an IPAC Program?

An IPAC program is generally defined as: an organized set of activities, processes and services for infection prevention and control which is administered by people with IPAC training and expertise in the organization.

***Goals of IPAC Programs:**

To optimize safety in the LTC home to mitigate risk of resident infections and to reduce morbidity and mortality; and

To prevent the spread of infections among those inside the home (including residents, staff and others) and transmission from the community into the home.

(*Adapted from IPAC Canada, 2016)

Components of the IPAC program

Based on the Act, O. Reg. 246/22 and this Standard, each licensee shall ensure that the IPAC program includes, but is not limited to, the required components noted in the table below.

Program component
a) IPAC Lead and interdisciplinary team
b) Evidence-based policies and procedures
c) Training and education
d) **ADDITIONAL REQUIREMENT UNDER THE STANDARD:** Routine Practices and Additional Precautions
e) Infectious Disease Surveillance
f) Outbreak Management (OM) system
g) Hand Hygiene program
h) **ADDITIONAL REQUIREMENT UNDER THE STANDARD:** Personal Protective Equipment (PPE)
i) Quality program and evaluation
j) **ADDITIONAL REQUIREMENT UNDER THE STANDARD:** Ethical framework
k) Application of the precautionary principle

2. IPAC Resources

Requirement for IPAC Lead

Act/Regulation: The licensee of a long-term care home shall ensure that the home has an IPAC Lead whose primary responsibility is the home's infection prevention and control program (s. 23(4) of the Act). The responsibilities of the IPAC Lead are detailed in s.102(7) of the Regulation.

As required by the Regulation, the licensee shall ensure that the IPAC Lead works regularly in that position on site at the home for at least the following **minimum hours**:

- For homes with a licensed bed capacity of 69 beds or fewer (smaller homes), **at least** 17.5 hours per week.
- For homes with a licensed bed capacity of more than 69 beds but less than 200 beds, **at least** 26.25 hours per week.
- For homes with a licensed bed capacity of 200 beds or more, **at least** 35 hours per week. (s.102(15) of the Regulation).

Explanatory Note:
IPAC programming and required resources, including resources available on a specific shift, must be sufficient to address home and resident factors such as: age of the home; layout; and resident complexity and/or vulnerability, as these may directly impact IPAC practices.

As well, the role should be prioritized and resourced in a manner that ensures that the required roles and responsibilities can be performed; including daily surveillance.

Education of the IPAC Lead

Act/Regulation: The IPAC Lead shall have, at a minimum, education and experience in IPAC 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) Within three years of s.102(6) of the Regulation coming into force, the IPAC Lead shall have current certification in infection control from the Certification Board of Infection Control and Epidemiology (ss.102(5) and 102(6) of the Regulation).

Responsibilities of the IPAC Lead

Act/Regulation: As detailed in section 102(7) of the Regulation, every licensee shall ensure that the IPAC Lead carries out the following responsibilities as well as those also required under this Standard, 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:

2.1 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:

2.2 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 (i.e, non-infectious);
8. Reviewing the symptom screening gathered pursuant to subsection 102(9) of the Regulation;
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:

2.3 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 this standard which includes, at a minimum, access to hand hygiene agents at point-of-care (s.102(7) of the Regulation).

Contact information for the IPAC Lead:

Act/Regulation: The licensee 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) Where there exists a person or entity that is designated as the relevant IPAC hub for the home under a funding agreement with the Ministry of Health, to that IPAC hub (s.102(19) of the Regulation).

Additional IPAC Staff:

Act/Regulation: The licensee of a long-term care home 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 in the home required by subsection 102 (15) of the Regulation, or whether to designate additional IPAC Leads as required. (s.102(16) Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

2.4 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 required by the Regulation.

Consultation with the Medical Director and other Healthcare Professionals

Act/Regulation: The licensee shall ensure 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 (s.102(4)(b) of the Regulation).

The licensee shall ensure that all staff participate in the implementation of the IPAC program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead (s.102(8) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

2.5 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:

2.6 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

Act/Regulation: The licensee 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 (s.102(4)(a)-(d) of the Regulation)**.**

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

2.7 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:

2.8 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:

2.9 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:

2.10 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

Act/Regulation: The licensee 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 (s.102(4)(g) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

2.11 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:

2.12 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:

2.13 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.

What is meant by escalation and de-escalation of practices?

The decision to apply the precautionary principle can include making a risk-based decision to transition from routine practices to additional precautions (escalation). Requirement 2.13 refers to the need for a plan for the de-escalation of practices where this has been done related to the application of the precautionary principle.

3. Surveillance

Act/Regulation: The licensee shall implement any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance (s.102(2)(a) of the Regulation).

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; 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 (s.102(9) of the Regulation).

The licensee shall ensure that the symptom screening information gathered under subsection 102(9) of the Regulation 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 (s.102(10) of the Regulation).

The infection prevention and control program must also include daily monitoring to detect the presence of infection in residents (s. 23 (2) (c)) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

3.1 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.

4. Outbreak Preparedness and Management

Act/Regulation: The licensee 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 (s. 102(11) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

4.1 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 *Health Protection and Promotion Act, 1990.*

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

4.2 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:

4.3 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.

5. IPAC Policies and Procedures

Act/Regulation: The IPAC program must include evidence-based policies and procedures (s.23(2)(a) of the Act).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

5.1 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:

5.2 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:

5.3 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:

5.4 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. 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:

5.5 The licensee shall identify how IPAC policies and procedures will be implemented in the home.

NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD:

5.6 The licensee shall ensure that there are policies and procedures in place to determine the frequency of surface cleaning and disinfection using a risk stratification approach, and the licensee shall ensure that surfaces are cleaned at the required frequency.

The licensee shall ensure that adequate personnel are available on each shift to complete required surface cleaning and disinfection.

For additional information on best practices for surface cleaning and disinfection, including risk stratification approaches, please refer to the Provincial Infectious Disease Advisory Committee on Infection Prevention and Control's (PIDAC-IPC) Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, 3rd Edition.

NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD:

5.7 The licensee shall ensure that the policies and procedures for the IPAC program include the appropriate use of ward rooms as well as restrictions on admissions. This shall include ensuring that there are no more than two (2) residents placed in a ward room and any additional bed in the room isleft vacant and not available for occupancy.

A bed in a ward room shall be left vacant and not available for occupancy if a resident who occupied a bed in the ward room is discharged from the long-term care home and there are two or more residents who continue to occupy beds in the ward room. Where placement into a single or double room is not possible, a new admission may be placed in a ward room with no more than one (1) other resident. Where a ward room continues to be used, every effort shall be made to ensure there is adequate space (minimum 2 meters) between beds.

The licensee shall also ensure that policies and procedures for the IPAC program follow requirements set out in subsection 269(1) of the Regulation under the Act (Emergency Plans, additional requirements) and ensure that beds are available for use as isolation beds when needed.

Definition: For the purpose of this section, **"Ward room"** means a room that has been structurally designed for three or more beds and would normally contain three or more licensed and operational beds available for admission. Rooms structurally designed for one or two beds that are connected to each other by a door, hallway or shared washroom are not considered ward rooms.

NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD:

5.8 The licensee shall make every effort to eliminate the use of hoppers, which shall include eliminating rinsing soiled items in the hopper.

Where hoppers are still in use, the spray wand shall be disconnected to ensure it is not used.

Where hoppers are still in use, the licensee shall ensure that IPAC measures are in place to minimize the risk of infection to staff as well as soiling of the surrounding area.

The licensee shall limit the carrying of reusable medical equipment (e.g. basins, urinals, commodes, bed pans, etc.) to another location for emptying. The best practice is to empty reusable medical equipment in the resident's toilet as well as to use absorbent liners.

6. Personal Protective Equipment (PPE)

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

6.1 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.

NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD:

6.2 The licensee shall make PPE available and accessible to essential visitors, appropriate to their purpose of visitation and level of risk in accordance with evidence-based practices.

"Essential visitor" has the same meaning as in the Regulation.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

6.3 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:

6.4 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:

6.5 The licensee shall ensure that individuals have access to fit-testing where fit-testing is required for specific equipment.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

6.6 The licensee shall ensure that the IPAC Lead is involved in the review, selection and purchasing of PPE, as required.

6.7 NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD

Masking

The Licensee shall ensure that all staff, students, volunteers and support workers comply with applicable masking requirements at all times.

For **staff, students, volunteers, and support workers:**

- Masks are required based on a point-of-care risk assessment (PCRA) and/or based on other relevant guidance in place at any time.
- Masks are also recommended in accordance with the return-to-work protocol following COVID-19 infection as described in Infectious Disease Protocol Appendix 1: Case Definitions and Disease Specific Information
- Staff may consider wearing a mask during prolonged direct resident care, defined as one-on-one care within two metres of an individual for fifteen minutes or longer.
- Masks are not required in administrative and staff-only areas (for example, lunchrooms, breakrooms, offices, gyms).
- Homes are encouraged to implement "mask friendly" policies, including accommodating:
    - staff who prefer to continue to wear a mask beyond minimum requirements
    - residents, or substitute decision makers, who request that a staff member wear a mask when providing care, in alignment with the Residents' Bill of Rights, including the right to participate fully in making any decisions concerning any aspect of their care

For **caregivers and visitors:**

- Masks are recommended, but not required, in all areas of the home.
- Caregivers and visitors may join in sharing a meal with their loved one(s) in communal dining areas.

Exceptions to the masking recommendations are:

- Children who are younger than two years of age.
- Any individual (staff, student, volunteer, support worker, caregiver, visitor or resident) who is being accommodated in accordance with the *Accessibility for Ontarians with Disabilities Act, 2005* or the *Ontario Human Rights Code*.

What is PPE Stewardship?

PPE stewardship includes all aspects of managing PPE in the home. This includes; ensuring adequate supply; making choices about distribution, and ensuring that PPE is selected, used and disposed of properly. It should also include ensuring that PPE is selected and used in an evidence-based manner.

7. Training and Education

Act/Regulation: The IPAC program is required to include an educational component in respect of infection prevention and control for staff, residents, volunteers and caregivers (Act ss. 23(2)(b)). Licensees should also refer to other requirements in sections 257-263 of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

7.1 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.

What is respiratory etiquette?

Respiratory etiquette refers to personal practices that help prevent the spread of bacteria and viruses that cause acute respiratory infections (e.g., covering the mouth when coughing, care when disposing of tissues).

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. 1 st revision. Toronto, ON: Queen's Printer for Ontario; 2020.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

7.2 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:

7.3 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.

8. Regular Evaluation and Quality Improvement

Act/Regulation: The licensee shall oversee the development and implementation of a quality management program to assess and improve IPAC in the home, as set out in a standard or protocol issued by the Director under subsection 102(2) of the Regulation (s. 102(18) of the Regulation).

The licensee shall ensure that the IPAC program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection 102(2) and (s. 102(4)(e)) of the Regulation. The licensee 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:

8.1 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;
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:

8.2 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.

9. Routine Practices and Additional Precautions

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

9.1 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).

For more detailed information on Routine Practices and Additional Precautions, please refer to Public Health Ontario's Routine Practices and Additional Precautions (PIDAC, 2012).

And/or - Public Health Agency of Canada

Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings - Canada.ca

10. Hand Hygiene Program

Act/Regulation: The licensee is required to implement a hand hygiene program (s. 23(2)(e) of the Act). The licensee is required to ensure that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under s. 102(2) of the Regulation, which includes, at a minimum, access to hand hygiene agents at point-of-care (para 11 of s. 102(7) of the Regulation).

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

10.1 The licensee shall ensure that the hand hygiene program includes access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

ABHR shall be easily accessible at both point-of care and in other common and resident areas, and any staff providing direct resident care must have immediate access to ABHR that contains 70-90% alcohol concentration.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

10.2 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.

NEW: The licensee shall also ensure that the hand hygiene program for residents has a resident-centered approach with options for residents, while ensuring that hand hygiene is being adhered to. The hand hygiene program for residents shall include:

a) Promoting opportunities for resident hand hygiene;
b) Providing hand hygiene agent options based on resident preference that adheres to the requirements under requirement 10.1 of the Standard;
c) Assistance to residents to perform hand hygiene before meals and snacks; and
d) Engaging with Resident Council and Family Council regarding implementation of the hand hygiene program.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

10.3 Hand washing facilities with hot and cold running water that are also provisioned with appropriate supplies must also be accessible in common areas and work areas.

NEW: For LTC homes for which installing a hand washing facility with hot and cold running water is not feasible due to existing structures, a hand hygiene station with a dedicated stand and signage must be put in place, equipped with appropriate supplies.*

Definition: For the purpose of this section, **"common area"** means a shared space or amenity of a long-term care home, that does not include the room of a resident.

For the purpose of this section, **"work area"** means a space used primarily by employees of the long-term care home to carry out functions of their job.

*This is not intended to conflict with related requirements in the LTC Design Manual, 2015, which LTC homes must also comply with.

ADDITIONAL REQUIREMENT UNDER THE STANDARD:

10.4 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.

NEW: ADDITIONAL REQUIRMENT UNDER THE STANDARD:

10.5 Eyewash stations must not be attached to hand washing sinks.

Please also refer to Just Clean Your Hands

Just Clean Your Hands – Long-term Care | Public Health Ontario

11. Immunization and Screening

Act/Regulation The licensee 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. (Regulation ss 102(12)-(14)).

ADDITIONAL REQUIREMENTS UNDER THE STANDARD:

Immunization for Staff

11.1 The licensee shall work collaboratively with the local board of health regarding immunization of staff, which may include offering immunizations onsite. This may also include offering additional immunizations as recommended per the provincial immunization schedule(s) andby 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). This shall also include the promotion of immunizations to staff including during an outbreak of vaccine preventable disease(s) and in advance of respiratory illness season.

ADDITIONAL REQUIREMENTS UNDER THE STANDARD:

Screening for Staff

11.2 The licensee shall ensure that staff is screened for tuberculosis and other infectious diseases at time of hire. 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.

This shall also include regular screening for signs and symptoms of infectious disease during an outbreak of an infectious disease.

NEW: 11.3 The licensee must have protocols in place for ongoing surveillance and screening of staff for infectious diseases. Protocols must include:

a) Notification of the IPAC Lead and the Occupational Health and Safety Lead where appropriate, as well as following routine practices and additional precautions, especially where a staff person may be infectious; and
b) Protocols for staff exclusion from work where appropriate.

ADDITIONAL REQUIREMENT UNDER THE STANDARD

Immunization for Residents

11.4 The licensee shall work collaboratively with the local board of health regarding immunization of residents, which may include offering immunizations onsite. This may also include offering additional immunizations as recommended per the provincial immunization schedule(s) and by the local board of health.

ADDITIONAL REQUIREMENT UNDER THE STANDARD

Screening for Residents

NEW: 11.5 The licensee must have protocols in place for ongoing surveillance and screening of residents for infectious diseases. Protocols must address the need for additional screening of residents where they may be at risk of infection from a staff person.

11.6 NEW: ADDITIONAL REQUIREMENT UNDER THE STANDARD

Additional Screening requirements
The licensee shall:

- Establish and communicate an operational plan including guidance for staff, students, volunteers, support workers, caregivers and general visitors to self-monitor for symptoms of infectious diseases including COVID-19 (passive screening).
- Provide individuals with information (for example, screening questions) to monitor their health at home for symptoms and inform them that they are not permitted to enter the home if they are feeling ill or would otherwise fail screening (where appropriate).
    - Homes are not required to request verification or an attestation upon entry to the home (nor are homes required to have staff conduct or verify screening at the door).

- Post signage at entrances and throughout the home that lists the signs and symptoms of infectious diseases for self-monitoring as well as steps that must be taken if an infectious disease is suspected or confirmed in any individual.

DEFINITION:
Active screening means there is some form of attestation or confirmation of screening. This can be achieved through pre-arrival submission of online screening or in person.
Passive screening means that those entering the setting review screening questions themselves, and there is no verification or reporting of screening results.

Licensees may wish to refer to the Canadian TB Standards for guidance related to TB Screening

Canadian Tuberculosis Standards 8th Edition

Appendix 1: FLTCA 2021:

Item
23 (1) Every licensee of a long-term care home shall ensure that there is an infection prevention and control program for the home. (2) The infection prevention and control program must include, (a) evidence-based policies and procedures; (b) an educational component in respect of infection prevention and control for staff, residents, volunteers, and caregivers; (c) daily monitoring to detect the presence of infection in residents of the long-term care home; (d) measures to prevent the transmission of infections; (e) a hand hygiene program; and (f) any additional matters provided for in the regulations. (3) The licensee shall ensure that the infection prevention and control program and what is provided for under that program, including the matters required under subsection (2), comply with any standards and requirements, including required outcomes and accountability measures, provided for in the regulations. (4) Except as provided for in the regulations, every licensee of a long-term care home shall ensure that the home has an infection prevention and control lead whose primary responsibility is the home's infection prevention and control program. (5) Every licensee of a long-term care home shall ensure that the infection prevention and control lead possesses the qualifications provided for in the regulations.

Appendix 2: Ontario Regulation 246/22 under the *FLTCA*: s. 102 Infection prevention and control program

(1) Every licensee of a long-term care home shall ensure that the infection prevention and control program required under subsection 23 (1) of the Act complies with the requirements of this section.

(2) The licensee shall implement,

(a) any surveillance protocols issued by the Director for a particular communicable disease or disease of public health significance; and

(b) any standard or protocol issued by the Director with respect to infection prevention and control.

(3) The Director shall update the standards and protocols mentioned in subsection (2) regularly to reflect relevant evidence and best practice.

(4) The licensee shall ensure,

(a) that there is an interdisciplinary team approach in the co-ordination and implementation of the 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;
(d) that the local medical officer of health appointed under the *Health Protection and Promotion Act* or their designate is invited to the meetings;
(e) that the program is evaluated and updated at least annually in accordance with the standards and protocols issued by the Director under subsection (2);
(f) that a written record is kept relating to each evaluation under clause (e) that includes the date of the evaluation, the names of the persons who participated in the evaluation, a summary of the changes made and the date that those changes were implemented; and
(g) that the program is implemented in a manner consistent with the precautionary principle as set out in the standards and protocols issued by the Director under subsection (2) and the most current medical evidence.

(5) The licensee shall designate a staff member as the infection prevention and control lead who has education and experience 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.

(6) A licensee is not required to comply with the qualification requirements for the infection prevention and control lead under clause (5) (k) until three years after this section comes into force.

(7) The licensee shall ensure that the infection prevention and control lead designated under subsection carries out the following responsibilities in the home:

a. Working with the interdisciplinary team to implement the infection prevention and control program.
b. Managing and overseeing the infection prevention and control program.
c. Overseeing the delivery of infection prevention and control education to all staff, caregivers, volunteers, visitors and residents.
d. Auditing of infection prevention and control practices in the home.
e. Conducting regular infectious disease surveillance.
f. Convening the Outbreak Management Team at the outset of an outbreak and regularly throughout an outbreak.
g. Convening the interdisciplinary infection prevention and control team referred to in subsection (4) at least quarterly, and at a more frequent interval during an infectious disease outbreak in the home.
h. Reviewing the information gathered pursuant to subsection (9).
i. Reviewing any daily and monthly screening results collected by the licensee to determine whether any action is required.
j. Implementing required improvements to the infection prevention and control program as required by audits under paragraph 4 or by the licensee.
k. Ensuring that there is in place a hand hygiene program in accordance with any standard or protocol issued by the Director under subsection (2) which includes, at a minimum, access to hand hygiene agents at point-of-care.

(8) The licensee shall ensure that all staff participate in the implementation of the program, including, for greater certainty, all members of the leadership team, including the Administrator, the Medical Director, the Director of Nursing and Personal Care and the infection prevention and control lead.

(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.

(10) The licensee shall ensure that the information gathered under subsection (9) is analyzed daily to detect the presence of infection and reviewed at least once a month to detect trends, for the purpose of reducing the incidence of infection and outbreaks.

(11) The licensee shall ensure that there are in place,

(a) 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

(b) a written plan for responding to infectious disease outbreaks.

(12) The licensee shall ensure that the following immunization and screening measures are in place:

1. Each resident admitted to the home must be screened for tuberculosis within 14 days of 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.

2. Residents must be offered immunization against influenza at the appropriate time each year.

3. 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.

4. Staff is screened for tuberculosis and other infectious diseases in accordance with any standard or protocol issued by the Director under subsection (2).

5. There must be a staff immunization program in accordance with any standard or protocol issued by the Director under subsection (2).

(13) A licensee is exempt from paragraph 1 of subsection (12) with respect to a resident,

(a) who is being relocated to another long-term care home operated by the same licensee and section 240 applies; or

(b) 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.

(14) The licensee shall ensure that any pets living in the home or visiting the home have up-to-date immunizations.

(15) Subject to subsection (16), every licensee of a long-term care home shall ensure that the infection prevention and control lead designated under this section works regularly in that position on site at the home for the following amount of time per week:

1. In a home with a licensed bed capacity of 69 beds or fewer, at least 17.5 hours per week.

2. In a home with a licensed bed capacity of more than 69 beds but less than 200 beds, at least 26.25 hours per week.

3. In a home with a licensed bed capacity of 200 beds or more, at least 35 hours per week.

(16) Every licensee of a long-term care home 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 required by subsection (15) or whether to designate additional infection prevention and control leads as required.

(17) The designation of an additional infection prevention and control lead under subsection (16) does not relieve the licensee with respect to its obligation to ensure the minimum hours worked in subsection (15) by the infection prevention and control lead.

(18) The licensee shall oversee the development and implementation of a quality management program to assess and improve infection prevention and control in the home, as set out in a standard or protocol issued by the Director under subsection (2).

(19) Every licensee of a long-term care home shall ensure that the direct contact information, including a telephone number and email address that are monitored regularly, of all infection prevention and control 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) where there exists a person or entity that is designated as the relevant IPAC hub for the home under a funding agreement with the Ministry of Health, to that IPAC hub.

References

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.

Communicable disease surveillance and response systems. Guide to monitoring and evaluating. World Health Organization, 2006.

https://www.who.int/csr/resources/publications/surveillance/WHO_CDS_EPR_LYO_2006_2.pdf

Population and Public Health Division, Ministry of Health and Long-Term Care. Institutional/Facility Outbreak Management Protocol, 2018. Toronto, ON: Queen's Printer of Ontario, 2018.

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Inst_Fac_Outbreak_Protocol_2018_en.pdf

Additional Resources

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Infection Prevention and Control for Long-Term Care Homes: Summary of Key Principles and Best Practices: December 2020.

https://www.publichealthontario.ca/-/media/documents/I/2021/ipac-ltch-principles-best-practices

Ministry of Health and Long-Term Care. Institutional/Facility Outbreak Management Protocol. January 2018

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/protocols_guidelines/Inst_Fac_Outbreak_Protocol_2018_en.pdf

Ontario Agency For Health Protection and Promotion. Provincial Infectious Diseases Advisory Committee. Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings, 3rd Edition: April 2018.

https://www.publichealthontario.ca/-/media/documents/b/2012/bp-ipac-hc-settings.pdf?la=en

Public Health Ontario. COVID-19: Infection Prevention and Control Checklist for Long-Term Care and Retirement Homes. 1st Revision: October 9, 2020.

https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en

Control of Respiratory Infection Outbreaks in Long-Term care Homes – Ministry of Health and Long-term Care, 2018.

http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/RESP_Infectn_ctrl_guide_LTC_2018_en.pdf

Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term care Homes

https://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf

Alberta Health Services. Guidelines for Outbreak Control, Prevention and Management in Acute Care and Facility Living Sites - July 2019.

https://www.albertahealthservices.ca/assets/healthinfo/hi-dis-flu-prov-hlsl.pdf

Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Routine Practices and Additional Precautions in All Health Care Settings. November 2012.

http://www.publichealthontario.ca/en/eRepository/RPAP_All_HealthCare_Settings_Eng2012.pdf

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

https://ipac-canada.org/photos/custom/CJIC/Vol31No4supplement.pdf

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 February 2020

https://www.publichealthontario.ca/-/media/documents/b/2020/bp-novel-respiratory-infections.pdf?la=en

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Planning for respiratory virus outbreaks in congregate living settings. September 2020.

https://www.publichealthontario.ca/-/media/documents/ncov/cong/2020/09/respiratory-virus-outbreaks-congregate-living-settings.pdf?la=en

Ministry of Long-Term Care. COVID-19: Long-Term Care Home Surveillance Testing and Access to Homes. November 23, 2020.

https://www.ontario.ca/page/covid-19-long-term-care-home-surveillance-testing

Public Health Ontario. Orientation for Infection Prevention and Control Leads in Long-Term Care. 2nd Edition. December 2022.

Orientation for Infection Prevention and Control Leads in Long-Term Care (publichealthontario.ca)

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