RHRA

Retirement
Homes
Regulatory
Authority

Guidelines

Infection Prevention and Control (IPAC)

RHRA Retirement Homes Regulatory Authority

These Guidelines are designed to assist licensees and operators in understanding the requirements of select portions of the *Retirement Homes Act, 2010* (the Act) and Ontario *Regulation 166/11* (Regulation). The Guidelines are intended to provide operators and licensees with clarity on the RHRA's expectations related to compliance with the Act and Regulation. The Guidelines do not replace the requirements set out in the Act and Regulation nor the specific IPAC training that must be conducted in each retirement home.

Please note: Information, directions, and recommendations included in these Guidelines are for general assistance only, and should be read in conjunction with the Act and Regulation. These Guidelines cover only select aspects of the Act and Regulation, and in the event of any conflict between these Guidelines and the Act and/or Regulation, the Act and/or Regulation prevails.

These Guidelines may be changed at any time without notice.

Licensees should consult the Act and Regulation for current legislation and compliance requirements.

These Guidelines do not constitute legal advice and users should consult their own legal counsel for the purposes of interpreting the Act and Regulation.

Contents

Introduction

To help build understanding of IPAC program elements and practices required in Ontario retirement homes, the RHRA offers these IPAC Guidelines.

These IPAC Guidelines are intended to assist operators in complying with specific IPAC provisions of the Act and Regulation and presents retirement home obligations related to:

- The creation and implementation of the home's IPAC program,
- IPAC prevention, documentation, consulting, monitoring and reporting, and
- IPAC training and record-keeping

References to external sources published by Public Health Ontario and other qualified entities are provided throughout these Guidelines and in the Resources section. The external sources are intended for information and educational purposes. While some of the external sources are tailored for acute care settings, their principles should be followed in all health care settings. Policies and procedures must be relevant to the retirement home setting and be accessible to all staff.

Information in these Guidelines does not supersede any applicable codes of conduct and/or regulations governing the professional practice of staff working in the retirement home.

In the Context of COVID-19

These Guidelines also provide information regarding retirement homes' IPAC obligations in the context of the coronavirus (COVID-19) pandemic.

In these Guidelines, references specific to COVID-19 prevention and control are **highlighted in bold, underlined font.**

Infection Prevention and Control (IPAC) – What & Why

What does IPAC mean?

> **Infection Prevention and Control (IPAC):** Evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/residents and visitors and development of health care-associated infections in clients/patients/residents from their own microorganisms.
>
> Source: Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings, February 2020, Public Health Ontario

The *Retirement Homes Act* (the Act) and its associated Regulation (the Regulation) set out the legal requirements that homes must meet.

Under the Act and the Regulation, the term "infection prevention and control" refers to the IPAC program that every licensee of a retirement home must have in place.

To be compliant with legal requirements, the home's IPAC program must address the particular circumstances of the home and other regulatory requirements, including: program implementation, ongoing consultation with the Public Health Unit, symptom monitoring, documentation, reporting and training.

The Importance of IPAC

Harms stemming from breaches of IPAC requirements are serious. **IPAC programs that meet the prescribed regulatory requirements are of critical importance to resident safety in retirement homes.**

IPAC Compliance

Key Elements

IPAC compliance requires that every home create and implement a written IPAC program. The program must include a comprehensive surveillance protocol to identify, document and monitor illness among residents. In the development and ongoing implementation of the IPAC program, homes must meaningfully engage with the local medical officer of health or designate (referred to, in these Guidelines, as the Public Health Unit) and must immediately report any suspected or confirmed outbreak to the Public Health Unit and the RHRA.

And, **in the context of COVID-19**, IPAC compliance also requires the licensee to ensure the home adheres to Ontario's Chief Medical Officer of Health's Directives related to COVID-19.

This IPAC Compliance section presents and explains key elements of IPAC implementation required in Ontario retirement homes, including how every retirement home must:

- CREATE a written IPAC program applicable to the home's circumstances
- CONSULT with the Public Health Unit to help identify, assess and address any IPAC issues
- IMPLEMENT and monitor prevention and surveillance measures as well as IPAC training and information-sharing/education programs
- REPORT infectious disease outbreaks and any increase in symptomatic residents
- DOCUMENT all IPAC elements, policies and procedures to demonstrate the home's implementation of its IPAC program

The remainder of this section is organized into sub-sections, each focused on providing a more detailed explanation of these key elements.

CREATE

In this section, you will learn about what is involved with **creating** an IPAC program.

Reflect the Home's Circumstances

Every retirement home in Ontario requires an IPAC program. The IPAC program must be comprehensive and reflect the specific circumstances and needs of the home.

An operator or licensee must develop their own IPAC program and may not use the same program in each home or premises unless that program reflects the home's particular circumstances. Chains must ensure that the IPAC program is applicable to each particular retirement home.

The home's IPAC program, including its policies and procedures, should:

- Be practical to implement
- Be reviewed and audited regularly (at least annually) to verify the program is being implemented appropriately and is compliant with all requirements
- Be linked to an IPAC training/educational program so that everyone involved understands and appropriately follows the home's IPAC program and its policies and procedures

In Writing/Digital

The home's IPAC program must be documented (digital/written) in a way that serves as a resource for care providers, staff, volunteers and others responsible for its implementation and to demonstrate compliance to the RHRA.

Documents must be in a readable, usable format that allows for a complete copy to be readily reproduced.

Resource: IPAC Practices

For further information, refer to Public Health Ontario resources, including:

- Best Practices for Infection Prevention and Control Programs in All Health Care Settings, 3rd edition. Toronto, ON: Queen's Printer for Ontario; May 2012.

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

Written Surveillance Protocol

As part of IPAC compliance, the licensee must also create a written surveillance protocol to **identify**, **document** and **monitor** residents who report **symptoms of respiratory or gastrointestinal illness.**

The written surveillance protocol must be established in consultation with the Public Health Unit. An appropriate surveillance protocol will ensure that the home is able to:

- Detect and identify symptoms of respiratory or gastrointestinal illness through passive and active surveillance strategies
- Document those symptoms so that appropriate monitoring takes place, including following staff shift changes
- Monitor residents who report symptoms of respiratory or gastrointestinal illness
- Take proactive steps to prevent and control any infectious outbreak, including implementing screening surveillance measures, personal protective equipment (PPE) and hand hygiene protocols, environmental cleaning, and other enhanced IPAC precautions
- Provide information and education to staff, volunteers and residents, families or their substitute decision makers (SDMs)

The licensee must also examine its surveillance protocol on a regular basis to ensure that it is achieving its purpose of identifying, documenting and monitoring reports of respiratory or gastrointestinal illness.

For more information regarding how to implement passive and active surveillance and ongoing monitoring, read this manual's IMPLEMENT AND MONITOR section.

Resource: Recommended Surveillance Practices

For further information regarding what the home's surveillance protocol should address, including potential staff exposure and indicators of appropriate surveillance in the retirement home, refer to Public Health Ontario resources, including:

- Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings, February 2020, Public Health Ontario
  NOTE: These best practices are not intended for use during an influenza epidemic or pandemic.
- Best Practices for Infection Prevention and Control Programs in All Health Care Settings, 3rd edition. Toronto, ON: Queen's Printer for Ontario; May 2012.

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

COVID-19-related IPAC Program Requirements

COVID-19-related IPAC program requirements have been enacted, which impose requirements on licensees in the context of COVID-19.

R 27(5)(0.a) & (0.b)

> *The licensee of a retirement home shall ensure that, any guidance, advice or recommendations given to retirement homes by the Chief Medical Officer of Health are followed in the retirement home;*
>
> *The licensee of a retirement home shall ensure that, all reasonable steps are taken in the retirement home to follow,*
>
> *(i) any directive respecting coronavirus (COVID-19) issued to long-term care homes by the Chief Medical Officer of Health under section 77.7 of the Health Protection and Promotion Act, and*
>
> *(ii) any guidance, advice or recommendations respecting coronavirus (COVID-19) that are given to long-term care homes by the Chief Medical Officer of Health and made available on the Government of Ontario's website respecting coronavirus (COVID-19);*

Licensees must follow the guidance given to them by Ontario's Chief Medical Officer of Health (CMOH) and must take all reasonable steps to implement the Directives issued by the CMOH, including Directive #3, issued under Section 77.7 of the *Health Protection and Promotion Act (HPPA)* R.S.O. 1990 c.H.7

Click here for access the RHRA's COVID-19 Resources which include the CMOH's Directives.

Resources: COVID-19

Public Health Ontario provides COVID-19 resources, such as:

- Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes
- Public Health Ontario COVID-19 Checklist for Long-Term Care and Retirement Homes

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

Scenario Analysis

The following scenario is designed to verify understanding of information provided in the CREATE section of this manual.

Instructions:

- *Read through the scenario and select the best response.*
- *Then, review the 'Answer Key & Feedback' provided below.*

CREATE Scenario

In the spring, a new licence was issued to Retirement Home ABC. The operator of Retirement Home ABC owns two other retirement homes.

To create the IPAC program for their newly-acquired home, the licensee used a copy of an IPAC program implemented in one of their other homes that is comparable in size as a guide. The licensee then conducted a risk assessment for Retirement Home ABC, critically thinking about what threats and weaknesses Retirement Home ABC faced in terms of IPAC measures. During this process, the licensee invited input from Retirement Home ABC's staff and residents' council. The licensee then made adjustments to the original IPAC program to address input and information learned.

Then, the licensee met with an IPAC consultant at the Public Health Unit to review the IPAC program and the risk-assessment results. The consultant provided some recommendations which the licensee used to adjust and finalize the home's IPAC program.

Would this approach to creating an IPAC program present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is No. There is no compliance issue.

The licensee conducted a risk assessment, invited input from staff and residents and consulted with the Public Health Unit to ensure that the home's IPAC program would comply with the requirement that Retirement Home ABC's IPAC program reflects the home's particular circumstances.

CONSULT

In this section, you will learn about how the retirement home must conduct ongoing **consultations** with the Public Health Unit at least once annually as part of the regular review of its IPAC program.

Ongoing Consultation

IPAC compliance requires that the operator or licensee consult with the Public Health Unit to help identify and address IPAC issues in the retirement home in order to reduce the incidence of infection disease outbreak in the home.

The operator or licensee's goal for the consultation should be to obtain advice on the development of home-specific IPAC program that, when implemented, reduce the likelihood of an outbreak and make an outbreak more manageable.

The consultation process is intended to partner the licensee with public health experts who can assist to identify IPAC issues in the home, and develop strategies to address those issues. It is important for licensees to ask questions specific to each home so that the Public Health Unit is well-positioned to offer specific advice and information.

This consultation requirement:

- Must occur at least once per year
- Must identify and address issues related to the transmission of infectious diseases specific to the retirement home
- Should include discussion of the home's IPAC surveillance protocol
- Requires written records that document specific details regarding the consultations

Homes are expected to advise the RHRA if they are unsuccessful in their consultation efforts with the Public Health Unit.

Effective Preparation

To get the most out of the consultation process between the home and the Public Health Unit, the licensee should engage in a comprehensive risk assessment. The risk assessment will help the home and Public Health Unit consultants collaborate in a targeted, home-specific manner to help continuously improve the home's IPAC program and its implementation.

Written Record of Consultation

The operator or licensee must maintain a written record, which must be readily available upon request to the RHRA, of the home's consultation with the Public Health Unit, that identifies:

- The date of the consultation and the names of the attendees
- A list of issues discussed
- A list of recommendations made by the Public Health Unit

The written record should demonstrate how the consultation helped identify and address IPAC issues in the home.

Examples of records include:

- Documented proof of consultation with the Public Health Unit in the context of a reported outbreak in the home in the previous twelve months
- Documented proof of an IPAC assessment conducted by an approved organization, e.g., Acute Care Centre IPAC team or the Public Health Unit in the previous twelve months
- Signed letter from the Public Health Unit verifying completion of consultation in the previous twelve months
- Email correspondence from the Public Health Unit verifying completion of consultation in the previous twelve months

Scenario Analysis

The following scenario is designed to verify understanding of information provided in the CONSULT section of these Guidelines.

Instructions:

- *Read through the scenario and select the best response.*
- *Then, review the 'Answer Key & Feedback' provided below.*

CONSULT Scenario

The home's next Public Health Unit consultation is scheduled for eight weeks away. In advance of the meeting, the IPAC lead or Director of Care review the IPAC program (including ongoing documentation) with the home's staff to identify challenges and any gaps in implementation.

Among the challenges faced in the home, the IPAC lead determines that some staff are not using appropriate hand hygiene protocols (which is identified by Spot Check log notes). The IPAC lead also determines that some residents are routinely leaving the home without being temperature-checked, as currently required under Directive #3 for COVID-19, and that a particular resident with behaviour management issues is refusing to comply with required IPAC practices. The IPAC lead makes a note to discuss those issues with the Public Health Unit consultant.

Also in preparation for the consultation, the IPAC lead reviews the home's supply of PPE and hand sanitizer. And, the IPAC lead reviews the staffing changes made in the home over the past year to make sure all staff have the appropriate training and that the home is prepared in the event of a staffing shortage.

The IPAC lead raises these issues with the Public Health Unit consultant, who offers guidance to ensure appropriate implementation of IPAC practices. The consultant arranges for an IPAC training seminar to take place for all staff.

Would this situation present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is No. There is no compliance issue.

By sharing recommendations and addressing roles and responsibilities as well as training needs with staff at the home, the licensee can demonstrate that the consultation with the Public Health Unit was a good faith effort to address issues relating to the reduction of infectious disease outbreak in the home. Follow-up by the home's IPAC lead with the Public Health Unit to ensure proper implementation reinforces the home's commitment to IPAC.

IMPLEMENT AND MONITOR

In this section, you will learn about what measures are required to demonstrate **implementation** of a home's IPAC program, including ongoing **monitoring**.

Implementation Requirements

Having a written IPAC program and surveillance protocol does not in and of itself constitute compliance with the Act and Regulation. To be compliant, the home must appropriately implement and adhere to its written IPAC program.

Implementation involves ongoing processes/measures, including that the home:

- Demonstrate commitment to IPAC through their actions
- Conduct ongoing IPAC training
- Implement and maintain prevention measures
- Conduct resident and staff screening
- Conduct ongoing monitoring
- Maintain written records of the above areas

Demonstrate Commitment to IPAC

Implementation of IPAC measures requires the investment of time and resources which requires demonstrated involvement, commitment and cooperation of the home's senior administrator(s).

The administration team should consistently role model IPAC processes and practices. And, they need to support the IPAC practices of staff and other care providers by ensuring all involved receive IPAC-related information and training.

Conduct Ongoing IPAC Training

Staff Training

Implementation of the IPAC program requires staff IPAC training.

The operator or licensee is required to ensure that each staff members receives IPAC training on how to reduce the incidence of infectious disease transmission, including the implementation of the home's IPAC program and surveillance protocol, the need for proper hand hygiene and of preventing cross contamination, handling soiled linens, protecting uniforms, the separation of clean and dirty items and the appropriate use of PPE, including safe donning, doffing and disposal.

Training Planning and Delivery

IPAC professionals should be active participants in the planning and implementation of the home's IPAC training.

The home may also rely on established/approved IPAC training materials – for example:

- Ontario Retirement Communities Association (ORCA) IPAC Module
- Public Health Ontario IPAC Core Competency Module
- Training conducted by the Public Health Unit

When to Train

IPAC training must occur during staff orientation and at least once annually. IPAC training requirements are ongoing and such training must be received at least annually.

In other words, IPAC staff training should occur:

- Prior to providing care services to residents
- On an ongoing scheduled basis (at least annually)
- If a situation demonstrates a specific need (e.g., during an outbreak)

When needed, training should occur regarding specific actions to be taken in real-time to reduce or control infectious disease outbreak.

IPAC Training Program

An effective IPAC training program must be comprehensive and should address:

- Disease transmission, the risks associated with infectious diseases and basic understanding of the spread and how to control infections in the home
- The benefits and methods of surveillance, including early recognition of symptoms, and the extent and nature of existing and potential problems related to infection in the homes
- Hand and basic personal hygiene, including the use of alcohol-based hand rubs and hand-washing
- Principles and components of routine practices (i.e. day-to-day IPAC practices) as well as additional transmission-based precautions (e.g. Contact & Droplet Precautions and Airborne Precautions)
- Assessment of the risk of infection transmission and the appropriate use of PPE, including safe application, removal and disposal
- Appropriate cleaning and/or disinfection of equipment, supplies, surfaces or other items in the environment
- Individual staff responsibility for keeping residents, themselves and co-workers safe
- Prevention of blood and body fluid exposure

It is important for operators and licensees to continuously observe the implementation of the IPAC program to ensure that the IPAC training program is effective. Any observed non-compliance with the IPAC program should be addressed immediately and, where appropriate, the training program should be updated.

Training Volunteers

The home must train all volunteers on the IPAC program.

At minimum, this training should include an overview of the IPAC program and the volunteers' roles and responsibilities in the implementation of the program.

It is important to ensure that volunteers adhere to IPAC practices and receive thorough and comprehensive training on the home's IPAC program.

Training Records

Licensees must keep training records pertaining to staff and volunteer IPAC-related training.

IPAC training records must be retrievable and readily available to the RHRA.

Implement and Maintain Prevention Measures

Ensure Availability of Hand Sanitizer

The home must have alcohol-based hand rub (ABHR) for use by residents and staff in communal resident areas and in staff work areas.

Alcohol-based hand rubs containing at least 70% alcohol are the preferred method.

If there are supply chain issues preventing a home from sourcing ABHR of at least 70% alcohol, ABHR of no less than 60% alcohol may be used. In that case, the home must obtain ABHR of at least 70% alcohol as quickly as possible and have a plan in place to do so. Hand rubs with less than 60% alcohol may not be effective in killing certain pathogens and will not meet compliance requirements.

To meet this requirement, ensure the appropriate hand rubs are available in **all** communal areas, including:

- Dining and recreational rooms, and
- Staff work areas, including laundry room, kitchen and staff break rooms

Provide Information to Residents/Substitute Decision Makers

The home must provide documented information to residents or their SDM about how to reduce infection transmission, including information about:

- The need for and method of maintaining proper hand hygiene, and
- The need for and process for reporting infection or illness

In the context of COVID-19, the home must also provide documented information about PPE use and the home's policies and practices required for screening, physical distancing, visitation and absences.

Information provided to residents and SDMs must be in written form – for example, posters or signs posted in accessible areas of the home and/or print information sheets. Verbal information-sharing will not meet compliance requirements.

Documentation of what and when information is shared should also be maintained.

For helpful educational and learning resources, see the Guidelines Resources section.

Resources: Hand Hygiene

Public Health Ontario provides hand hygiene information resources, such as:

- **Best Practices for Hand Hygiene in All Health Care Settings**, 4th edition, April 2014
- **Just Clean Your Hands Program – Long-term care**

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

Provide Vaccination Information

The home must provide information about the advantages of an annual influenza vaccination and where the vaccination is available to:

- Each resident
- Each member of the staff of the home, and
- Each volunteer

Licensees must document that this information has been provided to the appropriate individuals.

Examples of documented information include:

- Demonstration that the home distributed Ministry of Health content on the annual flu vaccination initiative
- Information posted in accessible locations in the home so that each resident, staff and volunteer can easily receive and review the information, including details of where the vaccination is available

Resources: Immunization

Public Health Ontario provides immunization information resources, such as:

- General Best Practice Guidelines for Immunization
- National guidelines for immunization practices: Canadian Immunization Guide

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

Conduct Resident and Staff Screening

The home must complete resident screening for tuberculosis, and staff screening for tuberculosis and other infectious diseases.

All completed screening must be documented.

Resident Screening

The home is required to screen every resident for tuberculosis within 14 days of the resident commencing residency in the home, or to verify that the resident has been screened for tuberculosis within 90 days before commencing residency.

Staff Screening

The licensee is required to ensure that all staff members have been screened for tuberculosis **and** all other infectious diseases that are appropriate (e.g., COVID-19 where appropriate). Tuberculosis screening must be completed by a regulated health professional.

Seek Public Health Ontario guidance for whether screening of other infectious diseases and/or vaccines are appropriate/required in accordance with prevailing practices.

Conduct Ongoing Monitoring and Surveillance

Continuous monitoring is a key component of infection prevention and control.

As described in the CREATE section of these Guidelines, the home's IPAC program requires a written surveillance protocol that involves continuous monitoring strategies as well as passive and active surveillance.

In this section, resources and descriptions that help explain how to implement IPAC surveillance and monitoring are provided.

Resources: Symptoms of Respiratory and Gastrointestinal Illnesses

For the home to properly implement a surveillance protocol, all staff must be alert to and aware of the symptoms of infectious diseases, including respiratory and gastrointestinal illnesses.

To build awareness, information resources are available through Public Health Ontario, including:

- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care November 2018
- Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care March 2018.

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

In the event an infectious disease in the home constitutes a novel disease outbreak, licensees should rely on Public Health Ontario or the Public Health Unit for information regarding what symptoms to expect.

Passive Surveillance

In advance of any suspected outbreak, the home is expected to **conduct passive surveillance**. Passive surveillance involves the identification of possible infections by staff whose primary responsibility is resident care, while providing routine daily care or activities.

Residents with relevant symptoms should be noted on the daily surveillance form.

Enhanced Monitoring

If a resident reports symptoms of respiratory or gastrointestinal illness to any staff member or care provider, the home should document those symptoms and isolate and conduct enhanced monitoring of that resident.

Once symptoms have been reported, the home should:

- Assess the resident for any continuation, worsening or additional symptoms, and
- Make inquiries with the resident about their current health status

Depending on the severity of the resident's condition, the home should assess the resident multiple times daily.

The home should document reported illness in a format that is readily accessible to all staff and that contains symptom reports from all residents.

During staff shift changes, resident reports of illness should be shared. When a resident's health situation requires enhanced monitoring, licensees should ensure that all staff who provide care services to the resident are advised of the need for enhanced monitoring and appropriate IPAC measures at the beginning of each shift.

Licensees and staff must always comply with their legal obligations to protect the privacy of residents' personal health information. Information sharing must be done discreetly, in a manner that respects the resident's rights to privacy and dignity.

Active Surveillance

Once a suspect outbreak has been detected, the home is expected to conduct **active surveillance**.

There is a suspect respiratory or gastrointestinal outbreak:

- Whenever there are two cases of either acute respiratory tract or gastrointestinal illness within 48 hours in the home (or where the home is large, within a smaller unit)
- In that instance, an outbreak should be suspected and tests should be done to determine the causative organism

For COVID-19 and influenze homes must immediately report a single, laboratory-confirmed case of COVID-19/influenza in a resident or staff member to the Public Health Unit and the RHRA.

Active surveillance involves actively seeking out infections on a regular basis by staff in the home.

Examples of active surveillance strategies include:

- Conducting resident assessments
- Reviewing resident health status reports, which may include elevated temperature reports
- Reviewing physician/hospital reports
- Reviewing staff/nursing progress notes in resident charts
- Reviewing laboratory reports
- Verbal report from unit staff, based on clinical observations

Once an outbreak has been suspected and/or confirmed, the home should follow the Public Health Unit's guidance for the implementation of infection control measures and any other advice/direction.

Reporting requirements in the event of a suspected and/or confirmed outbreak are described in the REPORT section.

Track, Document and Analyze Surveillance Data

Any usage of the monitoring and surveillance strategies should be tracked and documented in a readable format. Surveillance data should then be analyzed to help:

- Plan IPAC strategies
- Detect outbreaks
- Direct and inform continuing IPAC education/training
- Identify interventions for resident risks
- Measure and evaluate results to identify targeted IPAC program improvement strategies

Scenario Analysis

The following two scenarios are designed to verify understanding of information provided in the IMPLEMENT AND MONITOR section of these Guidelines.

Instructions:

- *Read through the scenarios and select the best response.*
- *Then, review the 'Answer Key & Feedback' provided below.*

IMPLEMENT Scenario

A resident returns to the home from hospital with a negative COVID-19 test in the last 24 hours.

The resident feels well and is not exhibiting any symptoms of COVID-19. As a result, the home allows the resident to participate in group activities and attend meals in the dining room.

Would this situation present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is Yes. This is an example of unreasonable implementation or lack of implementation of applicable CMOH Directives related to COVID-19.

All residents returning from the hospital, except for those who acquired COVID-19 and have cleared the virus, must isolate for 14 days under contact and droplet precautions.

MONITOR Scenario

During the morning shift, a resident reports to a staff member symptoms of fever, cough and congestion and malaise.

The resident's symptoms are documented in the resident's chart only. The staff member does not make a note of the resident's symptoms in a communications log accessible to staff or advise the next staff shift during handover.

The resident is checked the next morning and is found to be unresponsive .

Would this situation present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is Yes. This is an example of unreasonable implementation or lack of implementation of monitoring protocols.

As required, information was not communicated to other staff and enhanced monitoring was not implemented – resulting in the resident going unchecked for the day.

REPORT

In this section, you will learn when and how a home must **report** an infectious disease outbreak as well as any increase in the number of symptomatic residents.

Reporting An Infectious Disease Outbreak

If the licensee is aware that anyone residing or working in the home tests positive for a reportable disease, the licensee is required to notify the Public Health Unit.

The home's IPAC program must include a documented process for reporting an infectious disease outbreak. The home's reporting process should be easily accessible to staff and guide staff on how to notify and maintain contact with the Public Health Unit.

The Regulation requires that:

The licensee of a retirement home shall ensure that if an infectious disease outbreak occurs in the home, the outbreak is reported to the local medical officer of health or designate and the licensee defers to the officer or designate, as the case may be, for assistance and consultation as appropriate. R 27(5)(a)

In other words, any confirmed and/or suspected outbreak of diseases of public health significance shall be reported as soon as identified to the Public Health Unit.

In addition, the operator or licensee **must report an outbreak directly to the RHRA on the same day that the outbreak is reported to the Public Health Unit. You can do this by calling 1-855-ASK-RHRA or emailing info@rhra.ca.**

The home must then defer to the Public Health Unit for assistance and consultation.

Maximizing Preparedness

Consideration should be given to having an IPAC Committee/Outbreak Management Team in the home that will have the express authority to institute changes in practice or take other actions that are required to control the outbreak. This may include relocating residents, cohorting residents, restricting admissions, transfers, visitors, securing appropriate equipment and/or re-deploying staff.

For small homes with limited staff, this may take the form of a single (or a few) individual(s) (the IPAC lead) who is in charge of the IPAC program and who constitutes the IPAC Committee/Outbreak Management Team.

Reporting An Increase in Symptomatic Residents

The home's IPAC program must include a documented process for reporting an increase in symptomatic residents.

The Regulation requires that:

The licensee of a retirement home shall ensure that, if there is an increase in the number of symptomatic residents in the home, the increase is reported immediately to the local medical officer of health or designate and that the officer or designate, as the case may be, is consulted; R 27(5)(b)

In other words, **the home must immediately report any increase in the number of symptomatic residents** to the Public Health Unit and consult with the Public Health Unit.

Immediately means the same day the additional symptomatic resident is discovered.

This provision requires the home to be aware of what symptoms to expect and to actively monitor residents for those symptoms.

In most infectious disease outbreaks in a retirement home, the presenting symptoms are consistent with those expected of either respiratory or enteric (gastrointestinal) outbreaks.

Where an infectious disease in the home constitutes a novel disease outbreak, licensees should rely on Public Health Ontario and the Public Health Unit for information regarding what symptoms to expect.

And as with reporting an infectious disease outbreak, documentation of the home's reporting process regarding the reporting of an increase in symptomatic responses should also be easily accessible to staff, and guide staff on how to notify and maintain contact with the Public Health Unit.

Resources: Building Awareness of Symptoms

To build awareness of symptoms, access and review Public Health Ontario publications, including:

- Control of Respiratory Infection Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care November 2018
- Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, Ministry of Health and Long-Term Care March 2018.

To access a resource, click on the resource name (in bold font) and a new window will open with a view of the resource, and an option to save and/or print a PDF version.

Scenario Analysis

The following scenario is designed to verify understanding of information provided in the REPORT section of these Guidelines.

Instructions:

- *Read through the scenario and select the best response.*
- *Then, review the 'Answer Key & Feedback' provided below.*

REPORT Scenario

The day after a holiday dinner party at Retirement Home ABC, two residents complained to nursing staff members about gastrointestinal symptoms. Both residents had a low fever and had experienced diarrhea. The nurses completed the required documentation and notified the home's Director of Care.

The IPAC lead or Director of Care suspected that the stomach upset being experienced by the residents was due to the richness of the holiday dinner and advised the nurses to monitor the residents but hold off on testing and preparing any report.

Later that same day, a third resident reported diarrhea but did not have any fever or other symptoms.

Still feeling strongly that the dinner party food was the issue and that the residents' stomach upset would pass in a day or two, the IPAC lead or Director of Care decided to continue to hold off on reporting the situation to the Public Health Unit.

Would this situation present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is Yes. This is an example of unreasonable implementation or lack of implementation of reporting obligations.

In this situation, an outbreak should be suspected and tests should be done to determine the causative organism. With this and the increase in symptomatic residents, the home is required to immediately report to the Public Health Unit and to the RHRA.

DOCUMENT

In this section, you will review the IPAC-related documentation that each home must prepare and maintain.

Evidence

As described throughout these Guidelines, each retirement home in Ontario must prepare and maintain comprehensive documentation – first, to create the IPAC program, and then, to provide evidence that demonstrates IPAC implementation.

For compliance, the home must be able to demonstrate that its IPAC program has been appropriately implemented. Documentation that captures methods and steps taken to implement IPAC policies and procedures is the best evidence.

For example, during an inspection, the licensee must be able to demonstrate what steps were taken in the event a resident reported or exhibited symptoms of respiratory or gastrointestinal illness. Documentation of what and when enhanced monitoring activities were completed would provide evidence.

Documentation required for IPAC compliance includes:

- IPAC consultations conducted with the Public Health Unit or other appropriate entities
- IPAC staff and volunteer training
- IPAC information provided to residents and/or their SDMs as well as to staff members and volunteers (e.g., annual influenza vaccination program details and location)
- Required resident and staff screenings
- Documentation regarding PPE supplies and audits
- Symptom monitoring-related activities, including checks conducted on the resident and information-shared during staff changes
- Passive and active surveillance protocols and activities, including regular audits for quality improvement
- Reporting processes for suspected/confirmed infectious diseases outbreaks and increases in symptomatic residents.
- Symptom and suspected/confirmed outbreak reports

To learn more about the above-noted documentation requirements, review the CREATE, CONSULT, IMPLEMENT AND MONITOR and REPORT sections of these Guidelines.

Scenario Analysis

The following scenario is designed to verify understanding of information provided in the DOCUMENT section of these Guidelines.

Instructions:

- *Read through the scenarios and select the best response.*
- *Then, review the 'Answer Key & Feedback' provided below.*

DOCUMENT Scenario

Retirement Home MNO's administrator is committed to making the most of technology. The home provides all residents with access to computers 24/7. And, most residents have their own mobile device.

The administrator encourages residents and their families to sign-up for email notifications. Presently, all of the staff and most of the residents have provided their email address.

When the annual influenza vaccine program is scheduled, the administrator prepares an email with detailed information about the advantages about the vaccine. The information page also includes the required vaccination program time and location information.

The administrator arranges to email the information page to all staff and those residents who provided their email address. For the few residents who did not provide an email address, the information page is printed and hand-delivered to their rooms. And, information signs are posted on the communication board in the common area.

Would this situation present any compliance issue?

☐ Yes
☐ No

Answer Key & Feedback

The correct answer is No. Providing information by email is acceptable. Email is acceptable as evidence of compliance.

The home also posted signs on the communication board. With this, the information is accessible by all residents and staff as well as by volunteers who must also be informed about annual influenza vaccination.

Summary

This concludes the overview of IPAC compliance requirements.

This IPAC Guidelines manual is intended for educational purposes, and is not a substitute for understanding the obligations under the Act and the Regulation.

To fully understand all obligations, review all legislative requirements under the Act and the Regulation, as well as any other applicable legislation.

Knowledge Checks

To verify your understanding of information learned, read the following statements/questions and select the best answer. To check your responses, see the 'Answer Key & Feedback' provided on the next page.

1. A licensee who owns multiple retirement homes may implement the same IPAC program in all their homes.
   - ☐ True
   - ☐ False

2. The home must provide information about the advantages of an annual influenza vaccination and where the vaccination is available to:
   - A. Each resident
   - B. Each member of the staff of the home
   - C. Each volunteer
   - D. Both A and B
   - E. All of the above

3. All staff who provide care services to the resident must be advised at the beginning of every shift of each resident who has reported symptoms and requires enhanced monitoring.
   - ☐ True
   - ☐ False

4. One positive laboratory-confirmed case of COVID-19 in anyone residing or working in the home is considered outbreak; and the home must report the outbreak as soon as identified to the Public Health Unit as well as to the RHRA on the same day.
   - ☐ True
   - ☐ False

5. Once a suspect outbreak has been detected, the home is expected to conduct:
   - A. Volunteer training
   - B. Staff training
   - C. Active surveillance
   - D. Passive surveillance

6. Once created, the home's IPAC program is implemented and requires review only in the event of an infectious outbreak.
   - ☐ True
   - ☐ False

7. The licensee must maintain a written record of the home's Public Health Unit consultation that identifies:
   - A. The date of the consultation
   - B. A list of issues discussed
   - C. A list of recommendations made by the Public Health Unit consultant
   - D. All of the above

Knowledge Checks: Answer Key & Feedback

Knowledge Check	Correct Answer and Feedback
1.	False. The IPAC program must reflect the specific circumstances and needs of the retirement home in which it is implemented. A licensee must develop their own IPAC program and may not use the same program in each home or premises unless that program reflects the home's particular circumstances. To learn more, see the CREATE section in this manual.
2.	Correct answer is E. The home must provide annual influenza vaccine information to all three groups – residents, staff members and volunteers. To learn more, see the IMPLEMENT AND MONITOR section in this manual.
3.	True. To learn more, see the IMPLEMENT AND MONITOR section in this manual.
4.	True. To learn more, see the REPORT section in this manual.
5.	Correct answer is C. Once a suspect outbreak has been detected, the home is expected to conduct **active surveillance**. To learn more, see the IMPLEMENT AND MONITOR section in this manual.
6.	False. The home's IPAC program must reviewed regularly (at least annually) to maintain accuracy, validity and performance/compliance. To learn more, see the CREATE section in this manual.
7.	Correct answer is D. Information in all items must be documented. To learn more, see the CONSULT section in this manual.

Conclusion

You have now completed the information, scenario analysis and knowledge check sections of this IPAC Guidelines manual.

To maximize your home's IPAC preparedness and IPAC program implementation and, in turn, the safety of your home's residents, always be mindful of the IPAC compliance requirements and your responsibilities.

Revisit this IPAC Guidelines manual at any time to build further understanding of IPAC program compliance requirements. And, review all legislative requirements under the Act and the Regulation, as well as any other applicable legislation, to fully understand all obligations.

Still Have Questions?

If you would like additional information regarding the Act and the Regulation, inspections, educational resources, IPAC or other related topics, please reach out to the RHRA in one of the ways highlighted below:

RHRA website: www.RHRA.ca

Email: info@RHRA.ca

Telephone: 1-855-ASK-RHRA (1-855-275-7472)

Glossary

Active Surveillance Active surveillance involves actively seeking out infections on a regular basis by individuals trained in surveillance, usually but not limited to staff providing care and infection and control professionals (ICPs).

Audit An audit is a systematic review process conducted by the home or an independent entity to ensure the home's IPAC program has been appropriately developed and is being appropriately implemented. Routine audits are essential to monitoring the effectiveness of an IPAC program.

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 includes surgical hand antisepsis.

Infection Prevention and Control (IPAC)* Evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to health care providers, other clients/patients/residents and visitors and development of health care-associated infections in clients/patients/residents from their own microorganisms.

IPAC Lead The IPAC lead is a staff member designated to oversee overall implementation of IPAC practices in the home

Novel Respiratory Infection* An illness that causes respiratory symptoms (e.g., fever, cough) where the etiologic agent and/or epidemiology of the disease have not previously been known or described.

Outbreak For the purposes of this document, an outbreak is when there is a single, laboratory-confirmed case of COVID-19/influenza in a resident or staff member, or when there are two cases of either acute respiratory tract or gastrointestinal illness within 48 hours in the home.

Passive Surveillance Passive surveillance involves the identification of infections by staff whose primary responsibility is resident care, while providing routine daily care or activities.

Personal Protective Equipment (PPE)* Clothing or equipment worn for protection against hazards.

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).

Public Health Ontario (PHO)* Public Health Ontario is the operating name for the Ontario Agency for Health Protection and Promotion (OAHPP).

Public Health Unit For the purposes of this document, Pubic Health Unit refers to the home's local medical officer of health or designate/the home's local Public Health Unit.

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

**Source: 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.

Resources: General

This section includes external sources published by Public Health Ontario and other qualified entities. The external sources are intended for information and educational purposes. Please let us know if any of the links below are broken by emailing communications@rhra.ca.

Best Practices for Prevention, Surveillance and Infection Control Management of Novel Respiratory Infections in All Health Care Settings, February 2020, Public Health Ontario **NOTE:** These best practices are not intended for use during an influenza epidemic or pandemic.	https://www.publichealthontario.ca/-/media/documents/B/2020/bp-novel-respiratory-infections.pdf?la=en
Recommendations for the Control of Gastroenteritis Outbreaks in Long-Term Care Homes, March 2018, Ministry of Health and Long-Term Care	http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/Control_Gastroenteritis_Outbreaks_2018_en.pdf
Control of Respiratory Infection Outbreaks in Long-Term Care Homes, November 2018, Ministry of Health and Long-Term Care	http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/reference/resp_infectn_ctrl_guide_ltc_2018_en.pdf
Best Practices for Hand Hygiene in All Health Care Settings, 4th edition, April 2014	https://www.publichealthontario.ca/-/media/documents/B/2014/bp-hand-hygiene.pdf?la=en
Just Clean Your Hands Program – Long-term care	https://www.publichealthontario.ca/en/health-topics/infection-prevention-control/hand-hygiene/jcyh-ltch
Best Practices for Infection Prevention and Control Programs in Ontario, May 2012	https://www.publichealthontario.ca/-/media/documents/b/2012/bp-ipac-hc-settings.pdf?la=en
Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018	https://www.publichealthontario.ca/-/media/documents/B/2018/bp-environmental-cleaning.pdf
Guidelines for preventing the transmission of tuberculosis in Canadian Health Care Facilities and other institutional settings	https://pubmed.ncbi.nlm.nih.gov/11195254/
Routine Practices and Additional Precautions In All Health Care Settings, 3rd edition	https://www.publichealthontario.ca/-/media/documents/B/2012/bp-rpap-healthcare-settings.pdf?la=en
General Best Practice Guidelines for Immunization	https://www.cdc.gov/vaccines/ed/general-recs/index.html
National guidelines for immunization practices: Canadian Immunization Guide	https://www.canada.ca/en/public-health/services/publications/healthy-living/canadian-immunization-guide-part-1-key-immunization-information/page-4-national-guidelines-immunization-practices.html

Resources: Specific to Covid-19

Prevention and Management of COVID-19 in Long-Term Care and Retirement Homes	https://www.publichealthontario.ca/-/media/documents/ncov/ltcrh/2020/06/covid-19-prevention-management-ltcrh.pdf?la=en
COVID-19 Directive #3 for Long Term Care Homes under the Long Term Care Homes Act, 2007, Issued under Section 77.7 of the Health Protection and Promotion Act (HPPA) R.S.O 1990 c. H. 7	http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/directives/LTCH_HPPA.pdf
Public Health Ontario COVID-19 Checklist for Long-Term Care and Retirement Homes	https://www.publichealthontario.ca/-/media/documents/ncov/ipac/covid-19-ipack-checklist-ltcrh.pdf?la=en


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